

CHILWELL CROFT ACADEMY



Accident - Incident and Investigation Policy

Review Date: November 2018
To be Reviewed: November 2019
Agreed: F & GP Board
Policy Lead: Marion Lower &
Pravina Patel

Introduction

There is a duty to report accidents, incidents and dangerous occurrences which occur on Academy premises or which arise from work carried out on behalf of the Academy. This responsibility extends to incidents involving students, contractors, visitors and other members of the public as well as to employees.

Definitions

ACCIDENT – An incident where an employee or other person is injured as a result of work and/or there is damage to equipment, property or premises.

(The term “employee” includes part-time, temporary or casual staff; trainees and other self-employed person working on site)

NEAR MISS – An event that while not causing harm had the potential to cause injury or ill health.

DANGEROUS OCCURRENCE – A serious incident with the potential to cause injury to a person and/or damage to equipment, property and premises which must be reported to the HSE.

VIOLENT INCIDENT – Where a person on the premises is abused, threatened or assaulted in circumstances relating to their work (this can include verbal abuse or threats as well as physical attacks).

Reporting Procedure

There are two levels of reporting for Academy's:

- a) locally within the Academy;
- b) to the Health and Safety Executive (HSE) who are the enforcing authority for health and safety within Academy's.

Reporting Locally Accidents

As soon as possible after an incident, the details should be reported to the Academy's nominated person. (e.g. Academy office and / or first aider)

Name/Place - Extension

Pravina Patel	school office	5 5106
Martin Edwards	site office	5 4234
Julie Berrow	school office	4 3402

Minor incidents to pupils, i.e. those resulting in no / insignificant injury **AND** having no potential for more significant injury. e.g. Playground collision requiring no or only nominal first aid treatment etc. should be recorded in the Academy's own accident form/input on MIS and kept on site.

Any incident involving an employee (no matter how minor) and Pupil incidents (and those to visitors, members of the public etc) requiring more significant first aid and/ or linked to the condition of the premises, equipment or as a result of a curriculum session; should be recorded in the Academy's own accident form/input on MIS and kept on site.

Violent Incidents

Violent incidents between pupils, should be dealt with in accordance with the Academy's policy for behaviour management and do not need to be reported unless serious in nature i.e. (severity of injury, police involvement etc.)

Where an employee is abused, threatened or assaulted in accordance with their work a violent incident form should be completed & copied to the head teacher.

Reporting to the H S E

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) place duties on employers to report serious incidents to the HSE.

The responsibility for reporting such incidents is delegated to the Head of the establishment.

From 12th September 2011 statutory reporting to the HSE moved to a predominantly on-line system <http://www.hse.gov.uk/riddor/report.htm>. **Reporting by email, post or fax to the HSE is no longer be available.**

When to report to the HSE

- **Fatalities**
- **Major Injuries to Employees** (as defined in RIDDOR), including fractures (other than fingers or toes), amputations, loss of sight, a burn or penetrating injury to the eye, any injury or acute illness resulting in unconsciousness, requiring resuscitation or requiring admittance to hospital for more than 24 hours.

Fatal and major injuries should be reported **immediately** by telephone to the HSE's Incident Contact Centre **0845 3009923**. Do not wait until you have carried out a thorough investigation before you report it.

The following incidents should be notified to the HSE as soon as practicable via their online reporting system <http://www.hse.gov.uk/riddor/report.htm>

- **over-7-day injuries** where an employee or self-employed person is away from work or unable to perform their normal work duties for more than 7 consecutive days. Such incidents must be reported within 15 days of the accident.

To calculate whether the absence classifies as 'over 7-day':

1. *Exclude the day of the incident if they went home or did not return to work on the day*
2. *Include weekends, bank holidays and weekdays (whether the person would normally work on them or not).*

It is also a statutory requirement that, where an employee has been injured as a result of a notifiable accident or dangerous occurrence which is a cause of their death within one year of the date of the incident, the HSE must be informed in writing as soon as this is known. Although such cases are likely to be rare, the Head of establishment should take reasonable steps to keep him/herself informed of the progress of any seriously injured employee or former employee.

