

# **ACCIDENT / NEAR MISS REPORTING POLICY**



**EAST CAMBRIDGESHIRE DISTRICT COUNCIL**

ISSUE STATUS – DRAFT  
DATE OF ISSUE –  
REVISION DATE –

**ACCIDENT / NEAR MISS REPORTING POLICY****CONTENTS**

1.	Statement .....	3
2.	Compliance .....	3
3.	Definitions.....	3
4.	Arrangements.....	4
5.	Near Misses or Dangerous Occurrences .....	4
6.	Accident / Near Miss Report Form .....	4
7.	The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 ...	5
8.	Investigations of Accidents.....	5
9.	Record Keeping and Statistics .....	6
10.	Advice and Assistance.....	6
App 1	Accident / Near Miss Report .....	7

## Accident Reporting / Near Miss Reporting

**Accidents and near misses can occur when working within the Council, and the key principle of this Policy is to recognise the importance of accident reporting and the recording and gathering of information on all causes of work-related accidents, dangerous occurrences, and near misses to assist in risk assessment and future accident prevention.**

### Key points

- This Policy provides guidance for compliance with The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. The Management of Health and Safety at Work Regulations 1999, Health and Safety at Work, etc Act 1974 and other associated health and safety legislation as applicable.
- Reference should be made to the other relevant Council Health and Safety Policies as applicable.
- Responsibilities in relation to this Policy fall on Directors, Managers, employees and contractors working on behalf of the Council.

### 1.0 Statement

East Cambridgeshire District Council (ECDC) recognises the importance of accident reporting and the recording and gathering of information on all causes of work-related accidents, dangerous occurrences and near misses to assist in risk assessment and future accident prevention. There is a statutory requirement to report specified work-related injuries and health conditions to the Health and Safety Executive.

### 2.0 Compliance

- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.
- The Management of Health and Safety at Work Regulations 1999.
- Health and Safety at Work, etc Act 1974.

### 3.0 Definitions

**Accident** – An unplanned event which causes injury to persons, damage to property or a contribution of both.

**Near Miss** – An unplanned incident which does not cause injury or damage, but has the potential to do so.

## 4.0 Arrangements

Employees' duty to report accidents

**ALL** employees must immediately report any work-related accidents that result in an injury to themselves, a work colleague, a contractor or a visitor to their Line Manager. Near misses or dangerous occurrences that had the potential to cause injury must also be reported.

An injury may be dealt with by a first aider or appointed person, however, if an emergency arises an ambulance should be called at the first opportunity.

If any accident results in a serious injury or the injured person being taken to hospital, the line manager and the Health and Safety Advisor must be informed immediately, e.g. by telephone.

In addition to accidents that result in personnel injury to someone on Council premises, the scope of reporting also includes:

- Non-injury accidents e.g. collapsing of shelving in a storeroom
- Accidents to employees that occur off-site e.g. a vehicle accident involving refuse collecting or a fall at a client's premises
- An act of violence to an employee
- An accident to an employee while working at home on Council business
- A member of the public falling over materials left on the ground by one of the Council's contractors.

## 5.0 Near Misses or dangerous occurrences

Near misses or dangerous occurrences that had the potential to cause injury **MUST** be reported so that the incident can be investigated to prevent a similar or serious accident from occurring in the future. Reviewing near misses over a period of time can identify any weaknesses in operational procedures or safety systems. An example of a near miss could be a roof tile falling from a roof and narrowly missing a person who was standing underneath.

## 6.0 Accident and Near Miss Report

Managers are responsible for ensuring that the details of any accidents or near misses reported to them are recorded on the **Accident and Near Miss Report** without delay.

The forms are available on the Intranet via the Forms section – Health and Safety. The Accident and Near Miss Report should be completed electronically, or can be hand written/scanned in and emailed to '**Accident Reporting**'.

Where a serious accident (i.e. major injury – see *Section 7*) has occurred the Health and Safety Advisor must be notified immediately by telephone on **013454 616249**.

An electronic or paper copy should be kept (securely) by the manager for their own records and investigation purposes.

## **7.0 The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013**

These regulations, commonly referred to as RIDDOR, specify in detail which work-related injuries, cases of ill health and dangerous occurrences must be reported to the Enforcing Authorities.

Accidents that result in a death, a specified major injury or an employee being unable to carry out their normal duties for more than **seven** days, exclusive of the day of the accident, the Health and Safety Advisor must be notified. Certain specified cases of work-related ill health and dangerous occurrences must also be reported under RIDDOR.

Reporting under RIDDOR will be carried out by the Health and Safety Advisor. Managers must therefore ensure that the Health & Safety Advisor is immediately notified of any accidents that may need to be reported under RIDDOR, on the above telephone numbers.

### **Reportable Major Injuries are:**

- Fracture other than to fingers, thumbs or toes;
- Amputation;
- Dislocation of the shoulder, hip, knee or spine;
- Loss of sight (temporary or permanent);
- Chemical or hot metal burn to the eye or any penetrating injury to the eye;
- Injury resulting from an electric shock or electrical burn leading to unconsciousness;
- Any other injury leading to hypothermia, heat-induced illness, unconscious, resuscitation or admittance to hospital for more than 24hours.
- Or requiring resuscitation;
- Or requiring admittance to hospital for more than 24 hours;
- Unconsciousness caused by asphyxia or exposure to harmful substance or biological agent;
- Acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin.
- Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

## **8.0 Investigation of accidents**

The main purpose of an accident investigation is to determine the causes of the accident and identify any remedial action that may help to prevent a recurrence.

