Government of **Western Australia**
WA Country Health Service

- **SERIOUS INCIDENTS MUST BE REPORTED BY PHONE IMMEDIATELY TO THE MANAGER/AFTER HOURS MANAGER.**
- **SECTIONS A & B OF THIS REPORT MUST BE EMAILED TO YOUR MANAGER AND THE REGIONAL OSH COORDINATOR WITHIN 48 HOURS OF THE HAZARD / INCIDENT OCCURRING.**
- **IF A CORRECTIVE ACTION IS NOT ESTABLISHED AT THE TIME – MANAGER TO EMAIL SECTION C AS SOON AS POSSIBLE.**

1. PERSON INVOLVED DETAILS – SECTION A & B TO BE COMPLETED BY INVOLVED PERSON

Given name:		**Family name:**		
Position Title:		**Phone Numbers**		
Employee ID :	**CHHS**	**Work:**		
Work Dept:		**Mobile:**		
Work Location	**Site:**	**Building:**		**Room:**

Gender: ☐ M ☐ F (For statistical reporting only)

EMPLOYMENT TYPE – Tick one in each box

☐ WACHS Employee	☐ Contractor	☐ Permanent Full Time	☐ Permanent Part Time
☐ Volunteer	☐ Visitor	☐ Fixed Term Full Time	☐ Fixed Term Part Time
☐ Trainee/Student/Work Experience		☐ Casual	
☐ Other:		☐ Other:	

Who have you reported the hazard/incident to?
Name (please Print): **Date reported:**
Is this person your Supervisor / Line Manager? ☐ Yes ☐ No **Time reported:**

2. DETAILS OF HAZARD / INCIDENT *Please attach further information if additional space required

	☐ **HAZARD**	☐ **INCIDENT**	
Hazard observed / incident occurred	**Date:**	**Time:**	
Location of hazard/incident	**Site:**	**Building:**	**Room:**
What were you doing? Describe the activity undertaken at the time.			
What happened unexpectedly? Describe the hazard / incident as it occurred.			
What did you do? Describe what happened next.			
What factors do you feel caused this hazard / incident?			

3. WERE THERE ANY WITNESSES? Yes No

Name:	**Contact Phone number:**
Name:	**Contact Phone number:**

4. DETAILS OF PERSON MAKING REPORT

Print name of person making report	**Name:**	**HE Number:**
	Date:	

Section B: Report of Injury or Illness

5. WAS AN INJURY / ILLNESS SUSTAINED? No Injury Injury

Complete only if an injury/illness was sustained: Description of Injury / medical condition	Treatment: ☐ None ☐ First Aid ☐ Doctor	Have you taken time off work as a result of this event? ☐ Yes ☐ No Time lost (days):

BODY LOCATION OF INJURY – Tick one only

☐ Back	☐ Feet and Toes	☐ Internal Organs (located in trunk)	☐ Psychological Injury
☐ Ear	☐ General and Unspecified locations	☐ Multiple locations	☐ Other:
☐ Eye	☐ Hands and Fingers	☐ Neck	
☐ Face	☐ Head (Other than eye, ear and face)	☐ Shoulders and arms	
	☐ Hips and Legs	☐ Trunk (other than back and exluding internal organs)	

Section C: Hazard / Incident Investigation & Control

Is this a Major Incident as listed in Appendix A?

☐ **YES –** Refer to the Major Incident Investigation Report for further information on the investigation of this Safety Risk

☐ **NO –** Continue Minor Incident Investigation below

6. MINOR HAZARD / INCIDENT INVESTIGATION – TO BE COMPLETED BY MANAGER / SUPERVISOR AND SAFETY AND HEALTH REPRESENTATIVE

Consider the below contributing factors

Systems		Plant / Equipment		Environment	
☐ Procedures	☐ Maintenance	☐ Size/Weight	☐ Maintenance	☐ Lighting	☐ Weather/Temperature
☐ Workload	☐ Task allocation	☐ Design	☐ Chemicals	☐ Access	☐ Housekeeping
☐ Security		☐ Equipment failure	☐ Equipment unavailable	☐ Ergonomics	☐ Floor/Ground surface
☐ Other (specify)		☐ Other (specify)		☐ Other (specify)	

Staff		Psychological		Person/Patient
☐ Supervision	☐ Failure to follow policy/procedure	☐ Work Demands	☐ Level of Engagement	☐ History of Aggression
☐ Training		☐ Culture	☐ Work Environment	☐ Confusion / Dementia
☐ Fatigue		☐ Role Clarity	☐ Workplace Change	☐ Psychiatric illness
☐ Job competency		☐ Workplace Support	☐ Workplace Relationships	☐ Drugs
☐ PPE not used		☐ Worker Characteristics		☐ Alcohol
☐ Other (specify)		☐ Other (specify)		☐ Other (specify)

Other contributing factors:

Any other observations / comments from Manager

Was a duress alarm activated as a result of this incident?	☐ Yes	☐ No		
Did Security attend as a result of this incident?	☐ Yes	☐ No	☐ N/A	Time Attended:
Did Police attend as a result of this incident?	☐ Yes	☐ No	☐ N/A	Time Attended:
Has staff member been provided EAP contact details?	☐ Yes	☐ No	☐ N/A	

If this incident is related to an occupational violence restraint, name the clinical lead:

Risk Rating for this Hazard/Incident – tick one as appropriate (Refer to Appendix B for Risk Matrix)

Extreme Risk	High Risk	Moderate Risk	Low Risk
☐ Immediate action required. Monitor risk continuously.	☐ Action required as soon as possible.	☐ Controls must be adequate and reviewed frequently.	☐ Monitor the hazard.Controls must be adequate.

