

Work health and safety incident response guideline

Human Resources Guideline (QH-GDL-401-7)

1 Statement

This document provides guidance on Queensland Health's *Work health and safety incident response standard* to enable each **accountability area** to effectively report and investigate all work health and safety (WHS) **incidents**, including additional steps required for notifiable incident notification and investigation and to comply with **enforcement action** requirements.

2 Application

This guideline supports the implementation of the *Work health and safety incident response standard* within each Queensland Health accountability area, meaning the Department of Health (the department) and hospital and health services (HHSs).

Conformance with this guideline is not mandatory, but sound reasoning must exist for departing from the recommended principles within this guideline.

3 Acknowledgment

A decision maker has an obligation under the *Human Rights Act 2019* to act and make decisions in a way that is compatible with human rights. When making a decision under this guideline, the delegate is to give proper consideration to human rights.

Queensland Health is committed to supporting a reframed relationship with Aboriginal peoples and Torres Strait Islander peoples in accordance with chapter 1 part 3 of the *Public Sector Act 2022*.

Aboriginal and Torres Strait Islander workers have the right to a culturally safe workplace, free of racism and inequity, ensuring they are valued, respected and empowered in the delivery of world-class health services, each working to the top of their scope of practice.

The purpose of these principles will be achieved by ensuring active steps are taken to -

- recognise the importance to Aboriginal peoples and Torres Strait Islander peoples of the right to self-determination and promote the perspectives of Aboriginal and Torres Strait islander peoples; and
- foster a culturally capable workforce and a culturally safe workplace by developing cultural capability at all levels, to every day embed cultural practices across the health system in Queensland.

All delegates and employees have a responsibility to apply these principles when implementing the ***Health, safety and wellbeing management system framework***.

3.1 Diversity and inclusion considerations

All workers have the right to feel safe, supported, and accepted. When planning an incident response, consideration should be given to the specific needs and requirements of different diversity groups, taking into consideration factors including neurodiversity, gender identity, sexual identity, age and individual health factors; Aboriginal and Torres Strait Islander cultural safety and cultural and linguistic requirements of the workforce.

WHS investigations should take a **trauma-informed approach**, particularly investigations of incidents arising from psychosocial hazards, to seek to avoid re-traumatising individuals and work to empower individuals in decision making, creating safety and trust, equity and respect, and rebuilding a sense of control, hope and empowerment. Consideration must also be given to ensuring that investigation interview techniques and incident reporting documentation use inclusive language, such as gender-neutral terms and avoidance of gendered language, to ensure LGBTIQ+ worker inclusion.

While responding to a WHS incident there may be a need for a discussion to take place around death or dying with Aboriginal and Torres Strait Islander workers involved in the incident response or families of deceased workers. Cultural requirements should be considered when Aboriginal and Torres Strait Island workers are participating in incident investigations, inclusive of the option of a cultural support person present for the process and undertaking sensitive and open conversations with the worker involved so they can assist in identifying their needs. A similar understanding and cultural knowledge is required when communicating with families of deceased workers. Queensland Health's 'sad news sorry business' guide provides knowledge and tools in providing culturally appropriate communications, interactions and care for Aboriginal and Torres Strait Island people.

4 Requirements

This guideline provides guidance in relation to **notifiable incident** and **enforcement action** notifications (section 4.1), the role of the accountability area's **WHS Manager** (section 4.2) and internal incident investigation processes for notifiable incidents (section 4.3).

Overview of WHS incident response

A summary of Queensland Health's WHS incident response process, as outlined in the *Work health and safety incident response standard* is summarised in Figure 1, where WHS incidents are classified according to whether or not they are notifiable.

- Accountability areas must develop, implement and maintain a procedure for responding to and managing all WHS incidents and near misses and any WHS enforcement action.
- Accountability areas must also develop, implement and maintain a local reporting procedure or process for internal and external notifications of **notifiable incidents**.
- Accountability areas can consider developing, implementing and maintaining a local process for legal advice in relation to WHS incident investigations.
- Accountability areas must also develop, implement and maintain local processes for managing incidents and emergencies where more than one person has the same duty concurrently. Local processes must address the minimum requirements for consulting, cooperating and coordinating with the **shared duty holder/s**, regarding WHS incident response and emergency preparedness and response planning.

- In the event of a notifiable incident, the accountability area should also identify any other relevant accountability areas and/or shared duty holders requiring notification of the notifiable incident and determine whether there is sufficient common interest identified by the accountability area Legal Counsel, to conduct a joint incident investigation. A referral to legal counsel to seek that advice needs to occur prior to any investigation commencing.
- Accountability areas must implement a formal incident investigation methodology for investigating notifiable incidents and ensure that personnel who are required to lead formal incident investigations are appropriately trained/competent.
- Accountability areas must develop, implement and maintain a process for responding to **WHS Regulator** visits.
- Accountability areas must develop, implement and maintain a process for management of WHS records in line with legislative requirements.

Notifiable incident response

Notifiable incidents are incidents that are required to be immediately reported to the WHS Regulator.

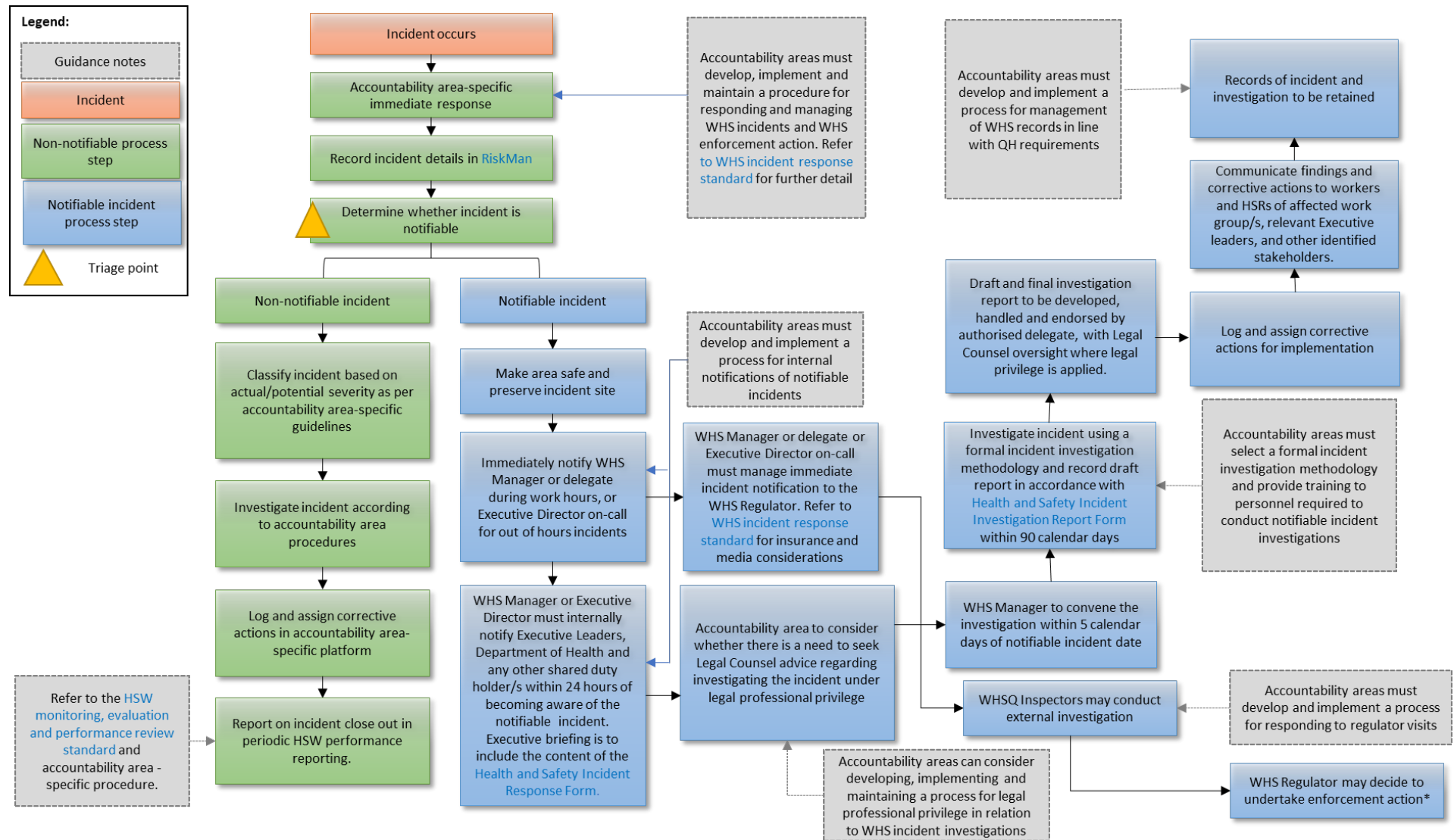
The incident response process is more extensive for notifiable incidents, as detailed at Figure 1 and in this guideline.

