

## Procedure: Incident & Near Miss Reporting Procedure

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### 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

**SOP** – Standard Operating Procedure

**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.

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- Secure the scene of a notifiable incident in order to conduct appropriate investigations
- 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.

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

### 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 Team Leader OHS and appropriate Department Manager. Hard copies to be sent to Team Leader OHS
- 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 **Must** 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 Team Leader OHS and appropriate Department Manager.

Hard copies to be sent to Team Leader OHS.

## 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:

Under the Occupational Health and Safety Act 2004 (OHS Act), employers and self-employed persons must notify WorkSafe immediately after becoming aware a notifiable incident has occurred. 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 Incident 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
- Team Leader OHS will report the Incident to Worksafe via phone after Incident reported in ELUMINA and required form completed.
- 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](http://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 (Root cause analysis) 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

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- 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, SOP or work instructions and if they were followed correctly
  - 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 Team Leader OHS and appropriate Department Manager
- Hard copies to be sent to Team Leader OHS.

### 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 SOPs, SWMS, systems of 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 2017 (Issue resolution)
- Victorian *Equipment Public Safety Regulations 2017*
- WorkSafe Victoria, Guide to Incident Notification 3rd Edition 2008

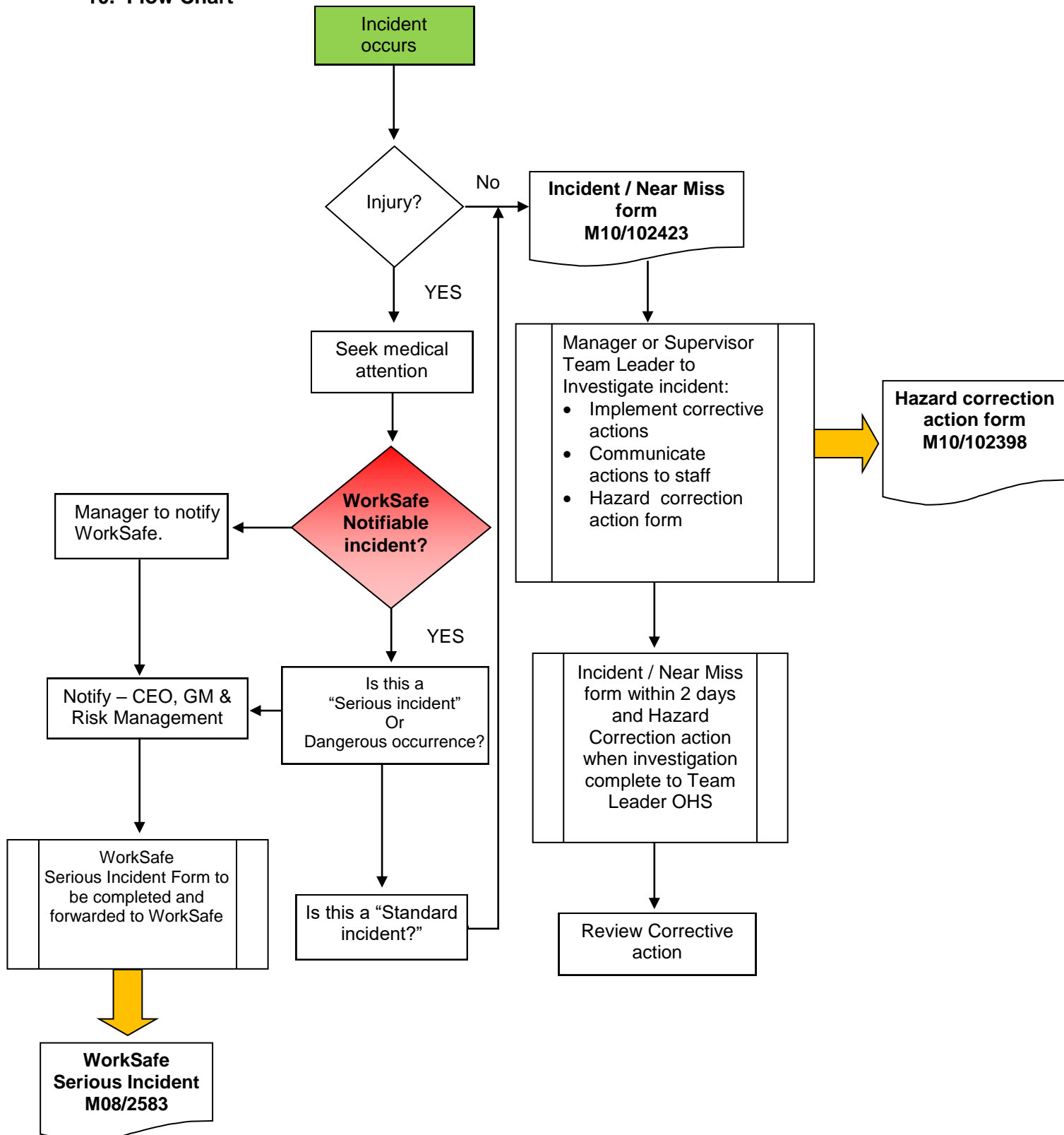
## 9. Related Procedures and Documents

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 HAZARD CORRECTIVE ACTION FORM

Step A – Complete sections 1- 3

Step B – Trim completed document to **46/544/0015**.

Trim as “Hazard Corrective Action Form SURNAME First Name (of person involved in incident) Date (of incident)”

IMPORTANT – Please ensure you include set the correct access within the documents properties for your direct supervisor to view the document in TRIM.

By placing this completed form in TRIM, the Responsible Officer is placing their “electronic signature” on the document and accepting the Recommended Corrective Actions above.

| SECTION 1 DETAILS OF PERSON COMPLETING THIS FORM   |                          |   |                           |
|--|--------------------------|---|---------------------------|
| Name:  |                          | Date:   |                           |
