

FALKIRK COUNCIL

ACCIDENT / INCIDENT REPORTING POLICY



November 2016

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PART 1

1.1 POLICY STATEMENT

Falkirk Council aims to provide a safe and healthy working environment for all employees and service users.

The Council accepts that our employees should have a safe working environment whilst at work and will take all reasonably practicable steps to minimise accidents/incidents at work. The Council is committed to accident/incident reporting and investigation to assist in this process.

This Accident/Incident Reporting Policy complies with the requirements of Health & Safety Regulations as defined in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

1.2 DEFINITION

For the purpose of this policy an accident or incident is:

“Any event(s) or activity(s), arising at work which has resulted in, or had a potential to cause, personal injury or damage to property, plant or equipment”.

This will include any acts of violence to employees as described within the Violence at Work Policy and harassment of an employee by a third party as defined by the Dignity at Work Policy. It is a requirement that all such accidents or incidents are reported by the employee to their manager, on the day of the accident, where practicable.

PART 2

2.1 INTRODUCTION

Falkirk Council is committed to the health and safety of employees and will take all reasonable steps to ensure that the work environment is safe.

The Council will ensure that working practices are designed to ensure that any risks are minimised. Any potential risks will be subject to Risk Assessments and these will be regularly reviewed. It is accepted, however, that accidents/incidents may occur as a result of a wide range of potential human errors.

2.2 SCOPE

This policy encompasses all employees of Falkirk Council and complements the Violence at Work Policy, the Risk Management by Risk Assessment Policy and Dignity at Work Policy

2.3 REPORTING & INVESTIGATING ACCIDENTS/INCIDENTS

The Council aims to ensure that all accidents/incidents involving employees, clients and service users that arise from our activities are reported and investigated. This will include vehicle accidents and near miss incidents in which no person was injured but where a dangerous situation was identified. All accidents/incidents will be investigated to establish what lessons can be learned to reduce the risk and/or prevent such accidents/incidents re-occurring in the future.

2.3.1 Initial Reporting

Accidents must be reported by the injured party, immediately to the line manager/most senior person on the site of the accident.

The manager must firstly establish if the injured party is still at the scene of the accident and if the scene of the accident is safe to approach. If it is not safe to approach the injured party or the area, the manager must take steps to make the area safe and ensure appropriate First Aid is made available as required.

If the accident is very serious e.g. multiple injured persons or life changing injuries, the line manager must ensure that the scene of the accident/incident is untouched. The manager must contact the Health, Safety & Care Team who will determine if the accident/incident requires to be notified to the HSE which may, in turn, require an HSE investigation of the site of the accident. In such circumstances the scene may require to be cordoned off pending more detailed investigations by the Health, Safety & Care Team, the HSE or the Police.

2.3.2 HR14 (4) Form

The Accident/Incident Reporting form HR14 (4), should be used to report all accidents/incidents involving employees, pupils, residents, service users, members of the public and contractors, whilst on Council premises.

The HR14 (4) is attached as Appendix 1 and can also be accessed from Inside Falkirk:

[http://inside.falkirk.gov.uk/employee/forms/docs/health_safety_care/Accident%20and%20Incident%20reporting%20form%20-%20HR14%20\(V4\).doc?v=201602041047](http://inside.falkirk.gov.uk/employee/forms/docs/health_safety_care/Accident%20and%20Incident%20reporting%20form%20-%20HR14%20(V4).doc?v=201602041047)

Guidance on completion of the form is provided at Appendix 2.

http://inside.falkirk.gov.uk/employee/forms/docs/health_safety_care/Accident%20and%20Incident%20reporting%20form%20guidance%20for%20Line%20or%20Unit%20Managers.pdf?v=201602031436

The form can be completed by hand or completed electronically. Additional documents may be added to the HR14 report together with relevant photographs. Once complete, the original copy(s) should be electronically sent to the Health, Safety and Care Team (health.safety@falkirk.gov.uk). The manager should retain the original form and additional information for 12 months, except where there is an injury sustained by the injured party, then it should be held for 24 months.

Accidents/ Incidents to non-employees that occur in our Premises, on our grounds or as a direct result of Falkirk Council activities should be subject to the full reporting/investigation procedures. The HR 14(4) form allows for recording of the names etc. of non employees. The most senior employee at the scene of the accident/incident must ensure that this is reported to the relevant management team for further investigation.

