



	<p>OCCUPATIONAL HEALTH & SAFETY PROCEDURES: INCIDENT REPORTING Procedure</p>
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PURPOSE

Fitzroy Learning Network (FLN) is committed to ensuring, as far as is reasonably practicable, the health, safety and welfare of the working environment for its staff, volunteers, contractors and visitors to its premises.

FLN recognises that if accidents, incidents or near misses do occur, they should be reported. These occurrences should be investigated to ensure that the possibility of recurrence or further risk is minimised.

This procedure has been developed to ensure that all employees (including volunteers) understand the processes to be taken in the event of a dangerous occurrence or accident.

Record of policy development		
Version	Date approved	Date for review
V1. 19/10/19		

Responsibilities and delegations

This policy applies to	[e.g. employees, volunteers, Board, contractors]
Specific responsibilities	<p>The CEO will:</p> <ul style="list-style-type: none"> • Ensure that employees are aware of and understand the principles of incident and accident reporting and investigation; • All incidents and accidents that result in or have the potential to result in injury or damage are investigated and, where necessary, corrective or preventative action is taken; • Investigate accidents to determine the root cause, with the objective of preventing a recurrence; • Meet legislative requirements for reporting accidents and incidents.



	<p>All employees, including volunteers or contractors will:</p> <ul style="list-style-type: none"> • Report incidents and hazards to the CEO at the earliest opportunity; • Participate in any subsequent fact-finding exercises. <p>It is the responsibility of a Occupational Health and Safety Representative to:</p> <ul style="list-style-type: none"> • Help identify the causes of dangerous occurrences and accidents and develop corrective action; • Ensure State Authorities are appropriately notified of all reportable occurrences or events.
Policy approval	[Board/Q&C committee]

Policy context – this policy relates to:	
Standards	[Regulatory standard, if applicable]
Legislation	
Related policies	
Forms, record keeping, other documents	

Definitions

Incident refers to any event which causes or could have caused injury, illness, (including mental illness) damage to plant, equipment, vehicles, property, material, or the environment or public alarm. It includes **accidents, intentional harms, and near-misses**.

It also includes losses of containment, fire, explosion, non-compliance with environmental regulatory requirements, vehicle incidents and off-site incidents.

Procedures

All accidents or incidents that result in an injury or illness at work must be reported to the CEO immediately if possible, but no later than within 24 hours of the incident occurring.

Any workplace incident (*dangerous occurrence*) which has the potential to result in injury or damage to property must be reported in the same manner as an incident or accident that results in injury or damage.

In the event of a dangerous occurrence or accident that could constitute a danger to public health FLN must ensure the relevant state authority is notified and that a full investigation is undertaken to determine the root cause.

Immediate actions

(1) Address an injury

All injuries and illnesses must be assessed by a qualified First Aid Officer to determine whether medical treatment is required. See ***First Aid Procedures***.

(2) Fill out Incident Reports

The following documents must be completed for all incidents and injuries involving employees, volunteers, agency staff, contractors, visitors or the general public:

- The FLN Accident/Incident Report Form (see Below);
- Incident notification as appropriate to the relevant Worksafe authority.

A copy of the completed incident report form must be retained and filed by the CEO in an employee's personnel file, or a student's file.

(3) Workers' Compensation Forms (if applicable)

If the incident/injury results in a Worker's Compensation claim, the following forms need to be completed:

- Worker's Compensation form from the employee;
- Worker's Compensation form from the employer;

All claims for compensation must be accompanied with an appropriate medical certificate for time lost.

Copies of all documents are kept in the employee's personnel file.

In the event of a death

Advise Emergency Services on 000. If an incident results in a death, the site of the incident must not be disturbed until:

- an inspector arrives at the site of the incident; or
- an inspector directs otherwise at the time of notification.

The above does not apply if the disturbance to the site is for the purpose of:

- protecting the health and safety of any person; or
- aiding an injured person involved in an incident; or
- taking essential action to make the scene safe or to prevent a further occurrence of an incident.

APPENDIX

INJURY/INCIDENT/NEAR MISS REPORT FORM

This form is to be used to report all injuries, illnesses, or near misses, whether an injury occurred or not.

Please complete within 24 hours of the accident. If the accident caused, or could have caused, serious injury or property damage, please contact the CEO immediately.

SECTION A: TO BE COMPLETED BY PERSON INVOLVED (or by FLN employees if worker is incapacitated)

PERSON INVOLVED IN ACCIDENT/INCIDENT (Please print)

Title	Surname	First Name	Date of Birth
(please tick) Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor/Other <input type="checkbox"/>			Male <input type="checkbox"/> Female <input type="checkbox"/>
Department		Position	Contact telephone number

DETAILS OF THE INJURY INCIDENT NEAR MISS (tick appropriate box)

Date injury/incident/near miss occurred: / / .

