



A multi-function, multi-disciplinary business
enterprise

Corporate Policies & Procedures

CPP723
INCIDENT MANAGEMENT & REPORTING
GUIDELINES

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Note:

The information contained in this document is to be used for training purposes only and is not representative of any real individual organisation. The information contained here comes from uncontrolled documents located from sources over the internet. The intention is to give you a learning experience in this simulated environment that you may be required to undertake as an employee, supervisor or manager in a real organisation in the future.

Therefore, only use this information to complete the activities and requirements expected of you in your training program with us.

1. INTRODUCTION

CEG Resources acknowledges that guidelines on incident management are an essential component of the workplace health and safety management system. The provision of timely and efficient first aid and medical response is crucial in caring for staff, contractors and visitors in the event of an injury. Additionally, timely and efficient reporting on hazards, incidents and other occurrences with an adverse risk to health and safety are required to be in place so that risk assessment and appropriate corrective action can be taken. These guidelines should be read in conjunction with the following:

- First Aid Guidelines
- WHS Risk Management Guidelines
- Injury Management Program
- Emergency Management Procedures.

2. SCOPE

This document sets out the procedures for the management of an incident requiring first aid or medical treatment for injuries which occur to CEG Resources staff, contractors or visitors. This includes activities which occur on or off CEG Resources worksites.

This document also describes the organisations internal and external reporting process for injuries, illnesses, incidents, health and safety hazards, dangerous occurrences and system failures.

3. DEFINITIONS

<i>Biohazard</i>	A biohazard can be defined as any organism (and/or its toxin) or a material of biological origin that can cause harm to human, plants, animal or the environment.
<i>Dangerous Occurrence</i>	Imminent risk of the death of, or serious injury to, anyone; an occurrence that endangers or is likely to endanger the safety of people at a workplace.
<i>First Aid</i>	Initial treatment for an injury which is normally given by a first aider.
<i>First Aid Officer</i>	Person nominated to administer first aid in the organisation; must hold a current Senior First Aid Certificate.
<i>Hazard</i>	A source or a situation with a potential for harm in terms of human injury or ill-health, damage to property, damage to the environment, or a combination of these.
<i>Hazard Identification</i>	The process of recognizing that a hazard exists and defining its characteristics.

<i>Illness</i>	Any physical or mental ailment, disorder, defect or morbid condition which can be of sudden or gradual development. This also includes the aggravation, acceleration, exacerbation or recurrence of any pre-existing disease.
<i>Incident</i>	Any unplanned event resulting in, or having a potential for injury, ill health, damage or other loss.
<i>Injury</i>	Any physical or mental damage to the body caused by exposure to a hazard.
<i>Lost Time Injury</i>	A work related injury which results in a person being absent from work for at least one full shift.
<i>Medical Treatment Injury</i>	A work related injury which results in treatment provided by a qualified health professional e.g. General Practitioner, Physiotherapist.
<i>Near Miss</i>	An incident that does not produce an injury or disease but has the potential to do so.
<i>Risk</i>	The likelihood and consequence of an injury or harm occurring.
<i>Risk Assessment</i>	The process of estimating the magnitude of risk for an activity and identifying the actions to take to eliminate or minimise the risk.
<i>System Failure</i>	Systematic processes that fail to manage the task, activity, process or problem.

4. RESPONSIBILITIES

4.1 Employees

Employees are responsible for the following:

- reporting hazards, incidents, injuries, dangerous occurrences and systems failures which occur or have the potential to occur
- in the event of an injury or unsafe situation, do what they can to ensure the safety of others.

4.2 Supervisors and Managers

Supervisors and Managers are responsible for the following;

- ensuring that injured employees, contractors or visitors on the worksite(s) receive, or is referred to, appropriate first aid &/or medical assessment for any reported injury/illness
- immediate referral to *CEG Resources* WHS Unit of any injured employee, contractor or visitors on the worksite(s) who require medical assessment or treatment

- hazards, incidents, injuries, dangerous occurrences and systems failures are appropriately reported for areas under their supervision
- corrective actions are developed in consultation with employees and are implemented to eliminate the risk of injury, or where this is not possible, reduce the risk to an acceptable level
- follow up on the effectiveness of implemented corrective actions in consultation with employees.
- conducting investigations and follow up of significant incidents to prevent reoccurrence.

