

Title: OHS Incident Management and Reporting		No: 52004
Practice Owner: Executive Manager Clinical Practice and Quality		
Practice Operational Delegate: Senior Manager, Clinical Governance & Quality		
Date approved: 1 st December 2019 Date reviewed: August 2023		Suggested Review Date: August 2025
Reference Documents: Victorian Occupational Health and Safety Act 2004		
Related Forms:	62004 OHS Incident/Hazard Report Form 62112 OHS Psychosocial Incident Hazard/Report Form 62113 OHS Incident/hazard Investigation Form 62111 Register of Injuries Form 52032 WorkCover & Return to Work Process Map. VMIA Incident Notification Form WorkSafe Incident Notification Form	
Purpose:	Reporting OHS incidents aims to: <ul style="list-style-type: none"> • Ensure duty of care requirements are met and any deficits addressed. • Prevent recurrence of incidents by facilitating analysis of incidents as they occur as well as trends over time in order to identify issues and improve practices. • Fulfil the organisation's legal obligations. • Ensure management are informed. • Ensure that affected people receive support. 	
Application Organisation wide	Type Practice	Policy Group Health and Safety

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1. Background

- 1.1** Family Life regards incidents as undesirable but recognises that the occurrence of an incident can provide an opportunity to learn and improve organisational systems, processes, and practices. In order to identify improvement opportunities and reduce the likelihood of incidents recurring, all incidents must be reported and where required investigated further.
- 1.2** Incident reports will be collated and reported to the OHS Committee, the Executive and the Board in a manner that facilitates trend and cause analysis, promoting continuous improvement and risk management. Family Life will comply with its legislative reporting obligations.
- 1.3** The immediate response to an incident is to ensure the safety and wellbeing of anyone affected by the incident and ensuring the workplace is made safe. A safe workplace protects workers from physical and psychological harm, promotes worker health at work and supports the ability of ageing workers and those with ill health and disability to engage in productive work with the opportunity to thrive in their roles.

2. Scope

2.1 This practice statement is relevant to all Family Life employees, volunteers, contractors, students, Partnership employees, customers, and visitors.
For client incidents please refer to 52310 Client Incident Management and Reporting

3. Definitions

3.1 Hazard

Something that has a potential to cause harm.

3.2 Risk

The possibility that harm (death, injury, or illness) might occur when exposed to a hazard.

3.3 Near Miss

Any event that doesn't lead to harm but does have the potential to cause illness or injury.

3.4 Incident

An incident is an event that results in or has the potential to result in harm or property damage.

3.5 Harm

Harm may involve either physical or psychosocial injury or illness, or both. A psychosocial hazard is anything that may cause psychological harm (e.g. harm someone's mental health).

3.6 Employee Assistance Program (EAP)

Family Life have partnered with Converge International to provide our Employee Assistance Program (EAP). EAP is designed to help employees deal with some of the challenges, concerns or issues that may be affecting them at work or at home.

Converge International offers a confidential, personal coaching and short-term counselling service that provides support for a variety of personal or work-related issues. This service gives you access to qualified professionals including psychologists, social workers, and management coaches.

To access the service, you can call 1300 687 327 to arrange an appointment or alternatively book via <https://www.convergeinternational.com.au/> (username: familylife, password: eap).

3.7 Occupational Violence and Aggression

Refers to incidents in which an employee is abused, threatened, or assaulted in circumstances relating to their work. Abuse is an action that intentionally causes harm or injures another person. This can refer to physical abuse, psychological abuse, mental abuse, or child abuse.

3.8 WorkSafe Notifiable Incident

Employers must report certain incident categories to WorkSafe, including all incidents resulting in;

- The death of a person
- A person needing medical treatment within 48 hours of being exposed to a substance.
- A person needing immediate treatment as an in-patient in a hospital.
- A person needing immediate medical treatment for one of the following injuries: amputation, serious head injury or serious eye injury, removal of skin (example: de-gloving, scalping), electric shock, spinal injury, loss of a bodily function, serious lacerations (example: requiring stitching or other medical treatment)

Medical treatment means treatment by a person registered under the Health Practitioner Regulation National Law to practice in the medical or nursing or midwifery profession (doctor, nurse, midwife etc.).

