



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

UOW SAFE@WORK

INCIDENT MANAGEMENT AND REPORTING GUIDELINES

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1. Introduction

The University of Wollongong acknowledges that guidelines on incident management are an essential component of the workplace health and safety management system. The provision of timely and efficient first aid and medical response is crucial in caring for staff, students and visitors in the event of an injury. Additionally, timely and efficient reporting on hazards, incidents and other occurrences with an adverse risk to health and safety are required to be in place so that risk assessment and appropriate corrective action can be taken.

These guidelines should be read in conjunction with the following:

- [First Aid Guidelines](#)
- [WHS Risk Management Guidelines](#)
- [Injury Management Program](#)
- [Emergency Management Procedures](#).

2. Scope

This document sets out the procedures for the management of an incident requiring first aid or medical treatment for injuries which occur to University staff, students or visitors. This includes University activities which occur on or off campus.

This document also describes the University's internal and external reporting process for injuries, illnesses, incidents, health and safety hazards, dangerous incidents and system failures.

3. Definitions

Biohazard	A biohazard can be defined as any organism (and/or its toxin) or a material of biological origin that can cause harm to human, plants, animal or the environment.
Dangerous Incident	Imminent risk of the death of, or serious injury to, anyone; an incident that endangers or is likely to endanger the safety of people at a workplace.
First Aid	Initial treatment for an injury which is normally given by a first aider.
First Aid Officer	Person appointed to administer first aid at the University; must hold a current Provide First Aid Certificate.
Hazard	A source or a situation with a potential for harm in terms of human injury or ill-health, damage to property, damage to the environment, or a combination of these.
Hazard Identification	The process of recognizing that a hazard exists and defining its characteristics.
Illness	Any physical or mental ailment, disorder, defect or morbid condition which can be of sudden or gradual development. This also includes the aggravation, acceleration, exacerbation or recurrence of any pre-existing disease.
Incident	Any unplanned event resulting in, or having a potential for injury, ill health, damage or other loss.

Injury	Any physical or mental damage to the body caused by exposure to a hazard.
Lost Time Injury	A work related injury which results in a person being absent from work for at least one full shift.
Medical Treatment Injury	A work related injury which results in treatment provided by a qualified health professional e.g. General Practitioner, Physiotherapist.
Near Miss	An incident that does not produce an injury or disease but has the potential to do so.
Risk	The likelihood and consequence of an injury or harm occurring.
Risk Assessment	The process of estimating the magnitude of risk for an activity and identifying the actions to take to eliminate or minimise the risk.
System Failure	When a system fails to meet its requirements.

4. Responsibilities

4.1. Workers and Students

Workers and students are responsible for the following:

- reporting hazards, incidents, injuries, dangerous incidents and systems failures which occur or have the potential to occur, and
- in the event of an injury or unsafe situation, do what they can to ensure the safety of others.

4.2. Supervisors and Managers

Supervisors and Managers are responsible for the following:

- ensuring that injured workers, students or visitors to the University receive, or is referred to, appropriate first aid &/or medical assessment for any reported injury/illness
- immediate referral to the WHS Unit of any injured worker, student or visitors to the University who require medical assessment or treatment
- hazards, incidents, injuries, dangerous incidents and systems failures are appropriately reported for areas under their supervision
- corrective actions are developed in consultation with workers and students and are implemented to eliminate the risk of injury, or where this is not possible, reduce the risk to an acceptable level
- follow up on the effectiveness of implemented corrective actions in consultation with workers and students.

4.3. WHS Unit

The WHS Unit is responsible for:

- monitoring and reviewing the system for effective incident management and reporting
- providing advice and recommendations to local areas on preventative and corrective action to improve the level of health and safety
- conducting investigations and follow up of significant incidents to prevent reoccurrence, in line with the [Incident Investigation Procedure](#).

5. Incident Management Procedure

5.1. Scene Preservation

In the case of a ‘notifiable incident’, the scene of the hazard, incident or injury cannot be disturbed. A ‘notifiable incident’ under the [Work Health and Safety \(WHS\) Act 2011](#) relates to:

- the death of a person
- a serious injury or illness of a person (see Appendix 2: Serious Injury or Illness Table), or
- a potentially dangerous incident.

