

Related Policies, Procedures and Documents

Emergency Management Procedures
 Emergency Procedures Guide
 First Aid Guidelines
 Incident Investigation Procedure
 Privacy Policy

Purpose

Catholic Education Goulburn and Canberra (CECG) acknowledges that guidelines on incident management are an essential component of the workplace health and safety management system *MySafe*. The provision of timely and efficient first aid and medical response is crucial in caring for staff, students and visitors in the event of an injury. Additionally, timely and efficient reporting on hazards, incidents and other occurrences with an adverse risk to health and safety are required to be in place so that risk assessment and appropriate corrective action can be taken.

These guidelines should be read in conjunction with the following:

- First Aid Guidelines
- WHS Risk Management Guidelines
- Injury Management Program
- Emergency Management Procedures

Scope

This document sets out the procedures for the management of an incident requiring first aid or medical treatment for injuries which occur to Catholic Education staff, students or visitors. This includes Catholic Education activities which occur on or off the workplace site.

This documents also describes Catholic Education's internal and external reporting process for injuries, illnesses, incidents, health and safety hazards, dangerous incidents and system failures.

Definitions

Biohazard	A biohazard can be defined as any organism (and/or its toxin) or a material of biological origin than can cause harm to human, plants, animal or the environment.
Dangerous Incident	Imminent risk of death of, or serious injury to, anyone; and incident that endangers or is likely to endanger the safety of people at a workplace.
First Aid	Initial treatment for an injury which is normally given by a first aider.
First Aid Officer	Person nominated to administer first aid at Catholic Education workplaces; must hold a current First Aid Certificate
Hazard	A source or situation with a potential for harm in terms of human injury or ill-health, damage to property, damage to the environment, or a combination of both
Hazard Identification	The process of recognising that a hazard exists and defining its characteristics

Illness	Any physical or mental ailment, disorder or morbid condition which can be of sudden or gradual development. This also includes the aggravation, acceleration, exacerbation or recurrence of any pre-existing disease.
Incident	Any unplanned event resulting in, or having a potential for injury, ill health, damage or other loss.
Injury	Any physical or mental damage to the body caused by exposure to a hazard.
Lost Time Injury (LTI)	A work related injury which results in a person being absent from work for at least one full shift
Medical Treatment Injury (MTI)	A work related injury which results in treatment provided by a qualified health professional e.g. General Practitioner, Physiotherapist.
Near Miss	An incident that does not produce an injury or disease but has the potential to do so.
Risk	The likelihood and consequence of an injury or harm occurring.
Risk Assessment	The process of estimating the magnitude of risk for an activity and identifying the actions to take to eliminate or minimise the risk.
System Failure	When a system fails to meet its requirements

Responsibilities

Workers and students

Workers and students are responsible for the following:

- Reporting hazards, incidents, injuries, dangerous incidents and system failures which occur or have the potential to occur, and
- In the event of an injury or unsafe situation, do what they can to ensure the safety of others

Director, Leaders of Service Teams, Principals, Campus Heads, Directors of ELCs and SACs, Business Managers and Supervisors

Director, Leaders of Service Teams, Principals, Campus Heads, Directors of ELCs and SACs, Business Managers and Supervisors are responsible for the following:

- Ensuring the injured workers, students or visitors to Catholic Education receive, or is referred to, appropriate first aid and/or medical assessment for any reported injury/illness
- Immediate referral to People and Culture Service Team, of any injured worker to Catholic Education who require medical assessment or treatment
- Hazards, incidents, injuries, dangerous incidents and system failures are appropriately reported for areas under their supervision
- Corrective actions are developed in consultation with workers and students and are implemented to eliminate the risk of injury, or where this is not possible, reduce the risk to an acceptable level
- Follow up on the effectiveness of implemented corrective actions in consultation with workers and students

People and Culture Service Team

The People and Culture Service Team is responsible for:

- Monitoring and reviewing the system for effective incident management and reporting
- Providing advice and recommendations to local areas on preventative and corrective action to improve the level of health and safety
- Conducting investigations and follow up of significant incidents to prevent reoccurrence, in line with the Incident

Investigation Procedure.