4. Practice

4.1 This Practice document is to be followed in response to all injuries, near misses and exposure to hazards which pose a threat to persons, the environment or property of any type including plant and equipment.

4.2 Incident reporting and investigation are essential to achieve a healthy and safe work, environment.

for all staff, volunteers, students, contractors, visitors, and customers at Family Life sites. Comprehensive incident recording, investigation and reporting are fundamental to ensuring that adequate preventive action is taken following an incident.

4.3 Harm may involve either physical or psychosocial injury or illness, or both. A psychosocial hazard is anything that may cause psychological harm (e.g. harm someone's mental health). Psychosocial incidents are those that arise from, or occur in relation to:

- **Work design.**
- **Working environment**
- **Systems of work**

- **Management of work**
- **Carrying out of the work**
- **Personal or work-related interactions**

All employees are to report incidents, hazards and near misses to their Manager and dependent upon the type and mechanism of injury or near miss, staff must complete either the **62112 OHS Psychosocial Incident/Hazard Report Form** or the **62004 OHS Incident/Hazard Report Form**. In some situations, additional reporting may be required. Incidents may need to be reported to:

- other agencies, in particular WorkSafe Victoria if the incident is notifiable.
- the site's lead organisation if the employee works on a site not managed directly by Family Life
- the student's university or school if the incident involves a student.
- Family Life insurer, VMIA, if the incident involves a volunteer, visitor, or customer.

This procedure is only relevant to incidents involving clients if the incident is caused by the safety of the workplace (i.e. a slip or fall due to faulty equipment or an environmental design). See section 6.2 for further information.

5 Incident Reporting- General Guidelines

5.1 All incidents and near misses involving Family Life employees, volunteers, or students, during the course of their work need to be reported. This includes incidents that occur during outreach work, while travelling in Family Life vehicles (or in a private vehicle during the course of work) or involving our employees working on sites managed by other organisations. All incidents occurring on any site managed by Family Life, including incidents involving partnership employees, contractors, customers, and visitors also need to be reported to Family Life. It is always preferable to report an incident rather than not - when in doubt an employee should always report an incident, hazard or near miss.

5.2 The process for reporting incidents is:

For Psychosocial related Incidents (**refer to 4.3 for details**) complete **62112 OHS Psychosocial Incident/Hazard Report** via the OHS tab located on the Family Life Intranet. An employee or Manager can report an incident involving themselves, another employee, or a third party—such as a contractor, volunteer, student, or visitor.

5.3 For all other OHS related Incidents Complete **62004 OHS Incident/Hazard Report** via the OHS tab located on the Family Life Intranet. An employee or Manager can report an incident involving themselves, another employee, or a third party—such as a contractor, volunteer, student, or visitor.

5.4 In order to ensure appropriate support for all involved parties and that we meet our legislative reporting obligations, the following reporting timeframes are to be followed:

In the event of ANY OHS incident, the Team Leader/Senior Manager (for Social Enterprise only) is to be advised by Close of Business (CoB) on a business day or by CoB on the day the incident has been made aware to staff. The Team Leader/Store Manager (Social Enterprise) is to ensure that the relevant OHS incident report form is completed and submitted by CoB on the day of the incident or the day that they have been made aware of the incident.

5.4 Both Incident report forms located on the Family Life Intranet are google documents and once submitted a notification will be forwarded via this system to the Senior Manager Clinical Governance & Quality, and the Quality, Health & Safety Officer. The person reporting the incident will include the relevant Manager's email address when completing the form who will then be notified by either of the above personnel.

5.5 It is critical that the information provided in any incident report is accurate, comprehensive, and clear. This report will form the basis of any subsequent investigation and review, and therefore must be completed to a high standard. Any witnesses, physical evidence, persons of relevance or other information necessary for a future investigation must be recorded in the incident report.