The site where the incident occurred must not be disturbed in any way, other than to assist an injured person or make the area safe, until such time as a SafeWork NSW inspector arrives at the site or any earlier time that an inspector directs.

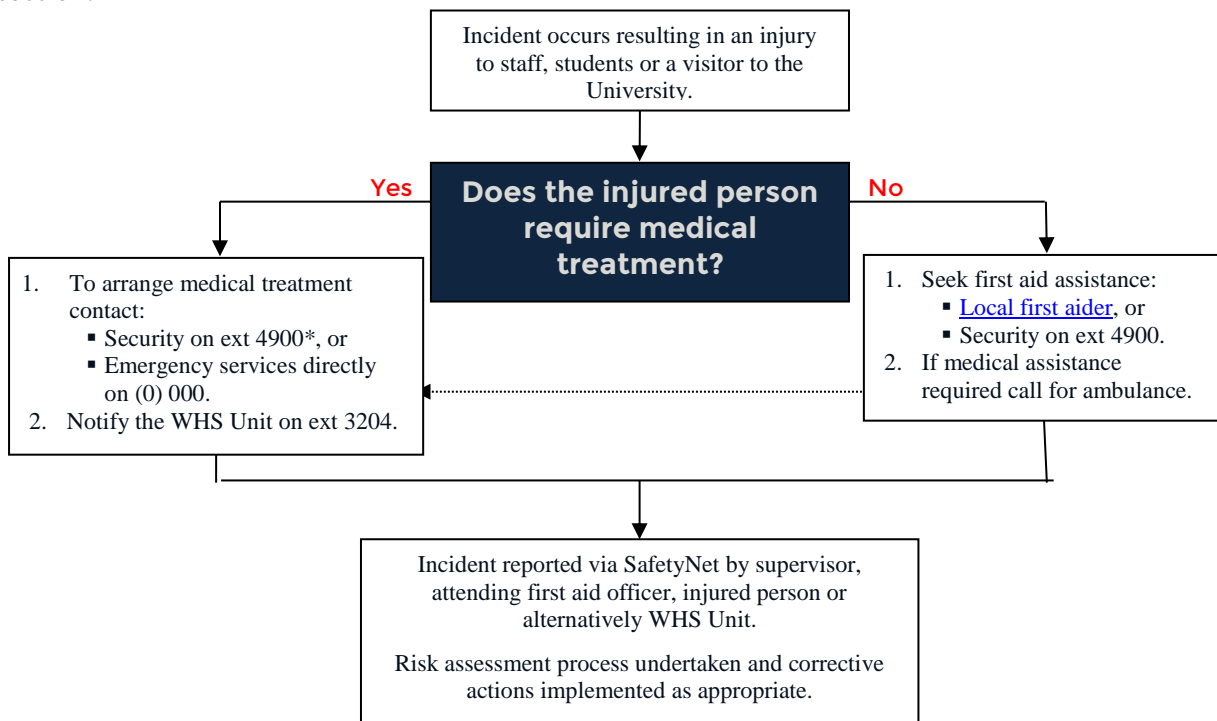
Further information can be found in 10 External Reporting Procedures.

5.2. Immediate Action

Depending on the risk of the hazard or incident involved immediate action must be taken to prevent further persons from being injured. This may involve the activation of emergency procedures or other actions to control the immediate risk to persons in the area, e.g. barricading the area, alerting Facilities Management (or equivalent), Security or the WHS Unit.

5.3. First Aid and Medical Assistance

The flowchart on the following page outlines the process for obtaining first aid and medical assistance on the Wollongong Campus. Clarification on the process is outlined further in this section.



**Security will direct ambulance to the location of the injury. Emergency services are to be contacted directly for life-threatening situations who may be able to provide immediate response procedures.*

For campuses other than Wollongong, please refer to the appropriate emergency contact details in Appendix 1: Satellite Campus Emergency Contact Numbers.

