

## **CORPORATE HEALTH AND SAFETY COMMITTEE – 12TH APRIL 2006**

**SUBJECT: ACCIDENT STATISTICS**

**REPORT BY: DIRECTOR OF THE ENVIRONMENT**

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### **1. PURPOSE OF REPORT**

- 1.1 The purpose of this report is to inform Members, Management and Trade Union Safety Representatives of the numbers and types of industrial accidents which have occurred to staff of Caerphilly County Borough Council during the period 1st October to 31st December 2005.

### **2. SUMMARY**

- 2.1 The Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 1995 require accidents which arise as a result of, or in connection with, work to be categorised as follows and reported to the Health and Safety Executive (HSE):-
- Fatal Accidents
  - Major injury accidents, which include fracture of the skull, spine or pelvis, fracture of any bone in arm/wrist, leg/ankle, amputation of a limb, finger, thumb or toe, loss of sight of any eye or admission to hospital for more than twenty-four hours
  - Accidents which result in more than three consecutive days absence
- 2.2 In addition, if either of the following types of accident occur they too are reportable to the Enforcing Authority:
- Actual physical violence which results in any of the above
  - An accident to a person not employed by the Authority, who is taken directly to hospital following an accident which occurs as a direct result of, in connection with, or arises out of the work activity.
- 2.3 The term 'all injury' accidents, refers to any accident not included in 2.1 or 2.2 and is not reportable to the Health and Safety Executive. Most of these accidents result in minor injuries. Accidents in this classification are reported to the Corporate Safety Unit only if they affect:-
- Employees whilst they are at work
  - Pupils, clients and members of the public who are injured as a result of work activity whilst they are on Council premises or using the facilities
  - Any persons who are injured as a result of any work activity carried out by or for the Authority.

### **3. ACCIDENT STATISTICS**

- 3.1 A description of reportable accidents for each Directorate is shown in Appendix A.
- 3.2 The accident analysis form Appendix B splits the type of accident for each Directorate into three categories:
- Accident type
  - Nature of injury
  - Part of the body injured
- 3.3 A graph comparing this quarter's accidents, for each Directorate, with the same quarter in 2004–2005 is shown in Appendix C
4. The Committee are asked to note the contents of this report.

Author:

Consultees: Steve Delahaye, Head of Public Protection Ext. 5316  
Mike Workman, Principal Commercial & Trading Standards Officer Ext. 5221  
Roger Webb, Director of the Environment Ext. 5311

**DESCRIPTION OF REPORTABLE ACCIDENTS****Chief Executives****October 2005**

No. of reportable accidents for month:- 1

This was:-

A Cleaner hurt her back whilst lifting duffle bags full of sports equipment out of the way, so that she could put a taski bag in cupboard.

Total number of all injury accidents for month:- 7

Total number of accidents for month:- 8

**November 2005**

No. of reportable accidents for month:- 0

Total number of all injury accidents for month:- 19

Total number of accidents for month:- 19

**December 2005**

No. of reportable accidents for month:- 1

This was:-

A Cook in Charge slipped on a wet floor, and landed on her right hand, fracturing her wrist.

Total number of all injury accidents for month:- 3

Total number of accidents for month:- 4

**DESCRIPTION OF REPORTABLE ACCIDENTS****Directorate of the Environment****October 2005**

No. of reportable accidents for month:- 2

These were:-

A Labourer strained his lower back whilst lifting bags onto a flat back lorry.

A Carpenter, twisted a ligament in his right knee, whilst carrying wraps to van, when he slipped on wet grass.

Total number of all injury accidents for month:- 9

Total number of accidents for month:- 11

**November 2005**

No. of reportable accidents for month:- 1

This was:-

A Bricklayer pulled a muscle in his lower back whilst digging out 10 x 5 kerbstones.

Total number of all injury accidents for month:- 7

Total number of accidents for month:- 8

**December 2005**

No. of reportable accidents for month:- 1

This was:-

A Bulk Collection Driver slipped and fell off the rear of the bulk collection vehicle, (approx 1 and a half metres), and badly bruised thigh bone, and cracked and bruised his ribs, on right-hand side of his body.