| Directorate:   |                          |   |                           |
| Infrastru<br>cture   | <input type="checkbox"/> | Sustainable<br>Development                    | <input type="checkbox"/>  |
|  |                          | Commun<br>ity                                 | <input type="checkbox"/>  |
|  |                          | Corporate<br>Services                         | <input type="checkbox"/>  |
| SECTION 2- DETAILS OF PERSON INVOLVED  |                          |   |                           |
| Incident number<br>reference.  |                          | OR  |                           |
| Name of person involved in incident:   |                          | Date of incident:                             |                           |
| SECTION 3- INCIDENT / NEAR MISS / HAZARD INVESTIGATION DETAILS   |                          |   |                           |
| <b>A. Incident Cause</b>   |                          |   |                           |
| Refer to page 2 of this form to help investigate this incident. Include the employee and/or HSR to identify what was the cause of this incident.   |                          |   |                           |
|  |                          |   |                           |
| <b>B. Corrective Actions</b>   |                          |   |                           |
| Describe how you expect this activity to happen in the future or what actions will be changed to reduce the chance, or avoid a reoccurrence of this Incident / Near Miss / Hazard again.   |                          |   |                           |
|  |                          |   |                           |
| <b>C. Prevention</b>   |                          | Who is responsible for the Corrective Actions | Date to be implemented by |
| List Corrective Actions outlined in section B that will be implemented, who will be responsible and by when.   |                          |   |                           |
|  |                          |   |                           |
|  |                          |   |                           |
| Has the employee involved in this incident been consulted, asked to assist with the investigation and development of Corrective Actions.   |                          |   | Yes / No                  |
| Has the Health and Safety Representative (HSR) of the employee involved in this incident been consulted, asked to assist with the investigation and development of Corrective Actions or provided the opportunity to discuss the incident with the appropriate work group. |                          |   | Yes / No                  |

Trim completed document to 46/544/0015.




## INCIDENT INVESTIGATION

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 investigate the work processes involved and the overall situation, work with those involved to come up with some realistic recommendations.

For guidance on Incident Investigation refer to TRIM M11/39562 Guide To OHS System. "Incident investigation"

You do not need to answer all sections in the below. Identify areas that may have contributed to the incident and any actions or notes you wish to add regarding this.

