



Hazard, Risk & Incident Reporting Procedure

1. Introduction

Hazard and incident reporting and investigation procedures are an essential component of the management of occupational health and safety in order to sustain a healthy and safe environment for all employees, contractors and subcontractors, visitors and members of the public.

In addition, NT Work Health and Safety and Workers Compensation legislation imposes certain obligations on HLNT in relation to the reporting, investigation and recording of hazards, injuries and other incidents.

All hazards, and incidents involving HLNT employees or property, or other persons or property for which HLNT has a responsibility under the legislation must be reported.

All hazards, injuries and other incidents need to be examined and recommendations for preventive action made. The roles and responsibilities for initiating and carrying out investigations are set out in this document. So far as is practicable, these recommendations must be implemented as soon as possible. The NT Work Health and Safety Act defines reasonably practicable as having regard to:

- the likelihood that the risk could result in injury; and
- the seriousness of any injury that could result from realisation of the risk; and
- the availability, suitability, effectiveness and cost of the measures; and
- any other relevant factors.

This definition sets the framework for judgments made about what is reasonably practicable in relation to meeting the duty and provides guidance to Board and management when considering what will constitute compliance with legal obligations in a particular circumstance.

Under the Work Health & Safety Act 2011 and Work Health and Safety Regulations 2012 employers must ensure the health, safety and welfare of employees. This means the actions taken by the employer to ensure the safety of employees are 'reasonably practicable' and comply with the relevant legislation.

This document sets out the procedures to be followed in the reporting, investigation and recording of hazards, injuries and other incidents in order to comply with the above legislative requirements.

2. Purpose

The Hazard, Risk and Incident Reporting Procedure is designed to:

- Identify potential hazards to the health and safety of employees, contractors and visitors of HLNT worksites
- Encourage early reporting and corrective actions
- Reduce the number of incidents arising from HLNT activities
- Facilitate corrective action to address the causes of the hazards or incidents.

3. Scope

This procedure applies to all HLNT employees, contractors, volunteers and visitors on any HLNT worksite. It applies to hazards and incidents identified at an HLNT worksite.

4. Definitions

Accident - an unplanned and undesirable event which results in injury to people and/or damage to property.

Employee, for the purposes of this procedure means all employees, contractors and subcontractors and volunteers as defined below:

- HLNT employee: any person who has a current employment contract with HLNT
- Contractor: any person paid for providing services for HLNT that is not under a current employment contract with HLNT
- Volunteer: a person who provides services free of charge to HLNT (irrespective of whether they receive reimbursement for out-of-pocket expenses)
- Visitor: any person on HLNT premises, including clients and their significant others.

Hazard - means any situation with the potential to cause injury or illness, danger to health and/or damage to property, or equipment.

Illness - any diagnosed medical condition.

Incident Investigation - is a systematic approach that seeks to identify the contributing factors to the incident and to recommend remedial action to reduce the likelihood of a similar occurrence. An initial investigation is conducted for all incidents and an in-depth investigation is conducted for those incidents that are more complex or of higher risk (see section below).

Injury - includes any diagnosed medical condition caused by exposure to a hazard.

Incident - means an identified hazard, a near miss or an unplanned event that could potentially or has already led to injury to persons or damage to property, equipment.

Loss Time Injury - an injury which results in a person being absent from their work for at least one full day.

Near Miss - an accident that does not produce an injury or disease but had the potential to do so.

Notifiable Incident - means an incident that has to be immediately reported to NT WorkSafe:

- A work-related accident (a situation or event occurring at a workplace, or arising out of a worker's work, that results in death or significant injury requiring medical treatment by a registered medical practitioner) resulting in an inpatient admission to a hospital; or
- An incident at a workplace creating a risk of a work-related accident and consisting of:
 - a fire; or
 - the escape, spillage or leakage of a harmful, or potentially harmful, substance; or
 - the fall of an object from a height; or
- An electric shock suffered at the workplace;

Respective Manager - means the employee's manager as below:

- Chief Executive Officer: HLNT Board
- Finance and Administration Manager: Chief Executive Officer, HLNT
- Manager Education Services: Chief Executive Officer, HLNT
- Education Staff: Manager Education Services
- Administrative staff: Finance and Administration Manager

Healthy Living NT PO Box 40113, Casuarina NT 0811 ABN: 11 374 693 055		Hazard Risk & Incident Reporting Procedure	<i>Document number</i>	
			<i>Date of Initial Issue</i>	17/02/2012
<i>Author</i>	<i>Consultative Process</i>		<i>Current Version Issue Date</i>	24/05/2013
<i>Approved By</i>	Anne Kemp		<i>Date of Last Review</i>	22/05/2013
			<i>Next Review Date</i>	Consultation

Serious Injury - means an injury that results in a Notifiable Incident.