Certain notifiable incidents require all steps (colour-coded blue in Figure 1) to be undertaken.

- The accountability area is responsible for determining the threshold for those types of notifiable incidents; however, all steps should be completed in the following circumstances:
 - A notifiable incident that has resulted in fatality.
 - A notifiable incident that has resulted in an Inspector advising to preserve and secure the incident scene and/or an Inspector attending the scene to investigate.
 - A notifiable incident where enforcement action has occurred.
 - An incident that has resulted in the accountability area's Legal Counsel determining that it should be investigated under legal professional privilege.

Accountability areas must align their local WHS incident response to the processes set out in Figure 1.

Figure 1: Summary of Queensland Health's WHS incident response process



4.1 Notifiable incident and enforcement action notifications

The following steps provide guidance for sections 6 and 7 in the WHS incident response standard by providing a summary of the processes and actions required by accountability areas responding to notifiable incidents and/or enforcement action. Implementation of the following will align the accountability area's local WHS incident response processes to Queensland Health requirements.

4.1.1 Immediate response to incident

- Attend to immediate medical needs of workers or others if safe to do so.
- Determine the severity of the situation, as this assists to decide whether:
 - first aid is required as a first response,
 - emergency services are required as a first response
 - psychological support is required as a first response
 - infection controls are required as a first response
 - no injury has occurred
- Nothing should be touched or moved unless it is to administer first aid, or there is further risk of property damage.

4.1.2 Make area safe and preserve incident site

The incident site includes any plant, substance, structure or thing associated with the notifiable incident. It is a legal requirement to not disturb, by preserving and securing the incident site, equipment and associated evidence, following a notifiable incident until:

- an inspector from the WHS Regulator arrives on site, or
- authority to release by way of a direction is provided by the relevant Regulator (noting authorisation to release may be provided remotely), or
- the incident site needs to be disturbed for a prescribed reason.

A prescribed reason to disturb an incident site is action:

- to assist an injured person
- to remove a deceased person
- essential to make the site safe or to minimise the risk of a further notifiable incident
- associated with a police investigation
- for which an inspector or the WHS/ES Regulator has given permission – noting a direction that a scene may be disturbed may be given in person or by telephone.

4.1.3 Immediate internal notification

A representative from the affected work area must immediately notify the WHS Manager/delegate of accountability area (during work hours) or the Executive Director on call (outside of standard business hours).

The WHS Manager must then follow local process and instigate the required internal notification within their accountability area for example, to:

- HHS Chief Executive and relevant **Executive leaders** (for incidents in a HHS – notification of relevant Executive in the HHS where the incident has occurred)
- HHS Board members (for incidents in a HHS – notification of the Board controlling the HHS where the incident has occurred)
- Deputy Directors-General (for incidents in Department of Health workplaces)
- **Legal counsel** (where applicable to local processes. Refer to section 4.1.5 for further detail)

The accountability area should also identify any other relevant accountability areas and/or **shared duty holders** requiring notification of the notifiable incident, including to determine whether there is sufficient common interest identified by the accountability area Legal Counsel, to conduct a joint incident investigation.

The WHS incident is also to be reported in RiskMan™, by person/s involved.

4.1.3.1 A SAC1 clinical incident may also be notifiable to the WHS Regulator where:

- it has arisen out of the conduct of the Hospital and Health Service (HHS); and
- there is a connection between the death or permanent harm and workplace health and safety factors, such as work environment and equipment.

In such instances, the HHS's Patient Safety unit is to immediately notify the HHS's WHS Manager (or delegate) after becoming aware of a confirmed SAC1 clinical incident.

- The WHS Manager/delegate is to review the recorded incident and communicate with the Patient Safety unit to determine if there is a requirement for WHS subject matter expertise on the clinical incident management team. This is to be considered in those instances where WHS contributory factor/s may exist, due to a connection between the death or permanent harm of the patient and the accountability area workplace health and safety factors, such as work environment and equipment.

Where it is determined that WHS representation is required, the Patient Safety unit will continue to lead the clinical incident management and follow established processes, as set out in the *Hospital and Health Boards Act 2011* and *Patient Safety Health Service Directive*.

4.1.4 Immediate external notification

The WHS Manager or delegate must notify the WHS Regulator **immediately** upon being informed of a notifiable incident. Only authorised delegates should notify the Regulator.

- The WHS Regulator may be Workplace Health and Safety Queensland (WHSQ) or the Electrical Safety Office (ESO), depending on the notifiable incident type.
- In the case of a work incident involving a fatality or a criminal offence, the Queensland Police Service also needs to be notified.
- In the case of fire emergencies, the Queensland Fire Department needs to be notified.

In instances where WHS contributory factor/s are connected to a SAC1 clinical incident, the WHS Manager, or delegate, is to undertake external notification of the incident to the WHS Regulator.

- In parallel with existing clinical incident management processes established in Queensland Health following a SAC1 clinical incident, the WHS Regulator may also decide to investigate the incident under WHS legislation, to inform any decision by the WHS Prosecutor to prosecute in connection with the death of an individual at a workplace.

4.1.4.1 Workers' Compensation Insurance

- In the event a worker sustains an injury for which compensation may be payable, the accountability area must report the incident to WorkCover Queensland, in the approved form and within 8 business days of becoming aware of the injury, in accordance with the *Workers' Compensation and Rehabilitation Act 2003*.

4.1.4.2 Media

- The WHS Manager is required to follow the accountability area's own processes to ensure communication with the accountability area's crisis management team and/or media and communications team to enable, where necessary, the management of media statements and enquiries.

4.1.5 Legal advice regarding investigating incident under legal professional privilege

Local processes for determining whether the incident is to be investigated under legal professional privilege are to be followed. This can involve the WHS Manager seeking advice from the accountability area's Legal Counsel regarding whether the notifiable incident should be investigated for the dominant purpose of obtaining legal advice or in relation to current or anticipated litigation, under legal professional privilege.

If legal professional privilege is applied to the investigation:

- the investigation report must be marked to show "this document is confidential and subject to legal professional privilege"
- the report is to be addressed and provided to, and held by, the accountability area Legal Counsel
- the investigation report and any other associated photographs or documentation must not be distributed or communicated to persons outside the accountability area
- the investigation report cannot be used for disciplinary purposes
- Legal Counsel will advise on how corrective actions are communicated internally or any other communications in relation to the report.
- the relevant accountability area Legal Counsel must consider if the Queensland Health Common Interest Privilege Protocol with the Department of Health (if the accountability area is not the Department of Health) will operate to enable the sharing of privileged information. If there is a common interest, this must be documented for each incident. If there are issues in relation to common interest privilege, information should not be shared.

4.1.6 Internal communications

The WHS Manager must brief their accountability area executive, attaching (or covering the content of) the associated *WHS incident response form*, within 24 hours after becoming aware of the notifiable incident, or as soon as possible thereafter.

The notifiable incident briefing must also be sent to the Director-General of Queensland Health at DG_Correspondence@health.qld.gov.au (also providing a copy to Department of Health at whs@health.qld.gov.au) in any of the following circumstances:

- A notifiable incident that has resulted in fatality of a worker or other person.
- A notifiable incident that has disrupted operational service delivery and/or represents significant risk to the organisation, such that local Executive leaders have determined to notify the Director-General via Hot Issues briefing or other internal communications mechanism.

The accountability area is also required to proactively notify HSRs about relevant WHS matters impacting the HSR's work group, including notifiable incidents reported to the Regulator that affect the HSR's work group, which includes:

- giving the HSR a copy of the written notice of a notifiable incident that relates to the HSR's work group, as reported to the WHS Regulator, or giving the HSR a copy of information on a notifiable incident received from the WHS Regulator as soon as practicable after it is received.

