



Accident/Incident Reporting and Investigation Procedures

Policy reference

Workplace Health and Safety Policy

Procedure reference

Workplace Health and Safety Risk Assessment Procedures

Procedure

It is imperative that whenever an injury, incident or near-miss occurs within the workplace, it is reported and investigated as to its cause with a view to preventing similar occurrences which may put a worker, program participant or visitor at risk of harm.

The Accident/Incident Report Form is the 'tool' for reporting to officers and management to enable them to:

- get a good understanding of why and how the event occurred,
- decide on action to prevent recurrences
- log agreed actions, who is responsible for them
- follow up to ensure they are completed as intended
- provide statistics for analysis of trends in occurrences which are used to:
 - guide management decisions on changes to induction and other related processes
 - set priorities for training
 - so as to eliminate hazards to the extent that it is reasonably practicable to do so

NB: *Accident/Incident Report forms can be submitted as evidence in legal proceedings. For that reason and to assist management responses and analysis of incident trends it is essential that details sought on the forms are provided truthfully and comprehensively – the more detail the better.*

1. Reporting

Minor Injuries or Incidents

- Any person involved in a minor injury or incident must complete the Accident/Incident Report form – or have it completed on their behalf (e.g. by the officer responsible of the program if an injured person is not able to complete the form)
- All Accident/Incident Report forms must be submitted to the officer responsible for the program or service and then to the Executive Officer as soon as is practicable after the event.

Injuries or Incidents

These are work-related injuries which could:

- require a person to seek medical assistance; and/or
- result in a loss of time from work; and/or
- are incidents that cause significant damage to property?

In addition to the procedures applicable to a minor accident/incident (see 1. Above:

- the officer responsible for the workplace, trained in investigation, will investigate or arrange for an investigation to be conducted and report to the Executive Officer (EO) in accordance with the Accident/Incident Report Form which must be used to report – within one week of the event
- Follow-up checks will be made by the EO (or delegate) within 10 working days of the event to ensure the effectiveness of the measures taken to eradicate the cause of the incident/accident and/or remove the hazard.

NOTE:

- In all such cases, the Board **MUST** be advised.
- The purpose of conducting an investigation is to prevent a similar event from occurring – **not** to lay blame.

Notifiable Incidents

Any serious work-related incident involving the following injuries and accidents must be reported to Worksafe SA by the EO (or delegate) within 24 hours, such incidents including:

- Death
- Injury caused by explosion, fire or electric shock
- Injury caused by exposure to any form of liquid, gas, vapour, dust or fumes
- A fall from height
- A collapse of a structure
- Other serious injuries, illnesses or incidents

A 'serious injury or illness' is one that requires a person to have, or could reasonably be considered to need, one or more of the following treatments:

- medical treatment within 48 hours of exposure to a substance
- immediate treatment as an in-patient in a hospital
- immediate treatment for a serious injury or illness such as a serious head injury, a serious burn or spinal injury and a number other injuries as listed in the WHS Act (refer to the EO for further details).

In the event of a serious injury or illness, the site is not to be disturbed until a Worksafe inspector has visited the site or otherwise directs.

2. Incident Documentation and Investigation

- The Accident/Incident Report Form is to be completed for all incidents including Major Incidents (reportable to Worksafe SA) or accidents requiring a doctor or a hospital visit
- If it is not possible for the involved person to complete The Hut Accident/Incident Report form, the Officer responsible for the program, or another responsible officer is to complete the form on their behalf
- Scan and Email (preferred option) to EO or CDM with in 24 hours
- Incident follow up conducted by Officer responsible for the program, with involved person and WHS Committee representative as appropriate:
 - Incident follow-up to include:
 - a. Identification of contributing factors to incident
 - b. Risk assessment (refer Risk Assessment Procedure)
 - c. Develop of risk control measures in a Corrective Action Plan, according to hierarchy of risk controls.

3. Implementation of Risk control measures within Risk Control Action Plan

- The Risk Control Action Plan includes Risk control measures, implemented by The Hut
- The Risk Control Action Plan may include multiple risk control measures, for example interim control measures that can be implementing immediately, and longer term control measures that may be more effective.

4. Follow-up to ensure that implemented risk control measures are effective

- Steps taken to ensure that implemented risk control measures are effective.

