ACCIDENT REPORTING PROCEDURES

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CAERPHILLY
COUNTY BOROUGH COUNCIL
CYNGOR BWRDEISTREF SIROL
CAERFFILI

INDEX

Procedures	1
	2
Notes on Completing Forms	3
Flowchart	4
Deaths and Major Injuries (Summary)	5
Dangerous Occurrences (Summary)	6
Reportable Diseases (Summary)	7
Accident Report Form	8
Pupil Accident Report Form	9
Dangerous Occurrence Report Form	10
Violent Incident Report Form	11
Occupational Diseases Report Form	12
Form F2508 (For notifying HSE)	13
Useful Addresses etc.	14

INTRODUCTION

Every accident at work, no matter how apparently trivial, must be reported to allow a proper investigation. The difference between a serious injury, a minor injury, or near miss is quite often just a matter of chance. The purpose of the investigation is not to apportion blame but to establish the cause and then identify measures necessary to prevent a recurrence.

ACCIDENT REPORTING PROCEDURE

In the case of any accident the Accident Report Form (reproduced p.8) must be completed and forwarded to the **Corporate Safety Officer in Environmental Services** (with a copy to the Directorate Personnel Manager) within 48hrs.

NB In the case of non-salaried staff the copy should be forwarded to the Wages Section at Tiryberth.

The administrative procedures for Accident Reporting (i.e. where forms are kept, who is responsible for completing and forwarding forms etc.) should be clearly detailed in each Directorates Safety Policy.

All staff, particularly those responsible for ensuring reporting must be made aware of the procedures.

Incidents Involving Violence

Where a member of staff is exposed to verbal or physical abuse the details must be logged on a Violent Incident Report Form (p.11) and forwarded to the Corporate Safety Officer.

NB Where physical injury also occurs the Accident Reporting procedure must also be followed.

NOTIFYING THE HEALTH AND SAFETY EXECUTIVE (HSE)

In addition to its internal procedures the Council also has a legal obligation, under the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 1995 to report certain types of incident to the HSE for investigation.

These can be outlined as follows:-

Deaths and Major Injuries

These are summarised on p.5

⇒ In these instances the Corporate Safety Officer must be notified immediately.

⇒ The Corporate Safety Officer is responsible for notifying the HSE by telephone without delay.

⇒ The scene the accident should be preserved, if safe to do so, pending an investigation.

⇒ An Accident Report form must be completed and forwarded to the Corporate Safety Officer (with a copy to the Directorate Personnel Manager) within 49 hrs.

⇒ The Directorate Personnel Manager is responsible for completing form F2508 and forwarding to the HSE within ten days.

Dangerous Occurrences

These are summarised on p.6.

⇒ In these instances the Corporate Safety Officer must be notified immediately.

⇒ The Corporate Safety Officer is responsible for notifying the HSE by telephone without delay.

⇒ The scene of the incident should be preserved, if safe to do so, pending an investigation.

⇒ A Dangerous Occurrence Report Form (p10) must be completed and forwarded to the Corporate Safety Officer (with a copy to the Directorate Personnel Manager) within 48 hrs.

⇒ The Directorate Personnel Manger is responsible for completing form F2508 and forwarding to the HSE within ten days.

NB Where physical injury also occurs the Accident Reporting procedure must also be followed.

'Over 3 Day' Injury

⇒ Where an employee is unable to undertake normal duties for more than three days as a result of an accident at work (or were this is expected to be the case) the Accident Report Form must be completed and forwarded to the Corporate Safety Officer (with a copy to the Directorate Personnel Manager) within 48 hrs.

⇒ The Directorate Personnel Manager is responsible for confirming that the accident falls within this category, and then completing the form F2508 and forwarding to the HSE within ten days.

Reportable Diseases

These are summarised on p.7

⇒ On receiving a notification from a Doctor that an employee has a Reportable Disease the Reportable Disease Notification Form (p.12) should be completed and forwarded to the Directorate Personnel Manager together with the Doctors notification.

⇒ The Directorate Personnel Manager is responsible for completing form F2508A and forwarded to the HSE.