Total number of all injury accidents for month:- 5

Total number of accidents for month:- 6

**DESCRIPTION OF REPORTABLE ACCIDENTS****Education and Leisure****October 2005**

No. of reportable accidents for month:- 0

Total number of all injury accidents for month:- 0

Total number of accidents for month:- 0

**November 2005**

No. of reportable accidents for month:- 2

These were:-

A Classroom Assistant fractured her left elbow, when she slipped on block flooring.

A Caretaker slipped on ice whilst carrying rock salt, and landed on his back, pulling a tendon at the back of his neck.

Total number of all injury accidents for month:- 0

Total number of accidents for month:- 2

**December 2005**

No. of reportable accidents for month:- 0

Total number of all injury accidents for month:- 0

Total number of accidents for month:- 0

**DESCRIPTION OF REPORTABLE ACCIDENTS****Social Services****October 2005**

No. of reportable accidents for month:- 1

This was:-

A Care Assistant injured her right shoulder, when a hatch door for the kitchen fell down, because the bolt had become loose.

Total number of all injury accidents for month:- 20

Total number of accidents for month:- 21

**November 2005**

No. of reportable accidents for month:- 1

This was:-

A Home Carer broke her right ankle as she was leaving a client's house, when she fell over a step.

Total number of all injury accidents for month:- 17

Total number of accidents for month:- 18

**December 2005**

No. of reportable accidents for month:- 1

This was:-

An Emergency Response Carer fell, losing her footing on steps, whilst taking a wheelie bin out, twisting her right shoulder.

Total number of all injury accidents for month:- 14

Total number of accidents for month:- 15

**ACCIDENT ANALYSIS FORM**  
**ACCIDENT TYPE - CHIEF EXECUTIVES - QUARTERLY STATISTICS – OCTOBER-DECEMBER 2005**

Accident type	October				November				December				Total for Quarter				Total
	Employee Accidents				Employee Accidents				Employee Accidents				Employee Accidents				
	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	
A													0	0	0	0	0
B								2					0	0	0	2	2
C													0	0	0	0	0
D				1				1					0	0	0	2	2
E			1	5				12				1	0	0	1	18	19
F						0		4		1		2	0	1	0	6	7
G				1									0	0	0	1	1
H													0	0	0	0	0
I													0	0	0	0	0
J													0	0	0	0	0
K													0	0	0	0	0
L													0	0	0	0	0
M													0	0	0	0	0
N													0	0	0	0	0
O													0	0	0	0	0
P													0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>19</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>29</b>	<b>31</b>
	<b>Total accidents for Oct</b>			<b>8</b>	<b>Total accidents for Nov</b>			<b>19</b>	<b>Total accidents for Dec</b>			<b>4</b>					

- A Contact with moving machinery, or material being machined
- B Hit 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 Another kind of accident not classified in A to O, including threats of violence

**NATURE OF INJURY  
CHIEF EXECUTIVES - QUARTERLY STATISTICS – OCTOBER-DECEMBER 2005**

Nature of injury	October				November				December				Total for Quarter				
	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Total
Amputation													0	0	0	0	0
Loss of Sight													0	0	0	0	0
Fracture						0				1			0	1	0	0	1
Dislocation													0	0	0	0	0
Concuss / Internal													0	0	0	0	0
Laceration													0	0	0	0	0
Contusion				1				6				1	0	0	0	8	8
Burn				1				1					0	0	0	2	2
Asphyxia / Poison													0	0	0	0	0
Strain			1	1				4				1	0	0	1	6	7
Superficial				3				5				1	0	0	0	9	9
Multiple													0	0	0	0	0
Electricity													0	0	0	0	0
Natural Cause													0	0	0	0	0
Other Known				1				2					0	0	0	3	3
Other Not Known								1					0	0	0	1	1
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>19</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>29</b>	<b>31</b>
	<b>Total accidents for Oct</b>			<b>8</b>	<b>Total accidents for Nov</b>			<b>19</b>	<b>Total accidents for Dec</b>			<b>4</b>					