Significant injury - means an injury requiring medical treatment by a registered medical practitioner resulting in an inpatient admission to a hospital.

Workplace - means any place, whether or not in a building or structure, where employees conduct work.

5. Procedure

All hazards, incidents and near misses are to be reported on the [Incident Report Form](#) in accordance with the process shown at [attachment 1](#) to this procedure.

5.1 Hazard Reporting

All hazards are to be reported on the [Incident Report Form](#) if not able to be immediately rectified eg – cleaning up water on the floor in accordance with the process shown at attachment 1 to this procedure.

5.2 Work Related Incident Reporting

The [Incident Report Form](#) is to be used to:

- Report any injuries (physical or psychological) that a person has sustained
- Report the administration of First Aid or medical treatment
- Report any incident that was a near miss (no damage or injury)
- Report any damage to equipment or property.

Wherever possible, the form should be completed by the 'affected' person. ('affected' includes those who are subject to a 'near miss' as well as any accident/injury.) If the affected person is an employee and cannot complete the form, any witness or the person's manager should ensure it is completed. If the affected person is contractor, visitor or volunteer and cannot complete the form, any HLNT health professional or staff member should ensure it is completed.

The Incident Form needs to be completed by the injured person, witnesses to the incident, the health professional involved in the initial first aid/ action and the appropriate manager

5.3 Injury Notification

All injuries must be reported promptly to HLNT management as soon as possible after the incident

5.4 Incident Investigation

Incident investigation is a management responsibility and should involve all affected parties and health professional expertise, where appropriate. Investigation is required for all incidents with risks rated as medium and high.

5.5 Statutory Notification

Section 65 of the Workplace Health and Safety Act and Regulation 46 requires immediate (as soon as is practicable) notification of incidents to Worksafe NT by telephone where a serious incident occurs. Worksafe Form FM 137 is required to be completed and faxed to Worksafe on 08 8999 5141.

Notification is required for the following:

Healthy Living NT PO Box 40113, Casuarina NT 0811 ABN: 11 374 693 055		Hazard Risk & Incident Reporting Procedure	<i>Document number</i>	
			<i>Date of Initial Issue</i>	17/02/2012
<i>Current Version Issue Date</i>	24/05/2013			
<i>Date of Last Review</i>	22/05/2013			
<i>Next Review Date</i>	Consultation			
<i>Author</i>	<i>Consultative Process</i>			
<i>Approved By</i>	Anne Kemp			

- A work-related accident (a situation or event occurring at a workplace, or arising out of a worker's work, that results in death or significant injury requiring medical treatment by a registered medical practitioner); or
- An incident at a workplace creating a risk of a work-related accident and consisting of:
 - fire; or
 - the escape, spillage or leakage of a harmful, or potentially harmful, substance; or
 - the fall of an object from a height; or
- An electric shock suffered at the workplace

6. RESPONSIBILITIES

All Employees	Employees are obliged to report all hazards, near misses and incidents which occur or have the potential to occur in accordance with the process shown at attachment 1 to this procedure. Reporting requires completion of the Incident Report Form and submitting it to their supervisor as soon as possible.
Management	Management has a responsibility to ensure that corrective actions are developed in consultation with affected parties. They are also required to ensure these actions are put into place effectively eliminating/ reducing the risk associated with a hazard and preventing incidents from occurring or reoccurring. This is to be documented on the relevant report form and in updated procedures. All incidents will be documented on the Incident Register maintained by FAM. The CEO and other senior managers will participate in any incident investigation.
NT Worksafe Notifications:	The legal duty of notification lies with the person who might be reasonably thought of as having control over the work site. The respective Manager must notify the CEO immediately, who will make arrangements to NT Worksafe by telephone. The CEO will assist the respective manager/supervisor to provide further written information to NT Worksafe, within 48 hours. In the CEO's absence, this reporting is delegated to the Finance and Administration Manager and/or the Manager Education Services, or in their absence, a member of the Board Executive.

