

Procedure: Incident & Near Miss Reporting Procedure

1. Purpose

Ensure effective reporting and investigation of OHS incidents, near misses and hazards.

2. Actions Required

- Ensure incidents, near misses and hazards are reported
- Investigate incident, near misses and hazards appropriately
- Implement appropriate corrective actions
- Report “WorkSafe notifiable incidents”
- Monitor, audit and review.

3. Definitions

ANSTAT - SAI Global Legal & Statutory Update Service

MY SAFETY – Council’s Safety Management System

GSCC - Greater Shepparton City Council

HSR-Health and Safety Representative

INCIDENT/ACCIDENT - An unplanned event that may cause an injury or illness

NEAR MISS – A process or action that had the potential for injury or damage

NOTIFIABLE INCIDENT – A serious incident that must be reported to WorkSafe

SWMS - Safe Work Method Statements

WORKER- a person who carries out work in any capacity for GSCC

4. Responsibilities

Directors

- Ensure an effective OHS management and reporting system of incidents, near misses and hazards is applied
- Delegate OHS appropriate responsibilities and accountabilities to all levels of management.
- Ensure adequate consultation with employees regarding health and safety issues
- Report to CEO any of the following:
 - WorkSafe notifiable incident (see section 5 this procedure)
 - Notifiable Dangerous occurrence (see section 5 this procedure)
 - A serious incident. (see section 4 this procedure)

Managers/Team Leaders and Contractors

- Ensure workers involved in an incident receive first aid, medical attention or other relevant support
- Ensure OHS Incident/Near Miss and Hazard reporting forms are completed correctly and promptly
- Report WorkSafe notifiable incidents
- Report immediately up line and to Risk Management the following or to the Contractors GSCC Responsible Officer:
 - WorkSafe notifiable incident
 - Notifiable Dangerous occurrence
 - A serious incident.
- Secure the scene of a notifiable incident in order to conduct appropriate investigations

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- Investigate incidents with appropriate staff such as the Health and safety representatives (HSR), employees, volunteers or contractors and implement corrective actions
- Communicate to workers any corrective actions and review for effectiveness
- Ensure workgroup meetings include discussion and review of corrective actions

Workers

- Report all incidents, near misses and hazards
- Complete OHS report forms as soon as practicable after an incident
- Participate in any incident investigation as required
- Comply with any corrective or preventative actions implemented.

Health and Safety Representatives (HSR's)

- Assist if required to make the area safe following an incident
- Assist if required with incident and hazard investigation and development of appropriate risk control measures.

5. Procedure

What is an Incident?

- An unplanned event that may cause an injury or illness
- Near miss is a process or action that has the potential for injury or damage
- Any event that results in death.

Categorising an Incident

To give guidance on GSCC reporting requirements of incidents to “higher levels”, incidents are categorised as following:

A. WorkSafe Notifiable Incident

- Incidents that result in a level of injury or involve some plant items must be reported, by legislation to WorkSafe Vic. (See section 6 this procedure)
- These incidents are referred to as:
 - WorkSafe Notifiable Incident
 - Notifiable Dangerous Occurrence

**WorkSafe Notifiable Incidents must be reported to Directors and CEO.
Contractors must report this type of incident as soon as practicable to their GSCC RO.**

B. Serious Incidents

- Incidents resulting in injuries to multiple persons
- Incidents where multiple emergency services attend
- Any incident managers or supervisors consider may cause negative or damaging community impact.

**These incidents must be reported to Directors and CEO.
Contractors must report this type of incident immediately to their GSCC RO.**

C. Standard Incident

All other incidents that occur.

These incidents are managed at an operational level and reported to People Performance Department.

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Reporting of an Incident

(Other than a WorkSafe reportable incident. See section 6 this procedure)

- Seek first aid assistance as required.
- Control any hazards to prevent further incidents or injury and to ensure accurate information can be obtained for investigation purposes
- Notify responsible Manager or Supervisor (Contractors and volunteers must be made aware who to contact if an incident occurs)
- Record incidents as soon as possible after it has occurred, or by end of next working day.

