

Accident and other Incident Reporting Procedures including Incident Investigation Tips



Contents	Page
1. Reporting Requirements	1
2. Incident Flow chart	2
3. Incidences that must be reported to the HSE and on the Council's form.	3
4. Other Type of Incidents that need to be recorded on the Council's form	4
5. 'Accident' Investigation Tips	5

1. Reporting Requirements

All Incidents, which include accidents, abuse, dangerous occurrences, instances of occupational diseases and 'near miss' incidents must be notified to the Corporate Health and Safety Advisor, by filling in the Council's Incident Report Form.

1.1. Death, Major Injury or Dangerous Occurrence. (see 3.1 to 3.3 for more details)

Any incident involving a death, major injury or a dangerous occurrence (e.g. collapse of a building) must be notified **without delay** to the Health and Safety Executive (HSE). To ensure this is done correctly contact the Health and Safety Advisor **immediately** by telephone/mobile phone, or in her absence her line manager. Apart from the needs of the rescue services and first aider/s to attend to the casualties, the scene of the accident should not be disturbed to enable the appropriate investigation to take place by the enforcing authorities if required, as well as the Manager or the Health and Safety Advisor. Complete the Incident Reporting Form, though a more in-depth investigation may be required.

1.2. Over 3-day Absence or Occupational ill health. (see 3.4 and 3.5 for more details)

Any incident (not those covered by death, major injury or dangerous occurrence) connected with work where a person is unable to do their normal work for more than 3 days (includes working and non-working days), or has been diagnosed by a medical practitioner as suffering from occupational ill health must be reported to the HSE **within 10 days** of the incident, or date of notification from the medical practitioner of occupational ill health. The incident should be reported to the Health and Safety Advisor via the Incident Reporting Form who will then report to the HSE.

1.3. Minor Injury, threat or damage to property. (see Section 4 for more details)

Other incidents, where a minor injury, threat, damage to property or time off work due to an occupational injury not included in either 1.1 or 1.2 has occurred should be reported on the Incident Reporting Form to provide a formal record of the incident and any actions that need to be taken.

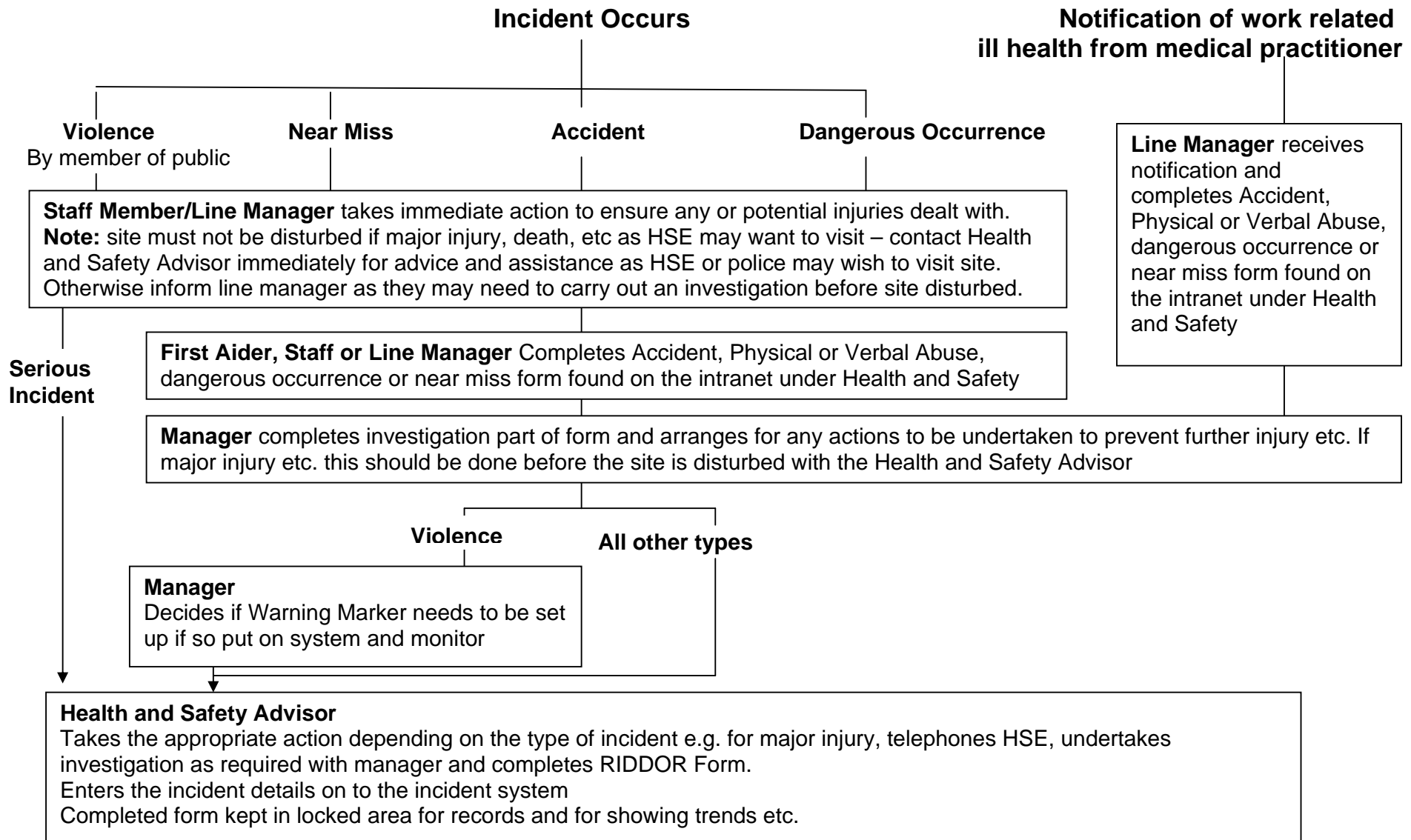
1.4. Near Miss Incident (see 4.2 for more details)

