

THE REPORTING OF ACCIDENTS, DISEASES, NEAR MISSES AND ILL HEALTH

The reporting of certain accidents, injuries, near misses, diseases or illness attributable to work (e.g. stress) is necessary in order that the Council can meet its statutory duty as well as gathering information which might be of value for statistical purposes or, industrial injury benefits or if insurance claims are made at a later date.

The detailed arrangements need to be incorporated into workplace health and safety statements making clear responsibilities, as well as procedures for reporting and recording facts. Managers must ensure that the following action is taken:

- To inform the Health, Safety & Welfare Assistance Section immediately, by telephone (821000) of any **fatality** or contact Wightcare after office hours by telephone (821105), and complete accident form 2.02A sending it to the Health, Safety & Welfare Assistance Section to arrive within 48 hours.
- To inform the Health, Safety & Welfare Assistance Section immediately, by telephone (821000) of any **Specified Major injury** (see section a – k below), and complete accident form 2.02A sending it to the Health, Safety & Welfare Assistance Section to arrive within 48 hours. (Fax to 823122 if post will not arrive within 48 Hours)
- To complete accident form 2.02A in the event of a **Minor Injury** which incapacitates them from their normal work for more than 3 days/ or if the absence is not known and send the completed form to the Health, Safety & Welfare Assistance Section to arrive within 48 hours. (Fax to 823122 if post will not arrive within 48 Hours)
- To complete accident form 2.02A in the event of a **Minor Injury** resulting in Less than 3 days absence / no absence first aid treatment only and send the completed form to the Health, Safety & Welfare Assistance Section to arrive within 5 days.
- To complete accident form 2.02A in the event of a **near miss** sending it to the Health, Safety & Welfare Assistance Section to arrive within 48 hours. (Fax to 823122 if post will not arrive within 48 Hours)
- To complete accident form 2.02A in the event of a **Disease** sending it to the Health, Safety & Welfare Assistance Section to arrive within 48 hours. (Fax to 823122 if post will not arrive within 48 Hours)
- To complete the **occupational ill health** report form 2.02C in the event of work related ill health sending it to the Health, Safety & Welfare Assistance Section to arrive within 5 days.
- To follow the procedure detailed in 2.33 of the manual relating to the reporting of **work related stress**.
- Checking for accuracy of details on the employee self certification sickness forms before signing, including whether an accident report form has been completed if the absence is work related.
- Nominating someone to deal with accident reporting in their absence and ensuring that staff for whom they are responsible are made aware of those arrangements.

IN ADDITION ANY INJURIES SUSTAINED BY PUPILS, YOUTH CLUB MEMBERS, RESIDENTS, CLIENTS OR MEMBERS OF THE PUBLIC WHILST ON COUNCIL PREMISES OR AS A RESULT OF A WORK ACTIVITY MUST BE REPORTED WITHIN THE SAME TIMESCALES BY THE RESPONSIBLE PERSON ON THE APPROPRIATE FORM.

ACCIDENT BOOK BI 510

Each workplace will have a copy of the Accident book BI510 (issued in May 2003) as part of the legal requirement for recording and reporting accidents, diseases and dangerous incidents at work laid down in the Social Security (claim and payments) Regulations 1979, the Social Security Administration Act 1992 and the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995. The latest version also complies with the data protection Act 1998.

After an accident to an employee a responsible person such as a first aider or the designated workplace appointed person should make an entry into the book on behalf of the employee.

The workplace should nominate a responsible employee for the numbering of books and the safeguarding of completed accident report forms. This should be detailed on the inside front cover of the accident book.

The detached accident records should be stored securely (eg in a lockable cabinet) on the premises.

When the accident book has been completed the book cover should be stored so that the records can be matched to the numbers on the stubs.

Accident records and each set of book covers should be stored securely in the workplace for at least 3 years.

The injured person is permitted to have a photocopy of the accident record page if they request it.

Arrangements should be made to ensure accident forms are not delayed due to absence or holidays by the Managers, Supervisors and Head Teachers.

Managers, Supervisors and Head Teachers must ensure that all employees are aware of the procedures for reporting and recording accidents. It should be stressed to them to report **all injuries no matter how slight**. This is important since injuries such as muscle strain, whilst not obvious like a wound, can result in absenteeism at a later date.

All employees should therefore be requested to ensure that:

All incidents and injuries are reported **immediately** to their line manager.

- An entry is made in the workplace accident book (BI510) as soon as practicable after the event, the page should then be detached photocopied and fixed to the appropriate reporting form. The original copy of the BI510 should be retained on the premises.
- An accident report is completed 2.02a section 1 - 6 and handed to their Line Manager, Supervisor, Head teacher as soon as is reasonably practicable.
- They clearly state on self-certification sickness forms whether or not the absence is due to an injury/illness as a result of a work activity.

All Managers, Supervisors and Head Teachers should therefore ensure that:

- They complete section 7 of the report form 2.02A ensuring the information in section 1 -6 is correct.
- Take immediate action after the accident if appropriate to prevent a re-occurrence.
- Consider future action to prevent a re-occurrence with completion dates.
- Ensure that the Health and Safety section is notified of the accident in the appropriate timescales.

IT IS IN THE EMPLOYEES INTEREST TO RECORD AND REPORT ACCIDENTS SINCE CLAIMS FOR UNREPORTED INJURIES CANNOT BE ENTERTAINED IF NO SUPPORTING EVIDENCE IS WRITTEN AT THE TIME.

THE REPORTING OF INJURIES, DISEASES & DANGEROUS OCCURRENCES REGULATIONS 1995

These regulations separate accidents into four main categories. These are:

- 1 Fatal or Specified major injury accidents or conditions.
- 2 Notifiable over 3 day injuries.
- 3 Reportable diseases.
- 4 Dangerous Occurrences - These are dealt with in section 2.06 of the Health and Safety Manual.

1. FATAL OR SPECIFIED MAJOR INJURY ACCIDENTS OR CONDITIONS

A fatal injury means:

The death of any person as a result of an accident arising from a work related activity or process.

