

CAERPHILLY COUNTY BOROUGH COUNCIL

ACCIDENT/INCIDENT REPORTING AND INVESTIGATION POLICY

Version:	Version 3
Policy Ratified by:	Cabinet
Date:	February 2020
Area Applicable:	All Council employees, agency staff, volunteers and service users.
Review Year	2023



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This publication is available in Welsh, other languages or formats on request.
Mae'r cyhoeddiad hwn ar gael yn Gymraeg ac mewn ieithiodd neu fformatau eriall ar gais.

NOTE

Wherever the designation “manager” is used throughout this policy, it is taken to mean Head of Service, Head Teacher, Line Manager, Supervisor and the Officer in charge or anyone who has responsibilities for employees in the course of their work.

1. INTRODUCTION

- 1.1** This document sets out the policy of Caerphilly County Borough Council (the Authority) in relation to accident/incident reporting and investigation.

2. POLICY STATEMENT

- 2.1** The Authority recognises that its employees are its most valuable resource in delivering high quality services to the community and will take all practical steps to ensure the health and safety of Authority employees, contractors, visitors to and users of council premises and services.
- 2.2** The effective control of these risks will be delivered through the correct management of accident/incident reporting and investigation as set out in this policy and the provision of appropriate training, instruction and supervision. To be effective this policy requires the full co-operation of management and employees at all levels.

3. SCOPE

- 3.1** This policy has been agreed with the Trade Unions and applies to all employees.
- 3.2** This policy will be reviewed at least every three years to ensure it is in line with current legislation or sooner in the event of any relevant legislative changes.
- 3.3** The effective date of the policy is: February 2020.

4. DEFINITIONS

- 4.1** For the purpose of this policy, the following terms shall be defined as:
- Accident: An unplanned and undesired event that results in injury or ill health
 - Incident: An unplanned and undesired event that did not result in injury or ill health but had the potential to. This is split into two categories:
 - Near miss: an event or series of events, that, while not causing injury or ill health or damage, has the potential to do so.
 - Dangerous occurrence: one of a number of specific, reportable adverse events, as defined in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

- Occupational diseases: One of a number of specific, reportable diseases, arising from related work activities, as defined in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
- Violent incident: When a member of staff is subjected to an act of violence or abuse, and, in relation to this Policy, where a physical injury has occurred. See Violence at Work Policy for further detail.
- RIDDOR: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.
- Death: Death of any person arising from a work related accident.
- RIDDOR reportable: An event that is reportable to the Health and Safety Executive in accordance with RIDDOR.
- Specified injury: A non-fatal injury defined by Regulation 4 of RIDDOR. This includes fractures (other than fingers, thumbs and toes), amputations, permanent loss or reduction of sight, a crush injury causing damage to internal organs in the chest, abdomen or head, any burn covering more than 10% of the whole body's surface area or causing significant damage to the eyes, respiratory system or other vital organs, any degree of scalping requiring hospital treatment, loss of consciousness caused by head injury or asphyxia or any other injury arising from working in an enclosed space which leads to hypothermia or heat- induced illness, resuscitation or admittance to hospital for more than 24 hours.
- Over 7 day incapacitation: Where any person injured at work is subsequently unable to carry out the activities they would reasonably be expected to do as part of their normal work for more than seven consecutive days, this includes absence from work or individuals who are placed on light or restricted duties. The period of time for an over-seven-day injury does not include the day of the accident, but it does include any weekends or rest days.
- Over 3 day incapacitation: Where any person injured at work is subsequently unable to carry out the activities they would reasonably be expected to do as part of their normal work for more than three consecutive days, this includes absence from work or individuals who are placed on light or restricted duties. The period of time for an over three-day injury does not include the day of the accident, but it does include any weekends or rest days.
- Minor injury: All injuries that are not covered by other categories, for example sprain, cut or bruise.

- Arising out of or in connection with work: This consists of a broad definition. Key factors to take into account are:
 - Was the accident/incident attributable to the workplace?
 - Was the accident/incident attributable to the work activity?
 - Was the accident/incident attributable to the work organisation?
- Immediate cause: This is the agent, unsafe condition or practice(s) that contributed to the cause of the incident. For example the blade of a machine the substance, the dust etc. There may be several immediate causes identified in any one accident/ incident.
- Underlying cause: These are the unsafe acts and unsafe conditions that contributed to the cause of the incident. For example the guard removed from the blade, the ventilation switched off etc.
- Root cause: This is the failure from which all other failings grow. This is often remote from the accident/incident itself, for example failure to identify training needs or inadequate supervision.
- Loss: The avoidable waste of any resource, including property, plant, equipment and human health.

