# INCIDENT MANAGEMENT AND REPORTING GUIDELINES

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1 Introduction

The University of Wollongong acknowledges that guidelines on incident management are an essential component of the workplace health and safety management system. The provision of timely and efficient first aid and medical response is crucial in caring for staff, students and visitors in the event of an injury. Additionally, timely and efficient reporting on hazards, incidents and other occurrences with an adverse risk to health and safety are required to be in place so that risk assessment and appropriate corrective action can be taken.

These guidelines should be read in conjunction with the following:

- First Aid Guidelines
- WHS Risk Management Guidelines
- Injury Management Program

2 Scope

This document sets out the procedures for the management of an incident requiring first aid or medical treatment for injuries which occur to University staff, students or visitors. This includes University activities which occur on or off campus.

This document also describes the UOW internal and external reporting process for injuries, illnesses, incidents, health and safety hazards, dangerous occurrences and system failures.

3 Definitions

**Biohazard**
A biohazard can be defined as any organism (and/or its toxin) or a material of biological origin that can cause harm to human, plants, animal or the environment.

**Dangerous Occurrence**
Imminent risk of the death of, or serious injury to, anyone; an occurrence that endangers or is likely to endanger the safety of people at a workplace.

**First Aid**
Initial treatment for an injury which is normally given by a first aider.

**First Aid Officer**
Person nominated to administer first aid at the University; must hold a current Senior First Aid Certificate.

**Hazard**
A source or a situation with a potential for harm in terms of human injury or ill-health, damage to property, damage to the environment, or a combination of these.

**Hazard Identification**
The process of recognizing that a hazard exists and defining its characteristics.

**Illness**
Any physical or mental ailment, disorder, defect or morbid condition which can be of sudden or gradual development. This also includes the aggravation, acceleration, exacerbation or recurrence of any pre-existing disease.

**Incident**
Any unplanned event resulting in, or having a potential for injury, ill health, damage or other loss.

**Injury**
Any physical or mental damage to the body caused by exposure to a hazard.

**Lost Time Injury**
A work related injury which results in a person being absent from work for at least one full shift.

**Medical Treatment Injury**
A work related injury which results in treatment provided by a qualified health professional e.g. General Practitioner, Physiotherapist.
**4 Responsibilities**

**4.1 Employees**

Employees are responsible for the following:

- reporting hazards, incidents, injuries, dangerous occurrences and systems failures which occur or have the potential to occur
- in the event of an injury or unsafe situation, do what they can to ensure the safety of others.

**4.2 Supervisors and Managers**

Supervisors and Managers are responsible for the following:

- ensuring that injured employees or visitors to the University receive, or is referred to, appropriate first aid &/or medical assessment for any reported injury/illness
- immediate referral to the WHS Unit of any injured employee or visitors to the University who require medical assessment or treatment
- hazards, incidents, injuries, dangerous occurrences and systems failures are appropriately reported for areas under their supervision
- corrective actions are developed in consultation with employees and are implemented to eliminate the risk of injury, or where this is not possible, reduce the risk to an acceptable level
- follow up on the effectiveness of implemented corrective actions in consultation with employees.

**4.3 WHS Unit**

The WHS Unit is responsible for:

- monitoring and reviewing the system for effective incident management and reporting
- providing advice and recommendations to local areas on preventative and corrective action to improve the level of health and safety
- conducting investigations and follow up of significant incidents to prevent reoccurrence.

**5 Incident Management Procedure**

**5.1 First Aid and Medical Assistance**

The flowchart on the following page outlines the process for obtaining first aid and medical assistance on the Wollongong Campus. Clarification on the process is outlined further in this section.
Incident occurs resulting in an injury to staff, students or a visitor to the University.

Does the injured person require medical treatment?

Yes

To arrange medical treatment contact:
- Security on 4900*; and/or
- Emergency services directly on (0) 000; &
- Notify the WHS Unit on 3204.

No

1. Seek first aid assistance:
   - Local first aider; or
   - Security on 4900.
2. If medical assistance required call for ambulance.

Incident reported via SafetyNet by supervisor, attending first aid officer, injured person or alternatively WHS Unit. Risk assessment process undertaken and corrective actions implemented as appropriate.

*Security will direct ambulance to the location of the injury. Emergency services are contacted directly for life-threatening situations.

For campuses other than Wollongong, please refer to the appropriate emergency contact details in Appendix 1: Satellite Campus Emergency Contact Numbers.

5.1.1 Assessing the Need for Medical Treatment

In most cases the need for medical treatment after an injury is obvious. The following list of injuries and symptoms, although not exhaustive, provides guidance on when to refer to medical treatment:

- heart attack
- stroke
- shock
- epilepsy and seizures
- hyperglycaemia or hypoglycaemia
- burns larger than 20 cent piece, electrical burn,
- lacerations - if bleeding is severe or persistent
- soft tissues injuries, e.g. sprains and strains;
- dislocations and fractures
- head, neck and spinal injuries
- facial injuries
- poisoning
- bites and stings
- overexposure to extreme environmental temperatures
- asthma attack
- electric shock
- loss of consciousness
- overexposure to radiation or hazardous chemicals

In some circumstances the need for medical treatment may not be obvious – examples include:

- after an electric shock: any person who has received an electric shock, no matter how minor it may seem, should be assessed by a medical practitioner as there could be delayed affects such as an irregular or lower heart rate
- after recovering from unconsciousness: any person who has lost consciousness, even for a small amount of time, should be assessed by a medical practitioner.
5.1.2 Medical Treatment

Medical treatment can be obtained by contacting Security on extension 4900 (refer to Appendix 1: Satellite Campus Emergency Contact Numbers for non-Wollongong campuses) or Emergency Services directly on ‘000’ (dial 0 for an outside line) to arrange for an ambulance to arrive at the scene of the incident.

In some cases, it may be appropriate to transport the injured person to a medical centre for treatment. Where this is the case, the injured person should be referred to one of the following medical treatment centres dependent upon availability and expertise:

1. IOH, 32 Swan St Wollongong, ph 4229 6111
2. CS Health, 558-580 Princes Hwy Woonona, ph 4286 5400
3. Campus Medical Centre, UniCentre Building 11, ph 4229 9298
4. the injured person’s general practitioner.

This should be decided on a case-by-case basis in consultation with the injured person by the attending first aid officer or the Injury Management Coordinator. For example a swollen ankle may be treated more promptly at a local medical centre as opposed to raising an ambulance. If in doubt contact the Injury Management Coordinator on ph: 4221 5907.

For injuries occurring at campuses other than Wollongong, the injured should be referred to the nearest general practitioner, medical centre or hospital if an ambulance is not required.

5.2 Critical Incidents

Critical incidents are those which directly or indirectly cause significant distress to a person, either at the time it occurs or later. A critical incident may require the activation of emergency procedures.

The following options are available for support and assistance for those experiencing critical incident distress:

- **University Employee Assistance Program [PPC Worldwide]:**
  This is a professional counselling service available to University staff or their families which is confidential and free for personal or work related problems. This is voluntary and the service is provided by experienced registered psychologists. To access the University EAP contact PPC Worldwide directly on 1300 361 008.

- **Student Counselling:**
  The University offers a free and confidential service available to post-graduate and under-graduate students with personal, work or study related difficulties. Counsellors are experienced registered psychologists. To access Student Counselling contact the Counselling Services Unit on 4221 3445.

6 Internal Incident Reporting Requirements

The following outlines the process for the internal reporting of incidents including health and safety hazards, injuries, illnesses, dangerous occurrences, near-misses and system failures.

6.1 Immediate Action

Depending on the risk of the hazard or incident involved immediate action must be taken to prevent further persons from being injured. This may involve the activation of emergency procedures or other actions to control the immediate risk to persons in the area, e.g. barricading the area, alerting Facilities Management (or equivalent), Security or the WHS Unit.

If an injury has been sustained, first aid treatment should be given from a suitably qualified first aider promptly.

In some circumstances, a hazard, incident or injury may mean that the scene cannot be disturbed. These are termed ‘notifiable incidents’ and include the death of a person, or a serious injury or illness of a person, or a dangerous incident. Further information can be found in 7 External Reporting Procedures.

The site where the incident occurred must not be disturbed in any way, other than to assist an injured person or make the area safe, until such time as a WorkCover inspector arrives at the site or any earlier time that an inspector directs.
6.2 Types of Incidents to be Reported

The list below represents general criteria for the type of incidents to be reported using the SafetyNet report form. The list is not meant to be exhaustive and may require tailoring to specific areas:

- any injury to staff, students, contractors or visitors of any nature or severity sustained whilst on University campus or whilst undertaking a University activity off campus e.g. field trip, approved travel, clinical work, attendance to conferences, student placement etc
- any incidents which may have had the potential to cause an injury, including diseases in animals that have the potential to be transferred to humans, exposure to chemical agents or physical agents, genetically modified organisms, imported biological materials, radiation or other hazards
- dangerous occurrences or system failure which caused or had the potential to cause serious property damage e.g. fires, floods and explosions
- all vehicle accidents occurring on University grounds or whilst conducting University business
- any injury or incident to staff sustained whilst travelling to or from the University (Journey claims)
- sporting injuries arising from University organised activities, both formal and informal
- injuries sustained by staff or students participating in University organised social activities.

Where a hazard or incident is reported through SafetyNet and is rated as 'High', a copy of the report will be communicated to the Executive Dean, Head of School and Faculty Executive Manager. The WHS Unit will conduct an incident investigation in accordance with the Incident Investigation Procedure.

6.3 Hazard/Incident Report Form

A SafetyNet hazard/incident report is to be completed for all hazards, incidents, injuries, illnesses, dangerous occurrences and system failures arising from reported hazard, incidents or workplace safety inspections as outlined in 6.2 Types of Incidents to be Reported.

Further information on using SafetyNet is available in the SafetyNet User Guide.

6.4 Submitting the Hazard/Incident Report Form

Once the online report form has been submitted a copy is sent to the nominated supervisor for approval and the WHS Unit for review. On approval by the supervisor, risk control methods (corrective actions) detailed in the report form will be emailed to the nominated party for action.

In some instances, notification to the WHS Unit is required immediately after an incident or hazard is reported. Occasions where this may occur include:

- when a hazard is identified which poses an immediate risk to health and safety, or
- an injury which requires medical treatment (does not include first aid), or
- time lost from work, or
- ‘notifiable incidents’ as defined in 7 External Reporting Procedures.

6.5 Corrective Actions

The implementation of appropriate corrective actions is critical to the success of reducing the risk of hazards in the workplace. From the risk assessment, corrective actions will need to be implemented to eliminate or reduce the risk to an acceptable level utilising the hierarchy of controls. Depending on the risk of the hazard involved, the following time periods will be used as a guide for completion of corrective actions:

<table>
<thead>
<tr>
<th>Risk Level</th>
<th>Corrective Action Time Frame</th>
</tr>
</thead>
<tbody>
<tr>
<td>High</td>
<td>As soon as possible, but not longer than 24 hours</td>
</tr>
<tr>
<td>Medium</td>
<td>14 days</td>
</tr>
<tr>
<td>Low</td>
<td>28 days</td>
</tr>
</tbody>
</table>

At least one corrective action is required to be implemented to reduce the risk to an acceptable level.

Once the corrective action plan is determined, including responsibilities and timeframes, is the details are to be recorded in SafetyNet. Corrective actions are communicated and monitored via email. Once a corrective action has been completed, the date of completion is entered for the incident as listed in the responsible person’s work-list on SafetyNet.

If corrective actions are not completed by their due date reminder emails are sent to the responsible person. Corrective actions which are not completed on time are reviewed by the WHS Unit on a monthly basis and escalated to the nominated supervisor to outline a plan for completion.
If there is any doubt on the unit responsible for undertaking a corrective action please liaise with the WHS Unit on 4221 3931. The WHS Unit will consult with the person reporting the incident and seek to identify the responsible unit for the issue and the workers and supervisor of the area(s) involved to ensure appropriate ownership of the corrective action.

In the rare case of a dispute with regards to the responsibility of corrective actions, the dispute is to be raised in writing to the Manager WHS who will assist with the appropriate assignment of corrective actions following review of the hazard and incident report.