- Amputation Amputation involving loss of part/whole, digit etc. Includes severance of torso, ear or nose but excludes loss of tooth or nail
- Loss of Sight Loss of sight of eye ( major whether permanent or temporary)
- Fracture Fracture with dislocation, chipped or cracked bone; hairline fracture. (major - other than to the finger, thumbs or toes)
- Dislocation Dislocation without fracture (major - if shoulder, hip knee or spine)
- Concuss / Internal Internal damage without fracture to skull, chest, pelvis, abdomen etc includes disc lesion and hernia and excludes injuries to limbs (major if concussion leads to unconsciousness)
- Laceration Lacerations and open wounds resulting in severed tendon, nerve, blood vessels (including damage to eye) and cuts requiring stitches (major if admittance to hospital for more than 24hrs)
- Contusion Injuries which do not break the skin surface, bruises and crushing associated with superficial injuries. Includes damage to eyes.
- Burn Burns from electrical heating appliances, electricity, flame, hot or cold object, external chemical burns, welders eye flash.
- Asphyxia / Poison oxygen deficiency and acute ill health effects of the ingestion, absorption or inhalation of toxic corrosive or caustic substances and asphyxiation by gases, smoke fumes etc.
- Strain Strains and sprains inc back pain and torn ligaments
- Superficial Abrasions, scratches, blisters, bites or non-venomous insects, foreign body in the eyes causing superficial injury, cuts not requiring stitches, puncture wounds, loss of tooth / nail, graze.
- Multiple Injuries of more than one type and where no one injury is more severe
- Electricity Loss of consciousness, shock etc from electricity or electrical appliances
- Natural Cause Natural causes including heart attack
- Other Known Other known nature where the injury can be identified but is not included in another category, includes traumatic shock.
- Other Not Known Unknown nature where no information is available to identify the nature of the injury



**PART OF THE BODY INJURED**

**CHIEF EXECUTIVES – QUARTERLY STATISTICS – OCTOBER-DEC 2005**

	October				November				December				Total for Quarter				
	Employee Accidents				Employee Accidents				Employee Accidents				Employee Accidents				
Part of the body	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Total
Eye								1					0	0	0	1	1
Ear													0	0	0	0	0
Face -other parts								3					0	0	0	3	3
Head								1					0	0	0	1	1
Several Head													0	0	0	0	0
Neck													0	0	0	0	0
Back			1					2					0	0	1	2	3
Trunk													0	0	0	0	0
Several Torso													0	0	0	0	0
Finger				2				2				1	0	0	0	5	5
Hand				1				1					0	0	0	2	2
Wrist										1			0	1	0	0	1
Upper Limb						0		1					0	0	0	1	1
Several Upper Limb													0	0	0	0	0
Toe													0	0	0	0	0
Foot								1					0	0	0	1	1
Ankle								1					0	0	0	1	1
Lower Limb				2				2					0	0	0	4	4
Several Lower Limb													0	0	0	0	0
Several Locations				2				2				2	0	0	0	6	6
General Location								2					0	0	0	2	2
Unspecified Locations													0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>19</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>3</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>29</b>	<b>31</b>
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ACCIDENT ANALYSIS FORM

ACCIDENT TYPE - DIRECTORATE OF THE ENVIRONMENT - QUARTERLY STATISTICS – OCTOBER-DECEMBER 2005

Accident Type	October				November				December				Total for Quarter				
	Employee Accidents				Employee Accidents				Employee Accidents				Employee Accidents				
	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Total
A													0	0	0	0	0
B								2					0	0	0	2	2
C													0	0	0	0	0
D				1				1					0	0	0	2	2
E			1	6			1	3				1	0	0	2	10	12
F			1	1				1				2	0	0	1	4	5
G									1			1	0	1	0	1	2
H													0	0	0	0	0
I													0	0	0	0	0
J													0	0	0	0	0
K													0	0	0	0	0
L													0	0	0	0	0
M													0	0	0	0	0
N													0	0	0	0	0
O												1	0	0	0	1	1
P				1									0	0	0	1	1
<b>Total</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>21</b>	<b>25</b>
	<b>Total accidents for Oct</b>				<b>Total accidents for Nov</b>				<b>Total accidents for Dec</b>								
	<b>11</b>				<b>8</b>				<b>6</b>								