5.4. Assessing the Need for Medical Treatment

In most cases the need for medical treatment after an injury is obvious. The following list of injuries and symptoms, although not exhaustive, provides guidance on when to refer to medical treatment:

- heart attack
- stroke
- shock
- epilepsy and seizures – if abnormal or severe
- hyperglycaemia or hypoglycaemia – if abnormal or severe
- burns larger than 20 cent piece, electrical burn
- lacerations - if bleeding is severe or persistent
- soft tissues injuries, e.g. sprains and strains
- dislocations and fractures
- head, neck and spinal injuries
- facial injuries
- poisoning
- bites and stings
- overexposure to extreme environmental temperatures
- asthma attack
- electric shock
- loss of consciousness
- overexposure to radiation or hazardous chemicals

In some circumstances the need for medical treatment may not be obvious – examples include:

- after an electric shock - any person who has received an electric shock, no matter how minor it may seem, should be assessed by a medical practitioner as there could be delayed affects such as an irregular or lower heart rate
- after recovering from unconsciousness - any person who has lost consciousness, even for a small amount of time, should be assessed by a medical practitioner.

5.5. Medical Treatment

Medical treatment can be obtained by contacting Security on 4221 4900 (ext 4900) at the Wollongong Campus. Refer to Appendix 1: Satellite Campus Emergency Contact Numbers for non-Wollongong campuses). Alternatively, Emergency Services can be contacted directly on '000' (dial 0 from a University landline phone for an outside line) to arrange for an ambulance to arrive at the scene of the incident.

In some cases, it may be appropriate to transport the injured person to a medical centre for treatment. Where this is the case, the injured person should be referred to one of the following medical treatment centres dependent upon availability and expertise:

- IOH, 32 Swan St Wollongong, ph 4229 6111
- CS Health, 558-580 Princes Hwy Woonona, ph 4286 5400A
- Campus Clinic, UniCentre Building 11, ph 8203 5901, or
- the injured person's general practitioner.

This should be decided on a case-by-case basis in consultation with the injured person by the attending first aid officer or the Injury Management Coordinator. For example a swollen ankle may be treated more promptly at a local medical centre as opposed to raising an ambulance. If in doubt contact the Injury Management Coordinator on ph: 4221 5907.

For injuries occurring at campuses other than Wollongong, the injured should be referred to the nearest general practitioner, medical centre or hospital if an ambulance is not required.

5.6. Off-Campus Incidents

Incidents may occur off-campus during activities such as field work, student placements, attendance at conferences, visits to other workplaces or Universities, etc.

A risk assessment should occur prior to the activity to determine how medical attention will be accessed if required. This should include methods of contacting emergency services, transport requirements, and available first aid.

Where an incident has occurred off-campus, the host organisation (if applicable) should be notified as soon as possible. If required, an incident report should be completed according to the host organisation's procedure in addition to a UOW SafetyNet Hazard and Incident Report.

6. Critical Incidents

Critical incidents are those which directly or indirectly cause significant distress to a person, either at the time it occurs or later. A critical incident may require the activation of emergency procedures.

The following options are available for support and assistance for those experiencing critical incident distress:

6.1. University Employee Assistance Program [LifeWorks]:

This is a professional counselling service available to University staff or their families which is confidential and free for personal or work related problems. This service is voluntary and provided by experienced registered psychologists and counsellors. To access the University EAP contact LifeWorks directly on 1300 361 008.

6.2. Student Counselling:

The University offers a free and confidential service available to post-graduate and undergraduate students with personal, work or study related difficulties. Counsellors are experienced registered psychologists. To access Student Counselling contact the Counselling Services Unit on 4221 3445.

The [Critical Incident Guidelines](#) outlines preliminary actions and recommended processes for managing critical incidents involving students. Refer to the Critical Incident Guidelines for further information.

7. Internal Incident Reporting Requirements

The following outlines the process for the internal reporting of incidents including health and safety hazards, injuries, illnesses, dangerous incidents, near-misses and system failures.

In some instances, notification to the WHS Unit is required immediately after an incident has occurred or hazard is identified. Occasions where this may occur include:

- when a hazard is identified which poses an immediate risk to health and safety, or
- an injury which requires medical treatment (does not include first aid), or
- time lost from work, or
- 'notifiable incidents' as defined in Section 10 External Reporting Procedures.

