

## Policy Guideline 07 – Health & Safety (Serious Injury and Incident)

### Introduction

1. [Name of Organisation] recognises that the health and safety of its members and volunteers is important and that injuries or illnesses resulting from accidents or incidents should be reported and investigated to minimise the risk of recurrence.

### Purpose

2. This policy documents the procedures to be applied:
  - where a serious injury or illness results from an accident or incident
  - where an incident occurs that has the potential to recur and to cause serious injury or illness.

### Policy

3. *'Incident'* refers to any event that caused, or could have caused, serious injury or illness. Such events include fire, explosion, non-compliance with environmental regulatory requirements, vehicle accidents, equipment failure etc.
4. This policy applies to all members, volunteers and visitors under the control of [name of organisation].
5. [Name of organisation] commits to preventing accidents and minimising dangerous incidents at its premises and will endeavour to achieve a zero accident rate.
6. [Name of organisation] requires serious injuries and illness resulting from accidents or incidents that occur in a [name of organisation] context to be reported and investigated and for a plan to be devised and implemented to address the cause and to prevent recurrence.
7. [Name of organisation] will respond promptly and decisively to any incident resulting in serious injury or illness.
8. [Name of organisation] will appoint a volunteer Health and Safety Officer, who may be a member of the Committee of Management, to administer this policy.

### Procedures

9. A serious injury/illness resulting from an accident/incident within a [name of organisation] context must be reported immediately to the Health & Safety Officer, who will inform the President promptly.

10. Within 24 hours of a serious injury/illness occurring the Health and Safety Officer will:
  - investigate the cause and devise a plan to prevent a recurrence of the incident
  - present a *Serious Injury or Illness Report* to the President in the VMIA Form as attached, with appropriate supporting documentation.
  - ensure that a copy of the completed *Serious Injury or Illness Report* is stored in the organisation's records management system and laid before the next meeting of the Committee of Management.
11. [Name of organisation]'s Committee of Management will implement appropriate remedial actions arising from consideration of the Health and Safety Officer's *Serious Injury or Illness Report*.
12. Any accident/incident that has the *potential* to result in injury or illness will be reported to the Health and Safety Officer within 24 hours of the incident or accident.
13. Within 48 hours of an accident or incident that has the *potential* to recur and cause injury or illness, the Health and Safety Officer will:
  - investigate the incident and present a report to the President in the VMIA Form as attached
  - ensure that the completed report is stored in the organisation's records management system
  - lay the report before the next meeting of the Committee of Management.
14. [Name of organisation]'s Committee of Management will determine and implement remedial actions arising from consideration of the *Serious Incident Report*.
15. Where an incident results in a death:
  - a. Emergency Services will be notified (telephone 000) immediately
  - b. [name of organisation]'s President will be notified immediately
  - c. the site of the incident will be secured until a Victoria Police officer arrives unless disturbance to the site of a fatality is for the purpose of aiding a person injured in the incident.

## Responsibilities

16. It is the responsibility of the Committee of Management to ensure that:
  - members and volunteers are aware of this policy
  - all serious injuries/illnesses/incidents are investigated and corrective action implemented
  - all matters relating to members health and safety are dealt with promptly and decisively.
17. Members and volunteers are responsible for immediately reporting
  - a serious injury/ illness or incident to the Health & Safety Officer
  - a death to Emergency Services and to [name of the organisation]'s President.
18. The Health and Safety Officer is responsible for:
  - immediately informing the President following a report of a serious injury/illness
  - investigating and documenting the circumstances surrounding a serious injury/illness/incident, in consultation with the injured person
  - devising a plan to prevent further injuries/incidents
  - providing a written report to the President, in the VMIA form as attached.
19. It is the responsibility of all members and volunteers to ensure that incidents and hazards in a [name of organisation] context are reported promptly to the Health and Safety Officer.

## Authorisation

20. This policy was adopted by the Committee of Management of [name of organisation], and minuted as such, on [insert date of meeting].

21. This policy will be published by the Committee of Management of [name of organisation] on its website within 4 weeks of the date of this authorisation.

## Related Policies

Nil

Version Number	U3A Network Victoria Policy Guideline 06 – Health & Safety (Serious Injury & Incident) V.1
Endorsed by Network Policy & Planning Sub-Committee	Date: 06 July 2014
Endorsed by Network Executive Committee	Date: 30 October 2014

# Incident Notification Form



## Important

- Fully complete this form, where applicable, to ensure prompt attention.
- If there is not enough space for your answer in any section, please write the details on a separate sheet of paper.
- This form to be completed and emailed to: [claims@vmia.vic.gov.au](mailto:claims@vmia.vic.gov.au)

## Insured's details

Organisation Name:

Contact Person:

Address:

Telephone:

Fax:

Email:

## Incident details

Incident date:

Incident location:

Type of incident:

- |  |   |
|--|---|
| <input type="checkbox"/> Property damage                 | <input type="checkbox"/> Personal accident                                |
| <input type="checkbox"/> Lost / stolen property          | <input type="checkbox"/> Contract works claim                             |
| <input type="checkbox"/> Employment issue                | <input type="checkbox"/> Motor vehicle claim                              |
| <input type="checkbox"/> Injury to member of public      | <input type="checkbox"/> Travel claim                                     |
| <input type="checkbox"/> Injury to volunteers            | <input type="checkbox"/> Fraud / misappropriation of funds                |
| <input type="checkbox"/> Medical indemnity claim         | <input type="checkbox"/> Professional indemnity/director & officers claim |
| <input type="checkbox"/> Other (please specify if known) |   |

Description of incident:

## Third party details (if relevant)

**Third party name:** \_\_\_\_\_

**Gender:** Male  Female

**Age:** \_\_\_\_\_ **DOB:**     /     /     **(if known)**

## Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I consent to the VMIA using personal information I have provided on this form for the purpose of assessing any future claims that may arise in relation to this notification. However, I understand that if I choose not to provide the required details, this is my choice and that the VMIA may not be able to assess any future claims.

I consent to the VMIA disclosing personal information to other insurers or as required by law. I consent to the VMIA also disclosing personal information to and/or collecting additional information from investigators, legal advisers, medical advisers or other advisers whom the VMIA may engage to assist in processing any future claims. Where I have provided information about another individual (e.g. an employee or client) I declare that the individual has been made aware of the reason for the disclosure of their personal details to the VMIA and of the contents of the VMIA's Privacy Policy.

**Name:** \_\_\_\_\_

**Signature:** .....

**Date:**     /     /