Health and Safety Incident and Hazard Reporting Procedure

Section 1 - Purpose and Scope

(1) This Procedure outlines requirements for notifying and reporting health and safety incidents and hazards at The University of Queensland (UQ). This Procedure applies to all UQ workers (including staff, higher degree by research students, contractors, volunteers) and others (undergraduate students, visitors, clinic clients), across all UQ operations and sites, including controlled entities.

(2) This Procedure supports UQ's Health, Safety and Wellness Policy, which outlines UQ's commitment to continuous improvement in the prevention of injuries, illness and incidents through an effective health and safety management system.

Context

(3) Reporting and recording of incidents is an important component in hazard control, risk management and incident prevention. The information provided in reporting and recording of incidents is managed in accordance with this Procedure and the Privacy Management Policy.

(4) UQ has a legal obligation under the Work Health and Safety Act 2011 (WHS Act) and the Work Health and Safety Regulation 2011 (WHS Regulation) to keep a record of all work-related injuries, illnesses, and dangerous events that occur in the workplace or where work is undertaken. UQ also has a legal duty to report certain types of incidents (notifiable incidents) to Workplace Health and Safety Queensland (the Regulator).

Section 2 - Process and Key Controls

(5) The following requirements apply to all UQ workers and others regarding the reporting of incidents:

a. UQSafe is UQ's reporting system for all injuries, illnesses, hazards and near misses that occur as a result UQ's operations and undertakings.
b. UQ will implement effective processes for investigating work-related incidents and illnesses, and for the implementation of corrective and preventive actions.
c. Reporting incidents is necessary to ensure adequate attention to the treatment and prevention of further events, to comply with legislation, and to provide statistical information which can be used for hazard control, risk management and incident prevention programs.
d. In the case of a suspected notifiable incident, details of the incident must be provided as soon as practicable to the Health, Safety and Wellness Division so a determination can be made as to whether a notification to the Regulator is required.

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Section 3 - Key Requirements

Incident and Hazard Reporting

(6) Incident reporting is important to ensure that the affected person receives appropriate treatment and care early so their injury/illness can be resolved quickly. For hazards and near misses, even though a person may not be immediately injured, early reporting can reduce the risk of someone being injured in the future. Incident reporting allows UQ to complete an action plan to rectify the hazard and/or minimise further risk of injury/illness. UQ's online reporting system for all injuries, illnesses, hazards and near misses is UQSafe.

(7) All UQ staff, students and some contractors have access to UQSafe. Staff of UQ's controlled entities are also required to access and use UQSafe or an equivalent system. Incidents, hazards and near-miss events must be reported through UQSafe by the affected person or by another person, who is familiar with the details, where the affected person cannot access the system.

(8) UQ Staff and students can also report a range of concerns relating to grievances, misconduct, bullying, discrimination, and harassment to UQ's complaints management system. This system is comprised of various complaint management processes implemented under relevant policies and procedures. UQ's complaints management system is based on the fundamental principles of visibility and access, confidentiality, responsiveness, assessment and action, feedback and monitoring effectiveness.

(9) See Reporting Psychosocial Hazards and Incidents for more detailed information and available supports.

Types of Reports in UQSafe

(10) When entering a report in UQSafe, it is important to determine whether the event will be reported as a hazard or an incident ("incidents" include near misses, illnesses and injuries).

(11) Hazard reports cannot be submitted confidentially within UQSafe.

Hazard Report

(12) A hazard is where an incident or event has not occurred, although if it had, it may have had the potential to cause injury/illness or damage.

(13) If a hazard is identified and can be immediately and safely rectified, and the person is capable to do so, then this should occur. If this is not possible, hazards are required to be reported in UQSafe by any person who becomes aware of a hazard and an action plan created to resolve it.

(14) Hazard reports cannot be submitted confidentially within UQSafe.