7.1. Types of Incidents to be Reported

The list below represents general criteria for the type of incidents to be reported using the SafetyNet report form. The list is not meant to be exhaustive and may require tailoring to specific areas:

- any injury to staff, students, contractors or visitors of any nature or severity sustained whilst on University campus or whilst undertaking a University activity off campus e.g. field trip, approved travel, clinical work, attendance to conferences, student placement etc
- any incidents which may have had the potential to cause an injury, including diseases in animals that have the potential to be transferred to humans, exposure to chemical agents or physical agents, genetically modified organisms, imported biological materials, radiation or other hazards
- dangerous incidents or system failure which caused or had the potential to cause serious property damage e.g. fires, floods and explosions
- all vehicle accidents occurring on University grounds or whilst conducting University business
- any injury or incident to staff sustained whilst travelling to or from the University (Journey claims)
- sporting injuries arising from University organised activities, both formal and informal
- injuries sustained by staff or students participating in University organised social activities.

8. Hazard/Incident Report Form

A [SafetyNet](#) hazard/incident report is to be completed for all hazards, incidents, injuries, illnesses, dangerous incidents and system failures arising from reported hazard, incidents or workplace safety inspections as outlined in 7.1 Types of Incidents to be Reported.

Further information on using SafetyNet is available in the [SafetyNet User Guide](#).

8.1. Submitting the Hazard/Incident Report Form

Once the online report form has been submitted a copy is sent to the nominated supervisor for approval and the WHS Unit for review. If the incident involves a serious injury or illness to a student (as outlined in Appendix 2: Serious Injury or Illness Table) the Safe and Respectful Communities Manager will be notified by the subject coordinator or the WHS Unit upon notification

8.2. Incident description

The details of the incident should be factual and relevant. Describe the details of the incident as clearly as possible. This should include the exact time and place of the incident, the circumstances which led up to it, the sequence of events in the incident itself, the number of people involved, and the names and contact information of any witnesses present.

8.3. Contributing factors

When trying to determine corrective actions to prevent reoccurrence, it is helpful to analyse the contributing factors that led to the incident occurring. A list of possible contributing factors is divided into four categories listed below:

- Design - Design factors include faults with the design of plant, equipment or work practices.
- Behavioural - Behavioural factors relate to human aspects which can sometimes lead to an incident.
- Environmental - Environmental factors relate to the surroundings of a workplace and whether they led to the incident occurring.
- System - System factors include procedures etc which need to be changed to prevent reoccurrence.

8.4. Cause

Determine the cause of the incident e.g. what lead to the incident occurring? If this cause was removed or was not present, would this incident still happen?

8.5. Risk level

Identify the level of risk of the incident taking into account likelihood and consequence with current controls in place. The risk score determines the priorities for corrective actions to be implemented.

8.6. Corrective Actions

The implementation of appropriate corrective actions is critical to the success of reducing the risk of hazards in the workplace.

Corrective actions should be specific, measurable, achievable, relevant, and time-related (SMART). From the risk assessment, corrective actions will need to be implemented to eliminate or reduce the risk to an acceptable level utilising the hierarchy of controls. If longer-term corrective actions are chosen (eg those involving high cost or requiring lengthy manufacturing time and complex approvals) then lower level corrective actions should be temporarily implemented.

Corrective actions should:

- be determined in consultation with workers who will be directly affected by the implementation of the corrective actions in the workplace
- be implemented in a timely manner as per the WHS Risk Management Guidelines
- be appropriate for the root cause
- control the hazard and risk to an acceptable level
- not introduce a new hazard or risk (or if they do, ensure this new hazard or risk is assessed).

Corrective actions may not only involve process control measures but also address system deficiencies in the WHS management system.

Depending on the risk of the hazard involved, the following time periods will be used as a guide for the prioritisation and completion of corrective actions:

Risk Level	Corrective Action Time Frame	Priority Level
High	As soon as possible, but not longer than 24 hours	1
Medium	14 days	2
Low	28 days	3

At least one corrective action is required to be implemented to reduce the risk to an acceptable level.

Once the corrective action plan is determined, including responsibilities and timeframes, is the details are to be recorded in SafetyNet. On approval by the supervisor, risk control methods (corrective actions) detailed in the report form will be emailed to the nominated party for action. Corrective actions are communicated and monitored via email. Once a corrective action has been completed, the date of completion is entered for the incident as listed in the responsible person's work-list on SafetyNet.

If corrective actions are not completed by their due date reminder emails are sent to the responsible person. Corrective actions which are not completed on time are reviewed by the WHS Unit on a monthly basis and escalated to the nominated supervisor to outline a plan for completion.

