

POLICY FOR ACCIDENT AND INCIDENT REPORTING



Document Detail	
Category	Statutory
Department	All Academies within the Trust
Responsible Officer	Chief Executive Headteacher and Board of Directors
Status	Approved (v2) <i>LM Cook</i>
Reviewed on:	Term 3 - 2022
Next review:	Term 3 - 2023

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1. Introduction

A system for reporting and learning from accidents and incidents is required by law for all employers. If followed this Policy and its associated guidance will ensure our statutory duties can be met, including reporting serious incidents to appropriate enforcement bodies within legal timescales.

2. Scope

This policy applies to all accidents, incidents, incidences of ill health, or near misses which occur to employees or non-employees where there is evidence that they are related to the work of Ad Meliora Trust – that is, that one of these factors played a significant role in an incident or the development/exacerbation of an ill health condition:

- the way the work was carried out or the management of the work,
- any machinery, plant, substances, or equipment which was used for the work,
- or the condition of the site or premises.

Incidences of work-related stress and associated illnesses are within the scope of this policy where it is due in significant part to the role of the employee; this would include the nature of the role, incidents which occurred as a part of the role, or the way the risks of the role have been managed.

Conflicts between individuals (including employees) or individuals and organisations are not within the scope of this policy unless they constitute violence (either physical or verbal, as defined below), even if they lead to possible stress and ill health, and should be managed in accordance with other Trust policies as appropriate.

3. Principles

The Trust has in place an effective and efficient system for recording, responding to and learning from accidents, incidents, near misses and cases of work-related ill health in a manner which is proportionate to the circumstances to reduce any negative impact on the trust's employees or others affected by its work. The aim is to:

- Identify incidents that require statutorily reporting in a timely manner.
- Undertake incident investigations proportionate to risk and severity in order to understand the direct and the underlying causes of incidents, establish appropriate corrective actions or measures, and put those measures in place to prevent any reoccurrence of the incident.
- Identify incidents that require investigation and intervention by the HSW Team
- Enable the development and reporting of management information regarding incident trends and issues

4. Responsibilities

The roles and responsibilities of all employees in schools is outlined in your schools Health and Safety Policy. This includes responsibilities regarding the recording, investigating and monitoring of accidents and incidents. Specific responsibilities that expand on this include:

4.1 Headteachers

Have responsibility for:

Ensuring the HSW team is informed of all serious or significant accidents and incidents **as soon as possible**

The HSW Team can be contacted on 01603 223989 or at healthandsafety@norfolk.gov.uk

- Ensuring arrangements are in place to deal with the immediate dangers and consequences of an incident, including first aid; making the area safe; or contacting the emergency services as necessary.
- Ensuring incidents are reported and an appropriate level of investigation is carried out by a competent person in a timely manner proportionate to the risk and severity of the incident.
- Ensuring the findings and all actions arising from investigations are recorded in line with the Incident Reporting and Investigation Procedure.
- Providing management support to the injured party where required and ensuring that they are advised of the incident investigation outcome and any relevant actions.
- Ensuring the HSW Team is notified where an enforcement agency contacts them directly regarding an incident to enable professional support to be provided as appropriate
- Periodically reviewing incidents and near misses for their area, looking for trends and taking appropriate action to ensure avoidance of repeat incidents.

4.2 Health Safety and Wellbeing Team

- Making statutory reports to the relevant enforcement agency as necessary
- Undertaking investigations as appropriate according to the risk and severity of the incident
- Liaising with enforcement agencies on behalf of the Trust as appropriate

5. Retention of records and forms

Details of accident and incident reports, investigations and associated supporting evidence should be retained in line with the retention policy

Where accidents may result in long-term ill health of an employee, a PDF copy of the incident report from the online reporting system must be forwarded to HR so that it can be placed on the individual's personal file or in the case of schools it should be placed on the school personal file for the individual.

6. Glossary

For the purposes of this policy and associated documents the following definitions will apply:

- **Serious / significant Incident:** A serious incident which is statutorily reportable. Includes, but not restricted to
 - Fatalities
 - Broken bones
 - Injuries which lead to an employee being unfit for work for more than seven days
 - Incidents where the injured person of the public is taken to hospital for treatment
 - Some reportable illnesses or conditions (known as reportable diseases) where they are work-related.

Incident Report Form

The injured person, a responsible person completing the form on behalf of an injured person, or a responsible person reporting the incident must complete parts A, B, C and D. Please complete in block capitals.

