



REPORT AND INVESTIGATION POLICY

Ratified by VDA Board: ____/____/____

Review date: ____/____/____

1. AIM

- 1.1. The aim of this policy is to ensure a professional and consistent approach is taken for accident reporting and investigation within DV and affiliated clubs. Reporting all accidents provides Diving Victoria with an accurate record of its accident experience which can be used to determine the most efficient use of resources in accident prevention strategies.
- 1.2. The aim of accident investigation is to identify the underlying causes, including failures in management systems, so that action can be taken to prevent further accidents. It is not designed to apportion blame on any individual or group.

2. PROCEDURES

- 2.1.1. The following procedure has been developed to aid the implementation of this policy:
- 2.1.2. Accident Reporting and Investigation Procedures

3. DEFINITIONS

For the purpose of this policy, an accident is defined as "any unplanned event that causes, or has the potential to cause, an injury or illness and/or damage to equipment, buildings, plant or the natural environment." Incidents range from serious incidents and emergencies to near-miss incidents where there is no actual injury or damage.

4. PURPOSE

The purpose of this procedure is to ensure all incidents are reported and investigated according to legislative requirements. A consistent approach is necessary. Reporting all incidents provides Diving Victoria with an accurate record that can be used to determine the most efficient use of resources in prevention strategies. Good accident investigation is an effective proactive measure in the prevention of work-related injury or illness. It is not designed to apportion blame on any individual or group.

5. PROCEDURE FOR REPORTING INCIDENTS

- 5.1. All incidents that arise out of, or in the course of any Victorian Diving Association sponsored activity must be reported. The immediate supervisor is responsible for ensuring the correct procedures are followed.
- 5.2. Diving Victoria has developed an Accident/Incident Report Form.(Appendix 1) It is important to fill out as many details as possible on this form. Forms are available from the DV office or may be downloaded from the DV website at www.divingvictoria.com.au in coach and diver sections.
- 5.3. All sections of the accident/incident report form must be completed and signed within 48 hours. The coach/club should keep a copy and the original should be forwarded directly to the SEO of the Victorian Diving Association. The forms will be kept in accordance with the privacy act and for the purposes of any claim for insurance purposes
- 5.4. The person involved in the incident and their coach must sign the accident/incident report form (If difficulties are experienced with obtaining signatures, a copy of the form should be sent to the SEO of the Victorian Diving Association).

- 5.5. In addition to the accident/incident report form, all injuries or illnesses that incur medical expenses or time off work or training must be recorded on a Report Form and forwarded, together with medical certificates and accounts, to the OH&S Committee.
- 5.6. The SEO of Diving Victoria must keep a central register of all accident/incident report forms and ensure that incident trends are monitored and that appropriate corrective action is taken.
- 5.7. Once it is received in the OH&S Committee, the accident/incident report form will be reviewed by an appointed committee of SEO, OH&S representative if available, the divers coach and other appropriate personnel.
- 5.8. Information will be entered onto the Diving Victoria Incident Report database.
- 5.9. Accident/incident report forms must be kept for at least seven years after the date of the incident or in the case of a minor indefinitely.
- 5.10. Any enquiries regarding accidents involving visitors and public liability cover should be directed to Diving Victoria Insurance Officer,

6. NOTIFIABLE INJURY/DANGEROUS OCCURRENCE

- 6.1. All notifiable injuries or dangerous occurrences must be reported to the Occupational Health & Safety Committee immediately. The Committee will then notify appropriate bodies according to legislative requirements.
- 6.2. A notifiable injury is
 - 6.2.1. Any death
 - 6.2.2. Any injury that has acute symptoms.
 - 6.2.3. Any serious injury that requires treatment as an in-patient in a hospital.
 - 6.2.4. A notifiable dangerous occurrence is any incident that causes an immediate and significant risk to a person. A person does not have to be injured. The risk may arise if a person is or could have been in, on or near the incident.

7. PROCEDURE FOR INCIDENT INVESTIGATION

NB: This procedure assumes appropriate first-aid/emergency services have been provided to any persons suffering injury or illness as a result of an accident.

- 7.1. All accident investigations should commence immediately and be completed within 48 hours. In exceptional circumstances, 72 hours is acceptable. A statement from the injured person may be collected at a later date if necessary.
- 7.2. The first step is to determine the investigation team. As stated, the people involved in investigating an accident depends on the potential for losses incurred through injury, illness, property damage, disruption of training or coaching activities, etc. The following provides some guidance:
 - 7.2.1. **Little or no potential loss:** The team should include State Executive Officer and person(s) involved.
 - 7.2.2. **Potential loss of one to five days due to injury or illness and/or reasonable other costs potentially incurred:** The team should comprise of OH&S representative, the State Executive Officer the coach and the person involved.
 - 7.2.3. **Potential loss of more than five days due to injury or illness and/or significant other costs potentially incurred:** The team must comprise immediate coach, OH&S representative and the State Executive Officer.

