

OTAGO POLYTECHNIC MANAGEMENT POLICY		Number: MP0404.03	
Title:	Accident, Incident and Occupational Illness Reporting		
ITPNZ Standard:	4 Staff Selection, Appraisal and Development		
Chief Executive Approval:	Approval Date: 25 Jan 10	Effective Date:	25 Jan 10
Previous Policy Number:	na	Review Date:	as required
Contact Authority:	Director: Organisational Development	Status:	Current

Purpose Otago Polytechnic requires staff, students and contractors to report incidents, accidents and occupational illness¹. These will be investigated to identify cause(s) and appropriate interventions including how to prevent a reoccurrence.

Background Otago Polytechnic is required to comply with the Health and Safety in Employment Act of 1992 and Amendment Act 2002.

Statutory Compliance Health and Safety in Employment Act 1992 and Amendment Act 2002, associated Regulations and Amendments.

National Guidelines Department of Labour, Occupational Safety and Health, provide best practice guidelines – refer to www.osh.dol.govt.nz

Policy and Procedures

1. Accident and Incident Reporting

- 1.1 All workplace incidents, accidents and occupational illness must be promptly reported to the lecturer or immediate manager.
- 1.2 An Otago Polytechnic Accident/Incident Report Form must be completed as soon as practically possible. (Appendix 1)
Where appropriate, students can be involved in the writing of the form, however all student forms **MUST** be signed off by a staff member
- 1.3 The form is given to the:
 - Head of School/Manager for investigation and follow-up action. The focus is on identifying the cause(s) and hazard(s) involved and prevention of a reoccurrence.
 - Departmental Health and Safety Representative and Head of School/Manager will investigate, with a focus on identifying the cause(s) and hazard(s) involved and prevention.
- 1.4 When the form is completed (all sections must be filled in), copies are kept by Head of School/Manager. The original form is then to be sent to the Health and Safety Advisor, who checks that appropriate treatment and prevention measures have been taken. Advice is provided as appropriate.

2. Serious Harm Accidents

- 2.1 “Serious Harm” is defined² in the Health and Safety in Employment Act as:
 - death
 - any of the following conditions that amounts to or results in permanent loss of bodily function, or temporary severe loss of bodily function:

¹ Occupational illness is caused by exposure to an occupational hazard, with diagnosis confirmed by an occupational physician or other medical specialist. Examples are noise induced hearing loss, occupational dermatitis and asbestosis

² As at January 2010, the definition of “Serious Harm” is currently under review by the Department of Labour, and an amendment is expected in the near future. Please refer to www.osh.govt.nz or contact the Health and Safety Advisor for updated information.



respiratory disease, noise induced hearing loss, neurological disease, cancer, dermatological disease, communicable disease, musculoskeletal disease, illness caused by exposure to infected material, decompression sickness, poisoning, vision impairment, chemical or hot metal burn of the eye, penetrating wound of the eye, bone fracture, laceration or crushing

- amputation of body part
- burns requiring referral to a specialist registered medical practitioner or specialist out-patient clinic
- loss of consciousness from lack of oxygen
- loss of consciousness, or acute illness requiring treatment by a registered medical practitioner, from absorption, inhalation, or ingestion of any substance
- any harm that causes the person harmed to be hospitalised for a period of 48 hours or more commencing within seven days of the harm's occurrence

2.2 Where suspected serious harm, or harm that does not meet criteria above, the Health and Safety Advisor must be contacted immediately to assess.

2.3 The process for serious harm accidents is

- Ring (1) 111, and arrange first aid/ambulance/medical attention for the injured person.
- **Notify Head of School/Manager and Health and Safety Advisor immediately following this, who will provide support and notify the Department of Labour, Occupational Health and Safety.**
- Do not disturb the accident scene – a Department of Labour Inspector may attend and will clear the scene for further activity following inspection. **Exceptions** are if there is risk of further harm to any person (eg. on a public road), or to enable administration of first aid/medical attention.
- Ensure the scene area is safe. Isolate the scene with barricades and notices. The machinery/equipment is not to be used and the area must not be cleaned up – do not remove debris or blood – until cleared by a Department of Labour Inspector.
- If the Health and Safety Advisor is not available, then it is the responsibility of the Head of School/Manager or a Senior Manager to contact the Department of Labour as soon as possible (24 hour/7 day telephone number 03 455 0855). Written notification and accident investigation records must be sent within 7 days)

3. The Health and Safety Advisor will maintain a central register of all reported accidents and incidents and a quarterly summary of accidents and incidents will be provided to departmental managers, Leadership Team and the Health and Safety Committee.

