CORPORATE HEALTH AND SAFETY UNIT GUIDANCE SHEET – 024

Accident/Incident Reporting Guidance - Completion of the new accident report form.

1. When does this form have to be completed:

The purpose of the form is to ensure that all accidents/incidents are recorded. The injured person or line manager (or designee) should complete part one immediately following the incident. The supervisor/manager of the work activity or area should complete part two as soon as possible. Completed forms must be sent to the Directorate Health and Safety Officer within 48 hours, as detailed below, and a further copy sent to the Corporate Health and Safety Unit at Tir-y-berth.

Health and Safety Contacts:

Education and Leisure	–	Directorate Health and Safety Office, Education Offices, Ystrad Mynach. Tel: 01443 864865
Environment	–	Directorate Health and Safety Office, Tir-y-berth Depot. Tel: 01443 863765
Social Services	–	Directorate Health and Safety, Social Services Offices, Hawtin Park. Tel: 01443 864623
Chief Executives	–	Directorate Health and Safety Office, Tredomen Council Offices. Tel: 01443 864339

In addition to the accident/incident report form there is a new accident/incident investigation form. Part 2 of this report form links to the completion of the new accident/incident investigation form. The investigation form is required to be completed (Parts A&B) when an accident/incident requires a report to the Health and Safety Executive (HSE). Section 3 of this guide provides an explanation of when and who and to what level accident are to be investigated. A further guidance note 'completion of the investigation form' should be used when completing the investigation form.

2. Understanding the terminology of the form:

Accident – An event that results in injury or ill health.

Incident – An event, which does not cause harm, but has the potential to cause injury or ill health.

On an Authority Site – The answer will be 'yes' if the accident/incident occurs on an authority premises, which is owned and managed by the Authority. This would include corporate premises, schools, libraries, community/leisure centres, housing offices and day centres. The answer would be 'no' if the accident happened for example within a domestic property (even if rented from the Authority), or on the highway.

RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995

Fatal – Work-related death

Major injury – As defined by RIDDOR Schedule 1. Includes fractures (other than fingers and toes), amputations, loss of sight, a burn or penetrating injury to the eye, any injury or acute illness resulting in unconsciousness or requiring admittance to hospital for more than 24 hours. A list of major injuries is available within the accident reporting policy.

Over 3 day injury – When following an accident / incident the injured person is unfit for their normal work for longer than 3 days (not including the day of the accident, but including weekends or days off shift). This includes absence from work or individuals that are placed on light or restricted duties.

Minor Injury – All other injuries, which are not covered by other categories, for example sprain, cut or bruise.

Ill Health – Where the person affected by the work activity and is unable to carry out their usual duties for more than 3 days (not including the day of the accident, but including weekends or days off shift).

Dangerous Occurrence – One of a number of specific, reportable events as defined in RIDDOR. A list of dangerous occurrences is available within the accident reporting policy.

Violence Incident – Where an injury has occurred following an incident of violence towards an employee. This applies to physical assault incidences only and the accident form must be completed in conjunction with the Violent Incident (VI) report form.

RIDDOR Reportable – A fatality, specified major injury, over 3 day lost time injury or a specified dangerous occurrence as defined by the RIDDOR Regulations.

3. Investigation level:

High – A high level investigation will involve a team approach to complete the accident investigation form. This investigation should involve a relevant line manager or supervisor, Directorate Health and Safety Officers and employee representatives (where appropriate). The outcomes and findings of the investigation must be reported to senior management (Head of Service or above) and the Corporate Health and Safety Unit. The investigation will look for immediate, underlying and root causes.

Medium – A medium level investigation will involve completion of the accident investigation form by the relevant supervisor or line manager. The Directorate Health and Safety Officer and employee representatives (where appropriate) should be involved in identifying immediate, underlying and root causes.

Low - A low level investigation will involve a short investigation by the relevant supervisor or line manager into the circumstances and immediate underlying root causes of the incident in order to try and prevent a reoccurrence and to learn any general lessons. It is not necessary to complete the investigation form for low-level investigations however investigation findings should be provided on the report form.

The table below will assist you in determining the level of investigation required. It is important not only to take into account the actual consequence of the accident but also the potential consequences, for example in the case of a scaffold collapse, minor injuries may have occurred, however this would have the potential to cause major or fatal injuries. It should also be noted that these are the minimum number of people to be involved in the

investigation and that others may be required depending on the nature of the incident, for example the Back Care Adviser if a major injury occurred due to manual handling or an Engineer if technical input is required.