5.6 Information from both the **62112 OHS Psychosocial Incident/Hazard Report** and the **62004 OHS Incident/Hazard Report** is collated and maintained on the OHS Incident/Hazard Register by the Quality Health & Safety Officer.

6 Types of Incidents

6.1 Employee Incident

If an incident involves an employee of Family Life the incident should be reported using either the **62112 OHS Psychosocial Incident/Hazard Report** or the **62004 OHS Incident/Hazard Report** dependent upon the nature of the harm or hazard identified. Once all initial actions to ensure the safety of those present have been implemented, employees involved should be given the opportunity to immediately debrief with a Team Leader / Manager and discuss options for the rest of the day. Employees are also to be strongly encouraged to contact the Employee Assistance Program (EAP) (see point 3.5 for further details).

If an employee sustains an injury or illness as the result of an incident this must be recorded in the organisation's register of injuries by the injured worker, or a support person on their behalf. The **62111 Register of Injuries Form** is located on the Family Life Intranet under the OHS tab. Once the form is lodged it will send an automatic email alert to both the Quality Health and Safety Officer and the Return-to-Work Coordinator (a member of the P&C team). This form is to be completed in addition to lodging an incident report as it pertains specifically to the injury(s) sustained by the employee. If the injury sustained occurs during an incident with a motor vehicle or is of a serious nature, then the injured employee must attend their treating medical practitioner prior to returning to work to ensure appropriate medical follow up has occurred and that they are fit to return to work. (see Appendix point 9.1 Flow Chart for Incident Management). It may also be appropriate for employees to lodge a claim for compensation, through WorkSafe refer to **52032 WorkCover and Return to Work Process Map** for further guidance.

6.2 Client Incident

This practice is only relevant to incidents involving clients if the incident is caused by the safety of the workplace (i.e. a slip or fall). This procedure does not cover incidents involving clients where the incident is a result of counselling services provided or the psychological health of the client. If the incident involves a client and is caused directly by the safety of the workplace, the incident should be reported using **62004 OHS Incident/Hazard Report** by the most senior person present at the time of the incident. Do not include the name or direct contact details of the client in this report. Please refer to **52310 Client Incident Management and Reporting** for guidance on any other agencies that the incident may need to be reported to.

In some cases, a client incident may also result in harm to an employee, this harm may be physical and/or psychosocial, in these circumstances then both a client Incident report and the relevant OHS incident report must both be completed.

6.3 Customer Incident

If the Incident involves a customer at a Family Life Social Enterprise location the incident should be reported using the **62004 OHS Incident/Hazard Report**. Where it has been identified that there is potential for a future insurance claim to be made against Family Life's public liability or professional

indemnity cover, this should be discussed with the Executive Manager, Clinical Practice and Quality (EMCPQ) and/or the Senior Manager, Clinical Governance and Quality (SMCGQ), and a proactive notification made to our insurers, the Victorian Managed Insurance Authority (VMIA).

6.4 Incidents Occurring on sites not managed by Family Life

If the incident involves a Family Life employee working on a site not managed by Family Life the Incident should be reported using either the 62112 OHS Psychosocial Incident/Hazard Report or the 62004 OHS Incident/Hazard Report dependent upon the nature of the harm or hazard identified. The employee and/or their manager should also inform the agency managing the site, as soon as possible and complete any incident reporting documentation required by this agency.

6.5 Partnership Employee Incident

If the incident involves a partnership employee working at one of our sites, or a partnership employee working on our behalf at an external site or client's home, the incident should be reported using either the **62112 OHS Psychosocial Incident/Hazard Report** or the **62004 OHS Incident/Hazard Report** dependent upon the nature of the harm or hazard identified by the Site Manager or the most senior Family Life employee present. It is the partnership employee's responsibility to report the incident to their own employer as soon as possible. If possible, the Site Manager should confirm that the employer has been informed of the incident.