4.3 WHS Unit

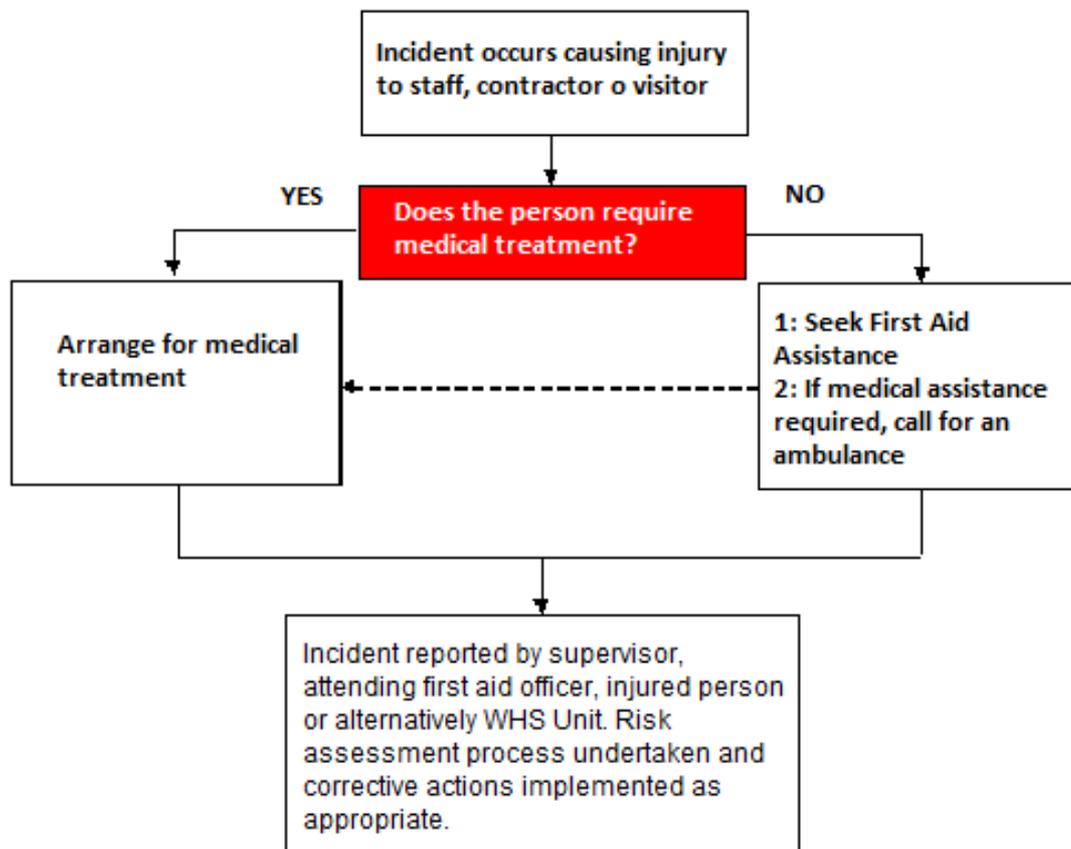
The WHS Unit is responsible for:

- monitoring and reviewing the system for effective incident management and reporting
- providing advice and recommendations to division work teams on preventative and corrective action to improve the level of health and safety
- endorse and review investigations and follow up of significant incidents to prevent reoccurrence.

5. INCIDENT MANAGEMENT PROCEDURE

5.1 First Aid and Medical Assistance

The flowchart below outlines the process for obtaining first aid and medical assistance on a CEG Resources worksite. Clarification on the process is outlined further in this section.



*Worksite security will direct any ambulance to the location of the injury. Emergency services are contacted directly for life-threatening situations.