NOTES ON COMPLETING THE FORMS

1 Ensure that all questions are answered fully.

2 When describing the incident give as full an account as possible.
Try to classify it as one of the following:-

a Contact with moving machinery, or material being machined.

b Bit by a moving, falling or flying object.

c Hit by a moving vehicle.

d Hit something fixed or stationary.

e Injured while lifting, handling or carrying.

f Slipped, tripped, or fell on same level.

g Fell from height (Estimate height)

h Trapped by something collapsing.

i Drowned or asphyxiated.

j Exposure to, or contact with, a harmful substance.

k Exposure to fire.

l Affected by explosion.

m Contact with electricity, or electrical discharge.

n Injured by an animal.

o Physically assaulted by another person.

p Other kind (Explain thoroughly)

3 Be specific when describing the nature of the injury, e.g. cut, bruise, fracture, sprain, dislocation, etc.

4 Clearly identify the part of the body affected. Name the body part (e.g. arm, hand, leg, chest, head etc) and state whether left or right side.

5 Only obtain witness statements if the incident was actually seen.

6 Be aware that to knowingly give false or misleading information may result in the instigation of disciplinary proceedings, which could result in dismissal.

INCIDENT		**RESPONSIBLE PERSON** (e.g. Foreman, Supervisor, Directorate Safety Co-ordinator)		**SAFETY OFFICER** (Environmental Services)		**DIRECTORATE PERSONNEL MANAGER** (Wages if non-salaried)
ACCIDENT RESULTING IN:- a) The DEATH of any person b) SPECIFIED MAJOR INURY* To any person (including those caused by violence) c) HOSPITALISATION of a member of the public (* SEE SCHEDULE PAGE 5) NB If injury appears to be Major but has not had medical confirmation assume that it is a Major injury. d) DANGEROUS OCCURENCE (SEE SCHEDULE PAGE 6)	⏩	IMMEDIATELY TELEPHONE THE SAFETY OFFICER IN ENVIRONMENTAL SERVICES SECURE THE SCENE OF THE INCIDENT PENDING AN INVESTIGATION ACCIDENT REPORT FORM TO BE COMPLETED WITHIN 48 HRS. COPIES TO:- ♦ SAFETY OFFICER ♦ DIRECTORATE PERSONNEL (WAGES IF NON-SALARIED)	⏩	TELEPHONE NOTIFICATION TO H.S.E. IMMEDIATE ACCIDENT INVESTIGATION LIASON WITH H.S.E. FEEDBACK TO MANAGEMENT COPY ACCIDENT REPORT TO CENTRAL PERSONNEL	⏩	COMPLETE FORM F2508 AND FORWARD TO H.S.E. WITHIN 10 DAYS OF INCIDENT
OVER 3 DAY INJURY Employee unable to undertake normal duties for more than 3 days (inc. non work days) due to an accident at work.	⏩	ACCIDENT REPORT FORM TO BE COMPLETED WITHIN 48 HRS. COPIES TO:- ♦ SAFETY OFFICER ♦ DIRECTORATE PERSONNEL (WAGES IF NON-SALARIED)	⏩	INVESTIGATED BY SAFETY OFFICER AS SOON AS POSSIBLE FEEDBACK TO MANAGEMENT COPY ACCIDENT REPORT TO CENTRAL PERSONNEL	⏩	COMPLETE FORM F2508 AND FORWARD TO H.S.E. WITHIN 10 DAYS OF INCIDENT
MINOR INJURY/NEAR MISS	⏩	ACCIDENT REPORT FORM TO BE COMPLETED WITHIN 48 HRS. COPIES TO:- ♦ SAFETY OFFICER ♦ DIRECTORATE PERSONNEL (WAGES IF NON-SALARIED)	⏩	INVESTIGATED BY SAFETY OFFICER AS SOON AS POSSIBLE FEEDBACK TO MANAGEMENT COPY ACCIDENT REPORT TO CENTRAL PERSONNEL	⏩	
VIOLENT INCIDENT	⏩	VIOLENT INCIDENT REPORT FORM TO BE COMPLETED AND FORWARDED TO SAFETY OFFICER WITHIN 48 HRS. NB: ACCIDENT REPORT PRODCEDURE IF ACCIDENT OCCURS	⏩	INVESTIGATED BY SAFETY OFFICER AS SOON AS POSSIBLE FEEDBACK TO MANAGEMENT COPY REPORT TO CENTRAL PERSONNEL	⏩	
REPORTABLE DISEASES	⏩	ON RECEPT OF A DOCTORS NOTIFICATION FORWARD OCCUPATIONAL DISEASE REPORT FORM TO PERSONNEL	⏩	⏩ ⏩ ⏩	⏩	ON RECEIPT OF A NOTIFICATION FROM A DOCTOR F2508A TO H.S.E. FORTHWITH

