



INCIDENT/ ACCIDENT PROCEDURE/POLICY

| | TYPE OF INJURY | ACTION TO BE TAKEN | NOTIFY THE FOLLOWING | DOCUMENTS TO BE COMPLETED |
|-------------------------------------|---|--|---|--|
| INCIDENT | Any occurrence which has the potential to: Cause harm or danger Cause property damage Cause a major incident Cause environmental damage. | Record down all the details of the incident Secure the area and ensure the area is safe. Switch off and lockout Machinery involved. Ensure that no injury/damage can take place. | Immediate Supervisor Safety Officer Health and Safety Representative Site Agent / Manager | Incident/ Accident Investigation Form Any documentation required by the Client. |
| FIRST AID CASE | Minor injuries not requiring doctor or hospital treatment Injuries which can be treated on site. Should there be any doubt about the seriousness of the injury, then rather send the injured to a doctor, clinic or hospital. | Injury to be treated by the trained First Aider. Where applicable the injured is to be taken to the doctor, clinic or hospital on for treatment. Ensure that the cause of the injury is addressed. | Immediate Supervisor Safety Officer Health and Safety Representative Site Agent / Manager | First Aid treatment register Incident/ Accident Investigation Form Any documentation required by the Client. |
| MEDICAL CASE | Any injury which requires medical attention from either a; Doctor Clinic Hospital | Trained First Aider to render assistance. The injured is to be taken to the nearest hospital, doctor, or clinic for treatment. Ensure that the cause of the injury is addressed and that the area or machinery is made safe. | Immediate Supervisor Safety Officer Health and Safety Representative Site Agent / Manager Site Clerk/ Head Office | First Aid treatment register Employers Report of Accident Form (WCL2) Investigation Form (Annexure 1) Incident/ Accident Investigation Form Any documentation required by the Client. |
| REPORTABLE INJURY / INCIDENT | Any of the following injuries; Fractures or Amputations, Temporary or Permanent Disablement, Unconsciousness / Asphyxiation, Severe injury and likely to die, Booked off work >14 days. Any of the following incidents; Machinery Fracturing or Failing, Machinery running out of control, Uncontrolled release of a dangerous substances, Uncontrolled release of a substance under pressure, Any Major Hazardous Incident. | Trained First Aider to render assistance. If neck or back injuries are suspected then the injured is to be stabilized while an Ambulance is called. If an Ambulance or Emergency Services are called, ensure that measures are taken to flag them down and to direct them to the incident. If possible the injured is to be taken to the nearest hospital, doctor, or clinic. Do not disturb the scene of the accident unless for further rescue purposes. Take photographs of the scene and note down names of eyewitness. | Immediate Supervisor Safety Officer Health and Safety Representative Site Agent / Manager Site Clerk/ Head Office Regional Labour Dept who need to be notified within 7 working days. Client or Client's Representative | First Aid treatment register Employers Report of Accident Form (WCL2) Investigation Form (Annexure 1) Incident/ Accident Investigation Form Any documentation required by the Client |
| FATAL INCIDENT | Any incident which results in the death of any employee or other person affected by the construction operations. | If an Ambulance or Emergency Services are called, ensure that measures are taken to flag them down and to direct them to the incident. Cover the body and do not disturb the scene of the incident unless for further rescue purposes or to ensure that the area is made safe. Take photographs of the scene and note down names of eyewitness. Do not make any statements to any media or person. Statements should only be made to the Police and Labour Departments. | Immediate Supervisor Safety Officer Health and Safety Representative Site Agent / Manager Site Clerk/ Head Office Regional Labour Dept. Client or Client's Representative | Employers Report of Accident Form (WCL2) Investigation Form (Annexure 1) Incident/ Accident Investigation Form Any documentation required by the Client |

CEO SIGNATURE: _____