Refer:

M10/102423 OHS Incident Near Miss hazard Form

If it is not possible for a person to complete a form e.g. the person has been taken to hospital or is not at work, a GSCC RO is to complete the form.

- Forms are to be Trimmed to 46/544/0015 Incident/Near misses/Hazard Reports and work flowed to OHS Advisor within 2 working days and appropriate Department Manager. Hard copies to be sent to OHS Advisor.
- Managers, Team Leaders and Supervisors are to ensure the incident report form is completed with sufficient detail to ensure an appropriate investigation of the incident.

Near Miss / Hazard Reporting

It is a requirement of The *Occupational Health and Safety Act 2004* and GSCC to report and record incidents, near misses and hazards.

Managers and supervisors must actively encourage the reporting of all incidents, near misses and hazards using Incident / Near Miss Form

Refer: M10/102423 OHS Incident Near Miss hazard Form

Forms are to be Trimmed to 46/544/0015 Incident/Near misses/Hazard Reports and work flowed to OHS Advisor and appropriate Department Manager.

Hard copies to be sent to OHS Advisor.

6. WorkSafe Notifiable Incident Definition

Notifiable Incidents:

- Death
- Serious injury requiring hospital treatment as an **in-patient**
- Exposure to a hazardous substance that requires medical treatment within 1 day of exposure
- Serious head or eye injury
- Electrical shock
- Loss of a bodily function
- Separation of the skin from underlying tissue.

Notifiable Dangerous Occurrence:

- The collapse or overturning of any plant item
- The collapse or failure of a trench or shoring of an excavation
- The collapse of a part of a building structure
- An implosion, explosion or fire
- The escape, spillage or leakage of a substance
- The fall from height, or release from height of any plant item or substance or object.

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When And Who Should Report A Notifiable Incident:

It is a requirement to notify WorkSafe within 48 hours of a notifiable incident. A written report of the incident is required using the approved notification form M08/2583.

Managers are responsible for reporting to WorkSafe the following information:

- Time, address or the location of the place where the incident occurred
- Name of any injured persons, details of the injury and a brief description of what happened
- Contact details of a person at the incident site
- If police, ambulance or other emergency service has attended the scene.

Reporting and Management of a Work Safe Notifiable Incident

- Ensure the site where the injury occurred has not been altered unless to render medical treatment or to ensure no further injuries occur
- Plant, equipment or substances connected with the incident is not reused, repaired or removed
- Complete the WorkSafe Notifiable Incident form: M08/2583 and fax as per instructions
- Trim completed form to 46/961/0002 Human Resources / WorkCover / WorkSafe Authority
- Notify Manager and Risk Management
- Manager to inform General Manager and CEO.

If you are uncertain if an incident is notifiable or not, contact Risk Management or phone WorkSafe.

How To Notify

STEP 1: Telephone WorkSafe

Report Phone Line: 13 23 60 (24Hour Emergency - 7 days a week)

WorkSafe will record details of the incident and issue you with a Reference Number. The Reference Number is your **PROOF OF IMMEDIATE NOTIFICATION**.

STEP 2: The written report must be submitted to WorkSafe on an approved form (M08/2583) or online:

- Online via the internet using the electronic form available at www.worksafe.vic.gov.au
- Hard copy by facsimile to (03) 9641 1091
- By post to WorkSafe Victoria, Incident Notification, GPO Box 4306, Melbourne 3001
- By post or courier to WorkSafe Victoria, 222 Exhibition Street, Melbourne 3000.

Incident/Near Miss and Hazard Investigations

The manager, supervisor or team leader must investigate all incidents, near miss and hazard reports and involve relevant HSR and workers/ volunteers where possible.