6.6 Student Incident

If the incident involves a student working with Family Life the incident should be reported using either the **62112 OHS Psychosocial Incident/Hazard Report** or the **62004 OHS Incident/Hazard Report** dependent upon the nature of the harm or hazard identified and People & Culture will inform the student's university or school as soon as possible and complete any additional incident reporting documentation required by their institution.

6.7 Visitor Incident

If the incident involves a Family Life visitor the incident should be reported using **62004 OHS Incident/Hazard Report**. Where it has been identified that there is potential for a future insurance claim to be made against Family Life's public liability or professional indemnity cover, this should be discussed with the Executive Manager, Clinical Practice and Quality (EMCPQ) and/or the Senior Manager, Clinical Governance and Quality (SMCGQ), and a proactive notification made to our insurers, the Victorian Managed Insurance Authority (VMIA).

6.8 Volunteer Incident

If the incident involves a volunteer the incident should be reported using either the **62113 Psychosocial Incident/Hazard Report** or the **62004 OHS Incident/Hazard Report** dependent upon the nature of the injury or hazard identified. Where it has been identified that there is potential for a future insurance claim to be made against Family Life's public liability or professional indemnity cover, this should be discussed with the Executive Manager, Clinical Practice and Quality (EMCPQ) and/or the Senior Manager, Clinical Governance and Quality (SMCGQ), and a proactive notification made to our insurers, the Victorian Managed Insurance Authority (VMIA).

If a volunteer sustains an injury following an incident at a Family Life social enterprise location the relevant shop manager will maintain regular contact with the volunteer and provide any updates to the QHSO so that the incident register can be updated. If, and when the volunteer decides they wish to return to the workplace the relevant manager is to request either a medical clearance letter or capacity to work certificate prior to the volunteer returning to the worksite (as appropriate to the recorded injury).

6.9 Notifiable Incidents

Part 5 of the Occupational Health and Safety Act (2004) requires immediate notification to WorkSafe Victoria of workplace incidents that result in death, serious injury or in the person becoming an inpatient in a hospital. The injured party does not need to be a Family Life employee for the incident to be notifiable, the requirement relates to anyone at the workplace. The workplace might include a client's home if the incident occurs during outreach.

This notification is the responsibility of the most Senior Manager available; therefore, it is imperative that they are notified immediately if a serious incident occurs, so that they can determine if a WorkSafe notification is required. The Manager must advise People and Culture and their Executive Manager as soon as practicable of a notifiable incident. The Executive Manager will advise the CEO and the Board.

To notify WorkSafe, the responsible Manager with support from the QHSO will contact WorkSafe by phone on **132 360**. The following information is required initially as a minimum:

- The name and address / location of the place where the incident occurred.
- The name of any injured persons, the details of the injury and a brief description of what happened.
- The contact details of a person at the incident site; and
- Whether the police, an ambulance or other emergency service is attending or has attended the scene.

WorkSafe will provide a reference number which will allow the Manager to complete the online **WorkSafe Incident Notification Form** within 48 hours of the incident.

The Manager needs to print a copy of the completed incident notification form when they enter it, and they will receive an email from WorkSafe acknowledging receipt of the form.

Completed WorkSafe Incident Notification forms must be kept for at least 5 years. This is the responsibility of People & Culture.

If the incident is categorised as notifiable, preservation of the incident site may be required until an inspector arrives or directs otherwise. The Manager and/or WorkSafe will determine if the notifiable incident needs to be investigated (engaging expertise where required). Additional reporting obligations can be located at the Victorian WorkSafe website.

7. Incident Response

7.1 Once a hazard has been identified or incident has occurred immediate action(s) must be taken to minimise risk of further injury or illness to others. This may include but is not limited to:

- Ensuring everyone involved in the incident is safe,
- Stopping work or other activities that are associated with the incident or hazard (where required),
- First Aid treatment or medical attention is provided, when necessary,

- Immediate emotional and practical support is provided to staff and others who have experienced or have been exposed to the incident,
- Accurate details about the incident are obtained from a reliable source to assist with coordinating a response,
- An incident report is completed by the staff member involved. It may be necessary to provide the staff member with assistance, or complete the report on their behalf, where physical or psychological issues are present and
- Where appropriate, assessing the site and making it safe as far as practical or limiting exposure by withdrawing from the site.