Local processes will dictate if, when and how the accountability area's legal counsel is to be notified following notifiable incidents.

- If legal advice is received to investigate the incident under legal professional privilege all briefings are to occur in consultation with the accountability area's legal counsel.
- The accountability area's legal counsel will also determine whether the Department of Health's Legal Branch also needs to be notified.

4.1.7 Internal notifiable incident investigations

WHS incidents that are notifiable to the WHS Regulator, and are not clinical incidents, require a formal investigation led by the local WHS team in collaboration with other stakeholders, which may include the affected worker's line manager, other work team members and the Health and Safety Representative of the affected work group, where applicable.

- Notifiable incidents must be investigated using a formal investigation methodology and documented in a report. The WHS incident investigation report template outlines a minimum standard of required information.
- The WHS Manager or delegate will convene the investigation and appoint a suitable lead investigator within 5 calendar days of the notifiable incident.
- A scope or terms of reference must be prepared by the lead investigator within 5 calendar days of the appointment of the lead investigator.
 - If legal professional privilege applies to the investigation, no experts or other third parties external to the accountability area may be engaged by anyone other than the accountability area Legal Counsel.

- The draft investigation report must be completed within 90 calendar days of the incident (or earlier, where possible), unless there has been an agreed extension approved by the WHS Manager (and for incidents under legal professional privilege, also by the accountability area Legal Counsel).
 - Where legal professional privilege is established, the accountability area Legal Counsel will endeavour to provide legal advice on the draft report and notifiable incident within 14 calendar days of receipt of the draft or such longer period as advised by the accountability area Legal Counsel.
- The final investigation report is endorsed by accountability area personnel with the relevant delegation (e.g. Health Service Chief Executive, senior management of accountability area) within 14 calendar days of submitting the report for delegate approval. Thereafter corrective actions are communicated to those responsible for their implementation.
 - Permission must be sought from the relevant delegate (e.g. endorsing executive/s, Legal Counsel) before the report is communicated to other stakeholders.
 - If the investigation has been convened under legal professional privilege, Legal Counsel will advise on how corrective actions are communicated internally, or how any other communication is to occur in relation to the report.
- If requested, the notifiable incident investigation outcome, including confirmation of finalisation and the completed (or planned) implementation of corrective actions, may need to be communicated to the Department of Health, via email at whs@health.qld.gov.au.

Multiple investigations of a notifiable incident, from both internal and external sources, may occur for the most serious of workplace incidents.

Refer to section 4.3 of this guideline for further detail on internal WHS incident investigations.

4.1.7.1 Clinical SAC1 incidents with WHS contribution

Patient safety investigations

For notifiable incidents involving the health and safety of a patient, the WHS Manager is required to consult with their HHS's Patient Safety unit who will coordinate and lead the clinical incident management process.

While the HHS Patient Safety unit will lead any investigation of a notifiable incident that has arisen out of clinical care for a patient, WHS representation on the clinical incident management team is to be considered for incidents where there is a connection between the death or likely permanent harm of a patient and workplace health and safety factors, such as work environment and equipment of the accountability area.

Where it is determined that WHS representation is required, the Patient Safety unit will continue to lead the clinical incident management and follow established processes, as outlined in the *Hospital and Health Boards Act 2011* and Patient Safety Health Service Directive.

4.1.8 WHS Regulator investigations

WHS inspectors may enter a workplace at any time, without notice and without requiring permission. WHS inspectors may enter a workplace to investigate a notifiable incident, to inquire into suspected contraventions of the *Work Health and Safety Act 2011*, to assist with resolution of a WHS dispute or in response to a complaint lodged with the WHS Regulator.

WHS Manager/delegate is the preferred point of contact for all WHS Regulator engagement and should manage communications with the WHS Regulator and WHS inspectors who visit their accountability area workplaces.

Each accountability area is to establish a process for responding to WHS Regulator visits, including:

- ensuring that inspectors will always be escorted whilst on site
- ensuring that relevant HSR/s for the affected work group are advised that an inspector is entering the workplace and permitting the HSR/s to accompany the inspector
- ensuring that the accountability area Legal Counsel or appropriate delegate authorises the disclosure of information and the provision of documents to the WHS Regulator
- ensuring duty holders, including workers, are aware of their rights and obligations with respect to engaging with the WHS Regulator.

If a notice to produce information/documentation is issued by the WHS inspector, the appropriate delegate must authorise the disclosure of information and the provision of documents to the Regulator.

If investigative action is initiated by the WHS inspector acting for the Regulator, the nature of the investigation (including any associated requirements to produce documentation) is to be communicated to the Department of Health, as per mechanisms for enforcement action detailed at section 3.1.9.

4.1.9 Enforcement action

Following WHS Regulator investigation, the Regulator may instigate enforcement action involving the accountability area and/or the Department of Health. Enforcement action may occur in relation to incidents, WHS risks, or complaints.

The accountability area is responsible for the following:

- Immediate notification of enforcement action to the WHS Manager/delegate (during work hours) or Executive Director on call (outside of work hours).
- The WHS Manager/delegate or Executive Director must advise the below personnel of the enforcement action:
 - Where applicable, accountability area Legal Counsel, by telephone or, if outside of hours, via email.
 - Accountability area executive leaders, by a pre-agreed mechanism.
 - Where a notice has been issued to an individual, to the individual in question.
 - Department of Health via email to whs@health.qld.gov.au, ensuring the documentation submitted to the Department of Health includes any notice issued by a Regulatory body, or a person with powers under a relevant Act/Regulation, which mandates compliance.

- Any other accountability area and/or shared duty holder.
- The WHS Manager must brief their accountability area executive, attaching (or covering the content of) the associated *WHS incident response form*, within 24 hours after becoming aware of the enforcement action.
 - For any enforcement action representing a **significant legislative breach**, the briefing must also be sent by the accountability area to the Director-General of Queensland Health at DG_Correspondence@health.qld.gov.au.
- Copies of all enforcement action briefing documentation, including notices issued, are also to be sent to the accountability area's legal counsel, where applicable, and to the Department of Health at whs@health.qld.gov.au. The accountability area's legal counsel will determine whether the Department of Health's Legal Branch also needs to be notified.
- The accountability area is also required to proactively notify HSRs about relevant WHS matters impacting the HSR's work group, including giving a HSR a copy of relevant enforcement notices issued by the WHS Regulator that relate to the HSR's work group.
- Subject to any legislative process, the WHS Manager is required to take appropriate action in response to enforcement action, in consultation with relevant stakeholders (including legal counsel, in instances where legal advice has been sought in relation to the enforcement action).
- The WHS Manager is to update the Department of Health on the progress of a response to enforcement notices and notify when enforcement action has closed (e.g. the enforcement notice has been complied with), in accordance with WHS performance exception reporting requirements outlined in the *Health, safety and wellbeing governance standard*.

4.2 Role of WHS manager in notifiable incident and enforcement action response

This section provides guidance on the role of the accountability area WHS Manager in relation to sections 6–7 of the *WHS incident response standard* which focuses on notifiable incident response, internal incident investigation and enforcement action response.

4.2.1 Role of accountability area WHS manager/delegate

The WHS Manager (or delegate) of each accountability area plays a key role in the end-to-end WHS notifiable incident response process.

WHS Manager responsibilities at each stage/decision point in Queensland Health's WHS incident response process are summarised below in Table 1. Accountability areas must align to or incorporate the responsibilities in Table 1 into their local incident response processes.

Table 1: WHS manager role in local notifiable incident and enforcement action response

Stage	Role of accountability area WHS manager/ delegate
Immediate internal notification	<ul style="list-style-type: none"> Accountability area to notify WHS Manager immediately if a notifiable incident occurs. WHS Manager must then notify Legal Counsel (where applicable), Executive leaders, other relevant accountability areas and/or shared duty holders, in accordance with local notifiable incident internal notification processes. WHS Manager should also identify any other relevant accountability areas and/or shared duty holders requiring notification (refer Figure 1).
Immediate external notification	<ul style="list-style-type: none"> Notify the WHS Regulator immediately upon being informed of a notifiable incident, or delegate the notifiable incident notification to appropriately trained personnel. Provide a copy of all external notification information submitted to the Regulator to the Department of Health via email to whs@health.qld.gov.au, with additional information provided upon request. In instances where WHS contributory factor/s are connected to a SAC1 clinical incident, the WHS Manager, or delegate, is to undertake external notification of the incident to the WHS Regulator, following liaison with their HHS Patient Safety unit. In instances where a worker has sustained an injury for which workers' compensation may be payable, report the incident to WorkCover Queensland, in the approved form, in accordance with the <i>Workers' Compensation and Rehabilitation Act 2003</i> (if this responsibility is assigned to WHS Manager in accountability area). Communicate with the accountability area's crisis management team and/or media and communications team to enable, where necessary, the management of media statements and enquiries.
Consider legal advice	<ul style="list-style-type: none"> Legal counsel, where applicable to the accountability area's processes, will advise whether an investigation is required to provide legal advice. Investigations undertaken for the dominant purpose of obtaining legal advice or in relation to current or anticipated litigation may be subject to legal professional privilege. In these instances, the accountability area will take instruction from legal counsel on how to proceed.
Internal communications	<ul style="list-style-type: none"> Brief the accountability area executive, attaching (or covering the content of) the <i>WHS incident response form</i>, within 24 hours after becoming aware of the notifiable incident, or as soon as possible thereafter. If the incident is being investigated under legal professional privilege, consultation with the accountability area's Legal Counsel must take place prior to internal incident briefing. The notifiable incident briefing must also be sent by the accountability area to the Director-General of Queensland Health at DG_Correspondence@health.qld.gov.au (also providing a copy to Department of Health at whs@health.qld.gov.au) in any of the circumstances outlined at section 4.1.6 of this guideline.

Stage	Role of accountability area WHS manager/delegate
WHS Regulator engagement, including external investigations	<ul style="list-style-type: none"> • Manage, or delegate to appropriately trained personnel, notifiable incident notifications and enforcement notice interactions with the WHS Regulator. • Be the single point of contact with the WHS Regulator on behalf of the relevant accountability area's Executive, including the WHS Manager arranging for WHS inspectors who visit their accountability area workplaces to be accompanied at all times. • If investigative action is initiated by the WHS Regulator, the nature of the investigation (including any associated requests for information/documentation) is to be communicated to the Department of Health as per mechanisms for enforcement action detailed at section 4.1.9 of this guideline.
Enforcement action	<ul style="list-style-type: none"> • To be notified immediately of enforcement action by the accountability area • Advise the below personnel of the enforcement action: <ul style="list-style-type: none"> ○ Where applicable, accountability area Legal Counsel by telephone or, if outside of hours, via email. ○ Accountability area executive leaders, by a pre-agreed mechanism. ○ Where a notice has been issued to an individual, to the individual in question. ○ The Department of Health at whs@health.qld.gov.au, ensuring the documentation submitted to the Department of Health includes any notice issued by a Regulatory body, or a person with powers under a relevant Act/Regulation, which mandates compliance. ○ Any other accountability area and/or shared duty holder, if required. • Brief accountability area executive, attaching (or covering the content of) the associated <i>WHS incident response form</i>, within 24 hours after becoming aware of the enforcement action. <ul style="list-style-type: none"> ○ For any enforcement action representing a significant legislative breach, the Director-General of Queensland Health must also be notified via submitting the briefing to DG_Correspondence@health.qld.gov.au • Copies of all enforcement action briefing documentation, including notices issued, are also to be sent to the accountability area's Legal Counsel, where engaged, and to the Department of Health at whs@health.qld.gov.au. The accountability area's Legal Counsel will determine whether the Department of Health's Legal Branch also needs to be notified. • Subject to any legislative process, take appropriate action in response to the notice, in consultation with relevant stakeholders, (including Legal Counsel where legal professional privilege applies in relation to the enforcement action). • Where a review of an enforcement notice is sought, ensure the appropriate review avenues are followed.

Stage	Role of accountability area WHS manager/delegate
	<ul style="list-style-type: none"> • Provide updates to the Department of Health on the progress of a response to enforcement action, in accordance with WHS performance exception reporting requirements of the <i>Health, safety and wellbeing governance standard</i>. • Once enforcement action has ceased/closed (e.g. notice satisfied), notify the Department of Health in accordance with WHS performance exception reporting requirements of the <i>Health, safety and wellbeing governance standard</i>.
Internal notifiable incident investigations	
Plan investigation	<ul style="list-style-type: none"> • Follow local protocols regarding considering seeking legal advice on the notifiable incident, prior to planning the notifiable incident investigation. • If legal counsel has recommended the notifiable incident should be investigated for the dominant purpose of obtaining legal advice, follow legal advice to undertake and report the investigation, subject to legal professional privilege. • Convene the investigation and appoint a lead investigator within 5 calendar days of the notifiable incident. • Liaise with their HHS's Patient Safety unit regarding SAC1 clinical incidents which may be notifiable to the WHS Regulator due to a connection between the death or permanent harm of a patient and workplace health and safety factors, such as work environment and equipment. <ul style="list-style-type: none"> ○ Determine with the Patient Safety unit whether WHS representation is required on the clinical incident management team that the Patient Safety unit coordinates and leads.
Report on outcomes	<ul style="list-style-type: none"> • Ensure investigation report includes (the content of) Queensland Health's <i>WHS incident investigation report</i> template. • Review draft incident investigation report within 90 calendar days of the notifiable incident (or earlier, where possible), unless WHS Manager approves an extension of time (noting for incidents under legal professional privilege, an extension of time must be approved in consultation with the accountability area legal counsel). • If the investigation is subject to legal professional privilege, submit the draft report to legal counsel for advice regarding the investigation, with a request for advice to be provided within 14 calendar days of submitting the draft report. • If the investigation is subject to legal professional privilege, consult legal counsel regarding the distribution of the report • Obtain endorsement of final report from accountability area personnel with the relevant delegation (e.g. Health Service Chief Executive, senior management of accountability area), within 14 calendar days of submitting the report for delegate approval.
Communication of findings and outcomes	<ul style="list-style-type: none"> • Communicate with those responsible for implementing corrective actions. <ul style="list-style-type: none"> ○ If the investigation is subject to legal professional privilege, consult legal counsel for advice on how corrective actions are to be

Stage	Role of accountability area WHS manager/delegate
	<p>communicated internally, or how any other communication is to occur in relation to the report.</p> <ul style="list-style-type: none"> • Verify corrective actions are completed/actioned. • Seek permission from relevant delegate (e.g. endorsing executive, legal counsel) before sharing the report with other stakeholders. • If requested, the notifiable incident investigation outcome, including confirmation of finalisation and the completed (or planned) implementation of corrective actions, may also need to be communicated to the Department of Health, via email at whs@health.qld.gov.au.
Records	<ul style="list-style-type: none"> • Store investigation report and all records generated securely and keep confidential and as advised by legal counsel, if subject to legal privilege.

4.3 Internal WHS Incident Investigations

4.3.1 Overview

All WHS incidents are to be recorded in RiskMan and investigated internally by the accountability area, to determine the cause/s of an incident and to ensure that appropriate corrective actions can be taken to prevent or minimise the risk of incident recurrences.

All incidents reported in RiskMan are investigated on some level. The extent of the incident investigation conducted depends on the severity of the incident and the approach will be as per the accountability area's local process, for example:

- For near misses or minor incidents where no harm was sustained and non-notifiable incidents resulting in injury or illness, the investigation is usually carried out by the reporting worker's line manager and the incident review and follow-up is recorded in the incident module in RiskMan.
- For incidents that are notifiable to the WHS Regulator, and for incidents with potential significance of exposure to risk, a formal investigation is conducted and led by the accountability area's WHS personnel in collaboration with other relevant stakeholders, which may include the affected worker's line manager, other work team members and the Health and Safety Representative of the affected work group, where applicable. A multi-disciplinary team representing relevant functional areas is also to be considered for formal investigations, where appropriate/where required.

4.3.2 Aim of internal WHS incident investigation

The general aim of WHS incident investigation is to improve systems of work by identifying causal and contributing factors and implementing corrective actions to reduce the risk of incident recurrence. Corrective actions must be directly linked to causal and contributing factors. Proactive consultation with HSRs and affected workers, during incident investigation and the implementation of corrective actions, assists with identification of effective corrective actions.

4.3.3 Ensuring competent personnel conduct investigations

Accountability areas shall train/instruct relevant roles on how to conduct investigations for both non-notifiable incidents and notifiable incidents.

Accountability areas must implement a formal incident investigation methodology for investigating notifiable incidents and ensure that personnel who are required to lead formal incident investigations are appropriately trained/competent.

4.3.3.1 Trauma-informed investigative approach

Investigators should be appropriately trained/competent in taking a **trauma-informed approach** to investigating incidents, particularly incidents resulting in fatalities and incidents arising from psychosocial hazards, in accordance with the requirements of the *Managing the risk of psychosocial hazards at work Code of Practice 2022*.

- Trauma-informed approaches require that workplace processes, including incident investigations, build in an understanding of trauma and how it affects people and avoid causing further harm. They prioritise safety, choice and empowerment and also recognise the impact of trauma on a person's ability to recall information. Processes should prevent harm and promote repair and recovery to the greatest extent possible.
- Trauma-informed approaches ensure that workplace systems, processes and practices affirm the safety and dignity of the people who encounter them and support healing.
- Being trauma-informed does not always mean doing what a person requests, but it does mean genuinely considering their wishes and the impact that decisions may have on them.
- Some key principles to consider in providing trauma informed support during incident investigation include, but are not limited to:
 - Safety – employees should be made to feel physically and psychologically safe, including during witness interviews. Personal interactions should be conducted in a way that promotes a sense of safety and do not trigger further trauma.
 - Trust and transparency – decisions around investigation findings and corrective actions should be made openly and transparently and with the goal of building trust. Clear expectations of what support is available to employees should be communicated.
 - Collaboration – power differences between employees and managers should be levelled to support shared decision making and healing.
 - Equity and respect – processes should ensure interpersonal respect, be inclusive, and acknowledge diversity in all its forms.
 - Empowerment – employees' strengths should be built upon and validated, including a belief in resilience and the ability to heal from trauma and adverse experiences. Processes should assume optimism and the possibility of recovery/resolution.
 - Choice – every employee's experiences are unique and managing them requires an individual approach.

Principles that can be applied, so far as is reasonably practicable, when responding to, and investigating, incidents or reports involving psychosocial hazards are set out in Table 2.

Table 2: Responding to reports, complaints or incidents relating to psychosocial hazards

(Adapted from *Managing the risk of psychosocial hazards at work Code of Practice 2022*)

Principles	Response
Act promptly	<ul style="list-style-type: none"> Respond to reports, complaints, or incidents quickly, reasonably and within established timelines. Advise relevant parties how long it will likely take to respond. Keep them informed of progress to provide reassurance the report, and its investigation, has not been forgotten or ignored.
Ensure immediate safety	<ul style="list-style-type: none"> Take steps to eliminate or minimise ongoing exposure to hazards and to provide immediate support so far as reasonably practicable.
Treat all matters seriously	<ul style="list-style-type: none"> Take reports, complaints and incidents seriously and assess them on their merits and facts.
Use a trauma-informed approach	<ul style="list-style-type: none"> The concept of a trauma-informed approach means that workplace systems recognise and acknowledge that workplace responses or investigations of reports about psychosocial hazards can escalate or de-escalate distress in those with a history of trauma. Knowledge about trauma can be integrated into procedures and practices, inclusive of the key principles outlined in section 4.3.3.1 of this guideline.
Maintain confidentiality	<ul style="list-style-type: none"> Maintain the confidentiality of all parties involved or be very clear if there are any limits to confidentiality (e.g. if there are concerns about the safety of others). As a general rule, details of the matter should only be known by those directly concerned in the complaint or in resolving it and sensitive and personal information should be protected.
Be neutral	<ul style="list-style-type: none"> Impartiality towards everyone involved is critical. This includes the way people are treated throughout the process and ensuring all parties are able to provide their side of the story. The person investigating the report, complaint or incident should not have been directly involved and personal or professional bias is to be avoided. If this is not possible, consider engaging an external party to ensure impartiality.
Support all parties	<ul style="list-style-type: none"> Once a report or complaint has been made, or an incident has occurred, advise parties involved what support is available, for example employee assistance programs, and allow a support person to be present throughout the process including at interviews (e.g. an HSR, union representative or work colleague). Ensure adequate and fair support is available to all parties, including those who may be away from work during investigations or during disciplinary processes. Support should also continue following completion of the incident investigation process.
Do not victimise	<ul style="list-style-type: none"> It is important to ensure anyone who reports a psychosocial hazard, or is a party to a report, complaint or incident is protected from victimisation

Principles	Response
	and does not suffer adverse action as a consequence of exercising their workplace right to report a psychosocial hazard.
Communicate process and outcomes	<ul style="list-style-type: none"> • Inform all parties of the investigation process, any rights and obligations that may apply, how long it is estimated to take and what they can expect will happen during and at the end of the process. Should the process be delayed for any reason, advise parties of the delay and when the process is expected to resume. • Reasons for actions that have been taken or not taken should be explained to the parties wherever possible so that the processes and outcomes are transparent. Wherever possible, an educative approach should be used. • Where persons are away from the workplace during investigation processes, ensure an appropriate mechanism for communication is still available.

4.3.3.2 Culturally safe workplace

Cultural safety involves individuals and organisations providing services and supports to people with consideration of, and respect to the historical, cultural and social contexts in which they exist. This involves individuals examining their knowledge, assumptions, skills and attitudes, and consists of shifting to the worldview of people and communities.

Aboriginal and Torres Strait Islander peoples hold distinct cultural rights which are protected under the *Human Rights Act 2019*. It is important for personnel who investigate workplace incidents to be culturally capable, in order to ensure a culturally safe workplace for all workers and others who may be involved in an incident and/or the incident response.

While responding to a WHS incident there may be a need for a discussion to take place around death or dying with Aboriginal and Torres Strait Islander workers involved in the incident response or with the families of deceased workers.

- Cultural requirements should be considered when Aboriginal and Torres Strait Islander workers are participating in incident investigations, inclusive of the option of a cultural support person present for the process and undertaking sensitive and open conversations with the worker involved so they can assist in identifying their needs.
- A similar understanding and cultural knowledge is required when communicating with families of deceased workers.

4.3.4 Determining the level of investigation required

4.3.4.1 Notifiable incidents

Notifiable incidents requiring investigation are expected to be subject to a formal incident investigation using the methodology in which relevant lead personnel have been trained/demonstrated capability.

Notifiable incident investigations may be subject to circumstances where the dominant purpose of the investigation is to assist in the provision of legal advice or in relation to current or anticipated litigation. In those instances, legal counsel will instruct the

accountability area on undertaking the investigation subject to legal professional privilege. Further detail is outlined at section 4.3.5.2 and 4.3.6 of this guideline.

For SAC1 clinical incidents with WHS contribution, refer to section 4.1.7.1 of this guideline.