Incidents should be investigated to determine the circumstances which contributed to the “incident” and to prevent reoccurrence by:

- Using the Hazard Corrective Action Form to aid the investigation
Refer: M10/102398 Hazard Correction Action Form
- This form will assist in investigation of:
 - Problems identified with plant, equipment or substances
 - The workplace environment e.g. lighting, floor surface, signage, weather conditions
 - Documented procedures, SWMS or work instructions and if they were followed correctly

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- Training and competency level of persons involved with the incident
- Examination of the incident scene and record any physical evidence
- Interviewing of persons and witnesses involved
- Any similar events that have previously occurred.
- Forms are to be Trimmed to 46/544/0015 Incident/Near misses/Hazard Reports and work flowed to OHS Advisor and appropriate Department Manager
- Hard copies to be sent to OHS Advisor.

Implementing Corrective Actions

The Manager or Supervisor/Team Leader, in consultation with relevant persons must identify appropriate corrective actions required to prevent similar incidents/Near Misses or Hazards occurring by:

- Ensuring control options are chosen in descending order using the Hierarchy of Controls. Refer: Hazard Identification, Risk assessment, and Control - (M10/109360)
- Implementing short and long term control measures, depending on the findings of the investigation
- Documenting corrective actions and the persons responsible for their implementation on a Hazard Correction Action Form and Trim.
- Implement required corrective actions into standard operating procedures, SWMS, Work Instructions and communicate to appropriate work groups.

Monitor and Review Actions for Effectiveness

The Manager or Supervisor/Team Leader must:

- Discuss, monitor, evaluate and review corrective actions for effectiveness
- Amend the risk assessment if new hazards are identified
- Communicate the outcomes of the incident investigation to workers.

7. Employee Assistance

All GSCC resources, work cover, Human Resources and EAP are available to assist workers and their families following an incident.

8. References

- Victorian *Occupational Health and Safety Act 2004*
- Victorian Occupational Health and Safety Regulations 2007 (Issue resolution)
- Victorian *Equipment Public Safety Regulations 2007*
- WorkSafe Victoria, Guide to Incident Notification 1st Edition 2005

