



Australian Seabird & Turtle Rescue Inc.

Policies and Procedures

Accident, Incident Management Policy and Procedure

www.seabirdrescue.org.au

This policy applies to staff of Australian Seabird & Turtle Rescue Inc. and volunteers.

Summary:

This document describes the control of accidents/ injuries/incidents/hazards involving staff, clients or visitors in workplaces under the control of Australian Seabird & Turtle Rescue Inc. The process for dealing with workplace accidents and injuries is legislated through NSW Work Health and Safety Act.

Accident, Incident Management Policy and Procedure

Title: Accident, Incident Management Policy and Procedure

Replacing existing policy plan or procedure No

Type of document: Policy Plan Procedure

Related Legislation or other Documents:

Work Health and Safety Act 2011 (NSW)
Work Health and Safety Regulation 2017
Workers Compensation Regulation 2016 (NSW)
ASTR Risk Management Policy

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Applicable to: all staff, volunteers and visitors To ASTR

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Approved by:
Australian Seabird & Turtle Rescue
Inc. Committee

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1 Title: Accident, Incident Management Policy and Procedure

2 Background

Everyone involved in Australian Seabird & Turtle Rescue inc. (ASTR) is responsible for the minimisation of all clinical and corporate risks that exist. Central to this is the management of all incidents as they occur. Management of incidents requires that a number of steps are taken to ensure that any immediate risks, that an incident might have identified, are managed appropriately and that effective actions are taken to improve systems.

3 Purpose

ASTR aims to promote the timely reporting and investigation of all accidents/ incidents /hazards and to ensure legislative compliance. The aim of this policy is to ensure that all staff are aware of their responsibilities in relation to accident/injury/incident/hazard reporting. This procedure also ensures that all accidents/ incidents/Hazards are properly investigated, that corrective action is taken and that hazards in the workplace are identified.

4 Policy

ASTR requires that an Accident/Injury/Incident/Hazard Notification Form be completed in regards to all accident/incidents/hazards that occur in areas under the control of ASTR. The form should be completed and forwarded to the immediate supervisor within 48hrs of the occurrence of the accident/incident. ASTR requires that all accidents/incidents/hazards be investigated and that appropriate strategies be developed and implemented to eliminate or reduce the likelihood of future occurrences.

5 Procedure

5.1 Accountability

5.1.1 Staff (employees, volunteers) must:

- Report all accidents/injuries/incidents/hazards to their immediate supervisor.
- Ensure the completion of the Accident/Injury/Incident/hazard Notification form

5.1.2 Supervisors must:

- Investigate all reported accidents/injuries/hazards.

- Ensure corrective action is taken to prevent recurrence.
- Forward all appropriate documentation to the General Manager in a timely fashion.

5.1.3 The General Manager must:

- Review all accidents/injuries/hazards report forms.
- Provide feedback, advice and support to the supervisor.
- Monitor the investigative process and control strategies implemented.
- Ensure timely notification to WorkCover Authority as required.

5.2 Scope

This procedure is to be used by staff, volunteers or visitors who are injured or become ill in connection with their work at or visit to any location under the control of ASTR.

5.3 Immediate Action

In the event of an accident/injury/incident/hazard staff shall, where it is safe to do so, take appropriate immediate action to minimise the risk of further injury or damage (for example, first aid, fire fighting, contain spills, contact emergency services).

5.4 Reporting

- Reporting of accidents/injuries/incidents/hazards is essential for the identification of hazards in the workplace.
- Incidents with the potential for injury or damage (near accident) should also be reported.
- The person directly involved in the Accident/Injury/Incident/Hazard shall complete the Accident/Injury/Incident/Hazard notification form (see Appendix 1) within 48hrs of the occurrence of the accident/incident.
- Serious accidents/injuries must be reported immediately to the supervisor as they may need to be reported to Workcover on ph 131050.
- Workcover must be notified, within 7 days, of any of the following situations occurring:
 - Incidents involving injury or illness to staff or volunteers when there is a serious incident involving a fatality or a serious injury or illness. These must be notified immediately to Workcover on ph 131050.