In the case of specified major injury accidents or condition, that means any person sustaining:

- (a) Any fracture, other than to the fingers, thumbs or toes.
- (b) Any amputation (either at the time or following the accident).
- (c) Dislocation of the shoulder, hip or spine.
- (d) The loss of the sight (whether permanent or temporary).
- (e) A chemical or hot metal burn to the eye, or any penetrating injury to the eye.
- (f) Any injury resulting from an electric shock/electric burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.
- (g) Any other injury:
 - i) Leading to hypothermia, heat induced illness or to unconsciousness.
 - ii) Requiring resuscitation.
 - iii) Requiring admittance to hospital for more than 24 hours.
- (h) Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent.
- (i) Either of the following conditions where they result from absorption of any substance by inhalation, ingestion or via the skin:
 - i) Acute illness requiring medical treatment.
 - ii) Loss of consciousness.
- (j) Acute illness, which requires medical treatment where there is reason to believe this resulted from exposure to a biological agent or infected material.
- (k) Any injuries to people not at work as a result of an accident 'arising out of or in

connection with work', where they are taken to hospital from the scene of the accident.

WHAT YOU MUST DO

In the event of a fatal injury accident, the Health, Safety & Welfare Assistance Section will report the details to the Health and Safety Executive. However to enable this to be undertaken within the laid down time scales Managers, Head Teachers or Supervisors must ensure that the following action is taken:

(a) **TELEPHONE THE HEALTH, SAFETY & WELFARE ASSISTANCE SECTION IMMEDIATELY DURING OFFICE HOURS (821000) OR OUT OF OFFICE HOURS (WIGHTCARE ON 821105), GIVING THE FOLLOWING INFORMATION:**

- (1) The injured person's name.
- (2) The injured person's home address.
- (3) Sex.
- (4) Age.
- (5) Occupation.
- (6) Nature of Injury.
- (7) Location of accident.
- (8) Description of Circumstances.
- (9) Time of accident.
- (10) Name of person reporting the accident.

(b) The telephone report must then be followed up with the written accident report. This report must be sent to the Health and Safety Assistance section within the stipulated time scales.

Fatal and major injuries to non employees (i.e. pupils, residents, club members, visitors etc.) are reported to the Health and Safety Executive in the same way as employees, this includes non employees who suffer an injury as the result of an accident and is taken from the scene to a hospital for treatment (this does not necessarily mean by ambulance. However, injuries during play activities in playgrounds arising from collisions, slips and falls may not be reportable for the purposes of the regulations (but are required for County statistical information) unless they are attributable to: the condition of the premises (eg Potholes, ice, damaged or worn steps etc.); or plant and equipment on the premises; or lack of supervision. Fatal and major injuries occurring on school sponsored or controlled activities of the school site, such as trips, sports events or holidays must still be reported if the accident arose out of or in connection with these activities.

TELEPHONE AND REPORT THE INCIDENT TO THE HEALTH, SAFETY & WELFARE ASSISTANCE SECTION

2. NOTIFIABLE OVER 3 DAY INJURIES

This section of the regulations applies only to a person at work and includes employees, plus people receiving training such as work experience, voluntary activities personnel, trainees etc.

This category means:

- (a) Any injury, which, incapacitates a person from his or her normal work for more than 3 days caused by an accident at work.
- (b) Any injury which results in a person being put on light duties which are not covered by his or her contract of employment, for more than 3 days.

NOTE: An Incapacity or light duty for 3 days does not include the day of the accident - 'more than' therefore in practice is at least four days. Saturdays and Sundays are counted even if the injured person would not normally have worked on these days.

WHAT YOU MUST DO

- (1) In the case of a notifiable over three-day injury, a written accident report must be made to the Health, Safety & Welfare Assistance Section using the HS2.02A form within the timescales. Fax form if the post may be delayed.
- (2) The Department for Works and Pensions send the official form BI 176 to you if an employee makes a claim for benefit payments following an accident. Should you receive this please forward to the Human Resources Officer for completion.

3. REPORTABLE DISEASES

Each year there are a few cases of industrial disease or ill health reported. In the majority of cases, the sufferers are not aware of the nature of the health problem until they have consulted a medical practitioner. Certain diseases are reportable to the HSE others might need to be referred to the Public Health Department or other professional bodies. Examples of diseases and health problems which may be encountered; include poisoning from specified substances, skin disease from working with oil, tar etc., vibration white finger from using various hand held equipment such as chainsaws and repetitive strain injury such as beat conditions and tenosynovitis. After notification of an industrial disease using the HS2.02A form to the health and safety Assistance section will advise you, if a follow up form HS2.02C Occupational ill health/ Disease is needed.

WHAT YOU SHOULD DO

- (a) Once you are made aware of any employee suffering from any form of industrial related disease or occupational ill health problem complete an ill health report form 2.02C and forward it to the Health and Safety Assistance Section as soon as it becomes known to you.
- (b) If the Department for Works and Pensions request information by way of form BI 177 forward this to the Human Resources Officer for completion.

DEFINITION

Non Employees

Non employees are members of the public and contractors.

Examples of non-employees (members of the public) in the follows areas are:-

1) Schools/ Youth Clubs

Pupils, contractors, visitors.

