



St Mary's  
University  
Twickenham  
London

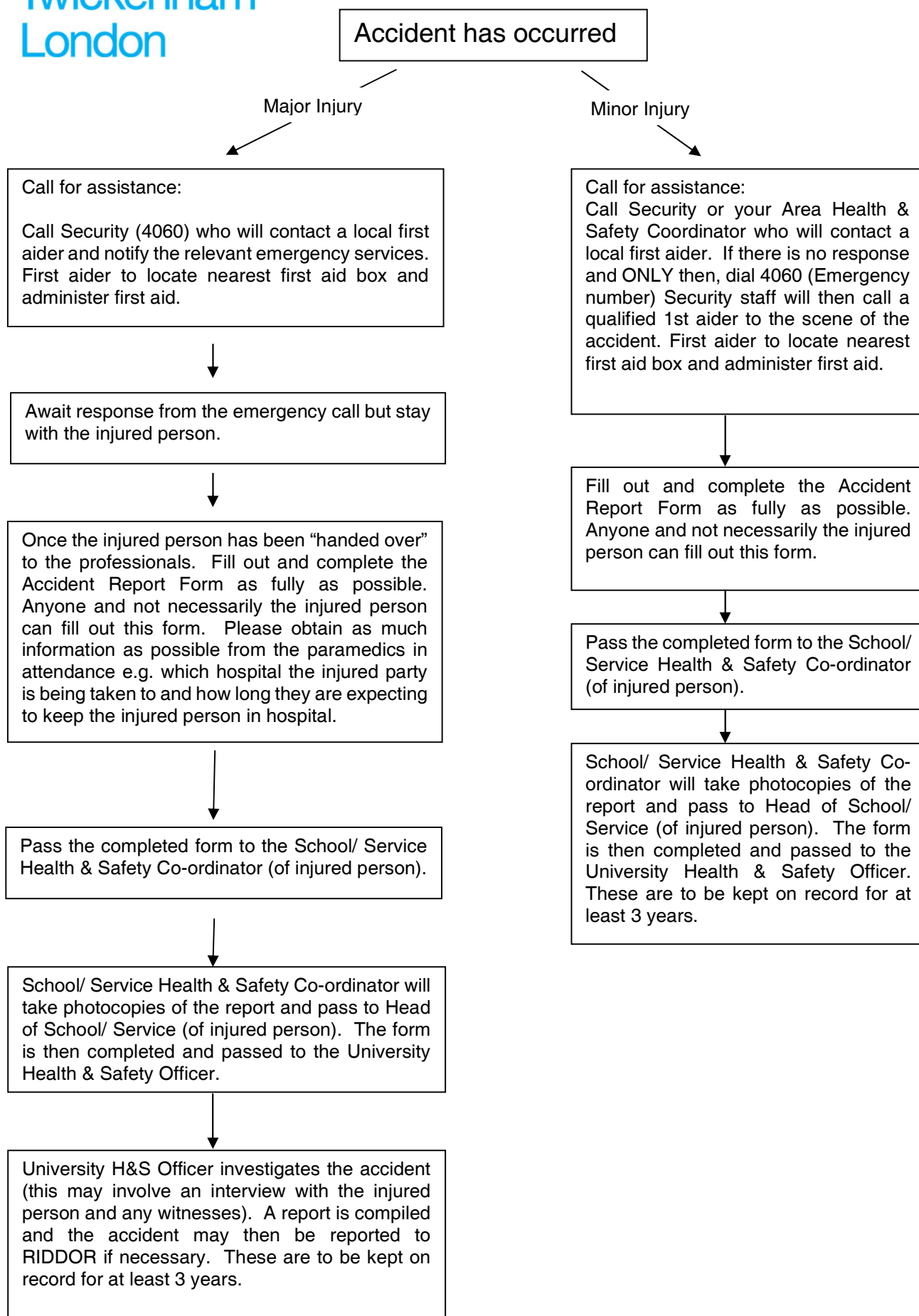
## Accident Reporting Procedures Staff Handbook

HSPG 1a

(Version 5) - December 2019



## ACCIDENT REPORTING PROCEDURES



### ***Definitions***

An accident is an unplanned event that causes injury to persons, damage to property, or both.

A near miss incident is an unplanned event which does not cause personal injury or property damage, but which may well have done so.

A hazard is something that has the potential to cause personal injury, disease, property damage or other loss.

Risk is the likelihood that a hazard will result in personal injury, disease, property damage or other loss. Risk takes into account the severity of the outcome in terms of type of injury or disease and the number of people who may be affected, or in terms of the financial consequences of property damage or other loss.

RIDDOR is the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995 as amended and repelled 2013.

The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 2013. Specified injuries are (regulation 4):

- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which:
  - covers more than 10% of the body
  - causes significant damage to the eyes, respiratory system or other vital organs
- any scalding requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
  - leads to hypothermia or heat-induced illness
  - requires resuscitation or admittance to hospital for more than 24 hours

For further guidance on [specified injuries](#) is available.

## HSE Guidance extracted from the HSE website

### Over-seven-day incapacitation of a worker

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven-day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

### Over- (7) seven-day incapacitation

**Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than (7) seven consecutive days.** If you are an employer, who must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, as amended 2013 that record will be enough.

### Non-fatal accidents to non-workers (e.g. members of the public)

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

**There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.**

### Occupational diseases

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work: These diseases include (regulations 8 and 9):

- 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;
- any disease attributed to an occupational exposure to a biological agent.

Further guidance on [occupational diseases](#) is available.

Specific guidance is also available for:

- [occupational cancers](#)
- [diseases associated with biological agents](#)

## Dangerous occurrences

Dangerous occurrences are certain, specified near-miss events. 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;
- the accidental release of any substance which could cause injury to any person.

## Gas incidents

Distributors, fillers, importers & suppliers of flammable gas must report incidents where someone has died, lost consciousness, or been taken to hospital for treatment to an injury arising in connection with that gas. Such incidents should be reported using the [online form](#).

Registered gas engineers (under the Gas Safe Register,) must provide details of any gas appliances or fittings that they consider to be dangerous, to such an extent that people could die, lose consciousness or require hospital treatment. The danger could be due to the design, construction, installation, modification or servicing of that appliance or fitting, which could cause:

- an accidental leakage of gas;
- incomplete combustion of gas or;
- inadequate removal of products of the combustion of gas.

Unsafe gas appliances and fittings should be reported using the [online form](#).

St Mary's University aims to reduce work-related death, injury and ill health.

RIDDOR reportable injuries are those which arise out of or in connection of work and which result in the death of any person, major injuries to any person at work, any person not at work being removed from the site of an accident to hospital for treatment, or any person at work being incapacitated for work for more than seven consecutive days.

A major injury is defined under RIDDOR as

1. Any fracture, other than to the fingers, thumbs or toes.
2. Any amputation.
3. Dislocation of the shoulder, hip, knee or spine.
4. Loss of sight (whether temporary or permanent).
5. A chemical or hot metal burn to the eye or any penetrating injury to the eye.
6. Any injury resulting from an electric shock or electric burn (including any electric burn caused by arcing or arcing products) leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours.

7. Any other injury

- (a) leading to hypothermia, heat-induced illness or to unconsciousness,
- (b) requiring resuscitation, or
- (c) requiring admittance to hospital for more than 24 hours.

8. Loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent

9. Either of the following conditions which result from the absorption of any substance by inhalation, ingestion or through the skin –

- (a) acute illness requiring medical treatment; or
- (b) loss of consciousness.

10. Acute illness which requires medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.



## Accident Report Form

**This form must be completed for any injury, work-related ill health and dangerous occurrence in respect of staff, students, contractors and visitors**

### GUIDANCE

- Please complete the form in BLACK INK and in BLOCK CAPITALS if possible.
- If you have any queries when completing this document, please ask your Departmental Coordinator for advice or contact the Health and Safety Office on extension number 4263.
- The completed form must be passed on to the Health & Safety Office as soon as possible.
- Keep a copy for your own record.

To be completed by injured person (IP) or representative

## SECTION 1 PERSONAL DETAILS

### GUIDANCE

SECTIONS 1, 2 and 3 to be completed by the injured person where possible. Alternately a representative or manager may do so on their behalf.

Please tick as appropriate:

Accident

Dangerous Occurrence

Work-related ill health

☐☐☐

Full Name of IP:

Title:

Prof

Dr

Mr

Mrs

Ms

☐☐☐☐☐

Gender:

Male

Female

☐☐

Home Address:

Contact Number

Postcode

Date of birth:

Job/Course Title:

Status

Please Tick:

Staff

Student

Contractor

Visitor

☐☐☐☐

## SECTION 2 ACCIDENT RECORD

### GUIDANCE

This section concerns details of the injury, work related ill health or dangerous occurrence. Please be as specific as possible with regard to location (address, postcode, room number etc), and type of injury. If a major injury or dangerous occurrence has occurred please contact the Health & Safety Office as soon as possible.

<p><b>When did it happen?</b> Date of occurrence</p>	<p>DD / MM / YY</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>	<p>Time of occurrence: (Please use 24hr clock e.g. 0000)</p>	<p>Hrs : Mins</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin-top: 5px;"></div>
<p><b>Where did it happen?</b> (state which room, bldg. or place)</p>	<div style="border: 1px solid black; height: 25px; margin-top: 5px;"></div>		
<p><b>How did it happen?</b> Give the cause if you can.</p>	<div style="border: 1px solid black; height: 35px; margin-top: 5px;"></div>		
<p><b>Was there an injury?</b> If so please give details (e.g. fracture, bruise, cut, sprain/strain)</p>	<div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>		
<p>If the person suffered work-related ill health, please give details</p>	<div style="border: 1px solid black; height: 45px; margin-top: 5px;"></div>		

## SECTION 3 TREATMENT DETAIL

### GUIDANCE

This section should be completed by a first aider or manager/supervisor in respect for all treatment whether accepted or refused.

	Accepted	Refused	Advised to attend hospital/ GP	Not Applicable
<b>Was First Aid</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brief details of the First Aid given:				
First Aider's name:				
Was the injured person sent to hospital:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Was the Injured Person in hospital for more than 24 hours	Yes <input type="checkbox"/> No <input type="checkbox"/>
Hospital Details:				
Signature of injured person:			Signature of Representative:	
Date: (DD/MM/YY)	/ /			
If representative, please give your full name and contact number:				
Full Name:			Contact Tel Number:	



## PRELIMINARY INVESTIGATION SECTION

The Departmental Manager/Supervisor/Lecturer in charge must complete this section.

### SECTION 1 INVESTIGATOR DETAILS

#### GUIDANCE

To be completed by Manager/Supervisor/Lecturer. Please complete contact details in full.

Full Name:

Title:

Department/School:

Extension Number:

### SECTION 2 WITNESS DETAILS & EXPENSES INCURRED

#### GUIDANCE

Please ensure that names and appropriate contact details are taken from any witnesses present. If you feel that it is necessary to add details of more than one witness please continue on a separate sheet and indicate that this is attached.

Please add details of damage to property and any expenses incurred by persons giving assistance to the IP, e.g. travel expenses to hospital, dry cleaning of soiled clothing etc.

First Witness  
Name:

Address:

Contact Number:

Damage to  
Property:

Other costs  
incurred:

### SECTION 3 SAFETY MANAGEMENT CHECKLIST

#### GUIDANCE

Please ensure that all questions are answered and that copies of relevant documents are securely attached to the report/investigation forms.

Was the area/work activity subject to a risk assessment?

(If YES, please attach a copy)

Yes ☐

No ☐

Have you reviewed the risk assessment in the light of the occurrence?

(If YES, please attach a copy)

Yes ☐

No ☐

Was Permit to Work/Access authorisation in effect?

(If YES, please attach a copy)

Yes ☐

No ☐

Are there any departmental rules/safe systems of work applicable to the area/work activity?

(If YES, please attach a copy)

Yes ☐

No ☐

Was personal protective equipment being used  
at the time?  
(If YES, indicate the type in the boxes below)

Yes ☐

No ☐

Eye	Face	Ear	Hand	Foot	Respiratory	Body

Has the injured person resumed work/study?

Yes ☐

No ☐

If yes, on what date? (DD/MM/YY)

## SECTION 4 PRELIMINARY INVESTIGATION DETAILS

### GUIDANCE

Please summarise 'accident/incident cause and effect' and action taken. Continue on a separate sheet if necessary. Include full details of what you intend to do to prevent a similar accident occurring again. This should include training, induction and amendments to risk assessments if required.

Please send completed form to the Health and Safety Office

## SECTION 5

### FOR USE BY HEALTH AND SAFETY OFFICE

Received in Health &  
Safety Office by:

Ref No

Date:

F2508 required? ☐

Further investigation required? ☐

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