DEATH OR MAJOR INJURY

NOTIFY SAFETY OFFICER IMMEDIATELY
TEL: 01443 864072, 864081, 864082 or 863438

Where, as a consequence of an accident at work (on Council property, or during a Council undertaking):-

- An employee or self employed person is killed or suffers a major injury.
- A member of the public, or a client, is killed or taken to hospital.

SPECIFIED MAJOR INJURIES (including those caused by violence)

⇒ Fractures (except to fingers and toes)

⇒ Amputation

⇒ Dislocation of shoulder, hip, knee or spine

⇒ Loss of sight (temporary or permanent)

⇒ Eye injuries:
- Chemical burns
- Hot metal burns
- Penetrating injuries

⇒ Electric shock or electrical burn leading to unconsciousness or requiring resuscitation; or admittance to hospital for more than 24 hours

⇒ Unconsciousness from asphyxia or exposure to harmful substance

⇒ Acute illness requiring medical treatment; or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin.

DANGEROUS OCCURRENCES

NOTIFY SAFETY OFFICER IMMEDIATELY

TEL: 01443 864072, 864081, 864082 or 863438

- ⇒ Collapse, overturning or failure of load bearing parts of lifts and lifting equipment
- ⇒ Explosion, collapse, or bursting of any closed vessel or associated pipe work
- ⇒ Failure of any freight container in any of its load bearing parts
- ⇒ Plant or equipment coming into contact with overhead power lines
- ⇒ Electrical short circuit or overload causing fire or explosion
- ⇒ Any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury caused by an explosion
- ⇒ Malfunction of breathing apparatus while in use, or during testing immediately before use
- ⇒ Collapse, or partial collapse of a scaffold over 5 metres high, or erected over water, where there could be a risk of drowning after a fall.
- ⇒ Dangerous occurrence at a pipe line
- ⇒ Unintended collapse of:- any building or structure under construction, alteration or demolition where over 5 tonnes of material falls; a wall or floor in any place of work; any falsework
- ⇒ Explosion or fire causing suspension of work for over 24 hours
- ⇒ Sudden uncontrollable release in a building of:- 100kg or more of flammable liquid; 10kg of flammable liquid above its boiling point; 10kg or more of flammable gas; or of more than 500kg of liquid or gas if the release is in the open air.

REPORTABLE DISEASES (SUMMARY)

- Certain poisoning
- Skin diseases such as occupational dermatitis, skin cancer, chromer ulcer, and oil folliculitis/acne
- Lung diseases including occupational asthma, farmers lung, pneumoconiosis, asbestosis, mesothelioma
- Infections such as leptospirosis, tuberculosis, anthrax, legionellosis and anthrax
- Other conditions such as occupational cancers, certain musculo-skeletal disorders, decompression illness and hand/arm vibration syndrome

Further information on the full list of reportable
Diseases can be obtained from the Safety
Officer if necessary

ACCIDENT REPORT FORM

DETAILS OF INJURED PERSON

NAME: _____

AGE: _____ SEX: M F

ADDRESS: _____

_____

_____

STATUS: EMPLOYEE TRAINEE

CONTRACTOR CLIENT

WORK EXP. MEMBER OF PUBLIC

OCCUPATION (IF EMPLOYEE) _____

DIRECTORATE: _____

DEPARTMENT: _____

SECTION: _____

STAFF No: _____

ACCIDENT DETAILS

LOCATION OF ACCIDENT: _____

DAY _____ DATE: _____ TIME: _____

WHAT WERE YOU DOING AT THE TIME? _____

_____

_____

DESCRIPTION OF ACCIDENT (eg fall from height, struck bby falling object, electric shock etc)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Please continue overleaf if necessary

DETAILS OF TOOLS, EQUIPMENT, PLANT OR MACHINERY:

_____

_____

WHAT PROTECTIVE EQUIPMENT (INC. CLOTHING) WAS WORN?

