



POLICY	
Incident and Hazard Reporting	
Scope (Staff):	All CAHS staff, contractors, visitors and volunteers, clients
Scope (Area):	CAHS (Valid for PCH)

Aim

To ensure that all OSH hazards and incidents within all workplaces across the Child and Adolescent Health Services (CAHS) are identified and appropriately managed in support of a safe and healthy work environment.

Risk

Breach of legislative requirements including Duty of Care under the [WA Occupational Safety and Health Act 1984](#) and [WA OSH Regulations 1996](#). There is an increased risk of staff injury and illness if incidents and hazards are not identified, reported and appropriately managed.

Definitions

Near Miss: events that do not cause injury but have the potential to do so.

Hazard: any source of potential harm or a situation that could cause loss or injury. (Refer to [Appendix 1](#)).

Hierarchy of Control: is a step by step process to determine appropriate corrective action to prevent injuries, or reduce the risk to as low as reasonably practicable. The Hierarchy of Control is:

- **Elimination** (most effective) remove hazard from the workplace
- **Substitution** – use a safer work practice or less hazardous material
- **Isolation** – isolate the hazard, lock out/tag out
- **Engineering** – redesign the work processes or equipment
- **Administrative** – policies, procedures, training, supervision
- **PPE** (most reliant on compliance) personal protective equipment

Incident: unplanned event in the workplace resulting in, or has the potential for injury, illness, damage or other loss to staff, patients, visitors or the organisation. The injury or illness may require treatment and / or time away from work. The latter may be referred to as “lost time injury.”⁵

Injury: events that cause an illness or injury requiring medical attention.

Serious incident or hazard: is one that is “Extreme” as determined by the [Risk Management Policy](#) Matrix.

Worker: any person who carries out work in any capacity for CAHS, including:

- Staff
- Contractor or Subcontractor
- Employee of a Contractor or Subcontractor
- Employee of a Labour hire company who has been assigned to work in CAHS
- Outworker
- Apprentice or trainee
- Student gaining work experience or
- Volunteer.

Principles

- There are legislative obligations related to this policy, where non-compliance may result in penalties being applied.
 - Please refer to [WA Occupational Safety and Health Act 1984](#) Section 19 & 20 for full details.
- The Child and Adolescent Health Service fulfils its obligations under the [WA Occupational Safety and Health Act 1984](#) by striving to protect all employees, patients, volunteers, contractors and visitors as far as practicable, from hazards and risks in the workplace.
 - CAHS recognises that the appropriate reporting, investigation and management of workplaces hazards and incidents will assist CAHS to provide a safe working environment, contribute to overall service risk management and allow CAHS to comply with mandatory Worksafe WA reporting requirements.
- All occupational hazards, incidents/accidents, and near misses that occur at the workplace are to be formally reported and investigated.
- All incidents and hazards, regardless of whether an injury occurred, are required to be documented on the [Employee Hazard/Incident Form](#).
- Hazard and incident reporting and investigations aim to prevent further injury/illness to workers, staff and to identify high risk areas and tasks, and implement preventative strategies.
- Information gathered during an investigation is confidential and for use by key stakeholders only.
- In certain cases, elected OSH Representatives should not be involved in investigations. These cases include
 - any incident which involves interpersonal conflict
 - any incident that has or could have a HR component.
- For incidents involving both employee(s) and patients(s) refer to CAHS Hazard / Incident / Injury Reporting Procedure (see [Appendix 2](#)).
 - OSH incident reporting and

- Clinical incident (Datix) reporting will be required

Roles and Responsibilities

Manager / Supervisor

- All Managers and Supervisors are responsible for the following:
 - ensuring that all staff, worker are aware of OSH incident and hazard reporting requirements and procedures
 - consultation with the elected OSH Representatives regarding hazards and incidents
 - implementation, review and monitoring of the corrective actions
 - facilitating first aid/medical treatment/injury management information/debrief or EAP Services, CAHS Peer Support Program as required
 - notify the CAHS OSH Manager as soon as practicable of any incidents where a staff member is injured.
 - notify the Human Resources department of any incidents of bullying and harassment
 - investigate all reported incidents and hazards as per (s23-K) [WA Occupational Safety and Health Act 1984](#) by:
 - ensuring that appropriate immediate action is taken to minimise the risk of further injury or damage and ensure the safety of staff (for example: isolating the hazard, first aid, evacuation, debriefing or counselling) using the Hierarchy of Control principles
 - in consultation with the elected OSH representative (where available) conduct the investigation, determine short to long term corrective action to reduce or remove the risk, assign responsibilities and timeframes for completion of identified corrective actions
 - send the completed [Employee Hazard/Incident Form](#) and any other relevant documentation to the CAHS OSH Department within 7 days or as completed
 - monitoring corrective actions to finalisation to ensure appropriate controls are in place and a new hazard/risk has not emerged from those controls. Wherever possible, corrective actions should be implemented as soon as practicable to prevent further injury, incident or hazard
 - notifying the staff who reports the incident or hazard of the outcome of the investigation and corrective actions.

Employee

- All CAHS employees are responsible for:
 - reporting all incidents and hazards regardless of injury, to their direct Supervisor and/or Manager as soon as practicable

- completing the [Employee Hazard/Incident Form](#) and submit to their direct Supervisor or Manager.
 - If unable to complete the hazard /incident form, another member of staff, Supervisor or Manager may assist

Local OSH Representative

- The local elected OSH Representative is responsible for:
 - assisting the manager to investigate and develop corrective actions for all incidents and hazards.

