

Accident Reporting and Investigation Management Standard

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Accident and Near-Miss Reporting

1 Introduction

The reporting of accidents and significant near misses is mandatory. It will help the NAS to identify areas where lessons may be learnt and improvement is necessary.

It is in everyone's best interest to report all accidents and near misses. Not all near misses have the potential to cause serious accidents but if the root causes of each incident are found and dealt with then the NAS will become a safer place in which to work and live. The diagram below shows the relationship between near misses and serious accidents.



There are many textbook definitions of the terms “accident” and “near-miss”. In order to have easily understandable and unambiguous categorisation of these terms the NAS uses the following definitions for the purposes of general accident and near-miss reporting:

Accident – A work related event resulting in injury.

Near-miss – An event that nearly caused harm but did not.

2.1 Accidents Involving People Supported by the NAS

When an accident injures a supported individual then a copy of the accident form should be filed with their notes, unless it is entered on the Significant Event Reporting System (SERS).

At a review or case conference it will be necessary to have evidence of the most recent accident available for discussion and be able to look at the care planning issues.

Don't wait for the next case conference to take action. All accidents and incidents must be investigated and immediate control measures put in place to prevent a reoccurrence.

A report may need to be sent to CQC, etc.

2.2 Employees

If an employee has an accident then a copy of the accident form must be put in their personal file, unless it is entered on SERS.

2.3 Volunteers, Visitors, Contractors, etc.

All accidents and near misses must be reported when they occur either in the workplace or in connection with work.

Where staff or volunteers are directly involved in an incident in the home of someone they support then this must be reported. For example, when making a cup of tea it is spilled on themselves or the individual then this must be reported.

Accidents and near misses occurring during activities or events arranged by the NAS must be reported.

3 General Procedure

Whenever an accident or near miss occurs an accident report must be completed.

If an accident or near miss is deemed as significant then the Health and Safety team should be informed as soon as possible at healthandsafety@nas.org.uk

Major accidents must be reported immediately to the line manager and investigated without delay, as detailed below.

4 Accident/Near Miss Reporting Procedure

All accidents must be reported and recorded on either the forms generated from SERS or pre-printed forms available from the Health & Safety Team (see Appendix A). See also Appendix E – Incidents Leading to a Near Miss.

Injury Classifications

Injury Severity	Injury
Minor	Injuries such as reddening skin, swelling, bruising which is not visible after 24 hours, cuts requiring only a sticking plaster.
Moderate	Injuries such as bruising and minor lacerations which may require immediate first aid only.
Major	Injuries such as breaking of bones, external tissue damage requiring emergency medical treatment including damage to eyes and major injuries requiring multiple sutures. Any RIDDOR reportable injuries.

Monitoring of Accident Form Entries

Each manager should analyse the local data and present a report to each Safety Action Group meeting. This information should be made available to Health & safety Reps in advance of each meeting.

5 RIDDOR

Introduction

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) place a duty on the NAS to report to the Enforcing Authority (e.g. Environmental Health Department or Health and Safety Executive) certain types of **work-related** accidents, diseases and dangerous occurrences. This policy does not deal with regulatory requirements not covered by RIDDOR, for example, residential homes will also need to report to CQC etc under separate regulations.

It is an offence not to report events as shown in Table 1 of this document. It is important to understand that the HSE are trying to react to events that are to do with work. Additionally, injuries to people not at work (e.g. people supported by the NAS, visitors) must be reported if it:

- (a) Results from an accident arising out of or in connection with the work done by the NAS; and
- (b) Results in the person being taken from the premises where the accident occurred to a hospital by whatever means (e.g. by taxi, private car or ambulance), for treatment in respect of the injury.

Sometimes it will be very easy to determine if the accident arose out of or in connection with work. For example, a supported individual in a residential home trips on a piece of carpet and needs to go to hospital to be treated. This sort of accident clearly must be reported because the workplace was defective. Conversely, an instance when the same person unexpectedly throws themselves on the floor and is transported to hospital for treatment, but an investigation shows that neither the environment nor the care practice could be faulted, would not be reportable.

