Emergencies and incident investigation

For small businesses
With your staff, plan how you will manage emergencies that might arise in your workplace. By the time an emergency occurs it will be too late to decide who will do what, and what equipment you need.

**Natural:** earthquake, earth movement/slip, flood, heavy snowfall, tsunami, volcanic eruption.  
**Accidental:** chemical spill, fire, gas leak, injury, missing person, power failure, vehicle accident.  
**Violent:** armed robbery, bomb threat.

**Possible emergencies**

Are you well prepared for emergencies?

To see how well you have prepared your workplace for emergencies, ask yourself and your staff the following questions.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you and your staff identified the types of emergency situations that your business could be exposed to (fire, explosion, chemical spill, flood, medical emergency)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you and your staff developed procedures to cover the safety of staff, contractors and other visitors in the event of an emergency (including the use of specialised equipment)?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have those in charge of emergencies been appointed and trained?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are evacuation plans and emergency phone numbers on display?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are exits well marked and clear at all times and do doors open easily from the inside?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you held an emergency evacuation drill in the last six months and kept a record of this?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you and your staff regularly check and maintain emergency equipment (smoke detectors, sprinkler systems, fire extinguishers, emergency lighting)?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you could not answer **Yes** to all these questions, note down the action you and your staff need to take.
What do you need to improve?

<table>
<thead>
<tr>
<th>Who</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

First aid

• Have at least one of your staff trained in first aid.
• Make sure first aid kits are well supplied.
• Keep first aid kits where they are easily accessible to staff.
• Keep a record of first aid that is provided.

If an injured staff member is returning to work

• To help the employee return to work, offer them suitable work options, including modified work or a gradual increase in the amount of work or number of hours.
• Stay in touch to:
  – discuss any concerns
  – work out with the staff member how they can get to and from work
  – invite them to social events at the workplace (Friday night drinks).
### Example emergency procedures

#### Evacuation procedures
1. Follow instructions.
2. Walk to the nearest exit.
3. Keep together with the nearest people around you.
4. Use the stairs (not the lift).
5. Do not go back to collect personal items.
6. Meet at the assembly area.

**Do not leave the assembly area until you are given the all clear.**

#### Armed robbery
1. Keep calm, make no sudden movements.
2. Do what the offender asks.
3. Try to memorise as many details about the offender as possible.
4. Note the direction and method of escape.
5. Notify police as soon as it is safe to do so. Leave the phone line open until the police arrive.
6. Provide first aid to victims, and lock outside doors.

#### Earthquake
**In an earthquake:**
1. Keep calm.
2. Move away from windows, equipment and shelves that may fall.
3. Take cover under solid furniture such as tables and desks.

**When the shaking stops:**
1. Keep calm and help those that need assistance.
2. Turn off all electrical sources and gas taps.
3. Wait for instructions.

**If you need to evacuate or the fire alarm sounds:**
1. Use evacuation procedures to leave the building.
2. Keep together.
3. Follow instructions.
4. Meet at the assembly area.

**Do not leave the assembly area until you are given the all clear.**

#### Fire
**If you discover a fire:**
1. Activate the alarm and dial 111.
2. Alert people in your area.
3. Do not extinguish the fire unless there is no personal danger to you or anyone else.
4. If time permits and there is no danger, close all doors and windows.
5. After evacuation meet at the assembly point in teams.

**If the fire alarm sounds:**
1. Walk quickly to your nearest exit.
2. Do not stop to take personal items with you.
3. Meet at the assembly area.

**Do not leave the assembly area until you are given the all clear.**

---

*Have you got Civil Defence supplies, such as water, blankets, non-perishable food, torch, rope etc? See your local council, fire service etc for more about preparing for emergencies.*
While your health and safety programme aims to reduce the likelihood of injuries occurring, there may be times when things go wrong and people are injured.

Often workplace injuries are not the result of a single immediate cause but of a chain of decisions and events leading up to that point.

• Investigate incidents and accidents to find all the factors that contributed, then take action to prevent similar incidents happening again
• involve staff in the process of reporting and investigating incidents and accidents.

How well are you going with incident and accident reporting and investigation?

To see how you are going with reporting, recording and investigating incidents and accidents in your workplace, ask yourself and your staff the following questions.

| Do staff tell you when they have an injury, workplace illness or a near miss incident, and is this recorded on a form or in a book? | Yes | No | N/A |
| Do incidents/accidents investigated to find out what happened and how similar events can be prevented in the future? | Yes | No | N/A |
| Are the findings of investigations acted on? Are hazards identified and dealt with? | Yes | No | N/A |
| Are serious harm injuries/illnesses reported to WorkSafe New Zealand? | Yes | No | N/A |

If you could not answer Yes to all these questions, note down below the action you and your staff need to take.

What do you need to improve?

<table>
<thead>
<tr>
<th>Who</th>
<th>When</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
INCIDENT AND ACCIDENT INVESTIGATION FLOWCHART

Staff member reports an injury or accident

Ensure they get appropriate aid and/or treatment

Update the accident register
If serious harm, notify WorkSafe New Zealand

Investigate to find out what caused and contributed to the incident/accident

Feed results back to staff members
Action health and safety issues identified

Serious harm

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

A copy of this form for your use is available from www.business.govt.nz/worksafe. You can find this by clicking on health and safety templates under the ‘tools and resources’ section.

Accident Investigation

Name of organisation: ………………………….. Branch/department: ……………………………..

PARTICULARS OF ACCIDENT

Date of accident

M T W T F S S

Time Location Date reported

THE INJURED PERSON

Name

Address

Age

Phone number

Date of accident

Length of employment — at plant on job

TYPE OF INJURY:

○ Bruising

○ Dislocation

○ Other (specify)

Injured part of body

○ Strain/sprain

○ Scratch/abrasion

○ Internal

Remarks

○ Fracture

○ Amputation

○ Foreign body

○ Laceration/cut

○ Burn scald

○ Chemical reaction

DAMAGED PROPERTY

Property/ material damaged

Nature of damage

Object/substance inflicting damage

THE ACCIDENT

Description

Describe what happened (space overleaf for diagram — essential for all vehicle accidents)

Analysis

What were the causes of the accident?

HOW BAD COULD IT HAVE BEEN? WHAT IS THE CHANCE OF IT HAPPENING AGAIN?

○ Very serious

○ Serious

○ Minor

○ Minors

○ Occasional

○ Often

Prevention

What action has or will be taken to prevent a recurrence? Tick items already actioned

By whom

When

TREATMENT AND INVESTIGATION OF ACCIDENT

Type of treatment given

Name of person giving first aid

Doctor/Hospital

Accident investigated by

Date

DOL advised YES / NO

Date
Further resources for small businesses

ACC brochures for small businesses:

- How to manage health and safety in small businesses.
- How to manage hazards.
- Training and supervision.

Visit www.acc.co.nz/preventing-injuries or call 0800 844 657.