If there is any doubt on the unit responsible for undertaking a corrective action please liaise with the WHS Unit on 4221 3931 (ext 3931). The WHS Unit will consult with the person reporting the

incident and seek to identify the responsible unit for the issue and the workers and supervisor of the area(s) involved to ensure appropriate ownership of the corrective action.

In the rare case of a dispute with regards to the responsibility of corrective actions, the dispute is to be raised in writing to the Manager WHS who will assist with the appropriate assignment of corrective actions following review of the hazard and incident report.

9. Review

Follow up of the implementation of the controls should be conducted by the supervisor to ensure the following questions are answered:

- have the corrective actions as stated by the initial notification been completed?
- has the corrective actions as stated in the initial notification been effective in reducing the risk of injury?
- has the corrective actions introduced new hazards?

If required another hazard report may be required to document a new hazard or initiate further corrective actions.

10. External Reporting Procedures

Incidents which are required to be notified to SafeWork NSW, including employees, students, contractors or visitors, shall be completed by the WHS Unit once notified by the supervisor.

The [WHS Act 2011](#) creates a duty on persons conducting a business or undertaking to notify SafeWork NSW immediately after becoming aware that a notifiable incident arising out of the conduct of the business or undertaking has occurred.

A 'notifiable incident' means:

- the death of a person, or
- a serious injury or illness of a person (see Appendix 2: Serious Injury or Illness Table), or
- a dangerous incident.

Further information is available on SafeWork NSW's [Notifying Us](#) web page and [WHS Incident Notification: Fact Sheet](#).

In addition, notification is required of any incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person's health and safety emanating from an immediate or imminent exposure to:

- an uncontrolled escape, spillage or leakage of a substance, or
- an uncontrolled implosion, explosion or fire, or
- an uncontrolled escape of gas or steam, or
- an uncontrolled escape of a pressurised substance, or
- electric shock,
 - examples of electrical shock that are NOT notifiable:
 - i. shock due to static electricity
 - ii. extra low voltage' shock (i.e. arising from electrical equipment less than or equal to 50V AC and less than or equal to 120V DC)
 - iii. defibrillators are used deliberately to shock a person for first aid or medical reasons
 - examples of electrical shocks that are notifiable
 - i. minor shock resulting from direct contact with exposed live electrical parts (other than 'extra low voltage') including shock from capacitive discharge
- the fall or release from a height of any plant, substance or thing, or

- the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be design or item registered under the WHS Regulations, or
- the collapse or partial collapse of a structure, or
- the collapse or failure of an excavation or of any shoring supporting an excavation, or
- the inrush of water, mud or gas in workings, in an underground excavation or tunnel, or
- the interruption of the main system of ventilation in an underground excavation or tunnel.

Incidents involving Genetically Modified Organisms (GMOs) should be reported immediately to the WHS Unit and the University's Gene Technology Review Committee (GTRC). The Office of Gene Technology (OGTR) will be notified as soon as practicable by the Chair of the GTRC.

Incidents involving imported materials should be reported to Department of Agriculture & Water Resources. Refer to the University's [Biosafety Manual](#) for further details.

Incidents involving ionising radiation shall be reported to the NSW Environmental Protection Agency (EPA) as per the [Radiation Safety Guidelines](#).

11. Incident Investigation

The nature of the incident will determine the level of investigation required. Incidents are classified into 3 levels to determine the appropriate level of investigation response:

- Level 1 - Incidents are those which are lower level risks and are not categorised as being immediately notifiable to SafeWork NSW
- Level 2 - Incidents are those which constitute notification to SafeWork NSW but not immediate
- Level 3 - Incidents require prompt notification and investigation by SafeWork NSW or other external agencies.

The investigation response required for each level is outlined below.

11.1. Level 1 Investigation

Level 1 incidents are those which have a lower level of risk and are not categorised as being notifiable to SafeWork NSW. Examples of Level 1 incidents may include:

- first aid injuries
- injuries which may require minor medical treatment
- identified hazards which do not present a serious risk of injury
- minor property damage
- minor environmental damage.

Level 1 incidents require the operational line e.g. line managers, supervisors, workers, to review the details of the incident, identify possible contributing factors, provide a cause of the incident, assessing the risk of the hazard and implement appropriate corrective actions. The outcome of Level 1 incident investigation shall be recorded on the SafetyNet hazard/incident report online form.

