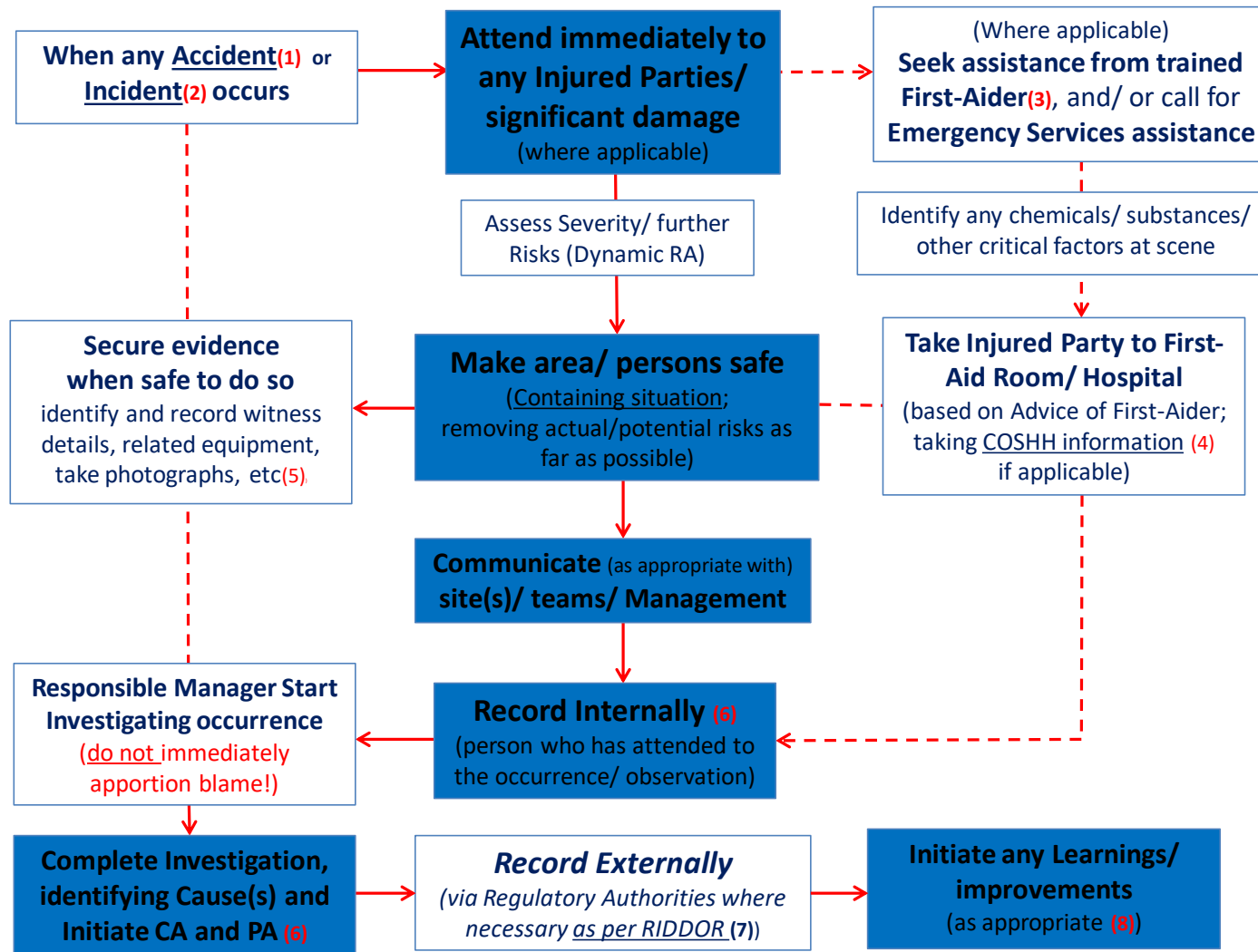


Accident Reporting and Investigation Guide



Notes/ Application (to assist in developing this process for your business):