If an incident has occurred, but nobody was harmed, it is recommended that this is reported on the Incident Reporting Form as it provides a formal record of any decisions made and whether action is required to stop further such incidents

1.5. The Incident Reporting Form

The Incident Reporting Form (Accident, Physical or Verbal Abuse, Dangerous Occurrence or Near Miss Form) is found on the 'intranet under Health and Safety.

2. Incident Flow chart



3. Incidences that must be reported to the HSE, and on the Council's form.

3.1. Fatality

An incident where a person (employee or member of public) dies and this may be as a result of a Council activity or that of a Council employee while at work.

3.2. Major Injury

The types of injury that come within the category of a major injury include:

- A fracture to part of the body
- A part of the body has been amputated
- A dislocation of a joint
- Temporary or permanent loss of sight
- Burn or injury to the eye
- Injury from electric shock/burn
- Injury leading to hospital admittance
- Unconsciousness
- Where resuscitation is required
- Injuries, other than those above, to members of the public or people not at work where they are taken from the scene of the incident to hospital

3.3. Dangerous Incidents (Occurrences)

Dangerous incidents do not necessarily result in a person becoming injured but have the potential to cause injury, these include:

- Collapse, overturning or failure of load bearing part of a lift or hoist/crane or derrick/powerd access platform/access cradle or window cleaning cradle/excavator/pile driver or rig/fork lift truck.
- The failure of a pressure system or associated pipe work where this has the potential to cause injury (includes boilers).
- Any unintentional contact between equipment and overhead electric lines.
- Electrical short circuit or over load resulting in fire or explosion.
- Incidents involving explosives (including fireworks) which have the potential to cause injury.
- The complete or partial collapse of scaffolding.
- The failure of any part of fairground equipment where this has the potential to cause injury.
- Any incident involving a vehicle used to carry dangerous goods (including chemicals) where there is an uncontrolled release of the goods or a fire.
- Any unintended collapse of a building or structure, including partial collapse.
- Any explosion or fire occurring in a plant or premises.
- The sudden or uncontrolled release of a flammable substance.
- The accidental release or escape of any substance with the potential to cause injury or damage health.

3.4. Over 3 day Absence Injury

Any accident connected with work which results in the injured person being unable to do their normal job for more than three days (includes days they would not normally be at work) or results in them being away from work for that time.

