



# The Southfield Trust Accident/Incident Reporting & Investigation Policy

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**The Trust has adopted the ESCC Policy for Reporting and Investigation of Accidents**

**The Trust has adopted the ESCC Incident reporting Policy**

## Principles and Procedures

This policy outlines the arrangements necessary to ensure that all work related incidents are appropriately reported and, if relevant, investigated.

It is the responsibility of all senior staff to ensure that investigations identify the causes of any accidents/incidents and, where possible, recommend any action necessary to prevent a recurrence.

All accidents/incidents must be reported using the online incident reporting system.

Absences from work, due to work related accidents/incidents, must be accurately recorded in the "Notification of Absence and Return to Duty" book (CLE 1377).

All serious accidents/incidents must be reported immediately to the Occupational Health & Safety Team on 01273 481 450.

### **In the event of an accident the following procedure must be followed:**

- render any equipment inoperative.
- summon assistance.
- if the injury is of a minor nature ensure follow-up treatment is carried out by reporting to a qualified First Aider.
- if the injury is of a major nature then an ambulance should be summoned immediately without undue delay attempting to contact parents or guardians.
- if the injured is mobile then he/she should be taken for emergency treatment to the Hospital. The Head of School is responsible for arranging for a member of staff to transport the student/staff to hospital.

The member of staff taking the injured person should:

- stay with the injured person and return with them; or
- stay with the injured person until the parent/guardian arrives at the hospital and return to school.

All staff must report any accident (or near misses) involving themselves or visitors/volunteers by recording the details on the County Council's on-line incident reporting system. Pupil accidents, depending on the severity will be reported either on the minor injuries form and/or County Council's on-line incident reporting system.

Specified categories of incidents are reportable to the HSE and these will be undertaken by the Occupational Health and Safety team.

All accidents will be investigated, including the review of relevant risk assessments, to prevent re-occurrence. Linda Hughes (Health and Safety Coordinator) will monitor the accidents to identify trends. The Governors sub committee will also receive information on accidents at each meeting.

## **Advice on Reporting a health and safety incident, near miss or act of violence**

You must report any unplanned event that happens at work and causes, or could have caused, harm to a person or damage to property.

### **This could include:**

- getting an electric shock whilst using electrical equipment
- catching a foot in a hole in the carpet and falling
- being verbally abused over the phone or in person
- Being physically assaulted by another person
- falling off a stepladder whilst putting up a picture or display
- back strain caused by lifting or moving boxes
- a tile falling off a roof and landing on the ground next to you.

Incidents that affect non-staff, for example contractors, pupils and visitors, must also be reported. So should incidents that happened whilst you were carrying out your work duties, even if you were not at your normal place of work. Incidents that happened whilst travelling to and from work at the beginning or end of your working day should not be reported.

Incidents must be reported so they can be investigated properly. Then we can take action to minimise the risk of it happening again to you or someone else.

### **How to report an incident**

You should tell the Health and Safety Officer (Linda Hughes) about any health and safety incidents and fill in the details on one of our county forms attached (and available form LH) within three working days.

Senior staff will then use an online reporting system so that it is easier to report, manage and review incidents.

Incidents involving pupils should be also recorded on a red slip if it was connected to an issue of poor behaviour.

## Responsibilities

### Senior Staff will:

- ensure that arrangements are in place for implementing this policy
- monitor the implementation of this Policy.

### Employees will:

- ensure that all health and safety incidents are reported and recorded in accordance with the requirements of this policy using the online incident reporting system
- report to health and safety officer any defect that may give rise to a health and safety concern
- report to their line manager any working practice that may give rise to a health & safety concerns

## Incident Investigation

Incident investigation involves a more in-depth examination of the circumstances surrounding an incident. The aim of the inspection is to identify the root causes of the incident and recommend practical action to prevent a recurrence.

An investigation must also gather and record all the detailed facts that may be required should legal action result. In many cases months, and even years, may pass before such action is instigated and therefore it is important that investigation reports and associated records are accurate, well documented and securely retained, particularly in the event of (fast track) litigation.

Safety Representatives are entitled to carry out their own separate investigations of incidents for their own purposes. At the manager's discretion

it may be appropriate to carry out a joint investigation in certain circumstances.

