

# Accidents, Incidents & Occupational F1 Diseases

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## Relevant Legislation

*Management of Health and Safety at Work Regulations 1999*

*Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)*

## General

It is fundamental to the effective management of safety to have appropriate arrangements in place to deal with accidents and incidents with the potential to cause injury. These arrangements must include adequate follow up procedures in order for the County Council to demonstrate that all steps have been taken to prevent any recurrence. Adoption of such systems is not only good practice; there are specific legal requirements relating to this subject.

Following an accident, it is accepted that because of locality and the remoteness of medical facilities, emergency procedures may vary between establishments. However, the following points should always be included:

- First aid should be administered by suitably qualified staff.
- If necessary, a request for an ambulance should be made by telephoning 999. The person should be made as comfortable as possible until the ambulance arrives. A member of staff should accompany the person in the ambulance. The cost of any return journey made by the member of staff should be borne by the establishment.
- In the case of the most serious accidents, the site of the accident should be isolated and nothing should be disturbed until an investigation has taken place. A member of the Corporate Health and Safety Team should be contacted as a matter of priority. The manager may also need to involve the Police and initiate arrangements to contact the injured person's family.

## Internal Procedures

### Accidents

Following an accident, the County Council's [accident report form \(ACC1\)](#) should be completed by the manager or nominated officer. This is the only form that should be used for this purpose. If the accident has been reported to the Health and Safety

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Executive (HSE) (see below) the notification number must be included in the relevant space on the ACC1 form.

The form should be completed when **any person** is injured on premises occupied by the County Council or as a result of work activities or undertakings for which the County Council is responsible. This includes injuries occurring off the main site.

ACC1 forms should be sent to the Corporate Health and Safety Team at County Hall (see flow chart). A copy of each form must be kept in a secure centralised place within the establishment.

## ***Sickness Absence***

It is important that an accident or violent incident involving an employee that occurs at work and results in lost time is logged correctly via the sickness reporting system as an “industrial injury”. This allows the County Council not only to comply with the relevant health and safety requirement, but also their duty to log sickness data.

## **Violent incidents**

Following a violent incident the Violent Incident (VI) form should be completed. Both verbal and physical abuse should be reported on the VI form. Specific guidance is available regarding the completion of these forms in section F2 of the policy.

## **Near Misses**

A near miss is an incident which did not result in injury, but which could, potentially have done so. They should be reported using the ACC1 form and investigated in the same way as accidents.

## **Disclosure of Information Contained Within Accident Forms**

When a request for a copy of a completed accident form (ACC1) is made, the person requesting the document should be asked to submit this request in writing. It is important to advise them of the need to secure the consent of the injured person. It is important that information relating to witnesses (including their names and addresses) is either removed from the copy or the permission of the latter party obtained. Following this course of action should ensure that the County Council discharges its duties under the Data Protection Act.

Where a request is made by a solicitor then it should contain the express consent of the injured party and/or parent, where the injured party is of insufficient age or understanding.

It would also be advisable to request that the solicitors confirm whether they are contemplating legal proceedings in respect of the particular incident. If civil

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proceedings are anticipated then the establishment should inform the County Council's Insurance Section of this.

## Incident Investigations

Once the initial emergency action has been completed an incident investigation should be carried out as soon as possible after an accident, dangerous occurrence or a serious near miss. In general, the Manager should carry this out although in more serious cases a member of the Corporate Health and Safety Team will also investigate incidents.

Managers should be trained in accident investigation techniques. This is available via the Council's Learning Together e-learning resource.

Investigations should be handled sympathetically with the prime concern being the correct identification of cause rather than apportionment of blame.

Managers will need to use their own judgement regarding the seriousness of the accident when deciding upon the level of detail required in the investigation. It should be borne in mind that claims for negligence may be made against the County Council and that these may take several years before they are initiated.

Managers will be asked for detailed information regarding incidents and accidents when civil claims are pursued. Detailed accident investigation records drawn up in advance of any claim will allow the County Council to have a much stronger defence should civil litigation become an issue.