Referral Documents


Otago Polytechnic Accident/Incident Report Form (Appendix 1)
Otago Polytechnic Health and Safety policies
MP0410 Employee Workplace Injury Illness Rehabilitation

Delegation of Procedures

Approved by Chief Executive

Date: 25 January 2010



 OTAGO POLYTECHNIC <small>Te Kura Matatini ki Otago</small>	HR 041 Accident / Incident / Near Miss Report		
	Accident/ Incident Date:	Time of Accident/Incident:	Site Address and location of Accident/Incident:

PARTICULARS OF ACCIDENT/ INCIDENT	Hours worked onsite before incident:	Occupation/Job Title:	Staff Student Contractor Visitor (circle)
	Name/s of Witnesses to Accident/Incident?		
SERIOUS HARM	Is this a serious Injury? Y/N (circle) If yes notify H&S Advisor <i>immediately</i> . Do not disturb accident scene. (Defn. bone fracture , crushing, amputation, deep cut, burns, loss of consciousness, eye/head injury. If in doubt notify)		
PERSONAL DETAILS	Name:	Date of Birth:	Gender: Male/ Female
	Department:		How long have you worked/attended Otago Polytechnic?
	Residential Address:		Phone: (home)
			Phone: (work)
Email Address:			
INJURY DETAILS (IF ANY INJURY)	Body Part(s) Injured:		
	Nature of Injury: (Cut, bruise, strain, burn etc)		
	Treatment Received: (circle) First Aid Ambulance Emergency Dept. Doctor Physio Hospital Stay Seek help from a trained First Aider in the Area		
	Attach a copy of a Medical Certificate if applicable		
DESCRIPTION OF ACCIDENT/ INCIDENT	Describe how the Accident/Incident /Near miss happened (please draw diagram if necessary on separate paper)		
	Describe any equipment/substances/animal/vehicles or damage involved?		
THIS FORM COMPLETED BY:	Name:		Position:
	Extension/Cell phone:	Date:	Signature:

IMPORTANT: On completion of this form please ensure Accident Investigation form overleaf is completed within 24 hours. please scan and email or photocopy 2 copies and give to: (tick when actioned)

- Head of Department/Manager
 H&S Representative
 Original to Otago Polytechnic Health and Safety Advisor, HR Dept. F206a, Phone 021 735 439, terry.buckingham@op.ac.nz

OFFICE USE ONLY:

- Entered onto Accident/Incident database (Circle) Scanned Copy to Rep Copy to HOS/Manager Returned if Incomplete
 Follow-up required for H&S Advisor Y/N ?
 DOL notified if Serious Harm incident within 24 hours Y/N ? (Only HR to notify)





HR 041a Incident Investigation Report Form

To be completed within 24 hours of accident / incident / near miss

What were the causes (An incident/accident/near miss is a chain of events, describe all factors) Use a separate sheet if necessary.

Incident -

Accident -

Near Miss-

Hazard (s) identified?

What controls/ measures are already in place?

How serious was it? (circle below)

Very Serious Serious Minor

What is the chance of it happening again? (circle below)

Seldom Occasional Rare

Was the Hazard significant? (Potential to cause harm) Y/N

Department Hazard Register Update required? Y/N

What action/s has or will be taken to prevent recurrence? Describe below

Elimination - If possible remove the hazard altogether or substitute with non-hazardous process or control etc.

Isolation – If not possible/practical to eliminate the Hazard Isolate by means of barriers, enclosures, fencing, cabinets etc.

Minimisation – Reduce the effect of the hazard by providing Personal Protective Equipment, Training, Supervision, Safe Operating Procedures etc.

ACTION REQUIRED FOR NEW CONTROLS	Person responsible for actions:	Date to be completed by:	Signature when completed:
THIS INVESTIGATION WAS COMPLETED BY:	Name:	Position:	
	Date:	Extension:	Signature:

IMPORTANT:

On completion of form, please scan and email or photocopy 2 copies and give to: *(tick when actioned)*

- Head of Department/Manager
 H&S Representative
 Original to Otago Polytechnic Health and Safety Advisor, Hr Dept. F206a , Phone 021 735 439, terry.buckingham@op.ac.nz

OFFICE USE ONLY:

- (Circle) Entered onto database Scanned Copy to Rep Copy to HOS/Manager Returned if Incomplete
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