6.6 Review

Follow up of the implementation of the controls should be conducted by the supervisor to ensure the following questions are answered:

- have the corrective actions as stated by the initial notification been completed?
- has the corrective actions as stated in the initial notification been effective in reducing the risk of injury?
- has the corrective actions introduced new hazards?

If required another hazard report may be required to document a new hazard or initiate further corrective actions.

7 External Reporting Procedures

The Work Health and Safety Act 2011 (WHS Act) creates a duty on persons conducting a business or undertaking to notify WorkCover immediately after becoming aware that a notifiable incident arising out of the conduct of the business or undertaking has occurred.

A “notifiable incident” means:

- the death of a person, or
- a serious injury or illness of a person, or
- a dangerous incident.

Further guidance from WorkCover on what is required to be reported is outlined below:

<table>
<thead>
<tr>
<th>Trigger</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Immediate treatment as in-patient in a hospital</td>
<td>Admission into a hospital as an inpatient for any duration, even if the stay is not overnight or longer.</td>
</tr>
<tr>
<td></td>
<td>It does not include:</td>
</tr>
<tr>
<td></td>
<td>- Out-patient treatment provided by the emergency section of a hospital (ie not requiring admission as in-patient) and immediate discharge.</td>
</tr>
<tr>
<td></td>
<td>- Subsequent corrective surgery such as that required to fix a fractured nose.</td>
</tr>
<tr>
<td>Immediate treatment for the amputation of any part of the body</td>
<td>Amputation of a limb such as arm or leg, body part such as hand, foot or the tip of a finger, toe, nose or ear.</td>
</tr>
<tr>
<td></td>
<td>It does not include:</td>
</tr>
<tr>
<td></td>
<td>- Bruising or minor abrasion or laceration to the skin.</td>
</tr>
<tr>
<td>Immediate treatment for a serious head injury</td>
<td>Fractured skull, loss of consciousness, blood clot or bleeding in the brain, damage to the skull to the extent that it is likely to affect organ/face function.</td>
</tr>
<tr>
<td></td>
<td>- Head injuries resulting in temporary or permanent amnesia.</td>
</tr>
<tr>
<td>Immediate treatment for a serious eye injury</td>
<td>Injury that results in or is likely to result in the loss of the eye or total or partial loss of vision.</td>
</tr>
<tr>
<td></td>
<td>- Injury that involves an object penetrating the eye (for example metal fragment, wood chip).</td>
</tr>
<tr>
<td></td>
<td>- Exposure of the eye to a substance which poses a risk of serious eye damage.</td>
</tr>
<tr>
<td>Trigger</td>
<td>Example</td>
</tr>
<tr>
<td>------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Immediate treatment for a serious burn</td>
<td>A burn requiring intensive care or critical care which could require compression garment or a skin graft.</td>
</tr>
<tr>
<td></td>
<td>It does not include:</td>
</tr>
<tr>
<td></td>
<td>▪ A burn that merely requires washing the wound and applying a dressing.</td>
</tr>
<tr>
<td>Immediate treatment for the separation of skin from an underlying tissue (such as de-gloving or scalping)</td>
<td>Separation of skin from an underlying tissue such that tendon, bone or muscles are exposed (de-gloving or scalping).</td>
</tr>
<tr>
<td>Immediate treatment for a spinal injury</td>
<td>Injury to the cervical, thoracic, lumbar or sacral vertebrae including the discs and spinal cord.</td>
</tr>
<tr>
<td>Immediate treatment for the loss of a bodily function</td>
<td>Loss of consciousness, loss of movement of a limb or loss of the sense of smell, taste, sight or hearing, or loss of function of an internal organ.</td>
</tr>
<tr>
<td></td>
<td>It does not include:</td>
</tr>
<tr>
<td></td>
<td>▪ mere fainting, or</td>
</tr>
<tr>
<td></td>
<td>▪ a sprain, strain or fracture.</td>
</tr>
<tr>
<td>Immediate treatment for serious lacerations</td>
<td>▪ Serious lacerations that cause muscle, tendon, nerve or blood vessel damage or permanent impairment.</td>
</tr>
<tr>
<td></td>
<td>▪ Deep or extensive cuts.</td>
</tr>
<tr>
<td></td>
<td>▪ Tears of wounds to the flesh or tissues – this may include stitching to prevent loss of blood and/or other treatment to prevent loss of bodily function and/or infection.</td>
</tr>
<tr>
<td>Any infection to which the carrying out of work is a significant contributing factor, including any infection that is reliably attributable to carrying out work</td>
<td>For example work:</td>
</tr>
<tr>
<td></td>
<td>▪ with micro-organisms, or</td>
</tr>
<tr>
<td></td>
<td>▪ that involves providing treatment or care to a person, or</td>
</tr>
<tr>
<td></td>
<td>▪ that involves contact with human blood or body substances, or</td>
</tr>
<tr>
<td></td>
<td>▪ that involves handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products.</td>
</tr>
<tr>
<td>The following occupational zoonoses (disease transmitted from animals to humans) contracted in the course of work involving handling or contact with animals, animal hides, skins, wool or hair, animal carcasses or animal waste products.</td>
<td>For example:</td>
</tr>
<tr>
<td></td>
<td>▪ Q fever</td>
</tr>
<tr>
<td></td>
<td>▪ Anthrax</td>
</tr>
<tr>
<td></td>
<td>▪ Leptospirosis</td>
</tr>
<tr>
<td></td>
<td>▪ Brucellosis</td>
</tr>
<tr>
<td></td>
<td>▪ Hendra Virus</td>
</tr>
<tr>
<td></td>
<td>▪ Avian Influenza</td>
</tr>
<tr>
<td></td>
<td>▪ Psittacosis.</td>
</tr>
<tr>
<td>Medical treatment within 48 hours of exposure to a substance or chemical</td>
<td></td>
</tr>
</tbody>
</table>