Incident Report

(15) An incident is an occurrence arising out of, or in the course of, undertaking work or study (or journey to/from work via direct and normal route from/to home), that could or does result in injury or ill health, or damage to property or the environment. Incidents are categorised as either:

a. Near miss:
   A near miss is an unplanned event that has the potential to cause, but does not actually result in human injury, psychological distress, environment or equipment damage. These can be submitted in UQSafe by the person who becomes aware of the event. Examples include, witnessing a tree branch falling but not landing on anyone; a person tripping on a trip hazard on a path but not falling so no injury resulted, or a chemical spill or splash that does not come in contact with eye / skin, or expose workers to harmful vapours.

b. Injury/Illness:
   An incident that has an immediate or potentially a future adverse effect on the physical, mental or cognitive condition of a person. Injury or illness may include psychological distress and can be work or non-work related. For work-related injury, or illnesses these are to be reported in UQSafe. These can be further classified as:
   i. No lost time injury (NLTI):
      Less than a complete day was lost from work or study as a result of the work-related injury/illness, or
   ii. Lost time injury (LTI):
      A complete day of or more was lost from work or study as a result of a work-related injury/illness after the day of the injury.

Determining if an Incident is a Near Miss or an Injury/Illness

(16) In UQSafe, an incident is reported by responding to a yes or no answer to the question "Did an injury/illness occur". The key factor in determining whether an incident is a near-miss or an injury/illness is whether the worker came into contact with the hazard or was exposed to the hazard that may result in an immediate injury, or whether the exposure could result in a future injury/illness.

(17) For example, a hazardous chemical exposure via eyes/skin/ingestion or airways in an unintended way (e.g., chemical splash or spill) for a chemical that has suspected or known health effects would be reported as an injury/illness not a near miss. Even though there was not an immediate injury, the exposure may cause a potential injury/illness in the future. The incident is a near miss if the chemical is spilled or splashed but does not come in contact with the workers eyes/skin/airways or is not known or suspected to cause any adverse health effects.

(18) Another example of the difference between a near miss and injury can be illustrated with a slip, trip, fall type event. A worker caught their toe on an uneven section of pavement, tripped but caught their balance and did not fall. This should be reported as a near miss incident. A worker who tripped over the same section of uneven pavement fell and grazed her hands and knees. This incident should be reported as an injury.

(19) Most psychosocial incidents would be categorised as an injury/illness. This is because the adverse impacts of a psychosocial incident may not be experienced by the person immediately but has the potential to develop into a psychological injury at a future point in time. For example, a person may experience road rage while travelling for work. It is the act (incident) of experiencing road rage that may impact on the person's psychological wellbeing. This would not be a described as a near-miss despite no actual accident or physical violence was experienced.

Entering a Report into UQSafe

Report Submission

(20) All UQ workers and others have a responsibility to report incidents (both physical and psychosocial) and workplace hazards as soon as practicable after becoming aware of the incident/hazard, if possible, within 24 hours.

(21) For UQ workers and others with access to UQSafe, information can be entered through the desktop version or through the mobile app (PocketSafety). PocketSafety is available as a download free from the App Store for both iPhone and Android.

(22) Reports of incidents, hazards or near miss events should be prompt, detailed, accurate and clear to emphasise the facts as they are known to the person/s at the time of reporting. Images and other relevant supporting documents should be attached where possible/appropriate.

System Workflow

(23) Once a report is submitted in UQSafe, online notifications and automatic workflows are triggered. This workflow includes automatic notification to the following persons/groups/roles:

a. the affected person's direct supervisor;
b. the Organisational Unit's HSW Manager and/or Work Health and Safety Coordinator (WHSC); and
c. relevant Health, Safety and Wellness Division (HSW Division) specialist advisor (e.g., Ergonomics Advisor; Occupational Health Nurse; Occupational Hygienist; Biosafety Advisor); and
d. Working Injury Management Team (WIMT).

(24) In instances where a report is made on behalf of another individual (third party), it is important to note that the affected person will be provided with a notification which includes a description of the incident unless 'confidential' is selected in UQSafe. Once the report is submitted, the third party will no longer be able to view the report to ensure confidentiality for the affected person.

