

Name
ACC Claim #:



Serious Harm Form

Required for section 25(1), (1A), (1B), and (3)(b) of the Health and Safety in Employment Act 1992
For non-injury accident, complete questions 1, 2, 3, 9, 10, 11, 14 and 15 as applicable

Definition of Serious Harm – provided by ACC – December 2007: Serious Harm means death, or harm described in the First Schedule to the Act as follows:

- Any of the following conditions that amounts to, or results in, permanent loss of bodily functions, or temporary, severe loss of bodily function: respiratory disease, noise-induced hearing loss, neurological disease, cancer, dermatological disease, communicable disease, musculoskeletal disease, illness caused by exposure to infected material, decompression sickness, poisoning, vision impairment, chemical or hot-metal burn of eye, penetrating wound of eye, bone fracture, laceration or crushing.
- Amputation of body part.
- Burns requiring referral to a specialist registered medical practitioner or specialist outpatient clinic.
- Loss of consciousness from lack of oxygen.
- Loss of consciousness, or acute illness requiring treatment by a medical practitioner, from absorption, inhalation or ingestion of any substance.
- Any harm that causes the person harmed to be hospitalised for a period of 48 hours or more, commencing within seven days of the harm's occurrence.

1 Particulars of employer, self-employed person or principal:

(business name, postal address and telephone number)

2 The person reporting is:

an employer a principal a self-employed person

3 Location of place of work:

(shop, shed, unit nos., floor, building, street nos. and names, locality/suburb, or details of vehicle, ship or aircraft)

4 Personal data of injured person:

Name			
Residential address			
Date of birth		Sex (M/F)	<input type="checkbox"/>

5 Occupation of injured person: (employees and self-employed persons only)

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6 The injured person is:

an employee a contractor (self-employed person) self other

7 Period of employment of injured person:

(employees only)

1st week 1st month 1-6 months 6 months-1 year
 1-5 years Over 5 years non-employee

8 Treatment of injury:

None First aid only Doctor (but no hospitalisation) Hospitalisation

9 Time and date of accident/ serious harm:

Time am / pm Date

Shift Day Afternoon Night Hours worked since arrival at work (employees & self-employed persons only)

10 Mechanism of accident/ serious harm:

fall, trip or slip hitting objects with part of the body
 sound or pressure being hit by moving objects
 body stressing heat, radiation or energy
 biological factors chemicals or other substances
 mental stress

11 Agency of accident/ serious harm:

machinery or (mainly) fixed plant
 mobile plant or transport
 powered equipment, tool, or appliance
 non-powered handtool, appliance, or equipment
 chemical or chemical product
 material or substance
 environmental exposure (e.g. dust, gas)
 animal, human or biological agency (other than bacteria or virus)
 bacteria or virus

12 Body part:

head neck trunk upper limb
 lower limb multiple locations systemic internal organs

13 Nature of injury or disease: fatal

(specify all)

fracture of spine puncture wound
 other fracture poisoning or toxic effects
 dislocation multiple injuries
 sprain or strain damage to artificial aid
 head injury disease, nervous system
 internal injury of trunk disease, musculoskeletal system
 amputation, including eye disease, skin
 open wound disease, digestive system
 superficial injury disease, infectious or parasitic
 bruising or crushing disease, respiratory system
 foreign body disease, circulatory system
 burns tumour (malignant or benign)
 nerves or spinal chord mental disorder

14 Where and how did the accident/serious harm happen?

(If not enough room attach separate sheet or sheets.)

15 If notification is from an employer:

(a) Has an investigation been carried out? yes no
(b) Was a significant hazard involved? yes no

Name:		Title:	
Signature:		Date:	

Procedure for Reporting Serious Events

Serious Event

Must be reported to the Area Supervisor within 4 hours

- Failure of a system resulting in poor quality of service
- Events resulting in poor delivery of service
- Potential for an event to cause serious harm
- Any event that must be reported to statutory bodies e.g. police, health officials etc
- Any event that has potential for media coverage
- Any event that has potential for a major loss of ability or death
- Fill in incident form and contact your Area Supervisor ASAP
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Examples of a Serious Event

- Incorrect medical procedure or intervention
- Contracting a notifiable disease
- Employing a person fraudulently posing as a registered health professional
- Serious harm suffered by clients involving staff
- Damage to property or vehicles
- Financial errors relating to clients money
- Pharmacy errors
- Injury

Agency Responsibilities

- The Area Supervisor will report to the Regional Manager or within 4 hours
- The Area Supervisor will receive the incident report then complete an investigation report
- The Area Supervisor will then report back to the Regional Manager or delegate
- The Regional Manager will support and advise of any corrective actions to be taken