5.1.1 Assessing the Need for Medical Treatment

In most cases the need for medical treatment after an injury is obvious. The following list of injuries and symptoms, although not exhaustive, provides guidance on when to refer to medical treatment:

- heart attack
- stroke
- shock
- epilepsy and seizures
- hyperglycaemia or hypoglycaemia
- burns larger than 20 cent piece, electrical burn,
- lacerations - if bleeding is severe or persistent
- soft tissues injuries, e.g. sprains and strains;
- dislocations and fractures
- head, neck and spinal injuries
- facial injuries
- poisoning
- bites and stings
- overexposure to extreme environmental temperatures
- asthma attack
- electric shock
- loss of consciousness
- overexposure to radiation or hazardous chemicals

In some circumstances the need for medical treatment may not be obvious – examples include:

- after an electric shock:
 - any person who has received an electric shock, no matter how minor it may seem, should be assessed by a medical practitioner as there could be delayed affects such as an irregular or lower heart rate
- after recovering from unconsciousness:
 - any person who has lost consciousness, even for a small amount of time, should be assessed by a medical practitioner.

5.1.2 Medical Treatment

Medical treatment can be obtained by contacting Security on extension 4900 or Emergency Services directly on '000' (dial 0 for an outside line) to arrange for an ambulance to arrive at the scene of the incident.

In some cases, it may be appropriate to transport the injured person to a medical centre for treatment. Where this is the case, the injured person should be referred to one of the following medical treatment centres dependent upon availability and expertise:

1. Divisional medical treatment centre (One located at each divisional head office / worksite)
2. Nearest hospital or medical centre (if closer than any other option)
3. The injured person's general practitioner.

This should be decided on a case-by-case basis in consultation with the injured person by the attending first aid officer or the Injury Management Coordinator. For example a swollen ankle may be treated more promptly at a local medical centre as opposed to raising an ambulance. If in doubt contact the Injury Management Coordinator on ext. 4910.

For injuries occur off-site from a CEG Resources work area but the employee is working, the injured person should be referred to the nearest general practitioner, medical centre or hospital if an ambulance is not required.

5.2 Critical Incidents

Critical incidents are those which directly or indirectly cause significant distress to a person, either at the time it occurs or later. A critical incident may require the activation of emergency procedures.

The following options are available for support and assistance for those experiencing critical incident distress:

- *CEG Resources* Employee Assistance Program:
This is a professional counselling service available to organisation staff or their families which is confidential and free for personal or work related problems. This is voluntary and the service is provided by experienced registered psychologists.

6. INTERNAL INCIDENT REPORTING REQUIREMENTS

The following outlines the process for the internal reporting of incidents including health and safety hazards, injuries, illnesses, dangerous occurrences, near-misses and system failures.

6.1 Immediate Action

Depending on the risk of the hazard or incident involved immediate action must be taken to prevent further persons from being injured. This may involve the activation of emergency procedures or other actions to control the immediate risk to persons in the area, e.g. barricading the area, alerting Division Administration (or equivalent), Security or the WHS Unit.

If an injury has been sustained, first aid treatment should be given from a suitably qualified first aider promptly.

In some circumstances, a hazard, incident or injury may mean that the scene cannot be disturbed. These are termed 'notifiable incidents' and include the death of a person, or a serious injury or illness of a person, or a dangerous incident. Further information can be found in section 7 External Reporting Procedures below.

The site where the incident occurred must not be disturbed in any way, other than to assist an injured person or make the area safe, until such time as a WorkCover inspector arrives at the site or any earlier time that an inspector directs.

6.2 Types of Incidents to be Reported

The list below represents general criteria for the type of incidents to be reported using the Accident & Incident Report form (WHS636). The list is not meant to be exhaustive and may require tailoring to specific areas:

- any injury to staff, contractors or visitors of any nature or severity sustained whilst on an organisation worksite or whilst undertaking an organisation activity off site e.g. field trip, approved travel, clinical work, attendance to conferences, etc
- any incidents which may have had the potential to cause an injury, including diseases in animals that have the potential to be transferred to humans, exposure to chemical agents or physical agents, genetically modified organisms, imported biological materials, radiation or other hazards
- dangerous occurrences or system failure which caused or had the potential to cause serious property damage e.g. fires, floods and explosions
- all vehicle accidents occurring on company grounds or whilst conducting company business
- any injury or incident to staff sustained whilst travelling to or from the worksite (Journey claims)
- sporting injuries arising from company organised activities, both formal and informal
- injuries sustained by staff or contractors participating in company organised social activities.