Confidential Reports

(25) Some reported incidents may require confidentiality (e.g., a confidential report may be appropriate where there is an alleged bullying, harassment, or sexual misconduct by the person's direct supervisor). In this case, the person entering the report can select it as 'confidential' from their local area, which will keep it confidential from the persons direct Supervisor, the HSW Manager, WHSC and the WIMT. When the confidential flag is selected, only senior staff in the HSW Division (i.e. Director or Associate Director), as well as the UQ Workplace Psychologist will be initially notified of the incident. The person will be contacted to discuss the report and any further action that may need to occur.

(26) It is important to note that even if a report is submitted confidentially, for UQ to meet its duty of care obligations and legislative requirements, the report may be shared with other relevant parties, including Human Resources Division (HR) or the Integrity Unit (IU) for the purposes of addressing the identified risk or safety concerns.

Granting Additional Access to View Reports

(27) UQSafe allows persons to be 'invited' into the report (e.g., in the case of hazard reporting). This function can be used to notify a person who is not directly involved with the report or outside the Organisational Unit that they may have an action to complete.

Incident Report Data Verification

(28) The data contained in the incident notification must be correctly allocated for reporting and trend analysis. The 'verification' of the report by the relevant Work Health and Safety Coordinator (WHSC) / HSW Manager is to ensure that the report is complete, and the data is accurate. Verification is not to check that the incident happened or that it happened as reported. Data verification includes checking the following details for accuracy:

a. Organisational Unit;
b. Supervisor (person responsible) has been correctly identified;
c. Category of the incident (e.g., lost time injury, near miss, hazard);
d. Work activity and location;
e. Clear description of the incident;
f. Mechanism and agency of the injury; and
g. Treatment provided.

(29) If the information is unclear, the person who lodged the report or the injured person must be contacted to seek clarity. The WHSC of the work area or HSW Manager is required to 'verify' this data. This is to ensure that when completing an action plan, the focus is on implementing the correct controls. It also provides more meaningful consolidated data for analytics to inform injury prevention programs.

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High Potential Incident (HiPo)

(30) A high-potential incident (HiPo) is an incident or near-miss that could have under other circumstances, caused a serious injury and/or a notifiable incident. Awareness of high potential incidents is a key factor in risk management at UQ.

(31) The WHSCs are required to mark incidents in UQSafe as HiPo when applicable by selecting the HiPo icon in the top tool bar.

> See linked image: High Potential Incident (HiPo) icon in tool bar.

Responding to Incidents

(32) Apart from confidential reports (refer to clauses 25-26 above), UQSafe automatically assigns the affected person's Supervisor to be the 'Person Responsible' for following up on the report and creating the corrective action plan. If the automatic assignment is incorrect, the report can be transferred to a more suitable 'Person Responsible' at any time. This is to be done by the HSW Manager or the WHSC.

Action Plan

(33) Identified hazards should be remedied as soon as possible, or isolated to ensure they are unable to cause harm. Actions taken following an incident are documented in UQSafe. The 'Person Responsible' (Supervisor) has responsibility for creating an action plan in UQSafe prior to submitting:

a. 'Immediate actions taken after being notified' - contacting the affected person to enquire after their health and wellbeing and verify that hazards have been isolated and the workplace made safe.
b. 'Rate the level of risk' at the time the incident/hazard was reported.
c. Determine the contributing factors.
d. Develop an action plan to prevent or minimise risk of recurrence. The action plan must consider the hierarchy of controls when deciding on effective control measures.
e. Rate the anticipated level of risk after control measures are implemented.
f. Submit the report.

(34) The Action Plan must be created as soon as possible after an incident is reported (no later than three weeks after the event). If the Action Plan has not been created by the Supervisor within seven days, a reminder notification is automatically emailed to the Supervisor and the Supervisor's Manager. If an Action Plan still has not been created within 14 days of report submission, UQSafe continues to escalate the non-conformance to the local HSW Manager/WHSC.

(35) Hazards or incidents may require different levels of investigation depending on their seriousness or risk level, therefore investigation times may vary. Refer to Incident Investigation Procedure.