(All Staff should ensure that incidents that involve visitors to the Hut are also reported)

5. Contractors

- All contractors engaged by The Hut are required to report any incidents, actual or potential hazards to The Hut EO
- Incidents must be immediately reported verbally, and then subsequently use The Huts Incident/Accident Form
- If any notifiable incidents or dangerous occurrences occur involving Contractors, these must be immediately report to the EO or CDM and appropriate nonfiction made to Worksafe SA by the Contractor
- All incidents involving contractors are to be investigated by the contractor in conjunction with The Hut EO
- The contractor must implement identified corrective or preventative risk control measures. If the involvement of The Hut is required in relation to the implementation of risk control measures, the contractor must advise The Hut EO.

6. The EO (or delegate) is responsible for seeing that:-

- the form is fully completed
- an investigation has been undertaken into the cause of the event
- corrective measures have been identified and actions to address the causes are assigned
- corrective measures are resourced and have been completed satisfactorily
- all incidents are accidents are reported to the Board and the Huts WHS Committee

| INCIDENT/INJURY CONTRIBUTING FACTOR GUIDELINES | | |
|---|---|--|
| The following categories are a guideline to incident/injury cause and multiple categories can be selected: | | |
| <p>Plant/Equipment</p> <ul style="list-style-type: none"> • Correct equipment provided? • Regular maintenance performed? • Current maintenance records? • SOP's for equipment used? • Persons appropriately trained/competent to use equipment/plant? • Personal Protective equipment → has plant been adapted or modified for the job/task? • Equipment design/location? • Equipment failure. • Was the equipment required for the job readily available on the day? <p>Protective Clothing and Protective Equipment</p> <ul style="list-style-type: none"> • Had the protective equipment required been assessed for the job? • Had the protective equipment required been provided for the job? | <p>Materials</p> <ul style="list-style-type: none"> • Was the material suitable for the intended use? <p>Work Area/Work Environment</p> <ul style="list-style-type: none"> • Were inspection checks conducted to maintain housekeeping? <p>Training Information Instruction</p> <ul style="list-style-type: none"> • Had the worker been formally trained? <p>Emergency Responses</p> <ul style="list-style-type: none"> • Were we able to cope with the emergency caused by the accident? <p>Environment</p> <ul style="list-style-type: none"> • Did the weather conditions contribute to the hazardous condition? • Road conditions? • Workplace layout, housekeeping inspections completed? • Manual Handling: <ul style="list-style-type: none"> > Was the task repetitious? > High forces exerted? > Prolonged postures? > Nature of the object handled? > Work schedule? | <p>Personnel/Employees</p> <ul style="list-style-type: none"> • Has the worker been working double shifts/overtime, fatigue? • Was the worker physically capable/fit to perform the task? • Was the worker trained/competent to perform the task, including induction? • Was alcohol or other drugs involved? • Was it a criminal or wilful act of damage? • Supervision? <p>Job Related Hazards</p> <p>Methods/Procedures/Competencies</p> <ul style="list-style-type: none"> • Was the procedure in place for the task? • Did the employee know the method of procedure? • Did the job comply with legislation standards prior to the accident? • Was the hazardous condition recognised or recognizable? |

| WHS CONSEQUENCE SEVERITY RANKING TABLE | | | | |
|---|---|--|--|---|
| Factors for Determining the Level of Risk and the Consequence in Order to Rank the Severity of the Incident | | | | |
| Insignificant | Minor | Moderate | Major | Catastrophic |
| Level 1 | Level 2 | Level 3 | Level 4 | Level 5 |
| Injury and Disease (Includes all staff and Contractors) | | | | |
| <ul style="list-style-type: none"> • Low level short-term symptoms. • No medical treatment required. • Near miss injuries. | <ul style="list-style-type: none"> • Temporary disability/impairment and/or first aid treatment, and/or medical treatment. | <ul style="list-style-type: none"> • Moderate permanent disability to one or more persons. • Injuries requiring hospitalisation. | <ul style="list-style-type: none"> • Single fatality and/or severe permanent disability or impairment to one or more persons. | <ul style="list-style-type: none"> • Short or long term health effects leading to multiple fatalities, or significant human health affects to several persons. |
| Operational Impact (Safety & Health Incidents Only) | | | | |
| <ul style="list-style-type: none"> • Easily addressed or rectified by immediate | <ul style="list-style-type: none"> • Minor or superficial damage to | <ul style="list-style-type: none"> • Moderate damage to equipment | <ul style="list-style-type: none"> • Major damage to facility requiring | <ul style="list-style-type: none"> • Future operations at site seriously |

| | | | | |
|---|--|--|--|--|
| corrective action. <ul style="list-style-type: none"> No loss of production. No damage to equipment. | equipment and/or facility. <ul style="list-style-type: none"> No loss of production. | and/or facility. Loss of production < one week. | significant corrective/preventative action. <ul style="list-style-type: none"> Loss of production < six months. | affected. Urgent corrective/remedial action. <ul style="list-style-type: none"> Loss of production > six months. |
|---|--|--|--|--|