Where a hazard or incident is reported through the Hazard Report form (WHS620) and is rated as 'High', a copy of the report will be communicated to the Divisional Manager. The WHS Unit expect an incident investigation in accordance with the Incident Investigation Procedure.

6.3 Hazard/Incident Reports

An Accident & Incident report (WHS636) is to be completed for **all** hazards, incidents, injuries, illnesses, dangerous occurrences and system failures arising from reported hazard, incidents or workplace safety inspections as outlined in 6.2 Types of Incidents to be Reported.

A Hazard Report form (WHS620) is to be completed when there is potential for risk or a hazard occurring but has **not** resulted in a dangerous occurrence or system failure arising from reported hazard, incidents or workplace safety inspections at this time.

6.4 Submitting the Hazard/Incident Report Form

Once the report form has been submitted to your supervisor or line manager, a copy is sent to the appropriate Division Manager for approval and the WHS Unit for review. On approval by the Division Manager, risk control methods (corrective actions) detailed in the report form will be emailed to the nominated party for action.

In some instances, notification to the WHS Unit is required immediately after an incident or hazard is reported. Occasions where this may occur include:

- when a hazard is identified which poses an immediate risk to health and safety, or
- an injury which requires medical treatment (does not include first aid), or
- time lost from work, or
- 'notifiable incidents' as defined in 7 External Reporting Procedures.

6.5 Corrective Actions

The implementation of appropriate corrective actions is critical to the success of reducing the risk of hazards in the workplace. From the risk assessment, corrective actions will need to be implemented to eliminate or reduce the risk to an acceptable level utilising the hierarchy of controls. Depending on the risk of the hazard involved, the following time periods will be used as a guide for completion of corrective actions:

Risk Level	Corrective Action Time Frame
High	As soon as possible, but not longer than 24 hours
Medium	14 days
Low	28 days

At least one corrective action is required to be implemented to reduce the risk to an acceptable level. Once the corrective action plan is determined, including responsibilities and timeframes, the details are to be recorded as Corrective actions and are communicated and monitored via email. Once a corrective action has been completed, the date of completion is entered for the incident as listed in the responsible person's work-list.

If corrective actions are not completed by their due date reminder emails are sent to the responsible person. Corrective actions which are not completed on time are reviewed by the WHS Unit on a monthly basis and escalated to the appropriate Division Manager to outline a plan for completion.

If there is any doubt on the unit responsible for undertaking a corrective action please liaise with the WHS Unit on ext. 4930. The WHS Unit will consult with the person reporting the incident and seek to identify the responsible unit for the issue and the workers and supervisor of the area(s) involved to ensure appropriate ownership of the corrective action.

In the rare case of a dispute with regards to the responsibility of corrective actions, the dispute is to be raised in writing to the Manager WHS Unit who will assist with the appropriate assignment of corrective actions following review of the hazard and incident report.

6.6 Review

Follow up of the implementation of the controls should be conducted by the work team supervisor to ensure the following questions are answered:

- have the corrective actions as stated by the initial notification been completed?
- has the corrective actions as stated in the initial notification been effective in reducing the risk of injury?
- has the corrective actions introduced new hazards?

If required another hazard report may be required to document a new hazard or initiate further corrective actions.

7. EXTERNAL REPORTING PROCEDURES

The Work Health and Safety Act 2012 (SA) creates a duty on persons conducting a business or undertaking to notify WorkCover immediately after becoming aware that a notifiable incident arising out of the conduct of the business or undertaking has occurred.

A “notifiable incident” means:

- the death of a person, or
- a serious injury or illness of a person, or
- a dangerous incident.

Further guidance from WorkCover on what is required to be reported is outlined below:

Immediate treatment as in-patient in a hospital

Admission into a hospital as an inpatient for any duration, even if the stay is not overnight or longer.

It does not include:

- Out-patient treatment provided by the emergency section of a hospital (ie not requiring admission as in-patient) and immediate discharge.
- Subsequent corrective surgery such as that required to fix a fractured nose.