Incident Management Procedure

Scene Preservation

In case of a 'notifiable incident', the scene of the hazard, incident or injury cannot be disturbed. A 'notifiable incident' under the Work Health and Safety (WHS) Act 2011 relates to:

- The death of a person
- A serious injury or illness of person (see Appendix 2: Serious Injury or Illness Table), or
- A potentially dangerous incident.

The site where the incident occurred must not be disturbed in any way, other than to assist an injured person or make the area safe, until such times as a Work Safe ACT or SafeWork NSW inspector arrives at the site or any earlier time that an inspector directs.

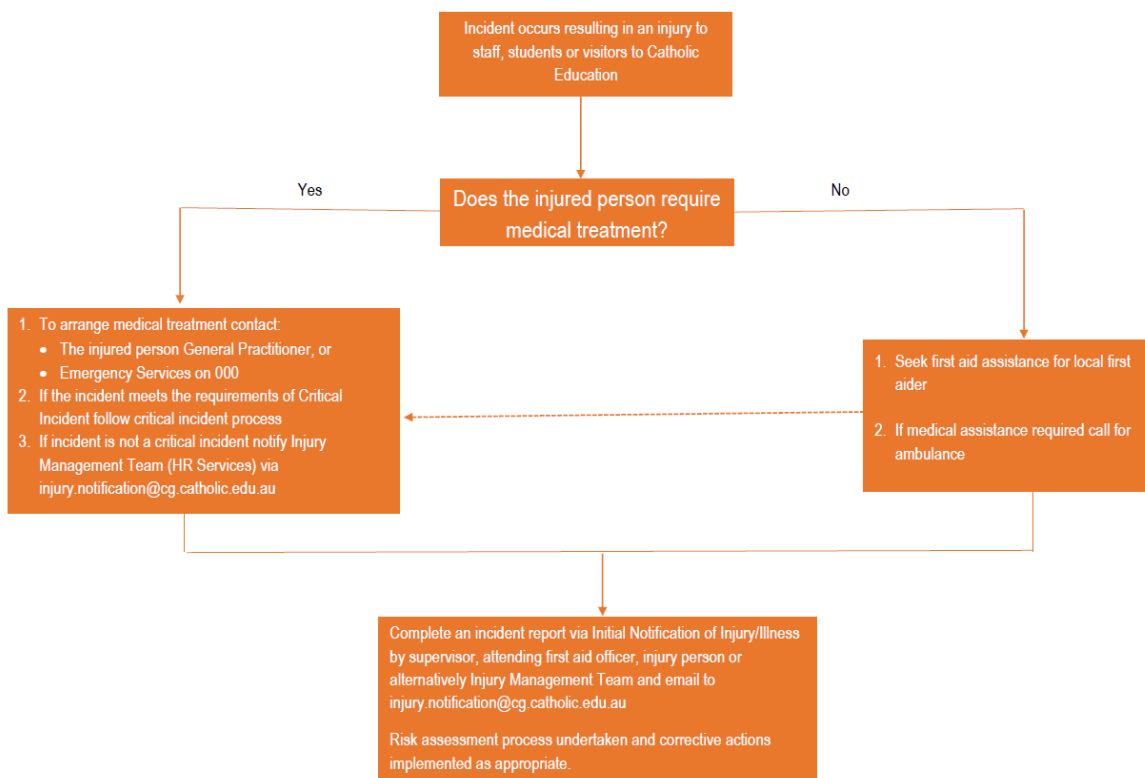
Further information can be found in External Reporting Procedures.

Immediate Action

Depending on the risk of the hazard or incident involved immediate action must be taken to prevent further persons from being injured. This may involve the activation of emergency procedures or other actions to control the immediate risk to persons in the area, e.g. barricading the area, alerting Family and School Services Team, Directorate, and/or the People and Culture Service Team

First Aid and Medical Assistance

The flowchart below outlines the process for obtaining first aid and medical assistance for Catholic Education. Clarification on the process is outlines further in this section.



Each workplace is required to have emergency contact details documented and readily accessible for staff, students and visitors to view as required.