Knowledge of these guidelines shall form the basis of competency for completing level 1 investigations.

NOTE: The WHS Unit may deem any level 1 incident to require a level 2 investigation if there is reason to believe that a detailed investigation is required.

11.2. Level 2 and 3 Investigation

The WHS Unit conducts Level 2 and 3 investigations in accordance with the [Incident Investigation Procedure](#).

Level 2 and 3 incidents have a higher level of risk and are categorised as being notifiable to SafeWork NSW. Examples of Level 2 and 3 incidents can be found in 10 External Reporting Procedures.

Where a Level 1 incident is reported through SafetyNet and is rated as 'High', a copy of the report will be communicated to the Executive Dean, Head of School and Faculty Executive Manager. A Level 2 investigation will be conducted.

12. Privacy and Confidentiality

Any incident reported as a requirement of this guideline will be handled in confidence in accordance with the UOW [Privacy Policy](#).

Medical information received via incident reports will be treated as confidential. Any names or other identifiers included in SafetyNet reports will be removed to preserve confidentiality of the injured person by the WHS Unit.

13. Related Documents

- [Biosafety Manual](#)
- [Critical Incident Guidelines](#)
- [Emergency Management Procedures](#)
- [Emergency Procedures Guide](#)
- [First Aid Guidelines](#)
- [Incident Investigation Procedure](#)
- [Privacy Policy](#)
- [SafetyNet User Guide](#)
- [WHS Unit SOP SafetyNet Reporting Procedure](#)

14. Reference Documents

- [WHS Act 2011](#)
- [WHS Regulation 2017](#)
- [Notifying Us \(SafeWork NSW\)](#)
- [WHS Incident Notification: Fact Sheet \(Safe Work Australia\)](#)

15. Version Control Table

Version Control	Date Released	Approved By	Amendment
1	February 2003	Manager OHS	Document created.
2	February 2005	Manager OHS	Document updated to reflect current requirements.
3	September 2005	Manager OHS	Document updated to reflect current requirements.
4	January 2006	Manager OHS	Document updated to reflect current requirements.
5	March 2006	Manager OHS	Scheduled review, minor amendments.
6	April 2006	Manager OHS	Minor formatting amendments.
7	August 2008	Manager OHS	Scheduled review, minor amendments.
8	April 2009	Manager OHS	Additional requirements added as per the National Audit Tool
9	September 2009	Manager OHS	Retitled from Hazards and Reporting Guidelines to Incident Management and Reporting Guidelines. Further information included with regards to incident management e.g. how and when to raise medical treatment.
10	April 2010	Manager OHS	Minor formatting amendments.
11	August 2010	Manager OHS	Document updated to incorporate the Personnel name change to Human Resources Division.
12	March 2012	Manager WHS	Re-brand and updates to external incident reporting as required by WHS Legislation.
13	November 2012	Manager WHS	Added clarity about determining responsibility for corrective actions. Inclusion of WorkCover guidance material.
14	August 2013	Manager WHS	Section 6.2 updated to include communication process for extreme/high hazards/incidents.
15	May 2015	Manager WHS	Updated requirements for preserve incident sites as per legislation (6.1). Removed reference to extreme hazards / incidents (6.2) and updated the corrective action timeframe (6.5) table as per the change in Risk Management Guidelines. Included additional information relating to electric shock (7). Updated links to documents and updated
16	February 2016	Manager WHS	Minor editing. Addition of heading 6.1.1 Scene Preservation. Moved Serious Injury or Incident Table from Section 7 to Appendix 2. Terminology changes: <ul style="list-style-type: none"> ▪ WorkCover to SafeWork NSW ▪ Dangerous Occurrence to Dangerous Incident ▪ Senior First Aid to Provide First Aid ▪ AQIS to Department of Agriculture & Water Resources.
17	May 2016	Manager WHS	Rebrand. Updated definition of system failure. Changed employee to worker. Updated Campus Clinic details. Expanded corrective action detail. Added competency requirements for Level 1 investigators. Priority of risk controls added.
18	February 2019	Manager WHS	Added reference to Critical Incident Guidelines . Updated EAP provider to LifeWorks. Clarified that Safe and Respectful Communities Manager will be notified of incidents involving students. Added section 5.6 for Off-Campus Incidents.