- When an employee or volunteer provides a medical certificate stating that he or she is suffering from a work-related illness and is unable to carry out his or her usual duties for a continuous period of at least 7 days as a result of the injury/illness.
- Incidents involving injury or illness to staff or volunteers at an ASTR workplace where the non-worker is unable to perform their normal duties for at least 7 days as a result of an incident at a ASTR controlled site.
- Other incidents that present a risk to health and safety at the workplace.

5.5 Accident/Injury/Incident/Hazard Investigation

All accidents/injuries/incidents/hazards will be investigated to:

- Identify any WH&S management system failure.
- Establish the cause of the accident or incidents so that corrective action can be undertaken to prevent recurrence.
- That the legal obligations are fulfilled.
- That trends of accidents/injuries/incident/hazards are monitored

5.6 Records

Records of all accident/injuries/incident/hazard notification, reporting, investigation and corrective actions shall be kept as required by legislation.

6 Definitions

- Accident –An unplanned event which has the potential to disrupt normal safe operations, such as a system failure, which results in, for example, a fatality, injury, occupational illness or legal claim.
- Incident - An event (near miss), which could have caused an accident, but did not.
- Hazard – Anything or any condition that causes or has the potential to cause injury, harm or ill health.

7 Appendices

Appendix 1 Accident Incident Hazard Reporting Form

Appendix 1 Accident/Incidence/Hazard Notification Form

All incidents shall be advised within 12 hours of the incident to ensure appropriate action is initiated.

PERSONAL DETAILS		
Family Name:	Other Name:	
Contact Phone No:	(w)	(home - if injured)
Occupation:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	
Staff Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Volunteer <input type="checkbox"/> Client <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor		

INCIDENT DETAILS	
Date of incident:	Time of Incident: am / pm
Location where Incident occurred:	
Briefly describe what happened?	
This incident resulted in: <input type="checkbox"/> Injury <input type="checkbox"/> No injury <input type="checkbox"/> Near miss <input type="checkbox"/> Property damage <input type="checkbox"/> Hazard identified	
The incident was reported to (Supervisor) Name of Supervisor:	Date:
If this is an immediately notifiable work related injury or a dangerous occurrence it must be reported to OHO or the organisation you are working for immediately, who will then advise WorkCover ph131050.	

INJURY/DAMAGE DETAILS
If an injury was sustained, what part of the body was affected or if damage to property occurred what was damaged?

MEDICAL TREATMENT	
If MEDICAL EXPENSES or LOST TIME is incurred a “Workers Compensation Claim form” must be completed and forwarded to OHO “ as soon as possible	
Do you intend to seek medical treatment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you intend to lodge a claim for workers compensation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any time been lost from work? <i>(More than 1 complete shift)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, have you returned to work?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have/will medical expenses been incurred?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Uncertain at this time
Were there witnesses? If so, name of witness(s):	Contact Phone:
Volunteer signature.	Date:

If a medical certificate has been provided please send to: Australian Seabird & Turtle Rescue 264 North Creek Rd Ballina 2478.

DESCRIBE IN DETAIL WHAT HAPPENED: *It is the responsibility of the Supervisor to complete this section in consultation with the injured staff member. This section can also be used if the injury is to a client or visitor.*

Please describe the events and contributing factors that led to the incident:

HOW DO YOU CONSIDER THAT THIS CAN BE PREVENTED FROM HAPPENING AGAIN?:

The Supervisor is to complete this section in consultation with the injured staff member. This section can also be used if the injury is to a client or visitor.

Recommendation to prevent recurrence of this incident/accident:

ACTION PLAN

Note: From the previous section list the actions required to prevent this happening again.

Action to Prevent Recurrence <i>(Do not leave blank)</i>	Person Responsible for Action	Action Taken	Sign off Completed <i>(signature required)</i>

Name of Supervisor:

Contact Phone Number:

Signed:

Date: