

Incident Management Procedure

1 Purpose

To outline the requirements to report and investigate all work health and safety (WHS) Incidents and Hazards at the University, including additional steps for Notifiable Incident notification and investigation in compliance to legal requirements.

2 Scope

This Procedure applies to all University staff, Students, contractors, volunteers, and visitors across all University operations and sites.

The relevant delegated officer may determine that an Incident involving the conduct or behaviour of a Student should be managed in accordance with the Student General Conduct Policy, Student General Misconduct Procedure or, as a critical Incident under the Student Critical Incidents Procedure. In that circumstance this procedure will no longer apply.

The relevant delegated officer may determine that an Incident which involves the conduct or behaviour of a staff member may be managed in accordance with the relevant Employee Complaints Policy, Procedure, or the applicable University of Southern Queensland Enterprise Agreement. In that circumstance this procedure will no longer apply.

3 Procedure Overview

This Procedure outlines the steps for managing safety-related Incidents at the University, ensuring risks to health, wellbeing, and operations are identified, reported, investigated, and resolved. The goal is to prevent recurrence by addressing both immediate impacts and root causes.

It applies across all University settings—teaching, research, and administration—and supports a safe, inclusive, and resilient environment.

Psychosocial risks are managed in line with the *Managing the risk of psychosocial hazards at work Code of Practice* (2022), which requires a trauma-informed approach, including:

- Prioritising physical and psychological safety
- Communicating with empathy
- Empowering affected individuals

- Maintaining privacy
- Ensuring clear, consistent communication
- Providing support (e.g. Employee Assistance Program (EAP)) and time for recovery.

Staff and Students are encouraged to report psychosocial Hazards early through various channels such as supervisors, Safetrak, emails, Share a Concern, Health and Safety Representatives, enabling timely risk management before harm occurs.

4 Procedures

This Procedure aligns with the *Work Health and Safety Act 2011 (Qld)*, the *Work Health and Safety Regulation 2011 (Qld)*, and the *Managing the risk of psychosocial hazards at work Code of Practice (2022)*.

To ensure a consistent and effective approach to Incident management, this Procedure is structured around four key steps that guide the response from initial action through to resolution and closure:

- Incident Response: the immediate actions taken to manage and contain the incident.
- Incident Reporting/Notification: the formal documentation and communication of the Incident.
- Incident Investigation: the analysis of contributing factors and root causes.
- Corrective Actions: the development and implementation of corrective and preventative measures, communication and closure.

4.1 Incident Response

This section outlines the first steps to be taken in the event of a safety related incident. University staff and Students should:

- Ensure the immediate physical and psychological safety of all individuals.
- Provide first aid or EAP support if necessary, via security on 07 4631 2222.
- Contact emergency services (000) in life-threatening situations or medical emergencies.
- Secure the site to preserve its integrity for the Health, Safety and Wellbeing (HSW)

Team, particularly in the case of a Notifiable Incident, where the scene must not be disturbed following the emergency response.

4.2 Incident Reporting

After the initial response(s) have been considered, the following steps must be taken to ensure that the Incident is reported and can be managed appropriately:

- **Immediate Reporting:** All Incidents and Hazards must be reported immediately to the supervisor or relevant authority, and a report made in the University Incident Management System SafeTrak as soon as reasonably practicable. This can be done by the witness/person affected, and/or the line manager.
- **Acknowledgement and Ongoing Communication:** The HSW team will acknowledge receipt of the Incident report within two University Business Days, contacting key stakeholders—such as the affected individual and their supervisor (where appropriate)—and outlining the next steps in the process.
- **Psychosocial Incidents:** For Incidents involving psychosocial risks (e.g. bullying, harassment, trauma), the HSW team will adopt a trauma-informed approach. This includes:
 - Prioritising the physical and psychological safety of affected individuals
 - Initiating contact directly with the affected person(s) to offer support and explain next steps dependant on initial assessment of the Incident
 - Maintaining strict confidentiality and trust
 - Maintaining equity and respect by using inclusive language, such as gender-neutral terms, and avoiding gendered language, to ensure LGBTIQ+ worker inclusion
 - Empowering individuals to participate in Decisions about how the matter is managed, as appropriate
 - Providing access to support services (e.g. Employee Assistance Program).

4.3 Incident Review and Investigation

Reviewing Incidents is essential for identifying contributing factors and trends, assessing potential risks, and preventing future occurrences. Each Incident should be evaluated to determine the appropriate level of response—whether that involves a formal investigation or a review of available Information. Based on this assessment, escalation to additional support services or formal procedures may be required.

This may include referral to the Workplace Relations team or Rehabilitation Partner in Human Resources, Student Portfolio, Health and Safety Representative or other appropriate channel for further assessment or investigation. Any escalation will be undertaken in consultation with the affected individual(s), safeguarding their safety, privacy, and informed participation in the process.

Table 1: Types of investigations, timeframes, and responsible person

Severity Level	Responsible Party	Type of Investigation	Timeline	Consequence
Insignificant/ Minor	Immediate Supervisor	Conduct a basic assessment, review, and record actions in Safetrak.	Complete in 5-10 University Business Days	First aid treatment. Minor impact on the emotional or physical wellbeing or safety of a person.
Moderate	Immediate Supervisor (with HSW support)	Conduct a Standard Investigation and record actions in Safetrak.	Begin within 2 University Business Days of notification. Complete in 10-15 University Business Days.	Medical treatment required. Moderate impact on the emotional or physical wellbeing or safety of a person.
Major	HSW team or External Investigators	Conduct a Detailed Investigation and record actions in Safetrak.	Immediate actions within 24 hours. Notifiable Incidents must be reported to the relevant WHS regulator immediately after becoming aware of the Incident. Investigations should begin as soon as possible and take up to 28 University Business Days to complete, depending on complexity. For more serious or	Serious injury requiring hospitalisation/ serious illness requiring long term absence. Serious impact on the emotional or physical wellbeing or safety of a person.

			complex Incidents, this may extend further, especially if external parties (e.g. regulatory or legal teams) are involved.	
Catastrophic/ Significant	HSW team or External Investigators	As above	As above	Death or multiple serious injuries requiring hospitalisation.

Notifiable Incidents: Incidents that meet the definition of a Notifiable Incident under workplace health and safety legislation must be reported to the Health Safety and Wellbeing team (as per 4.7) who will notify Workplace Health and Safety Queensland immediately after becoming aware of the Incident.

Biosafety Incidents: Any breach of the [Biosafety Procedure](#) constitutes a Biosafety Incident and must be reported immediately to the Biosafety HSW Partner (as per 4.7). The Biosafety Procedure outlines the required response and investigation methods for such Incidents.

The HSW team will notify and liaise with Workplace Health and Safety Queensland and/ or any other relevant authorities, regulators and agencies as required by legislation.

4.4 Corrective Actions, Communication and Closure

4.4.1 Corrective Actions

After an investigation, findings should be reviewed and corrective actions implemented. The responsible supervisor or safety partner should identify and implement measures to address root causes and prevent recurrence. The action plan should be developed based on the hierarchy of controls (eliminate, substitute, engineer, etc.) and may involve updates to processes, equipment, training, supervision, or the work environment.

4.4.2 Communication

Timely and transparent communication is essential at every stage and should be shared with relevant stakeholders (e.g. the status of investigation; any immediate measures taken; expected timelines and next steps) and if relevant more broadly. Confidentiality must be upheld. Transparent communication fosters learning, reduces future risks, and supports continuous safety improvement.

4.4.3 Closure

An Incident is formally closed when:

- All findings have been documented.
- Corrective actions have been implemented and verified.
- Relevant stakeholders have been formally informed of the outcomes, including if applicable, the injured worker, HSRs, and management.
- Lessons learned should be shared across the organisation to prevent recurrence.

4.5 Training and Awareness

Training on Incident Management is provided to Employees in the University annual mandatory training. Further training and awareness is available to members of the broader University community. Training and awareness ensures that all members of the University community are equipped with the knowledge to identify, report, and respond to safety concerns effectively.

4.6 Record Keeping, Confidentiality, and Privacy

All Health, Safety and Wellbeing records will be maintained in SafeTrak, within the Incident form, to ensure that all data and correspondence are securely logged. SafeTrak captures details including individuals involved, report dates, Incident descriptions, actions taken, and actions required.

The confidentiality of all individuals involved in Incidents must be always upheld. All reports must be managed in accordance with the University's Privacy Policy. Records of all notifications and communications with regulatory authorities must be maintained in line with University's procedures.

4.7 Incident Reporting Software

Incidents should be reported using the Incident Report Form available on SafeTrak. If access to SafeTrak is unavailable, a printable version of the Incident Report Form can be downloaded.

5 References

Nil.

6 Schedules

This procedure must be read in conjunction with its subordinate schedules as provided in the table below.

7 Procedure Information

Accountable Officer	Chief People Officer
Responsible Officer	Chief People Officer
Policy Type	University Procedure
Policy Suite	Work Health and Safety Policy
Subordinate Schedules	
Approved Date	30/7/2025
Effective Date	30/7/2025
Review Date	30/7/2030
Relevant Legislation	Work Health and Safety Act 2011 (Qld) Work Health and Safety Regulation 2011 (Qld)
Policy Exceptions	Policy Exceptions Register
Related Policies	Employee Complaints Policy Privacy Policy Student Grievance Resolution Policy
Related Procedures	Biosafety Procedure Communication and Consultation Procedure (under development) Employee Complaints (Sexual Harassment, Sexual Assault and Sex Discrimination) Procedure Employee Complaints Procedure Rehabilitation and Workers' Compensation Procedure Student Critical Incidents Procedure Student Grievance Resolution Procedure Work Health and Safety Management System Framework Work Health and Safety Risk Management Procedure

<p>Related forms, publications and websites</p>	<p>Safety Central</p> <p>University Hazard and Incident Reporting and Tracking System (SafeTrak)</p> <p>WorkCover and rehabilitation</p> <p>Work Health and Safety Management System Framework</p>
<p>Definitions</p>	<p>Terms defined in the Definitions Dictionary</p> <p>Decision</p> <p>A determination made by an Employee, contractor or other authorised delegate in the course of their duties on behalf of the University.</p> <p>Delegate (noun)</p> <p>Delegate (noun) means the officer, Employee or committee of the University to whom, or to which, a delegation of authority has been made under this Policy.</p> <p>Employee</p> <p>A person employed by the University and whose conditions of employment are covered by the Enterprise Agreement and includes persons employed on a continuing, fixed term or casual basis. Employees also include senior Employees whose conditions of employment are covered by a written agreement or contract with the University.</p> <p>Information</p> <p>Any collection of data that is processed, analysed, interpreted, organised, classified or communicated in order to serve a useful purpose, present facts or represent knowledge in any medium or form. This includes presentation in electronic (digital), print, audio, video, image, graphical, cartographic, physical sample, textual or numerical form.</p> <p>Procedure</p> <p>An operational instruction that sets out the process to operationalise a Policy.</p> <p>Student</p> <p>A person who is enrolled in a UniSQ Upskill Course or who is admitted to an Award Program or Non-Award Program offered by the</p>

University and is: currently enrolled in one or more Courses or study units; or not currently enrolled but is on an approved Leave of Absence or whose admission has not been cancelled.

[University](#)

The term 'University' or 'UniSQ' means the University of Southern Queensland.

[University Business Days](#)

The days of Monday to Friday inclusive between 9am and 5pm Australian Eastern Standard Time (AEST), with the exclusion of gazetted Public Holidays for the relevant campus location, plus the closure of the University between 25 December and 1 January in the following year inclusive as specified in the Enterprise Agreement, as well as any closure of the University either at one or several campuses in accordance with a direction of the Crisis Management Team.

Definitions that relate to this procedure only

Incident

Any unplanned event resulting in, or having the potential to result in, injury, illness, damage, or loss.

Hazard

Any source of potential harm or a situation with the potential to cause harm.

Notifiable Incident

An incident that must be reported to Workplace Health and Safety Queensland, including death, serious injury or illness, and dangerous incidents including a serious and dangerous electrical incidents and events

BioSafety Incident/Hazard

A Biosafety incident or hazard should be referred to the Biosafety Partner at UniSQ; the process for these incidents and hazards is found in the University's Biosafety Procedure

Basic Investigation

A preliminary review for minor incidents, conducted by the immediate supervisor. Focuses on immediate causes and corrective actions.

	<p>Standard Investigation</p> <p>A structured investigation for moderate incidents, led by the supervisor with HSW support. This level includes a deeper analysis of contributing factors. Root cause and may involve consultation with affected individuals.</p> <p>Detailed Investigation</p> <p>A comprehensive investigation for major or catastrophic incidents, conducted by HSW or external investigators. These investigations involve a thorough analysis of root causes, contributing factors, and systemic issues. They may include interviews, site inspections, document reviews, and collaboration with regulatory bodies.</p>
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