Monitoring and Review

(36) Once the action plan has been created, it is 'verified' by the HSW Manager or local WHSC to ensure the corrective actions are appropriate and the target risk proportionate. The HSW Manager or local WHSC will continue to monitor the report while it remains open, until all corrective actions are completed and the report is closed.

Notifiable Incidents

Reporting of Notifiable Incidents

(37) The WHS Act outlines the types of injuries, illness and events related to the business or undertaking of UQ that are notifiable. Any incident that may fit the criteria as being notifiable is to be reported to the HSW Division (hsw@uq.edu.au) as soon as possible. The definition of a notifiable event can be found in the Appendix.

(38) The HSW Division will make the determination if the incident or event is notifiable and will coordinate the submission of the report to the Regulator. In the case of controlled entities, the HSW Division must be contacted prior to any notification being submitted to the Regulator.

(39) If the incident is notifiable the site must be preserved pending further direction from the Regulator. The site can only be disturbed if it is:

a. unsafe;
b. to minimise the risk of a further notifiable incident;
c. to help a person with an injury;
d. to remove a deceased person; or
e. to assist with a police investigation.

(40) For all notifiable incidents, a formal investigation must be undertaken according to the Incident Investigation Procedure.

Reporting of Contractor Notifiable Incidents

(41) In the case where a contractor experiences an incident that is, or could be, notifiable, the contractor's organisation (PCBU) shall follow their own reporting processes including the duty to notify the Regulator. In addition, the contractor is to inform, as soon as reasonably practicable, their usual UQ contact.

Workers' Compensation and Rehabilitation

(42) If a worker (as defined by the Workers' Compensation and Rehabilitation Act 2003) suffers a work-related injury or illness they must complete an incident report in UQSafe. If they seek to claim workers' compensation, the completion of a report in UQSafe does not replace the need for completion of a Workers' Compensation Claim Form. Application forms can be obtained from the WIMT within the HSW Division.

(43) Students (including Higher Degree by Research and masters), volunteers and honorary positions are not covered by workers' compensation insurance. UQ holds alternative insurance coverage for these persons for the activities they undertake at UQ. Information can be obtained through Insurance Services.

Section 4 - Roles, Responsibilities and Accountabilities

Heads of Organisational Units

(44) Heads of Organisational Units are responsible for:

a. ensuring the effective communication and implementation of this Procedure within their areas of responsibility;
b. reviewing the circumstances of injuries or illnesses including the progress of implementation of corrective action plans;
c. providing adequate resources to implement appropriate corrective action plans; and

d. supporting injured worker's rehabilitation process.

Managers and Supervisors

(45) Managers and Supervisors are responsible for:

a. providing assistance to ensure the injured person receives appropriate treatment for the injury or illness;
b. resolving or isolating identified hazards as soon as possible to ensure they are unable to cause harm to the affected person/s or others;
c. if required, assisting with the preparation and completion of the incident notification, seeking any required advice from the local HSW Manager and/or WHSC;
d. making any notes in the 'notes' section of the UQSafe report concerning the welfare of the affected person, with careful consideration to the inclusion of potentially sensitive information in non-confidential reports;
e. reviewing the circumstances of the incident and seeking assistance from the local HSW Manager and/or WHSC, if required;
f. completing the action plan within UQSafe and ensuring that corrective measures are identified and implemented in consultation with the local HSW Manager and/or WHSC;
g. requesting any additional resources or assistance to undertake these corrective actions, including assistance from HSW Division as appropriate;
h. reviewing corrective measures periodically to monitor their continued effectiveness;
i. assisting with the compensation and rehabilitation process, including task reallocation or modification as appropriate;
j. reviewing the report and following up with the affected person on their welfare and any points for clarification to ensure the corrective actions are effectively undertaken; and
k. for non-confidential reports, following up with the affected person on their welfare, offering support or referral to Human Resources Division (HR) or Integrity Unit (IU) if required.