### What should be included in an investigation?

The exact circumstances of an accident may often be unclear as individual perceptions may vary. Interviewing witnesses may be necessary and care should be taken to conduct interviews impartially and as soon as possible after the accident.

The basis for the investigation report will be the information contained on the ACC1 form. This deals with the facts of the accident. The aim of the accident investigation is to identify the cause of the accident, determine any shortcomings and recommend action to prevent recurrence.

The most important factors should be critically examined. It is likely that a combination of these will have contributed to the accident. The accident investigation should be carried out objectively and where underlying systems of management are deficient such findings should be documented.

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A pro-forma Accident Investigation report ([ACC2](#)) is available, which covers the basic information that every manager should gather after an accident.

Photographs are useful and best taken immediately following an accident. Photographs should be taken of the site of the accident, equipment being used, floor surfaces and any apparent hazard.

In some instances it may be necessary to cordon off the site of the accident. Any defective plant or equipment must be retained until a member of the Corporate Health and Safety Team, or another professional, has inspected it, as appropriate.

Information that has been provided to employees is always very pertinent to an accident investigation. After an accident or near miss it is important to record exactly what information had been given to the person involved and when. The documentation that is likely to be required will relate to the following:

- information given at induction.
- written instructions or a record that specific verbal instruction was given.
- issuance of risk assessments, permits, method statements etc.
- quality assurance documentation.
- details of training courses attended.

Investigations should include information such as:

- when and where the accident occurred.
- the identity of any other persons involved or other witnesses.
- a description of the activities being carried out.
- details regarding the tools or equipment being used.
- all other relevant specific factors such as weights, sizes, distances and substances.
- a description of any personal protective equipment worn.

If a manager takes a statement after an accident then this should be recorded in the first person, either verbatim or paraphrased as appropriate. Statements should be taken using the approved [witness statement form](#).

## Results of the Investigation

On completion of the accident investigation recommendations for action should be produced. These will include the following:

- The immediate remedial action taken, for example withdrawal and repair of defective equipment, provision of protective clothing.

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- Improvements in systems of work, such as the introduction of a higher standard of monitoring, compliance with written procedures or refresher training for all employees involved with the activity.
- Establishing the validity of the existing risk assessment prior to the accident and recording any alterations required to the risk assessment following the accident. This can in itself trigger an immediate review or be part of a planned formal revision of the relevant risk assessment and its subsequent safe working procedure. Reasonably practicable measures should be included here. However, it should be noted that every accident does not necessarily require that a system of work be re-designed.

## Communication of Incident Information

Discussion of incidents should be a routine agenda item at health and safety group meetings and at team meetings. Depending upon the seriousness of the accident the details should be communicated through each Department's agreed safety communication mechanisms. It may even be discussed outside the Department, if the incident has a corporate impact.

In the event of further investigation by the HSE or the Council's insurance company, it is very likely that they will ask how the results of an investigation were disseminated to relevant members of staff.

## Referral to the Occupational Health Unit

After an employee has been injured at work there may be a need to consider the employee's fitness to carry out normal duties. If sickness absence has been taken then it is possible that they may have been deemed as fit to return to work by their own GP. However, full details of the duties may not have been discussed at this time. In appropriate circumstances managers should consider referral to the Occupational Health Physician prior to their return. The normal "medical referral procedure" should be used. The Corporate Health and Safety Team should be kept informed about referrals arising from accidents at work.

## Safety Representatives

Where safety representatives have been appointed by trade unions they should be given the opportunity to take part in the accident investigation process on request. Details of relevant information must be made available. This would include access to copies of the ACC1 form and form F2508. If necessary, other documentation may also be provided. The production of other documentation should be discussed with the Corporate Health and Safety Team prior to release.

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## Statutory Reporting

Certain specified events arising out of or in connection with work are reportable to the Health and Safety Executive (HSE) under RIDDOR.

In the circumstances specified below the HSE must be notified:

### Injuries to Employees

- death or “specified injury” to an employee
- lost time accidents resulting in more than seven days off work.