7.2.4. In the event of a notifiable injury/dangerous occurrence, the board and appropriate bodies will lead the investigation.

- 7.3. Attend the scene of the accident and ensure that the area involved is not unnecessarily disturbed until the investigation is completed.
- 7.4. Interview the person(s) involved, witnesses and all other relevant personnel
- 7.5. Collect evidence and review documentation including relevant policies, work procedures, maintenance regimes etc. If necessary, draw a diagram of the accident scene, including measurements of distances and dimensions and where appropriate, take photographs.
- 7.6. Note all other relevant factors, such as weather conditions, lighting, ventilation, noise, machine condition and adequacy, shift work, work scheduling, time frames etc.
- 7.7. All relevant points brought out during the investigation must be accurately recorded.
- 7.8. The investigation team must identify all the contributing factors so that a decision can be made on which conditions and circumstances contributed to the accident.
- 7.9. The supervisor/coach must summarize the information gathered and the actions proposed, and provide copies to the SEO of DV.
- 7.10. In most circumstances the Accident Reporting and Investigation Form will be adequate for recording purposes. However, an attachment should be provided if there is insufficient space.
- 7.11. The supervisor/coach must ensure the proposed action is implemented to prevent further accidents. If the solution is beyond the authority or resources of the supervisor, they must make the SEO of DV aware and put interim procedures in place.
- 7.12. The hazards identified in the investigation process must not be allowed to remain, without attention, while the proposed action is pending.**

NB: The principles for investigating situations that have the potential to cause occupational health issues are the same as for matters of safety. In particular, where psychological health hazards are involved investigations must review coaching and training methods, management systems, training schedules, reporting/supervisory structures etc.

8. INFORMATION ANALYSIS

- 8.1. The accident investigation team will analyse the information gathered from the incident, identify underlying causes and recommend appropriate action.
- 8.2. The SEO of DV will review Accident Reporting and Investigation Forms and ensure appropriate action has been taken.
- 8.3. The SEO of DV. will review data and make recommendations to the Board of Directors on appropriate preventative strategies and priorities in health and safety.
- 8.4. Information about hazards identified through incident reports can be shared to ensure corrective action is taken.
- 8.5. The SEO of DV. will receive all Accident Reporting and Investigation Forms and monitor proposed corrective action. The SEO of DV. will maintain a computerized database to provide statistical data to Diving Victoria Board of Directors.
- 8.6. Diving Victoria Board of Directors will review incident statistics, identify trends and determine the appropriate use of resources on a priority basis.

9. TRAINING

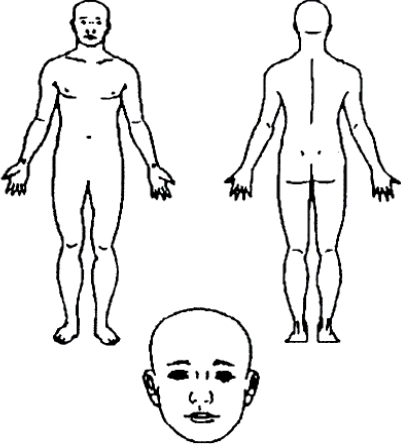
- 9.1. All new staff, coaches, officials, volunteers and divers must be informed of the requirements and procedures for incident reporting. The SEO of DV will provide a training session in accident investigation techniques. All relevant personnel are advised to attend.
- 9.2. People returning to work or training after injury or illness must have medical clearance specific to the injury or illness proportionate to their level of activity.

10. REVIEW

This policy will normally be reviewed every 3 years or earlier, if in the event of major changes to legislation or if deemed necessary by the Diving Victoria Inc.

INJURY / ILLNESS REPORTING FORM

NAME _____ CLUB _____ D.O.B. ____ / ____ / ____ PHONE No. _____ CIRCLE _____ Diver Coach Official Spectator VENUE: _____