- A Contact with moving machinery, or material being machined
- B Hit by a moving, falling or flying object
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- D Hit something fixed or stationary
- E Injured while lifting, handling or carrying
- F Slipped Tripped or fell on same level
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- L Affected by explosion
- M Contact with electricity, or electrical discharge
- N Injured by an animal
- O Physically assaulted by another person
- P Another kind of accident not classified in A to O, including threats of violence

**NATURE OF INJURY**  
**DIRECTORATE OF THE ENVIRONMENT - QUARTERLY STATISTICS – OCTOBER-DECEMBER 2005**

Nature of injury	October				November				December				Total for Quarter				
	Employee Accidents				Employee Accidents				Employee Accidents				Employee Accidents				
	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Total
Amputation													0	0	0	0	0
Loss of Sight													0	0	0	0	0
Fracture									1				0	1	0	0	1
Dislocation													0	0	0	0	0
Concuss / Internal													0	0	0	0	0
Laceration													0	0	0	0	0
Contusion				1			1					3	0	0	0	5	5
Burn													0	0	0	0	0
Asphyxia / Poison													0	0	0	0	0
Strain			2	2			1	1				1	0	0	3	4	7
Superficial				1				5					0	0	0	6	6
Multiple													0	0	0	0	0
Electricity													0	0	0	0	0
Natural Cause													0	0	0	0	0
Other Known				4									0	0	0	4	4
Other Not Known				1								1	0	0	0	2	2
<b>Total</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>21</b>	<b>25</b>
	<b>Total accidents for Oct</b>			<b>11</b>	<b>Total accidents for Nov</b>			<b>8</b>	<b>Total accidents for Dec</b>			<b>6</b>					

Amputation	Amputation involving loss of part/whole, digit etc. Includes severance of torso, ear or nose but excludes loss of tooth or nail
Loss of Sight	Loss of sight of eye (major whether permanent or temporary)
Fracture	Fracture with dislocation, chipped or cracked bone; hairline fracture. (major – other than to the finger, thumbs or toes)
Dislocation	Dislocation without fracture (major - if shoulder, hip knee or spine)
Concuss / Internal	Internal damage without fracture to skull, chest, pelvis, abdomen etc includes disc lesion and hernia and excludes injuries to limbs (major if concussion leads to unconsciousness)
Laceration	Lacerations and open wounds resulting in severed tendon, nerve, blood vessels (including damage to eye) and cuts requiring stitches (major if admittance to hospital for more than 24hrs)
Contusion	Injuries which do not break the skin surface, bruises and crushing associated with superficial injuries. Includes damage to eyes.
Burn	Burns from electrical heating appliances, electricity, flame, hot or cold object, external chemical burns, welders eye flash.
Asphyxia / Poison	oxygen deficiency and acute ill health effects of the ingestion, absorption or inhalation of toxic corrosive or caustic substances and asphyxiation by gases, smoke fumes etc.
Strain	Strains and sprains inc back pain and torn ligaments
Superficial	Abrasions, scratches, blisters, bites or non-venomous insects, foreign body in the eyes causing superficial injury, cuts not requiring stitches, puncture wounds, loss of tooth / nail, graze.
Multiple	Injuries of more than one type and where no one injury is more severe
Electricity	Loss of consciousness, shock etc from electricity or electrical appliances
Natural Cause	Natural causes including heart attack
Other Known	Other known nature where the injury can be identified but is not included in another category, includes traumatic shock.
Other Not Known	Unknown nature where no information is available to identify the nature of the injury