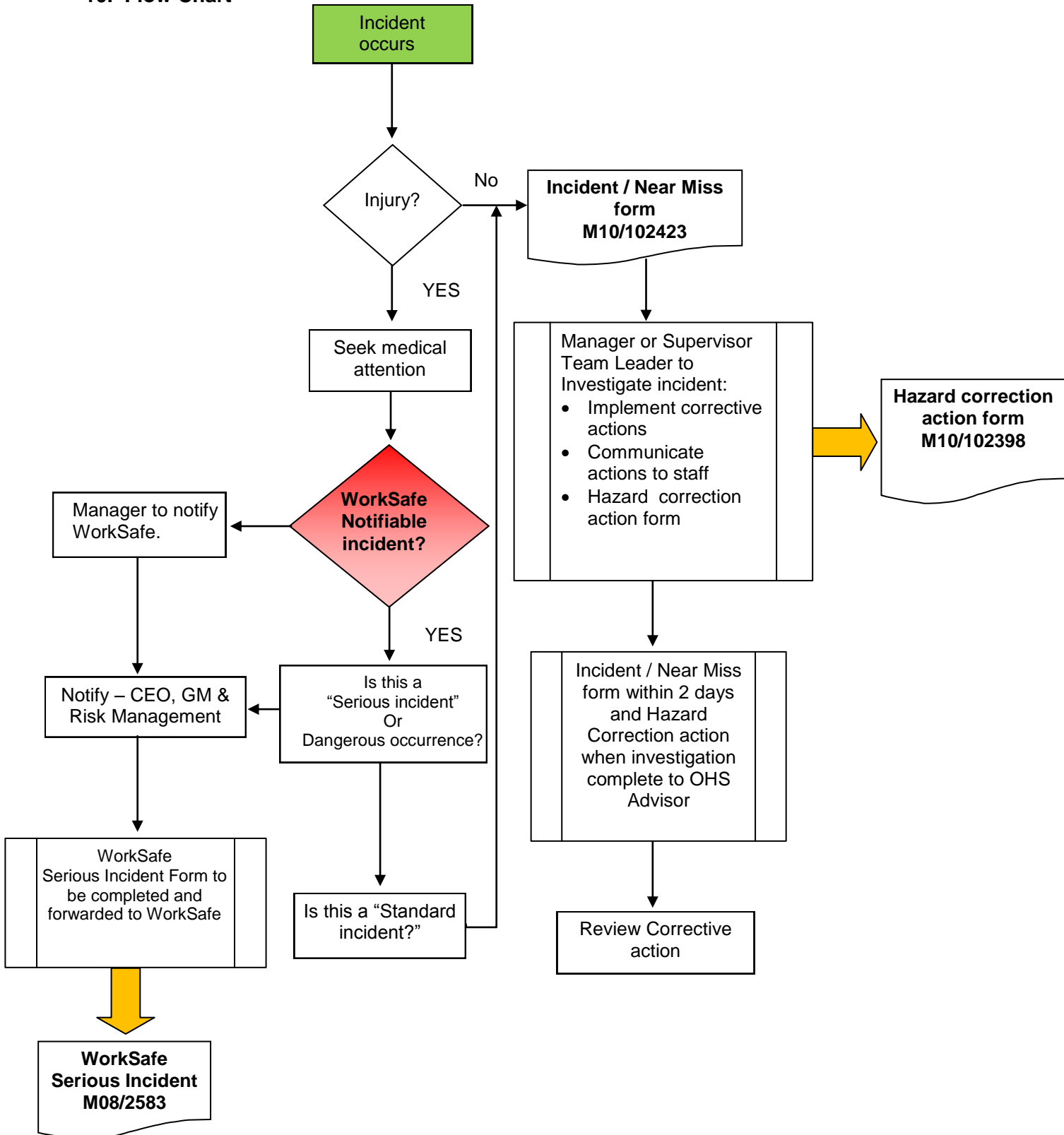
9. Related Procedures and Documents

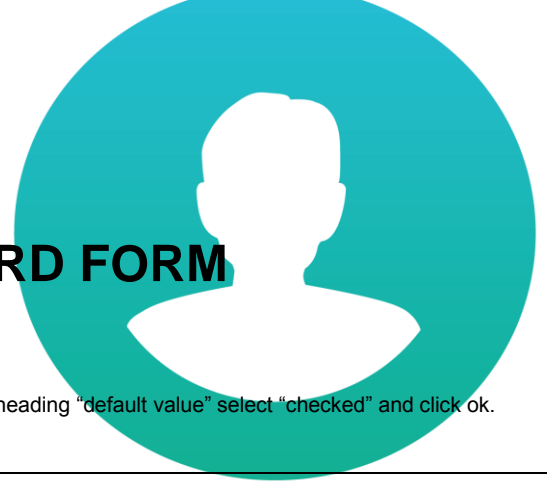
Other procedures and forms that may contribute or provide further guidance are:
Refer to Trim Reference:

- M10/109360: Hazard Identification, Risk assessment, Control & Reporting
- M10/102423: Incident/ Near Miss report form (Attachment 1)
- M10/102398: Hazard corrective action form (Attachment 2)
- M08/2583: WorkSafe Notifiable Incident form (Attachment 3)

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10. Flow Chart





Attachment 1 (For complete form refer Trim)

OHS INCIDENT / NEAR MISS / HAZARD FORM

REPORTING AN INCIDENT –Complete sections 1 through to 8
REPORTING NEAR MISS OR HAZARD- Complete sections 1, 2 & 3

To place a cross in a shaded square. Right click on grey box, go to properties, under heading “default value” select “checked” and click ok.
To take the cross off, repeat process and select “not checked” and click ok.)