5. LEGISLATION

5.1 This policy, along with its supporting procedures, is designed to ensure the Authority meets its legal obligation as stated in:

- The Health and Safety at Work etc. Act 1974.
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
- Management of Health and Safety at Work Regulations 1999.
- The Social Security (Claims and Payments) Regulations 1979.
- The Safety Representatives and Safety Committees Regulations 1977.

6. RESPONSIBILITIES

Please note: all employees have a legal responsibility to comply with health and safety law and the provisions of this policy. Failure to do so could result in personal and / or corporate liability.

6.1 The Chief Executive will:

- 6.1.1 Be ultimately responsible for ensuring compliance with this policy and associated corporate management arrangements within Caerphilly County Borough Council.

6.2 Directors and Heads of Service will:

- 6.2.1 Be responsible for ensuring the effective implementation of this corporate policy within their service areas.
- 6.2.2 Ensure that appropriate resources are made available for the effective implementation and operation of the policy and associated corporate management arrangement, including training.

6.3 Managers will:

- 6.3.1 Ensure all employee related accidents/incidents and/or dangerous occurrences arising out of or in connection with work within their section (including teaching staff in schools) are reported to the Authority's Health and Safety Division. The completed form must be submitted within 2 working days of the accident/incident and can be sent via mail and/or email to healthandsafety@caerphilly.gov.uk
- 6.3.2 Ensure, in the case of accidents / incidents affecting school pupils, users of Authority premises and public services, and members of the general public arising out of, or in connection, with a work activity or a known or reported fault of an Authority premises or a dangerous occurrence that these are reported to the Authority's Health and Safety Division. The completed form must be submitted within 2 working days of the accident/incident and can be sent via mail and/or email to healthandsafety@caerphilly.gov.uk
- 6.3.3 Ensure that all accidents, incidents and near miss are investigated appropriately in order to identify immediate, underlying and root causes. The level of investigation required will differ depending on the severity of the accident/incident. The investigation should be carried out as detailed in the guidance sheet.
- 6.3.4 Report and investigate near miss incidents using the Corporate Accident/Incident Form or Near Miss Report Card ([see Appendix B](#)).

- 6.3.5 Inform the Health and Safety Division of any employee unable to undertake normal duties for more than 7 consecutive days (including weekends and rest days) as a result of a work related accident or incident. See the corporate management arrangements for further information.
- 6.3.6 Immediately contact the Health and Safety Division by telephone (Tel. 01443 86 4901) if a work-related accident/incident results in:
- The death of any person
 - A reportable non-fatal injury
 - A dangerous occurrence
 - Hospitalisation of a member of public, service user or school pupil – where taken directly from the scene of the accident/incident to hospital for treatment by whatever means. The accident/incident must be considered as ‘arising out of or in connection with work’

Report any accidents/incidents occurring out of hours (0830-1700 Monday-Friday excluding bank holidays) via the Authority’s out of hours contact centre - Tel. 01443 875500, and follow this up by completion and submission of an Accident/Incident Report Form as a matter of urgency (where necessary before completing a shift) to the Health and Safety Division.

- 6.3.7 Where necessary following an injury which results in lost time, or where an individual is placed on limited duties, refer the individual using an OH1 form to the Occupational Health Department, where necessary. Advice should be obtained before allowing individuals to resume full duties. Inform Managing Attendance of any accidents to be classified as industrial injury in accordance with the guidance in the Health and Attendance at Work Procedure.
- 6.3.8 Where it is suspected or confirmed by a Doctor’s note that a staff member is suffering from an occupational disease, refer them to the Occupational Health Department using an OH1 form and ensure that the Health and Safety Division is informed within two working days.
- 6.3.9 Where a violent incident occurs, ensure a ‘Violent Incident Report form’ is completed, in association with the affected employee. This should be accompanied by a completed Accident / Incident Report Form when the employee has sustained an injury due to the violent incident. Where necessary this should be followed up with an investigation, ensuring actions are put forward to prevent re-occurrence and copies forwarded to the Health and Safety Division for consideration of entry onto the Employee Protection Register in accordance with the Violence at Work Policy.

6.3.10 Make staff aware of this Policy and its requirements. Ensure their employees comply with this policy and site-specific arrangements for accident/incident reporting derived from this policy.

