



Catholic Diocese of Ballarat Incident Reporting and Investigation Procedure

1. Purpose

This procedure establishes one consistent process across the Catholic Diocese of Ballarat and its parishes for reporting, responding to, notifying, investigating, and learning from hazards, near misses, injuries, illnesses, and other work-related incidents. It is intended to protect people, satisfy applicable Victorian occupational health and safety duties, support timely consultation, and ensure corrective actions are completed and verified.

2. Scope

The Incident Reporting and Investigation Procedure relates solely to reporting diocesan and parish workplace health and safety incidents, hazards, near misses, injuries and illnesses.

It does not relate to 1) the Diocesan Safeguarding Policy and Safeguarding Incident Reporting and Investigation processes or 2) the Diocesan Workplace Investigation Procedure that supports the Diocese's Workplace Behaviour and Psychological Safety Policy and the Diocesan Workplace Concerns and Grievance Resolution Procedure.

For the purposes of this document the Catholic Diocese of Ballarat, refers to clergy, employees, leaders and managers, volunteers, contractors, sub-contractors, religious, parishioners, and representatives of the Catholic Diocese of Ballarat (workforce participants).

For operational purposes, clergy and members of religious institutes participate in the same incident-reporting, investigation, and rehabilitation arrangements as employees, while recognising that statutory workers compensation coverage may differ.

Responsibility rests with the legal entity or person that employs, manages, or controls the relevant workplace or activity, according to the matters it controls or can reasonably be expected to control.

3. Principles

This procedure is guided by the following principles which support a safe, respectful and accountable workplace. These principles ensure consistent application and implementation of this procedure.

- respond to immediate danger first.
- report promptly.
- do not blame.
- preserve evidence.
- consult employees who are, or may be, directly affected, local leaders and Health and Safety Consultative Zone Committee nominees.
- investigate in proportion to actual and potential harm.
- prioritise higher order controls.
- protect privacy; and
- share lessons without identifying individuals unless authorised or required by law.

4. Definitions

Term	Meaning
Hazard	A situation or thing with the potential to cause physical or psychological harm.
Incident	An unplanned event that caused, or could have caused, injury, illness, psychological harm, property damage, or other loss.
Near miss	An incident that caused no harm but exposed, or could have exposed, a person to risk.
Notifiable incident	An incident to which Part 5 of the Occupational Health and Safety Act 2004 (Vic), or another applicable notification requirement, applies.
Investigation	A structured, evidence-based process to determine what happened, identify immediate and underlying contributing factors, and prevent recurrence.
Local leader	The Parish Priest or other person with local authority for the work or place.

5. Immediate response

Any person who becomes aware of an incident must, within their competence and without placing themselves or others at further risk:

- call 000 where there is an emergency or continuing serious danger.
- stop or isolate unsafe work, warn others and provide first aid, if qualified to do so or offer other assistance.
- notify the local leader immediately.
- inform their Health and Safety nominee and Diocesan OHS Advisor as soon as practicable.
- secure the area and preserve relevant evidence, including equipment, photographs, documents, and witness details; and
- support affected people, including access to appropriate medical, pastoral or wellbeing assistance.

6. Reporting and escalation

All hazards, near misses, injuries, illnesses, and incidents must be reported immediately where serious or urgent, and otherwise before the end of the activity or shift, to the responsible local leader.

Reports may be made verbally or by email to the parish health and safety nominee. The Incident / Injury / Illness / Near Miss Reporting Form must be completed as soon as practicable after immediate risks are controlled.

[Link to Appendix 1 – Incident / Injury / Illness / Near Miss Reporting Form.](#)



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The local leader must allocate one incident reference, nominate one authoritative record owner, and make any required entry in the Hazard and Risk Register and Register of Injuries. Incidents, near misses to be reported include:

- injuries, illnesses, and first-aid cases.
- hazards, unsafe conditions, and unsafe systems of work.
- near misses and dangerous occurrences.
- occupational violence, aggression, bullying or other work-related psychological health and safety concerns.
- property damage, fire, electrical events, plant failures, spills, or exposures with a safety consequence; and
- any event that is, or may be, notifiable to WorkSafe or another regulator.

A person must not be discouraged, disadvantaged, or subjected to reprisal for making a good-faith report.

Psychosocial hazard and psychological-health reports must be handled sensitively and without reprisal. The responsible leader, the Diocesan OHS advisor and relevant duty-holder must identify psychosocial hazards, eliminate risks so far as reasonably practicable or otherwise reduce them so far as reasonably practicable, consult affected employees and the relevant elected HSR, and review controls after an incident, when circumstances change, when new information becomes available, or when controls may not be effective.

Immediate escalation: serious incidents, possible notifiable incidents, significant property damage, occupational violence, psychological health events and matters likely to involve a claim must be escalated immediately to the Diocesan OHS Adviser or authorised contact.

Primary, backup, and after-hours contacts must be maintained in an accessible contact schedule. Uncertainty about responsibility or notifiability must not delay emergency action or escalation.

7. WorkSafe notification and site preservation

Under the Occupational Health and Safety Act 2004 (Vic), an employer or self-employed person must notify WorkSafe Victoria immediately upon becoming aware of a notifiable incident at a workplace under their management and control.

Notifiable events include:

- a death.
- immediate treatment as a hospital inpatient.
- medical treatment within 48 hours after exposure to a substance.
- immediate medical treatment for amputation, serious head or eye injury, de-gloving or scalping, electric shock, spinal injury, loss of bodily function or serious laceration.
- an incident exposing a person to serious risk from immediate or imminent exposure to an uncontrolled spill or escape, fire, explosion or implosion, electric shock, a fall or release from height, failure or malfunction of plant identified in current WorkSafe notifiable-incident criteria, structural or excavation collapse, or another prescribed event; and any prescribed illness or additional prescribed circumstance.

The duty-holder must preserve the incident site, notify WorkSafe Victoria immediately on 13 23 60, provide written notification within 48 hours, and retain the notification record for at least five years.

If an incident may be notifiable, the responsible local leader must immediately contact the Diocesan OHS Adviser and/or the Diocesan Business Manager.

If uncertain, treat the event as potentially notifiable until advice confirms otherwise; WorkSafe Victoria advises reporting it anyway.

The local leader or other person controlling the site must prevent unauthorised disturbance until a WorkSafe inspector arrives or directs otherwise, except to protect a person's health or safety, aid an injured person, take essential action to make the site safe or prevent a further incident, permit a police investigation, or take another step authorised by an inspector or otherwise permitted by law.

Access must be controlled; photographs, equipment condition, documents, witness details, and other evidence must be secured; and any necessary disturbance, time and reason must be recorded.

The authorised notifier must ensure that copies of the written WorkSafe notification record are readily available, subject to lawful privacy controls, to a WorkSafe inspector, a person affected or exposed by the incident or their representative, the representative of a deceased person, the Health and Safety nominee, the Diocesan OHS Advisor and relevant health and safety committee members.

8. Risk assessment and investigation level

The responsible leader, with the Diocesan OHS Adviser where required, must promptly assess actual harm, credible worst-case consequence, likelihood of recurrence, number and vulnerability of people exposed, legal notification issues, and whether controls failed.

Interim controls must be implemented without waiting for the investigation to finish.

Level	When used	Minimum response
Local review	Low actual and potential harm; controls are clear and effective.	Record facts, correct the hazard, consult affected people, assign and verify actions.
Formal investigation	Medical treatment, repeated events, significant psychological or physical risk, control failure, uncertain causes, or credible major consequence.	Appoint a competent investigator, whether that be an internal or external person, preserve evidence, interview relevant people, analyse causes and document recommendations.
Major/independent investigation	Fatality; possible notifiable incident; serious injury or illness; repeated event;	Diocesan oversight, independent or specialist expertise where appropriate, legal, and regulatory

	catastrophic potential; significant control failure; potential legal claim; systemic or multi-site issue; where this is an actual or perceived conflict of interest between Diocese and parish leaders and the matter at hand; incident involving a local leader; or direction from leadership or a regulator.	coordination, formal report, and executive action tracking.
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9. Investigation process