7.2 Where any incident has caused serious injury to a person or posed a serious threat, the site must be preserved without disturbance as far as possible, to enable a thorough investigation to be conducted.

7.3 After immediate responses have been implemented additional interventions are likely to be required, some of which may include;

- Ongoing practical and emotional support is provided to affected staff along with assistance to engage with support services (EAP),
- An investigation of the incident is undertaken, existing controls and risk management processes are reviewed, and new controls (where appropriate) are implemented.
- If an employee sustains an injury not requiring a hospital transfer but that occurs either during a motor vehicle accident or would be considered moderate or above in severity, then they must attend their treating medical practitioner prior to returning to work.
- Leave, alterations, arrangements, and information about return to work is provided, if relevant.
- Information about making a Workcover claim is provided, where relevant.
- Staff are supported to report the matter to police (if required).
- Records of incidents are maintained, trends are analysed, and appropriate interventions and feedback to staff are provided.

8. Investigating Incidents

8.1 Any OHS incidents that can be addressed by the implementation of immediate control(s) will be managed directly through the OHS incident report form and register by the relevant Team Leader or Shop Manager (Social Enterprise only). They will provide any findings including identification of the risk or hazard and all control measures and/or actions taken to prevent or mitigate the identified risk to the QHSO, who will update the Incident Register.

If an incident or hazard cannot be safely managed by an immediate control(s) then it will require a more formal investigation. This is to be undertaken by the Manager with assistance from the QHSO, experts and other employees as required (in particular, incidents involving manual handling or ergonomics may require specialised advice). Consultation with impacted employee forms an important part of any investigation so must be integrated into the process. Investigations should commence within 1 business day of the incident or occurrence and be completed as soon as possible.

If further investigation is necessary, the Manager will make an assessment as to the severity of an incident or hazard using the Risk Matrix located in **52005 OHS Risk Management**. The Manager will use the **62113 Incident/Hazard Investigation Form**, the investigation will identify root causes before considering corrective action. Root causes include:

- Environment (i.e., poor lighting, uneven floor etc.)
- Equipment (i.e., inappropriate equipment for the task)
- Work systems (i.e., inadequate training or supervision)
- People (i.e., Fatigue, behaviour, or poor communication).

8.2 Corrective actions will be implemented with reference to the hierarchy of control. Eliminating or changing the risk is a better control than training or administrative controls. The hierarchy of control comprises:

- Eliminate the hazard or risk.
- Change the risk. Change the systems of work, isolate people from the risk, substitute the risk with a lesser risk.
- Change people. Administration, training, and personal protective equipment

8.3 Any corrective actions identified through the investigation should be actioned by the Manager as soon as possible. In some cases, an interim corrective action may need to be put in place while a more permanent solution to the problem is sourced.