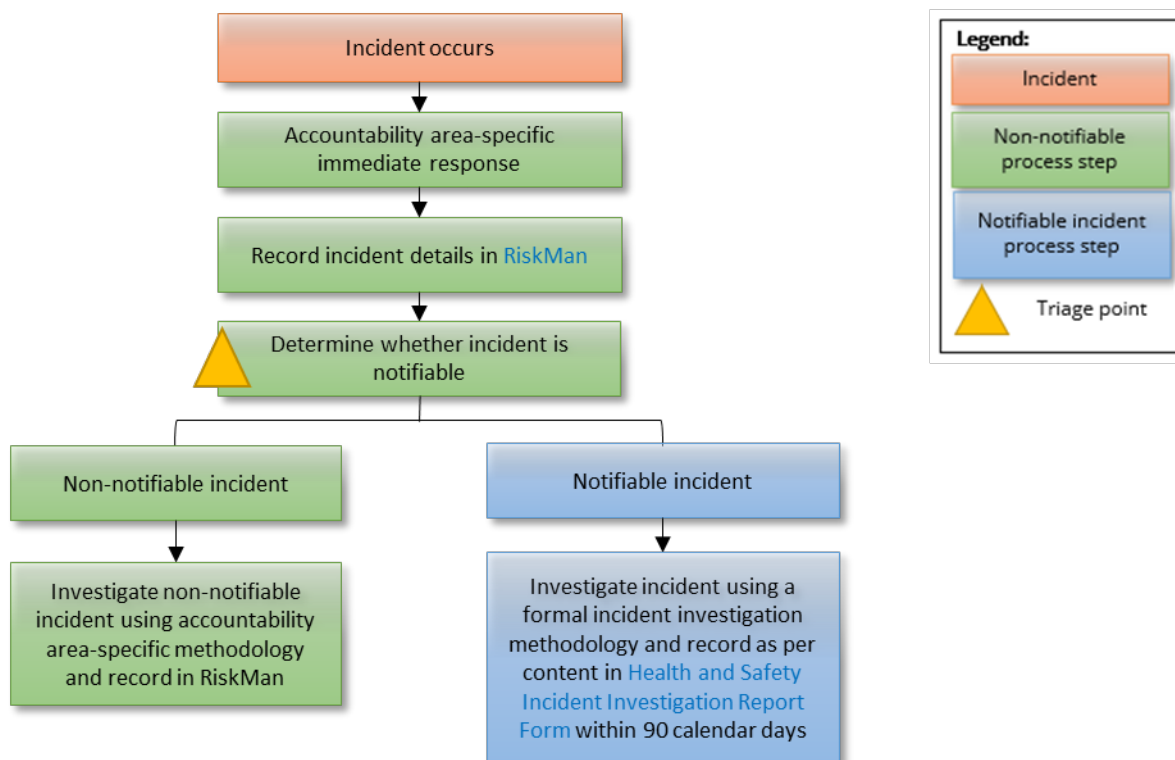
4.3.4.2 Non-notifiable incidents

For non-notifiable incidents, the accountability area may use one uniform method for internal investigation (such as ‘5 Whys’). Alternatively, the accountability area may assign criteria to allow investigations to occur based on the potential significance of exposure to risk and/or compliance breach, to allow further scrutiny over non-notifiable incidents pertaining to key risks.

Provided all non-notifiable incidents are investigated/reviewed on some level, the decision to assign further criteria to non-notifiable incidents and the method to be used to investigate non-notifiable incidents is at the discretion of the accountability area.

Figure 2 outlines Queensland Health’s process for determining the level of incident investigation required.

Figure 2: Queensland Health’s process for determining level of incident investigation



4.3.5 WHS convened notifiable incident investigation

Any notifiable incident to be investigated should use an appropriate formal investigation methodology. The WHS Manager or their delegate is to convene the investigation and appoint a lead investigator within 5 calendar days of a notifiable incident.

Figure 3 shows an example of an incident investigation approach for notifiable incidents.

WHS incidents requiring a formal investigation are led by the local WHS team in collaboration with other stakeholders, which may include the affected worker’s line

manager, other work team members and the Health and Safety Representative of the affected work group, where applicable. A multi-disciplinary team representing relevant functional areas is also to be considered for formal investigations, where appropriate/where required.

4.3.5.1 Lead investigator

The lead investigator must not be associated with the notifiable incident. They must be trained/competent in the accountability area's chosen formal incident investigation methodology and understand legal professional privilege, when applicable. The lead investigator must keep the WHS Manager up to date during the investigation.

4.3.5.2 Terms of reference/ scope of investigation

A scope or terms of reference must be prepared by the lead investigator within 5 calendar days of the appointment of the lead investigator.

Certain notifiable incidents may have been determined for investigation under legal professional privilege, in accordance with local protocols. In situations where the dominant purpose of the investigation is to enable legal advice to be obtained or to aid in anticipated litigation (i.e. subject to legal professional privilege) the investigation should not commence until the accountability area legal counsel has issued a request for an investigation to occur in order to enact legal professional privilege.

If legal professional privilege applies to the investigation, no experts or other third parties external to the accountability area may be engaged by anyone other than legal counsel.

4.3.5.3 Investigation timeframe

All notifiable incidents must be investigated in a timely manner.

A draft investigation report is to be completed within 90 calendar days of the notifiable incident (or earlier, where possible), unless there has been an extension approved by the WHS Manager (in consultation with legal counsel for incident investigations subject to legal professional privilege).

4.3.6 Recording investigations

All WHS investigation outcomes are recorded in RiskMan.

In addition, a notifiable incident investigation report must include (the content of) Queensland Health's *WHS incident investigation report* template. Figure 3 shows an example of an incident investigation approach for notifiable incidents.

Appropriate cautions for investigations conducted under legal professional privilege should be taken, as outlined in Figure 3 and detailed below.

Notifiable incident investigation reports are to be developed, reviewed, and appropriately endorsed before their distribution.

- Each notifiable incident is to be documented in a report. The *WHS incident investigation report* template outlines a minimum standard of required information to be documented for notifiable incident investigations.

- Notifiable incident investigation reports should clearly outline causal and contributory factors and demonstrate the logic and linkages between evidence collected, causal and contributory factors, and corrective actions implemented.
- Notifiable incident draft investigation reports should be completed within 90 calendar days of the notifiable incident (or sooner, where feasible), unless there has been an agreed extension approved by the WHS Manager (and for incidents under legal professional privilege, by the accountability area Legal Counsel).
- For investigations conducted under legal professional privilege, the report is to be marked “Draft: Privileged and confidential, subject to legal professional privilege” Legal counsel will then provide legal advice on the investigation report within 14 calendar days of receipt of the draft report.
- The final report is endorsed by accountability area personnel with the relevant delegation (e.g. Health Service Chief Executive, senior management of affected area) within 14 calendar days of submission to the delegate and corrective actions are communicated to those responsible for their implementation.
- Certain notifiable incidents will require endorsement from the accountability area’s executive leader prior to finalising the incident investigation report.
- If requested, the notifiable incident investigation outcome, including confirmation of finalisation and the completed (or planned) implementation of corrective actions, may also need to be communicated to the Department of Health, via email at whs@health.qld.gov.au, with additional information provided upon request.

Figure 3: Example of a process to investigate notifiable incidents

7. Communication of findings and outcomes

- WHS Manager to verify corrective actions are implemented/completed
- WHS Manager to notify the Department of Health at whs@health.qld.gov.au of investigation outcomes and provide additional information, if requested
- Seek permission from relevant delegate (endorsing executive, Legal Counsel) before sharing the report with other stakeholders
- Legal Counsel must consider if the Queensland Health Common Interest Privilege Protocol will operate to enable the sharing of privileged information for investigations conducted under legal professional privilege

6. Report on outcomes

- Draft an incident investigation report, containing the content of the *WHS incident investigation report form*, within 90 calendar days of notifiable incident
- Final report to be endorsed by accountability area personnel with relevant delegation (e.g. Health Service chief Executive, senior management in affected work area) within 14 calendar days
- WHS investigation outcomes recorded in RiskMan
- Corrective actions are communicated to roles responsible for implementation

For investigations conducted under privilege:

- Mark/label the report accordingly
- Legal Counsel is to provide advice on the draft report and notifiable incident within 14 calendar days of receipt of the draft
- Follow Legal Counsel advice for communicating outcomes

1. Plan the investigation

- Legal Counsel to issue an investigation request where legal advice received to investigate under legal professional privilege
- WHS Manager to convene investigation and appoint lead investigator within 5 calendar days of incident date
- Develop terms of reference and define scope within 5 calendar days of appointment of lead investigator
- Consider external support requirements, for example, external subject matter expert (SME)

2. Collect evidence

Evidence should be relevant and factual. Sources of relevant evidence may include:

- People involved (witness interviews)
- Environment
- Plant and equipment
- Processes
- Management systems

3. Organise information

- This step is not intended to analyse causes; the intent is to organise information
- Create a timeline (pre- and post-incident events)
- By creating a timeline, at the 'analyse' stage, the investigator/s can systematically work through relevant events to identify gaps or shortcomings

4. Analyse information

- Identify causal and contributing factors by analysing the timeline of events and reviewing the evidence gathered at Step 2
- Causal and contributing factors will stem directly from evidence gathered

5. Develop corrective and preventive actions

- The causal and contributing factors identified at Step 4 will inform corrective actions
- These actions should be developed with reference to WHS hierarchy of risk controls
- Actions should be relative to the risk
- Actions should relate directly to causal and contributing factors