If there is to be a delay in the completion of the accident/ incident form, an interim report should be sent so the Health, Safety & Care Team with an e-mail message identifying the reason for the delay.

2.3.3 Investigation

The investigation of the accident/ incident must occur as soon as possible after the notification, Dependant to the seriousness of the situation, photographs and further details of the scene should be taken to ensure sufficient detailed description and evidence is available.

Where the accident/incident is serious, or could have been more serious, a more detailed investigation must be considered. The line manager should consult with their Manager or the Council Health, Safety & Care Team to determine the extent of the investigation that may be required.

The purpose of the investigation is to identify the root causes of accidents/incidents;

- Identify if accidents/incidents are reportable to the HSE;
- Investigate ways to reduce future accidents/incidents;
- Review the relevant Risk Assessments with a view to making them more robust;
- Identify the costs of accidents/incidents.

Where appropriate, Section 4 (a) of the accident/incident report form should be completed when the injured person has any time off work or attends hospital for treatment as a result of this workplace accident/ incident. If there were no injuries, however the accident has had serious consequences, then the investigation must still be conducted. The questions may not cover all areas, so there may be additional investigation notes and outcomes added to the report as required

Guidance on the investigation of accident/ incidents are available at Appendix 2 and on the intranet site;
http://inside.falkirk.gov.uk/employee/forms/docs/health_safety_care/Accident%20and%20Incident%20reporting%20form%20guidance%20for%20Line%20or%20Unit%20Managers.pdf?v=201602031436

2.3.4 RIDDOR

There is a legal requirement under the Reporting Accidents and Incidents at Work Regulations 2013, to notify the HSE of specific accidents arising from a work activity. These are as follows:

- a fracture, other than to fingers, thumbs and toes;
- amputation of an arm, hand, finger, thumb, leg, foot or toe;
- permanent loss of sight or reduction of sight;
- crush injuries leading to internal organ damage;
- serious burns (covering more than 10% of the body, or damaging the eyes,
- scalplings (separation of skin from the head) which require hospital treatment;
- unconsciousness caused by head injury or asphyxia;
- **Over-seven-day injuries to workers**, This is where an employee, or self-employed person, is away from work or unable to perform their normal work duties for more than seven consecutive days (not counting the day of the accident).

- Fatalities,

Fatalities must be reported to the relevant Service Management Team and to the Health, Safety & Care team immediately.

The requirement to report these accidents / incidents to the HSE as RIDDOR reports apply with different thresh-holds for reporting, these are;

- non-fatal accidents requiring hospital treatment;
- accidents resulting in the death of any person.

It should be noted that if the visit to the hospital is for treatment and no treatment is given, it does require to be reported. Additionally injuries received as a result of sports activities are not reportable.

There are also a range of Occupational Health diseases that may affect employees that are reportable to the HSE, these include:

- Noise induced deafness;
- Hand Arm Vibration Syndrome;
- Repetitive Strain injury;
- Carpal Tunnel Syndrome;
- Occupational Dermatitis;
- Occupational Asthma.

These diseases may be identified by the employees GP however all cases should be referred to Occupational Health who will provide advice to the Health, Safety and Care Team who will carry out an initial investigation before reporting to the HSE.

Persons not at work who receive an injury as a result of a work related accident will require to be reported where an injured party is taken directly from your place of work to hospital for medical treatment.

PART 3

3.1 RESPONSIBILITIES

3.1.1 THE CHIEF EXECUTIVE AND DIRECTORS

The Chief Executive and Directors of the Council are responsible for the effective operation of the policy across the Council as a whole and for ensuring that the relevant procedures are implemented within Services. They are also responsible for ensuring that adequate resources are made available to implement appropriate protective measures, where these have been identified as required as a result of risk assessment or accident/incident investigation.

3.1.2 CHIEF OFFICERS AND HEADTEACHERS

Chief Officers and Head Teachers are responsible, so far as is reasonably practicable, for ensuring the health, safety and care at work of all employees and others in their respective services and must ensure:

- The development, implementation and regular review of accident/incident reporting procedures and ensure that all investigations into these reports are appropriate to the risks;
- That where more serious accidents/incidents are reported the investigation is led by an appropriate manager and is supported by others if required e.g. Health & Safety Advisers/Officer;
- That all relevant accidents/incidents are reported timeously to the HSE and to the Health, Safety & Care team;
- The operation and management of effective follow up procedures resulting from any investigation are implemented;
- The adequate support including debriefing is provided to employees in the event of a serious accident occurring;
- That all relevant employees are aware of appropriate risk assessments and related procedures.