6.3.11 Ensure that where following an accident/incident investigation, any relevant recommended corrective actions are implemented as soon as is reasonably practicable unless the risks are significant in which case the risk must be addressed immediately.

6.4 The Health and Safety Division will:

6.4.1 Ensure that the Accident/Incident Reporting and Investigation Policy is reviewed at least every 3 years to ensure it is in line with current legislation.

6.4.2 Provide advice and information on legislation or guidance relating to accident/incident reporting.

6.4.3 Audit compliance with this policy and associated corporate management arrangements.

6.4.4 Provide support and assistance to Managers where required.

6.4.5 Conduct an investigation into the accident or incident where:

- There is a work-related fatality.
- There is an identified pattern/trend.
- The accident/incident is considered serious, could reoccur, or is likely to lead to a claim for compensation or an enquiry/investigation from the Health and Safety Executive.
- There is a request from a Head of Service or Authority's Corporate Management Team.

6.4.6 Monitor and review the accuracy and timeliness of data submitted onto the Authority's Corporate Incident Recording Database.

6.4.7 Monitor accident/incident trends and root causes for the Authority and provide management reports as required.

6.4.8 Provide system administrator facility for the Corporate Incident Recording Database.

- 6.4.9 Notify the Health and Safety Executive of all RIDDOR-reportable accidents/incidents and diagnosed occupational diseases.
- 6.4.10 Retain electronic copies of completed forms in line with the relevant Privacy Notice to allow for production of statistical reports and trend analysis.
- 6.4.11 6.4.10 Review all accident/incident report forms received to ensure they are adequately completed, investigated, RIDDOR reported where relevant and necessary corrective actions are taken in a timely manner as appropriate based on the risks.
- 6.4.12 Where notified, ensure Managers report and investigate accidents in line with this policy and provide advice and assistance where required.
- 6.4.13 Ensure through audit that Managers facilitate the implementation of preventative actions as soon as is reasonably practicable.

6.5 Human Resources will:

- 6.5.1 On receiving notification from a doctor that an employee has a RIDDOR-reportable disease, immediately inform and advise the employee's Manager, the Health and Safety Division and Occupational Health.
- 6.5.2 Following an employees' absence due to a work related accident, ensure that the managing attendance procedures are invoked where required.
- 6.5.3 Where it is informed that an employee has died within 12 months, as a result of a work related accident/incident, notify the Health and Safety Division.

6.6 The Occupational Health Department will:

- 6.6.1 On receiving notification from a doctor that an employee has a work related reportable disease immediately inform the employee's Manager, the Health and Safety Division and Human Resources Manager.
- 6.6.2 Where required support the injured person to return to work in line with the Authority's Managing Absence Policy and Procedures.
- 6.6.3 Where requested, provide advice and guidance during accident/incident investigations.
- 6.6.4 Keep records of work related ill health for a minimum of 40 years.

6.7 Each employee of the Authority will:

- 6.7.1 Report all accidents/incidents, to their Manager the same day of the accident. If they are unable to do so then ensure that information is passed to a colleague to enable them to report the incident to the Manager. If the employee does not notify their Manager on the same day of the accident, the accident may not be classed an industrial injury. This includes near misses that must be reported on the Corporate Accident/Incident Report Form or the Near Miss Report Card. Near misses can, if required be reported directly to the Health and Safety Division.
- 6.7.2 Report all work related health issues, to their Manager as soon as possible, but as a maximum within two working days.
- 6.7.3 Co-operate with their Manager, Officers of the Health and Safety Division and Trade Union Safety Representatives when carrying out accident/incident investigations, regardless of whether the accident/incident directly or indirectly concerns them.
- 6.7.4 If witness to an accident/incident, provide details when requested, for example in the form of a witness statement.

7. CORPORATE MANAGEMENT ARRANGEMENTS – ACCIDENT / INCIDENT REPORTING

7.1 Accident / Incidents:

- 7.1.1 All accidents causing personal injury to an Authority employee (including volunteers), and incidents that had the potential to cause personal injury and/or cause ill health that arise out of or in connection with a work activity undertaken by the Authority, or arising as a result of a fault with a premises occupied and maintained by the Authority, must be reported to, and recorded by, the Authority's Health and Safety Division. Such reports should be made within 2 working days of the accident/incident by completion and submission of the corporate Accident/Incident Report Form (Appendix A). In the case of near miss incidents the Near Miss Report Card or Accident/Incident Report Form can be completed and returned to the Health and Safety Division.
- 7.1.2 An 'accident' includes an act of non-consensual physical violence against a person at work. This makes injuries to workers arising from such acts reportable to the Health and Safety Division. All violent incidents should also be reported in accordance with the Violence at Work Policy and Corporate Management Arrangements.