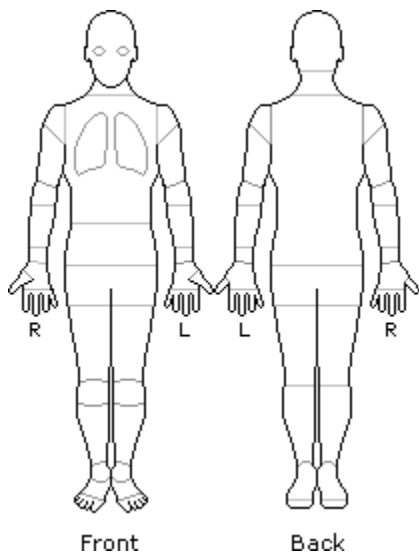
## Appendix 1: Accident Report Form (Printable version)



Accident Details
Site / Team you are reporti ng for:
Property / Locati on:
Location within proper ty (if applic able):
Accident type: Minor <input type="checkbox"/> Over 3 day <input type="checkbox"/> Major <input type="checkbox"/> Fatality <input type="checkbox"/> Infectious disease <input type="checkbox"/>
Date & Time:
Primary cause:
Please provide details of the accident:
What caused the injury or damage?

What actions have been taken locally to address the cause of the accident?

**Body Parts Injured - Please specify below:**



A: \_\_\_\_\_

\_\_\_\_\_

B: \_\_\_\_\_

\_\_\_\_\_

C: \_\_\_\_\_

\_\_\_\_\_

D: \_\_\_\_\_

\_\_\_\_\_

Details of PPE being worn at time of incident:

If the weather conditions played a part in the incident please describe in detail:

### Injured Persons Details

Name:

Age:

Gender:

Male

Female

Unknown

Address

Telephone Number:

If required has a safeguarding alert been raised?

Unknown

No

Yes - Level 1

Yes - Level 2

Yes - Level 3

Yes - Level 4

Yes - Level Unknown

Was the person			
ESCC Employee	<input type="checkbox"/>	Work Experience	<input type="checkbox"/>
Agency Worker	<input type="checkbox"/>	General Public	<input type="checkbox"/>
Customer or Service User	<input type="checkbox"/>	Elected Member	<input type="checkbox"/>
Contractor	<input type="checkbox"/>	Other employee	<input type="checkbox"/>
Volunteer	<input type="checkbox"/>		
		Other, please specify:	
Job title ( if Council employee):			
Any Witnesses: Yes <input type="checkbox"/> No <input type="checkbox"/> (if yes please specify below)			
Witness Details:			
Has the witness given consent to have their details submitted? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If under 16, has the guardian been informed? Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable <input type="checkbox"/>			

First Aid if Provided	
Name of First Aider:	
Treatment:	
Any secondary Action:	
Notes:	



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Your Details (if different from injured person)	
Name:	
Job Title:	
Address:	
Telephone / Email address:	
Do you require any further assistance from the Health & Safety Team?    Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Action Required: Please ensure this form is now returned to the responsible person on site for recording on the online incident database, and ensure your line manager is informed of this incident.**

## Appendix 2: **Near Miss Report Form (Printable Version)**



Site Information	
Site name / Team Name	
Department	
Incident Details	
Person Reporting	
Date & Time Occurred	
Property	
Location	
Near Miss Details	
Potential Outcome Noted	
Most likely primary	

cause	
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Risk Assessment & Control	
<b>Based on current controls how severe do you think the outcome could have been?</b>	
Very High <input type="checkbox"/>	High <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> Negligible <input type="checkbox"/>
<b>How likely is it this will occur in the future?</b>	
Very likely <input type="checkbox"/>	Likely <input type="checkbox"/> Possible <input type="checkbox"/> Unlikely <input type="checkbox"/> Very unlikely <input type="checkbox"/>
<b>Remedial action Taken</b>	
Action taken / Possible solution	
With consideration to your remedial actions, how severe do you think the outcome will be?	
Very High <input type="checkbox"/>	High <input type="checkbox"/> Moderate <input type="checkbox"/> Slight <input type="checkbox"/> Negligible <input type="checkbox"/>
<b>How likely is it the incident will occur in the future?</b>	
Very likely <input type="checkbox"/>	Likely <input type="checkbox"/> Possible <input type="checkbox"/> Unlikely <input type="checkbox"/> Very unlikely <input type="checkbox"/>

**Action Required: Please ensure this form is now returned to the responsible person on site for recording on the online incident database, and ensure your line manager is informed of this incident.**

