



Accident & Incident Reporting

Version Number	Issue 3
Date Revision Complete	27/07/2019
Procedure Owner	Health & Safety Advisor
Author	Health & Safety Advisor
Reason for Revision	Updated as part of Safety Management System review
Proof Read	Yes – Temp H&S Advisor
Date Approved	29/08/19
Approved by	OMT
Next Review Due	29/08/22

Audience – Training and Awareness Method	To be issued as part SMS updates/Team Briefs. Training in accident and incident investigation.
Effective Date	30/08/19

Internal References	N/A
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External References	N/A
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Comments	
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1. Introduction

- 1.1. This procedure sets out Blackwood's approach to the reporting, recording and investigation of accidents and incidents (including near misses). This procedure will assist all employees who have a responsibility for accident or incident reporting, recording and investigation.
- 1.2. Accident and incident reporting and investigation forms a vital part of Blackwood's Safety Management System. The primary purpose of all accident and incident investigations is to enable us to identify the immediate, underlying and root causes in order to prevent a recurrence.
- 1.3. In order for us to achieve this, it is vital that all employees, customers, visitors and contractors report **all** accidents and incidents. We also realise that individuals may be reluctant to report some minor accidents or incidents, therefore to avoid under reporting, Blackwood has adopted a no blame culture where the emphasis is on improving working processes and control measures, rather than blaming individuals.

2. Accidents, Incidents and Near Misses

- 2.1. There are many definitions and interpretations of the term's 'accident', 'incident' and 'near miss', and it can sometimes be difficult to clearly define the difference between them. However, the most important thing to remember is that they should all be reported, recorded and investigated. For the purposes of this procedure we have defined the terms 'Work-Related Accident', 'Non Work-Related Accident' and 'Incident (Near Miss)' as follows;
 - 2.1.1. **Work-Related Accident** – A work-related accident is any unplanned event which results in an employee suffering an injury in the course of his/her work. This definition also applies to any injury to a volunteer, or to a customer (to include residents, tenants, care service users, members of the public or contractors), that arises out of or in connection with a work activity under the control of Blackwood. Typical accidents would include;
 - Any injury to employees as a result of a work activity, however small, including cuts, sprains, strains, burns, head injuries, electric shock, etc. (i.e. as a result of a moving and handling activity or a slip/trip on a wet floor);
 - Injuries to customers, members of the public and contractors that are a result of a work activity (i.e. a resident trips over a trailing cable being used by a cleaner and falls as a result);
 - 2.1.2. **Non Work-Related Accident** – refers to any accident to a customer on Blackwood property that arose through no fault of Blackwood employees or processes. Although recorded and investigated (in order to identify trends or put in place additional controls to lessen the impact, etc.) they are not recorded as 'work-related' accidents in Blackwood's official accident statistics. Typical accidents would include;
 - Any injuries to customers that are not a result of Blackwood activities (i.e. a resident with epilepsy falls over and suffers a head injury).

- A resident falls because they are unsteady on their feet.
 - These accidents may however require to be reported to the Care Inspectorate (see 3.2 below).
- 2.1.3. **Incident (Near Miss)** – For simplicity, we have grouped incidents and near misses together under the heading of 'incident'. As with accidents, incidents can be either work related or non-work related. We have defined an incident as any unplanned or uncontrolled event which, has the potential to result in injury, ill-health to persons or damage to property, but only by good fortune did not. It also includes any other event where it is in the business interest to report and record the events (i.e. where lessons could be learned or control measures improved, or simply to identify trends).
- 2.2. Typical Incidents would include;
- Challenging behaviour – Examples of typical challenging behaviour incidents are contained in our Dealing with Challenging Behaviour Procedure.
 - Slips or trips not leading to injury;
 - Encountering a hazard that does not lead to injury (i.e. visually damaged/faulty equipment, falling objects, etc.);
 - Any fire (excluding fires in domestic properties);
 - Ill health, such as repetitive strain injury, carpal tunnel syndrome, that is caused or made worse by activities at work, or a specified disease such as dermatitis, asthma, as defined in RIDDOR (see 3.3 below).
 - Work-related road traffic accident (this does not involve commuting accidents between home and normal place of work);
 - Any other incident that merits reporting.
- 2.3. A serious accident/incident is defined as - An event that causes or had the potential to cause serious injury, a fatality or any accident or dangerous occurrence reportable under the Reporting of Diseases Dangerous Occurrences Regulations 2013 (RIDDOR) see appendix A.
- 2.4. Incidents (near misses) are particularly important as they provide us with an opportunity to put measures in place before the incident leads to a more serious incident and/or accident.
- 2.5. **Work related ill-Health**
- 2.5.1. Work-related ill health is any health condition caused or made worse by a work activity. There are many conditions which can be attributable to occupational activities. Some typical examples of health problems which may be work related include:
- Dermatitis attributed to glove use or substances used at work;
 - Allergy type symptoms including breathlessness attributed to exposure to allergens in the workplace;
 - Musculo-skeletal problems attributed to Display Screen Equipment (DSE) work, moving and handling activities;
 - Work-related mental health issues, e.g. Stress attributed to work causes.

2.5.2. If a manager receives notification or becomes aware that an employee is suffering from a work-related ill health condition or occupational disease (i.e. from a General Practitioner (GP's) fit note), the H&S Advisor and HR Team must be notified.

3. **Accident/Incident Reporting Requirements.**

3.1. **General Accident/Incident Reporting**

3.1.1. The requirement to record accidents/incidents is a statutory requirement for employers. Employees have a duty to assist employers to meet their statutory requirements and that would involve reporting any accident or near miss to a line manager ~~or supervisor~~. Certain work-related injuries, cases of ill health and dangerous occurrences also need to be reported to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

3.1.2. Accidents/incidents are recorded electronically via a link to our accident and incident database, found on all computer home pages.

3.1.3. Detailed guidance on how to record and manage entries can be accessed from the H&S page on the intranet or from this link - [Accident & Incident User Guide.docx](#). A very brief summary of the requirements is detailed below;

- For all entries, the **basic details tab** on the database must be fully completed by the person making the entry;
- If the accident/incident resulted in injury, the injury details tab must also be fully completed (including details of any first aid treatment given). If the accident/incident resulted in time off work, then the number of days lost must be recorded here. This will not be available at the time and will need to be entered once known (see 3.1.5 below). When this information is updated, the H&S Advisor and HR Team must be notified by telephone or e-mail;
- If more than one person was involved the **other persons tab** must be completed;
- Once the report has been completed and submitted, the responsible manager (which could be a Care Service Manager, Duty Manager, Team Leader) must carry out an accident/incident investigation and complete the risk and prevention tab relating to the accident/incident.

3.1.4. When an entry is made an e-mail, alert is automatically generated to the Regional Manager, H&S Advisor and HR mailbox (note: subsequent updates do not automatically generate an update). However, in the event of a **serious accident/incident** (see 2.3. above) the person making the entry **must** notify the Operations Director and the Development & Commercial Director immediately by telephone. The Directors will be responsible for notifying the Chief Executive and/or other Directors or Heads of Service if considered necessary.

3.1.5. Each entry in the database is given a unique reference number which can be used to log back in and update the entry at any time.

3.1.6. A paper version of the reporting form can also be used to record the details if a computer is not readily available. This information should then be transferred

to the electronic accident and incident database as soon as possible, preferably within 24 hrs and no longer than 3 working days from the date of the accident/incident. The responsible manager should check to ensure the timescales are complied with.

- 3.1.7. Details of the accidents and incident reports recorded on the database may be required as legal documents; therefore all actual facts regarding the report should be clearly established and verified. It is also worth considering whether the information is clear enough to be understood by someone who is not involved in the situation or works for Blackwood.
- 3.1.8. Entries made are regularly reviewed by the H&S Advisor to identify any trends and/or lessons to be learned and reported at monthly OMT and quarterly H&S Forum meetings.
- 3.1.9. A basic reporting flowchart is contained at Appendix B.

3.2. Reporting to the Care Inspectorate

- 3.2.1. Certain types of accident and incidents are also reportable to the Care inspectorate. The Care Inspectorate regards accidents requiring notification as unforeseen events resulting in harm or injury to a person using the service which results in;
 - A GP visit;
 - A visit or referral to hospital;
 - Any injury reportable under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), see 3.4 below.
- 3.2.2. All other accidents should be recorded as per this procedure and records kept and available for inspection.
- 3.2.3. The Care Inspectorate also defines an incident as a serious unplanned event that had the potential to cause harm or loss, physical, financial or material. This would include any serious medication incidents and the outbreak of certain infectious diseases.
- 3.2.4. All such accidents and incidents must be reported to the Care Inspectorate within 24 hours.
- 3.2.5. A full list of the records to be kept and reported to the Care Inspectorate can be found here - [Records that all registered care services must keep and guidance on notification reporting](#)

3.3. Reporting to the Scottish Social Services Council (SSSC)

- 3.3.1. The outcome of an accident and or incident investigation may also require a report to be forwarded to the SSSC. The SSC Code of Conduct for Employers requires us to inform the SSSC about any misconduct by a registered social service worker that might call into question their registration and inform the worker involved that a report has been made to the SSSC. Typically, any accident/incident which results in the staff member/s involved being subject to disciplinary proceedings would be reportable, i.e. a serious medication error, or gross misconduct.
- 3.3.2. A copy of the SSSC Code of Practice for Employers can be found here - [SSSC Codes of Practice](#)

3.4. Reporting to the Scottish Housing Regulator

- 3.4.1. Certain types of accident/incident may also require reporting to the Scottish Housing Regulator (SHR), and the SHR Notifiable Events Procedure should be followed for this process.