Immediate treatment for the amputation of any part of the body

Amputation of a limb such as arm or leg, body part such as hand, foot or the tip of a finger, toe, nose or ear.

It does not include:

- Bruising or minor abrasion or laceration to the skin.

Immediate treatment for a serious head injury

- Fractured skull, loss of consciousness, blood clot or bleeding in the brain, damage to the skull to the extent that it is likely to affect organ/ face function.
- Head injuries resulting in temporary or permanent amnesia.

Immediate treatment for a serious eye injury

- Injury that results in or is likely to result in the loss of the eye or total or partial loss of vision.
- Injury that involves an object penetrating the eye (for example metal fragment, wood chip).
- Exposure of the eye to a substance which poses a risk of serious eye damage.

It does not include:

- Eye exposure to a substance that merely causes irritation.

Immediate treatment for a serious burn

A burn requiring intensive care or critical care which could require compression garment or a skin graft.

It does not include:

- A burn that merely requires washing the wound and applying a dressing.

Immediate treatment for the separation of skin from an underlying tissue (such as de-gloving or scalping)

Separation of skin from an underlying tissue such that tendon, bone or muscles are exposed (de-gloving or scalping).

Immediate treatment for a spinal injury

Injury to the cervical, thoracic, lumbar or sacral vertebrae including the discs and spinal cord.

Immediate treatment for the loss of a bodily function

Loss of consciousness, loss of movement of a limb or loss of the sense of smell, taste, sight or hearing, or loss of function of an internal organ.

It does not include:

- mere fainting, or
- a sprain, strain or fracture.

Immediate treatment for serious lacerations

- Serious lacerations that cause muscle, tendon, nerve or blood vessel damage or permanent impairment.
- Deep or extensive cuts.
- Tears of wounds to the flesh or tissues – this may include stitching to prevent loss of blood and/or other treatment to prevent loss of bodily function and/or infection.

Any infection to which the carrying out of work is a significant contributing factor, including any infection that is reliably attributable to carrying out work

For example work:

- with micro-organisms, or
- that involves providing treatment or care to a person, or
- that involves contact with human blood or body substances, or
- that involves handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products.

Medical treatment within 48 hours of exposure to a substance or chemical.

'Treatment' means the kind of treatment that would be required for a serious injury or illness and includes 'medical treatment' by a registered medical practitioner, paramedic or a registered nurse.

In addition, notification is required of any incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person's health and safety emanating from an immediate or imminent exposure to:

- an uncontrolled escape, spillage or leakage of a substance, or
- an uncontrolled implosion, explosion or fire, or
- an uncontrolled escape of gas or steam, or
- an uncontrolled escape of a pressurised substance, or
- electric shock. Examples of electrical shock that are not notifiable
 - shock due to static electricity
 - extra low voltage' shock (i.e. arising from electrical equipment less than or equal to 50V AC and less than or equal to 120V DC)
 - defibrillators are used deliberately to shock a person for first aid or medical reasons
- examples of electrical shocks that are notifiable
 - minor shock resulting from direct contact with exposed live electrical parts (other than 'extra low voltage') including shock from capacitive discharge
- the fall or release from a height of any plant, substance or thing, or
- the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be design or item registered under the WHS Regulations, or
- the collapse or partial collapse of a structure, or
- the collapse or failure of an excavation or of any shoring supporting an excavation, or
- the inrush of water, mud or gas in workings, in an underground excavation or tunnel, or
- the interruption of the main system of ventilation in an underground excavation or tunnel.

Incidents which are required to be notified to WorkCover, including employees, contractors or visitors, shall be completed by the WHS Unit once notified by the supervisor.

8. INCIDENT INVESTIGATION

Information regarding the process for conducting incident investigations is located in the Incident Investigation Procedure (WHS625 – ICAM Investigation Report).

9. PRIVACY AND CONFIDENTIALITY

Any incident reported as a requirement of this guideline will be handled in confidence in accordance with the *CEG Resources* Privacy Policy.

Medical information received via incident reports will be treated as confidential. Any names or other identifiers included in Accident & Incident reports will be removed to preserve confidentiality of the injured person by the WHS Officer.