

## INCIDENT MANAGEMENT AND CORRECTIVE ACTION

### OBJECTIVE

To establish systematic controls for “Corrective Action” to be taken regarding accidents, incidents, reported injuries, and identified OH&S non-compliance issues and ensure incident reporting to the NDIS Commission for NDIS related works. To train staff and contractors in incident management, how to identify, prevent, mitigate, respond and manage incidents.

This policy and procedure applies to the Director, and any additional staff and contractors.

### SCOPE

OH&S “Corrective Action” is the procedure for ensuring that any non-conforming product, service, condition, action or procedure relating to Gedoun Constructions System Safety and Risk Management Process is identified, documented, reviewed, investigated, analysed and action taken and controls implemented as appropriate for the effective management of safety.

All staff and contractors are to be vigilant in reporting incidents when they occur so that appropriate support can be provided to those affected and the circumstances can be analysed to reduce the likelihood of a similar event occurring again. All staff and contractors are to record and report to the Director & or the Administration Manager of any incident. The Administration Manager (Authorised Reportable Incidents Notifier) is responsible for collating and reporting the required information. The Director (Authorised Reportable Incidents Approver) is responsible for the submission of reportable incidents to the NDIS Commissioner.

Gedoun Constructions Pty Ltd Incident Management and Corrective Actions Policy is available to participants on our website via the following link: <https://gedounconstructions.com.au/policies-4/>

### SUPPORT & ASSISTANCE TO CLIENTS

Throughout the incident management process, from initial response through to review, clients will be supported by the organisation through means of:

- Reassurance if the client reported the incident;
- Trauma and counselling services where required;
- Clear, ongoing communication regarding the progress and outcomes of the investigation.

Clients will be involved in the management and resolution of the incident where appropriate. The Director will ask the impacted person to provide feedback and input to assessments, investigations and corrective actions proposed by Gedoun Constructions.

### PROCEDURES

Management and all supervisors are responsible for identifying all non-conformances and for implementing all necessary action for enforcement, control and documentation. The information and data are to be recorded, together with explanatory details of the procedures adopted, the action taken and the results of all investigations and analysis.

Management shall be responsible for taking appropriate corrective action as soon as is reasonably practicable. Corrective action, taken to control OH&S issues and including the need for official warnings, must be taken strictly in accordance with the Procedural Guidelines.

Managers and supervisors are responsible for ensuring that subcontractors also take control of hazardous conditions, hazardous materials, plant and equipment and unsafe work methods in their areas of responsibility. They are required to implement corrective actions in accordance with “Control of Safety Non-Compliance Procedure”. This shall include the completion, issue, distribution and filing of relevant documentation, which should include one or more of the following:

- Non Conformance Report;
- Site Instruction;
- Incident Report;
- Site Diary entry or Tool Box Meeting Record;
- HIA Risk Assessment Booklets;
- Training or retraining records; and
- Amended or new Work Method Statements, Standard Work Procedures or Safe Work Practices.

Site activities are to be analysed for potential risks to health, safety and continuance of work. Where possible, preventative, corrective, remedial, enforcement and/or disciplinary action is to be taken to eliminate or reduce the risks before an occurrence or issue arises.

The Management Team, including Safety Personnel, will be responsible for identifying potential OH&S Issues and for developing and implementing procedures for control. Identified OH&S issues will be properly analysed and documented, including evidence of the corrective action taken.

Accidents, incidents, hazards and injuries must be reported to Management. The Site Safety Induction will provide relevant details. Gedoun Constructions First Aid Procedures requires the First Aiders to immediately report serious injuries and potentially serious accidents to the Safety Manager. The Safety Manager is required to inspect the site as soon as reasonably practicable, and in conjunction with the supervisor, take whatever action necessary to secure evidence and to prepare an investigation and report to Management.

