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1. OBJECTIVE

To provide guidance to persons reporting incidents and injuries in P.R.I.M.E. and how to determine the correct classification.

2. PROCEDURE

2.1. Incident Classification

All Incidents logged within P.R.I.M.E. require a classification. Choosing the correct classification allows for accurate reporting.

2.1.1. *Hazard*

- No person was injured as result of an incident.
- A situation that has the potential to cause injury or illness, harm to health and / or danger to property or the environment

2.1.2. *Near Miss*

A Near Miss (also known as a Near Hit or a Dangerous Occurrence) is an unplanned or unwelcome event, which has the potential to cause harm to the health and safety of a person, damage to property and/or environment. Such events could include:

- The collapse, overturning, failure or malfunction of, or damage to, plant that is required to be licensed or registered
- The collapse or failure of an excavation or of any shoring supporting an excavation
- The collapse or partial collapse of a building or structure
- An implosion, explosion or fire
- The escape, spillage or leakage of any substance including dangerous goods
- The fall or release from a height of any plant, substance or object.

2.1.3. *Report Only*

These incidents are those that occur outside of working hours i.e. travel too and from work. The purpose of these reports is to capture all incident experiences and triage to determine any corrective action required.

2.1.4. *First Aid Injury (FAI)*

A minor work injury requiring any one time treatment, and one follow up visit for the purpose of review/clearance of minor injury, which do not ordinarily require medical care. It does not depend on whether the treatment is provided by a, first aid officer, physician or another licensed health care professional. Further clarification can be found in section 3.0.

2.1.5. *Medical Treatment Injury (MTI)*

A serious work injury requiring prescribed medical treatment by a Registered Medical Provider, which is beyond the scope of normal first aid. E.g. treatment of fractures and second-degree burns, surgical debridement and wound

closure with stitches or staples, administration of antivenom or prescription medication and physiotherapy. Further clarification can be found in section 3.0.

2.1.6. *Lost Time Injury*

A work-related injury or illness which results in an employee (including contractors and their employees or subcontractors) being absent from work for a full scheduled day/shift, subsequent to the day/shift during which an injury or illness occurred. This does not include the day/shift during which the event occurred. The period of absence is measured in days.

2.2. Distinguishing between an MTI and FAI

One of the most frequently asked questions relating to defining incidents are whether an incident should be classified as a Medical Treatment Injury (MTI) or a First Aid Injury (FAI). MTI and FAI are determined by the treatment given not by who administers the treatment. The table below provides guidance as to which classification to give an incident that occurs in RMIT.

2.3. Medical Treatment or First Aid Incident

Medical Treatment	First Aid Treatment
Use of prescription medications (except a single dose administered on first visit for minor injury or discomfort). Application of antiseptics during second or subsequent visit to medical personnel	Using a non-prescription medication at non-prescription strength (creams or antiseptics).
Application of sutures (stitches), glues, staples etc. to close a wound. Cutting away of dead skin (surgical debridement)	Using wound coverings such as bandages, Band-Aids, gauze pads, etc.; or using butterfly bandages or <u>Steri-Strips</u> .
Immunisations, such as Hepatitis B vaccine or Rabies vaccine, are considered medical treatment.	Administering Tetanus immunisations
Admission to a hospital or equivalent medical facility for treatment.	No admission, observed with no treatment other than first aid provided.
Positive x-ray diagnosis (fractures, broken bones, etc.)	Negative x-ray result, therefore x-ray only used for diagnostic purposes.
Treatment of serious burn(s).	Treatment for minor/superficial burns.
Removal of foreign bodies from wound; if procedure is complicated because of depth of embedment, size or location.	Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means. Cleaning, flushing or soaking wounds on the surface of the skin.
Physical therapy or chiropractic treatment.	Massage.
Removal of foreign bodies embedded in eye.	Removing foreign bodies from the eye using only irrigation or a cotton swab. Using eye patches.
Restricted duties with no other treatment.	Drinking fluids for relief of heat stress.