‘Treatment’ means the kind of treatment that would be required for a serious injury or illness and includes ‘medical treatment’ by a registered medical practitioner, paramedic or a registered nurse.

In addition notification is required of any incident in relation to a workplace that exposes a worker or any other person to a serious risk to a person’s health and safety emanating from an immediate or imminent exposure to:

▪ an uncontrolled escape, spillage or leakage of a substance, or
- an uncontrolled implosion, explosion or fire, or
- an uncontrolled escape of gas or steam, or
- an uncontrolled escape of a pressurised substance, or
- electric shock,
  - examples of electrical shock that are not notifiable
    - shock due to static electricity
    - extra low voltage’ shock (i.e. arising from electrical equipment less than or equal to 50V AC and less than or equal to 120V DC)
    - defibrillators are used deliberately to shock a person for first aid or medical reasons
  - examples of electrical shocks that are notifiable
    - minor shock resulting from direct contact with exposed live electrical parts (other than 'extra low voltage') including shock from capacitive discharge
- the fall or release from a height of any plant, substance or thing, or
- the collapse, overturning, failure or malfunction of, or damage to, any plant that is required to be design or item registered under the WHS Regulations, or
- the collapse or partial collapse of a structure, or
- the collapse or failure of an excavation or of any shoring supporting an excavation, or
- the inrush of water, mud or gas in workings, in an underground excavation or tunnel, or
- the interruption of the main system of ventilation in an underground excavation or tunnel.

Incidents which are required to be notified to WorkCover NSW, including employees, students, contractors or visitors, shall be completed by the WHS Unit once notified by the supervisor by calling WorkCover on 13 10 50.

Incidents involving GMOs should be reported immediately to the WHS Unit and the University’s Gene Technology Review Committee (GTRC). The Office of Gene Technology (OGTR) will be notified as soon as practicable by the Chair of the GTRC.

Incidents involving imported materials should be reported to Australian Quarantine and Inspection Services (AQIS). Refer to the University’s Biosafety Manual for further details.

Incidents involving radiation shall be reported to the Department of Environment, Climate Change and Water as per the Radiation Safety Guidelines.

8 Incident Investigation

Information regarding the process for conducting incident investigations is located in the Incident Investigation Procedure.

9 Privacy and Confidentiality

Any incident reported as a requirement of this guideline will be handled in confidence in accordance with the UOW Privacy Policy.

Medical information received via incident reports will be treated as confidential. Any names or other identifiers included in SafetyNet reports will be removed to preserve confidentiality of the injured person by the WHS Officer.