**PART OF THE BODY INJURED**  
**DIRECTORATE OF THE ENVIRONMENT - QUARTERLY STATISTICS – OCTOBER-DEC 2005**

Part of body	October				November				December				Total for Quarter				Total
	Employee Accidents				Employee Accidents				Employee Accidents				Employee Accidents				
	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	
Eye				1				1				1	0	0	0	3	3
Ear													0	0	0	0	0
Face - other parts				1				1				1	0	0	0	3	3
Head				1				1					0	0	0	2	2
Several Head													0	0	0	0	0
Neck													0	0	0	0	0
Back			1	1			1	1					0	0	2	2	4
Trunk									1				0	1	0	0	1
Several Torso													0	0	0	0	0
Finger				1									0	0	0	1	1
Hand								1				1	0	0	0	2	2
Wrist													0	0	0	0	0
Upper Limb													0	0	0	0	0
Several Upper Limb													0	0	0	0	0
Toe													0	0	0	0	0
Foot													0	0	0	0	0
Ankle				1									0	0	0	1	1
Lower Limb			1	2									0	0	1	2	3
Several Lower Limb													0	0	0	0	0
Several Locations				1				1				2	0	0	0	4	4
General Location								1					0	0	0	1	1
Unspecified Locations													0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>2</b>	<b>9</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>7</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>1</b>	<b>3</b>	<b>21</b>	<b>25</b>
	<b>Total accidents for Oct</b>			<b>11</b>	<b>Total accidents for Nov</b>			<b>8</b>	<b>Total accidents for Dec</b>			<b>6</b>					

**ACCIDENT ANALYSIS FORM**  
**ACCIDENT TYPE - EDUCATION & LEISURE - QUARTERLY STATISTICS- OCTOBER-DECEMBER 2005**

Accident type	October				November				December				Total for Quarter				Total
	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	
A													0	0	0	0	0
B													0	0	0	0	0
C													0	0	0	0	0
D													0	0	0	0	0
E													0	0	0	0	0
F						1	1						0	1	1	0	2
G													0	0	0	0	0
H													0	0	0	0	0
I													0	0	0	0	0
J													0	0	0	0	0
K													0	0	0	0	0
L													0	0	0	0	0
M													0	0	0	0	0
N													0	0	0	0	0
O													0	0	0	0	0
P													0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>
	<b>Total accidents for Oct</b>			<b>0</b>	<b>Total accidents for Nov</b>			<b>2</b>	<b>Total accidents for Dec</b>			<b>0</b>					

- A Contact with moving machinery, or material being machined  
B Hit 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 Another kind of accident not classified in A to O, including threats of violence

## NATURE OF INJURY

### EDUCATION & LEISURE - QUARTERLY STATISTICS – OCTOBER-DECEMBER 2005

Nature of injury	October				November				December				Total for Quarter				Total	
	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury		
Amputation													0	0	0	0	0	
Loss of Sight													0	0	0	0	0	
Fracture						1							0	1	0	0	1	
Dislocation													0	0	0	0	0	
Concuss / Internal													0	0	0	0	0	
Laceration													0	0	0	0	0	
Contusion													0	0	0	0	0	
Burn													0	0	0	0	0	
Asphyxia / Poison													0	0	0	0	0	
Strain							1						0	0	1	0	1	
Superficial													0	0	0	0	0	
Multiple													0	0	0	0	0	
Electricity													0	0	0	0	0	
Natural Cause													0	0	0	0	0	
Other Known													0	0	0	0	0	
Other Not Known													0	0	0	0	0	
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>	
	<b>Total accidents for Oct</b>				<b>0</b>	<b>Total accidents for Nov</b>				<b>2</b>	<b>Total accidents for Dec</b>				<b>0</b>			

- Amputation      Amputation involving loss of part/whole, digit etc. Includes severance of torso, ear or nose but excludes loss of tooth or nail
- Loss of Sight      Loss of sight of eye ( major whether permanent or temporary)
- Fracture      Fracture with dislocation, chipped or cracked bone; hairline fracture. (major - other than to the finger, thumbs or toes)
- Dislocation      Dislocation without fracture (major - if shoulder, hip knee or spine)
- Concuss / Internal      Internal damage without fracture to skull, chest, pelvis, abdomen etc includes disc lesion and hernia and excludes injuries to limbs (major if concussion leads to unconsciousness) lacerations and open wounds resulting in severed tendon, nerve, blood vessels (including damage to eye) and cuts requiring stitches (major if admittance to hospital for more than 24hrs)
- Laceration
- Contusion      Injuries which do not break the skin surface, bruises and crushing associated with superficial injuries. Includes damage to eyes.
- Burn      Burns from electrical heating appliances, electricity, flame, hot or cold object, external chemical burns, welders eye flash.
- Asphyxia / Poison      Oxygen deficiency and acute ill health effects of the ingestion, absorption or inhalation of toxic corrosive or caustic substances and asphyxiation by gases, smoke fumes etc.
- Strain      Strains and sprains inc back pain and torn ligaments
- Superficial      Abrasions, scratches, blisters, bites or non-venomous insects, foreign body in the eyes causing superficial injury, cuts not requiring stitches, puncture wounds, loss of tooth / nail, graze.
- Multiple      Injuries of more than one type and where no one injury is more severe
- Electricity      Loss of consciousness, shock etc from electricity or electrical appliances
- Natural Cause      Natural causes including heart attack
- Other Known      Other known nature where the injury can be identified but is not included in another category, includes traumatic shock.
- Other Not Known      Unknown nature where no information is available to identify the nature of the injury