3.5. Occupational Ill Health

Instances of occupational ill health must be confirmed and diagnosed by a GP or other Medical Practitioner. They are specific diseases that may be brought on by a person's work activity or exposure to certain agents as a result of a Council activity:

- Cramp of the hand or forearm due to repetitive movements
- Subcutaneous cellulites of the hand
- Bursitis or subcutaneous cellulites of the knee or elbow due to severe prolonged friction or pressure
- Traumatic inflammation of the tendons of the hand or forearm or the associated tendon sheaths
- Carpel Tunnel Syndrome
- Hand-arm vibration syndrome
- Hepatitis
- Legionellosis
- Leptospirosis
- Lyme Disease
- Q Fever
- Rabies
- Tetanus
- Tuberculosis
- Poisoning
- Occupational Dermatitis
- Occupation Asthma
- An act of non-consensual physical violence done to a person at work
- Other (please specify)

Note: The above accidents, which are listed under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR), must be reported to the HSE. All other accidents and incidents, no matter how minor, must be reported internally if we are to eliminate or significantly reduce the primary causes of harm through work activities.

4. Other Type of Incidents that need to be recorded on the Council's form

4.1. Minor Injury

Any injury which is not mentioned in the categories above, but where first aid, time of work, or other treatment required, as a result of an incident while at work.

4.2. 'Near Miss' Incidents including property damage or likelihood of damage

These are incidents where, for various reasons, no harm occurred to a person, but there is the potential where harm could occur or damage was or could have been caused to property. As a result, it is wise to look at what happened, what could have happened and take any appropriate action required or to keep a record for the purposes of providing proof of what the circumstances were around the incident.

4.3. Incidents of Violence or Verbal Abuse

Where staff member feel threatened or there is the potential for harm to other staff this should be reported to enable managers to take appropriate steps. More details are provided by the Warning Marker Policy and also the Violence at Work Policy of the options open to Managers.

5. 'Accident' Investigation Tips

Note: The Incident Reporting Form (Accident, Physical or Verbal Abuse, dangerous occurrence or near miss form) found on the intranet will help the manager undertake an investigation but if additional help, or it is a reportable injury the manager should involve the Health and Safety Advisor.

A thorough accident investigation should enable the line manager to identify the causes of the accident in order to consider actions that are likely to eliminate or reduce the recurrence of a similar incident. It should address the following questions:

- Who was injured (and details of others involved)?
- What was the precise activity that was being undertaken when the accident occurred?
- How was the activity being carried out (including sequence of operations, systems of work, equipment or substances being used, condition and appropriateness of equipment used)?
- Why was the person injured doing the activity (were they authorised and trained to do it)?
- Where were they doing the activity (including premise, environment, and weather conditions)?
- When were they doing the activity (what time of year, was there any natural daylight)?

In order to find the answers to these questions you may need to do the following:

5.1. Visit the Site of the Accident:

- Are there any visible physical causes of the accident?
- Could the environment have contributed to or caused the accident?
- Take photographs, samples, record the conditions at the time, e.g. wet, icy, oily flooring
- Provide a diagram of the site and what happened

5.2. Interview the Injured Person as soon as possible:

- Why do they think the accident occurred?
- Do they need equipment to help do their job?
- Do they need training or retraining in some areas?
- Do procedures need to be written or changed?

5.3. Interview Any Witnesses as soon as possible:

- What is their account of how and why the incident occurred?
- Do they have any suggestions as to improvements that could be made?

5.4. Why Did the Accident Happen? How could it have been prevented?

Whilst not exhaustive the following provides a guide to possible causes:

- An unsafe act by the individual or a 3rd party
- An unsafe condition (either equipment, environment or both)
- An unsafe act and an unsafe condition
- Non existent or confusing guidelines/procedures
- Lack of or poor quality protective equipment
- Lack of or poor quality induction arrangements
- Lack of or poor quality information, instruction and training

- Poor communication
- Lack of cooperation and coordination
- Lack of maintenance of equipment
- Lack of maintenance of buildings and or environment
- Non existent or insufficient risk assessments
- Poor control, supervision or monitoring
- Poor planning/design, conflicting priorities, lack of time etc
- Unclear responsibilities
- Lack of resources for policies
- Lack of commitment to policies
- Lack of relevant policies.