First Aid and Medical Assistance

In most cases the need for medical treatment after an injury is obvious. The following list of injuries and symptoms, although not exhaustive, provide guidance on when to refer to medical treatment:

- heart attack
- stroke
- shock
- epilepsy and seizures – if abnormal or severe
- hyperglycaemia or hypoglycaemia – if abnormal or severe
- burns larger than 20 cent piece, electrical burns
- lacerations – if bleeding is severe or persistent
- soft tissue injuries e.g. sprains and strains
- dislocations and fractures
- head, neck and spinal injuries
- facial injuries
- poisoning
- bites and stings
- overexposure to extreme environmental temperatures
- asthma attack
- electric shock
- loss of consciousness
- overexposure to hazardous chemical

In some circumstances the need for medical treatment may not be obvious – examples included:

- after an electric shock – any person who has received an electrical shock, no matter how minor it may seem, should be assessed by a medical practitioner as there could be delayed effects such as an irregular or lower heart rate
- after recovering from unconsciousness – any person who has lost consciousness, even for a small amount of time, should be assessed by a medical practitioner.

Medical Treatment

Where an injured person requires medical treatment contact should be made with the injured persons' general practitioner where practicable. When an appointment cannot be made with the injured persons' general practitioner it may be appropriate for the injured person to be transported to a medical centre for treatment. Where this is the case, the injured person should be referred to one of the following medical centres:

- Belconnen Walk-In Centre, Belconnen Community Centre, cnr Lathlain and Cohen Streets Belconnen, Ph 132 281
- Tuggeranong Walk-In Centre, Tuggeranong Community Health Centre, Cnr Anketell and Pitman Streets Tuggeranong, Ph 132 281
- Argyle Medical Centre, 5 Fenwick Crescent Goulburn, ph 02 4821 1188

For injuries occurring at workplaces outside of Canberra and Goulburn, the injured person should be referred to the nearest general practitioner, medical centre or hospital if an ambulance is not required.

In instances where the incident is deemed an emergency or critical, Emergency Services can be contacted directly on '000' to arrange for an ambulance to arrive at the scene of the incident.

This should be decided on a case-by-case basis in consultation with the injured person by the attending first aid officer or the Return to Work Coordinator. For example a swollen ankle may be treated more promptly at a local medical centre as opposed to raising an ambulance. If in doubt contact the People and Culture Service Team on ph: 02 6234 5455 or via email injury.notification@cg.catholic.edu.au

Critical Incidents

Critical incidents are those which directly or indirectly cause significant distress to a person, either at the time it occurs or later. A critical incident may require the activation of emergency procedures.

All Catholic Education workplaces must have and follow the Critical Incident handbook available on the CE Intranet under Guides and Handbooks.

The following options are available for support and assistance for those experiencing critical incident distress:

- **Catholic Education Employee Assistance Program [Catholic Care]:**
This is a professional counselling service available to Catholic Education staff which is confidential and free for personal or work related problems. This service is provided by experienced registered psychologists and counsellors. To access the CE EAP contact Catholic Care direct on 1800 800 517.
- **Student Counselling:**
Catholic Education offers a free and confidential service available to students with personal and study related difficulties. Counsellors are experienced and registered psychologists. To access Student Counselling families are encourage to speak to the School Principal.

Internal Incident Reporting Requirements

The following outlines the process for the internal reporting of incidents including health and safety hazards, injuries, illnesses, dangerous incidents, near misses and system failures.

In some instance, notification to the People and Culture Service Team is required immediately after an incident has occurred or hazard is identified. Occasion where this may occur include:

- when a hazard is identified which poses an immediate risk to health and safety, or
- an injury which requires medical treatment (does not include first aid), or
- time lost from work, or
- 'notifiable incidents' as defined in External Reporting Procedures.

Types of Incidents to be Reported

The list below represents general criteria for the type of incidents to be reported using the Initial Notification of Injury and Incident Form and Catholic Education School Incident Recording, Notification and Management Form. This list is not meant to be exhaustive and may require tailoring to specific areas:

- any injury to staff, students, contractors or visitors of any nature or severity sustained whilst at a Catholic Education workplace or whilst undertaking activity off campus e.g. excursion, field trip, approved travel, attendance for conferences, student placement etc
- any incidents which may have had the potential to cause an injury, including diseases in animals that have the potential to be transferred to humans, exposure to chemical agents or physical agents or other hazards
- dangerous incidents or system failure which caused or had the potential to cause serious property damage e.g. fires, floods and explosions
- all vehicle accidents occurring on Catholic Education grounds or whilst conducting Catholic Education business
- any injury or incident to staff sustained whilst travelling to or from Catholic Education (journey claims)

- sporting injuries arising from Catholic Education organised activities, both formal and informal
- injuries sustained by staff or students participating in Catholic Education organised social activities.