**PART OF THE BODY INJURED**  
**EDUCATION & LEISURE - QUARTERLY STATISTICS – OCTOBER-DEC 2005**

Part of body	October				November				December				Total for Quarter				Total
	Employee Accidents				Employee Accidents				Employee Accidents				Employee Accidents				
	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	
Eye													0	0	0	0	0
Ear													0	0	0	0	0
Face -other parts													0	0	0	0	0
Head													0	0	0	0	0
Several Head													0	0	0	0	0
Neck													0	0	0	0	0
Back													0	0	0	0	0
Trunk													0	0	0	0	0
Several Torso													0	0	0	0	0
Finger													0	0	0	0	0
Hand													0	0	0	0	0
Wrist													0	0	0	0	0
Upper Limb						1							0	1	0	0	1
Several Upper Limb													0	0	0	0	0
Toe													0	0	0	0	0
Foot													0	0	0	0	0
Ankle													0	0	0	0	0
Lower Limb													0	0	0	0	0
Several Lower Limb													0	0	0	0	0
Several Locations							1						0	0	1	0	1
General Location													0	0	0	0	0
Unspecified Locations													0	0	0	0	0
<b>Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>1</b>	<b>0</b>	<b>2</b>
	<b>Total accidents for Oct</b>			<b>0</b>	<b>Total accidents for Nov</b>			<b>2</b>	<b>Total accidents for Dec</b>			<b>0</b>					

**ACCIDENT ANALYSIS FORM  
ACCIDENT TYPE - SOCIAL SERVICES - QUARTERLY STATISTICS – OCTOBER-DEC 2005**

I	October				November				December				Total for Quarter				Total
	Employee Accidents				Employee Accidents				Employee Accidents				Employee Accidents				
Accident Type	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Total
A													0	0	0	0	0
B			1					1					0	0	1	1	2
C													0	0	0	0	0
D				1				1					0	0	0	2	2
E				5				3		1	3		0	0	1	11	12
F				1		1		2			2		0	1	0	5	6
G								1					0	0	0	1	1
H													0	0	0	0	0
I													0	0	0	0	0
J													0	0	0	0	0
K													0	0	0	0	0
L													0	0	0	0	0
M													0	0	0	0	0
N													0	0	0	0	0
O				4				6			4		0	0	0	14	14
P				9				3			5		0	0	0	17	17
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>20</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>14</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>51</b>	<b>54</b>
	<b>Total accidents for Oct</b>			<b>21</b>	<b>Total accidents for Nov</b>			<b>18</b>	<b>Total accidents for Dec</b>			<b>15</b>					

- A Contact with moving machinery, or material being machined
- B Hit 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 Another kind of accident not classified in A to O, including threats of violence