A definitive list of specified injuries is given on page 15 of this section.

### Injuries to Service Users and Members of the Public

Death or injuries to service users, members of the public or visitors must be reported where they arise *out of or in connection with work* and result in the injured person being taken from the premises directly to a hospital (this does not necessarily mean by ambulance) for treatment in respect of that injury.

Injuries will not be reportable unless they arise out of, or in connection with, a work activity. This means that an accident must arise from:

- the way the work activity was being carried out, for example it must be attributable to how the work was organised, planned, supervised or performed.
- the condition of the premises.
- the plant or substances involved in the work activity.

To be reportable, it is not necessary for the person to be hospitalised for 24 hours, merely for them to have been taken from the premises to hospital for treatment to an injury. If the person is taken to hospital as a precaution, and subsequently no injuries are found and no treatment was rendered, then this is not reportable.

Accidents to service users who are frail and may be susceptible to falls due to age or arising from a medical condition should be examined carefully.

The criteria for reporting injuries to students are explained in the Schools’ Health and Safety Policy.

### Dangerous Occurrences

A list of dangerous occurrences that must be reported to the HSE is included in the Appendix. The Corporate Health and Safety Team should be contacted for further advice if you suspect an incident should be reported to the HSE as a dangerous occurrence

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## ***Reporting Procedure***

The HSE operates a predominantly on-line reporting system and a suite of forms has been set up on their website to ensure that the statutory reporting process is quick and easy. However, recognising that some *specified injuries* and *fatalities* can be traumatic occurrences these incidents can be reported to the Incident Contact Centre by telephone on the number below:

**0845 300 99 23**

Notification of incidents to the HSE needs to be undertaken by the quickest practicable means and without delay.

For ease and consistency the County Council recommends that all notifiable incidents (except for fatalities) are reported on-line. It is important to note that it is no longer possible to report any incidents by email, post or fax.

It is important that the notification number from the HSE on-line report form F2508 is entered onto the ACC1 Accident Report Form before it is sent to the Corporate Health and Safety Team at County Hall.

## ***Further Information***

### **Injuries to Contractors**

The same requirements apply to contractors as for employees. In most cases the contractors will be the people responsible for making the statutory report themselves. The exception to this rule applies to self-employed contractors who complete work on County Council premises. In this case the contractor should report any injury either to the manager of the site, the County Council's representative on site, or the person who commissioned the works, who should then report it on-line, as indicated above.

All contractors will therefore need to be informed of County Council accident reporting procedures when they report onto site. Form HSC1 should be used for this purpose.

### **Road Traffic Accidents**

Road traffic accidents that result in death, a specified injury or more than seven days off work are reportable *only* if they are connected with certain work activities. An on-line report should be made when road traffic accidents involve the following:

- exposure to substances conveyed by vehicles
- loading or unloading vehicles
- road works or maintenance works adjacent to a road, including works on pipes, cables or other utilities.

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## Reportable Diseases

A list of reportable diseases is included in the appendix to this section. If any employee or manager considers that they or a member of their staff may have an illness that is connected to their work, then an immediate referral to the Occupational Health Unit should be made. Following the referral the Occupational Health Unit will make a statutory report if necessary.

## Adverse Incidents Involving Medical Devices

Adverse incidents involving medical devices must be reported to the Medical Devices Agency (MDA). The MDA is an executive agency of the Department of Health, whose remit it is to receive reports of adverse incidents involving medical devices from all Health Care professionals in order that information may be quickly disseminated should problems be identified.

In Northumberland County Council, a Health and Safety Advisor based in the Corporate Health and Safety Team, is the nominated Liaison Officer who facilitates this.

All reports should be sent through to the Corporate Health and Safety Team Manager, who will subsequently submit them to the MDA. This will enable a central record of all reports to be set up.

Each year the Corporate Health and Safety Team arranges for guidance on the reporting of such incidents to be sent to each relevant establishment within the County Council. These principally include in-house residential care homes, domiciliary care services, children's disability services and schools.