Hazard/Incident Report Form

A hazard/incident report is to be completed for all hazards, incidents, injuries, illnesses, dangerous incidents and system failures arising from reported hazard, incidents or workplace safety inspections as outlined in Types of Incidents to be Reported.

Submitting the Hazard/Incident Report Form

Once the form is completed it should be sent to the nominated supervisor for approval and action and to the People and Culture Service Team for review.

Incident description

The details of the incident should be factual and relevant. Describe the details of the incident as clearly as possible. This should include the exact time and place of the incident, the circumstances which led up to it, the sequence of events in the incident itself, the number of people involved, and the names and contact information of any witnesses present.

Contributing factors

When trying to determine corrective actions to prevent reoccurrence, it is helpful to analyse the contributing factors that led to the incident occurring. A list of possible contributing factors is divided into four categories listed below:

- Design – design factors include faults with the design of plant, equipment or work practices
- Behavioural – behavioural factors relate to human aspects which can sometimes lead to an incident
- Environmental – environmental factors relate to the surroundings of a workplace and whether they led to the incident occurring
- System – system factors include procedures etc which need to be changes to prevent reoccurrence.

Cause

Determine the cause of the incident e.g. what lead to the incident occurring? If this cause was removed or was not present, would this incident still happen?

Risk Level

Identify the level of risk of the incident taking into account likelihood and consequence with current controls in place. The risk score determines the priorities for corrective actions to be implemented.

Corrective Actions

The implementation of appropriate corrective actions is critical to the success of reducing the risk of hazards in the workplace.

Corrective actions should be specific, measurable, achievable, relevant and time-related (SMART). From the risk assessment, corrective actions will need to be implemented to eliminate or reduce the risk to an acceptable level utilising the hierarchy of controls. If longer-term corrective actions are chosen (eg those involving high cost or requiring lengthy manufacturing time and complex approvals) then lower level corrective actions should be temporarily implemented.

Corrective actions may not only involve process control measures but also address system deficiencies in the MySafe WHS management system.

Depending on the risk of the hazard involved, the following time periods will be used as a guide for the prioritisation and completion of corrective actions:

Risk Level	Corrective Action Time Frame	Priority Level
Extreme Risks	Immediate	1
High Risks	As soon as possible but not longer than 24 hours	2
Medium Risks	Within 14 days	3
Low Risks	Within 28 days	4

At least one corrective action is required to be implemented to reduce the risk to an acceptable level.

Once the corrective action plan is determined, including responsibilities and timeframes, details need to be recorded on the hazard/incident form. On approval by the workplace supervisor, risk control methods (corrective actions) detailed in the report form will be emailed to the nominated party for action. Corrective actions are communicated and monitored via email. Once a corrective action has been completed, the date of completion is entered on the form.

If corrective actions are not completed by their due date the workplace supervisor is to email reminders to the responsible person. Corrective actions which are not completed on time are reviewed by the WHS Advisor on a monthly basis and escalated to the nominated supervisor to outline a plan for completion.

If there is any doubt on the appropriate person/unit/service for undertaking a corrective action please liaise with the People and Culture Service Team on 6234 5455 or email mysafe@cg.catholic.edu.au. The WHS Advisor will consult with the person reporting the incident and seek to identify the responsible party(ies) for the issue and the worker's supervisor of the area(s) involved to ensure appropriate ownership of the corrective action.

In the rare case of a dispute with regards to the responsibility of corrective actions, the dispute is to be raised in writing to the Leader People and Culture Service Team who will assist with the appropriate assignment of corrective actions following review of the hazard and incident report.

Review

Follow up of the implementation of the controls should be conducted by the supervisor to ensure the following questions are answered:

- Have the corrective actions as stated by the initial notification been completed?
- Has the corrective actions as stated in the initial notification been effective in reducing the risk of injury?
- Has the corrective actions introduced new hazards?

