All staff are required to log non-confidential incidents and hazards in our software system called SkyTrust. This is a secure portal that allows the WHS Team to log and monitor incidents, hazards and all associated corrective actions.

**Confidential Reporting** - This form is to be used by staff if the incident is deemed confidential and must be directly reported to wellbeing@une.edu.au .

If the injured person is unable to complete the SkyTrust entry, their supervisor must complete the form on their behalf.

For students, contractors and other visitors that do not have access to SkyTrust. This form can be utilised to facilitate the transfer of hazard and incident data in to the SkyTrust system.

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| **Confidential Report** |
| Is this report deemed confidential? yes or no |   |
| If this form is confidential the completed form must be emailed to wellbeing@une.edu.au  |

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| **Incident** **Details** |
| What are the details of the incident? |
| Incident Date |   |
| Incident Time |   |
| Reported By (the name of person filling out this form) |   |
| Reported Date |   |
| School/Business Unit |   |
| Location  |   |
| Room Number |   |
| Exact Location |   |
| Incident Description (no names in this section, please) |   |
| Immediate Action Taken |   |
| Unit Coordinator - Student |   |
| Witness/Contact Info | Name:  |
|  | Mobile:  |
|  | Email:  |

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| What were the outcomes of the incident? Indicate as many as relevant |
| Personal injury |   | Employee |   | Contractor |   |
|  | Third party |  | Member of the public |  |
|  | Student |  | Visitor |  |
| Volunteer |  | Tenant |  |

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| Near miss |  | Environmental impact |  | Property damage |  |
| Community impact |  | Associated hazard |  | Security incident |  |

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| **Risk Assessment Matrix**  |
| **Step 1 – Determine the Likelihood and Consequence** |
| **Likelihood** |
| **Consequence** | **Rare**Likely to occur in very exceptional circumstances | **Unlikely**Could occur at some time | **Possible**May occur at some time | **Likely**Will probably occur or has happened before | **AlmostCertain**Expected to occur |
| **Insignificant**No personal injury, no adverse outcomes | 1-Very Low | 2-Very Low | 4-Low | 7-Medium | 11-Medium |
| **Minor**Minor injury (first aid treatment) and adverse outcomes | 3-Very Low | 5-Low | 8-Medium | 12-Medium | 16-High |
| **Moderate**Serious injury (medical treatment) adverse outcomes  | 6-Low | 9-Medium | 13-Medium | 17-High | 20-Very High |
| **Major**Serious injury (long term absence) major adverse outcomes | 10-Medium | 14-Medium | 18-High | 21-Very High | 23-Severe |
| **Catastrophic**Fatality or permanent impairment, government intervention | 15-Medium | 19-High | 22-Very High | 24-Severe | 25-Severe |
| **Step 2 – Determine the Risk Rating and Response Required** |
| **Risk Rating** | **Response Required** |
| **23-25 Severe** | Highest Priority – stop work and implement controls immediately  |
| **20-22 Very High** | Requires urgent attention - temporary controls to be implemented in interim |
| **16-19 High** | Requires urgent attention – plan for controls through consultation  |
| **7-15 Medium** | Requires attention – controls to be established through consultation |
| **4-6 Low** | Requires monitoring - controls to be established through consultation  |
| **1-3 Very Low** | Requires monitoring |
| **Step 3 – Implement the Highest Control that is available** |
| **Hierarchy of Controls** |
| **Elimination** | **Highest** - Physically remove the hazard – *This is not always possible* |
| **Substitution** | Replace the hazard with something less hazardous – *eg: replace lead based paint with water based paint to lessen the risks* |
| **Engineering** | Isolate people from the hazard by using engineering controls *– eg: install roll-over protection bars on a quad bike* |
| **Administrative** | Administrative controls – *eg: procedures, training, maintenance programs, safety signage* |
| **PPE** | **Lowest -** Personal Protective Equipment – *to be used in conjunction with other controls or as a last resort in isolation – eg: steel cap boots, gloves, eye/hearing protection* |

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| Actual Consequences (use risk score calculator above) | Potential Consequences (use risk score calculator above) |
| Personal Injury |   | Personal Injury |  |
| Environmental Impact |  | Environmental Impact |  |
| Property Damage |  | Property Damage |  |
| Community Impact |  | Community Impact |  |
| Security |  | Security |  |

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| Injury Details |
| Injured Person name |   |
| Phone |   | Address |   |
| Email |   | Date of Birth |   |
| Injury Type | Report Only |   | First Aid Injury |   | Medical Treatment |   | Lost Time |   | Fatality |   |
| Injury Description (exact location of the body that was injured i.e. left, right etc.) |   |
| Injured person was doing |   |
| What Happened |   |
| Previously suffered a similar injury type? |   |
| Experience in task |   |
| First Aid/Medical Treatment |
| First Aider |   |
| Treatment given on site |   |
| Other treatment details |   |
| Date first aid medical treatment |   |
| Doctor/Medical Centre/Hospital |   |
| Doctor Contact |   |

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| ***Records Storage Instructions*** |
| *If this report is confidential, please send to* *wellbeing@une.edu.au**. Confidential reports will be stored in confidential TRIM container specific to case.**This form must be attached to the corresponding SkyTrust report. Please contact* *whs@une.edu.au* *for assistance.* |