## Definition

A medical device is equipment used for the diagnosis or treatment of disease, or for monitoring of patients. This includes a vast array of equipment. In local government, examples of the most likely devices in use are:

- wheelchairs.
- Special support chairs.
- Special chairs.
- Walking aids.
- Patient hoists.
- Commodes.

The above list is not exhaustive.



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## What is an Adverse Incident?

An adverse incident is an event that causes or has the potential to cause, unexpected or unwanted effects involving the safety of patients, users or other persons.

If the incident involves an employee, an employee of a service provider, a service user or a student the manager will also need to complete an Accident Report Form (ACC1). It may also be necessary to report the incident to the Health and Safety Executive. Please refer to the flow chart below and the section on statutory reporting.

## How to report an Adverse Incident

All adverse incidents involving medical devices must be reported to the MDA as soon as possible, even if user error is suspected. However, managers are advised not to make a report directly to the Agency; initially they should send completed reports to the Corporate Health and Safety Team.

The initial report of an incident should contain as much relevant detail available to the manager at the time, **however, it is important that its completion should not be delayed.** Names and contact details of persons who may be contacted for further information should be included.

To report an adverse incident the appropriate [Adverse Incident Report Form](#) should be completed. When completed this should be emailed to the Corporate Health and Safety Team at [healthandsafety@northumberland.gov.uk](mailto:healthandsafety@northumberland.gov.uk). The nominated Health and Safety Advisor will then arrange for the incident to be reported to the MDA.

Once the MDA is aware of the incident one of its representatives may contact the manager as the person best placed to provide further information. If at any point colleagues need to enquire about the progress of an investigation they can contact the Adverse Incident Centre hotline on **020 3080 7080**. The Corporate Health and Safety Team Manager should be kept informed of any action that is being taken.

If the MDA feels it is appropriate to issue a Safety Warning or Alert it will do so via the established procedure. This entails sending a copy to the Corporate Health and Safety Team, who will thereafter arrange for its distribution to interested parties.

## Appendix:

Below is a list of factors that may give rise to adverse incidents involving medical devices:

- Shortcomings in the design or manufacture of the device itself.
- Inadequate instructions for use.
- Inadequate servicing or maintenance.
- Locally initiated modifications or adjustments.
- Inappropriate user practices.
- Inappropriate management procedures.

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- The environment in which a device is used or stored.
- Selection of incorrect device for purpose.
- Conditions of use creating difficulties, such as environmental condition or location.

Any adverse incident involving a device should be reported to the MDA especially if the incident has led to, or were it to happen again, could lead to:

- Death, life-threatening illness or injury.
- Deterioration in health.
- The necessity for medical or surgical intervention.

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## Arrangements within Each Department

In accordance with current legislation and Northumberland County Council's Corporate Health and Safety Policy Statement, all Departments must devise and implement procedures to ensure the following objectives are achieved:

- Have arrangements in place to deal with accidents and administer first aid.
- Report all accidents.
- Investigate accidents as appropriate.
- Develop Action Plans to incorporate findings from any investigation.
- Communicate the lessons learned and appropriate findings to all staff via the Health and Safety Group.

In order to achieve the above objectives the relevant Director is responsible for ensuring suitable and sufficient arrangements are made to fulfil the requirements detailed below:

### 1. Assign Responsibilities

Ensure all Managers will assume responsibility for the accident reporting and investigation process to be undertaken.