Government of **Western Australia**
WA Country Health Service

Section C: Incident / Hazard Investigation & Control

7. RISK CONTROL/S – THIS SECTION MUST BE COMPLETED AND EMAILED TO OSH ONCE ACTIONS AGREED
***Please attach further information if additional space required**

List any short term actions taken to control the risk of a repeat incident:

Has the hazard/incident been resolved? ☐ Yes ☐ No **If NO is ticked, provide information below.**

What actions need to be taken to control the risk? (Please tick all required controls)

☐ **Elimination Control**	☐ **Substitution Control**	☐ **Engineering Control**	☐ **Administrative Control**	☐ **Personal Protective Equipment (PPE)**

Corrective Action Required	By whom	By when	Consultation
1.		☐ Completed	☐ Employee ☐ OSH Rep ☐ OSH Coordinator ☐ OSH Committee ☐ Supervisor/Manager ☐ HR Department ☐ Other: (Specify)
2.		☐ Completed	
3.		☐ Completed	

*** Further Corrective Action updates/completion data to be stored on OSH At Work database.**

NOTE: OSH Legislation requires that the reporting employee is notified of action taken to address the hazard/incident.

Date employee was notified: **Name of Notifier:**

Proposed risk rating for this hazard / incident after risk treatment

Extreme Risk	**High Risk**	**Moderate Risk**	**Low Risk**
☐ Immediate action required. Monitor risk continuously.	☐ Action required as soon as possible.	☐ Controls must be adequate and reviewed frequently.	☐ Monitor the hazard.Controls must be adequate.

*** Tier 4 Managers must be informed of Extreme and High Risks**

Investigation completed by Team Leader / Manager / Manager's nominated representative

Print Name:		**Department:**	
Position Title:		**Phone Number:**	
HE Number:		**Date:**	
OSH Rep Name:		**HE Number:**	

OSH DEPARTMENT ONLY: Data Administration

Date Received: **OAW Number:**

Documentation Complete: ☐ Yes ☐ No **Reported to WorkSafe:** ☐ Yes ☐ No

Riskcover Claim number:

Your Manager's email: ______________________

Please Wait...
Attaching the form to an email

Appendix A – Major Incident Categories

Major Incident Categories

A Major Incident is defined as but is not limited to:

- A work related death;
- An injury that:
  - requires admittance to hospital as an inpatient;
  - is from exposure to any substance that causes acute symptoms;
  - electric shock;
  - is a dangerous occurrence (examples include):
    - the damage to, or failure of major plant or equipment;
    - the collapse of a floor, wall or ceiling of a building used as a workplace;
    - an electrical short, malfunction or explosion;
    - an uncontrolled explosion, fire or escape of gas, steam or other hazardous substance;
- Incidents identified by the WHS Manager or Directors as being 'Major' by virtue of their outcome or potential outcome and may be subject to:
  - legal advice (and establishment of legal professional privilege); and / or
  - More comprehensive root cause analysis investigation by a competent person;
  - Reporting to our insurance provider for public liability issues;
- A statutory reportable incident to a Regulator ie Worksafe WA.

Appendix B - Risk Matrix

1. ASSESSING THE SAFETY RISK

Use the DOH Corporate Risk Matrix 2009 to assess the risk of the event:

Likelihood		Consequences				
		Insignificant	Minor	Moderate	Major	Catastrophic
		1	2	3	4	5
Rare	1	Low	Low	Low	Moderate	Moderate
Unlikely	2	Low	Low	Moderate	Moderate	High
Possible	3	Low	Moderate	Moderate	High	High
Likely	4	Low	Moderate	High	High	Extreme
Almost Certain	5	Moderate	High	High	Extreme	Extreme

Likelihood		Frequency of Events
Rare	1	Once in more than 10 years
Unlikely	2	At least once in 5 to 10 years
Possible	3	At least once in 3 to 5 years
Likely	4	At least once in 1 to 3 years
Almost Certain	5	More than once per year

Consequences		Health Impacts
Insignificant	1	First Aid
Minor	2	Routine medical attention. Loss of normal body function, up to one week lost time.
Moderate	3	Increased medical attention, prolonged loss of normal body function, between one week to one month lost time.
Major	4	Severe health injuries, prolonged incapacity or absence over one month.
Catastrophic	5	Death or permanent disability

This document can be made available in alternative formats on request for a person with a disability.			
Contact:	Manager Work Health and Safety (K. McClean)		
Directorate:	Business Services	**TRIM Record #:**	ED-CO-14-49647
Version:	5.00	**Date Published:**	18 February 2019

Copyright to this material is vested in the State of Western Australia unless otherwise indicated. Apart from any fair dealing for the purposes of private study, research, criticism or review, as permitted under the provisions of the Copyright Act 1968, no part may be reproduced or re-used for any purposes whatsoever without written permission of the State of Western Australia.