Time injury/incident/near miss occurred: _____ am/pm

Location where injury/incident occurred (please print):

Part of body affected (tick appropriate answers)

Head	Trunk	Internal	Arm	Hand	Leg	Foot
<input type="checkbox"/> eye	<input type="checkbox"/> neck	<input type="checkbox"/> heart	<input type="checkbox"/> left	<input type="checkbox"/> left	<input type="checkbox"/> left	<input type="checkbox"/> left
<input type="checkbox"/> ear	<input type="checkbox"/> hip	<input type="checkbox"/> lungs	<input type="checkbox"/> right	<input type="checkbox"/> right	<input type="checkbox"/> right	<input type="checkbox"/> right
<input type="checkbox"/> nose	<input type="checkbox"/> chest	<input type="checkbox"/> systemic	<input type="checkbox"/> shoulder	<input type="checkbox"/> thumb	<input type="checkbox"/> knee	<input type="checkbox"/> great toe
<input type="checkbox"/> mouth	<input type="checkbox"/> stomach		<input type="checkbox"/> upper arm	<input type="checkbox"/> fingers	<input type="checkbox"/> lower leg	<input type="checkbox"/> other toes
<input type="checkbox"/> Teeth	<input type="checkbox"/> groin		<input type="checkbox"/> elbow	<input type="checkbox"/> palm	<input type="checkbox"/> ankle	
<input type="checkbox"/> face	<input type="checkbox"/> back		<input type="checkbox"/> forearm		<input type="checkbox"/> thigh	
<input type="checkbox"/> skull	<input type="checkbox"/> multiple		<input type="checkbox"/> wrist		<input type="checkbox"/> upper leg	
<input type="checkbox"/> not applicable						

Nature of Injury (tick appropriate answers)

<input type="checkbox"/> abrasion	<input type="checkbox"/> puncture	<input type="checkbox"/> heart attack	<input type="checkbox"/> sprain	<input type="checkbox"/> burn	<input type="checkbox"/> traumatic shock
<input type="checkbox"/> bruise	<input type="checkbox"/> laceration	<input type="checkbox"/> hearing loss	<input type="checkbox"/> strain	<input type="checkbox"/> scald	<input type="checkbox"/> electric shock
<input type="checkbox"/> fracture	<input type="checkbox"/> amputation	<input type="checkbox"/> foreign body	<input type="checkbox"/> hernia	<input type="checkbox"/> rash	<input type="checkbox"/> psychosocial



- | | | | | |
|---|-------------------------------|-------------------------------------|----------------------------------|-----------------------------------|
| <input type="checkbox"/> concussion | <input type="checkbox"/> bite | <input type="checkbox"/> minor cuts | <input type="checkbox"/> allergy | <input type="checkbox"/> chemical |
| <input type="checkbox"/> Aggravation of previous injury or medical condition. | | | | |
| <input type="checkbox"/> not applicable | | | | |

Type of Incident which caused Injury (tick appropriate answers)

- | | | | | |
|---|------------------------------------|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> striking against | <input type="checkbox"/> stumbling | <input type="checkbox"/> lifting | <input type="checkbox"/> pushing | <input type="checkbox"/> ingestion |
| <input type="checkbox"/> struck by | <input type="checkbox"/> slipping | <input type="checkbox"/> bending | <input type="checkbox"/> pulling | <input type="checkbox"/> absorption |
| <input type="checkbox"/> caught in | <input type="checkbox"/> tripping | <input type="checkbox"/> twisting | <input type="checkbox"/> jumping | <input type="checkbox"/> inhalation |
| <input type="checkbox"/> stepping on | <input type="checkbox"/> falling | <input type="checkbox"/> stress | <input type="checkbox"/> motor vehicle | <input type="checkbox"/> needlestick |
| <input type="checkbox"/> other: describe | | | | |
| <input type="checkbox"/> not applicable | | | | |

Agency of injury/illness/near miss (tick)

- | | | | |
|---|---|---------------------------------------|-------------------------------------|
| <input type="checkbox"/> Vehicle | <input type="checkbox"/> Buildings | <input type="checkbox"/> Mobile Plant | <input type="checkbox"/> Structures |
| <input type="checkbox"/> Power tools | <input type="checkbox"/> Furniture | <input type="checkbox"/> Other tools | <input type="checkbox"/> Surfaces |
| <input type="checkbox"/> Animal/Insect | <input type="checkbox"/> Heat Stress | <input type="checkbox"/> Materials | <input type="checkbox"/> Sunburn |
| <input type="checkbox"/> Biological agent | <input type="checkbox"/> Chemicals | <input type="checkbox"/> Equipment | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Objects | <input type="checkbox"/> Ionising radiation | <input type="checkbox"/> Other | |
| <input type="checkbox"/> not applicable | | | |

If reporting an incident or near miss, please describe how this occurred:

SECTION B: TO BE COMPLETED BY THE CEO AND THE PERSON INVOLVED (and OCCUPATIONAL HEALTH AND SAFETY REPRESENTATIVE if applicable) WITHIN 48 HRS

This is an extremely important section as the aim of the accident/incident/near miss investigation is to identify preventative action that will avoid recurrence of a similar accident.

Probable cause or causes of injury/incident/near miss (tick appropriate answers)

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> inadequate instruction | <input type="checkbox"/> fault of plant or equipment | <input type="checkbox"/> poor storage | <input type="checkbox"/> weather |
| <input type="checkbox"/> inadequate workspace | <input type="checkbox"/> equipment unavailable | <input type="checkbox"/> poor access | <input type="checkbox"/> terrain |
| <input type="checkbox"/> assistance unavailable | <input type="checkbox"/> lack of attention | <input type="checkbox"/> incorrect method | <input type="checkbox"/> work practices |

Describe how the incident occurred:



PREVENTION OF ACCIDENT/INCIDENT/NEAR MISS RECURRENCE

Describe what action is planned or has been taken to **prevent a recurrence** of the accident, based on the key contributing factors (Please print)

Immediate:
Long term:

SECTION C: Signatures

Signed by supervisor	
Supervisor's name	
Signed by Person Involved	
Signed by OH&S Representative or nominee of the person involved	
Signed by the CEO	