- (1) An '**ACCIDENT**', may be defined as an event having occurred within the workplace/ during work activities, resulting in injury, ill-health of people, damage or loss to property, plant, materials, or the environment. (Various severity ratings and weighting of Accidents is used by organisations, and dependant on the scheme in place, should be dealt with as appropriate – concentrating on High-Potential, or actual occurrences).
- (2) An '**INCIDENT**', is similarly, an event which under slightly different circumstances, could have resulted in injury, ill-health, damage, or loss; often referred to as Hazard/ Near-Miss reporting.
- (3) **First-Aider** – someone identifiable within the organisation who has been trained to provide immediate medical assistance in an emergency, prior to the arrival/ availability of external professional assistance (i.e. the internal First-Aider, having been suitably trained, may perform duties from cleaning simple wounds, and applying plaster/ dressings, placing unconscious casualty into the recovery position, and even performing Cardiopulmonary Resuscitation (CPR), if confident to do so).
- (4) **COSHH** (MSDS and RA), or other information that may prove useful in an immediate emergency situation, should be made available within the organisation at appropriate point(s) – where details may prove useful in determining injury/ risk/ course of actions. Often tools, equipment, or other evidence can also prove useful, particularly if considered a contributing factor, or related to injury/ loss.
(COSHH – Control of Substances Hazardous to Health (Regs, 2002); MSDS – Materials Safety Data Sheets, and associated RA – Risk Assessments)
- (5) Securing evidence at the scene of an Accident/ Incident often proves difficult, or forgotten in the heat of the moment, but should be captured wherever possible (i.e. by photographic evidence, not moving/ returning to normal operations immediately to assess any further risks, and identify factors that may prove important in future investigations?)
- (6) Recording details at the time of an Accident/ Incident is extremely useful in supporting required investigation, and further protection measures; Internal reporting mechanisms are set up (either electronically/ hard copy locations) in order to record basic details of the occurrence (i.e. date, time, location, details of what happened/ risks were observed, and an initial indication of containment). Under HASAW Act (1974), all employees have a duty to assist in reporting unsafe acts/ occurrences/ observations. The official Accident reporting Book (held Internally) – for use generally where First Aid has been administered is HSE Book (BI 510 – available from most stationery suppliers).
(It should be noted that any Accident where a worker is incapacitated for >3 consecutive days, you must record within Accident Book – as required by the Social Security Regulations, 1979 (but not report formally to HSE))
The area Manager/ responsible person then has a duty to investigate such occurrences properly, identifying cause(s), and not immediately apportioning blame, based on preconceived ideas; identifying immediate containment of situation (i.e. making safe), followed by both Corrective and Preventive Actions (to both correct situation and prevent recurrence as far as possible).
- (7) Where there is a duty to report Externally to HSE (as per RIDDOR – Reporting of Injuries, Diseases and Dangerous Occurrences Regs (2013)), certain occurrences must be reported which includes the following categories:

- **DEATH** to worker/ non-worker arising from work-related accident (incl. acts of physical violence to a worker; not incl. suicides)
- **Work-related Injuries** (as per Regulation 4), specifically including:
 - o FRACTURES (other than to Fingers, Thumbs, toes)
 - o AMPUTATIONS
 - o Any injury likely to lead to permanent LOSS OF/ reduction in SIGHT
 - o CRASH INJURY to the head or torso, causing DAMAGE TO the BRAIN or INTERNAL ORGANS
 - o LOSS OF CONSCIOUSNESS caused by head injury or asphyxia
 - o Serious BURNS (including Scalding) – covering >10% of the body; and/ or causing significant damage to eyes, respiratory system, or other vital organs
 - o SCALPING requiring hospital treatment (i.e. peeling of skin from head – from hair becoming entangled in machinery)
 - o Injury arising from working in an ENCLOSED SPACE, leading to Hypothermia, or heat-induced illness; and/ or requiring resuscitation or admittance to hospital for >24 hours
- Where an **accident has resulted in days lost work** (incapacitation of a worker) **of >7 days**
- **Occupational DISEASES** (likely to have been caused, or made worse, by work; as per Regulations 8/9), including:
 - o Carpal Tunnel Syndrome
 - o Sever Cramp of the Hand or Forearm
 - o Occupational Dermatitis
 - o Hand-Arm Vibration Syndrome
 - o Occupational Asthma
 - o Tendonitis or tendosynovitis of the hand or forearm
 - o Any occupational cancer
 - o Any disease attributable to an occupational exposure to a biological agent
- **DANGEROUS OCCURRENCES/** Near-miss events, for example:
 - o The collapse, overturning or failure of load-bearing parts of lifts/ lifting equipment
 - o Plat/ equipment coming into contact with overhead power lines
 - o Accidental release of any substance which could cause harm to any person
 (full listing available within HSE website)
- Gas-related accidents, or dangerous equipment must be reported separately (as required by Gas Safe Engineer Register)
- Non-Fatal Accidents to Non-Workers/ Members of the Public

On-line forms are available for logging directly through to HSE, with Incident Contact Centre 0345 300 9923 (available during normal office hours)

There may also be other Accident reporting obligations via other Regulatory Authorities (i.e. Environmental Accidents under SEPA (Operating Permit Conditions), etc – relating to significant spillages, emissions.

- (8) Learnings/ Improvements can normally be taken from Accident/ Incident Investigations, which may assist in understanding what led to the accident occurring, with the ultimate aim of identifying what can be improved (safety controls, working practices, changes in PPE, guarding, etc) to both ensure that the same incident does not happen again, but also to prevent an even more serious accident taking place in the future.
- (9) This process is likely to help in demonstrating partial coverage of: ISO 45001 (2018) - 10.2 clause requirements; and (RIDDOR) Reporting of Injuries, Diseases and Dangerous Occurrences Regs (2013), and Social Security Regs (1979) intentions.