INCIDENT REPORTING POLICY

Version	1	Approved by Board on	13 February 2024
Responsible person	Tanya Wheeler	Scheduled review date	February 2026

INTRODUCTION

The Board of the Australian Alpaca Association Ltd (AAA) is committed to providing a safe environment and meeting all legal requirements in relation to accident/incident reporting.

PURPOSE

The purpose of this document is to provide a framework for the AAA in dealing with reporting accidents or incidents.

POLICY

Incident Reporting

The term incident includes:

- Injury or illness
- Near Miss an event which had the potential to cause injury to a person, ill health, damage or loss.
- **Hazard** a situation or thing that has the potential to harm a person.
- Investigation a term used to describe the analysis of the incident carried out. Investigations will look at what caused the incident and what preventative actions should be implemented to prevent a similar incident occurring in the future. All incidents must be investigated and corrective actions must be added to the Incident Register.

Incidents must be reported, by completing the Incident Report Form (attached), and supplied to:

- Event or Show Organiser; and
- National Office.

Hard copies of the Incident Report Form must be available during the show or event. The location of the electronic copy of the Incident Report Form must be provided with show or event planning documents.

Where the injured person is unable to complete the form themselves then another person should do so on their behalf. Incident report forms should be completed as soon as possible following the incident and after the injured person has been treated. **Note:** People come before reporting.

Injured person(s) should be provided with the appropriate assistance (e.g. treated by a first aid trained person, taken to the nearest medical centre or hospital) as soon as possible following the incident. For serious injuries assistance from emergency services may be required.

Master copies of all incident report forms are filed at National Office in information maintained in an incident register.

Incident data and information will be provided to the AAA President and Directors during Board Meetings, and when requested, by the Office Manager.

All incidents must be investigated.

The Office is responsible for maintaining and updating the Incident Register, including the results of all investigations.

Where required, consultation from other persons (e.g. site owners/managers, regulator such as SafeWork Victoria, Event or Show Organisers) may be required during the investigation process.

Notifiable Incidents

The AAA is responsible for reporting all notifiable incidents, to the relevant work health and safety regulator (contact list attached), immediately once they become aware that a notifiable incident has occurred. Generally, this will be done by the office.

The WHS law requires:

- a 'notifiable incident' to be reported to the regulator immediately after becoming aware it has happened
- if the regulator asks—written notification within 48 hours of the request, and

• the incident site to be preserved until an inspector arrives or directs otherwise (subject to some exceptions).

Failing to report a 'notifiable incident' is an offence and penalties apply.

What is a 'notifiable incident'

A 'notifiable incident' is:

- the death of a person
- a 'serious injury or illness', or
- a 'dangerous incident'

arising out of the conduct of a business or undertaking at a workplace.

'Notifiable incidents' may relate to any person—whether an employee, contractor or member of the public.

Serious injury or illness must be notified if the person requires any of the types of treatment in the following table:

Types of treatment	Example
Immediate treatment as an in-patient in a hospital	Admission into a hospital as an in-patient for any duration, even if the stay is not overnight or longer.
	It does not include:
	Out-patient treatment provided by the emergency section of a hospital (i.e. not requiring admission as an in-patient)
	Admission for corrective surgery which does not immediately follow the injury (e.g. to fix a fractured nose).
Immediate treatment for	Amputation of a limb such as arm or leg, body part such as hand, foot
the amputation of any part of the body	or the tip of a finger, toe, nose or ear.
Immediate treatment for	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. Head injuries resulting in temporary or permanent amnesia.
It does not include: A bump to the head resulting in a minor contusion or headache.
Injury that results in or is likely to result in the loss of the eye or total or partial loss of vision.
Injury that involves an object penetrating the eye (for example metal fragment, wood chip).
Exposure of the eye to a substance which poses a risk of serious eye damage.
It does not include:
Eye exposure to a substance that merely causes irritation.
A burn requiring intensive care or critical care which could require compression garment or a skin graft.
It does not include:
A burn that merely requires washing the wound and applying a dressing.

Immediate treatment	Separation of skin from an underlying tissue such that tendon, bone or
for the separation of skin	muscles are exposed (de-gloving or scalping).
from an underlying tissue	
(such as de- gloving or	It does not include:
scalping)	
	Minor lacerations.
Immediate treatment for	Injury to the cervical, thoracic, lumbar or sacral vertebrae including the
a spinal injury	discs and spinal cord.
	It does not include:
	Acute back strain.
Immediate treatment	Loss of consciousness, loss of movement of a limb or loss of the sense
for the loss of a bodily	of smell, taste, sight or hearing, or loss of function of an internal organ.
function	

	It does not include:
	Mere fainting
	A sprain or strain
Immediate treatment for	Deep or extensive cuts that cause muscle, tendon, nerve or blood vessel damage or permanent impairment.
	Deep puncture wounds.
	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.
Medical treatment within 48 hours of exposure to a	"medical treatment" is treatment provided by a doctor.
substance	Exposure to substance includes exposure to chemicals, airborne contaminants and exposure to human and/or animal blood and body substances.