3.1.3 SERVICE MANAGERS

All managers who have operational responsibility for employees and for implementing systems and procedures of work will be specifically responsible for ensuring that:

- The policy is effectively implemented and monitored;
- Adequate investigation, debriefing and support is put in place where required to support those who may have been involved in an accident/incident
- Safe systems of work, risk assessments and procedures relating to accidents/incidents at work are implemented and all working procedures and practices are properly documented and adhered to;
- All relevant accident reports are reported timeously to the HSE and the Health, Safety and Care Team.

3.1.4 LINE MANAGERS, TEAM LEADERS, SUPERVISORS

All Supervisory staff will:

- Ensure all employees are aware of the procedures to be followed and encourage employees to report all accidents/incidents at work as soon as possible and ensuring that these are recorded on the HR14 (4) form.
- Where an employee reports that they are off sick as a result of an accident at work ensure that the reason for any injury is recorded and an HR14 (4) is completed;
- Identify and report relevant accidents under RIDDOR to the HSE and Health, Safety & Care Team within the appropriate timescales;
- Ensure that Trade Unions are informed of accidents in the areas of representation;
- Undertake a detailed investigation of any accident/incidents and take appropriate action to prevent recurrence;
- Ensure, where appropriate, debriefing and support to employees in the event of a traumatic accident/incident occurring;
- Ensure copies of the relevant paperwork and HR14 (4) forms are sent to the Health, Safety & Care Team.
- If there is to be a delay in the completion of the accident form, provide an interim report to the Health, Safety and Care Team with the e-mail message identifying the reason for the delay and if the accident is suspected to be a RIDDOR accident.
- In serious cases, report the accident immediately to the Health, Safety & Care team by telephone. The relevant Chief Officer within the Service must also be notified.
- Ensure risk assessments are in place and employees are aware of risks and safe systems of work

3.1.5 EMPLOYEES

Employees are responsible for reporting all accidents/incidents to their line manager immediately, or as soon as practicable following the accident/incident. They will give a full and accurate account of details leading to the accident/incident and of the accident/incident itself.

The employee will co-operate with the Line Manager's investigation into any accident/incident including provision of written witness testimony where appropriate.

3.1.6 HUMAN RESOURCES & Business Transformation

The Human Resources & Business Transformation Division of Corporate and Housing Services will provide advice, guidance and support to managers and employees in respect of accidents/incidents at work via the Health, Safety and Care team

3.2 MONITORING AND REVIEW

The Head of Human Resources & Business Transformation will review this policy as per the agreed Human Resources Policy Review Timetable in conjunction with Service Directors and Trade Unions taking into consideration legislative amendments and best practice advice.

This Policy has been Equality Impact Assessed and no adverse impact has been identified.

FALKIRK COUNCIL ACCIDENT / INCIDENT/ VIOLENCE REPORT FORM

Section 1: Personal Details (of person involved in Accident/Incident/Violence)	
Name:	D.o.B.
Employee <input type="checkbox"/>	Non Employee <input type="checkbox"/>
Employee no: Work telephone no:	Pupil <input type="checkbox"/> Resident <input type="checkbox"/> Service user <input type="checkbox"/>
Job title:	Member of public <input type="checkbox"/> Contractor <input type="checkbox"/>
Place of work:	Home address (to include post code)
	Home telephone no:

Section 2: Details of Accident/ Incident /Violence			
When did Accident/ Incident occur:	Time:	Date:	
What Type of Accident /Incident:	Accident <input type="checkbox"/> Dangerous Occurrence <input type="checkbox"/> Violence <input type="checkbox"/> Near Miss <input type="checkbox"/>		
Violence Incident, what category best describes the type of Violence;			
Physical : Assault <input type="checkbox"/>	Physical : Posturing <input type="checkbox"/>	Verbal <input type="checkbox"/>	Harassment (Type).....
Name of Perpetrator:		Any other information available on perpetrator:	
Where did the accident /Incident occur?	Location:		
Details of the accident /Incident:			

Section 3: Details of injury where applicable			
Description of the injury/ impact on the individual:			
Details of First Aid provided			
Signature of Injured Party: Where possible.		Date :	
Supervisor/ Manager	Name:	Signature :	Date :
Job title:			