2) Residential care homes

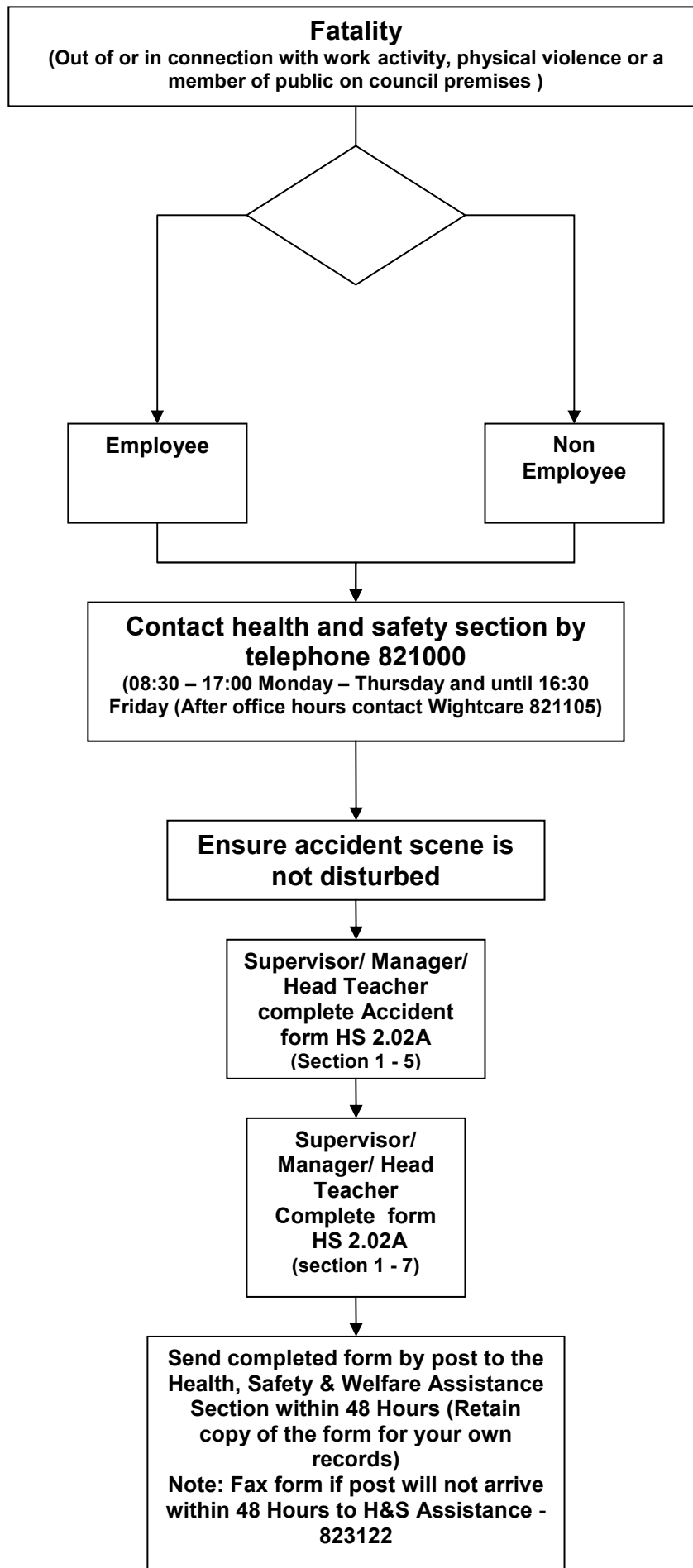
Residents (clients), Contractors, visitors.