SECTION 1: My details		Incident number (OHS to complete)
Person involved in incident or reporting a near miss or hazard		
EMPLOYEE <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> CLIENT/MEMBER OF PUBLIC <input type="checkbox"/>		
Name of person involved in incident or reporting a hazard:		
Address of person involved in incident:		Postcode:
Contact Telephone:		
Who is your direct Manager / Supervisor / Coordinator?		
Responsible Directorate: (or Directorate responsible for Contractor/Volunteer)		
Infrastructure <input type="checkbox"/> Sustainable Development <input type="checkbox"/> Office of the CEO <input type="checkbox"/> Community <input type="checkbox"/> Business <input type="checkbox"/>		
Section 2: What are you reporting?		
An incident		A Near Miss or Hazard Report
An injury occurred <input type="checkbox"/>	An incident occurred but no injury <input type="checkbox"/>	An injury or incident could have occurred while performing a task or operating equipment. <input type="checkbox"/>
❖ Complete appropriate Sections 1 through to 8		❖ Complete Sections 1, 2 & 3 only
Date incident occurred:		Incident time:
Location incident/Near Miss/Hazard occurred (i.e. Service or Facility name):		
Area Incident or Near Miss/Hazard occurred (i.e. specific location, room name etc):		
Who was the Incident / Near Miss / Hazard reported to:		Date reported:
Section 3: Detailed description of Incident / Near Miss / Hazard.		
Describe what led up to, during, after the incident or what you were doing at the time of the incident.		
(Attach or supply photos and drawings if required)		
Please list any witnesses to the incident		There were no witnesses <input type="checkbox"/>
Name		
Name		

To write in a shaded rectangle click in box and type text.

Section 4 My incident / Injury suspected cause was.....			
Trip / Fall / Slip <input type="checkbox"/>	Motor Vehicle <input type="checkbox"/>	Chemical <input type="checkbox"/>	
Manual Handling <input type="checkbox"/>	Entanglement <input type="checkbox"/>	Incident involving Plant (Detail below) <input type="checkbox"/>	
Fall from Heights <input type="checkbox"/>	Involving animal <input type="checkbox"/>	Psychological Incident <input type="checkbox"/>	
Electric shock <input type="checkbox"/>	Hit by Machinery <input type="checkbox"/>	Dropping of item <input type="checkbox"/>	
Other/Details			
Section 5 My injury was...			
No Injury <input type="checkbox"/>	Foot (left / right) <input type="checkbox"/>	Eye (left / right) <input type="checkbox"/>	Neck <input type="checkbox"/>
Body Front <input type="checkbox"/>	Leg (left / right) <input type="checkbox"/>	Arm (left / right) <input type="checkbox"/>	Head <input type="checkbox"/>
Body Back <input type="checkbox"/>	Knee (left / right) <input type="checkbox"/>	Hand / Wrist/ Fingers <input type="checkbox"/>	Ankle left / right) <input type="checkbox"/>
Other/Details			

Has this injury occurred before?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Section 6 My treatment required was.....

Nil <input type="checkbox"/>	Hospital Treatment <input type="checkbox"/>	First Aid <input type="checkbox"/>	Doctor <input type="checkbox"/>
Other/Details			

Section 7: My lost time was.....(at time of completing report)

Nil time off from work <input type="checkbox"/>	I hadHours off from work	I hadDays off from work
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Section 8: Signature

Signature of person completing report (involved in incident):	Date:
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Thank you for your report, please ensure this is provided to your direct supervisor promptly.

Section 9 - Manager or Direct Supervisor to complete
Section 9 Investigations and Notifications

Consider the severity. Has this Incident / Near Miss / Hazard been reported to the appropriate levels of Management within your Department?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, why?	
Has an investigation started on this Incident / Near Miss / Hazard? All Incidents / Near Misses / Hazards are to be investigated. Investigation to be completed by a GSCC responsible officer or investigation team within Department or by coordinating with OHS Advisor. Document investigation by completing Hazard Corrective Action Form (M10/102398). Please nominate person or team who will be investigating this Incident/Near Miss/Hazard?	Yes <input type="checkbox"/> No <input type="checkbox"/>

VICTORIA WORKCOVER AUTHORITY (WorkSafe)-NOTIFIABLE INCIDENT. Report Phone Line: 13 23 60
In accordance with WorkSafe Victoria requirements where a serious injury or incident occurs.