_____

_____

NATURE OF INJURY (e.g. cut, bruise, fracture)

_____

PART OF BODY INJURED (e.g. left hand, right leg)

_____

REPORTED SICK: YES NO

If Yes then DATE LEFT WORK _____ TIME _____

EXPECTED OVER 3 DAY INJURY YES

NO

INJURED PERSONS DECLARATION

I certify that to the best of my knowledge, these details are correct

SIGNED: _____ DATE: _____

STATEMENT OF WITNESS

I confirm that I actually saw the accident detailed above, and that the details are correct.

NAME _____

ADDRESS: _____

_____

SIGNED: _____ DATE: _____

NAME _____

ADDRESS: _____

_____

SIGNED: _____ DATE: _____

SUPERVISORS DECLARATION

I certify that I have investigated the circumstances outlined above and that, to the best of my knowledge, the details are correct.

SIGNED: _____ DATE: _____

DESIGNATION: _____

PUPILS ACCIDENT REPORT FORM

HINERY: _____

SCHOOL: _____

DETAILS OF INJURED PUPIL

NAME: _____

AGE: _____ SEX: M F

ADDRESS: _____

_____

_____

TELEPHONE: _____

ACCIDENT DETAILS

LOCATION OF ACCIDENT: _____

DAY _____ DATE: _____ TIME: _____

WHAT WERE YOU DOING AT THE TIME? _____

_____

_____

DESCRIPTION OF ACCIDENT (eg fall from height, struck bby falling object, electric shock etc)

_____

_____

_____

_____

_____

_____

_____

Please continue overleaf if necessary

CONTRIBUTOY FACTORS

DID DEFECTS TO BUILDINGS, EQUIPMENT Etc. CONTRIBUTE TO THE ACCIDENTS CAUSE? (Please explain)

_____

_____

COULD THE ACCIDENT CAUSE BE ATTRIBUTED TO A THIRD PARTY? (Please explain)

_____

_____

INJURY AND TREATMENT DETAILS

NATURE OF INJURY (e.g. cut, bruise, fracture)

_____

PART OF BODY INJURED (e.g. left hand, right leg)

_____

Y N

WAS FIRST AID NECESSARY?

WAS HOSPITAL TREATMENT NECESSARY?

INJURED PUPILS DECLARATION

I certify that to the best of my knowledge, these details are correct

SIGNED: _____ DATE: _____

STATEMENT OF WITNESS

I confirm that I actually saw the accident detailed above, and that the details are correct.

NAME _____

ADDRESS: _____

AGE (If under 18) _____

SIGNED: _____ DATE: _____

NAME _____

ADDRESS: _____

AGE (If under 18) _____

SIGNED: _____ DATE: _____

REPORTERS DECLARATION

I certify that I have investigated the circumstances outlined above and that, to the best of my knowledge, the details are correct.

NAME: _____

DESIGNATION: _____

TELEPHONE: _____

SIGNED: _____ DATE: _____

DANGEROUS OCCURRENCES REPORT FORM

INCIDENT DETAILS

DAY AND DATE
INCIDENT OCCURRED: _____

TIME INCIDENT OCCURRED: _____

LOCATION OF INCIDENT: _____

FULL ACCOUNT OF INCIDENT (EXPLAIN WHAT HAPPENED AND WHY)

_____

_____

_____

_____

_____

_____

_____

_____

PARTIES INVOLVED

DIRECTORATE: _____ DEPARTMENT: _____

SECTION: _____

CONTRACTOR INVOLVEMENT: _____

OTHER PARTIES? _____

INJURIES

WAS ANY PERSON INJURED AS A RESULT? YES IF YES COMPLETE ACCIDENT REPORT FORMS

NO

REPORTING OFFICER

NAME: _____ DESIGNATION: _____

SIGNATURE: _____ DATE: _____

VIOLENT INCIDENT REPORTING FORM

DETAILS OF OFFENDED PERSON

Name: ……. Job Title: ……..