7. Records

All records, especially those requiring mandatory reporting, relating to incident reporting and investigation must be maintained in a systematic manner.

8. Responsibility

The HLNT CEO.

9. Implementation Plan

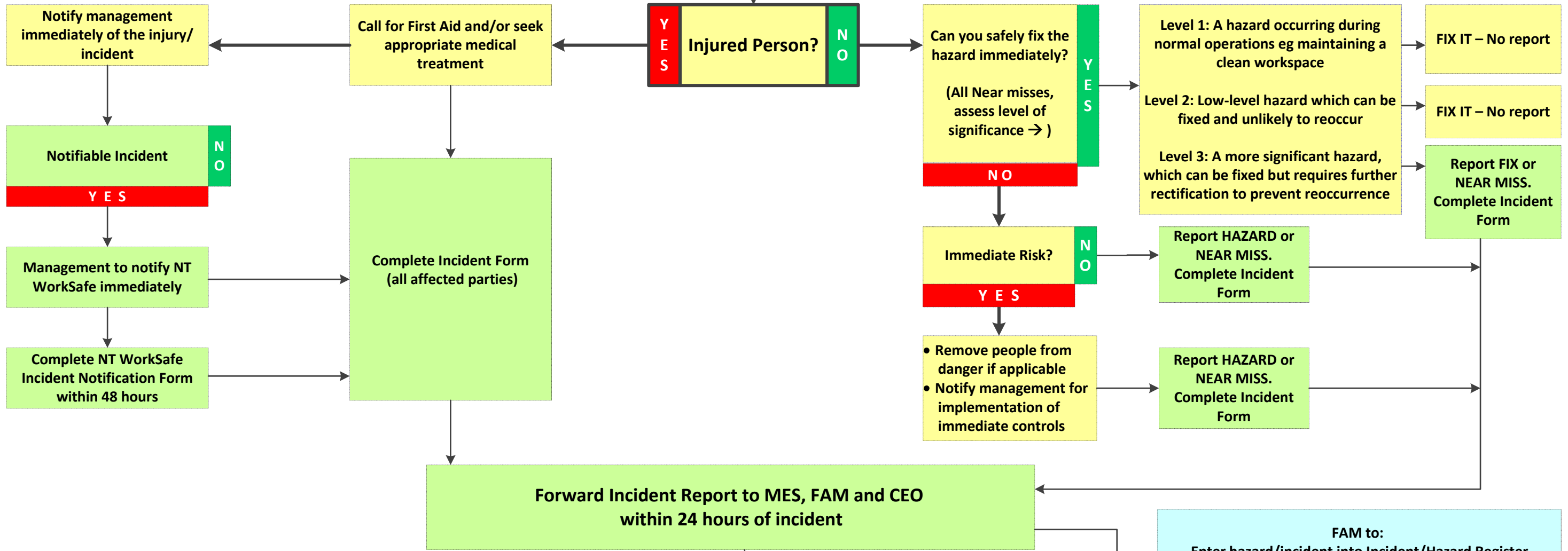
This policy will be communicated throughout HLNT. Mechanisms include staff meetings, emails and training sessions where appropriate

10. Review and Evaluation

This procedure will be reviewed annually by the HLNT Board/CEO in consultation with HLNT staff.

Healthy Living NT PO Box 40113, Casuarina NT 0811 ABN: 11 374 693 055		Hazard Risk & Incident Reporting Procedure	<i>Document number</i>	
			<i>Date of Initial Issue</i>	17/02/2012
<i>Current Version Issue Date</i>	24/05/2013			
<i>Date of Last Review</i>	22/05/2013			
<i>Next Review Date</i>	Consultation			
<i>Author</i>	<i>Consultative Process</i>			
<i>Approved By</i>	Anne Kemp			