Section 4 Accident Investigation:	
<p>Section 4 (a) Investigation Checklist: This Section 4 (a) to be completed when injured person has any time off work or attends Hospital for treatment as a result of this workplace accident. If there were no injuries, however the accident has had serious consequences e.g. damage to scaffolding, then the investigation must be conducted.</p> <p>Where no time has been lost nor has employee visited hospital go to Section 4(b).</p>	
LOCATION OF ACCIDENT/INCIDENT	
Mandatory fields:	
Was the accident/incident caused by defects in the premises? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have the defects been reported? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?
Have regular health and safety inspections been carried out? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, are records of these inspections available? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the Injured person working at height? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what safety precautions have been put in place to prevent falls of persons, equipment and material?
RISK ASSESSMENT/TASK	
Mandatory fields:	
Was a risk assessment available for the activity involved in the accident/incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the risk assessment available and up to date for the activity being carried out during the accident/incident? Yes <input type="checkbox"/> No <input type="checkbox"/>
Were all control measures required by the risk assessment in place at the time of the accident? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not please give details of discrepancies and reasons for the non-compliances.
Is there a procedure for the activity being carried out? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the correct procedure followed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the injured person trained to carry out the task? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the task simple or repetitive?
Was training required for the task Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what training was given and what records are available.
MANUAL HANDLING	
To be completed for Manual Handling activities only:	
If manual handling was a contributory factor to the accident was this identified in the risk assessment? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, had the injured person received manual handling training? Yes <input type="checkbox"/> No <input type="checkbox"/> Are records available? Provide details.
Were manual handling/lifting aids available? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, were they used? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, give reasons why.
HAZARDOUS SUBSTANCES	
To be completed where hazardous chemicals involved in activities only:	
Were hazardous substances involved in the accident? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details of the substance(s) involved.
Has a COSHH assessment been carried out? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, was the injured person made aware of the control measures required? Yes <input type="checkbox"/> No <input type="checkbox"/>
PERSONAL PROTECTIVE EQUIPMENT (PPE)	
To be completed where PPE required only:	
Was the person who was involved in the accident issued with and wearing the correct PPE as identified in the risk assessment? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, had the person involved in the accident been instructed in what PPE was required for the task and how it should be used. Yes <input type="checkbox"/> No <input type="checkbox"/>

Was the PPE defective in any way? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details.
Has Respiratory Protective Equipment been identified as a control measure? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has a face fit test been carried out for the injured person? Yes <input type="checkbox"/> No <input type="checkbox"/> Are records available? Yes <input type="checkbox"/> No <input type="checkbox"/>
MACHINERY/EQUIPMENT	
To be completed where accidents involves machinery or equipment only:	
Was machinery/equipment a contributing factor to the accident/incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details of machinery involved in the accident/incident.
Has the machinery/equipment been maintained? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are records of maintenance available? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the machinery/equipment defective i.e. any electrical problems or missing guards at the time of the accident/incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details.
Do employees carry out pre-use checks on the machinery/equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes are there records of pre-use checks? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are statutory insurance inspections required for the machinery/equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are the required records and certificates for the machinery/equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Attached documentation	
Any other issues Identified during Investigation:	
Are there photographs, pictures, diagrams and measurements of the site and machinery involved in the accident/incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached to form. Yes <input type="checkbox"/> No <input type="checkbox"/>

Section 4 (b): Action Taken To Prevent Recurrence of Accident/ Incident			
Mandatory field:			
General actions:			
Action Plan			
Action to be taken	By Whom	Date to be completed	Date completed
Supervisor/ Manager	Name:	Signature :	Date :
Job title:			

Section 5 – Absence Details As A Result Of Accident/Incident to Employee

- Was time taken off work? YES NO If No; Report is complete.
- Was absence greater than 3 days? YES NO If less than 7: Report is complete.
- Was absence greater than 7 days? YES NO If Yes then go to Section 6.

N.B. * If absence lasts for more than 7 days (not counting the day of the accident), the Line Manager MUST notify the HSE within 15 days. (See details below on how to report to HSE)

Section 6 - Report to Health and Safety Executive (HSE) Reporting of Injuries, Diseases & Dangerous Occurrence Regulations (RIDDOR)

Section 6a: Main categories of RIDDOR reports.

