

STAFF HAZARD / ACCIDENT REPORT FORM

PART A – To be completed by the person involved in or a witness to an accident resulting in harm, injury or risk of harm or injury. This report **must be** forwarded to your immediate supervisor within 48 hours of the incident.

Name:	
Position:	
Date of incident:	/ /
Location of incident:	
Witness/s:	
Affected person/s:	

Hazard/Accident/ Injury Type					
No Obvious Injury		Physical Injury			
<input type="checkbox"/>	Emotional / Psychosocial Assault / Aggression	<input type="checkbox"/>	Contusion / Crush	<input type="checkbox"/>	Dislocation
<input type="checkbox"/>	Consumer to Staff	<input type="checkbox"/>	Laceration / Open Wound	<input type="checkbox"/>	Foreign Body
<input type="checkbox"/>	Consumer to Consumer	<input type="checkbox"/>	Concussion	<input type="checkbox"/>	Fracture
<input type="checkbox"/>	Staff to Consumer	<input type="checkbox"/>	Burn	<input type="checkbox"/>	Amputation
<input type="checkbox"/>	Consumer to Other	<input type="checkbox"/>	Sprain / Strain	<input type="checkbox"/>	Dermatitis
<input type="checkbox"/>		<input type="checkbox"/>	Internal Injury	<input type="checkbox"/>	
Location of Injury					
<input type="checkbox"/>	Head/ Face	<input type="checkbox"/>	Eye	<input type="checkbox"/>	Internal Organs
<input type="checkbox"/>	Hand/ Fingers	<input type="checkbox"/>	Shoulder/ Arms	<input type="checkbox"/>	Trunk (other than back)
<input type="checkbox"/>	Hip/ Leg	<input type="checkbox"/>	Foot/ Toes	<input type="checkbox"/>	Back
<input type="checkbox"/>	Chemical (gases etc.)	<input type="checkbox"/>	Other (please specify)		
Hazards					
<input type="checkbox"/>	Spill / Trip	<input type="checkbox"/>	Electrical (fray cord etc.)	<input type="checkbox"/>	Dislocation
<input type="checkbox"/>	Biological (blood etc.)	<input type="checkbox"/>	Confined Spaces	<input type="checkbox"/>	Foreign Body
<input type="checkbox"/>	Physical (high temp etc.)	<input type="checkbox"/>	Ergonomic/Manual Tasks	<input type="checkbox"/>	Equipment or Machinery
<input type="checkbox"/>	Other (please specify)	<input type="checkbox"/>	Chemical (gases etc.)	<input type="checkbox"/>	Work Organisation Hazards (workload demands, workplace violence etc)

Describe Briefly What Occurred.

INCIDENT INVESTIGATION

PART B – To be completed by the Employer, Service Co-ordinator or Advisor within 48 hours of receiving a report of an incident. Forward completed investigation to the HR Advisor at One2One.

Name of Person Completing Investigation: _____

Position: _____

Causes and Sources of Incident	Comment on Contributing Causes & Sources
<p>Process and People <i>What processes (or lack of) and people related responses could have contributed to the incident/accident/ hazard?</i> Consider:</p> <ul style="list-style-type: none"> • Competence/training/experience • Induction practices • Length of employment • Procedures and whether they were followed, need review • Pre-existing injury • Illness • Previous similar incidents • Individualised support plans. Are they in place? Do they need review? • Actions of person requiring support • Actions of staff • Actions of a third party • Level of supervision and support provided? 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
Causes and Sources of Incident	Comment on Contributing Causes & Sources
<p>Home and Work Environment <i>Are there any issues with the living/working environment?</i> Consider:</p> <ul style="list-style-type: none"> • Space • Arrangement of furniture • Floor coverings • Heating, cooling • Noise • Changes to environment, people, supports • Safety risks • Security 	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

Causes and Sources of Incident	Comment on Contributing Causes & Sources
<p>Psychosocial</p> <p><i>Is the report stress related? Consider:</i></p> <ul style="list-style-type: none"> • Communication procedures • Support and Supervision • Team dynamics • Interpersonal issues • Working alone/in isolation • Action of others 	Empty space for comments

Causes and Sources of Incident	Comment on Contributing Causes & Sources
<p>Equipment and Processes</p> <p><i>Is there any issues with specialised equipment or household items/gadgets/media systems that require review, renewal or pose a risk?</i></p> <p>Consider:</p> <ul style="list-style-type: none"> • Need for equipment review, repair or modification • Are needs of person requiring support changing? • Are there consistent practices in place? • Are new staff trained in use of equipment and personal preferences? • Are household items in disrepair, require updating or pose risks? • Competence of user and understanding of safety 	Empty space for comments

Response Plan / Corrective Actions		
Immediate/Follow up Action	By Who	By When
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /
		/ /

Workers Compensation

(Contact your Service Co-ordinator or HR Advisor for Information)

Has staff activated a worker’s compensation claim? Yes No

If yes, have they seen a Doctor to obtain a first medical report? Yes No

If yes: _____ PH: _____

Have the applicable Workers Compensation forms been distributed to the applicable parties?
(Employer report form, Witness form, First Medical) Yes No N/A

If N/A - Do you consider the accident could result in a claim? Yes No

Service Coordinator Signature: _____

HR ADVISOR

PART C – Further Actions Requested by HR Adviser

Action Plan Approved:	<i>Further comments / requirements:</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	

- Incident deemed injury/incident management
- Incident deemed risk management
- Incident requires a review of support plans, procedures and process
- Nature of injury/incident involving staff requires reporting to Worksafe WA
- Online notification / /
- Reports collated and filed → 1. One2One Staff Accident Reporting File 2. Staff File

Signed: _____
 One2One HR Advisor

Date: / /