Appendix 1: Satellite Campus Emergency Contact Numbers

Campus	Emergency Number
Batemans Bay	4471 2269 or 0409 994 057
Bega	133 277
Innovation Campus	4221 4900 or 0407 287 750
Shoalhaven	4448 0800
Southern Highlands	4871 4040 or 0414 347 420
Southern Sydney	9597 2666
Sydney Business School (Sydney CBD)	9256 6963

Appendix 2: Serious Injury or Illness Table

(Source: [WHS Incident Notification: Fact Sheet \(Safe Work Australia\)](#))

Trigger	Example
Immediate treatment as in-patient in a hospital	<p>Admission into a hospital as an inpatient for any duration, even if the stay is not overnight or longer.</p> <p>It does not include:</p> <ul style="list-style-type: none"> ▪ Out-patient treatment provided by the emergency section of a hospital (ie not requiring admission as in-patient) and immediate discharge. ▪ Subsequent corrective surgery such as that required to fix a fractured nose.
Immediate treatment for the amputation of any part of the body	<p>Amputation of a limb such as arm or leg, body part such as hand, foot or the tip of a finger, toe, nose or ear. It does not include:</p> <ul style="list-style-type: none"> ▪ Bruising or minor abrasion or laceration to the skin.
Immediate treatment for a serious head injury	<p>Fractured skull, loss of consciousness, blood clot or bleeding in the brain, damage to the skull to the extent that it is likely to affect organ/face function.</p> <p>Head injuries resulting in temporary or permanent amnesia.</p>
Immediate treatment for a serious eye injury	<p>Injury that results in or is likely to result in the loss of the eye or total or partial loss of vision.</p> <p>Injury that involves an object penetrating the eye (for example metal fragment, wood chip).</p> <p>Exposure of the eye to a substance which poses a risk of serious eye damage.</p> <p>It does not include:</p> <ul style="list-style-type: none"> ▪ Eye exposure to a substance that merely causes irritation.
Immediate treatment for a serious burn	<p>A burn requiring intensive care or critical care which could require compression garment or a skin graft. It does not include:</p> <ul style="list-style-type: none"> ▪ A burn that merely requires washing the wound and applying a dressing.
Immediate treatment for the separation of skin from an underlying tissue (such as de-gloving or scalping)	<p>Separation of skin from an underlying tissue such that tendon, bone or muscles are exposed (de-gloving or scalping).</p>
Immediate treatment for a spinal injury	<p>Injury to the cervical, thoracic, lumbar or sacral vertebrae including the discs and spinal cord.</p>
Immediate treatment for the loss of a bodily function	<p>Loss of consciousness, loss of movement of a limb or loss of the sense of smell, taste, sight or hearing, or loss of function of an internal organ.</p> <p>It does not include:</p> <ul style="list-style-type: none"> ▪ mere fainting, or ▪ a sprain, strain or fracture.

Trigger	Example
Immediate treatment for serious lacerations	<p>Serious lacerations that cause muscle, tendon, nerve or blood vessel damage or permanent impairment.</p> <p>Deep or extensive cuts.</p> <p>Tears of wounds to the flesh or tissues – this may include stitching to prevent loss of blood and/or other treatment to prevent loss of bodily function and/or infection.</p>
Any infection to which the carrying out of work is a significant contributing factor, including any infection that is reliably attributable to carrying out work	<p>For example work:</p> <ul style="list-style-type: none"> ▪ with micro-organisms, or ▪ that involves providing treatment or care to a person, or ▪ that involves contact with human blood or body substances, or ▪ that involves handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products.
The following occupational zoonoses (disease transmitted from animals to humans) contracted in the course of work involving handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products.	<p>For example:</p> <ul style="list-style-type: none"> ▪ Q fever ▪ Anthrax ▪ Leptospirosis ▪ Brucellosis ▪ Hendra Virus ▪ Avian Influenza ▪ Psittacosis.
Medical treatment within 48 hours of exposure to a substance or chemical	

Note: ‘Treatment’ means the kind of treatment that would be required for a serious injury or illness and includes ‘medical treatment’ by a registered medical practitioner, paramedic or a registered nurse.