Service Area: …… Location: …….

Telephone/Extension No: ……. Directorate: ……..

Home Telephone No: ……..

STATUS: EMPLOYEE/TRAINEE/WORK EXPERIENCE/OTHER (PLEASE SPECIFY)

REPORT OF VIOLENT INCIDENT

Date of Incident: ……..Day: …… Time of Incident: ……..

Location of Incident: ……..

What were you doing at the time: ……..

DETAILS OF THE ASSAILANT(S)(if known)

Name: ……. Age: …….. Male/Female: ……

Address: ……

Other Details (e.g. description): ……

…….

…….

DETAILS OF WITNESS(ES)

Name: ……

Address: …….

……

Name: ……

Address: ……..

…….

Other Details: …….

……..

Details of Incident: (Please tick as many of the boxes as are appropriate. If physical injury occurs an Accident Form must also be completed. This form must be filled in to the best of your knowledge).

Leading up to the Incident

Involvement of Drugs	☐	Solvents	☐	Alcohol	☐	Offensive Weapon	☐
Sexual Harassment	☐	Racial Harassment	☐	Mental Disability	☐	Not Known	☐

Type of Incident:

Anti-Social Behaviour	☐	Verbal Abuse Only	☐	Threat of Physical Injury	☐	Actual Physical Injury	☐
Damage to Property	☐						

Brief description of incident, including the relevant events leading up to it, and nature of any injury and damage caused. Please continue on a separate sheet if necessary: …….

…….

…….

Immediate Action Taken

Medical Treatment	☐	Police Involved	☐	Accident Report Form Completed	☐	Head of Legal Services Consulted	☐
Injured Employee Given time off work.	☐	Senior Management Informed	☐	Counselling offered	☐		

Please give details: ……..

……

……

Please add here any other comment you wish to make (feel free to continue on a separate sheet):

……

……

……

……

I certify that to the best of my knowledge, these details are correct.
Signature of
Offended Person: …….. Date: ……..

STATEMENT OF WITNESS(ES)

I confirm that I actually saw the incident detailed above, and that the details are correct.
NAME: …….

SIGNED: …….. DATE: ……

NAME: …….

SIGNED: …….. DATE: ……

Action to be taken by Head of Service/Headteacher/Officer in Charge/Manager including action taken to prevent a recurrence.

……

……

……

……

……

……

……

……

……

……

……

……

Signature of Head of Service/Headteacher/: …….. Date: …….

Officer in Charge/Manager

This form must be completed promptly and returned to your Directorate Safety Officer

OCCUPATIONAL DISEASE REPORT FORM

PERSONAL DETAILS

NAME: _____

AGE: _____

SEX: M ☐

F ☐

ADDRESS: _____

_____

_____

OCCUPATION: _____

STAFF No: _____

REPORTED SICK YES ☐

NO ☐

DISEASE DETAILS

DISEASE: _____

REF No: _____

DATE REPORT RECEIVED: _____

DOCTORS NAME: _____

ADDRESS: _____

_____

_____

REPORTED BY:

NAME: _____

DESIGNATION: _____

SIGNED: _____ DATE: _____

Health and Safety at Work Act 1974
The Reporting of Injuries, Diseases and Dangerous Occurrences 1995
Report of an injury or dangerous occurrence

Filling in this form
This form must be filled in by employer or other responsible person.

Part A

About you

1 What is your full name?

2 What is your job title?

3 What is your telephone number?

About your organisation

4 What is the name of your organisation?

5 What is its address and post code?

6 What type of work does the organisation do?

Part B

About the incident

1 On what date did the incident happen?

/ /

2 At what time did the incident happen?
(Please use the 24 hour clock e.g. 0600)

3 Did the incident happen at the above address?
Yes ☐
No ☐

Y elsewhere in your organisation – give the name, address and post code

Y at someone else's premises – give the name, address and post code

Y in a public place – give details of where it happened

If you do not know the post code, what is the name of the local authority?