Occasionally it will be much more difficult to determine whether an accident should be reported or not. The test will always be "Was this accident to do with work?" Where there is any doubt whether a particular incident should be reported advice should be sought from the Health and Safety Team.

Accidents involving vehicles moving on the public highway do not have to be reported under these regulations.

Actions

When a suspected reportable incident occurs the responsible person should report it to the Health and Safety team with immediate effect via the healthandsafety@nas.org.uk email.

H&S will then notify the HSE of a RIDDOR reportable incident if appropriate.

The Area Manager or appropriate second-line manager must also be notified as soon as practicable after the incident and the investigation will be initiated.

The regulations specify who is responsible for taking action when a reportable incident occurs. Table 1 shows who should take action following certain types of incident.

Table 1

Event	Person Affected	Report	Responsible Person
Death	Employee at work	Yes	Line Manager
Major injury	Employee at work	Yes	Line Manager
Over-7-day injury	Employee at work	Yes	Line Manager
Case of disease	Employee at work	Yes	Line Manager
Death	Self-employed on NAS premises	Yes	Manager in control of premises
Major injury	Self-employed on NAS premises	Yes	Manager in control of premises
Over-7-day injury	Self-employed on NAS premises	Yes	Manager in control of premises
Case of disease	Self-employed on NAS premises	Yes	Manager in control of premises
Death or injury requiring removal to hospital to receive treatment.	Person not at work , e.g. someone supported by the NAS, (but affected by the work or workplace)	Yes *	Person in control of premises or work activity
Death, or injury requiring removal to hospital	Person not at work (not affected by the work or workplace)	No	N/A
Dangerous occurrence	Nobody affected	Yes	Person in control of premises or work activity
Disease (when notified by a doctor that an employee suffers from a reportable work-related disease)	Employee	Yes	Line Manager

*** In incidences where no treatment is required such as examinations or diagnostic tests, there is no requirement to report.**

Definitions

Term	Definition
Over-7-day injury	Where an accident connected with work (including an act of physical violence) occurs and the employee or self-employed person working on NAS premises suffers an injury, which is not major. If this results in the person being away from work or unable to do their normal work for more than seven days (including non-work days) this is classed as an over-7-day injury. Note: If the injury results in the person leaving work on the day of the injury then this day does not count when making the calculation.

Death	In addition to reporting fatalities occurring at or near the time of the incident, if an employee subsequently dies within 1 year of suffering a reportable injury, this must be reported to the Enforcing Authority. The later death of a non-employee does not need to be reported.
Major injury	<ul style="list-style-type: none"> • fracture other than to fingers, thumbs or toes; • amputation; • dislocation of 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 electric shock or electrical burn leading to unconsciousness or requiring resuscitation; or requiring admittance to hospital for more than 24 hours; • any other injury: leading to hypothermia, heat-induced illness or unconsciousness; 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.
Dangerous occurrence	<ul style="list-style-type: none"> • collapse, overturning or failure of load-bearing parts of lifts and lifting equipment; • explosion, collapse or bursting of any enclosed vessel or associated pipe work; • plant or equipment coming into contact with overhead power lines; • electrical short circuit or overload causing fire or explosion; • any unintentional explosion, projection of material beyond a site boundary, injury caused by an explosion; • collapse or partial collapse of a scaffold over 5 metres high, or erected near water where there could be a risk of drowning after a fall; • unintended collapse of: any building or structure under construction, alteration or demolition where over 5 tonnes of material falls; a wall or floor in a place of work; any false work; • explosion or fire causing suspension of normal work for over 24 hours; • accidental release of any substance which may damage health.
Reportable disease	<p>Diseases which could be related to work, such as:</p> <ul style="list-style-type: none"> • certain poisonings; • some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne; • lung diseases including occupational asthma, farmer’s lung pneumoconiosis, asbestosis, mesothelioma; • infections such as: leptospirosis; hepatitis; tuberculosis; anthrax; legionellosis and tetanus; • other conditions such as: occupational cancer; certain musculoskeletal disorders and hand-arm vibration syndrome.