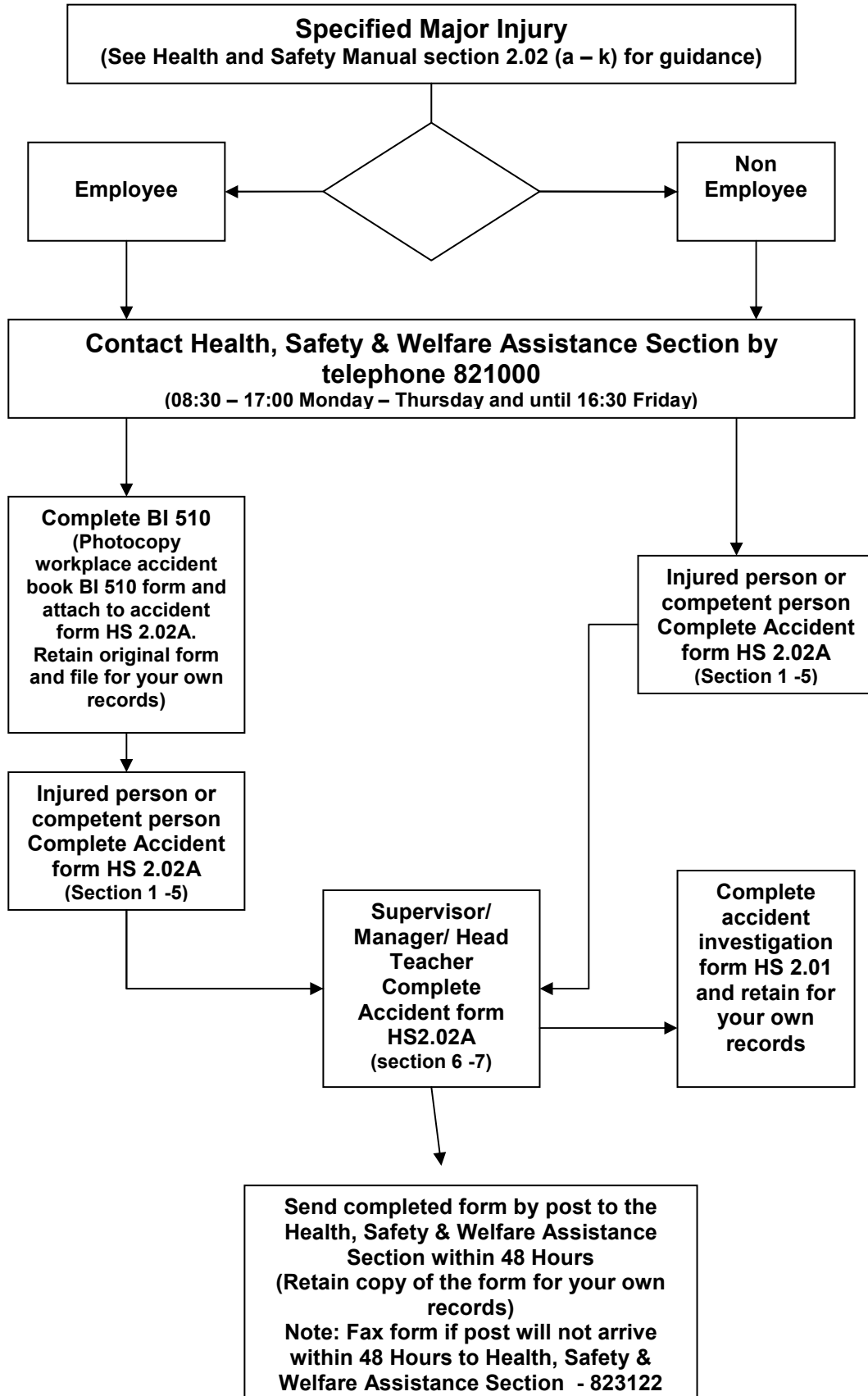
VARIOUS REPORT FORMS

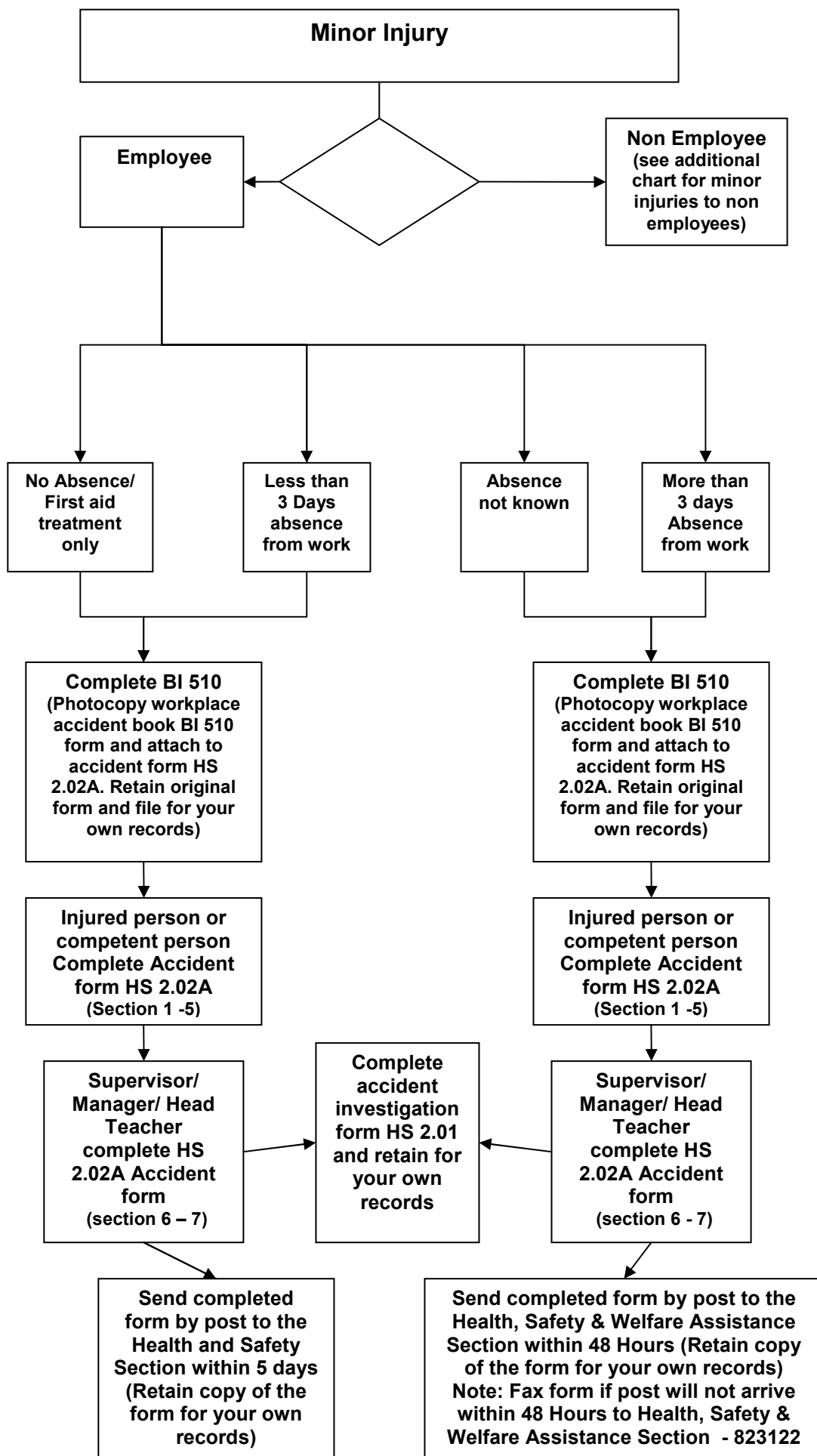
2.02A – Injury / accident/ near miss report form.

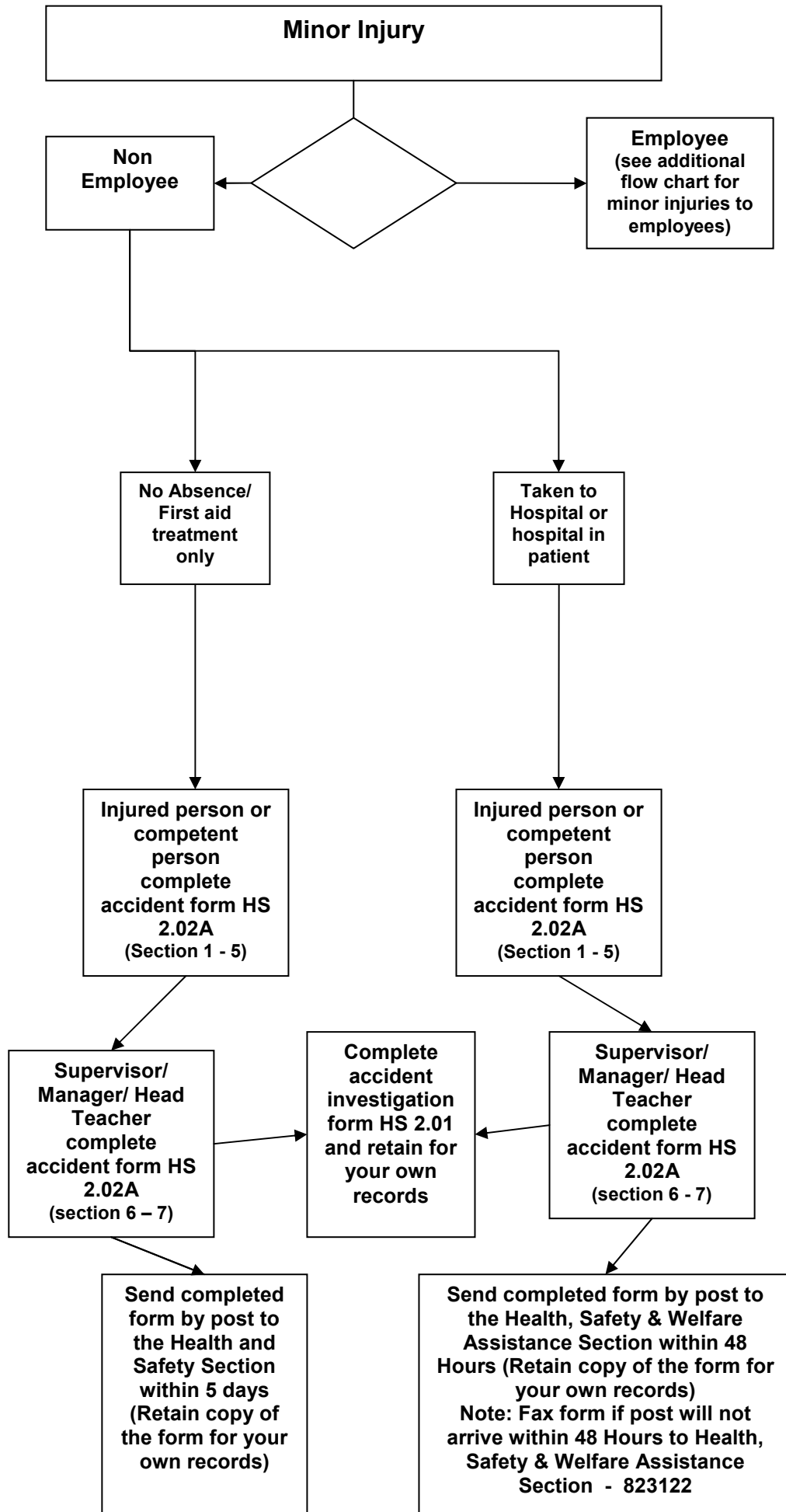
2.02B - Violence to staff.