Employee RIDDOR accidents:

- Fatality/serious incident; **In case of a fatality contact Health Safety & Care Team and your Director Immediately**
- A fracture, other than to fingers, thumbs and toes;
- Amputation of an arm, hand, finger, thumb, leg, foot or toe;
- Unconsciousness caused by head injury or asphyxia;

- An employee is absent from work or is unable to perform their normal work for more than 7 consecutive days, not including the day of the accident, days that the employee would not normally work i.e. rest days or weekends are to be counted;

Non-employee RIDDOR accidents:

Resulted in non-employee being taken to hospital from scene of accident for treatment as a result of

- Injured as a result of Council Activities;
- Injured as a result of faulty equipment/premises. (See Accident/Incident Reporting Policy section 3.2)

Section 6b: REPORTING TO THE HSE

- All of the above should be reported within 10 days on line to HSE.
- Where an absence is over 7days as a result of an accident it must be reported to the HSE within 15 days.

REPORT VIA: INTERNET: <http://www.hse.gov.uk/riddor/report.htm> Printed form to be attached to accident/Incident form HR14(4)

DATE REPORTED TO H.S.E.:

Name of Person reporting accident to HSE:

Date:

***Note: Copy of the report form the H.S.E. to be attached to this accident/incident reporting form for recording purposes.**

Section 7- Witness Statement(s)
Witness Report of Accident/Incident

Page of

N.B. If more than one witness statement, please photocopy this page and attach it to the form.

Did you witness the actual accident/incident taking place?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Did you attend the scene after the accident/incident took place?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Are you a council employee	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		NO <input type="checkbox"/>
		NO <input type="checkbox"/>

NAME OF WITNESS

Address/ or place of work

Telephone number:

WITNESS STATEMENT:

Witness:

Printed Name: Signed Date

Job description:.....

Employee number:

Falkirk Council will process information recorded on this form, including personal data, for recording and monitoring purposes in relation to our Health & Safety Policy and Procedures and, where necessary, for the purpose of pursuing or defending claims. In order to comply with Health & Safety legislation and information legislation (including the Data Protection Act 1998 and the Freedom of Information (Scotland) Act 2002), Falkirk Council may have to disclose details of this accident/incident to other parties.

Health, Safety & Care: Official Use Only

**Change Authorisation sheet for HR14 form: HR14 (3)
Modified text for R/L input in defined fields.**

External No:	Employee: Resident: Service User: Pupil:
Resource Link No:	
DATE:	

Section 3 of Accident Report

Sect 3a - Description of Acc/Inc		RL Section: Details	
Type:	Code:	Kind:	Code:

Insert **brief description** of information given at Sect 3a.

Description of Injury		RL Section: Details Con't.	
Cause:	Code:	Status:	Code:

RIDDOR	YES NO	RIDDOR DATE:	
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Insert information given as a **longer description** of injury Section 3a.

Section 4, Managers Investigation.

Immediate Action Taken to prevent recurrence of Acc/Inc	RL Section: Notes:
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Insert any information given

Proposed Further Action to prevent recurrence of Acc/Inc.	RL Section: Notes Con't
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Insert any/action taken by Manager.

Section 8: Witness Statement

Input any names given at this section.

Any other Comments:

Accident Incident Report Form: Guidance on Completion of the HR14(4)

Introduction

The HR14 should be used to record accidents involving employees, pupils, residents, clients, service users and members of the public.

The HR14 (4) can be copied from Underground/ Health Safety & Care page. The form can then be completed by hand or completed as a Word document. Once completed the original copy should be scanned and sent to the Health, Safety and Care Team health.safety@falkirk.gov.uk The original shall be kept by the manager.

If there is to be a delay in the completion of the accident form, an interim report should be sent so the Health, Safety & Care Team with the e-mail message identifying the reason for the delay.

The HR (4) comprises of 7 sections:

- Section 1 – Personal Details
- Section 2 – Details of Accident/Incident/Violence
- Section 3 – Details of Injury
- Section 4 – Accident Investigation
- Section 5 – Absence Details
- Section 6 – Report to HSE
- Section 7 – Witness Statement(s)

Initial Reporting

As soon as possible after an accident/incident, this must be reported by telephone to the most senior person on the site of the accident. Initial details of the accident must be established as soon as possible, and recorded on the HR14 (4) form .