Incident or Near Miss occurs or Hazard identified



KEY

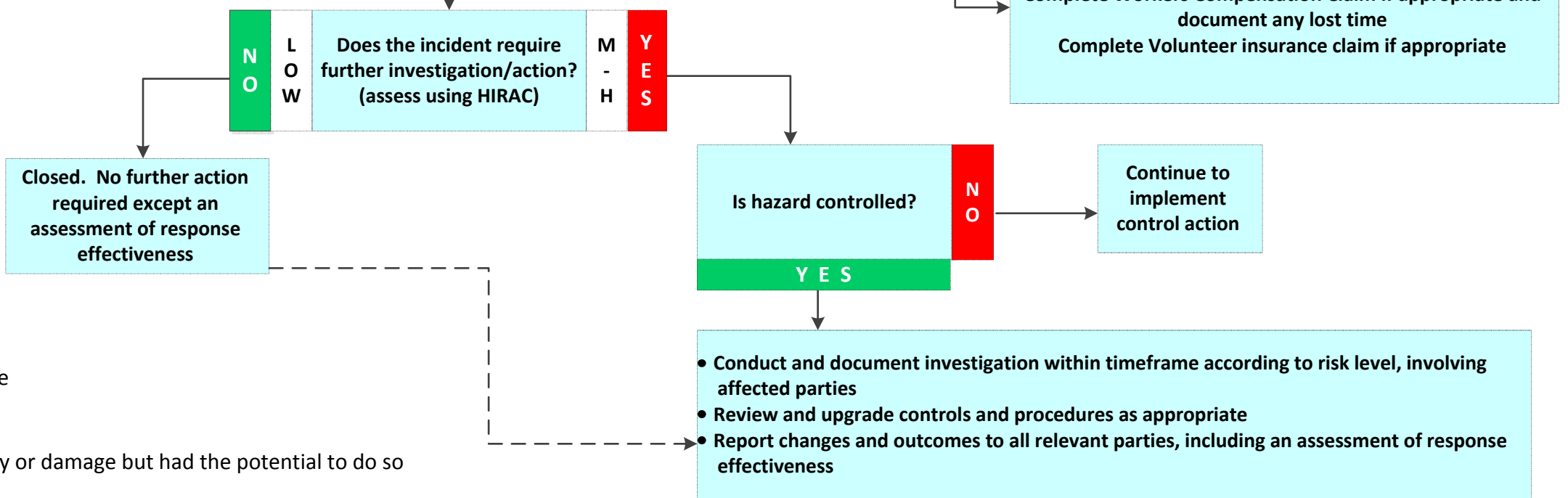
- Immediate Action (Yellow box)
- Secondary Action (Light Green box)
- Ongoing Action (Light Blue box)

Definitions

Incident
An event that results in injury, disease, plant or property damage

Near Miss
An unplanned incident that occurs which does not result in injury or damage but had the potential to do so

Hazard
Anything that has the potential to cause injury or illness (to employees, contractors, volunteers or visitors) or damage to plant or property. A hazard can be related to a physical state or a work practice or procedure.



FAM to:
Enter hazard/incident into Incident/Hazard Register
Complete Workers Compensation Claim if appropriate and document any lost time
Complete Volunteer insurance claim if appropriate

Healthy Living NT PO Box 40113, Casuarina NT 0811 ABN: 11 374 693 055		Incident Form	<i>Document number</i>	
			<i>Date of Initial Issue</i>	31/05/2012
			<i>Current Version Issue Date</i>	27/08/2013
			<i>Date of Last Review</i>	27/08/2013
			<i>Next Review Date</i>	Consultation
<i>Author</i>	<i>Consultative Process</i>			
<i>Approved By</i>	<i>Anne Kemp</i>			

Incident Form

To be completed within 24 hours of an incident, near miss or hazard being identified

Details of person(s) injured, experiencing near miss or identifying a hazard (or witness)

Affected Person	HLNT Staff Member	..	Contractor (*)	..	Volunteer (*)	..	Client/Visitor (*)	..	
	Surname:			Other Name/s:			Sex:	M .. F ..	
	Address:				Phone:	B/H:		Mob:	
	If <u>Contractor</u> , occupation:			If <u>Contractor</u> , name of employer:					
	If <u>Client</u> , Client ID Number:			If <u>Client</u> , name of Database:					
	<u>Date and Time</u> of Hazard/ Incident /Near Miss			<u>Location</u> of Hazard/ Incident/Near Miss:					

() HLNT staff to provide assistance to, or record incident for, contractors, volunteers and clients/visitors.*

Name of Primary HLNT Staff Member assisting:	
---	--

Form to be completed by OR for person injured, experiencing near miss or identifying a hazard (or witness). Leave blank if same as above.