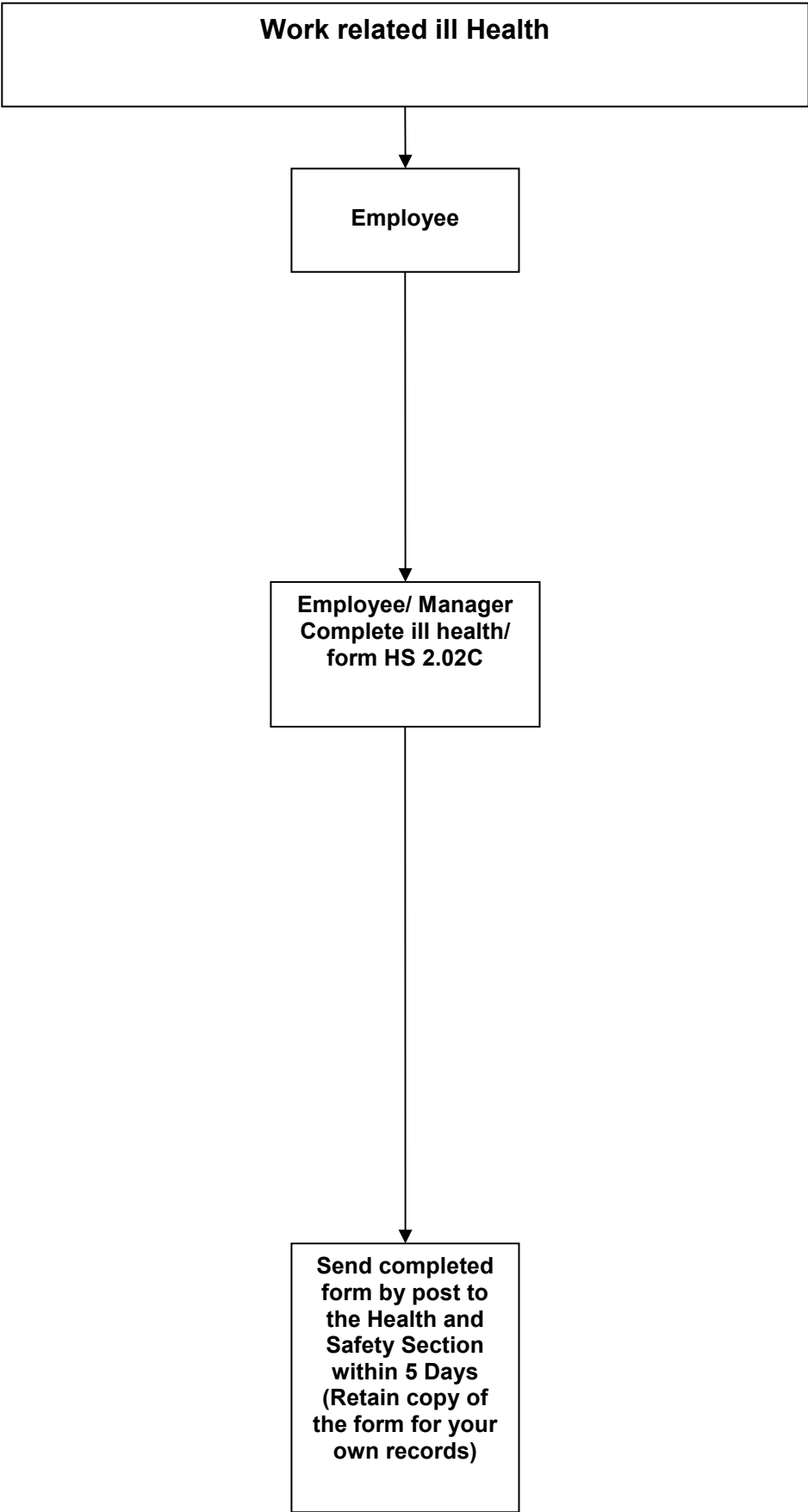
2.02C - Occupational ill health/ Stress.