For any Rating 1 or 2 accident or injury, an Accident Investigation Team will be responsible for conducting a formal investigation. The team will consist of the Safety Manager, Gedoun Constructions Manager and or supervisor and where applicable the Workplace Health and Safety Committee Chairperson or Workers' Representative. Subcontractors are required to support or participate in the investigation at the direction of Gedoun Constructions Management.

Enforcement of Control for OH&S Issues and any Disciplinary Action to be taken will be in accordance with direct instructions from Gedoun Constructions Senior Management and these Procedures.

### **2.11.1 PROCEDURAL GUIDELINES FOR ENFORCEMENT AND CONTROL OF OHS ISSUES**

#### **A. Enforcement of subcontractor's Work Methods**

Prior to commencement of work onsite, a Work Method Statement is to be submitted by the subcontractor for review. Gedoun Constructions Managers, supervisors and employees are required to be well informed about the Work Methods Statements and the Work Methods to be employed by subcontractors. Supervisors are required to monitor the work so as to ensure compliance with documented work methods.

The procedure for controlling and enforcing compliance depends on who is involved and on the nature of the issue, occurrence or incident. Gedoun Constructions Management personnel or the supervisor concerned or responsible for the area shall: -

- If the matter is not an immediate danger or potentially high risk or high severity:
  - Contact the supervisor responsible for the employee or area;
  - Have the situation made safe. Ensure the responsible supervisor communicates to the employers and employees involved the details of the circumstances, the action taken, or the corrective action required; and
  - Make a Site Diary entry detailing:
    - Who – Gedoun Constructions or subcontractor's employee name,

- What happened - nature of issue, occurrence or incident of non-compliance,
    - When - date and time and phase of work process if applicable,
    - Where - location(s) should be specifically identified, and
    - How - the action taken, who was contacted, and what instructions issued.
  - Issue the offender party a notice from the HIA Risk Assessment Handbook informing them of the nature of the breach.
- If the matter is a repeated and significant non-compliance, or if it is a potentially high risk or high severity category, any one or more of the following procedures may be adopted as a means of rectification and documentary procedure:
    - Contact the Supervisor responsible for employee/crew/subcontractor/area;
    - Have the situation made safe. Ensure the responsible Supervisor communicates to the employees involved, the details of the circumstances, the action taken, or the corrective action required;
    - Cease work where danger exists and follow the procedure in (i) above or (ii) below;
    - Inform the Senior Manager and/or Principal Contractor's Manager;
    - Complete, issue/distribute and file one or more of the following documents;
    - Incident Report;
    - Site Instruction;
    - Non-conformance Report; and
    - Hold a meeting with responsible persons to review Work Methods and the Work Method Statement(s) if required; prepare and issue minutes and generate additional Safety Instruction if required.
    - Contact the safety manager or where applicable a representative from the Workplace Health and Safety Committee and/or list matter on agenda for discussion at next meeting for consultative advice.

## **B. Enforcement of Personal Protective Equipment Standards**

Duty of Care provisions in the relevant legislations require employers to put into place and enforce standards of safe operation that will minimise the risk of work injuries. An important component of these is the Personnel Protective Equipment (PPE) Standards, which are of particular importance in contracting and service work, and the Building and Construction Industry in general.

Gedoun Constructions fully accepts this responsibility, which is to be implemented by site supervision, and management to ensure total compliance with PPE Standards by adopting any one or more of the following procedures:

- Gedoun Constructions employees must continually observe the proper use of PPE whilst they are at a construction site, and advise subcontractor/crew/employees not complying to observe the Site Safety Rules; and
- Any observed breaches of PPE Standards must be brought to the attention of the Supervisor in charge of the subcontractor/crew/employee or work area concerned.

The Supervisor will apply either one of the following procedures:

- Ensure that the employee understands the Standards and the reason for the Standard that has been breached; and
- The Supervisor is to ensure the employee understands the significance of the PPE Standard, and then explain the action that must be taken for further breaches of that Standard. This warning (retraining and/or communication) exercise will then be recorded by the Supervisor for future reference.

Follow up action will be as follows:

- For the second offence for the same violation, the employee will have the importance of the Standard (Site Safety Instruction) fully explained once again, then be given a second warning;
- This second warning will be carried out in front of the appropriate union representative where applicable, who will be shown the record entry of the first warning. Both will then be advised that a third violation would require a visit to the Manager in charge of the site. This second warning will then be recorded by the Supervisor;
- If there is a third violation of a rule by the same subcontractor/crew/employee, the person(s) responsible will again be warned by the Supervisor and taken to the Manager in charge who will decide what action should be taken; and
- Any action taken will be recorded and a formal letter will be sent to the employee(s) concerned noting that the employee is consistently violating the OH&S Act by disregarding PPE Standards and placing themselves (and others where applicable) in danger of work injury and that any further offence will result in the employee's termination from the site.

**NOTE:** The above procedures are not intended in any way to limit the rights of individual employers to take appropriate action.

### **C. Warning Procedure for Site Personnel**

To control safety issues, the following "Warning Procedure" is to apply to Employees, Subcontractors and Employers at Gedoun Constructions project sites.

#### **Step 1: Warning and Counselling**

On the first offence a warning is to be given in writing detailing the following:

- Reason for the warning;
- Date and time warning is given, name of employee concerned and others present; and
- Details of the circumstances and any mitigating factors.

**NOTE:** These procedures do not take away the right of employers to take appropriate action in extreme cases such as assault, stealing and wilful misconduct. However, such action is only to be taken with the direction of the Manager in charge at the workplace who will first consult with Corporate Management.

#### **Step 2: Second Official Warning**

Same as Step 1, except that the employee is advised that if another offence is committed, termination may apply on the next offence. It should also be noted that warnings must be genuine cases that any reasonable person would consider serious enough to warrant any action.

In any case, no further action will be taken without the approval of Corporate Management who must be advised as soon as reasonably practicable of the situation. Failure to adhere to these procedures could result in the matter being arbitrated in an industrial tribunal or an industrial dispute may result.

### **2.11.2 PROCEDURE FOR EMPLOYEE COMPLAINTS**

The process for dealing with any OHS issue or hazard identified on site shall be:

- Advise your Supervisor responsible for corrective action - and, if necessary, then
- Advise the Senior Supervisor responsible for your work area, and/or
- Notify Gedoun Constructions Safety Manager and/or where applicable Workplace Health and Safety Committee.
- Should further clarification be required on OH&S matters, discuss them with the Safety Manager. Any person may make direct enquiries to the Gedoun Constructions Safety Manager on any Occupational Health, Safety, Hygiene, Ergonomic, Environmental, First Aid, Worker Compensation, Worker Rehabilitation, Hazards, Emergency Systems and Procedures, or other related issues at any time.

**NOTE:** Gedoun Constructions Safety Manager should undertake to resolve the matter on the same day if at all possible.

- Gedoun Constructions Safety Manager will conduct an investigation into the reported complaint to ascertain the validity and seriousness of the matter. Gedoun Constructions Safety Manager will then compile a report to the project manager for attention and action if required. Details of the corrective actions required are to be documented.

### **2.11.3 PROCEDURE FOR CUSTOMER/CLIENT COMPLAINTS**

The process for dealing with any OH&S issue or hazard identified by a customer or client shall be:

- Advise your Supervisor responsible for corrective action - and, if necessary, then
- Advise the Construction Manager/Supervisor responsible for your work area, and
- Notify Gedoun Constructions Safety Manager
- Should further clarification be required on any Occupational Health and Safety matters, discuss them with Gedoun Constructions Safety Manager.
- Gedoun Constructions Safety Manager will conduct an investigation into the reported complaint to ascertain the validity and seriousness of the matter. Gedoun Constructions Safety Manager will then compile a report to the project manager for attention and action if required. Details of the corrective actions required are to be registered in the corrective action register.