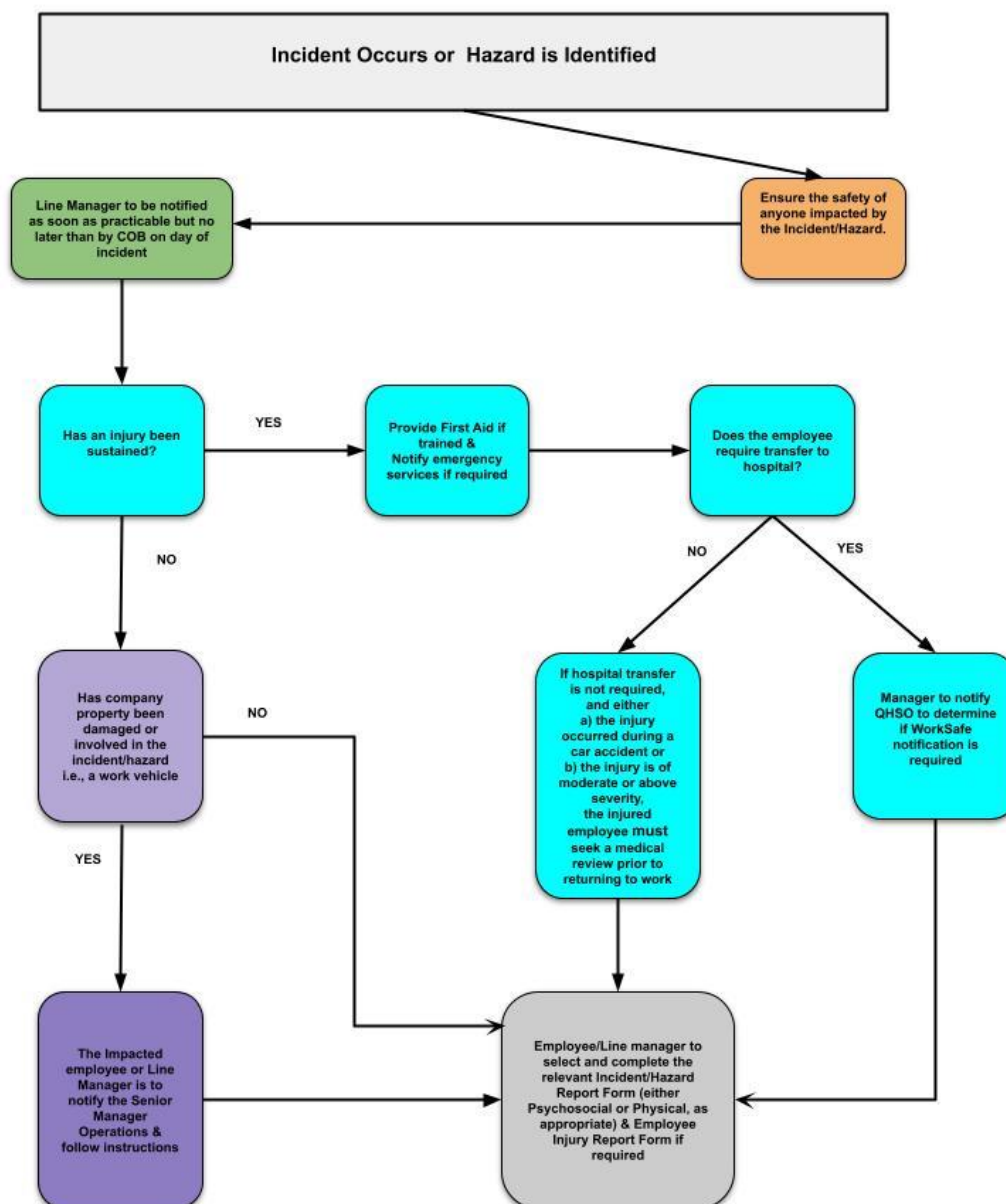
8.4 Corrective actions on the OHS Incident Register will be reviewed by the Manager and Clinical Governance and Quality team to ensure it has mitigated the risk and not created any other risk. The appropriate timeframe for reviewing a control will depend on the type of control. See **52005 OHS Risk Management** for further information. The OHS Incident Register and any outstanding actions are reviewed by the OHS Committee.

8.5 Information from OHS Incident/Hazard Reports and Investigations is collated by the Clinical Governance and Quality team and reported to the OHS Committee and the Executive to monitor trends and review actions.