Reporting Person	Surname:			Other Name/s:				
	Address:				Phone:	B/H:		Mobile:
	Employer: (if not HLNT)							
	Occupation							

Healthy Living NT PO Box 40113, Casuarina NT 0811 ABN: 11 374 693 055		Incident Form	Document number	
			Date of Initial Issue	31/05/2012
			Current Version Issue Date	27/08/2013
			Date of Last Review	27/08/2013
			Next Review Date	Consultation
Author	Consultative Process			
Approved By	Anne Kemp			

Description of hazard or incident (attach further information where necessary)

Reporting Person	
------------------	--

Reporting Person	Name(s) of Witness(es):			Phone	
	Was First Aid from a <u>non-health professional</u> Required?:	Yes **	No **	If yes, name of First Aider?:	
	Was treatment from an <u>HLNT health professional</u> required?:	Yes **	No **	If yes, name of health professional?:	
	Was an ambulance required?:	Yes **	No **		
	Was person recommended to seek GP consultation?	Yes **	No **		
	Was Manager/management advised?	Yes **	No **	If yes, time and date:	
	Were any consumables used (eg hypo kit, O2)?	Yes **	No **	If yes, what and has replacement been completed?	Yes ** No **

FOR STATUTORY PURPOSES PLEASE ENSURE THIS FORM IS FULLY COMPLETED AND SIGNED

Signature:		Name and Position:		Date:	
------------	--	--------------------	--	-------	--

(**) to be signed by HLNT employee, contractor, volunteer or visitor. If HLNT employee completed form for contractor, volunteer or client/visitor, the employee is to sign

Healthy Living NT PO Box 40113, Casuarina NT 0811 ABN: 11 374 693 055		Incident Form		<i>Document number</i>	
				<i>Date of Initial Issue</i>	31/05/2012
<i>Current Version Issue Date</i>	27/08/2013				
<i>Date of Last Review</i>	27/08/2013				
<i>Next Review Date</i>	Consultation				
<i>Author</i>	<i>Consultative Process</i>				
<i>Approved By</i>	<i>Anne Kemp</i>				

HLNT health professional report (where applicable): *(Insert report below or attach report)*

Health Professional Report

Health Professional signature:		Name and Position:		Date:	
--------------------------------	--	--------------------	--	-------	--

Please forward this form to your management for completion

Healthy Living NT PO Box 40113, Casuarina NT 0811 ABN: 11 374 693 055		Incident Form		<i>Document number</i>	
				<i>Date of Initial Issue</i>	31/05/2012
<i>Current Version Issue Date</i>	27/08/2013				
<i>Date of Last Review</i>	27/08/2013				
<i>Next Review Date</i>	Consultation				
<i>Author</i>	<i>Consultative Process</i>				
<i>Approved By</i>	<i>Anne Kemp</i>				

To be completed by management

Cause/Contributing Factors

If in your opinion any of the factors listed below were the main cause of this incident or hazard. *(Insert report below or attach report)*

Management Report	
--------------------------	--

ACTION TO PREVENT RECURRENCE

What action in your opinion will prevent recurrence of this kind of accident? *(Insert report below or attach report)*

Management Report	
--------------------------	--

Healthy Living NT PO Box 40113, Casuarina NT 0811 ABN: 11 374 693 055		Incident Form	<i>Document number</i>	
			<i>Date of Initial Issue</i>	31/05/2012
			<i>Current Version Issue Date</i>	27/08/2013
			<i>Date of Last Review</i>	27/08/2013
			<i>Next Review Date</i>	Consultation
<i>Author</i>	<i>Consultative Process</i>			
<i>Approved By</i>	<i>Anne Kemp</i>			

Management Report	Is this a notifiable accident?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>		
	NT Work Safe notified?:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date:	By Whom:
	Preventative action taken:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify:	
	Assessment of workplace practices by management:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Specify:	
Manager's comments:					

Manager's Signature:		Name:		Date:	
CEO's Signature		Name:		Date:	

DATE ENTERED IN INCIDENT REGISTER: