

# Policy Guideline 07 – Health & Safety

## Serious Injury and Incident

Publication date: July 2017

Responsible Body: President and the C. of M.

Approved by: Committee of Management on 20th Aug 2017

Scheduled review date: Every 3 years or as determined by the C. of M.

Authored by: Governance Working Group based upon U3A network Victoria Guidelines

### Introduction

1. U3A Castlemaine recognises that the health and safety of its members and volunteers is important. 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 potential for recurrence, causing serious injury/illness.

### Policy

3. U3A Castlemaine has a duty of care to prevent, as far as practical, any Incident that may cause injury, suffering or illness to volunteers, members and/or visitors.
4. U3A Castlemaine requires that injury (serious or otherwise) or accident be immediately reported so that a prompt response can be immediately undertaken.
5. To implement the above, U3A Castlemaine will appoint a volunteer Health and Safety Officer to administer this policy.

### Procedures

6. Any serious incident occurring within a U3A context must be reported immediately to the Health & Safety Officer, who will promptly inform the President and/or the Executive.
7. Within 24 hours of a serious injury/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 Form to the President and if applicable a completed 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 for presentation at the next meeting of the Committee of Management.
8. The same procedure will be undertaken where an incident has the potential to result in injury or illness. Reporting must be undertaken within 48 hours of the above incident.

9. Where an incident results in a death:
- a. Emergency Services will be notified (telephone 000) immediately
  - b. U3A President will be notified immediately
  - c. The incident will be secured until the Victoria Police arrive, unless disturbance to the site of a fatality is for the purpose of aiding any other person injured in the incident.

## **Responsibilities**

10. **The Committee of Management to ensure that:**
- members and volunteers are aware of this policy
  - Serious injuries/illnesses/incidents are promptly reported, investigated and that corrective action is implemented to prevent reoccurrence.
  - all matters relating to members health and safety are dealt with promptly and effectively.
11. **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 the U3A President.
12. **The Health and Safety Officer is responsible for:**
- Immediately informing the President of any reported serious injury/illness
  - Investigating in conjunction with the affected person/s the circumstances that caused the injury/illness/incident
  - devising a plan to prevent further injuries/incidents
  - providing a written report to the President together with if applicable a completed VMIA form as attached.

## **Authorisation**

20. This policy is based upon U3A Network Victoria Guideline



## 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:

Contact Person:

Address:

Telephone:

Fax:

Email:

### Incident details

Incident date:

Incident location:

Type of incident:

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

Description of incident:

### 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:     /     /

SAMPLE