Notification is also required for the following serious illnesses:

• Any infection where the work is a significant contributing factor. This includes any infection related to carrying out work:

(i) with micro-organisms

(ii) that involves providing treatment or care to a person

(iii) that involves contact with human blood or body substances

(iv) that involves handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products.

• The following occupational zoonoses contracted in the course of work involving handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products:

(i) Q fever

(ii) Anthrax

(iii) Leptospirosis

(iv) Brucellosis (v) Hendra Virus (vi) Avian Influenza (vii) Psittacosis. Treatment

'Immediate treatment' means the kind of urgent treatment that would be required for a serious injury or illness. It includes treatment by a registered medical practitioner, a paramedic or registered nurse.

'Medical treatment' refers to treatment by a registered medical practitioner (a doctor).

Notification:

Verbal notification via phone as soon as becoming aware that a notifiable incident has occurred.

Written notification as soon as possible following the verbal notification or within the timeframe advised by the State/Territory authority.

You will be required to provide a clear description of the incident with as much details as possible. This will assist the regulator in determining whether or not the incident is notifiable and the need for any follow up investigation.

You are likely to need the following:

What happened: an overview	 Provide an overview of whathappened. Nominate thetypeof notifiable incident—was it death, serious injury or illness, or 'dangerous incident' (as defined above)?
When did it happen	Date and time.
Where did it happen	Incident address. Details that describe the specific location of the notifiable incident—for example section of the warehouse or the particular
	piece of equipment that the incident involved—to assist instructions about site disturbance.
What happened	Detailed description of the notifiable incident.
Who did it happen to	• Injured person's name, date of birth, address and contact number.
How and where are they	• Description of serious injury or illness—i.e. nature of injury
Who is the person	• Legal and trading name.
What has/is being done	Action taken or intended to be taken to prevent recurrence (if any).
Who is notifying	• Notifier's name, contact phone number and position at workplace.

Notification must comply with the State or Territory regulators notification requirements, as below

Contact details for regulators

Jurisdiction	Regulator	Telephone	Website
New South Wales	SafeWork NSW	13 10 50	safework.nsw.gov.au
Victoria	WorkSafe Victoria	1800 136 089	worksafe.vic.gov.au
Queensland	WorkSafe Queensland	1300 369 915	worksafe.qld.gov.au
South Australia	SafeWork SA	1800 777 209	safework.sa.gov.au
Western Australia	WorkSafe WA	1300 307 877	commerce.wa.gov.au/worksafe
Australian Capital Territory	WorkSafe ACT	026207 3000	<u>worksafe.act.gov.au/</u> <u>healthsafety</u>
Tasmania	WorkSafe Tasmania	1300 366 322 (Tas) 03 6233 7657 (External)	worksafe.tas.gov.au
Northern Territory	NT WorkSafe	1800 O19 115	worksafe.nt.gov.au
Commonwealth	Comcare	1300 366 979	comcare.gov.au

To notify a 'notifiable incident' contact your local regulator:



This form is to be completed whenever there is an incident, near miss or injury involving the employees (paid and volunteers), visitors or any contractor visiting a AAA organised event or workplace. All injuries and incidents will be documented, reviewed, analysed, and acted upon in a timely manner.

First aid kits should be available at all workplaces and events.

All injuries must be assessed by a qualified First Aid Officer or a medical practitioner.

This form must be completed by the relevant person (for example Convenor or employee) and sent to the office as soon as possible.

The report will be assessed to identify if any follow up is required. Follow up will be provided by the most appropriate person in the circumstances. This could be the office, a board member, regional president or representative or the convenor.

If the injury is such that the person cannot be moved ensure that the office is notified. Get assistance to ensure the area is cleared. If there is an immediate risk to life 000 should be called immediately. An injury report form must be completed as soon as possible.

If the incident is a notifiable incident the office will follow the appropriate legislative requirements to ensure that the AAA obligations are met.



WORKPLACE INCIDENT REPORT

NAME	
DATE &	
TIME of	
INCIDENT	
POSITION	

NAME OF AFFECTED PERSON & CONTACT DETAILS	

WITNESS	
CONTACT	
DETAILS	

WITNESS	
CONTACT	
DETAILS	

AGENCIES INVOLVED	
REPORT NUMBER	

MECHANISM OF INJURY	

INJURIES SUSTAINED			

REVIEWED BY	

ACTIONS TAKEN	
nerions millin	
RECOMMENDATIONS	
RECOMMENDATIONS	

"FOLLOW UP"

SIGNATURE	
DATE	

PROPERTY	
DAMAGE	

TREATMENT		



Circle effected areas