

# Injury/Incident reporting Policy and Procedures

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## Introduction

Surrey Hills Neighbourhood Centre recognises that the health and safety of its employees is a priority and that if accidents or incidents do occur, they should be reported. Incidents should be investigated to ensure that the possibility of recurrence or further risk is minimised.

This policy applies to all employees, volunteers, contractors and visitors of Surrey Hills Neighbourhood Centre

## Purpose

This policy 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.

## Policy

**Surrey Hills Neighbourhood** commits to preventing workplace accidents and minimising dangerous occurrences and will endeavour to achieve a zero accident rate.

Surrey Hills Neighbourhood Centre will:

- provide a mechanism for reporting accidents, incidents, work-related illness and dangerous occurrences;
- investigate accidents to determine the route cause with the objective of preventing a recurrence;
- obtain statistical information about the accident or incidents;
- meet state legislative requirements for reporting accidents and incidents.

All accidents or incidents that result in an injury or work-related illness during the course of work must immediately be reported to the Occupational Health and Safety Representative and First Aid Officer.

Any dangerous occurrence which has the potential to result in injury or damage to property must be reported in the same manner as an accident.

In the event of a dangerous occurrence or accident Surrey Hills Neighbourhood Centre *must* ensure the relevant state authority is notified and that a full investigation is undertaken to determine the route cause.

The most appropriate corrective action will be taken to ensure the incident does not recur.

## Definitions

*Incident* - an event which causes or could have caused injury, illness, damage to plant, equipment, vehicles, property, material, or the environment or public alarm. It also includes losses of containment, fire, explosion, non-compliance with environmental regulatory requirements, vehicle incidents and off-site incidents.

## Responsibilities

It is the responsibility of **Management** to ensure:

- they notify the Occupational Health and Safety Representative of all dangerous occurrences;
- they are aware 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;
- all matters relating to employee/volunteer welfare are dealt with in the most appropriate and timely manner.

It is the responsibility of all **Employees, including volunteers or contractors** to ensure that:

- accidents and hazards are reported to management at the earliest opportunity;
- all requirements and obligations under the relevant legislation are complied with.

It is the responsibility of the **Occupational Health and Safety Representative** to:

- assist sites in identifying the causes of dangerous occurrences and accidents and develop corrective action;
- ensure State Authorities are appropriately notified of all reportable occurrences or events.

## Procedure

All accidents or incidents that result in an injury or illness at work must be reported to the Occupational Health and Safety Representative within 24 hours of the incident occurring:

Any workplace accident or 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.

### Immediate Actions

All injuries and illnesses must be assessed by a qualified First Aid Officer to determine whether medical treatment is required. The Centre Manager or Assistant Manager must be advised of all injuries or illnesses.

If medical treatment is required, the injured person's Manager must ensure that suitable arrangements are made for transport to a doctor or hospital. It must be noted that:

- all eye injuries (including foreign objects between the eye and eye lid which is not dirt or dust particles) must be referred to a doctor or hospital.
- when injury or illness involves a chemical, a Material Safety Data Sheet and other information which may have been prepared for such incidents must accompany the injured person to the doctor or hospital.

The Occupational Health and Safety Representative must be notified immediately in the event of any incident which occurs.

All injuries resulting in lost work time must be reported to the Occupational Health and Safety Representative within 24 hours.

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

- the Surrey Hills Neighbourhood Centre Injury Register (see Appendix B);
- the Surrey Hills Neighbourhood Centre Incident Report Form (see Appendix A);
- incident notification as appropriate to the WorkCover authority in your state.

A copy of the completed incident report form must be retained and filed by the Occupational Health and Safety Representative.

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.

Ensure copies of all documents are kept on the employee's personnel file.

The Occupational Health and Safety Representative will ensure that an appropriate incident investigation for all lost time injuries and major incidents is conducted and reported to the Human Resources Department. Each accident or incident must be investigated in consultation with the Human Resources Department to ensure that corrective or preventative action is taken as appropriate. Managers are required to liaise with Occupational Health and Safety Representatives to implement corrective or preventative actions arising from any investigation.

### **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.

Advise the Occupational Health and Safety Representative, and Centre Manager immediately.

The Occupational Health and Safety Representative or Centre Manager will advise the Chair of the Board immediately.

**Attachments**

Appendix A Injury/Incident Form  
Appendix B Injury/Incident Form Register

## INJURY/INCIDENT REPORT FORM

This form is to be used to report all injuries, illnesses, or near misses, whether an injury occurred or not, and to document the investigation into the accidents by the Occupational Health and Safety representative involved.

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

**SECTION A:** TO BE COMPLETED BY PERSON INVOLVED or by Manager (as delegated OH & S representative) 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):

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**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						

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**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"/> Other	
<input type="checkbox"/> not applicable			

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

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**SECTION B: TO BE COMPLETED BY THE OCCUPATIONAL HEALTH AND SAFETY REPRESENTATIVE AND THE PERSON INVOLVED WITHIN 48 HRS**

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

**Probable cause or causes of Injury / Incident** (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 accident occurred:

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**PREVENTION OF ACCIDENT/INCIDENT 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:**

Signed by Supervisor _____	Supervisor's name _____
Signed by Person Involved _____	Signed by OH&S officer _____

**INJURY/INCIDENT FORM REGISTER**

Details of all Injury/Incident Forms are to be logged using this register.

Date	Employee Name	Date of Injury/Incident	Location where Injury/Incident Occurred	Nature of Injury/Incident	How Injury/Incident Occurred	OH&S Officer Notified