1. **Plan:** appoint a competent and sufficiently independent investigator; define scope, timeframes, and consultation arrangements; manage conflicts of interest.
2. **Gather evidence:** inspect the site; secure relevant records, photographs, and equipment; obtain timely witness accounts; and maintain confidentiality and evidence integrity.
3. **Analyse:** establish the sequence of events and identify immediate and underlying factors involving work design, environment, equipment, procedures, training, supervision, workload, communication, and organisational controls. Do not stop at individual behaviour.
4. **Consult:** involve workforce participants who are, or may be, directly affected and the local Health and Safety nominee, so far as reasonably practicable, when identifying hazards, assessing risks, deciding controls, proposing changes that may affect health or safety and reviewing controls. Provide a reasonable opportunity to express views and take those views into account. A Health and Safety Consultative Zone Committee nominee may support consultation.
5. **Report:** document findings, evidence, risk assessment, existing controls, recommended actions, owners, and due dates. Clearly distinguish facts from assumptions.
6. **Approve and communicate:** the local leader approves actions and communicates relevant outcomes and lessons while protecting personal and sensitive information.

Investigations under this procedure are safety-learning processes.

The investigation conducted must be recorded in the [Investigation Report and Action Register – Appendix 2](#).

An investigation conducted under this procedure is limited to identifying health and safety risks, contributing factors and corrective actions. It does not replace any separate misconduct, grievance, workers compensation, insurance, safeguarding, police or regulatory process.

Where one or more of these processes applies, the responsible leader must initiate or refer the matter through the appropriate channel at the same time as the safety investigation.



Refer to the OHS information and consultation resources listed under related controlled documents and attachments.

9.1 Contractor and shared-workplace coordination

Engaging a contractor does not remove the relevant parish or Diocesan health and safety obligations.

Before work starts, the contractor and the local leader or Health and Safety Nominee must confirm the scope, exchange relevant hazard information, complete a Job Safety Analysis where required, verify licences, permits, registrations and insurance, and review applicable safety management plans and risk assessments.

For incidents involving contractors, subcontractors, schools, community groups, shared premises, events or third-party users, relevant duty-holders must coordinate the immediate response, reporting, evidence preservation, regulator contact, investigation, and corrective actions. Responsibilities must be allocated according to the matters each party controls or can reasonably be expected to control.

Emergency contacts and escalation arrangements must be maintained in the approved contact schedule and tested periodically.

10. Corrective actions, verification, and learning

Corrective actions must address root causes and contributing factors and, so far as reasonably practicable, eliminate risk.

Where elimination is not reasonably practicable, controls must follow the hierarchy of control and not rely only on information, training, or personal behaviour when stronger controls are available.

Each action must have an accountable owner, priority, due date and required evidence of completion, and must be recorded in the Hazard and Risk Register.

Overdue or ineffective actions must be escalated. Closure requires verification that the control was implemented and is effective, consultation with affected people where appropriate, and an updated risk assessment.

Diocesan leadership must periodically review the Hazard and Risk Register, inspections, checklists, interviews and investigations. Outcomes must inform the annual workplace property and safety audit, ad hoc risk reviews, priorities and controls, and be shared across parishes and Diocesan workplaces where relevant.

For additional information about the hierarchy of control go to the Hazard Identification Risk Assessment and Risk Control Procedure.

[Link to Hazard Identification Risk Assessment and Risk Control Procedure](#)

11. Roles and responsibilities

Role	Responsibilities
Diocesan leadership / authorised delegate	Provide governance and resources; approve primary and backup WorkSafe notifiers; oversee serious or systemic incidents; commission independent investigations where needed; monitor trends and overdue actions.
Parish Priest / local leader	Implement and monitor this procedure locally; Identify the local duty-holder; maintain a safe workplace so far as reasonably practicable and control immediate risks; consult affected persons and ensure their welfare; make the initial notifiability assessment; preserve the site; appoint the investigator; approve actions and monitor completion.
Health and Safety Zone Committee nominee	Act as local reporting contact when formally delegated; maintain registers and evidence; coordinate immediate controls and the single incident record.
Health and Safety Consultative Zone Committee	Monitor health and safety matters; periodically review policy, structures, trends, and outcomes; ensure at least three nominees remain familiar with current WorkSafe guidance. Ensure information updates, training, supervision.
Diocesan OHS Adviser	Advise on notification, risk, and investigation level; coordinate serious-incident escalation, regulator contact and independent investigations; support consultation, action verification, and trend analysis; maintain central records.
Authorised WorkSafe notifier	Confirm and document the legal duty-holder and notifiability assessment; make or coordinate immediate and written notification; retain notification evidence, regulator directions, and correspondence.
Workforce participants	Take reasonable care; follow agreed procedures and directions; do not misuse safety facilities; immediately report incidents, injuries, near misses and hazards; preserve evidence and cooperate with investigations.
Contractors and subcontractors	Work safely within matters they control; comply with the agreed scope and parish requirements; ensure their workers understand the parish environment; and immediately report incidents and hazards.