A. About the incident

1. Type of incident (*Tick applicable box*)
- Accident resulting in injury
 - Near miss/ accident not resulting in injury
 - Dangerous occurrence
 - Violent incident (*Physical or verbal*)
 - Antisocial behaviour (*not violence but causing distress or disruption*)
 - Work-related ill health (*including illness with gradual onset*)
 - Damage to building or property
- (Complete all of Part A then go to Section D)

2. Date of incident/onset of illness¹

3. Time (24 hr clock Incident Only)

4. Address/site where incident happened

5. Exact location on above address/site

6. Describe task or activity taking place and what happenedⁱⁱ

B. Outcome of the incident

1. How was the person involved affected?
- Near miss/ No physical injury
 - Dangerous occurrence
 - Verbal assault
 - Minor injury
 - Unconscious/needed resuscitation
 - Taken directly to hospital from the scene of the incident for treatment of the injury
 - Hospitalised for over 24 hours
 - Specified injury or fatality (*Defined under RIDDOR*)
 - Ill health (*Describe nature of illness below*)

2. List injuries/illness

3. Part of body affected

C. About the person injured/involved

1. Name

2. Home address and post code

3. Home phone number

4. Age

5. Male

Female

6. Status of injured person (*Tick applicable box*)

- Trust employee - Employee number
- Client (*Go on to 10*)
- Pupil (*Go on to 10*)
- On training scheme/work experience
- Voluntary worker
- Someone else's employee (*E.g. contractor*)
- Member of public (*Go on to part D*)

7. Job title/occupation

8. Department

9. If 'Someone else's employee' ticked above give name and phone number of employer

10. Name and address of normal work base, e.g. unit or school (*If different to address in box A.4*)

D. About the person who has completed Parts A - C (* Delete as applicable)

I am the injured person named in part C a responsible person reporting the incident and confirm that this report records the incident as described.

Signed:

Print Name:

Date: / /

Dept/School:

Once Parts A-D are complete please pass this form onto the responsible line manager.

E. Head Teacher's investigation of the incident

(Parts E and F to be completed by the relevant manager/supervisor)

1. Tick one box that best identifies the kind of incident

- | | |
|---|---|
| <input type="checkbox"/> Contact with moving plant or machinery, or material being machined | <input type="checkbox"/> Electric shock |
| <input type="checkbox"/> Hit by a moving, flying or falling object | <input type="checkbox"/> Injured by an animal |
| <input type="checkbox"/> Hit something fixed or stationary | <input type="checkbox"/> Physical assault |
| <input type="checkbox"/> Injured while handling, lifting or carrying | <input type="checkbox"/> Threatened assault/verbal abuse |
| <input type="checkbox"/> Slipped/tripped/fell on same level | <input type="checkbox"/> Antisocial behaviour |
| <input type="checkbox"/> Fall from height | <input type="checkbox"/> Near miss/no physical injury |
| - How high was the fall? <input style="width: 50px; height: 15px;" type="text"/> | <input type="checkbox"/> Dangerous occurrence |
| <input type="checkbox"/> Trapped by something collapsing | <input type="checkbox"/> Work related ill health |
| <input type="checkbox"/> Drowned or asphyxiated (lack of oxygen) | <input type="checkbox"/> Road traffic accident |
| <input type="checkbox"/> Exposed to heat/fire/explosion | <input type="checkbox"/> Damage to building, property or equipment |
| <input type="checkbox"/> Exposed to or contact with a harmful substance | <input type="checkbox"/> Other (please specify) <input style="width: 50px; height: 15px;" type="text"/> |

2. Why did the incident happen? (Describe below)

3. Please tick any relevant factors that contributed to the incident

- No risk assessment of task/activity
- PPE not worn/provided
- Insufficient training/instruction
- Inadequate supervision
- Work pressure/lack of concentration
- Work procedures not followed
- Condition of the workplace
- Behaviour (third party/client)
- Lone working
- None of above

4. Has this incident (same task, activity, etc.) occurred before in your area of responsibility? (Not necessarily to the same person)

Yes No

5. Has the incident resulted in absence from work?

- No absence from work or change in work activities
- 1 to 3 days absence from work
- 4 to 7 days absence from work
- Over 7 days absence, expected absence, or incapacity for usual work (report injury to HSE)

6. Did the injured person receive First Aid?

Yes No

Name of First Aider:

7. Have you involved the injured person in the investigation and discussed the outcome with them?

Yes No

If not please do so

8. Follow up action (Describe what has, or will be done to prevent a recurrence)

Action taken, or to be taken

Name of person responsible for action

9. Were there any witnesses to the incident?

Yes No

Provide names and addresses or telephone numbers (Attach any relevant statements)

10. If a violent incident or antisocial behaviour were the police informed?

Yes No

Crime number

F. About the person who has completed Part E (To be signed by the person completing part E)

The information contained in this incident report is correct to the best of my knowledge.

Signed:

Date: / /

Tel:

Print Name:

Position:

G. What to do with the completed form

Please forward the completed form to Kirsty.makins@admtrust.org.uk

- The completion of this form will provide information required by the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations and the Social Security (Claims and Payments) Regulations.
- Completion of this form is not an admission of liability.
- Information on this form will be stored on a database in accordance with the Data Protection Act.

Office use only
 HSE informed