4 In which department, or where on the premises did the incident happen?

Part C

About the injured person

If you are reporting a dangerous occurrence, go to Part F
If more than one person was injured in the same incident, please attach the details asked for in Part C and Part D for each injured person.

1 What is their full name?

2 What is their home address and post code?

3 What is their home phone number?

4 How old are they?

5 Are they

Y male?

Y female?

6 What is their job title?

7 Was the inured person (tick only one box)

Y one of your employees?

Y on a training scheme? Give details:

Y on work experience?

Y employed by someone else? Give details of the employer:

Y self employed and at work?

Y a member of the public?

Part D

About the injury

1 What was the injury? (e.g. fracture, laceration)

2 What part of the body was injured?

3 Was the injury (tick the one box that applies)

- ☐ a fatality?
- ☐ a major injury of condition? (see accompanying notes)
- ☐ an injury to an employee or self-employed person which prevented them doing their normal work for more than 3 days?
- ☐ an injury to a member of the public which meant they had to be taken from the scene of the accident to a hospital for treatment?

4 Did the injured person (tick all the boxes that apply)

- ☐ become unconscious?
- ☐ need resuscitation?
- ☐ remain in hospital for more than 24 hours?
- ☐ none of the above.

Part E

About the kind of accident

Please tick the one box that best describes what happened, then go to Part G.

- ☐ Contact with moving machinery or material being machined.
- ☐ Hit by a moving, flying or falling object.
- ☐ Hit by a moving vehicle.
- ☐ Hit something fixed or stationary.
- ☐ Injured while handling, lifting or carrying

- ☐ Slipped, tripped or fell on the same level
- ☐ Fell from a height – How high was the fall?

  metres
- ☐ Trapped by something collapsing

- ☐ Drowned or asphyxiated
- ☐ Exposed to, or in contact with, a harmful substance
- ☐ Exposed to fire
- ☐ Exposed to an explosion

- ☐ Contact with electricity or an electrical discharge
- ☐ Injured by an animal
- ☐ Physically assaulted by a person

- ☐ Another kind of accident (describe it in Part G)

Part F

Dangerous occurrences

Enter the number of the dangerous occurrence you are reporting. (The numbers are given in the Regulations and in the notes which accompany this form)

Part G

Describing what happened

Give as much detail as you can. For instance

- the name of any substance involved
- the name and type of any machine involved
- the events that led to the incident
- the part played by any people.

If it was a personal injury, give details of what the person was doing. Describe any action that has since been taken to prevent a similar incident. Use a separate piece of paper if you need to.

Part H

Your signature

Date

, ,

Where to send the form

Please send it to the Enforcing Authority for the place where it happened. If you do not know the Enforcing Authority, send it to the nearest HSE office.

For official use

Client number | Location number | Event number

☐ INV REP ☐ Y ☐ N

CONTACT ADDRESSES AND PHONE NUMBERS

Corporate Safety Officer

Tel:- (01443 86) 4072, 4081, 4082 or 3438
Fax: 01443 863493

Environmental Services Directorate
Civic Offices
New Road
Tir-y-berth
Hengoed CF82 8NF

Directorate Personnel Managers

Chief Executive, Resources and And Environmental Services and Housing Tel: (01443 86) 3416	Personnel Policy Unit Ystrad Fawr Ystrad Mynach Hengod Mid Glamorgan
Competition Services Tel: (01443 86) 3419	Ystrad Fawr Ystrad Mynach Hengod Mid Glamorgan
Social Services Tel: (01495 23) 4623	Hawtin Park Gellihaf Blackwood NP2 2PZ
Technical Services Tel: (01495 23) 5358	Civic Offices Pontllanfraith Blackwood Gwent NP12 2YW
Education and Leisure Tel: (01443 86)4858	Education Offices Caerphilly Road Ystrad Mynach CF82 7EP
Health and Safety Executive (HSE) Tel: 02920 263000	Government Buildings Ty- Glas Llanishen Cardiff CF14 5SH