The manager or the person investigating the accident must establish if the injured party is still at the scene of the accident and if the scene of the accident is safe to approach. If it is not safe to approach the injured party, the manager must take steps to make the scene safe. This may include:

- isolation of electrical source;
- contact emergency services;
- removal of overhead material if it is safe to do so.

The manager should also establish if a First Aider or Ambulance Service is required.

If the accident is very serious, the line managers must ensure that the scene of the accident/incident is untouched. The manager must contact the Council Health, Safety & Care Team who will determine if the accident/incident requires to be notified to the HSE which may, in turn, require an HSE investigation of the site of the accident. In such circumstances the scene may require to be cordoned off pending more detailed investigations by the Corporate Health, Safety & Care team, the HSE or the Police.

Section 1: Personal Details

The line manager should complete the personal details of the person involved in the accident. Where the accident involves a non-employee then the senior person on site (or a nominated responsible person) should complete the personal details.

Section 1: Name of Person involved in Accident/ Incident / Violence			
Name:		D.o.B.	
Employee <input type="checkbox"/>	Non Employee <input type="checkbox"/>		
Employee no:	Work telephone no:	Pupil <input type="checkbox"/> Resident <input type="checkbox"/> Service user <input type="checkbox"/>	
Job title:		Member of public <input type="checkbox"/> Contractor <input type="checkbox"/>	
Place of work:		Home address (to include post code)	
		Home telephone no:	

Step 1 Enter full name of person involved
D.o.B of person involved

Step 2
Employee – Check box
Enter - employee number ,works telephone no, Job title and place of work

Non Employee – Check box, select appropriate category.
Enter – Home address and Home telephone no.

Section 2 – Details of Accident/Incident/Violence

Section 2: Details of Accident/ Incident /Violence			
When did Accident / Incident occur:	Time:	Date:	
What Type of Accident / Incident:	Accident <input type="checkbox"/> Dangerous Occurrence <input type="checkbox"/> Violence <input type="checkbox"/> Near Miss <input type="checkbox"/>		
Violence Incident, what category best describes the type of Violence;			
Physical : Assault <input type="checkbox"/> Physical : Posturing <input type="checkbox"/> Verbal <input type="checkbox"/> Harassment (Type).....	Name of Perpetrator: Any other information available on perpetrator:		
Where did the accident / Incident occur?	Location:		
Details of the accident / Incident:			

Step 1
When did Accident occur?
Insert – Time and Date

Step 2
Select type of incident

Step 3
If violence select the type of violence

Step 4
Details of Perpetrator, additional info i.e. pupil, service user, parent etc

Step 5
Give details of location accident.

Step 6
Give details of the accident.

Section 3 – Details of Injury

Section 3: Details of injury where applicable			
Description of the injury/ impact on the individual:			
Details of First Aid provided			
Signature of Injured Party: Where possible.		Date :	
Supervisor/ Manager	Name:	Signature :	Date :
Job title:			

Step 1
Give details of injuries received as a result of the accident

Step 2
Give details of first aid given and by whom.

Step 3
Injured person to sign and date if possible

Step 4
Supervisor/Manager to sign and date

Section 4 – Accident Investigation

The purpose of the investigation is to establish basic facts. As explained above and if possible do not alter the scene of the accident if the incident involves a:

- serious injury;
- unsafe equipment.

Where an investigation is required: (when injured person has any time off work or attends hospital for treatment as a result of this workplace accident) an investigation should be conducted. If there are no injuries, however the accident has had serious consequences, then the investigation must be conducted. Guidance can be given by the Health, Safety & Care team if necessary on ext 6245 to agree appropriate action to be taken. The investigation should be carried out as soon as possible after the accident is reported. The purpose of an accident investigation is to find the root cause of the accident, and to take measures to prevent a reoccurrence of such an accident. The questions contained within the investigation section should help determine the main cause of most accidents; however they may not always provide sufficient information to understand the reasons for all accidents. Further questions should be considered by the manager where necessary to ensure a thorough and robust investigation is carried out.

The investigation will require managers to examine procedures currently in use, assess existing risk assessment(s) along with employee training records. The conclusion of the investigation shall be recorded in the accident form. Consideration should be given to copying all documentation examined in the investigation and keeping this on file in case any future claim arises.