Accident category	Recommended investigation level	Those involved within the investigation	Paperwork to be completed
Non reportable incident (minor injury, no potential for major injury or fatality)	Low level	Supervisor/Line Manager	Accident report form, including investigation finds within details section.
Over 3 day injury	Medium level	Supervisor/ Line Manager, Directorate Health and Safety Officer, Employee Representative (where appropriate) Occupational Health should be involved in the case of an industrial disease.	Accident report form and Accident Investigation Form
Major injury or specified industrial disease	Medium level		
Any incident where potential for fatality	High level	Supervisor/ Line Manager, Directorate Health and Safety Officer, Employee Representative (where appropriate), finding and recommendations of the investigation must be reported to Senior Management and CHSU	
Fatality	High level		

Completing the form:

Over the next pages is a template of how the Accident/Incident report form should be completed.

Accident/Incident report form.

The purpose of this form is to record all accidents/incidents. The individual or supervisor for the work activity involved should complete part one immediately. The supervisor/manager of the work activity should complete part two as soon as possible. Completed forms must be sent, within 48 hours, to Directorate H&S Officer and a copy to the Corporate H&S Unit. Those areas marked with an * must be completed before the form is submitted.

PART 1 – INITIAL ACCIDENT REPORT

Reported by Name / Job Title (person completing the form): *Insert name of individual reporting the accident*

When did Accident Happen? Date*: *Actual accident date*	Time*: *Insert Time using 24 hour clock*

Who was Injured:

Name:**Injured Persons (IP) name*

Directorate: *Where IP works*

Service area: *Where IP works*

Male ☐ Female ☐ *Tick as appropriate*

Age: *insert age*

Staff Number: *insert where employee*

Did injured person report sick *: **Yes / No** *delete as appropriate*

Date / Time reported: *insert date and time (24hr)*

Expected over 3 day injury*: **Yes / No** *delete as appropriate*

Occupation*: insert job title*

Address details: *insert address details*

Was the injured Person:* *Tick as appropriate*

An Employee ☐ A Pupil ☐ On Work Experience ☐ A Contractor ☐

Member of the Public (inc Volunteer) ☐ On a Training Scheme ☐ Service User/Client ☐

Where did incident happen*:

On an Authority Site ☐ specify where: *Tick, where accident happened on an Authority Site and provide exact details of where accident happened*

If not on an Authority site, please provide details of location: *Prove address/ location of accident eg. Residential address including postcode if possible*

Brief details of the Incident* (What, where, who, and emergency measures taken. Provide details of any vehicles/ equipment involved) Please continue on additional sheet if required.

Provide details of the incident. Ensure that details are provided on what exactly happened, what / who was involved, what immediate actions were taken.

For low-level investigations please provide details of the likely root cause and any outstanding actions to be completed to prevent a reoccurrence.

What Personal Protective Equipment was being worn at the time:

Detail what PPE was being worn by the IP.

Where applicable please indicate first aid treatment received/administered by:

Detail any treatment administered

About the injury – Please list all injuries if more than one

What was the injury?* *– Choose From*

Amputation
Loss of Sight
Asphyxia/Poison
Strain

What part of the body was injured?* *– Choose From*

Eye
Ear
Hand (s)
Wrist

Fracture	*Superficial*	*Face – Other parts*	*Arm (s)*
Dislocation	*Multiple – please list*	*Head*	*Toe*
Concussion	*Electric Shock*	*Neck*	*Foot*
Laceration	*Natural Causes*	*Back*	*Ankle*
Contusion/bruise	*Other known – specify*	*Trunk*	*Leg*
Burn/scald	*Other not known*	*Finger(s)*	*Unspecified*

Involved Persons/Witness Information: - *Please complete witness information*

Name:
Address:

Signed Date

Name:
Address:

Signed Date

Injured Persons Declaration *Injured Person to sign*
I certify to the best of my knowledge that these details are correct.
Name Signature

Reported To (line manager) *Insert line managers name*	Date/ Time *Insert date and time (24hr)*

PART 2 – INITIAL ACCIDENT ASSESSMENT (to be completed by Manager/ Supervisor)

Incident Type*: *Tick which applies (see definitions in section 2)*

Fatality	Major Injury	Over 3 day injury	Minor Injury	Ill Health	Dangerous Occurrence	Violent Incident
☐	☐ e.g. fracture	☐	☐	☐ e.g. industrial disease	☐	☐

Is Incident RIDDOR Reportable? (Or expected to result in an over 3 day injury)*	Yes / No *delete as appropriate* *(see definitions in section 2)*

Investigation level required (see guidance note) *Tick which applies (see explanation in section 3)*

High Level ☐	Medium Level ☐	Low Level ☐

Part 2 Completed by: *insert name*	Date: *insert date*
Further Investigation required?	Yes/No *delete as appropriate*
Investigation to be completed by:	*Insert names of individuals to carry out investigation*
(Please refer to accident investigation guidance)	