8.6 Refer to 9.3 Incident Investigation Flow chart located in the appendix for the Incident Investigation process.

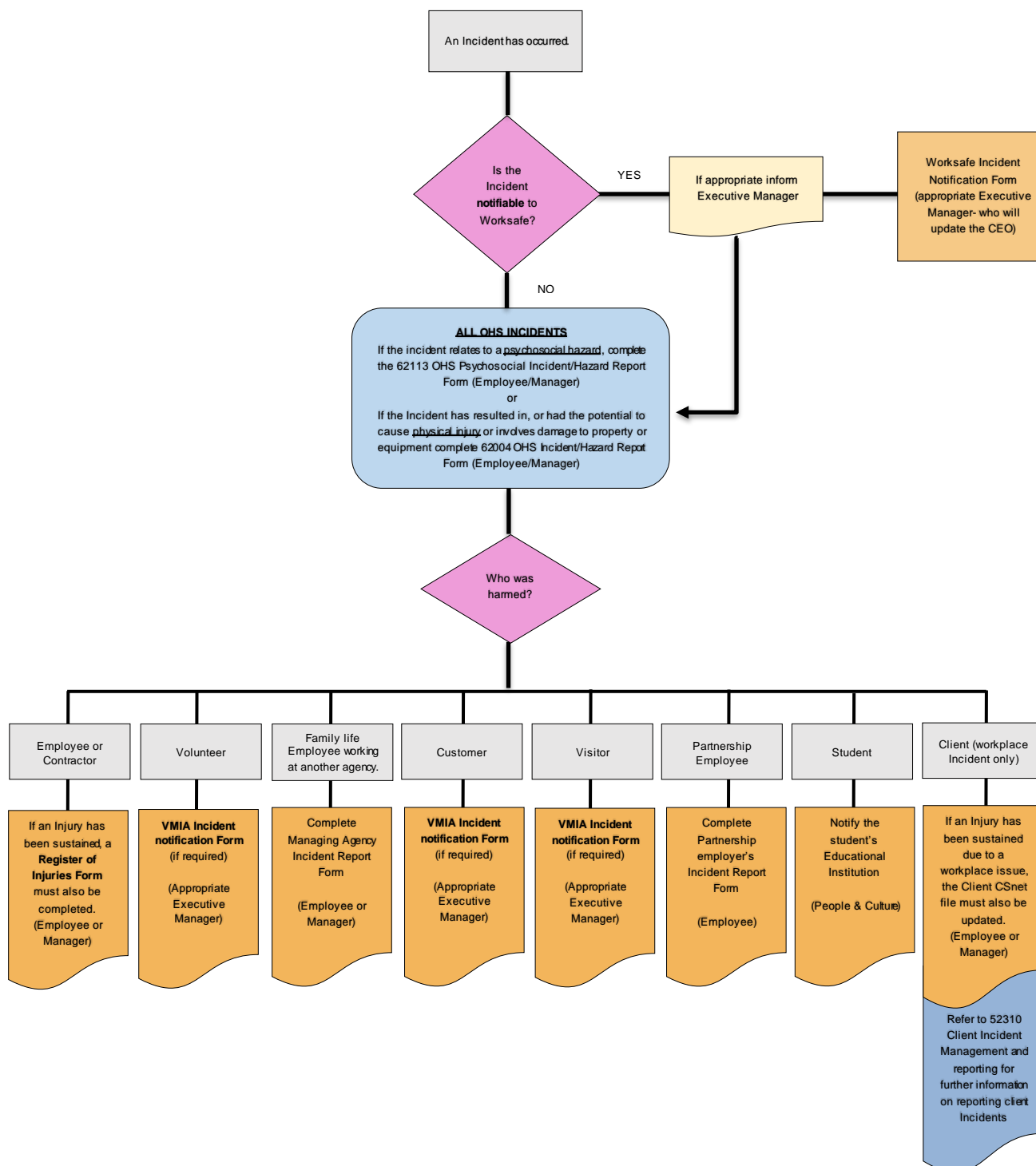
9. APPENDIX

9.1 Flow chart for Incident Management



9.2 Flow Chart for Incident Reporting Documentation

This flow chart summarizes the reporting documentation required after an incident.



9.3 Flow Chart for Incident Investigations

This flow chart summarizes the investigation process to be followed after an incident.