### 2. Review Significant Accidents

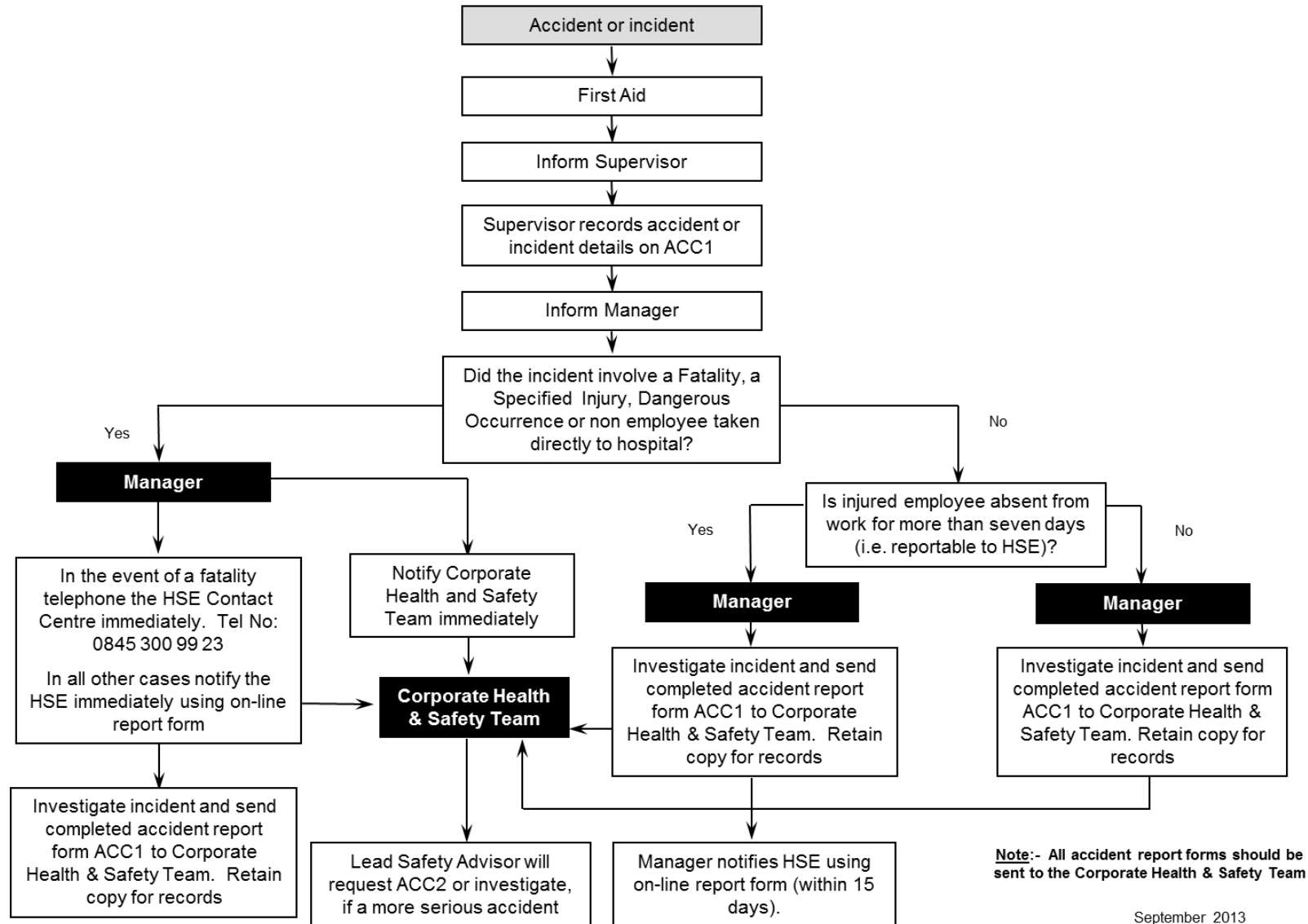
Managers to cooperate with Corporate Health and Safety Team via the Health and Safety Group to implement the lessons learned from accidents and incidents.