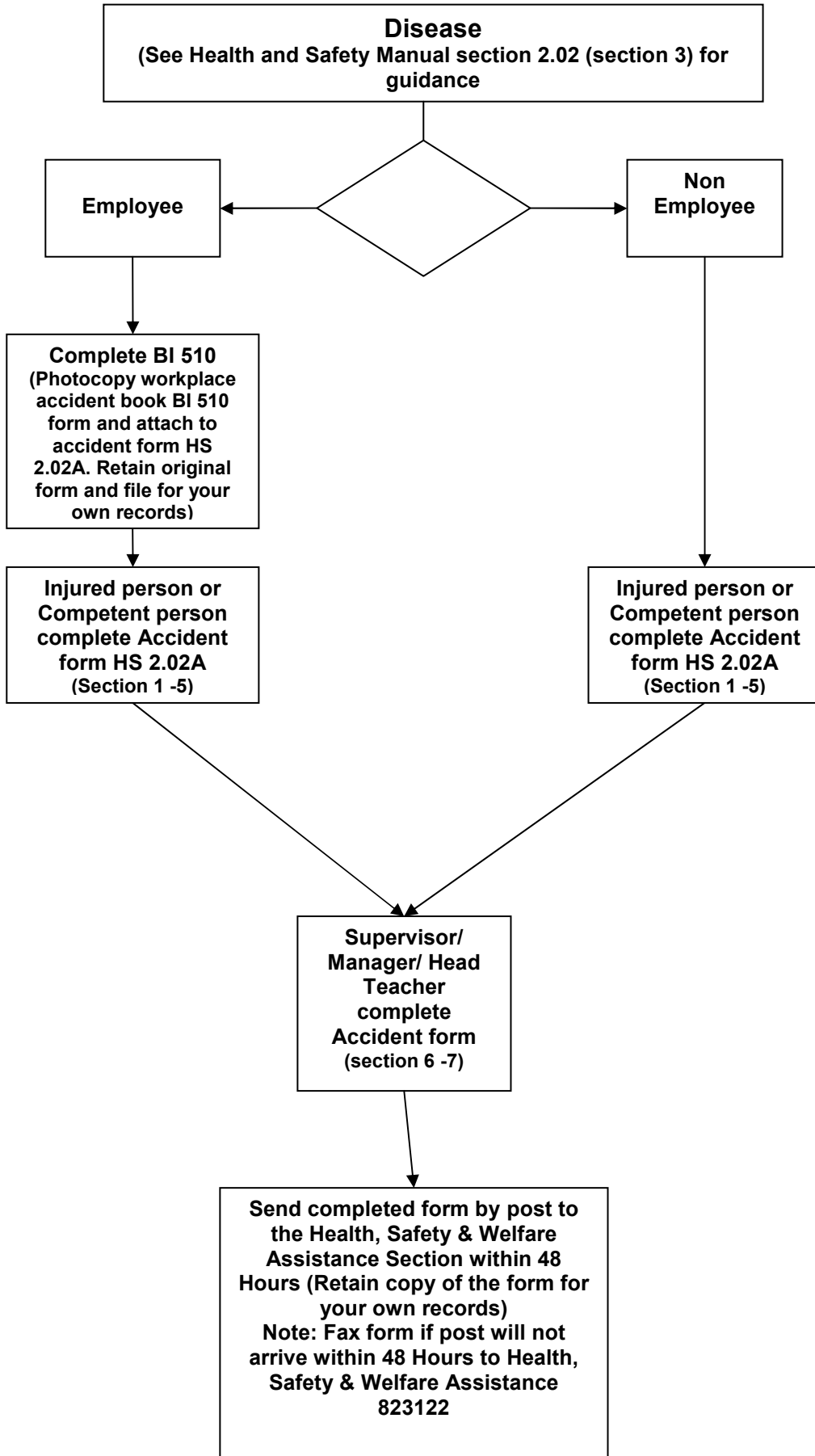


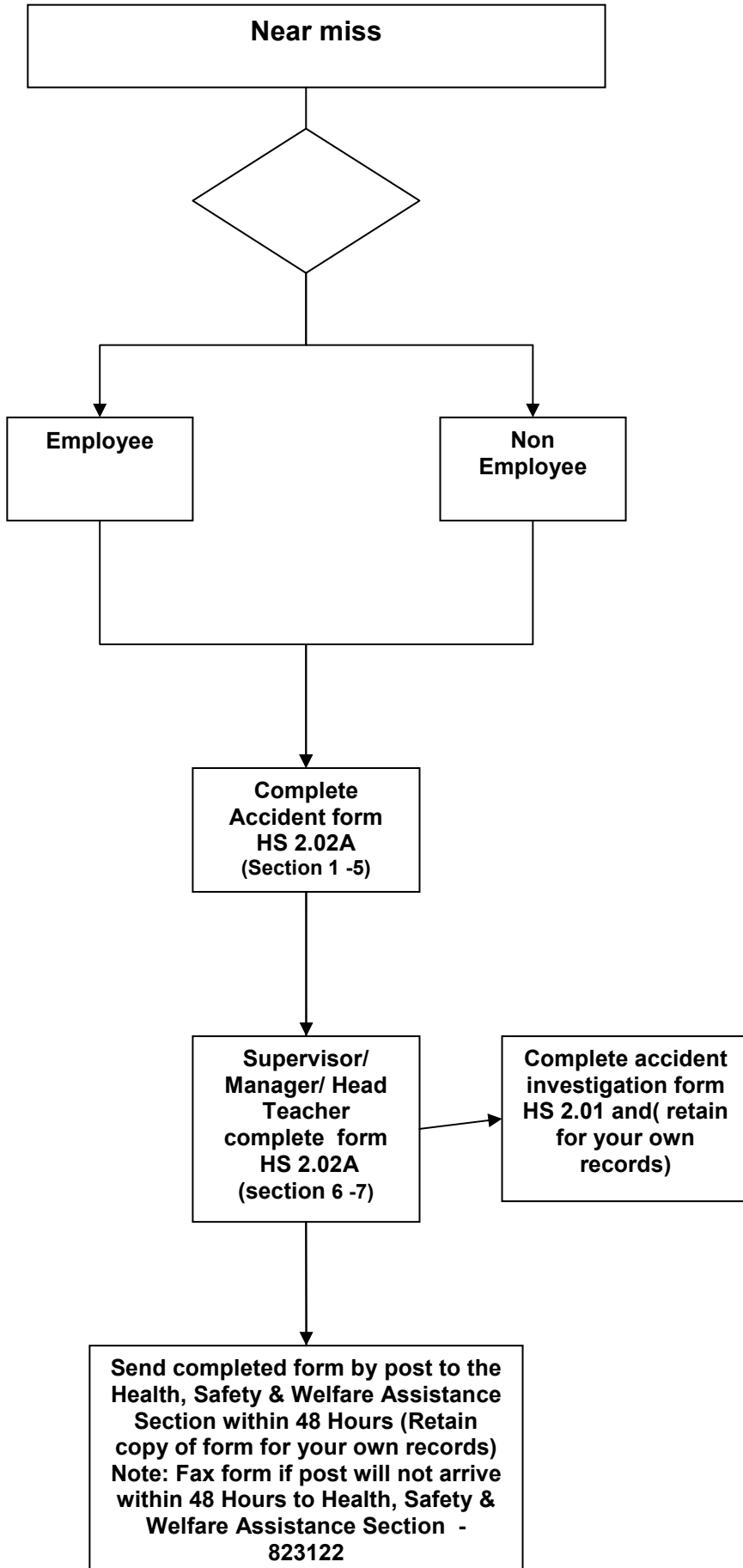


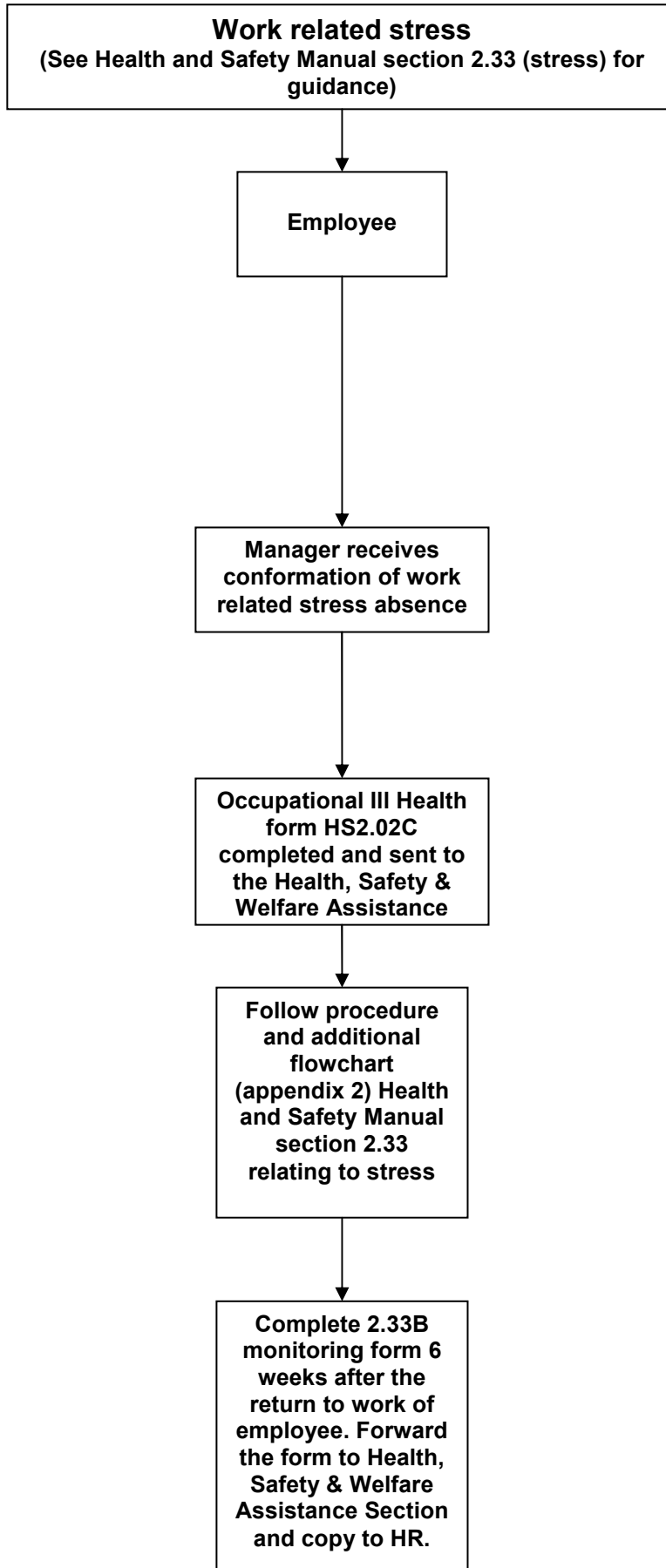














1 Details of the injured person – (complete all appropriate sections)

<input type="checkbox"/> Employee <input type="checkbox"/> Pupil/ Student <input type="checkbox"/> Member of public/ Client <input type="checkbox"/> Contractor			
Injured persons name : (including title Mr, Mrs, Miss, Ms etc)			
Home address		Employers/ Location name	
		Location address	
Postcode:		Postcode:	
Tel:		Tel:	
Date of Birth: / /		Occupation:	

2. The Incident (Please tick box – details of each incident is contained within section 2.02 of procedure)

<input type="checkbox"/> Fatality (see section 6) <input type="checkbox"/> Specified major Injury <input type="checkbox"/> Minor injury <input type="checkbox"/> Near miss <input type="checkbox"/> Disease			
Severity of Injury or illness (tick appropriate box)			
No Absence/ First aid treatment only		Absence not known yet	
Less than 3 days absence		More than 3 days absence	
Accident location and address include Place/ room of accident. If this is the same as the workplace please indicate yes/ no below			
Yes <input type="checkbox"/> No <input type="checkbox"/>		Postcode	
Nature of injury indicating part of body affected and type of injury(e.g. cut right finger, bruised right arm, etc)			
Left <input type="checkbox"/> Right <input type="checkbox"/>			
Date of accident		Time of accident (24hr)	
Date accident reported		Time accident reported (24hr)	

Treatment (tick appropriate box)

No treatment		Local first aid		Doctors (surgery)	
Hospital (up to 24 hrs)		Hospital in patient (casualty)			
If hospital treatment required, How was injured person taken to hospital					

3. Witness names and addresses (or workplace location)

Name (please print)		Name (please print)	
Address		Address	
Postcode:		Postcode:	
Tel:		Tel:	

4. What happened (tick one or more boxes)

Contact with moving machinery or material being machined	<input type="checkbox"/>	Slip, trip or fall on same level	<input type="checkbox"/>	Exposure to, or contact with, a Harmful substance	<input type="checkbox"/>
Struck by moving, including flying or falling, object	<input type="checkbox"/>	Fall from height (see below) Distance through which person fell	<input type="checkbox"/>	Exposure to fire	<input type="checkbox"/>
Struck by a moving vehicle	<input type="checkbox"/>	Trapped by something collapsing or Overturning	<input type="checkbox"/>	Exposure to an explosion	<input type="checkbox"/>
Struck against something fixed or stationary	<input type="checkbox"/>	Drowning or asphyxiation	<input type="checkbox"/>	Contact with electricity or Electrical discharge	<input type="checkbox"/>
Injured whilst handling, lifting or carrying	<input type="checkbox"/>	Injured by animal	<input type="checkbox"/>	Other kind of accident (Give details in section 5)	<input type="checkbox"/>

5. Detailed account of accident e.g. What happened, what the person was doing at the time of the accident. (detail first aid treatment given if not in BI 510 Accident Book)

If necessary, please continue on a separate sheet.