The following should however be considered:

- Photographs: depending on the seriousness of the incident, photographs of the scene should be taken to provide evidence of findings;
- Witnesses: identify if there were any witnesses and ensure they record their recollection of events as soon as possible after the accident. This should be done immediately after your arrival at the scene if possible. Section 7 of the HR14(4) has a copy of a Witness Statement Report form that should be completed by each witness;
- Complete the form with the basic facts along with any detailed information that may be required from a more detailed investigation;
- The accident should be notified to the Health, Safety and Care Team as soon as possible after the accident. In some circumstances, the Health, Safety & Care Team may request an initial copy of the draft form.
- The manager should also ensure that the incident is reported to a relevant Senior Manager within their Service.

If you have any problems in the investigation stage of the accident, then contact the Health, Safety & Care Team who will provide assistance in your investigation.

Step 1

Determine if the accident has required the injured person to have any time off work or attend hospital for treatment. If so the Accident Investigation checklist Section 4 (a) must be completed. If there were no injuries, however the accident has serious consequences, then the investigation must be conducted. If no time has been lost nor has the employee visited hospital then go to Section 4 (b).

Section 4 Accident Investigation	
Section 4 (a) Investigation Checklist: This Section 4 (a) to be completed when injured person has any time off work or attends Hospital for treatment as a result of this workplace accident. If there were no injuries, however the accident has had serious consequences, then the investigation must be conducted. Where no time has been lost nor has employee visited hospital go to Section 4(b).	
LOCATION OF ACCIDENT/INCIDENT	
Mandatory fields	
Was the accident/incident caused by defects in the premises? Yes <input type="checkbox"/> No <input type="checkbox"/>	Have the defects been reported? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when?
Have regular health and safety inspections been carried out? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, are records of these inspections available? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the Injured person working at height? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what safety precautions have been put in place to prevent falls of persons, equipment and material?
RISK ASSESSMENT/TASK	
Mandatory fields:	
Was a risk assessment available for the activity involved in the accident/incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the risk assessment available and up to date for the activity being carried out during the accident/incident? Yes <input type="checkbox"/> No <input type="checkbox"/>
Were all control measures required by the risk assessment in place at the time of the accident? Yes <input type="checkbox"/> No <input type="checkbox"/>	If not please give details of discrepancies and reasons for the non-compliances.
Is there a procedure for the activity being carried out? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the correct procedure followed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the injured person trained to carry out the task? Yes <input type="checkbox"/> No <input type="checkbox"/>	Was the task simple or repetitive?
Was training required for the task Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, what training was given and what records are available.

Step 2

The Investigation Checklist comprises of 7 sections which must be completed

MANUAL HANDLING	
To be completed for Manual Handling activities:	
If manual handling was a contributory factor to the accident was this identified in the risk assessment? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, had the injured person received manual handling training? Yes <input type="checkbox"/> No <input type="checkbox"/> Are records available? Provide details.
Were manual handling/lifting aids available? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, were they used? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, give reasons why.
HAZARDOUS SUBSTANCES	
Hazardous chemicals involved in activities only:	
Were hazardous substances involved in the accident? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details of the substance(s) involved.
Has a COSHH assessment been carried out? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, was the injured person made aware of the control measures required? Yes <input type="checkbox"/> No <input type="checkbox"/>
PERSONAL PROTECTIVE EQUIPMENT (PPE)	
PPE required to be worn in activities only:	
Was the person who was involved in the accident issued with and wearing the correct PPE as identified in the risk assessment? Yes <input type="checkbox"/> No <input type="checkbox"/>	If no, had the person involved in the accident been instructed in what PPE was required for the task and how it should be used. Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the PPE defective in any way? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details.
Has Respiratory Protective Equipment been identified as a control measure? Yes <input type="checkbox"/> No <input type="checkbox"/>	Has a face fit test been carried out for the injured person? Yes <input type="checkbox"/> No <input type="checkbox"/> Are records available? Yes <input type="checkbox"/> No <input type="checkbox"/>

Step 2 Cont'd

MACHINERY/EQUIPMENT	
Accidents involving Machinery or Equipment only:	
Was machinery/equipment a contributing factor to the accident/incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details of machinery involved in the accident/incident.
Has the machinery/equipment been maintained? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are records of maintenance available? Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the machinery/equipment defective i.e. any electrical problems or missing guards at the time of the accident/incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, give details.
Do employees carry out pre-use checks on the machinery/equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes are there records of pre-use checks? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are statutory insurance inspections required for the machinery/equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are the required records and certificates for the machinery/equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>
Attached documentation	
Any other issues Identified during Investigation: ←	
Are there photographs, pictures, diagrams and measurements of the site and machinery involved in the accident/incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	Attached to form. Yes <input type="checkbox"/> No <input type="checkbox"/>

Step 3
Record any issues identified that may be relevant to the investigation not covered by the checklist should be listed. Copies of any relevant documentation should be attached as they may be required at a later date.