Work Health and Safety Coordinator (WHSC)

(46) Work Health and Safety Coordinator (WHSC) are responsible for:

a. reviewing the circumstances of the report, and verifying the details within UQSafe once satisfied the information and the post-incident action to be taken is correct. This may require liaising with the affected person and the Supervisor (refer to the 'Guidance for Incident Report Verification by WHSC' in the Appendix);
b. where necessary, supplementing the report with further information in the notes section, or the addition of attachments (photos, documents); with careful consideration to the inclusion of potentially sensitive information in non-confidential reports;
c. reviewing the action plan and controls to ensure they address identified hazards. If required, liaising with the Supervisor to improve the quality of the action plan;
d. monitoring effectiveness of the controls implemented and reporting any deficiencies to the Head of Organisational Unit;
e. assisting with (or conducting) incident investigations if required; and
f. ensuring appropriate notification through the 'invite' function to specialist Health and Safety Advisors, and relevant Work Health and Safety Coordinators or Health, Safety and Wellness Managers if they are not automatically notified (e.g., in the instance of where a person is in a shared workspace) in consultation with the affected person.

Health, Safety and Wellness Manager (HSW Manager)

(47) Health, Safety and Wellness Manager (HSW Manager) are responsible for:

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a. ensuring reports of incidents are submitted in UQSafe for their area of responsibility;
b. ensuring their senior management are informed of trends and serious illness/injuries through regular analysis and reporting;
c. regularly reviewing incident and hazard reports in their area of responsibility (e.g., on a daily basis where possible) as oversight to verify that reports are complete and accurate;
d. reviewing action plans for effective controls measures and the appropriate use of the hierarchy of controls; and
e. mentoring the WHSC and Supervisor, providing them with appropriate guidance and advice in order to complete effective action plans.

Health, Safety and Wellness Division (HSW Division)

(48) The Health, Safety and Wellness Division provides advice and support, and liaises with Health, Safety and Wellness Managers, Senior Management of UQ, as well as the Regulator. Responsibilities also include:

a. assisting with incident investigation as required;
b. providing advice on corrective actions;
c. liaising with the relevant regulatory body in the event of a notifiable incident; and
d. where appropriate, issuing safety alerts for dissemination to the safety network.

UQ Workers and Others

(49) Responsibility of UQ workers and others include:

a. immediately resolving hazards in the workplace if safe to do so, to prevent the risk of injury to self or others;
b. reporting incidents and hazards in UQSafe as soon as possible after they have been identified and notifying the Supervisor/Manager of the area; and
c. assisting in post-incident investigation, to identify and help implement corrective actions.

Section 5 - Monitoring, Review and Assurance

(50) The HSW Manager/WHSC for the Faculty/Institute/controlled entity will complete a health, safety and wellness report for the Health, Safety and Wellness Committee. This report is to summarise hazards and illnesses/injuries (de-identified) for the area and the HSW Manager/WHSC to use these to provide insights into risk management for discussion. These reports are to be reviewed and provided to senior management as appropriate.

(51) On a regular basis (preferably daily) the HSW Manager/WHSC will review incidents, hazard reports and action plans in UQSafe and ensure they have been verified and that the data is correct.

(52) Custom reports are available in UQSafe to monitor compliance with key performance indicators associated with incident and hazard reporting.

Section 6 - Recording and Reporting

(53) The HSW Division maintains the UQSafe modules:

a. to meet legal obligations under the Work Health and Safety Act 2011 and Workers' Compensation and Rehabilitation Act 2003; and
b. as an important component in hazard control, risk management and incident prevention.

(54) The HSW Division also completes regular HSW reports which are distributed to the HSW Manager and UQ Senior Managers.