| CORRECTIVE ACTION GUIDELINES | | |
|--|------------------------------------|--|
| Use the hierarchy of controls, start from Elimination and work down the list to ensure all controls/corrective actions are documented. | | |
| 1. | Eliminate the Hazard | E.g. Redesign the machinery, repair damaged equipment, dispose of unwanted chemicals. |
| <i>If this is not practicable, then</i> | | |
| 2. | Substitute the Hazard | E.g. Lift smaller package, use a less toxic chemical. |
| <i>With something of a lesser risk, if this is not practicable, then</i> | | |
| 3. | Modify the Process | E.g. Modify the work process. |
| <i>If this is not practicable, then</i> | | |
| 4. | Isolate the Hazard | E.g. Place barriers around a spill until cleaned up enclose the process or the person. |
| <i>If this is not practicable, then</i> | | |
| 5. | Use Engineering Controls | E.g. Provide a trolley to move heavy loads, place guards on moving parts of machinery. |
| <i>If this is not practicable, then</i> | | |
| 6. | Use administrative Controls | E.g. Introduce job rotation, ensure equipment is maintained regularly. E.g. Provide hearing and eye protection, hard hats, gloves, masks. |

Note: Relying on personal protective clothing and equipment is the least acceptable control measure. It should only be used as an interim measure until a more reliable solution can be found or with other controls. Sometimes the most effective control of risk involves a combination of the above methods.

| | | |
|------------------------------|----------------|-----------------|
| Procedure Approved | WHS Committee | Date 12/07/2017 |
| Version | 2 | |
| Date for review 12/07/2020 | Responsibility | WHS Committee |
| To be reviewed every 3 years | | |

Accident/Incident and Near Miss Report Form

Instruction: **Part 1** of this form must be completed by the staff member/s involved in the accident incident, near miss or injury. **Part 2** must be completed by the Team Leader or Program Coordinator (officer) responsible for the work being undertaken when the event occurred – refer to the WHS Accident/Incident Procedure. Where feasible, the officer should be trained in investigation and undertake the investigation with several members of the team/ program – preferably those also trained in investigation.

PART 1

| | | | |
|----------------------------------|-----------------------------------|--|--|
| Person Making this report | | Signature: | |
| Event type | <input type="checkbox"/> Accident | <input type="checkbox"/> Incident | <input type="checkbox"/> Near miss |
| Outcome | <input type="checkbox"/> Injury | <input type="checkbox"/> Property Damage | <input type="checkbox"/> Risk to The Hut |

1. Program, where and when accident, incident, near miss occurred

| | | | | | |
|----------------------|--|-----------|--|-------|--|
| Name of Hut Program: | | Location: | | | |
| Activity: | | Date | | Time: | |
| Reported to: | | Date | | Time: | |

2. Describe what happened and any associated factors

| | | | | | |
|-------------------------------|--|--|--|--|--|
| Object or equipment involved? | | | | | |
| Describe any injuries? | | | | | |
| Immediate action | | | | | |

3. People involved

| Directly involved | Paid Employee | Volunteer | Client/Community Member |
|-------------------|---------------|-----------|-------------------------|
| Name | | | |
| Contact Details | | | |
| Witness | | | |
| Name | | | |
| Contact Details | | | |

PART 2

4. SUPERVISOR INCIDENT/ACCIDENT INVESTIGATION

| | | | |
|---|--|------------------|--|
| Name: | | Position: | |
| Summary of incident/accident including contributing factor | | | |
| | | | |
| Possible contributing factors | Lack of knowledge or training Lack of supervision Lack of maintenance Abuse or misuse Tools and equipment Not following procedure | Other | |
| | | | |
| Other comments | | | |

5. RISK ASSESSMENT

| | | | |
|----------------------------------|-------------|---------------|------------|
| Hazards Identified | | | |
| Likelihood of recurrence: | High | Medium | Low |
| Severity of outcome: | High | Medium | Low |
| Level of risk: | High | Medium | Low |

6. ACTIONS TO PREVENT RECURRENCE

| Action | By whom | By when | Date completed |
|---------------|----------------|----------------|-----------------------|
| | | | |
| | | | |
| | | | |

7. ACTIONS COMPLETED

| | | | |
|---|--|-------------|--|
| Signed | | Name | |
| Position | | Date | |
| Feedback through WHS meeting | | Date | |
| Reviewed by Executive Officer (signed) | | | |