12. Injury management and rehabilitation

Notifiable-incident reporting is a separate statutory requirement from injury notification, the Register of Injuries, workers compensation, return-to-work and rehabilitation processes.

Every workplace must maintain a Register of Injuries that is readily accessible to workers.

[Link to Register of Injuries](#)



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All work-related injuries and illnesses must be reported promptly; an injured worker, or a person acting on their behalf, must notify the employer in writing within 30 days of becoming aware of the injury or illness, subject to any statutory waiver or extension. The employer must provide written confirmation of receipt and a signed, dated copy of the entry to the injured worker or representative. Where a worker loses time or needs help to remain at or return to suitable work, the nominated return-to-work coordinator must be notified promptly.

Return-to-work planning must begin as soon as practicable, involve relevant parties, be individually developed and protect confidentiality. These rehabilitation principles also apply operationally to clergy and members of religious institutes even where statutory workers compensation arrangements differ.

Refer to the controlled Return-to-work Procedure for claim handling, statutory timeframes and return-to-work requirements.

[Link to Return-to-work Procedure](#)

13. Records, privacy, and reporting

The approved Diocesan system is the authoritative record location unless another controlled location is formally designated.

The record must include:

- the initial report.
- applicable Register of Injuries and Hazard and Risk Register entries.
- the duty-holder and notifiability assessment.
- notification evidence and regulator directions.
- site-preservation and other evidence.
- witness and consultation records.
- investigation plans and reports.
- corrective-action logs.
- effectiveness review and
- closure approval.

Where information is entered in parish and Diocesan systems, one incident reference and one record owner must be used. Parish records must be transferred to the Diocese when required by the records schedule or Diocesan OHS Adviser.

Access to personal and health information must be restricted to authorised persons and information must be securely stored. This does not prevent disclosure or availability required by law, including access to WorkSafe notification records by a WorkSafe inspector, a person affected or exposed by the incident or their representative, the representative of a deceased person, the relevant elected HSR and relevant health and safety committee members.

A support person may attend an interview where appropriate, and actual or perceived conflicts of interest must be declared and managed. WorkSafe incident-notification records must be kept for at least five years.

Related controlled documents and attachments:

- Catholic Diocese of Ballarat Workplace Health and Safety Policy (one page)
- Catholic Diocese of Ballarat Workplace Health and Safety Policy – Principle Based
- Safeguarding Policy and Incident Reporting and Investigation Procedures.
- Hazard Identification, Risk Assessment and Risk Control Procedure.
- Diocesan Consultation and Communication Procedure.
- Return-to-Work Procedure.
- Job Safety Analysis Form.
- Hazard and Risk Register.
- Incident/ Injury / Illness / Near Miss Reporting Form
- Register of Injuries.
- Current approved WorkSafe incident-notification form or reporting reference; and
- First Aid related information.

14. Review and document control

This procedure must be reviewed at least every two years and earlier:

- following a fatality or serious incident,
- a material legislative or WorkSafe guidance change,
- a significant organisational or reporting-system change,
- evidence of recurring events or ineffective controls,
- or an internal or external audit finding.

Implementation must include consultation, induction for new staff and volunteers, refresher training, ready access to forms and contact details, and periodic assurance that records and actions are complete.

Before approval, the final procedure should be reviewed by the Diocesan OHS Adviser and Diocesan Leadership.

