

OPERATIONS PROCEDURE REPORTING INJURIES // ACCIDENTS // INCIDENTS

Human Resources, OHS, Payroll

The Occupational Health & Safety legislation requires the reporting of all Incidents, Accidents and Injuries in the workplace. The legislation also requires investigations to be undertaken to show proactive steps taken to prevent further occurrences of such incidents.

The same applies where members are affected, though this will be dealt with as Public Liability issue with the business insurance agency.

PROCEDURE - EMPLOYEES

- Where there occurs an Accident / Incident – whether this results in injury or not – in the club, it is required that this is reported upon using an Incident Report (see attached).
- The report can be completed by the affected person or by the Club Manager / supervisor.
- Where the Incident / Accident resulted in Injury, the form should be completed and signed by the affected person (or senior staff member on their behalf if they are unable to do so).

Company Clubs should forward the document to the Payroll Department (National Support Office)

- Email finance@fernwoodfitness.com.au
- Where it will be assessed and forwarded on to the Workcover Insurer.

Franchise Clubs should forward the document to their own Workcover Insurer

- A copy of the form MUST also be maintained on the premises
- A claim may be made at the discretion of the person affected – please ensure familiarity with the guidelines around making a workcover claim. Claims can be for either medical expenses or time lost, or both.
- The Workcover Insurer will assess whether a claim is being made and process accordingly. Where a claim is not being made, the document will be maintained on file pending further action.

PROCEDURE - MEMBERS

- Where the incident / accident / injury affects a member of the club, the same form can be used for reporting purposes.

Company Clubs should forward the document to the Finance Department

- Email finance@fernwoodfitness.com.au

Franchise Clubs should forward the document to their specific Insurer

- A claim may be made at the discretion of the person affected. Claims can be for either medical expenses or time lost from usual employment, or both.

OFFICE USE ONLY

Date of Operation - November 2008

Updated Date - March 2021

REPORT FORM INCIDENT // INJURY // INVESTIGATION

In the event this form can NOT be completed by the person affected their manager or representative must complete on their behalf.

PERSONAL DETAILS

Name	Date
Club	Birthdate
Email	Phone
<input type="checkbox"/> Staff member	Position
<input type="checkbox"/> Member	Occupation

INCIDENT / INJURY DETAILS

Type of Incident	<input type="checkbox"/> Injury	<input type="checkbox"/> Damage	<input type="checkbox"/> Near Miss/Hit
Occurred	Time	Date	
Reported	Time	Date	

INCIDENT RESULTS

<input type="checkbox"/> Near miss with nil injury / damage	<input type="checkbox"/> Property Damage
<input type="checkbox"/> First Aid administered. If yes, Conducted by	
<input type="checkbox"/> Doctor Required	<input type="checkbox"/> Ambulance Called
<input type="checkbox"/> Hospitalised	<input type="checkbox"/> Fatal (In this case Workcover Authority & Insurers to be contacted immediately for direction and investigation)

DESCRIPTION OF INCIDENT / INJURY

Location (Where did it occur?)		
What was the employee/member doing at the time?		
Witness	1. Name	Contact No
	2. Name	Contact No
	3. Name	Contact No
Exact Nature of the Injury (i.e. sprain to left ankle, bruising to right elbow)		
Details of equipment damage		

Fernwood acknowledges receiving notification of the incident / injury described above. Please note this is NOT Workcover or Insurance Claim form.

Staff Member / Member Name	Signature	Date
Manager / Representative Name	Signature	Date

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In the event this form can NOT be completed by the person affected their manager or representative must complete on their behalf.

MANAGER / REPRESENTATIVE TO COMPLETE

INVESTIGATION

How exactly was the incident / injury sustained?

What was the sequence of events that led to the incident / injury?

MAIN CONTRIBUTING FACTORS:

- ☐ Administration control ☐ Communication breakdown ☐ PPE missing
☐ Equipment failure ☐ Environment ☐ Training required
☐ Other (Please detail)

Was there any time lost or outside medical treatment? ☐ Yes ☐ No

If yes, Claim No. (Workcover or Insurance):

Where employee affected, please list training completed (eLearning, national programs and in-club):

Immediate preventative actions to implement:

Long term preventative actions:

Follow up / Review Date:

Other comments:

Manager / Representative Name

Signature

Date

- ☐ Original form to be laced on staff member / member file

Copies to be forwarded to:

- ☐ Compliance Department at National Support Office
☐ Insurer
☐ Relevant authorities as required