**NOTE:** Gedoun Constructions Safety Manager should undertake to resolve the matter on the same day if at all possible.

### **2.11.4 PROCEDURE FOR INCIDENT NOTIFICATION**

Incident Report Form to be completed, please refer to Page 7 to 9 of this document.

#### **Workplace Health & Safety**

Certain workplace and non-workplace incidents must be reported, in the approved form, to Workplace Health and Safety Queensland or the Electrical Safety Office and records kept of the incidents for a certain time.

#### **Who must complete the form?**

The Principal Contractor must notify Workplace Health and Safety Queensland for the following workplace incidents:

- Serious bodily injury;
- Work caused illness; or
- Dangerous event.

If the workplace incident causes the death of the relevant person, the next in charge at the workplace must notify Workplace Health and Safety Queensland (see Master File 8 for the form which includes address details).

#### **When is the form lodged?**

The form must be lodged within 24 hours of the incident happening. Immediate notification by phone or fax is required if the incident involves a death.

#### **NDIS Commission Reportable Incidents**

**Authorised Reportable Incidents Approver:** Joe Gedoun (Director)

**Authorised Reportable Incidents Notifier:** Nabila Rose (Administration Manager)

Registered providers must report to the NDIS Commission serious incidents (including allegations) arising in the context of NDIS supports or services, including:

Reportable Incidents	Reporting Timeframe
• The death of a person with disability	24 hours
• Serious injury of a person with disability	24 hours
• Abuse or neglect of a person with disability	24 hours
• Unlawful sexual or physical contact with, or assault of, a person with disability	24 hours
• Sexual misconduct, committed against, or in the presence of, a person with disability, including grooming of the person with disability for sexual activity	24 hours
• Unauthorised use of restrictive practices in relation to a person with disability	5 business days

**The Commission must be notified using the following forms:**

Reportable incident – Immediate Notification Form via the [NDIS Commission Portal](#)

- Log in to the NDIS Commission Portal
- Select ‘My Reportable Incidents’ tile at the top of the screen
- Complete the Immediate Notification Form

Reportable incident – 5-day notification Form via the [NDIS Commission Portal](#)

- Log in to the NDIS Commission Portal
- Select ‘My Reportable Incidents’ tile at the top of the screen
- Complete the 5-day notification form

Where required, submit a final report, the NDIS Commission will notify you via email and tell you the date this is due. This Final Report can be accessed through the NDIS Commission Portal for that incident.

Further guidance on responding to reportable incidents is contained in the NDIS Commission’s Reportable incidents guidance for providers document: [NDIS Commission Reportable Incidents Guidance](#)

If the NDIS Commission portal or “My Reportable Incidents” page is unavailable for a period the NDIS Commission Reportable Incidents team may:

- Provide an authorised form and request the information is submitted via the reportableincidents@ndiscommission.gov.au address; or
- Take the 24 hour notification or further information over the phone.

<b>PROCEDURE FOR REVIEW OF INCIDENT MANAGEMENT &amp; CORRECTIVE ACTIONS POLICY</b>
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Gedoun Constructions will complete annual reviews of the incident management and corrective actions policy. Incidents Forms will be reviewed, and their management evaluated to identify any remedial actions or changes to policy and procedure to prevent similar occurrences. Appropriate training will be undertaken to ensure all Gedoun Constructions employees are trained in incident management, how to identify, prevent, mitigate, respond and manage incidents.