Document owner	To be completed before approval	Version	1.0
Approver	To be completed before approval	Officer for legislative purposes	To be completed before approval
Adoption date	To be completed before issue	Next review date	To be set no later than 24 months after adoption
Approved reporting contacts	Diocesan OHS advisor, Diocesan Business Manager		



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Duty-holder identifiers	The controlled duty-holder schedule must record each relevant legal entity's full name and ABN, ACN and/or WorkCover Employer Number, as applicable.
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Appendix 1 – Incident / Injury / Illness / Near Miss Reporting Form

STRICTLY CONFIDENTIAL — COMPLETE AS SOON AS PRACTICABLE

Emergency: If there is immediate danger or serious injury, call 000, provide assistance and make the area safe. Report all incidents, injuries, illnesses, hazards and near misses promptly to the responsible local leader and OHS Adviser.

Possible notifiable incident: Immediately escalate for assessment. The employer or self-employed person must notify WorkSafe Victoria immediately on 13 23 60, preserve the site subject to lawful exceptions, provide written notification within 48 hours and retain a copy for at least five years. If unsure, report the incident to WorkSafe.

This form supports internal reporting, the Register of Injuries and initial triage. It does not replace WorkSafe notification, a workers compensation claim, safeguarding, police or other required processes.

Legal entity / duty-holder	_____	Parish / workplace / site	_____
Incident reference	_____	Authoritative record owner	_____
Date and time reported	___ / ___ / ___	Reporting channel	☐ Verbal ☐ Phone ☐ Email ☐ Other: _____
Reporter name	_____	Role / organisation	_____
Phone	_____	Email	_____
2. Event classification and details			
Event type	☐ Injury ☐ Illness ☐ Near miss ☐ Hazard ☐ Psychological health ☐ Occupational violence / aggression ☐ Property / equipment damage ☐ Fire / electrical ☐ Spill / exposure ☐ Theft / loss ☐ Other: _____		
Date and time of event	___ / ___ / ___	Exact location	_____
Activity / task			
Factual description			



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What happened immediately before? during and after? Include conditions and sequence;			
Plant, equipment vehicle, substance or dangerous goods involved	☐ No ☐ Yes — details / identifier / condition: _____		
Attachments secured	☐ Photos ☐ Sketch ☐ CCTV ☐ Documents ☐ Equipment ☐ Witness statements ☐ Other: _____		
3. Person affected and injury / illness details			
Full name	_____	Role	☐ Employee ☐ Clergy / religious ☐ Volunteer ☐ Contractor ☐ Parishioner ☐ Visitor ☐ Other
Position / employer	_____	Contact details	_____
Injury / illness and body part	Nature of injury: _____ Body part / side: _____		
Treatment and outcome	☐ None ☐ First aid ☐ Doctor / medical treatment ☐ Ambulance ☐ Hospital emergency ☐ Hospital inpatient ☐ Other: _____ Treatment provider / facility and details: _____		
Work impact	☐ No time lost ☐ Left shift ☐ Time lost ☐ Modified duties	Return / expected return	____ / ____ / ____
Support offered	☐ Medical ☐ Pastoral ☐ Wellbeing / EAP ☐ Support person ☐ Return-to-work support ☐ Other: _____		
4. Witnesses and other parties			
Witness 1	Name / role: _____	Contact	_____ _____



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Witness 2	Name / role: _____	Contact	_____ _____
Other duty-holders / third parties	Contractor, shared workplace, event organiser or other party; contact and coordination details: _____		
5. Immediate response and interim controls			
Actions taken	☐ 000 called ☐ First aid ☐ Work stopped ☐ Hazard isolated ☐ Area secured ☐ People warned ☐ Evidence preserved ☐ Affected person supported ☐ Other: _____ Details, by whom, and time: _____		
Manager / local leader notified	☐ Yes ☐ No Name: _____	Date / time	___ / ___ / ____ ____
OHS Adviser notified	☐ Yes ☐ No Name: _____	Date / time	___ / ___ / ____ ____
6. Registers and related processes			
Required records	☐ Register of Injuries entry completed ☐ Written acknowledgement / copy given to worker ☐ Hazard and Risk Register updated ☐ Workers compensation information provided ☐ Return-to-work coordinator notified		
Parallel referral	☐ Safeguarding ☐ Police ☐ Insurer ☐ Workers compensation ☐ HR / workplace conduct ☐ Other regulator ☐ Not applicable Reference / details: _____		
7. WorkSafe notifiability assessment — authorised person to complete			
Potential trigger	☐ Death ☐ Immediate hospital inpatient treatment ☐ Medical treatment within 48 hours of substance exposure ☐ Immediate treatment for amputation, serious head or eye injury, de-gloving / scalping, electric shock, spinal injury, loss of bodily function or serious laceration ☐ Serious risk from immediate or		