Section 4 (b): Action Taken To Prevent Recurrence of Accident/ Incident			
Mandatory field:			
General actions:			
←			
Action Plan			
Action to be taken	By Whom	Date to be completed	Date completed
Supervisor/ Manager	Name:	Signature :	Date :
Job title:			

- Step 1**
Give details of any action to be taken to prevent a reoccurrence.
- Step 2**
Ensure action plan is developed and completed actions updated
- Step 3**
Manager to sign and date action plan.

Section 5 – Absence Details

Section 5 – Absence Details As A Result Of Accident/Incident to Employee	
Was time taken off work?	YES <input type="checkbox"/> NO <input type="checkbox"/> If No, Report is complete.
Was more than 3 days taken off?	YES <input type="checkbox"/> NO <input type="checkbox"/> If less than 7: Report is complete.
Was more than 7 days taken off?	YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes then go to Section 6.
N.B. * If absence lasts for more than 7 days (not counting the day of the accident), the Line Manager MUST notify the HSE within 15 days. (See details below on how to report to HSE)	

- Step 1**
Indicate if lost time due to Accident
Indicate category of time lost. If over 7 days complete Section 6

Section 6 – Report to HSE

Section 6 - Report to Health and Safety Executive (HSE)	
Reporting of Injuries, Diseases & Dangerous Occurrence Regulations (RIDDOR)	
Section 6a: Main categories of RIDDOR reports.	
Employee RIDDOR accidents:	
<input type="checkbox"/> Fatality/serious incident; In case of a fatality contact Health Safety & Care Team and your Director Immediately <input type="checkbox"/> A fracture, other than to fingers, thumbs and toes; <input type="checkbox"/> Amputation of an arm, hand, finger, thumb, leg, foot or toe; <input type="checkbox"/> Unconsciousness caused by head injury or asphyxia; <input type="checkbox"/> An employee is absent from work or is unable to perform their normal work for more than 7 consecutive days, not including the day of the accident, days that the employee would not normally work i.e. rest days or weekends are to be counted;	
Non-employee RIDDOR accidents:	
Resulted in non-employee being taken to hospital from scene of accident for treatment as a result of	
<input type="checkbox"/> Injured as a result of Council Activities; <input type="checkbox"/> Injured as a result of faulty equipment/premises. (See Accident/Incident Reporting Policy section 3.2)	
Section 6b: REPORTING TO THE HSE	
> All of the above should be reported within 10 days on line to HSE. > Where an absence is over 7days as a result of an accident it must be reported to the HSE within 15 days.	
REPORT VIA: INTERNET: http://www.hse.gov.uk/riddor/report.htm <input type="checkbox"/> Printed form to be attached to accident/Incident form HR14(4)	
DATE REPORTED TO H.S.E.:	
Name of Person reporting accident to HSE:	Date:
*Note: Copy of the report form the H.S.E. to be attached to this accident/incident reporting form for recording purposes.	

- Step 1**
Indicate the category of accident
- Step 2**
Indicate the category for Non-employee
- Step 3**
Ensure that accident is reported via the internet to HSE and attach printed form to the HR14. (If Record date reported, person reporting and date.

Section 7 – Witness Statement(s)

Section 7- Witness Statement(s) Witness Report of Accident/Incident

Page of

N.B. If more than one witness statement, please photocopy this page and attach it to the form.

Did you witness the actual accident/incident taking place?
 Did you attend the scene after the accident/incident took place?
 Are you a council employee

YES NO
 YES NO
 YES NO

NAME OF WITNESS

Address/ or place of work

Telephone number:

WITNESS STATEMENT:

Witness:

Printed Name: Signed Date

Job description:.....

Employee number:

Falkirk Council will process this data for recording and monitoring purposes in relation to our Health & Safety Policy and Procedures. In order to comply with Health & Safety Legislation, Falkirk Council may have to disclose details of this accident/incident to other parties.

Step 1

All witnesses should check the relevant box. Complete their – Name, Address/place of

Step 2

Witness should give details of what they saw. Witness to Sign, Date, enter Job description and employee number.