**FORM  
INCIDENT REPORT**



Date Report is being  
made:

Report  
Registration No.:

Registration number from Site Safety Register

**PART 1: NOTIFICATION OF ACCIDENT/INCIDENT REPORT  
TO BE COMPLETED BY IMMEDIATE SUPERVISOR OR DELEGATE (If person is incapacitated)**

**DETAILS OF PERSON MAKING REPORT**

<b>Name:</b>	
<b>Telephone Number:</b>	
<b>Position:</b>	
<b>Email:</b>	

**DETAILS OF INCIDENT**

<b>Site where Incident Occurred:</b>	
<b>Time of Incident:</b>	

**TYPE OF INCIDENT**

<input type="checkbox"/>	<b>Death</b>	IMMEDIATELY REPORT TO: PH: 07 4721 5555 (within 30 minutes) Complete and submit this form (Part 1 and Part 2) by end of shift
<input type="checkbox"/>	<b>Serious Injury</b>	IMMEDIATELY REPORT TO: PH: 07 4721 5555 Complete and submit this form (Part 1 and Part 2) by end of shift
<input type="checkbox"/>	<b>Dangerous Occurrence</b>	IMMEDIATELY REPORT TO: PH: 07 4721 5555 Complete and submit this form by end of shift
<input type="checkbox"/>	<b>Minor Injury</b>	Complete and submit this form by end of shift
<input type="checkbox"/>	<b>Near Miss/Hit</b>	Complete and submit this form by end of shift

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

When completed, forward this form to the Director and/or the Administration Manager.

**FORM  
INCIDENT REPORT**



This form is to be used for ALL accidents where an injury has occurred

**PART 2 ACCIDENT/INCIDENT REPORT FORM  
TO BE COMPLETED BY SITE SUPERVISOR OR DELEGATE (If person is incapacitated)**

Where did the incident occur?  
\_\_\_\_\_

Have you already reported the accident/incident?  YES  NO

If YES, what was the Report Registration Number? \_\_\_\_\_ Date Reported: \_\_\_\_\_

**If NO, you need to complete Part 1 of the Accident/Incident Report and submit with this form**

**1: INFORMATION ABOUT THE PERSON WHO WAS INJURED (Please print)**

**Title** \_\_\_\_\_ **Surname** \_\_\_\_\_ **Given Name** \_\_\_\_\_ **DOB** \_\_\_\_\_  
 Mr  Mrs  Ms

**Status:**  Employee  Contractor  Visitor  Other \_\_\_\_\_  
**Gender:**  Male  Female

Occupation: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**For Contractors (Please provide employer details below)**

Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Post Code: \_\_\_\_\_

Will injured require time off work?  YES  NO

Approximately how long will they be off work? \_\_\_ Days \_\_\_ Weeks  Unknown

**2. WHAT PART OF THE BODY WAS AFFECTED? (Tick appropriate answers)**

Head	Trunk	Internal	Arm	Hand	Leg	Foot
<input type="checkbox"/> Eye	<input type="checkbox"/> Neck	<input type="checkbox"/> Heart	<input type="checkbox"/> Left	<input type="checkbox"/> Left	<input type="checkbox"/> Left	<input type="checkbox"/> Left
<input type="checkbox"/> Ear	<input type="checkbox"/> Hip	<input type="checkbox"/> Lungs	<input type="checkbox"/> Right	<input type="checkbox"/> Right	<input type="checkbox"/> Right	<input type="checkbox"/> Right
<input type="checkbox"/> Nose	<input type="checkbox"/> Chest	<input type="checkbox"/> Systemic	<input type="checkbox"/> Shoulder	<input type="checkbox"/> Thumb	<input type="checkbox"/> Knee	<input type="checkbox"/> Great
<input type="checkbox"/> Mouth	<input type="checkbox"/> Stomach		<input type="checkbox"/> Upper	<input type="checkbox"/> Fingers	<input type="checkbox"/> Lower Leg	<input type="checkbox"/> Other
<input type="checkbox"/> Teeth	<input type="checkbox"/> Groin		<input type="checkbox"/> Elbow		<input type="checkbox"/> Ankle	
<input type="checkbox"/> Face	<input type="checkbox"/> Back		<input type="checkbox"/> Forearm		<input type="checkbox"/> Thigh	
<input type="checkbox"/> Skull	<input type="checkbox"/> Multiple		<input type="checkbox"/> Wrist			