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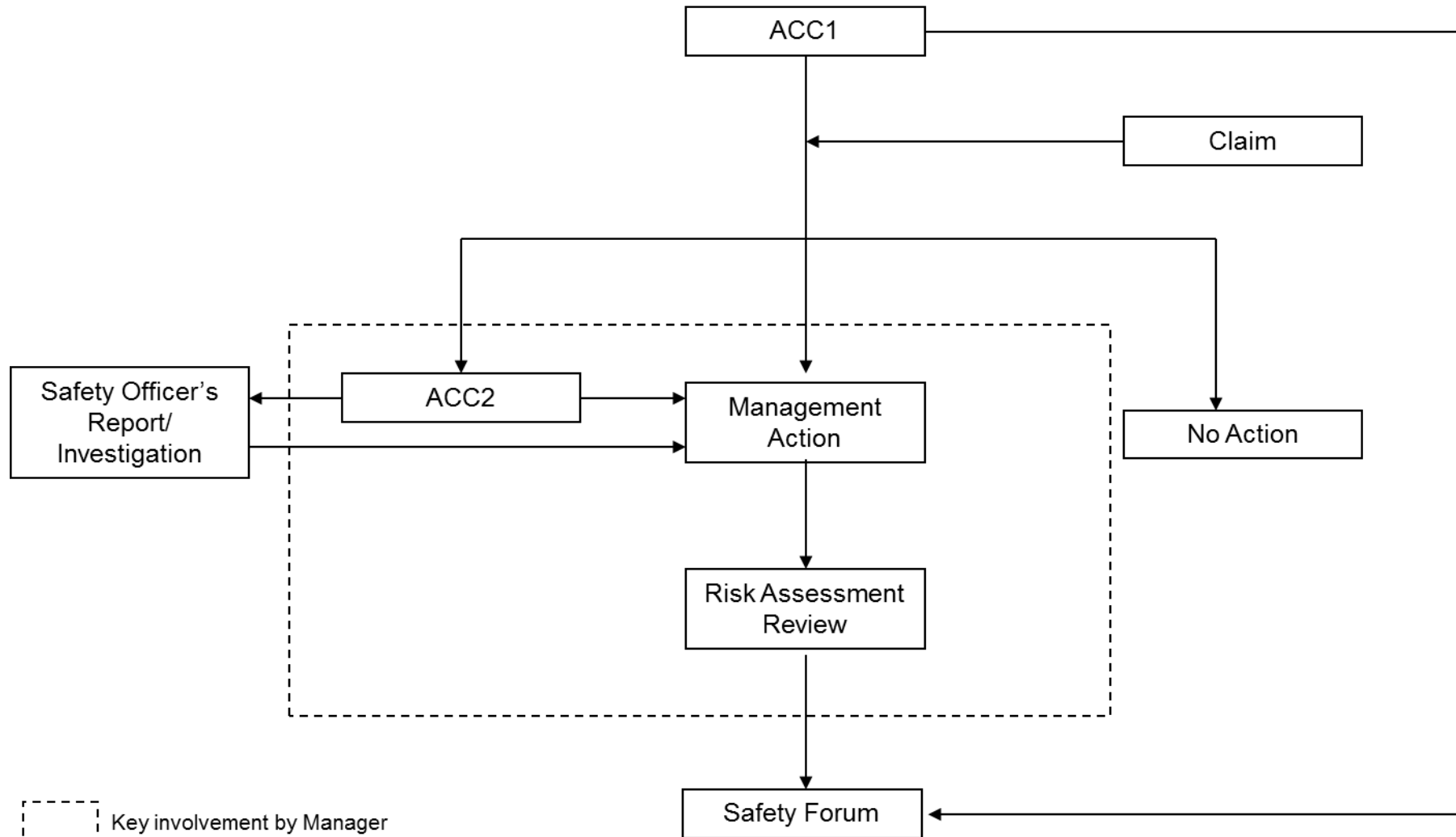
Action	Responsibility
Agree counter signatory route for accident report forms (this will differ between services).	Departmental/Service Manager
Staff must report accidents immediately to their line manager. The ACC1 Form must be completed by the line manager, counter signed by a Senior Manager (as agreed above) and forwarded to the Corporate H&S Team. Copies of the ACC1 are available via the NCC webpage	All staff All managers
Any employee returning from sickness after an injury shall have their fitness considered as part of the return to work arrangements. If appropriate an individual risk assessment should be completed. Occupational Health may need to be involved.	All managers
Ensure any absences arising out of an accident at work are recorded via the sickness reporting system as an "Industrial Injury".	All managers
The proforma ACC2 should be completed by the line manager, as appropriate.	All managers
The Department will ensure that an adequate cover of First Aiders and First Aid Kits is maintained within the Department and that the content of First Aid kits are kept up to date.	DMT Nominated First Aiders
Accidents and Incidents will be a standing item on the all H&S Group agendas.	Chair of H&S Group
All issues will be reported up to DMT.	Chair of Department H&S Group
All reportable accidents will be notified to the HSE within the prescribed timetables.	All managers
Diseases reportable to the HSE under RIDDOR are notified to the Occupational Health Unit.	All Managers

