

# Serious Injury and Incident Reporting Policy

## Introduction

1. U3A Castlemaine recognises that the health and safety of its members and volunteers is important and that injuries or illnesses resulting from accidents or incidents should be reported and investigated to minimise the risk of recurrence.

## Purpose

2. This policy documents the procedures to be applied:
  - where a serious injury or illness results from an accident or incident
  - where an incident occurs that has the potential to recur and to cause serious injury or illness.

## Policy

3. *'Incident'* refers to any event that caused, or could have caused, serious injury or illness. Such events include fire, explosion, non-compliance with environmental regulatory requirements, vehicle accidents, equipment failure etc.
4. This policy applies to all members, volunteers and visitors while they are involved in U3A Castlemaine activities.
5. U3A Castlemaine commits to preventing accidents and minimising dangerous incidents at its premises and will endeavour to achieve a zero accident rate.
6. U3A Castlemaine requires serious injuries and illness resulting from accidents or incidents that occur in a U3A Castlemaine context to be reported and investigated and for a plan to be devised and implemented to address the cause and to prevent recurrence.
7. U3A Castlemaine will respond promptly and decisively to any incident resulting in serious injury or illness.
8. U3A Castlemaine will appoint a volunteer Health and Safety Officer, who may be a member of the Committee of Management, to administer this policy.

## Procedures

9. A serious injury or illness resulting from an accident or incident within a U3A Castlemaine context must be reported immediately to the Health & Safety Officer, who will inform the President promptly.

10. Within 24 hours of a serious injury or illness occurring the Health and Safety Officer will:
  - investigate the cause and devise a plan to prevent a recurrence of the incident
  - present a *Serious Injury or Illness Report* to the President in the VMIA Form as attached, with appropriate supporting documentation.
  - ensure that a copy of the completed *Serious Injury or Illness Report* is stored in the organisation's records management system and laid before the next meeting of the Committee of Management.
11. U3A Castlemaine's Committee of Management will implement appropriate remedial actions arising from consideration of the Health and Safety Officer's *Serious Injury or Illness Report*.
12. Any accident or incident that has the *potential* to result in injury or illness will be reported to the Health and Safety Officer within 24 hours of the incident or accident.
13. Within 48 hours of an accident or incident that has the *potential* to recur and cause injury or illness, the Health and Safety Officer will:
  - investigate the incident and present a report to the President in the VMIA Form as attached
  - ensure that the completed report is stored in the organisation's records management system
  - lay the report before the next meeting of the Committee of Management.
14. U3A Castlemaine's Committee of Management will determine and implement remedial actions arising from consideration of the *Serious Incident Report*.
15. Where an incident results in a death:
  - a. Emergency Services will be notified (telephone 000) immediately
  - b. U3A Castlemaine's President will be notified immediately
  - c. the site of the incident will be secured until a police officer arrives unless disturbance to the site of a fatality is for the purpose of aiding a person injured in the incident.

## **Responsibilities**

16. It is the responsibility of the Committee of Management to ensure that:
  - members and volunteers are aware of this policy
  - all serious injuries, illnesses and incidents are investigated and corrective action implemented
  - all matters relating to members health and safety are dealt with promptly and decisively.
17. Members and volunteers are responsible for immediately reporting
  - a serious injury, illness or incident to the Health & Safety Officer
  - a death to Emergency Services and to U3A Castlemaine's President.
18. The Health and Safety Officer is responsible for:
  - immediately informing the President following a report of a serious injury or illness
  - investigating and documenting the circumstances surrounding a serious injury, illness or incident, in consultation with the injured person
  - devising a plan to prevent further injuries or incidents
  - providing a written report to the President, in the VMIA form attached.
19. It is the responsibility of all members and volunteers to ensure that incidents and hazards in a U3A Castlemaine context are reported promptly to the Health and Safety Officer.

## **Authorisation**

20. This policy was adopted by the Committee of Management of U3A Castlemaine on **16 September 2019**.

## **Related Policies**

Nil

## Incident Notification Form

### Important

- Fully complete this form, where applicable, to ensure prompt attention.
- If there is not enough space for your answer in any section, please write the details on a separate sheet of paper.
- This form to be completed and emailed to: [claims@vmia.vic.gov.au](mailto:claims@vmia.vic.gov.au)

### Insured's details

Organisation Name:

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Contact Person:

---

Address:

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Telephone:

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Fax:

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Email:

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### Incident details

Incident date:

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Incident location:

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Type of incident:

- |  |   |
|--|---|
| <input type="checkbox"/> Property damage                 | <input type="checkbox"/> Personal accident                                |
| <input type="checkbox"/> Lost / stolen property          | <input type="checkbox"/> Contract works claim                             |
| <input type="checkbox"/> Employment issue                | <input type="checkbox"/> Motor vehicle claim                              |
| <input type="checkbox"/> Injury to member of public      | <input type="checkbox"/> Travel claim                                     |
| <input type="checkbox"/> Injury to volunteers            | <input type="checkbox"/> Fraud / misappropriation of funds                |
| <input type="checkbox"/> Medical indemnity claim         | <input type="checkbox"/> Professional indemnity/director & officers claim |
| <input type="checkbox"/> Other (please specify if known) |   |

Description of incident:

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### Third party details (if relevant)

Third party name: \_\_\_\_\_

Gender: Male  Female

Age: \_\_\_\_\_ DOB:     /     /     (if known)

### Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I consent to the VMIA using personal information I have provided on this form for the purpose of assessing any future claims that may arise in relation to this notification. However, I understand that if I choose not to provide the required details, this is my choice and that the VMIA may not be able to assess any future claims.

I consent to the VMIA disclosing personal information to other insurers or as required by law. I consent to the VMIA also disclosing personal information to and/or collecting additional information from investigators, legal advisers, medical advisers or other advisers whom the VMIA may engage to assist in processing any future claims. Where I have provided information about another individual (e.g. an employee or client) I declare that the individual has been made aware of the reason for the disclosure of their personal details to the VMIA and of the contents of the VMIA's Privacy Policy.

\_\_\_\_\_  
**Name:**

\_\_\_\_\_  
**Signature:** .....

\_\_\_\_\_  
**Date:**     /     /