**3. NATURE OF INJURY? (Tick appropriate answers)**

<input type="checkbox"/> Abrasion	<input type="checkbox"/> Puncture	<input type="checkbox"/> Heart Attack	<input type="checkbox"/> Sprain	<input type="checkbox"/> Burn	<input type="checkbox"/> Traumatic Shock
<input type="checkbox"/> Bruise	<input type="checkbox"/> Laceration	<input type="checkbox"/> Hearing Loss	<input type="checkbox"/> Strain	<input type="checkbox"/> Scald	<input type="checkbox"/> Electric Shock
<input type="checkbox"/> Fracture	<input type="checkbox"/> Amputation	<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Hernia	<input type="checkbox"/> Rash	<input type="checkbox"/> Psychosocial
<input type="checkbox"/> Concussion	<input type="checkbox"/> Bite	<input type="checkbox"/> Minor Cuts		<input type="checkbox"/> Allergy	<input type="checkbox"/> Chemical
<input type="checkbox"/> Aggravation of previous injury or medical condition, or other injury not already specified (describe):					

**FORM  
INCIDENT REPORT**



**4. HOW DID THE ACCIDENT/INCIDENT OCCUR? (Tick appropriate answers)**

<input type="checkbox"/> Striking Against	<input type="checkbox"/> Stumbling	<input type="checkbox"/> Lifting	<input type="checkbox"/> Pushing	<input type="checkbox"/> Ingestion
<input type="checkbox"/> Struck By	<input type="checkbox"/> Slipping	<input type="checkbox"/> Bending	<input type="checkbox"/> Pulling	<input type="checkbox"/> Absorption
<input type="checkbox"/> Caught In	<input type="checkbox"/> Tripping	<input type="checkbox"/> Twisting	<input type="checkbox"/> Jumping	<input type="checkbox"/> Inhalation
<input type="checkbox"/> Stepping On	<input type="checkbox"/> Falling	<input type="checkbox"/> Stress	<input type="checkbox"/> Motor Vehicle	
<input type="checkbox"/> Other (describe)				

**5. AGENCY OF INJURY (Tick appropriate answers)**

<input type="checkbox"/> Vehicle	<input type="checkbox"/> Buildings	<input type="checkbox"/> Mobile Plant	<input type="checkbox"/> Structures
<input type="checkbox"/> Power Tools	<input type="checkbox"/> Furniture	<input type="checkbox"/> Other Tools	<input type="checkbox"/> Surfaces
<input type="checkbox"/> Animal/Insect	<input type="checkbox"/> Heat Stress	<input type="checkbox"/> Materials	<input type="checkbox"/> Sunburn
<input type="checkbox"/> Biological Agent	<input type="checkbox"/> Chemicals	<input type="checkbox"/> Equipment	<input type="checkbox"/> Stress
<input type="checkbox"/> Objects	<input type="checkbox"/> Ionising Radiation		

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

When completed, forward this form to the Director and/or the Administration Manager.

Office Use:
<p>Actions taken in response to incident:</p> <p>_____</p> <p>_____</p>
<p>How was the client involved in the resolution process?</p> <p>_____</p> <p>_____</p>
<p>Could the incident have been prevented?</p> <p>_____</p> <p>_____</p>
<p>What, if any remedial action needs to be taken to prevent similar occurrences?</p> <p>_____</p> <p>_____</p>
<p>Do other persons/bodies need to be notified of the incident? I.e Workplace Health &amp; Safety; NDIS Commission? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> If <b>Yes</b>, refer to Incident Management &amp; Corrective Action Policy</p>
<p>How well was the incident managed and resolved?</p> <p>_____</p> <p>_____</p>
<p>Investigation required? <b>Yes</b> <input type="checkbox"/> <b>No</b> <input type="checkbox"/> If <b>Yes</b>, please detail outcomes:</p> <p>_____</p> <p>_____</p>