Use the four elements of MySafety to assist with the investigation.

|  | What was the cause?   |  | Notes |
|--|---|--|-------|
|  <p>Who</p> <p>Who was involved?</p>            | <ul style="list-style-type: none"> <li>Was the correct worker chosen to perform the task safely?</li> </ul>           |  |       |
|  | <ul style="list-style-type: none"> <li>Was the worker physically fit to perform the task safely?</li> </ul>           |  |       |
|  | <ul style="list-style-type: none"> <li>Were there appropriate safety assessments taken by the worker?</li> </ul>      |  |       |
|  | <ul style="list-style-type: none"> <li>Was appropriate supervision in place?</li> </ul>                               |  |       |
|  | <ul style="list-style-type: none"> <li>Was there poor communication between workers?</li> </ul>                       |  |       |
|  | <ul style="list-style-type: none"> <li>Was the worker appropriately trained?</li> </ul>                               |  |       |
|  <p>Where</p> <p>Where was it being done?</p> | <ul style="list-style-type: none"> <li>Was the work area assessed prior to work?</li> </ul>                           |  |       |
|  | <ul style="list-style-type: none"> <li>Was the work area suitable for task?</li> </ul>                                |  |       |
|  | <ul style="list-style-type: none"> <li>Did weather, environment or time of day contribute to the incident?</li> </ul> |  |       |
|  | <ul style="list-style-type: none"> <li>Did poor housekeeping contribute?</li> </ul>                                   |  |       |
|  <p>How</p> <p>How was it being done?</p>     | <ul style="list-style-type: none"> <li>Was sufficient instruction provided to the worker?</li> </ul>                  |  |       |
|  | <ul style="list-style-type: none"> <li>Are documented safe operating procedures in place?</li> </ul>                  |  |       |
|  | <ul style="list-style-type: none"> <li>Where they communicated, and understood by the worker?</li> </ul>              |  |       |
|  | <ul style="list-style-type: none"> <li>Did worker follow procedures?</li> </ul>                                       |  |       |
|  | <ul style="list-style-type: none"> <li>Do written procedures differ to actual practice?</li> </ul>                    |  |       |
|  | <ul style="list-style-type: none"> <li>Was this a manual handling incident?</li> </ul>                                |  |       |
|  <p>What</p> <p>What was being used?</p>      | <ul style="list-style-type: none"> <li>Were the appropriate tools and materials used or in good condition?</li> </ul> |  |       |
|  | <ul style="list-style-type: none"> <li>Was there plant or equipment failure or poor design?</li> </ul>                |  |       |
|  | <ul style="list-style-type: none"> <li>Were safety devices working properly?</li> </ul>                               |  |       |
|  | <ul style="list-style-type: none"> <li>Was plant appropriately guarded / isolated?</li> </ul>                         |  |       |
|  | <ul style="list-style-type: none"> <li>Was the appropriate personal protective equipment (PPE) being used?</li> </ul> |  |       |
|  | <ul style="list-style-type: none"> <li>Were tools or materials being used correctly?</li> </ul>                       |  |       |



## Incident notification form



### General Information and Instructions

Please fill out all required fields and return electronically to: [info@worksafe.vic.gov.au](mailto:info@worksafe.vic.gov.au), alternatively post to WorkSafe Victoria, PO Box 279, Geelong, VIC 3220.

#### Notifier ID

ID –

#### Ring 1800 136 089 to obtain your unique notifier ID

The notifier id is your proof of immediate notification. Immediate notification is required under section 38(1) of the *Occupational Health and Safety Act 2004* and regulation 44 and 45 of the *Equipment (Public Safety) Regulations 2017*.

### Person submitting details

| Name                 | Position title       | Telephone number     |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

| Date                 | Date of incident     | Time of incident     |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

Name of employer / Self-employed person / Person in charge of prescribed equipment

Business address (not PO Box)

Name of employer of deceased / injured person(s), if any, if different from above

Address of location where incident occurred

Brief description of the incident