Section 7 - Appendix

Definitions

Term	Definition
First Aid	One-time, short-term medical attention that is usually administered immediately after the injury occurs. It includes cleaning minor cuts or scrapes, applying bandages, use of non-prescription medicine at a non-prescription strength, and hot or cold therapy.
Hazard	A condition or situation which has the potential to cause injury or illness, but has not resulted in an injury or illness.
Incident	Any occurrence that leads to, or might have led to, injury or illness to people, danger to health and/or damage to property or the environment. For the purpose of this Procedure, the term "incident" is used as an inclusive term for injuries/illnesses, accidents and near misses.
Lost Time Injury (LTI)	Recorded when UQ worker loses one or more shifts, or days off work, following the day of the work-related injury. Therefore, the day of injury is not included as an LTI. For reporting purposes, students (including post-graduate and masters) are excluded from LTI data as are journey incidents (to and from work).
Medical Treatment	For a serious injury or illness is defined as treatment: (a) of an injury/illness to a worker where the injury/illness was sustained as a result of work, study or research for UQ; and (b) beyond that defined for first aid from, or under the direction of, a qualified medical practitioner or allied health professional. In most circumstances “medical treatment” does not include visits to a physician or other registered health professional solely for observation, counselling, diagnostic procedures or first aid. In some cases first aid may be provided by a medical practitioner or other registered health practitioner – first aid that is carried out by these parties does not automatically categorise it as “medical treatment”.
Near miss	An unplanned event that has the potential to cause, but does not actually result in human injury, environment or equipment damage.
No lost time injury (NLTI)	Less than one full day was lost time, immediately following the injury.
Notifiable incident	There are certain incidents/illnesses and events which are required to be reported under work health and safety laws and electrical safety laws to Workplace Health and Safety Queensland. All notifiable incidents must be reviewed by the HSW Division, prior to notification to the regulator. These include: (1) Work Health and Safety notifiable incidents: – the death of a person; or – a serious injury or illness of a person; or – a dangerous incident. (2) Electrical notifiable incidents and events: – serious electrical incident; or – dangerous electrical event.
Persons conducting businesses or undertakings (PCBU)	Can include a body corporate (company), unincorporated body or association or a partnership who has a primary duty of care to ensure, so far as is reasonably practicable, that the health and safety of other persons is not put at risk from work carried out as part of the conduct of the business or undertaking.

Term	Definition
Psychological Distress	Psychological distress is largely defined as a state of emotional suffering characterised by symptoms of depression (e.g., lost interest, sadness, hopelessness) and anxiety (e.g., restlessness; feeling tense). These symptoms may be tied in with physical symptoms (e.g., insomnia; headaches; lack of energy) that are likely to vary across cultures.
UQ workers	For the purposes of this Procedure includes: 1. staff - continuing, fixed-term, research (contingent funded) and casual staff; 2. contractors, subcontractors and consultants; 3. visiting academics and researchers; 4. affiliates - academic title holders, visiting academics, Emeritus Professors, adjunct and honorary title-holders, Industry Fellows and conjoint appointments; and 5. Higher Degree by Research students.
Workplace	For the purpose of this Procedure a workplace is any place where work is undertaken by UQ, including field sites and other off-campus locations.

Guidance for Incident Report Verification by WHSC

(55) To ensure the incident data and therefore reports are generated correctly, the key details need to be 'verified'. This is distinct from an 'investigation' that determines causal factors, this is to ensure data is captured correctly.

(56) Action plan verification is to ensure that the action plan created by the Supervisors uses the hierarchy of control to eliminate or minimise the risk as far as reasonably practicable and the actions have been completed and closed out within the timeframes allocated by the Supervisor.

WHSC Incident Verification

(57) The role of the WHSC in the work area is to 'verify' the incident report by checking all fields and questioning any that seem to be incorrect. Key field (as below) are important for UQ-wide reporting, trend analysis, regulator reporting and for insurance purposes. All changes are automatically captured in the audit trail, and must have an accompanying note to indicate what changes were made and why.

(58) Key fields to be verified:

a. Incident type;
b. Person type;
c. LTI or NLTI (as per the definition);
d. Person responsible;
e. Incident datetime category;
f. Location details;
g. Organisational unit;
h. Medical treatment; and
i. Incident classification (mechanism, nature and agency).

WHSC Action Plan Verification

(59) The role of the WHSC in the work area is to 'verify' the action plan by:

a. reviewing the control measures to ensure the use of higher order controls to appropriately manage the risk; and
b. confirming that the controls have been implemented as stated.

Status and Details

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