	imminent exposure, including uncontrolled spill / escape, fire, explosion / implosion, electric shock, fall / release from height, plant failure or malfunction identified in current WorkSafe criteria, structural / excavation collapse or other prescribed event ☐ Prescribed illness / circumstance ☐ None identified ☐ Unsure		
Assessment outcome	☐ Notifiable ☐ Not notifiable ☐ Unsure — escalated	Assessed by / role / time	
Duty-holder confirmed		Authorised notifier	
WorkSafe notified immediately	☐ Yes ☐ No ☐ Not required 13 23 60	Date / time / Incident Notification ID	
Written notification	☐ Submitted ☐ Due within 48 hours ☐ Not required	Date / confirmation / record location	—
WorkSafe directions / inspector			
8. Site preservation and evidence			
Site preserved	☐ Yes ☐ No ☐ Not applicable	Access controlled by	_____
Evidence secured	Equipment / records / photographs / CCTV / witness details / other: _____		
Site disturbed	☐ No ☐ Yes	Time and lawful reason	☐ Protect health / safety ☐ Aid injured person ☐ Make safe / prevent further incident ☐ Police investigation ☐ WorkSafe direction / inspector authorisation ☐ Other lawful reason: _____
9. Initial risk assessment and investigation triage			
Actual consequence	☐ Insignificant ☐ Minor ☐ Moderate ☐ Major ☐ Severe	Credible potential consequence	☐ Insignificant ☐ Minor ☐ Moderate ☐ Major ☐ Severe



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Likelihood of recurrence	☐ Rare ☐ Unlikely ☐ Possible ☐ Likely ☐ Almost certain	People exposed / vulnerable persons	_____ _____
Initial risk level	☐ Low ☐ Medium ☐ High ☐ Extreme	Further controls required now	_____ _____
Investigation level	☐ Local review ☐ Formal investigation ☐ Major / independent	Investigator Name / target date	_____/_____/_____ _____
Rationale / conflicts / specialist support	_____ _____		
10. Consultation and initial corrective actions			
Consultation	Workforce participants who are, or may be, directly affected / Health and Safety Nominee/ Diocesan OHS advisor, Health and Safety Zone Committee nominee, if appropriate/ other duty-holders consulted; views and outcomes: _____		
Action 1	Action / hierarchy level: _____	Owner / due date	_____/_____/_____ _____
Action 2	Action / hierarchy level: _____	Owner / due date	_____/_____/_____ _____
Verification / escalation	Required evidence, verifier, review date and escalation: _____		
11. Declarations and receipt acknowledgement			
Person making report	Name: _____ Signature: _____	Date	____/____/____
Responsible leader / delegate receipt	Name / role: _____ Signature: _____	Date / incident reference	____/____/____ _____
Worker injury notification acknowledgement: A signed and dated copy of this entry / written acknowledgement was provided to the injured worker or representative on ____/____/____ by _____.			

Appendix 2 – Investigation Report and Action Register

Investigation scope	Incident reference; appointed investigator; independence/conflicts check; scope; legal or specialist support; consultation plan.
Evidence reviewed	Site inspection; documents; photographs; equipment; witness accounts; procedures; training and supervision records.
Sequence and findings	Verified chronology, facts, unresolved matters, and limitations.
Contributing factors	Hazard/control failure; work design; environment; equipment; procedure; competence; supervision; workload; communication; organisational factors.
Corrective action register	Action; hierarchy level; interim/final; accountable owner; priority; due date; resources; completion evidence; verifier; effectiveness review date; status.
Consultation and communication	Affected people and Health and Safety nominee consulted; views considered; outcome and lessons communicated; privacy controls.
Approval and closure	Investigator; responsible leader; Diocesan OHS adviser; approval date; closure date; residual risk; follow-up review.