- 7.1.3 The following accidents / incidents must be reported to the Health and Safety Division immediately by the quickest means (e.g. telephone) and followed up with the completion of the Accident / Incident Report Form within 2 working days:
- Fatality.
 - Accidents causing a 'specified injury' to an employee
 - Accidents causing injury to a non-employee (e.g. a service user, pupil, visitor or member of the public) that requires them to go directly from the site to hospital for treatment.
- 7.1.4 Non work related accidents not included in 7.1.1 (for example a person falling over own feet while running) need not be reported to the Health and Safety Division although a basic record should be kept by the site manager of any such incidents for example entry into an Accident Book. Where first aid treatment is administered a record should be kept of the details.
- 7.1.5 Where necessary and safe to do so immediate corrective actions to prevent a secondary accident/incident should be implemented. However, care should be taken not to disturb the scene until advice has been sought from the Health and Safety Division, unless instructed by a member of the emergency services or HM Inspector of the Health and Safety Executive. This may entail segregation of the area to prevent entry other than by authorised persons investigating the accident/incident,
- 7.1.6 Managers must report suspected or confirmed cases of work-related ill health concerning an employee to the Health and Safety Division using the Accident/Incident Report Form (Appendix A). A copy should also be sent to Occupational Health along with an OH1 'Request For Medical Assessment' form.
- 7.1.7 All accidents / incidents and cases of ill health arising out of or in connection with a work activity reported to the local authority's Health and Safety Division will be recorded on relevant the Authority's database by the Health and Safety Division for recording and statistical purposes.

7.2 Notification and reporting to the Health and Safety Executive (HSE):

7.2.1 Under Regulation 3 of the Reporting of Injuries and Dangerous Occurrences Regulations (RIDDOR) 2013 the following accidents / incidents are reportable to the HSE. All such reports will be made only by the Health and Safety Division:

- The death of any person if it arises from a work-related accident, including an act of violence to a worker,
- Any employee suffers a ‘specified injury’ as defined in RIDDOR (e.g. fracture, amputation, crush injury, serious burn) as a result of an accident arising out of or in connection with work (see Appendix 2 for full details),
- Work-related accidents that cause an employee to be away from work, or unable to perform their normal work duties for more than seven consecutive days as a result of their injury (not including the day of the accident itself, but including weekends and rest days.)
- Accident to members of the public or others (including pupils, service users and visitors) arising out of or in connection with work must be reported if they result in an injury that requires them to be taken directly from the scene to hospital for medical treatment. Examinations and diagnostic tests do not constitute ‘treatment’ in such circumstances.
- There is a specified near miss event that had a high potential to cause death or serious injury that is defined in RIDDOR as a dangerous occurrence e.g. the collapse, overturning or failure of a lift or crane, and unintentional release or escape of any substance which could cause personal injury to any person other than through the combustion of flammable liquids or gases.
- The Authority is also required to report cases of certain occupational ill health conditions diagnosed by a medical practitioner where they are linked with specified work activities. Such reports will be made to the HSE by the Authority’s Health and Safety Division.
- When the Health and Safety Division receives written statements by a registered Doctor that confirms a direct link with a medical condition and work activity that falls within the definition of a reportable occupational disease under the Reporting of Injuries and Dangerous Occurrences Regulations (RIDDOR) 2013, a report will be submitted to the HSE by the Health and Safety Division.