## Northumberland County Council - Accident Reporting Procedure



September 2013

## Accident Review



 Key involvement by Manager

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## Appendix

### Reporting of Injuries, Disease and Dangerous Occurrences Regulations 2013 (RIDDOR)

**Specified Injuries - these apply to employees only:**

- Fracture other than to fingers, thumbs or toes.
- Amputation.
- Injury resulting in permanent blinding or reduction in sight in one or both eyes (not temporary now)
- Any crush injury to the head or torso causing damage to brain or internal organs in chest or abdomen
- Burns (including scalding) which covers more than 10% of the body or causes significant damage to eye, respiratory system or other vital organs.
- Any degree of scalping requiring hospital treatment
- Loss of consciousness 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.

#### Over seven day Injuries

The other category of injury that should be reported to the HSE involves incidents where an injured employee is incapacitated for work for more than seven consecutive days, not counting the day of the accident. To capture this information, any days that would not normally have been working days must be counted as 'notional' working days for this purpose. This notification must be completed within 15 working days.

#### Violent Incidents

The requirement for notification also applies to physical injuries arising from any violent incident to an employee and which results in death, a specified injury or more than seven days off work. (see section F2 for further information).

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## Dangerous Occurrences are:

*(Managers should always contact a member of the Corporate Health and Safety Team if they feel an incident is classified as a Dangerous Occurrence)*

- Collapse, overturning or failure of load bearing parts of lifts and lifting equipment (other than an accessory for lifting).
- Failure of any closed vessel or associated pipe work forming part of a pressure system.
- Plant or equipment coming into contact with overhead power lines.
- Electrical short circuit or overloading causing fire or explosion.
- Any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary or injury caused by explosion.
- Accidental release of a biological agent likely to cause severe human illness.
- Failure of industrial radiography or irradiation equipment to de-energise or return to its safe position after the intended exposure period.
- Malfunction of breathing apparatus causing a significant risk of injury to the user or malfunction during testing immediately before use.
- Failure or endangering of diving equipment, the trapping of a diver, an explosion near a diver, or an uncontrolled ascent.
- Collapse or partial collapse of a scaffold over five metres high, or erected near water where there could be a risk of drowning after a fall.
- Collision of a train with any other train or vehicle.
- Dangerous occurrence at a well (other than a water well).
- Dangerous occurrence at a pipeline.



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## Reportable Diseases are:

*(notifications to the HSE are made by the Occupational Health Unit)*

- Carpal Tunnel Syndrome, where the person's work involves regular use of percussive or vibrating tools;
- cramp in the hand or forearm, where the person's work involves prolonged periods of repetitive movement of the fingers, hand or arm;
- occupational dermatitis, where the person's work involves significant or regular exposure to a known skin sensitizer or irritant;
- Hand Arm Vibration Syndrome, where the person's work involves regular use of percussive or vibrating tools, or the holding of materials which are subject to percussive processes, or processes causing vibration;
- occupational asthma, where the person's work involves significant or regular exposure to a known respiratory sensitizer;
- tendonitis or tenosynovitis in the hand or forearm, where the person's work is physically demanding and involves frequent, repetitive movements,
- any cancer attributed to an occupational exposure to a known human carcinogen or mutagen (including ionising radiation);
- any disease attributed to an occupational exposure to a biological agent