5 Legislation

- Anti-Discrimination Act 1991
- Building Fire Safety Regulation 2008
- Electrical Safety Act 2002
- Electrical Safety Regulation 2013
- Fire and Emergency Services Act 1990
- Hospital and Health Boards Act 2011
- Human Rights Act 2019
- Industrial Relations Act 2016
- Public Sector Act 2022
- Work Health and Safety Act 2011
- Work Health and Safety Regulation 2011
- WHS Codes of practice including the electrical safety codes of practice
- Workers' Compensation and Rehabilitation Act 2003
- Workers' Compensation and Rehabilitation Regulation 2014

6 Supporting documents

- Department of Health Corporate Records Management Policy (QH-POL-467)
- eHealth Queensland Information security Policy (QH-POL-468)
- General Retention and Disposal Schedule (Administrative Records)
- Health safety and wellbeing governance standard (QH-IMP-401-6)
- Health safety and wellbeing monitoring evaluation and performance review standard (QH-IMP-401-4)
- Health, safety and wellbeing planning standard (QH-IMP-401-1)
- Health, safety and wellbeing, psychosocial risk management guideline (QH-GDL-401-3-2)
- Health, safety and wellbeing risk management standard (QH-IMP-401-3)
- Patient Safety Health Service Directive (QH-HSD-032:2014)
- Queensland Health Preventing and responding to workplace sexual harassment and other unlawful sexual conduct Human Resources Policy E5 (QH-POL-228)
- Queensland Health Common Interest Privilege Protocol (QH-IMP-401-7-Att3)
- Queensland Health sad news sorry business – guidelines for caring for Aboriginal and Torres Strait Islander people through death and dying
- Queensland Health Occupational violence incident response kits
- Queensland Mental Health Commission Queensland Trauma Strategy 2024-2029
- Work health and safety incident response standard (QH-IMP-401-7)
- WHS incident investigation report template (QH-FRM-401-7-2)
- WHS incident response form (QH-FRM-401-7-1)
- Workplace rehabilitation standard (QH-IMP-401-5)

Definitions

Term	Definition
Accountability area	Department of Health and each hospital and health service (HHS) are accountability areas within Queensland Health.
Boards	<p>Queensland Health has Boards of Management which function under the authority of the Director-General and provide governance oversight of certain strategies and divisions of the Department of Health, as well as Hospital and health boards controlling each Hospital and health service.</p> <p>Refer to Hospital and health board in this Definitions table, for the definition of a Health Service Board, appointed for a Service under section 23 of the <i>Hospital and Health Boards Act 2011</i>.</p>
Cultural safety	<p>Definition as per the <i>Queensland Trauma Strategy 2024-2029</i> -</p> <p>Cultural safety involves individuals and organisations providing services and supports to people with consideration of, and respect to the historical, cultural and social contexts in which they exist. This involves individuals examining their knowledge, assumptions, skills and attitudes, and consists of shifting to the worldview of people and communities.</p>
Dangerous electrical event	<p>Section 12, <i>Electrical Safety Act 2002</i> – Meaning of dangerous electrical event</p> <p>A dangerous electrical event is any of the following—</p> <ul style="list-style-type: none"> (a) the coming into existence of circumstances in which a person is not electrically safe, if— <ul style="list-style-type: none"> (i) the circumstances involve high voltage electrical equipment; and (ii) despite the coming into existence of the circumstances, the person does not receive a shock or injury; (b) the coming into existence of both of the following circumstances— <ul style="list-style-type: none"> (i) if a person had been at a particular place at a particular time, the person would not have been electrically safe; (ii) the person would not have been electrically safe because of circumstances involving high voltage electrical equipment; (c) an event that involves electrical equipment and in which significant property damage is caused directly by electricity or originates from electricity; (d) the performance of electrical work by a person not authorised under an electrical work licence to perform the work; (e) the performance of electrical work by a person if, as a result of the performance of the work, a person or property is not electrically safe; (f) the discovery by a licensed electrical worker of electrical equipment that has not been marked as required under this Act.

Term	Definition
Dangerous incident	<p>Section 37, <i>Work Health and Safety Act 2011</i> – definition of a dangerous incident</p> <p>A dangerous incident means an incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person’s health or safety emanating from an immediate or imminent exposure to—</p> <ul style="list-style-type: none"> (a) an uncontrolled escape, spillage or leakage of a substance; or (b) an uncontrolled implosion, explosion or fire; or (c) an uncontrolled escape of gas or steam; or (d) an uncontrolled escape of a pressurised substance; or (e) electric shock; or (f) the fall or release from a height of any plant, substance or thing; or (g) the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be authorised for use under a regulation; or (h) the collapse or partial collapse of a structure; or (i) the collapse or failure of an excavation or of any shoring supporting an excavation; or (j) the inrush of water, mud or gas in workings, in an underground excavation or tunnel; or (k) the interruption of the main system of ventilation in an underground excavation or tunnel; or (l) any other event prescribed under a regulation; <p>but does not include an incident of a prescribed kind.</p>
Department of Health	<p>Department of Health divisions (the department) is the health system manager. The Department of Health’s systematic role involves oversight and monitoring and does not descend to operational matters.</p>
Duty holder	<p>Refers to any person who holds a health and safety duty under the <i>Work Health and Safety Act 2011</i>. PCBUs, officers and workers are all duty holders for work health and safety.</p> <p>A person can also have more than one duty by virtue of being in more than one class of duty holder.</p> <p>More than one person can concurrently have the same duty and where more than one person has a duty for the same matter, each duty holder must comply with that duty to the standard required by the <i>Work Health and Safety Act 2011</i>, even if another duty holder has the same duty.</p>

Term	Definition
Enforcement action	<p>Enforcement action, for the purposes of this document, includes the issuing of a notice by a Regulatory body, or a person with powers under a relevant Act/Regulation, which mandates compliance. Examples include:</p> <ul style="list-style-type: none"> • Improvement notice • Prohibition notice • Non-disturbance notice • Enforceable undertaking • Revocation, suspension or cancellation of an authorisation or licence • Infringement notice • Prosecution • Requirement to produce information/documentation (e.g. s155 or s171 of the Act) • Provisional Improvement Notice (PIN) • HSR-issued Cease work notice.
Executive Leader	<p>Is the most senior person of each accountability area and can include persons reporting to that position.</p>
Executive Leadership Team (ELT)	<p>The Executive Leadership Team (ELT) supports the Executive leader of the accountability area to provide leadership and oversight of the functions of the business to ensure its effective operation.</p> <p>In the Department of Health, the Department of Health ELT supports the Director-General to provide leadership, direction and guidance to the Department of Health and oversee its strategic function, capabilities and effective operation.</p>
Hospital and health board	<p>A Hospital and health board appointed for a Service under section 23 of the <i>Hospital and Health Boards Act 2011</i>, which consists of five or more members appointed by the Governor in Council and which controls the Service for which it is established, with regard to –</p> <p>(a) the need to ensure resources of the public sector health system are used effectively and efficiently; and</p> <p>the best interests of patients and other users of public sector health services throughout the State.</p>
Hospital and health service (HHS)	<p>A statutory body established under the <i>Hospital and Health Boards Act 2011</i> responsible for the provision of public sector health services for a geographical area, which includes one or more health facilities.</p>
Incident	<p>An unplanned event or work-related incident that has either resulted in or had the potential to result in adverse outcomes such as harm, loss, damage, disruption or delay.</p>