If required another hazard report may be required to document a new hazard or initiate further corrective actions.

External Reporting Procedures

Incidents which are required to be notified to WorkSafe ACT or SafeWork NSW, including employees, students, contractors, visitors, shall be completed by the workplace supervisor in consultation with the WHS Advisor.

The WHS Act 2011 creates a duty on persons conducting a business or undertaking (PCBU) to notify WorkSafe ACT or SafeWork NSW immediately after becoming aware that a notifiable incident arising out of the conduct of the business or undertaking has occurred.

A 'notifiable incident' means:

- The death of a person, or
- A serious injury or illness of a person (see Appendix 1: Serious Injury or Illness Table, or
- A dangerous incident

Further information is available on Work Safe ACT and Safe Work NSW web page and WHS Incident Notification: Fact Sheet.

In addition notification is required of any incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person's health and safety from an immediate or imminent exposure to:

- an uncontrolled escape, spillage or leakage of a substance, or
- an uncontrolled implosion, explosion or fire, or
- an uncontrolled escape of gas or steam, or
- an uncontrolled escape of a pressurised substance, or electric shock
 - examples of electrical shock that are not notifiable:
 - shock due to static electricity
 - extra low voltage shock (i.e. arising from electrical equipment less than or equal to 50V AC and less than or equal to 120V DC)
 - defibrillators are used deliberately to shock a person for first aid or medical reasons
 - examples of electrical shocks that are notifiable
 - minor shock resulting from direct contact with exposed live electrical parts (other than 'extra low voltage') including shock from capacitive discharge.
- the fall or release from a height of any plant, substance or thing, or
- the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be design or item registered under the WHS regulations, or
- the collapse or partial collapse of a structure, or
- the collapse or failure of an excavation or of any shoring supporting an excavation, or
- the inrush of water, mud or gas in workings, in an underground excavation or tunnel, or
- the interruption of the main system of ventilation in an underground excavation or tunnel.

All incidents that are notifiable to Work Safe ACT or Safe Work NSW fall under the Catholic Education Critical Incident procedure and this procedure should also be followed.

Incident Investigation

The nature of the incident will determine the level of investigation required. Incidents are classified into 3 levels to determine the appropriate level of investigation response:

- Level 1 – incidents are those which are lower level risks and are not categorised as being immediately notifiable to Work Safe ACT or Safe Work NSW
- Level 2 – incidents are those which constitute notification to Work Safe ACT or Safe Work NSW but not immediate
- Level 3 – incidents require prompt notification and investigation by Work Safe ACT or Safe Work NSW or other external agencies.

The investigation response required for each level is outlined below.

Level 1 Incident

Level 1 incidents are those which have a lower level risk and are not categorised as being notifiable to WorkSafe ACT or SafeWork NSW. Examples of Level 1 incidents may include:

- first aid injuries
- injuries which may require minor medical treatment
- identified hazards which do not present a serious risk of injury
- minor property damage
- minor environmental damage.

Level 1 incidents require the operational line e.g. line managers, supervisors, workers to review the details of the incident, identify possible contributing factors, provide a cause of the incident, assessing the risk of the hazard and implement appropriate corrective actions. The outcome of Level 1 incident investigation is to be recorded on the Incident Report Form.

Knowledge of these guidelines shall form the basis of competency for completing Level 1 investigations.

NOTE: The WHS Advisor may deem any Level 1 incident to require a Level 2 investigation if there is reason to believe that a detailed investigation is required.

Level 2 and 3 Investigation

The workplace manager in consultation with Schools and Family Services and People and Culture Services Teams will conduct Level 2 and 3 investigations in accordance with the Incident Investigation Procedure.

Level 2 and 3 incidents have a higher level of risk and are categorised as being notifiable to WorkSafe Act or SafeWork NSW. Examples of Level 2 and 3 incidents can be found in External Reporting Procedures above.

Where a Level 1 incident is reported through the Incident/Hazard Report and is rated as 'Extreme' or 'High', a copy of the report will be communicated to the Director and Service Area Leadership Team (SALT). A Level 2 investigation will be conducted.

Privacy and Confidentiality

Any incident reported as a requirement of this guideline will be handled in confidence in accordance with the Catholic Education Privacy Policy.