Print Name (including title Mr, Mrs, Miss, Ms etc)	Signature

6. Contact details

Please ensure that the Health and Safety section is notified by phone of any fatalities. Telephone 821000 (08:30 – 17:00 Monday-Thursday and until 16:30 Friday (After office hours Wightcare 821105)

The following sections are to be completed by the **Supervisor/ Manager/ Head teacher** within 48 hours of the accident. (*See appropriate section of the Health and Safety Manual as detailed below)

7. Accident assessment

Is the accident recorded in the accident book (BI 510) ?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you investigated the accident ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did it happen as described in section 4 & 5 ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was there a safe working procedure ? (*2.29)	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was a safe working procedure being followed ?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was injured person wearing safety equipment for the job ?	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was a risk assessment in place prior to the incident ? (*2.28)		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Was a review of the risk assessment undertaken as a result of this accident ?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are there any factors, which contributed to the accident ? (i.e.weather, defects etc)		<input type="checkbox"/> Yes	<input type="checkbox"/> No

List details of any factors contributing to the accident(i.e.weather, defects etc):

Immediate action taken after the accident to prevent a recurrence (Control must be reasonably practicable) :

Future action planned to prevent a recurrence with completion dates (Control must be reasonably practicable) :

Additional comments regarding accident (continue on separate sheet if required) :

Print Name (including title Mr, Mrs, Miss, Ms etc)	Signature
Job Title	Telephone Number
E mail	

(Fatal, Specified major injury ,minor injury, Near miss, Disease reports) When completed please return the original to the Health and Safety section and retain a copy for your workplace records. **Health, Safety & Welfare Assistance Section, Human Resources, County Hall, High Street, Newport, Isle of Wight, PO30 1UD.**



1. EMPLOYEE		Employees Name (Please print including title):	
Address:		Age:	years
		Postcode	
Directorate:			
Normal Place of Work:			
What activity were you engaged in at the time of the incident?			
2. WHAT HAPPENED		Date of Incident:	Time:
Location of Incident:			
Please give a brief account of the incident, including relevant events leading to it.			
3. Details of Assailant		4. Details of Witness	
Name:		Name:	
Address:		Address:	
Age:		Age:	
Male/Female		Male/Female	
Other Details:		Other Details:	
5. Outcome		Please tick	Please tick
Were you:		Was there:	
Verbally abused	<input type="checkbox"/>	Damage to Council property	<input type="checkbox"/>
		State details below	
Injured	<input type="checkbox"/>	Damage to personal clothing property	<input type="checkbox"/>
		State details below	
Subjected to anti-social behaviour (e.g. spitting)	<input type="checkbox"/>		



SIDE B

COMPLETION BY SUPERVISOR/LINE MANAGER

6. DATE, TIME AND PERSON TO WHOM INCIDENT REPORTED

Date:	Time:	Name/Job Title:
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7. HAVE THE POLICE BEEN INFORMED OF THE INCIDENT?

YES/NO

If yes, by whom:	Incident number:
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Date:	Time:
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8. DID THE EMPLOYEE RECEIVE MEDICAL TREATMENT?

On site <input type="checkbox"/>	Doctor <input type="checkbox"/>
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Hospital <input type="checkbox"/>	Other (state) <input type="checkbox"/>
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9. WHAT INJURIES WERE REPORTED?

(Where necessary state right or left)

10. ANTICIPATED LENGTH OF ABSENCE FROM WORK**11. SUPERVISOR/LINE MANAGER/ HEAD TEACHERS COMMENTS INCLUDING REMEDIAL ACTION TO BE TAKEN****13. VICTIM DETAILS**

(including title Mr, Mrs, Miss, ms etc) Print Name:	Date:
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Signature of victim:	Tel No:
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14. SUPERVISOR/ MANAGER/ HEAD TEACHERS/ DETAILS

(including title Mr, Mrs, Miss, ms etc) Print Name:	Date:
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Job Title:	Tel No:
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Signature:

E mail Address:

When completed please retain a photocopy for your workplace records and return the original to **Health, Safety & Welfare Assistance Section, Human Resources, County Hall, High Street, Newport, Isle of Wight, PO30 1UD.**

REMINDER – Reports to be returned within the same timescales on the accident flow charts



PART A: TO BE COMPLETED BY CLAIMANT AND FORM TO BE PASSED TO LINE MANAGER

1. Surname:..... First Name:..... 2. Age:.....yrs

3. Male Female 4. Length of Service.....yrs

5. Directorate :

6. Workplace and Address

.....

7. Time in present post :8. Length of service.....yrs

9. Do you normally enjoy good health? **YES/NO**

10. If no to above question – indicate nature of ill health :

.....

.....

11. Nature of occupational ill health/industrial disease:

.....

.....

12. Date condition first reported

13. Name and address of doctor

.....

14. Date doctor first diagnosed ill health/occupational disease:.....

15. Comments by doctor:

.....

.....

16. Do you permit the IWC to contact your doctor? Yes No (please tick)

Signature :.....

Date :.....



PART B TO BE COMPLETED BY LINE MANAGER/SUPERVISOR

17. Description of work activity giving rise to this report :
.....
.....
.....

18. State what, if any, materials, substances, machinery was involved:
.....

19. If work involved exposure to chemicals, infections please indicate estimated level and duration :
.....
.....

20. Have the hazards giving rise to the occupational ill health being reported been identified in the workplace risk assessments? **YES/NO**

21. What preventive measures did the risk assessment identify and are they in place :
.....

22. Does the employee observe the preventive measures outlined above?
.....

23. Any other relevant information:
.....
.....
.....

Name of person completing form (Please Print):Date :.....

Signature of person completing form:

Name of Workplace Manager (Please Print): Date :.....

Signature of Workplace Manager:

When completed please return the original to Health and Safety Section and retain a photocopy for your workplace records.

Health, Safety & Welfare Assistance Section
Health and Safety Section
Human Resources
County Hall, High Street
Newport, Isle of Wight PO30 1UD

Or by fax to
01983-823122