Term	Definition
Legal professional privilege	Legal professional privilege protects confidential communications and confidential documents between a lawyer and a client made for the dominant purpose of the lawyer providing legal advice or professional legal services to the client, or for use in current or anticipated litigation. Legal counsel in each accountability area must be referred to in relation to decisions regarding legal professional privilege.
Legal Counsel	A member of the legal team at the relevant accountability area, in the Legal Branch of the Department of Health or an external legal adviser.
Notifiable incident	<p>A notifiable incident under electrical safety and work health safety legislation.</p> <p>Notifiable incident is fully defined in safety legislation and means —</p> <ul style="list-style-type: none"> • the death of a person; or • a serious injury or illness of a person; or • a dangerous incident; or • a serious electrical incident: or • a dangerous electrical event. <p>See separate definitions for serious injury or illness, dangerous incident, serious electrical incident and dangerous electrical event.</p>
Person Conducting a Business or Undertaking (PCBU)	<p>Means a person conducting a business or undertaking. A PCBU can be a sole trader, a partnership, company, unincorporated association or government department of public authority. The PCBU holds a primary duty of care under the <i>Work Health and Safety Act 2011</i>.</p> <p>The Department of Health and each of the HHSs are considered to be PCBUs. A HHS is a statutory body and its legal status is that of a body corporate (refer section 18 of the <i>Hospital and Health Boards Act 2011</i>). HHSs engage in a business or undertaking, being the principal providers of public health services, and are direct employers of certain workers.</p>
Queensland Health	<p>Means the Department of Health (the department) and all hospital and health services responsible for the provision of public sector health services.</p> <p>Queensland Health operates as a federated, networked system, with the Department of Health and each HHS being legally recognised as a PCBU in accordance with the <i>Work Health and Safety Act 2011</i>, under shared duties arrangements.</p>
Others	<p>Other persons as referenced in the <i>WHS Act 2011</i>.</p> <p>Others are people who are not workers but whose health and safety may be impacted by one or more accountability areas.</p> <p>Patients and visitors are examples of others.</p>

Term	Definition
<p>SAC1 clinical incident with WHS contribution</p> <p>SAC1 is a Severity Assessment Code in clinical incident management, representing death or likely permanent harm which is not reasonably expected as an outcome of healthcare</p> <p>(SAC1 is also used in Queensland Health for non-clinical incidents to describe worker fatality)</p>	<p>For the purposes of this Guideline, SAC 1 clinical incidents with WHS contribution, are –</p> <p>Notifiable incidents:</p> <ul style="list-style-type: none"> • involving the death or likely permanent harm of other persons, including patients and residents, which is not reasonably expected as an outcome of health care provided by a Queensland Health facility; and • is notifiable to the WHS Regulator because it has arisen out of the conduct of the accountability area, with a connection between the death or permanent harm and the accountability area workplace health and safety factors, such as work environment and equipment.
<p>Safety legislation</p>	<p>The <i>WHS Act 2011</i>, and the <i>Electrical Safety Act 2002</i>, the <i>Building Fire Safety Regulation 2008</i>, the <i>Workers' Compensation and Rehabilitation Act 2003</i>, the <i>Hospital and Health Boards Act 2011</i> and any associated regulations or WHS codes of practice, as amended from time to time.</p>
<p>Serious electrical incident</p>	<p>Section 11, <i>Electrical Safety Act 2002</i> – Meaning of serious electrical incident</p> <p>A serious electrical incident is an incident involving electrical equipment if, in the incident—</p> <ul style="list-style-type: none"> (a) a person is killed by electricity; or (b) a person receives a shock or injury from electricity, and is treated for the shock or injury by or under the supervision of a doctor; or (c) a person receives a shock or injury from electricity at high voltage, whether or not the person is treated for the shock or injury by or under the supervision of a doctor.

Term	Definition
Serious injury or illness	<p>Section 36, <i>Work Health and Safety Act 2011</i> – definition of a serious injury or illness</p> <p>In this part, serious injury or illness of a person means an injury or illness requiring the person to have—</p> <ul style="list-style-type: none"> (a) immediate treatment as an in-patient in a hospital; or (b) immediate treatment for— <ul style="list-style-type: none"> (i) the amputation of any part of his or her body; or (ii) a serious head injury; or (iii) a serious eye injury; or (iv) a serious burn; or (v) the separation of his or her skin from an underlying tissue (for example, degloving or scalping); or (vi) a spinal injury; or (vii) the loss of a bodily function; or (viii) serious lacerations; or (c) medical treatment within 48 hours of exposure to a substance; <p>and includes any other injury or illness prescribed under a regulation but does not include an illness or injury of a prescribed kind.</p>
Shared duty holders	<p>Persons who have a duty under the <i>Work Health and Safety Act 2011</i> in relation to the same matter as another person. as referenced at section 16 and section 46 of the Act. Each person with the duty must, so far as is reasonably practicable, consult, cooperate and coordinate activities with all other persons who have a duty in relation to the same matter. Examples include owners, occupiers, secondary occupiers and concurrent duty holders. Examples of concurrent duty holders in Queensland Health include the Department of Health and a HHS, for example, where the Department of Health has workers located at the HHS.</p>
Significant legislative breach	<p>An actual legislative breach, resulting in sanctions issued and proceedings commenced or a penalty for non-compliance issued by the WHS Regulator and/or Electrical Safety Regulator, by way of:</p> <ul style="list-style-type: none"> • Infringement Notice that is used for an individual and/or an accountability area (PCBU), for contravening WHS and/or Electrical Safety legislation • Enforceable Undertaking has been entered into by an accountability area of Queensland Health with the Regulator, for an alleged contravention of WHS or Electrical Safety legislation • Prosecution, or intention to prosecute an individual and/or an accountability area (PCBU), by the WHS Prosecutor.

Term	Definition
Trauma-informed approach	<p>Definition as per page 37 of the <i>Managing the risk of psychosocial hazards at work Code of Practice 2022</i>, that is:</p> <p>The concept of a trauma-informed approach means that workplace systems recognise and acknowledge that workplace responses or investigations of reports about psychosocial hazards can escalate or de-escalate distress in those with a history of trauma.</p> <p>Trauma-informed approaches seek to avoid re-traumatising and work to empower individuals in decision making, creating safety and trust, equity and respect, choice and collaboration, and rebuilding a sense of control, hope and empowerment.</p>
WHS Manager	The Workplace Health and Safety Manager or equivalent functional lead at the relevant accountability area, or their delegate.
WHS Regulator	Workplace Health and Safety Queensland, or the Electrical Safety Office, as applicable
Worker	<p>Definition as per section 7 of the <i>Work Health and Safety Act 2011</i>, that is: A person is a worker if the person carries out work in any capacity for a person conducting a business or undertaking, including work as—</p> <ul style="list-style-type: none"> • an employee; or • a contractor or subcontractor; or • an employee of a contractor or subcontractor; or • an employee of a labour hire company who has been assigned to work in the person’s business or undertaking; or • an outworker; or • an apprentice or trainee; or • a student gaining work experience; or • a volunteer; or • a person of a prescribed class <p>The person conducting the business or undertaking is also a worker if the person is an individual who carries out work in that business or undertaking.</p> <p>As per section 11(1) of the <i>Workers’ Compensation and Rehabilitation Act 2003</i> (as amended 2013), a person who works under a contract, and in relation to the work, is an employee for the purpose of assessment for PAYG withholding under the <i>Taxation Administration Act 1953</i> (Cwlth); who has sustained a work-related personal injury or illness. (Note – the above definition is used by WorkCover Queensland when determining liability/eligibility for workers’ compensation entitlements).</p>

Term	Definition
Workplace	<p>Definition adapted from the <i>Work, health and safety consultation, cooperation and coordination code of practice 2021</i>, that is:</p> <p>Any place where work is carried out for a business or undertaking and includes any place where a worker goes, or is likely to be, while at work. In a Queensland Health context, this may include hospital and health facilities, offices, warehouses, construction sites, vehicles, aircraft or other mobile structures, staff accommodation.</p>

History

Date	Change
20 March 2025	<p>Guideline review prompted by legislative and other amendments:</p> <ul style="list-style-type: none"> • amendment of Work Health and Safety Act 2011, as outlined in Work Health and Safety and Other Legislation Amendment Act 2024 • amendment of Work Health and Safety Regulation 2011, as outlined in Work Health and Safety and Other Legislation Amendment Regulation 2024 • amendment of Work Health and Safety Act 2011, as outlined in Electrical Safety and Other Legislation Amendment Act 2024 • amendment of Work Health and Safety Regulation 2011, as outlined in Work Health and Safety (Psychosocial risks) Amendment Regulation 2022 • introduction of Managing the risk of psychosocial hazards at work Code of Practice 2022 • alignment to AS / NZS ISO 45001 criteria • standard reformatted as part of the HR Policy review • amended to update references and naming conventions • Document ID number amended to QH-GDL-401-7-1 to accommodate future additional guidelines subordinate to QH-IMP-401-7 WHS Incident Response Standard
21 July 2021	Version 1.0 - New Guideline QH-GDL-401-7:2021