<p>Date of injury / illness ____ / ____ / ____</p> <p>Type of activity at time of injury</p> <p><input type="checkbox"/> training/practice</p> <p><input type="checkbox"/> competition</p> <p><input type="checkbox"/> other</p> <p>Reason for Report</p> <p><input type="checkbox"/> new injury</p> <p><input type="checkbox"/> exacerbated/aggravated injury</p> <p><input type="checkbox"/> recent injury</p> <p><input type="checkbox"/> illness</p> <p><input type="checkbox"/> other</p> <p>Body Region Injured</p> <p>Tick or circle body part/s injured & name</p> <div style="text-align: center;">  </div> <p>Body part/s injured</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Nature of Injury/Illness</p> <p><input type="checkbox"/> abrasion/graze</p> <p><input type="checkbox"/> sprain eg ligament tear</p> <p><input type="checkbox"/> strain eg muscle tear</p> <p><input type="checkbox"/> open wound/laceration/cut</p> <p><input type="checkbox"/> bruise/contusion</p> <p><input type="checkbox"/> inflammation/swelling</p> <p><input type="checkbox"/> fracture (including suspected)</p> <p><input type="checkbox"/> dislocation/subluxation</p> <p><input type="checkbox"/> overuse injury to muscle or tendon</p> <p><input type="checkbox"/> blisters</p> <p><input type="checkbox"/> concussion</p> <p><input type="checkbox"/> cardiac problem</p> <p><input type="checkbox"/> respiratory problem</p> <p><input type="checkbox"/> loss of consciousness</p> <p><input type="checkbox"/> unspecified medical condition</p> <p><input type="checkbox"/> other</p> <p>Provisional diagnosis</p> <p>_____</p> <p>_____</p> <p>Cause of Injury</p> <p>_____</p> <p>_____</p> <p>Mechanism of Injury</p> <p><input type="checkbox"/> struck by other diver</p> <p><input type="checkbox"/> struck by object</p> <p><input type="checkbox"/> collision with other diver/official</p> <p><input type="checkbox"/> collision with fixed object/diving board</p> <p><input type="checkbox"/> fall/stumble on same level</p> <p><input type="checkbox"/> fall from height/awkward landing</p> <p><input type="checkbox"/> gradual onset, no specific mechanism identified</p> <p><input type="checkbox"/> slip/trip</p> <p><input type="checkbox"/> temperature related eg heat stress</p> <p><input type="checkbox"/> other</p>	<p>Explain how the accident/incident occurred:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Were there any contributing factors to the incident, unsuitable footwear, pool deck surface, equipment, breach of code of behaviour?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Protective Equipment</p> <p>Was protective equipment worn on the injured body part?</p> <p style="text-align: center;">YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>If yes, what type eg, ankle brace, taping.</p> <p>_____</p> <p>Initial Treatment</p> <p><input type="checkbox"/> none given (not required)</p> <p><input type="checkbox"/> dressing</p> <p><input type="checkbox"/> sling, splint</p> <p><input type="checkbox"/> crutches</p> <p><input type="checkbox"/> Massage</p> <p><input type="checkbox"/> Manual therapy</p> <p><input type="checkbox"/> CPR</p> <p><input type="checkbox"/> RICER</p> <p><input type="checkbox"/> Strapping/taping</p> <p><input type="checkbox"/> Stretch/exercise</p> <p><input type="checkbox"/> None given-referred elsewhere</p> <p><input type="checkbox"/> other</p>	<p>Advice Given</p> <p><input type="checkbox"/> immediate return unrestricted activity</p> <p><input type="checkbox"/> able to return with restriction</p> <p><input type="checkbox"/> unable to return at present time</p> <p>Referral</p> <p><input type="checkbox"/> no referral</p> <p><input type="checkbox"/> medical practitioner</p> <p><input type="checkbox"/> physiotherapist</p> <p><input type="checkbox"/> chiropractor or other professional</p> <p><input type="checkbox"/> ambulance transport</p> <p><input type="checkbox"/> hospital</p> <p><input type="checkbox"/> other</p> <p>Provisional severity assessment</p> <p><input type="checkbox"/> mild (1-7 days modified activity)</p> <p><input type="checkbox"/> moderate (8-21 days modified activity)</p> <p><input type="checkbox"/> severe (>21 days modified or lost)</p> <p>Treating person</p> <p><input type="checkbox"/> medical practitioner</p> <p><input type="checkbox"/> physiotherapist</p> <p><input type="checkbox"/> nurse</p> <p><input type="checkbox"/> sports trainer</p> <p><input type="checkbox"/> other</p> <p>Name of treating person</p> <p>_____</p> <p>Signature of treating person</p> <p>_____</p> <p>Contact Number: _____</p> <p>Witness: _____</p> <p>Contact Number: _____</p> <p><small>Disclaimer – "The information contained in this resource is in the nature of general comment only, and neither purports, nor is intended, to be advice on a particular matter. No reader should act on the basis of anything contained in this resource without seeking independent professional advice from appropriate persons. No responsibility or liability whatsoever can be accepted by DV or the authors for any loss, damage or injury that may arise from any person acting on any statement of information contained in this resource and all such liabilities are expressly disclaimed."</small></p>
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