8.1 Accident / Incident Investigations

- 8.1.1 All accidents/incidents must be investigated to identify immediate underlying and root causes and measures necessary to minimise the risk or recurrence.
- 8.1.2 The level of investigation and amount of time spent investigating an accident/incident is a management decision, directed by Health and Safety Division where appropriate; however the level of detail in the investigation should be proportionate to the severity and consequences of the accident/incident or the potential severity and potential consequences of the near miss. Simple accidents may require basic accident investigations involving minimal time and effort.
- 8.1.3 The level of investigation and amount of time spent investigating an accident/incident is a management decision, directed by Health and Safety Division where appropriate; however the level of detail in the investigation should be proportionate to the severity and consequences of the accident/incident or the potential severity and potential consequences of the near miss. Simple accidents may require basic accident investigations involving minimal time and effort.
- 8.1.4 The Health and Safety Division may assist, where required, in the accident / incident investigation for more serious accidents / incidents, particularly where it is reportable to the HSE under RIDDOR or could foreseeably lead to a civil claim.
- 8.1.5 Details of basic investigations should be recorded on the Accident/Incident Report Form (Appendix A) and record details of fact. This should include details of who stated what and avoid hearsay. Misleading statements must be avoided.
- 8.1.6 Details of more in depth investigations should be recorded on the Accident/Incident Investigation Form (Appendix C). Where remedial actions are highlighted as being necessary these should be included in Part B of the investigation form along with estimated completion dates.
- 8.1.7 For all but low level investigations for minor incidents the accident / incident investigation process involves 5 main steps:
- Ensure accident/ incident is reported and deals with the immediate accident / incident scene
 - Information gathering
 - Analysis of the information to identify immediate, underlying and root causes.
 - Identification of appropriate risk control measures to minimise the risk of recurrence, proportionate to the level of risk identified.
 - Create an action plan to implement the recommendations arising from the investigation.

8.1.8 All employees must cooperate with the Health and Safety Division and others undertaking an accident / incident investigation.

9. AUDITING

9.1 The Health and Safety Division will audit service areas to ensure compliance with the Accident /Incident Reporting and Investigation Policy and these management arrangements. Auditing activities will be undertaken via a number of means, which may include:

- Formal compliance audits
- Reviews of submitted accident forms
- Review of completed accident investigations
- Follow up to ensure that remedial actions have been implemented
- Statistical analysis of accident data.

APPENDIX A – Accident / Incident Report Form

ACCIDENT / INCIDENT REPORT FORM

This form should be completed for all work-related incidents causing personal injury or ill health, or those that had potential to cause but did not on this occasion.

Completed forms should be sent, **within 48 hours of the incident** to:

Health & Safety Division, Penallta House or e-mail HEALTHANDSAFETY@caerphilly.gov.uk



DETAILS OF INCIDENT

Date of occurrence: / / Time of occurrence: : AM / PM
Day Month Year Hour Mins

Where did the incident happen:

Site Name / School / Other address:

Specific location of incident:
(Be as precise as possible)

Brief details of the incident causation:

NB Include what was being done at the time, what happened, who was involved, details of any vehicles/equipment involved and details of ground conditions. If incident was not witnessed, state who said or saw what (avoid hearsay):

Continue on additional sheet if required.

Was any personal protective equipment being worn at the time of the incident? Yes No

If yes, state what

Weather conditions at time of incident, or shortly before (if incident occurred outdoors):

INCIDENT SEVERITY

If Pupil / Service User / Member of the public is injured person:

Was injured person taken directly from incident location to hospital for treatment? Yes No

Was injured person (or guardian thereof) advised to go to hospital for treatment? Yes No

If an employee is the injured person (tick all that apply)

Fatality Known to cause more than 3 days' incapacitation Known to cause more than 7 days' incapacitation Superficial injury

Near miss / dangerous occurrence – no injured persons

No person injured, but incident had potential to cause serious injury or ill health.

FIRST AID TREATMENT AND POST-INCIDENT ACTIONS

Was first aid treatment administered? Yes No If yes, by whom?

Was resuscitation required? Yes No

Outline of first aid treatment given:

Outline of emergency action taken:

Did the injured person report sick / go home? Yes No

PERSONAL DETAILS OF INJURED PERSON

Full name: Male Female

Date of Birth: / / Day Month Year

Home Address:

Tel. No: ()

Town:

Postcode:

CCBC Employee Pupil Service User / Client On work experience/training
 Agency Worker Contractor Member of public No person injured

Directorate:

Service Area:

Occupation:

Line Manager's Name:

DETAILS OF INJURY / ILL HEALTH SUSTAINED					
Injury / Ill Health Suffered			Body Part		
<input type="checkbox"/> None	<input type="checkbox"/> Concussion	<input type="checkbox"/> Fracture	<input type="checkbox"/> Left Side	<input type="checkbox"/> Right Side	
<input type="checkbox"/> Abrasion	<input type="checkbox"/> Crush injury	<input type="checkbox"/> Graze	OF THE INJURED PERSON		
<input type="checkbox"/> Allergic reaction	<input type="checkbox"/> Cut/Laceration	<input type="checkbox"/> Internal bleed	<input type="checkbox"/> Ankle	<input type="checkbox"/> Face	<input type="checkbox"/> Leg
<input type="checkbox"/> Asphyxia/Poison	<input type="checkbox"/> Dislocation	<input type="checkbox"/> Splinter	<input type="checkbox"/> Arm	<input type="checkbox"/> Finger	<input type="checkbox"/> Neck
<input type="checkbox"/> Bruise/Contusion	<input type="checkbox"/> Electric shock	<input type="checkbox"/> Sprain/Strain	<input type="checkbox"/> Back	<input type="checkbox"/> Foot	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Burn/Scald	<input type="checkbox"/> Foreign Body	<input type="checkbox"/> Stab / puncture	<input type="checkbox"/> Chest	<input type="checkbox"/> Hand	<input type="checkbox"/> Toe
<input type="checkbox"/> Other, (state):			<input type="checkbox"/> Ear	<input type="checkbox"/> Head	<input type="checkbox"/> Trunk
<input type="checkbox"/> Multiple injuries / locations (state)			<input type="checkbox"/> Eye	<input type="checkbox"/> Knee	<input type="checkbox"/> Wrist
			<input type="checkbox"/> Other (state)		
INJURED PERSON'S DECLARATION					
<i>I certify that, to the best of my knowledge, these details are correct.</i>					
Name:		Signature:		Date: / / <small>Day Month Year</small>	
INVOLVED PERSONS: <i>Please continue on separate sheet if required</i>					
Name:		Type of involvement:		Witness <input type="checkbox"/>	
Address:				Assailant <input type="checkbox"/>	
				Relative <input type="checkbox"/>	
				Other <input type="checkbox"/>	
Signed:		Date: / / <small>Day Month Year</small>		If 'other' please state nature of involvement:	
INCIDENT INVESTIGATION					
<i>Please provide details of any investigation carried out, findings, and any corrective actions taken or recommended.</i>					
Please note – anything other than a minor/superficial injury requires a full investigation form to be completed - see the Corporate Accident / Incident Reporting Management Arrangements regarding incident investigation for more information and template form.					
Form completed by:			Date: / / <small>Day Month Year</small>		
Job title:			Time: : AM <input type="checkbox"/> / <input type="checkbox"/> PM <small>Hour Mins</small>		
Injured Person's Line Manager Name:			Signature:		
Date and time notified of incident:		Date: / / <small>Day Month Year</small>		Time: : AM <input type="checkbox"/> / <input type="checkbox"/> PM <small>Hour Mins</small>	
Premise Manager's Name:			Signature:		
Date and time notified of incident:		Date: / / <small>Day Month Year</small>		Time: : AM <input type="checkbox"/> / <input type="checkbox"/> PM <small>Hour Mins</small>	

How we will use your information

Your information will be used to investigate this incident with the aim of preventing recurrence, identify incident trends, defend civil claims and facilitate compliance with social security and health and safety legislation. Relevant details will be recorded on CCBC's incident recording database, and retained in line with the Authority's Record Retention and Disposal Policy.

Further information on how we process your information and your rights please can be found on the "Privacy Notice" page on the CCBC website: www.caerphilly.gov.uk

APPENDIX B – Near Miss Report Card

NEAR MISS REPORT CARD

*** Please complete all sections of the card ***

Completed cards should be sent **within 7 days** of occurrence to:

Health & Safety Division, Penallta House or e-mail HEALTHANDSAFETY@CAERPHILLY.GOV.UK



Report Card Submitted by:

DETAILS OF NEAR MISS

Date of near miss: ___/___/___
 Day Month Year


Time of near miss: ___ : ___ AM / PM
 Hour Mins

Exact location of near miss:

Brief details of near miss:

What immediate action has been taken:

APPENDIX C – Accident / Incident Investigation Form

ACCIDENT / INCIDENT INVESTIGATION FORM		 <p>CCBC Health & Safety Division Is-adran Iechyd a Diogelwch CBSC</p>
Completed forms should be sent, within 5 work days of the incident to: Health & Safety Division, Penallta House, Ystrad Mynach, CF82 7PG		
A manager who has the authority to ensure that the actions identified are implemented should countersign part B.		
PART A – INVESTIGATION – Information gathering and analysis. (Supplementary Information to be included on additional sheets if necessary)		
Injured Person’s Name:	Accident / Incident Date:	
Members of the investigation team		
Name	Job Title	
1. Exactly where did the accident/ incident happen? (include block and room numbers from Corporate CAD plans for the site where possible)		
2. Who was injured etc or otherwise involved in the event? (Include witness details where relevant) Employee only		
Is the injured person(s):		
An employee	<input type="checkbox"/>	Member of the public <input type="checkbox"/>
Volunteer	<input type="checkbox"/>	Service user/pupil <input type="checkbox"/>
Contractor	<input type="checkbox"/>	
3. How did the accident / incident happen? (Note any equipment involved)		
4. What activity(ies) were being carried out at the time? (Include details of who else was involved in activity where appropriate)		
5. Was there anything unusual or different about the working conditions? If so, what?		
6. Were there adequate risk assessments and safe working procedures? Were they being followed? Please attach copies.		

7. What injuries or ill health effects were caused and what caused it?**8. Did the injured person:**Become unconscious? Need resuscitation? Remain in hospital for more than 24 hrs Require to be taken directly to hospital from the scene for medical treatment **9. Was the risk known? If so, why wasn't it controlled? If not, why not?****Did controls fail? If so why?****10. Did the organisation and arrangement of the work influence the accident / incident?****How?** E.g. was insufficient time / resources allocated.**11. Was maintenance and cleaning sufficient? If not why not?****12. Were the people involved competent and suitable?** Please detail competencies.**13. Did the workplace layout influence the accident / incident?** Explain how?**14. Did the shape or size of any materials involved or difficulty in using any equipment have an influence on the accident / incident occurring? If so, how?**

E.g. item that is bulky or awkward to lift.

15. Was the safety equipment used sufficient? If yes, what equipment? If not, why?**16. Did other conditions influence the accident / incident? Please describe?**

E.g. adverse weather.

17. What were the immediate, underlying and root causes? (More than one may apply)		
Immediate Causes – Unsafe Conditions	Immediate Cause – Unsafe Practice	Root Causes
Faulty/Damaged Equipment <input type="checkbox"/>	Changing Position Suddenly <input type="checkbox"/>	Avoiding Discomfort <input type="checkbox"/>
Energised Equipment <input type="checkbox"/>	Failure to Lock Off <input type="checkbox"/>	Avoiding Effort <input type="checkbox"/>
Congestion <input type="checkbox"/>	Failure to Secure <input type="checkbox"/>	Inadequate Communication <input type="checkbox"/>
Hazardous Atmosphere <input type="checkbox"/>	Failure to Use PPE <input type="checkbox"/>	Influence of Emotions <input type="checkbox"/>
Inadequate Guards <input type="checkbox"/>	Failure to Warn/ inform <input type="checkbox"/>	Influence of Fatigue <input type="checkbox"/>
Inadequate Ventilation <input type="checkbox"/>	Hurrying to save time <input type="checkbox"/>	Influence of Illness <input type="checkbox"/>
Poor Arrangements <input type="checkbox"/>	Horseplay <input type="checkbox"/>	Insufficient Planning <input type="checkbox"/>
Poor Equipment design <input type="checkbox"/>	Improper Equipment Service <input type="checkbox"/>	Influence of drugs or alcohol <input type="checkbox"/>
Poor Housekeeping <input type="checkbox"/>	Inappropriate Speed <input type="checkbox"/>	Lack of Enforcement <input type="checkbox"/>
Poor Illumination <input type="checkbox"/>	Inadequate PPE Used <input type="checkbox"/>	Lack of Knowledge <input type="checkbox"/>
Slip/Trip Hazard <input type="checkbox"/>	Not following method statement <input type="checkbox"/>	Lack of Skill <input type="checkbox"/>
Other immediate cause – unsafe condition <input type="checkbox"/>	Not following Risk Assessment <input type="checkbox"/>	Lack of Supervision <input type="checkbox"/>
	Operating without Authority <input type="checkbox"/>	Lack of Training <input type="checkbox"/>
	Workload too heavy <input type="checkbox"/>	Physically Impaired <input type="checkbox"/>
	Overexertion whilst lifting / moving <input type="checkbox"/>	Procedure/ risk assessment not established <input type="checkbox"/>
	Using Equipment Improperly <input type="checkbox"/>	Procedure/ risk assessment not followed <input type="checkbox"/>
	Safety device not working <input type="checkbox"/>	Procedure/ risk assessment not known <input type="checkbox"/>
	Position of body <input type="checkbox"/>	Other root cause <input type="checkbox"/>
	Other Immediate Cause – Unsafe practices <input type="checkbox"/>	
18. What Risk Control Measures are needed / Recommended?		
19. Have similar events happened before? Give details:		
20. Is incident RIDDOR reportable?		
Yes <input type="checkbox"/>		No <input type="checkbox"/>
Date reported to HSE:	RIDDOR reference number:	