Is this a VICTORIA WORKCOVER AUTHORITY Notifiable Incident? If "Yes", Contact OHS (People Performance Department) to co-ordinate: <ul style="list-style-type: none"> WorkSafe phone and online notifications Up-line reporting to management and Communications Department. Refer procedure: <i>Accident / Incident and Near Miss Reporting Procedure - 46.PRO3.7. M10/105068</i>	Yes <input type="checkbox"/> No <input type="checkbox"/>
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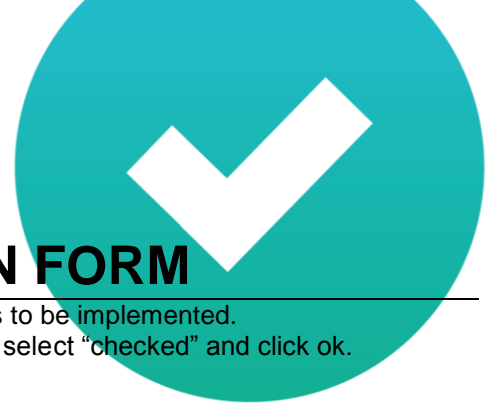
WorkSafe Notification No:	Date WorkSafe notified	Time WorkSafe notified
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Manager or direct Supervisor to sign completed form (Trimming will provide an "electronic" signature)

Signature of Manager (or direct Supervisor):	Date:
Manager Comments:	

STEP 1	Person involved in incident or reporting Hazard to complete Incident /Near miss/Hazard form.
STEP 2	Completed Incident/Near Miss/Hazard form to be given to immediate supervisor to assist with completing step 4.
STEP 3	Trim this form to 46/544/0015- Incident Report Form>SURNAME, First name> Day / Month / Year within 2 working days of incident . (OHS will receive automatic alert of incident, no need to work flow)
STEP 4	Incident to be investigated by a GSCC responsible person or investigation team using and completing the Hazard Corrective Action Form (M10/102398). (OHS will receive automatic alert of incident, no need to work flow)
STEP 5	When the investigation is completed, Trim the Hazard Corrective Action Form to: 46/544/0015. Hazard Correction Form>SURNAME, First name> Day / Month / Year
STEP 6	Hard copies to OHS Advisor

Damage to any plant or vehicle or property is to be reported to Risk Management using: *Public Assets Plant Incidents Report Form M11/53744*



Attachment 2 (For complete form refer Trim)

OHS HAZARD CORRECTIVE ACTION FORM

Complete Sections 1, 2 & 3 to investigate an incident and report control actions to be implemented.
 To place a cross in a shaded square, right click, under heading "default value" select "checked" and click ok.
 To take the cross off, repeat process and select "not checked" a click ok.)
 To write in a shaded rectangle click in box and type text.

SECTION 1 (Details of person completing this form)		
Name:		Date:
Directorate:		
Infrastructure <input type="checkbox"/>	Sustainable Development <input type="checkbox"/>	Community <input type="checkbox"/> Office of the CEO <input type="checkbox"/> Business <input type="checkbox"/>
SECTION 2- INCIDENT / NEAR MISS / HAZARD INVESTIGATION		
Name of person involved in incident: (N/A for Hazard)		Date of incident:
Location of incident or hazard		
Who investigated this incident/Near Miss or Hazard?		
Name:	Position	
Name:	Position	
"What went wrong"? Provide a Short summary of the incident <u>or</u> reference the TRIM number of incident report form. What are the probable cause(s) of this incident, Near Miss or hazard?(Section 3 of this form will assist you)		
What is to be changed to prevent similar incidents or address this hazard? From the issues identified in section 3, who is responsible for any changes and what is to be implemented to prevent an incident like this occurring again or to fix this hazard?		
RECOMMENDED CORRECTIVE ACTIONS or CORRECTIVE ACTIONS TAKEN	Who is responsible for the corrective actions	Required Implementation Date
Manager/Supervisor to sign off corrective actions appropriate.		
Name:	Sign:	Date:
Trim Hazard Corrective Action as "Hazard Corrective Action Form <Surname, First name><Date>" to: 46/544/0015. The GSCC OHS Advisor will be automatically alerted of the corective actions. Communicate to relevant staff within workgroup as required.		