3.5. RIDDOR Reporting

- 3.5.1. Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), Blackwood is required to report deaths, certain types of injury, some occupational diseases and dangerous occurrences and over seven-day absences that 'arise out of, or in connection with a work activity'

- 3.5.2. A RIDDOR report relating to deaths, certain types of injury and dangerous occurrences must be made within **10 days** of the accident/incident, or from when diagnosis is received of a reportable occupational disease. ~~and for~~For accidents resulting in an over-seven-day incapacitation, the report must be made within **15 days** of the accident/incident, using the appropriate online form.

- 3.5.3. **For consistency all such reports will be made by the Health & Safety Advisor.** On receiving details of a RIDDOR reportable accident/incident, the Health & Safety Advisor will liaise with the relevant manager and HR Team to gather the necessary information to complete the report. Copies of all RIDDOR reports will be filed in the HR Team Folder under H&S/RIDDOR Reports.

- 3.5.4. It is possible that an accident will not always immediately be recognisable as RIDDOR reportable. For instance, if a support worker injures their back at work, goes off work for a day because of this, then finds it is worse than at first thought, goes to their GP and is signed off for a week, it then becomes reportable. If there is any doubt about whether an accident/incident is RIDDOR reportable please seek advice from the Health & Safety Advisor.

- 3.5.5. Further information on RIDDOR reporting can be found in the following publications

- <http://www.hse.gov.uk/pubns/indg453.pdf>
- <http://www.hse.gov.uk/PuBns/hsis1.pdf>

A summary of what is reportable under RIDDOR is contained in Appendix A.

4. Accident Investigation

- 4.1. Duty managers are required to undertake prompt investigation of all accidents and incidents in order to establish root causes and to identify any action required to prevent a recurrence and/or to reduce the risk. All accident and incident investigations should be completed within 10 days from the date of entry. The level of investigation should be commensurate with the seriousness and potential consequences of the accident or incident (i.e. a minor paper cut will not require the same level of investigation as a fall resulting in a broken arm).

- 4.2. The main points to consider when investigating serious accidents that have caused injuries or damage are:

- Ensure that accidents, especially serious ones, are reported immediately as per 3.1 above;
- Ensure that any injured people are safe and given appropriate medical or first-aid treatment;
- Seal off the scene of the accident – this stops other people getting hurt and will preserve any evidence;
- Record the contact details of everyone involved, including any witnesses;
- Take photographs or draw a sketch of the accident scene;
- Take witness statements – this should be in writing and done as soon as possible;
- Find out what caused the accident and why it happened. Don't just look at what caused the injury or damage, find the 'root' cause, i.e. the first event that occurred in the series of events that led to the injury or damage;
- Decide what you need to do to prevent the same accident happening again, and do it;
- Review the actions you have taken to ensure they are effective.

4.3. Managers required to undertake accident/incident investigations should have appropriate training to enable them to fulfil this role. accident/incident investigation training can be arranged through the HR Learning & Development Officer or the Health & Safety Advisor.

4.4. All RIDDOR reportable accidents must be investigated by the H&S Advisor.

Appendix A RIDDOR Categories

A 1 Deaths – All deaths to workers and non-workers must be reported if they arise from a work-related accident, including an act of non-consensual physical violence to a worker (other than violence relating to a personal or domestic matter). Suicides are not reportable, as the death does not result from a work-related accident.

A 2 Specified injuries – includes;

- Fracture, other than to fingers, thumbs and toes;
- Amputation of an arm, hand, finger, thumb, leg, foot or toe
- Crush injuries leading to internal organ damage;
- Serious burns or scalding (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs);
- Scalping's (separation of skin from the head) which require hospital treatment;
- Unconsciousness caused by head injury or asphyxia;
- Any other injury arising from working in an enclosed space, which leads to hypothermia, heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours

A 3 Over-seven-day injuries - where an employee 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) as the result of a workplace accident.

A 4 Injuries to non-workers - work-related accidents involving members of the public or people who are not at work must be reported if a person is injured and is taken from the scene of the accident to hospital for treatment to that injury.

