PROCEDURES

Accident

- The person discovering the incident should ensure that the injured party and any other people in the vicinity cannot be subjected to further injury by, if safe and practicable, removing them or moving themselves to a safe distance from the cause of the accident.
- If required, have a trained first aider attend to the injured party. Call 111 if there any doubts about the severity of the injury;
- Document the accident on the Incident Register as soon as possible.
- If the accident causes a Notifiable death, injury or illness;
 - <u>DO NOT</u> alter or move any machinery or equipment (unless it may cause immediate danger to others) and tape off the area of the incident. Machinery or equipment cannot be used again until it has been cleared by WorkSafe NZ;
 - A Notification of a Death or a Notifiable Injury or Injury Form must be filled out - The Notifiable Event Notification Form is available online http://forms.worksafe.govt.nz/notifiable-event-notification.
 - 3 copies should be made of the form and sent to:
 - WorkSafe NZ, along with the Investigation Form;
 - Diocesan Health and Safety Committee by post -
 - Private Bag 11 012,
 - Palmerston North 4442
 - The PCBU Health and Safety Adviser/Coordinator
 - If internet access is limited, the PCBU Health and Safety Coordinator/Adviser is to contact WorkSafe NZ on free phone 0800 030 040 (24 hours) immediately.

Near Miss

- The person discovering the incident should ensure that any other people in the vicinity cannot be subjected to injury by, if safe and practicable, removing them or moving themselves to a safe distance from the incident.
- If there are any doubts whatsoever about whether the incident has the potential to continue to threaten or endanger health and safety contact the PCBU Health and Safety Coordinator/Adviser immediately.
- Document the accident on the Incident Register as soon as possible.
- If someone has been exposed to a serious or immediate risk to their health and safety because of an unplanned or uncontrolled work incident, then
 - <u>DO NOT</u> alter or move any machinery or equipment (unless it may cause immediate danger to others) and tape off the area of the incident. Machinery or equipment cannot be used again until it has been cleared by WorkSafe NZ;
 - A Notification of a Death or a Notifiable Injury or Injury Form must be filled out - The Notifiable Event Notification Form is available online http://forms.worksafe.govt.nz/notifiable-event-notification.
 - 3 copies should be made of the form and sent to:
 - WorkSafe NZ, along with the Investigation Form;
 - Diocesan Health and Safety Committee by post -Private Bag 11 012,
 - Palmerston North 4442
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• If internet access is limited, the PCBU Health and Safety Coordinator/Adviser is to contact WorkSafe NZ on free phone **0800 030 040 (24 hours)** immediately.

Investigation

All accidents, incidents, and near miss incidents must be investigated. The depth of the investigation is determined by the severity of the occurrence and will be decided by the PCBU Health and Safety Coordinator/Adviser.

Investigation will be carried out immediately or as soon as possible after the occurrence of the incident.

The PCBU Health and Safety Coordinator/Adviser will carry out the initial investigation to:

- Establish the cause;
- Compile an accurate record of the event;
- Define the action and the responsibilities then take measures to prevent reoccurrence within a predetermined time frame;
- Update the incident registers, where necessary;
- Complete the reports, where necessary;
- Documents and reports are then reviewed by Health and Safety Committee to carry out further investigation if necessary and ensure that action is taken to avoid a reoccurrence.

Notifiable Events

Under the Health and Safety at Work Act 2015 a PCBU must notify WorkSafe when certain work-related events occur. A notifiable event is when any of the following occurs as a result of work:

- a death
- notifiable illness or injury
- a notifiable incident.

The WorkSafe website has a Notifiable Event Chart to help with understanding which events are notifiable, what is needed and when, and how to notify them. http://www.business.govt.nz/worksafe/notifications-forms/notifiable-events

The PCBU Health and Safety Coordinator or Adviser will be the person designated to report to WorkSafe. If he/she is incapacitated for any reason then another member of the PCBU leadership team will need to be report to WorkSafe.

Deaths, injuries or illnesses that are unrelated to work are not notifiable events eg:

- a diabetic worker slipping into a coma at work
- a worker being injured driving to work, when that driving is not part of their work
- a worker fainting from a non-work related cause.

ACCIDENT INVESTIGATION FORM



Name of organisation:	Nature of damage:			
Branch/department:				
1. Particulars of Accident				
Date of Accident: DD / MM / YEAR	Object/substance causing damage:			
Time:				
Location:				
Date Reported: DD / MM / YEAR	4. The Accident			
2. The Injured Person	Description:			
Name:	Describe what happened.			
Address:	If this was a vehicle accident, add a drawing of the accident scene on the other side of this page.			
Date of Birth: DD / MM / YEAR				
Phone Number:				
Length of employment – at plant: on job:				
Type of Injury:				
Bruising Dislocation Strain/sprain				
Scratch/abrasion Internal Fracture				
Amputation Foreign body Laceration/cut Burn/scald Chemical reaction	Analysis:			
Other (specify)	What caused the accident?			
Injured part of body:				
Comments:				
3. Damaged Property				
Property or material damaged:				
	How serious could it have been?			
	Minor Serious Very serious			
	How often is this likely to happen again? Not often Occasionally Often			

MULTIPLE COPIES OF THIS FORM SHOULD BE AVAIABLE ONSITE DURING THE EVENT

Prevention:			
What action has or will be taken to stop another accident like this happening? Tick items already actioned. Write below if you need more space.			
ACTION	тіск	BY WHOM	WHEN
5. Treatment and Investigation of Accident			
Type of treatment given:			
Name of person giving first aid:			
Doctor/Hospital:			
Accident investigated by:	Date:	DD / MM / Y	
WorkSafe advised: Yes No	Date:	00 / MM / Y	