Managers are responsible for investigating any accidents that occur within their area of responsibility. Records of the findings of all accident investigations, witness statements and any remedial actions taken must be kept for future reference.

The four steps featured in an accident investigation are:

- the gathering of information;
- the analysing of information;
- identifying risk control measures;
- the action plan and its implementation.

Assistance in investigating serious or complicated accidents will be in conjunction with the Health and Safety Advisor, if necessary.

## **9.0 Record Keeping and Statistics**

Records of all injuries, diseases and dangerous occurrences reported under RIDDOR must be kept for a period of at least three years.

The Health and Safety Advisor is responsible for collating accident data centrally and reporting accident analysis and trends as required. A quarterly report will be presented to the Council's Health and Safety Working Group to analyse accident trends and analysis as applicable.

## **10.0 Advice and Assistance**

If you have any queries regarding the above, or you are unsure whether a particular accident or incident should be reported under RIDDOR, please contact the Health and Safety Advisor for advice.

## **11.0 Further Information & Guidance**

- Health and Safety at Work Act 1974
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013
- HSE – [www.hse.gov.uk](http://www.hse.gov.uk)

## **Appendix 1 Accident / Near Miss Report**



East Cambridgeshire District Council

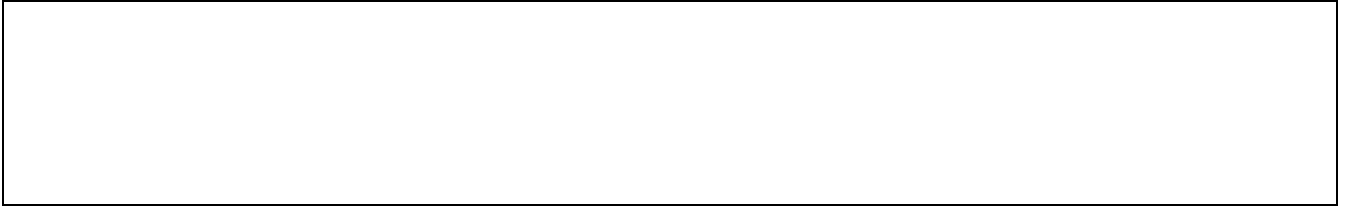
Appendix 1

**ACCIDENT / NEAR MISS REPORT**

**Part A**

Please complete this form in capital letters and tick the relevant boxes where applicable. To be completed by the injured person or responsible person acting on their behalf.

Tick applicable box for either reporting an Accident or Near Miss	
<input type="checkbox"/> <b>Accident:</b> An unplanned event which causes injury to persons, damage to property or a contribution of both.	<input type="checkbox"/> <b>Near Miss:</b> An unplanned incident which does not cause injury or damage, but has the potential to do so.
INJURED PERSON DETAILS:	
NAME: .....	
ADDRESS: .....	
TELEPHONE NUMBER(S) .....	
EMPLOYEE: <input type="checkbox"/> CONTRACTOR: <input type="checkbox"/> VISITOR: <input type="checkbox"/> OTHER: <input type="checkbox"/>	
DETAILS OF WHERE AND WHEN ACCIDENT / INCIDENT HAPPENED	
LOCATION: .....	
DATE: .....      TIME: .....	
DETAILS OF THE ACCIDENT / NEAR MISS: (please include as much detail as possible e.g. environment conditions, job/activity being undertaken, equipment/substance/material being used, serial numbers etc)	





<b>DETAILS OF ANY INJURY AND TREATMENT PROVIDED</b> <i>(if applicable):</i>	
RECEIVED FIRST AID <input type="checkbox"/>	RESUMED WORK AFTER TREATMENT: <input type="checkbox"/>
DECLINED FIRST AID: <input type="checkbox"/>	SENT HOME: <input type="checkbox"/>
SENT TO HOSPITAL: <input type="checkbox"/>	REFERRED TO GP: <input type="checkbox"/>
<b>WITNESSES</b> <i>(please provide contact details for all witnesses to the incident)</i>	
<u>WITNESS 1</u>  NAME:  ADDRESS:   TELEPHONE NUMBER(S):	<u>WITNESS 2</u>  NAME:  ADDRESS:   TELEPHONE NUMBER(S):
<b>DECLARATION:</b>	
I, THE AFFECTED PERSON, DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE STATEMENTS ARE TRUE AND NO MATERIAL FACT CONCERNING THE ACCIDENT / INCIDENT HAS BEEN WITHHELD.	
SIGNED: ..... DATE: .....	

**Part B - Manager's Section**

Please specify any actions planned or taken to prevent a re-occurrence:			
Is there a risk assessment for this activity?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes please supply reference details:			
Was the employee trained for this task?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Were policies and procedures followed?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If the person was an employee, did the injury result in a period of sickness?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, how many days?		Less than 7 days <input type="checkbox"/>	Over 7 days <input type="checkbox"/>
		Unknown <input type="checkbox"/>	
Name:		Signature:	Date:

**Once completed please email (scan in hard copy versions) to 'Accident Reporting'.  
 Accidents involving a 'major injury' should be reported without delay by telephone 01353 616249.**