Medical information received via incident reports will be treated as confidential. Any names or other identifiers included in incident/injury reports will be removed to preserve confidentiality of the injured person.

Reference Documents

WHS Act 2011
WHS Regulation 2011
Notifying Us (SafeWork NSW)
WHS Incident Notification: Fact Sheet (SafeWork NSW)
Notifying an incident or dangerous occurrence (WorkSafe ACT)
Incident Notification Fact Sheet (SafeWork Australia)

Appendix 1: Serious Injury or Illness Table

(Source: WHS Incident Notification: Fact Sheet (SafeWork NSW))

Trigger	Example
Immediate treatment as in-patient in a hospital	<p>Admission into a hospital as an inpatient for any duration, even if the stay is not overnight or longer.</p> <p>It does not include:</p> <ul style="list-style-type: none"> * out-patient treatment provided by the emergency section of a hospital (ie not requiring admission as in-patient) and immediate discharge. * subsequent corrective surgery such as that required to fix a fractured nose.
Immediate treatment for the amputation of any part of the body	<p>Amputation of a limb, such as arm or leg, body part such as hand, foot or the tip of a finger, toe, nose or ear. It does not include:</p> <ul style="list-style-type: none"> * bruising or minor abrasion or laceration to the skin
Immediate treatment for a serious head injury	<p>Fractured skull, loss of consciousness, blood clot or bleeding in the brain, damage to the skull to the extent that it is likely to affect organ/face function.</p> <p>Head injuries resulting in temporary or permanent amnesia</p>
Immediate treatment for a serious eye injury	<p>Injury that results in or is likely to result in the loss of the eye or total or partial loss of vision.</p> <p>Injury that involves an object penetrating the eye (for example metal fragment, wood chip)</p> <p>Exposure of the eye to a substance which poses a risk of serious eye damage.</p> <p>It does not include:</p> <ul style="list-style-type: none"> * eye exposure to a substance that merely causes irritation
Immediate treatment for a serious burn	<p>A burn requiring intensive care or critical care which could require compression garment or skin graft. It does not include:</p> <ul style="list-style-type: none"> * a burn that merely requires washing the wound and applying a dressing.
Immediate treatment for the separation of skin from an underlying tissue (such as degloving or scalping)	<p>Separation of skin from an underlying tissue such that tendon, bone or muscles are exposed (de-gloving or scalping)</p>

Immediate treatment for a spinal injury	Injury to the cervical, thoracic, lumbar or sacral vertebrae including discus and spinal cord.
Immediate treatment for the loss of a bodily function	Loss of consciousness, loss of movement of a limb or loss of the sense of smell, taste, sight or hearing, or loss of function of an internal organ. It does not include: * mere fainting, or * a sprain, strain or fracture
Immediate treatment for serious lacerations	Serious lacerations that cause muscle, tendon, nerve or blood vessel damage or permanent impairment. Deep or extensive cuts. Tears of wounds to the flesh or tissues – this may include stitching to prevent loss of blood and/or other treatment to prevent loss of bodily function and/or infection.
Any infection to which the carrying out of work is a significant contributing factor, including any infection that is reliably attributable to carrying out work	For example: * with micro-organisms, or * that involves providing treatment or care to a person, or * that involves contact with human blood or body substances, or that involves handling or contact with animals, animal hides, skins, wool, or hair, animal carcasses or animal waste products.
The following occupational zoonoses (disease transmitted from animals to humans) contracted in the course of work involving handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products.	For example: * Q fever * Anthrax * Leptospirosis * Brucellosis * Hendra Virus * Avian Influenza * Psittacosis
Medical treatment within 48 hours of exposure to a substance or chemical	

Note: 'Treatment' means the kind of treatment that would be required for a serious injury or illness and includes 'medical treatment' by a registered medical practitioner, paramedic or a registered nurse.

Version Control Table

Version Control	Date Released	Approved By	Amendment
1	August 2016		New template created
2	May 2018		Review for changes to organisational restructure

Approved By:	Service Area Leadership Team
Issuing Service Area:	People and Culture Service Team
Implementation Date:	August 2016
Revision Date:	August 2019
CEO Contact Officer:	People and Culture Service Team
TRIM Record Number:	R437206