## Appendix 3: **Violent Incident & Assault Report Form** **(Printable Version)**

<b>Details</b>	
Site Name / Team Name	
<b>Incident type</b>	
<b>Physical Violence</b>	
<input type="checkbox"/> Major Injury	<input type="checkbox"/> Without Injury
<input type="checkbox"/> Minor Injury	<input type="checkbox"/> Property Damage
<b>Non-Physical Violence</b>	
<input type="checkbox"/> Aggressive Behaviour	<input type="checkbox"/> Compliant/Incident of Discrimination
<input type="checkbox"/> Offensive Behaviour	<input type="checkbox"/> Telephone/Email Abuse
<input type="checkbox"/> Verbal Abuse/Threat	<input type="checkbox"/> Intimidation
<input type="checkbox"/> Harassment	<input type="checkbox"/> Threatening written communication
<b>Incident Description</b>	
Is it related to / suspected to be related to:	
<input type="checkbox"/> Age	<input type="checkbox"/> Religion
<input type="checkbox"/> Disability	<input type="checkbox"/> Sexuality
<input type="checkbox"/> Gender	<input type="checkbox"/> Unrelated
<input type="checkbox"/> Racial	<input type="checkbox"/> Not Known
Date & Time of Incident	
Property	
Detailed Location	

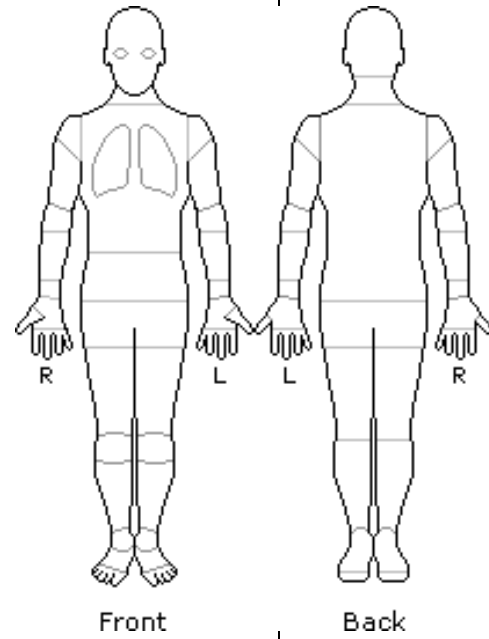
Body Part Injured (if applicable)

A: \_\_\_\_\_

B: \_\_\_\_\_

C: \_\_\_\_\_

D: \_\_\_\_\_



What actions have been taken locally to address the cause of the incident

Severity of injury

What preceded the incident?

<b>Victims Details</b>		
Victims Name		
Gender		
Job Title (if council employee)		
Date of Birth		
Victims Address		
Victims Tel No.		
Was the victim?		
Victims Ethnic Origin		
<input type="checkbox"/> White British <input type="checkbox"/> White Irish <input type="checkbox"/> White Other <input type="checkbox"/> Gypsy/Roma  <input type="checkbox"/> Traveller of Irish Heritage <input type="checkbox"/> White & Black <input type="checkbox"/> Any other Mixed	<input type="checkbox"/> Heritage <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Asian background <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi	<input type="checkbox"/> Any other Asian background <input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> Any other Black background <input type="checkbox"/> Chinese <input type="checkbox"/> Other Ethnic Group
<b>Assailant Details</b>		
Assailant Name		
Assailant Address		
Assailant Tel Number.		
Assailant Age		
Assailants Gender		
Assailants Ethnic Origin		
<input type="checkbox"/> White British	<input type="checkbox"/> Heritage	<input type="checkbox"/> Any other Asian background

<input type="checkbox"/> White Irish	<input type="checkbox"/> Caribbean	<input type="checkbox"/> Caribbean
<input type="checkbox"/> White Other	<input type="checkbox"/> African	<input type="checkbox"/> African
<input type="checkbox"/> Gypsy/Roma	<input type="checkbox"/> Asian background	<input type="checkbox"/> Any other Black background
<input type="checkbox"/> Traveller of Irish Heritage	<input type="checkbox"/> Indian	<input type="checkbox"/> Chinese
<input type="checkbox"/> White & Black	<input type="checkbox"/> Pakistani	<input type="checkbox"/> Other Ethnic Group
<input type="checkbox"/> Any other Mixed	<input type="checkbox"/> Bangladeshi	
Was the Assailant?		
<b>Person reporting (If not victim or line manager)</b>		
Your Name		
Your Address		
Your Email		
Your Telephone		
Your Job Title		
Do you need H&S assistance?		

**Action Required: Please ensure this form is now returned to the responsible person on site for recording on the online incident database, and ensure your line manager is informed of this incident.**