Disease, Injury, Near Miss and Accident (DINMA) Incident Report Form 24 Hour Priority Care Australia

OFFICE USE ONLY

DINMA
NUMBER

Incident: Unplanned event related to a person resulting in or potential for injury/ill health or other loss (includes dangerous occurrences and system failures)

Incident

Who sustained the incident?

☐ Me (person type not required) ☐ Another person (Person type mandatory)

Person type: ☐ Employee ☐ Visitor

Name of the person (& Position) who sustained the incident:

Additional details if known:

Telephone no: Email address:

Company name (if applicable):

When did the incident occur?

Date of the incident: Time of the incident

Incident Details

The incident is located: ☐ Workplace ☐ Community

Location details:

What was the work or activity being undertaken at the time of the incident/Injury? Please describe in detail how any injury/incident occurred.

Who was the matter reported to:
Manager ☐ Supervisor ☐ CSO ☐

Injury or Illness

Did an injury/illness occur?

☐ No (Do not complete the Injury/Illness Classification) ☐ Yes (Complete the Injury/Illness Classification)

Witness details

Was there a witness?
☐ No ☐ Yes (Include details below)

Include witness name and phone number if known:

Incident Injury Breakdown

Incident Classification

Identify what occurred (Mechanism)

☐ Being trapped by moving machinery or equipment

☐ Biological factors of animal or human origins (exposure to microorganisms or potentially infectious materials)

☐ Bitten or struck by an animal (vertebrates)

☐ Bitten or stung by an insect or spider by an animal (invertebrates)

☐ Body stressing from lifting, carrying, pulling, or handling objects.

☐ Body stressing resulting from repetitive or sustained movements, awkward postures, or application of force.

☐ Contact with poisonous parts of plant or marine life.

☐ Exposure or contact with chemicals and other substances.

☐ Falls, trips, and slips of a person

☐ Hot/cold objects or environments (including low oxygen environment)

☐ Other and unspecified mechanisms of injury

☐ Psychological (non-traumatic exposures)

☐ Radiation and electricity

☐ Sound and pressure

☐ Striking objects with a part of the body

☐ Struck by moving/falling objects (including vibrations, assault)

☐ Transport (vehicle/bicycle) incident

☐ Traumatic event

☐ Occupational Violence

What was the most significant cause (Breakdown Agency)?

☐ Biological agencies
☐ Chemicals
☐ Human agencies: ☐ Self or ☐ Other
☐ Indoor agencies
☐ Live animals
☐ Machinery and fixed plant
☐ Mobile plant

☐ Non-living animals.

☐ Non-metallic substances

☐ Non-physical agencies

☐ Non-powered equipment

☐ Non-powered hand tools

☐ Other causes: _____
☐ Other materials, substances, or objects

☐ Other transport

☐ Outdoor environment

☐ Powered equipment, tools, and appliances

☐ Road transport

☐ Underground environment

Injury/Illness Classification (Injury/Illness Only)

Identify the type of injury or illness sustained (Nature) (select the most severe)

☐ Burns (Including hot, cold, chemical, electrical, friction, radiation)

☐ Circulatory system (including deep vein thrombosis, heart attack)

☐ Fractures

☐ Infections and parasites (including food poisoning)

☐ Injury to nervous system

☐ Intracranial injuries (including concussion)

☐ Lacerations, bruises, wounds (including crushing, amputation, needle-stick, punctures foreign matter intrusion)

☐ Musculoskeletal (sprains/strain – not traumatic)

☐ Other disease (including nervous or sense organs, digestive system, headache with no other information)

☐ Other injuries (including exposure to extreme temperatures, sunburn, alcohol poisoning, electric shock)

☐ Psychosocial

☐ Respiratory system (including asthma)

☐ Skin condition (including dermatitis)

☐ Traumatic injury (muscle, tendon, joint or ligament including dislocation)

☐ Unknown (including nausea)

What part of the body was/is most affected (select the most severe)?

☐ ankle, foot, or toe

☐ Arm or elbow

☐ Back

☐ Eye

☐ finger and thumb☐ Other:_____

☐ Hand and wrist

☐ Head

☐ Knee

☐ Lower limbs, excluding foot and ankle.

☐ Multiple locations

☐ Neck

☐ Face

☐ Psychological system

☐ Shoulder

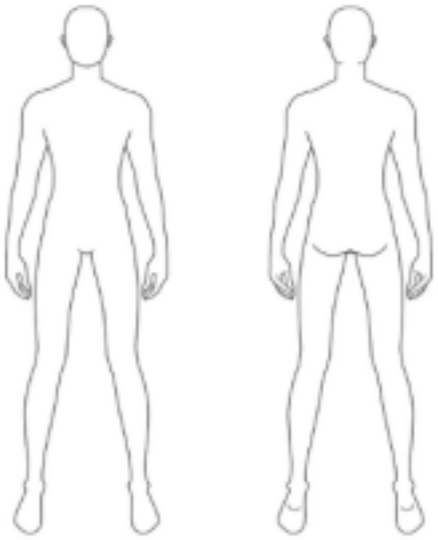
☐ Systematic locations (respiratory, circulatory, digestive, nervous)

☐ Trunk, excluding back

If applicable, which side of the body was affected?

☐ Not applicable ☐ Left ☐ Right ☐ Both

Please circle what area/s of the body have been affected:



FRONT BACK

Assign to:

Manager/ Supervisor (name):

Who was notified of this incident?
Staff (name): Date notified (dd/mm/yyyy): Time notified (00:00am/pm): Contractor/visitor/other (name): Date notified (dd/mm/yyyy): Time notified (00:00am/pm):

Treatment for injury/illness

Was first aid administered? ☐ No ☐ Yes
Was medical treatment provided? ☐ No ☐ Yes
☐ Medical treatment (doctor, emergency/outpatient, physiotherapist, or another practitioner)
☐ Hospital admission/inpatient

Please provide details:

Injury/Illness resulted in

☐ No lost time from work
☐ Lost time from work (one or more shifts lost)

DETAILS OF PERSON MAKING THIS ENTRY

Family Name: **First Name:**

Position Title: **Department**

Signature: **Date:**

If you are not the injured worker, did you witness the injury /incident?

Follow Up - Immediate Action
Has any investigation/Incident review been conducted into the incident? What if any controls were implemented to ensure the incident does not happen again?

Employer Confirmation:
I, _____ (Print name) of 24 Hour Priority Care Australia hereby confirm receipt of this notification.

Signature : _____ Date: _____

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24 Hour Priority Care Australia acknowledges that the notice of injury has been given as per Section 18 of the Workplace Injury Rehabilitation and Compensation Act 2013 or the Accident Compensation Act 1985.

Requirements of Injury notification:

- Employers must keep a Register of Injuries at each Workplace for employees to record any workplace injury or illness.
- An injured worker (or someone acting on behalf of the injured worker must notify the employer in writing of any work-related injury or illness within 30 days of becoming aware of the injury or illness.
- Employers must provide written confirmation to the injured worker that they have received notification of the injury or illness.
- Employers should provide a signed and dated copy of this entry to the injured worker.
- To make a WorkSafe claim the injured worker must a complete a Worker's injury Clain Form available from Australia Post.

Acknowledgement of receipt of the DINMA Report	
Supervisor's Signature	☐ incident entered into the register
Supervisor's Name	☐ Data checked for accuracy
Date signed (dd/mm/yyyy):	☐ Workcover documentation completed

Attachments

Supporting documentation can also be attached to the email when sending this report through. Examples include, word, pdf , excel, photos, or videos.