OSH Department

- The OSH Department is responsible for:
 - review of the investigation and control strategies implemented
 - providing feedback, advice and support to the direct Supervisor/Manager
 - providing guidance and assistance to the direct Supervisor/Manager to prevent recurrence of the same or similar injury / incident / hazard
 - monitoring the investigation process and control strategies implemented
 - entering the [Employee Hazard/Incident Form](#) details on a OSH database
 - retaining all CAHS OSH Employee Hazard/Incident Forms⁴
 - escalation of relevant incident, hazard and near miss information to applicable Executive Director/HoD, CAHS Workforce Organisational Development
 - facilitation of the following mandatory reporting requirements by notifying Worksafe WA as required regarding:
 - any “serious incidents” or “notifiable injuries/diseases as per the WA OSH Act 1984 (section 23 I)
 - exposure to certain Hazardous Substance as per the OSH Regulations 1996 (Regulation 5.40)
 - potential exposure to radiation – report to the CAHS Radiation Committee

Reporting Incidents

- Under s23I of the Act, notification of deaths, injuries and diseases is required by an employer to the Worksafe Commissioner whenever death or certain types of injury occurs in connection with the relevant employer’s business.
- The latter may be referred to as a “reportable” or “notifiable” injury or disease.
- Injuries reportable to Worksafe include:
 - a fracture of the skull, spine or pelvis
 - a fracture of any bone in the arm, other than in the wrists or hand, or in the leg, other than a bone in the ankle or foot
 - an amputation of an arm, a hand, finger, finger joint, leg, foot, toe or toe joint

- the loss of sight of an eye
- any injury other than those referred to above which, in the opinion of a medical practitioner, is likely to prevent the employee from being able to work within 10 days of the day on which the injury occurred.
- Diseases reportable to Worksafe include:
 - **Infectious diseases:** tuberculosis, viral hepatitis, legionnaire’s disease and HIV where these diseases are contracted during work involving exposure to human blood products, body secretions, excretions or other material which may be a source of infection.
 - **Occupational zoonoses:** Q fever, anthrax, leptospirosis and brucellosis where these diseases are contracted during work involving the handling of, or contact with, animals, animal hides, skins, wool, hair, carcasses or animal waste products.

Unresolved Incidents/Hazards

- For incidents which remain unresolved and have been escalated appropriately, the [Issue Resolution](#) (CAHS Policy) and Flow Chart should be referred to for further information.

Compliance Monitoring

- Compliance monitoring methods may include:
 - Number of Incidents reported across the Health Service.
 - Number of Worksafe Notifiable Incidents.

Related internal policies, procedures and guidelines
Occupational Safety and Health (CAHS Policy)
Issue Resolution (CAHS Policy)
Risk Management (CAHS Policy)
CAHS Peer Support Program

References
1. WA Occupational Safety and Health Act 1984
2. WA Occupational Safety and Health Regulations 1996
3. WA Workers Compensation and Injury Management Act 1981
4. WA State Records Act 2000
5. AS/NZS 4801:2001 Occupational Health and Safety Management Systems

6. AS/NZS ISO 31000:2009 Risk Management Principles and Guidelines
7. WA Code of Practice Violence, Aggression And Bullying at Work 2010
8. DOH Clinical Incident Management Policy

Useful resources (including related forms)
CAHS Employee Hazard/Incident Form
FHHS/FSH Pregnant Staff Policy
Australian Radiation Protection and Nuclear Safety Agency (ARPANSA)

This document can be made available in alternative formats on request for a person with a disability.

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Appendix 1: CAHS List of General Hazards

Please complete the appropriate form(s) by referencing the table below.

Physical

Hazard	Risk	Possible Controls
Poor movement & posture	Injury, dizziness, fatigue, backache, headache, pain, discomfort	Workstation assessment Manual tasks training
Manual tasks	Injury	Training and procedures
Excessive Noise	Increase in blood pressure	Noise assessment as required, job rotation, equipment adjustment and as a last resort PPE.
Radiation	Injury to unborn child	Avoid use of equipment, avoid exposure, correct work procedures for protecting staff. ALARA principle, time distance shielding controls

Biological

Hazard	Risk	Possible Controls
Vaccine preventable diseases	Acquisition of vaccine preventable diseases can have profound effects on the developing foetus. Staff must discuss the risk with their Obstetrician	Vaccination Standard Precautions Hand hygiene PPE

Chemical

Hazard	Risk	Possible Controls
Hazardous substances	May cause cancer &/or effect unborn child	Chemical policy and procurement processes
Mercury	Affect unborn child, slow growth, disrupt nervous system	Policy and procedures
Antimitoxic (cytotoxic) drugs	Genetic damage, may cause cancer	Policy and procedures

Environmental

Hazard	Risk	Possible Controls
Long working hours	Mental/physical fatigue, stress, increased blood pressure	Adequate rest breaks, job rotation, policies and

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		procedures
Occupational stressors	Stress related illness, anxiety, depression, increased BP	EAP service, policies and procedures
Cold/heat extremes	Heat stress, dehydration, low blood pressure	Thermal PPE, procedures limiting exposures
Personal safety/lone working	Injury, miscarriage, premature delivery	Policy and procedures
Driving	Vibration, stress, discomfort	Policy and procedures

Appendix 2: CAHS Hazard / Incident / Injury Reporting Procedure

Please complete the appropriate form(s) by referencing the table below.

Criteria	Employee Hazard/Incident Form(OSH form)	Clinical Incident Form (Datix CIMS form)
OSH incident that is also a patient clinical incident	complete	complete
OSH incident that results in staff injuries (e.g. injury from manual task)	complete	do not complete
OSH hazard that is related to clinical patient (e.g. verbal aggression to staff)	complete	complete
OSH hazard (e.g. slip, trip, fall)	complete	do not complete
Visitor Incident (i.e. visitor slips on a ward)	complete	do not complete
Contractor Incident (i.e. contractor slips on a ward)	complete	do not complete