SECTION 3- INCIDENT INVESTIGATION CHECK LIST

The most important final step is to come up with a set of recommendations designed to prevent recurrences of similar accidents, Near Misses or Hazards. Once you are knowledgeable about the work processes involved and the overall situation, work with those involved to come up with some realistic recommendations.

	Was the cause?	Comments/Changes required
Plant and Equipment	• Poor maintenance or design of plant	<input type="checkbox"/>
	• Poor quality or defective equipment or tools	<input type="checkbox"/>
	• Incorrect equipment used	<input type="checkbox"/>
	• Training or education insufficient for this equip.	<input type="checkbox"/>
Environment	• Work area unsafe/not suitable for task	<input type="checkbox"/>
	• Physical demands of the task too much	<input type="checkbox"/>
	• Improved Housekeeping required	<input type="checkbox"/>
	• Weather/Forces of Nature contributed	<input type="checkbox"/>
Methods/Procedures	• No procedure in place / Procedure insufficient	<input type="checkbox"/>
	• Written Procedure differs to actual practice	<input type="checkbox"/>
	• Safe Work Method Statement needs to be altered.	<input type="checkbox"/>
	• Improved / Additional PPE required	<input type="checkbox"/>
	• Poor communication	<input type="checkbox"/>
	• Did not follow procedure correctly	<input type="checkbox"/>
Management	• Inattention to task	<input type="checkbox"/>
	• Previous identified hazards were not eliminated	<input type="checkbox"/>
	• Lack of process	<input type="checkbox"/>
	• Stress demands	<input type="checkbox"/>
People	• Poor employee involvement	
	• Inattention to task	<input type="checkbox"/>
	• Poor recognition of hazard	<input type="checkbox"/>
	• Did not follow procedure	<input type="checkbox"/>

Training

For the task that was being undertaken when the incident occurred.....

1. List any training required to perform the task
2. Provide information on when the training was undertaken by the person involved in the incident.

Training	Date completed



WORKSAFE VICTORIA
INCIDENT NOTIFICATION FORM
SECTION 38(3) OCCUPATIONAL HEALTH AND SAFETY ACT 2004 AND
REGULATION 904 EQUIPMENT (PUBLIC SAFETY) REGULATIONS 2007
 October 2007

Reference Number - - -

Ring 132 360 to obtain a Reference Number.
 The Reference Number is your proof of immediate notification. Immediate notification is required under section 38(1) of the *Occupational Health and Safety Act 2004* and regulation 903(1) of the *Equipment (Public Safety) Regulations 2007*.

Person Submitting Details (Please print in BLOCK letters)

Name Position Title Telephone Number

Date / / Date of Incident / / Time of Incident

Name of Employer / Self-Employed Person / Person in Charge of Prescribed Equipment

Business Address (Not P.O. Box) Postcode

Name of Employer of Deceased / Injured Person(s), if any, if different from above

Address or Location where Incident Occurred

Brief Description of the Incident

Details of Deceased / Injured Person(s)

Name Male Female

Residential Address Postcode

Date of Birth / / Telephone Number

Occupation / Job Title Employee / Contractor / Member of Public

Work / Activity being undertaken at Time of Incident (Identify any Plant, Substance, Equipment Involved)

Brief description of injuries

Person(s) who saw Incident or first came to Scene

Action Taken / Intended, if any, to prevent recurrence of Incident

Declaration

I declare that where I provide personal or health information to the Victorian WorkCover Authority (WVA) about any other individual, I am authorised to provide that information, the information has been collected in accordance with applicable privacy legislation and the individual has been or will be made aware of the WVA's identity and how to contact it and of the other matters of which an individual is required to be made aware when personal or health information is collected about them.

Signature Date / /

Name

Optional

WorkCover ID

Establishment No