**NATURE OF INJURY**  
**SOCIAL SERVICES - QUARTERLY STATISTICS – OCTOBER-DEC 2005**

Nature of injury	October				November				December				Total for Quarter				Total
	Employee Accidents				Employee Accidents				Employee Accidents				Employee Accidents				
	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	
Amputation													0	0	0	0	0
Loss of Sight													0	0	0	0	0
Fracture						1							0	1	0	0	1
Dislocation													0	0	0	0	0
Concuss / Internal													0	0	0	0	0
Laceration													0	0	0	0	0
Contusion			1	3				3				2	0	0	1	8	9
Burn				2									0	0	0	2	2
Asphyxia / Poison													0	0	0	0	0
Strain				2				1			1	4	0	0	1	7	8
Superficial				2				1					0	0	0	3	3
Multiple													0	0	0	0	0
Electricity													0	0	0	0	0
Natural Cause													0	0	0	0	0
Other Known				1				1				1	0	0	0	3	3
Other Not Known				10				11				7	0	0	0	28	28
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>20</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>14</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>51</b>	<b>54</b>
	<b>Total accidents for Oct</b>			<b>21</b>	<b>Total accidents for Nov</b>			<b>18</b>	<b>Total accidents for Dec</b>			<b>15</b>					

- Amputation Amputation involving loss of part/whole, digit etc. Includes severance of torso, ear or nose but excludes loss of tooth or nail
- Loss of Sight loss of sight of eye ( major whether permanent or temporary)
- Fracture Fracture with dislocation, chipped or cracked bone; hairline fracture. (major - other than to the finger, thumbs or toes)
- Dislocation Dislocation without fracture (major - if shoulder, hip knee or spine)
- Concuss / Internal Internal damage without fracture to skull, chest, pelvis, abdomen etc includes disc lesion and hernia and excludes injuries to limbs (major if concussion leads to unconsciousness)
- Laceration Lacerations and open wounds resulting in severed tendon, nerve, blood vessels (including damage to eye) and cuts requiring stitches (major if admittance to hospital for more than 24hrs)
- Contusion Injuries which do not break the skin surface, bruises and crushing associated with superficial injuries. Includes damage to eyes.
- Burn Burns from electrical heating appliances, electricity, flame, hot or cold object, external chemical burns, welders eye flash.
- Asphyxia / Poison Oxygen deficiency and acute ill health effects of the ingestion, absorption or inhalation of toxic corrosive or caustic substances and asphyxiation by gases, smoke fumes etc.
- Strain Strains and sprains inc back pain and torn ligaments
- Superficial Abrasions, scratches, blisters, bites or non-venomous insects, foreign body in the eyes causing superficial injury, cuts not requiring stitches, puncture wounds, loss of tooth / nail, graze.
- Multiple Injuries of more than one type and where no one injury is more severe
- Electricity Loss of consciousness, shock etc from electricity or electrical appliances
- Natural Cause Natural causes including heart attack
- Other Known Other known nature where the injury can be identified but is not included in another category, includes traumatic shock.
- Other Not Known Unknown nature where no information is available to identify the nature of the injury

**PART OF THE BODY INJURED**  
**SOCIAL SERVICES -QUARTERLY STATISTICS – OCTOBER-DEC 2005**

Part of Body	October				November				December				Total for Quarter				Total
	Employee Accidents				Employee Accidents				Employee Accidents				Employee Accidents				
	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	Fatal	Major	Lost Time	All Injury	
Eye													0	0	0	0	0
Ear													0	0	0	0	0
Face -other parts													0	0	0	0	0
Head							3				2		0	0	0	5	5
Several Head													0	0	0	0	0
Neck													0	0	0	0	0
Back				1							1		0	0	0	2	2
Trunk													0	0	0	0	0
Several Torso													0	0	0	0	0
Finger				3			1						0	0	0	4	4
Hand							1						0	0	0	1	1
Wrist													0	0	0	0	0
Upper Limb				4							1		0	0	0	5	5
Several Upper Limb													0	0	0	0	0
Toe							1						0	0	0	1	1
Foot													0	0	0	0	0
Ankle						1					1		0	1	0	1	2
Lower Limb				1			3				2		0	0	0	6	6
Several Lower Limb							1						0	0	0	1	1
Several Locations				2			3				2		0	0	0	7	7
General Location			1	1			1			1	1		0	0	2	3	5
Unspecified Locations				8			3				4		0	0	0	15	15
<b>Total</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>20</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>17</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>14</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>51</b>	<b>54</b>
	<b>Total accidents for Oct</b>			<b>21</b>	<b>Total accidents for Nov</b>			<b>18</b>	<b>Total accidents for Dec</b>			<b>15</b>					