There is no requirement to establish what hospital treatment was actually provided, and no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

A 5 Reportable occupational diseases

Employers must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work. These diseases include;

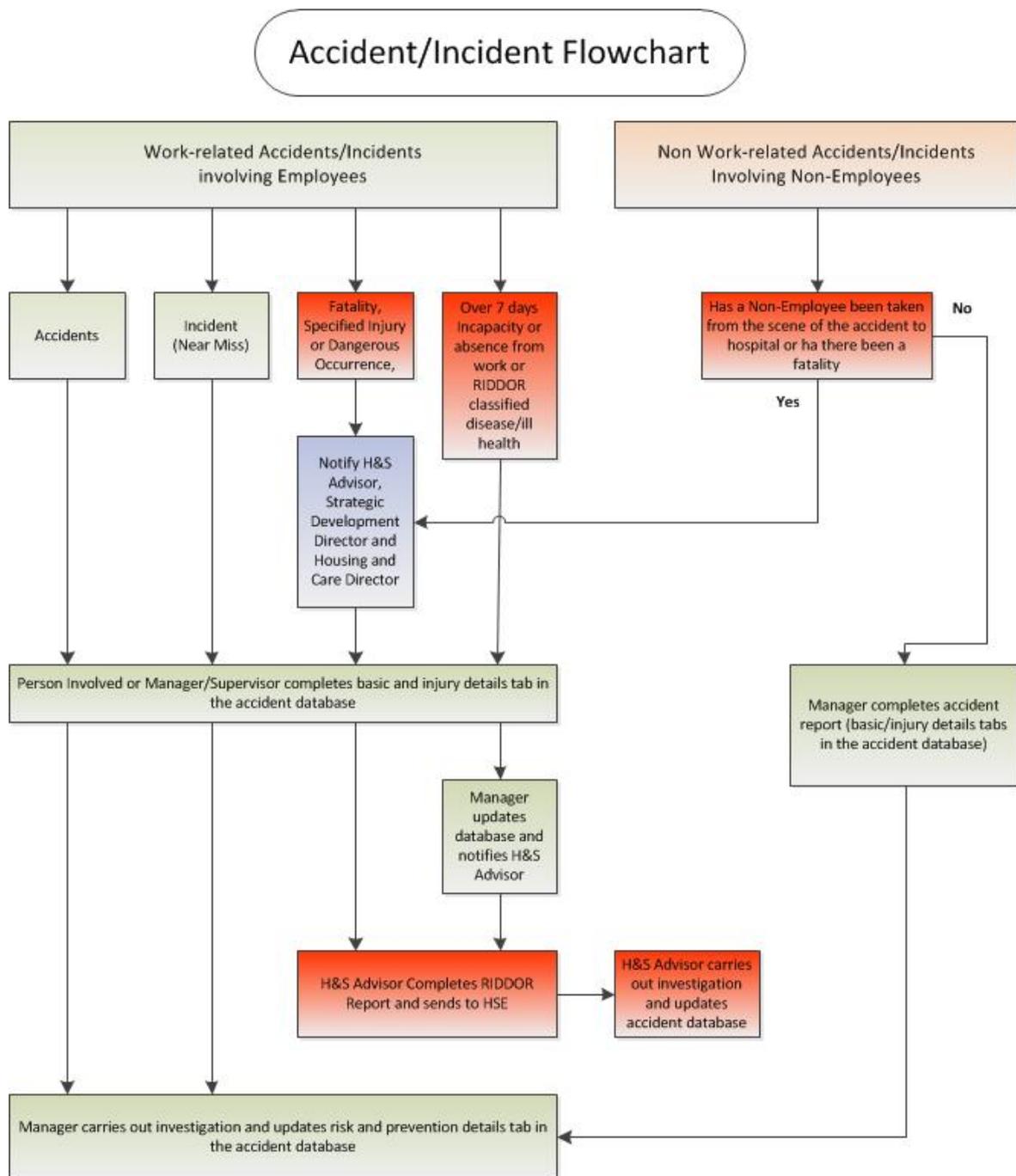
- Carpal tunnel syndrome;
- Severe cramp of the hand or forearm;
- Occupational dermatitis;
- Hand-arm vibration syndrome;
- Occupational asthma;
- Tendonitis or tenosynovitis of the hand or forearm;
- Any occupational cancer.

A 6 Reportable Dangerous Occurrences

Dangerous occurrences are certain, specified 'near-miss' events (incidents with the potential to cause harm.) Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces. For example;

- The collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- Plant or equipment coming into contact with overhead power lines;
- Unintentional explosions or fires causing work to be stopped or normal work suspended for more than 24 hours.

Appendix B Accident and Incident Flowchart



Explanation: Work related accidents, incidents and illnesses are those that are attributed to a work activity.

Refer to Appendix 2 for full definitions of:
 a) Fatality
 b) Specified Injury
 c) Hospitalisation of resident/tenant/visitor/contractor
 d) over 7 day absence
 e) Dangerous Occurrence
 f) Occupational disease/ill health
 As defined by RIDDOR