PART B – THE RISK CONTROL ACTION PLAN

21. Action plan for recommendations:

Recommendation	Person Responsible	Target Completion Date	Actual Completion Date

22. Signed on Behalf of the Investigation team:

Name:	Date:
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23. Management Signature – I agree with the outcome of the investigation:

Name:	Date:
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24. Copies of this incident investigation form have been sent to:

Health and Safety Division <input type="checkbox"/>	Date:
Other persons <input type="checkbox"/>	Date:

25. Notes section –

APPENDIX D - ‘Specified injuries’ reportable to the Health and Safety Executive

‘Specified injuries’ reportable to the Health and Safety Executive

Fractures, other than to fingers, thumbs and toes

Bone fractures include a break, crack or chip. They are reportable when diagnosed or confirmed by a doctor, including when they are specified on a GP ‘fit note’. In some cases, there may be no definitive evidence of a fracture (e.g. if an X-ray is not taken), but the injury will still be reportable if a doctor considers it is likely that there is a fracture. Self-diagnosed ‘suspected fractures’ are not reportable.

Amputation of an arm, hand, finger, thumb, leg, foot or toe

Amputation includes both a traumatic amputation injury at the time of an accident, and surgical amputation following an accident, as a consequence of the injuries sustained.

Any injury likely to lead to permanent loss of sight or reduction in sight in one or both eyes

Any blinding and injuries causing reduction in sight are reportable when a doctor diagnoses that the effects are likely to be permanent.

Any crush injury to the head or torso, causing damage to the brain or internal organs

Injuries to the brain or internal organs in the chest or abdomen are reportable, when caused by crushing as result of an accident.

Any burn injury (including scalding)

Which:

- covers more than 10% of the whole body’s total surface area or
 - causes significant damage to the eyes, respiratory system or other vital organs
- Burns which meet the above criteria are reportable, irrespective of the nature of the agent involved, and so include burns caused by direct heat, chemical burns and radiological burns.

Medical staff may indicate the approximate proportion of skin suffering burn damage, and charts are often available in hospital burns units. In adults of working age, the *Rule of Nines* can help estimate the body surface area affected:

- skin covering the head and neck: 9%
- skin covering each upper limb: 9%
- skin covering the front of the torso: 18%
- skin covering the rear of the torso: 18%
- skin covering each lower limb: 18%

If the body surface area of a burn exceeds 15% in an adult, they are likely to require hospitalisation for intravenous fluid resuscitation.

Where the eyes, respiratory system or other vital organs are significantly harmed as a consequence of a burn, this is a reportable injury irrespective of the surface area covered by that burn. Damage caused by smoke inhalation is not included in this definition.

Any degree of scalping requiring hospital treatment

Scalping is the traumatic separation or peeling of the skin from the head due to an accident, eg hair becoming entangled in machinery. Lacerations, where the skin is not separated from the head, are not included, nor are surgical procedures where skin removal is deliberate.

Any loss of consciousness caused by head injury or asphyxia

Loss of consciousness means that the injured person enters a state where there is a lack of response, either vocal or physical, to people trying to communicate with them. The length of time a person remains unconscious is not significant in terms of whether an accident is reportable.

Asphyxia (lack of oxygen) may happen when a person enters an oxygen-deficient atmosphere, such as a confined space, or are exposed to poisonous gases, eg carbon monoxide.

Any other injury arising from working in an enclosed space

Which:

- leads to hypothermia or heat-induced illness or
- requires resuscitation or admittance to hospital for more than 24 hours

An enclosed space includes any space wholly or partly enclosed, to the extent that there is a significantly increased risk to the health and safety of a person in that space by virtue of its enclosed nature. This includes any confined space as defined by the Confined Spaces Regulations 1997, and additionally similar spaces where there is a foreseeable risk of hypothermia (e.g. a cold store).

Hypothermia and heat-induced illness includes situations where a person has an adverse reaction (the physical injury) to intense heat or cold acting on the body, so they need help from someone else.

When the extent of an injury is unclear

In some cases the full extent of an injury may not be known, e.g. when a prognosis has not yet been established in relation to an eye injury, or when efforts are being made to treat an injured limb which may ultimately require surgical amputation. In such situations, the Health and Safety Division should be informed based on what is known at the time, and updated without delay if the extent of injury to that reported changes.