10 Related Documents

- SafetyNet User Guide
- Emergency Management Procedures
- Emergency Procedures Guide
- First Aid Guidelines
- Incident Investigation Form
- Incident Investigation Procedure
- WHS Unit SOP SafetyNet Reporting Procedure
- Privacy Policy
- Biosafety Manual
- WHS Act 2011
- WHS Regulation 2011
### 11 Version Control Table

<table>
<thead>
<tr>
<th>Version Control</th>
<th>Date Released</th>
<th>Approved By</th>
<th>Amendment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>February 2003</td>
<td>Manager OHS</td>
<td>Document created.</td>
</tr>
<tr>
<td>2</td>
<td>February 2005</td>
<td>Manager OHS</td>
<td>Document updated to reflect current requirements.</td>
</tr>
<tr>
<td>3</td>
<td>September 2005</td>
<td>Manager OHS</td>
<td>Document updated to reflect current requirements.</td>
</tr>
<tr>
<td>4</td>
<td>January 2006</td>
<td>Manager OHS</td>
<td>Document updated to reflect current requirements.</td>
</tr>
<tr>
<td>5</td>
<td>March 2006</td>
<td>Manager OHS</td>
<td>Scheduled review, minor amendments.</td>
</tr>
<tr>
<td>6</td>
<td>April 2006</td>
<td>Manager OHS</td>
<td>Minor formatting amendments.</td>
</tr>
<tr>
<td>7</td>
<td>August 2008</td>
<td>Manager OHS</td>
<td>Scheduled review, minor amendments.</td>
</tr>
<tr>
<td>8</td>
<td>April 2009</td>
<td>Manager OHS</td>
<td>Additional requirements added as per the National Audit Tool.</td>
</tr>
<tr>
<td>9</td>
<td>September 2009</td>
<td>Manager OHS</td>
<td>Retitled from Hazards and Reporting Guidelines to Incident Management and Reporting Guidelines. Further information included with regards to incident management e.g. how and when to raise medical treatment.</td>
</tr>
<tr>
<td>10</td>
<td>April 2010</td>
<td>Manager OHS</td>
<td>Minor formatting amendments.</td>
</tr>
<tr>
<td>11</td>
<td>August 2010</td>
<td>Manager OHS</td>
<td>Document updated to incorporate the Personnel name change to Human Resources Division.</td>
</tr>
<tr>
<td>12</td>
<td>March 2012</td>
<td>Manager WHS</td>
<td>Re-brand and updates to external incident reporting as required by WHS Legislation.</td>
</tr>
<tr>
<td>13</td>
<td>November 2012</td>
<td>Manager WHS</td>
<td>Added clarity about determining responsibility for corrective actions. Inclusion of WorkCover guidance material.</td>
</tr>
<tr>
<td>14</td>
<td>August 2013</td>
<td>Manager WHS</td>
<td>Section 6.2 updated to include communication process for extreme/high hazards/ Incidents.</td>
</tr>
<tr>
<td>15</td>
<td>May 2015</td>
<td>Manager WHS</td>
<td>Updated requirements for preserve incident sites as per legislation (6.1). Removed reference to extreme hazards / incidents (6.2) and updated the corrective action timeframe (6.5) table as per the change in Risk Management Guidelines. Included additional information relating to electric shock (7). Updated links to documents and updated</td>
</tr>
</tbody>
</table>
**Appendix 1: Satellite Campus Emergency Contact Numbers**

<table>
<thead>
<tr>
<th>Campus</th>
<th>Emergency Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Batemans Bay</td>
<td>4471 2269 or 0409 994 057</td>
</tr>
<tr>
<td>Bega</td>
<td>133 277</td>
</tr>
<tr>
<td>Innovation Campus</td>
<td>4221 4900 or 0407 287 750</td>
</tr>
<tr>
<td>Shoalhaven</td>
<td>4448 0800</td>
</tr>
<tr>
<td>Southern Highlands</td>
<td>4871 4040 or 0414 347 420</td>
</tr>
<tr>
<td>Southern Sydney</td>
<td>9597 2666</td>
</tr>
<tr>
<td>Sydney Business School (Sydney CBD)</td>
<td>9256 6963</td>
</tr>
</tbody>
</table>