

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)

1<sup>st</sup> week     1<sup>st</sup> 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:	

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Mclsaac Caregiving Agency

LIMITED  
Contracted to ACC for supply of home based services



## 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