- some **work-related diseases**.
- **dangerous occurrences** – e.g. explosion or fire causing suspension of normal work for over 24 hours, accidental release of any substance which may damage health , unintended collapse of: any building or structure under construction.
- **injuries to members of the public, including pupils** where they are taken from the scene of an accident to hospital for treatment **and** the accident arose in connection with 'work activities'.

The essential test here is whether the accident was caused by factors such as the condition, design or maintenance of the premises or equipment (e.g. slippery flooring, poorly maintained play equipment, trailing cable etc.) or as a result of inadequate arrangements for supervision of an activity (e.g. inadequate supervisory levels on a field trip).

Many of the common incidents that cause injuries to pupils at Academy are **not** reportable under RIDDOR as they do not arise directly from the way that the Academy undertakes a work activity.

Sporting injuries

Sporting activities have a residual risk and injuries to pupils within PE arising from the 'normal' contact nature of a sport is not automatically reportable under RIDDOR.

Examples of reportable incidents would include:

- the condition of the premises or sports equipment being a factor in the incident, for example a pupil slips and fractures an arm because a member of staff had used the wrong polish and left the sports hall floor too slippery for sports; or
- there was inadequate supervision to prevent an incident, or failings in the organisation and management of an event. For example, pupil's arm being struck by a trampoline whilst folding the equipment away and member of staff was not actively involved.

Accident Records

The Academy **will** maintain accident records. This will include a 'minor' accident record and completed HSE forms which could be stored either as hard copies or electronically. Appendix 1 shows an example of the form used.

Accident records must be retained for at least 3 years after the date of the accident, if the person is above 18 years old. If the person who had the accident is under the age of 18 then accident, records have to be kept until they are 21.

Accident Investigation

It is a legal requirement for employers to monitor and review their health and safety arrangements, accident investigations form an essential part of this process. The Academy will review these arrangements via the Governors Health & Safety Committee.

All accidents should be investigated at the earliest opportunity to determine what (if any) action is needed to prevent a recurrence. The level of investigation should be proportionate to the severity of the incident, it is the potential consequence and likelihood of the incident recurring that should determine the level of investigation, not simply the injury suffered on this occasion.

For example: a scaffold collapse may not have caused an injury but had the potential to cause major or fatal injury. When making your decision, you must also consider the potential for learning lessons. For example, if you have had a number of similar adverse events, it may be worth investigating, even if each single event is not worth investigating in isolation.

The investigation findings should form the basis of an action plan to prevent the incident from recurring, improving your overall management of risk and identifying areas of your risk assessments that may need to be reviewed.

The HSE guide [HSG 245](#) 'Investigating Accidents and incidents' provides further details of a systematic approach to accident investigation.

The attached form outlines the type of questions to consider as part of the investigation process.

Adverse event report and investigation form

The purpose of this form is to record adverse events where the event is significant and requires further investigation. The term **accident** is used where injury or ill health occurs. The term **incident** includes **near misses** and **undesired circumstances**, where there is the potential for injury now or in the future.

Part 1 Overview

Reported by:			Date/time of adverse event	
Incident	Ill health	Minor injury	Serious injury	Major injury
Brief details (What, where, when, who and emergency measures taken)				

Part 2 Initial assessment (to be carried out by the person responsible for health and safety)

Type of event

Actual/potential for harm

Injury		Fatal or major	
Ill health		Serious	
Near-miss		Minor	
Undesired circumstance		Damage only	

RIDDOR reportable?	Y/N	Date/time reported
Entry in accident book?	Y/N	Date entered/reference:

Investigation level

High level		Low level	
Medium level		Basic	

Part 3 Investigation information gathering

1 Where and when did the adverse event happen?

2 Who was injured/suffered ill health or was otherwise involved with the adverse event?

3 How did the adverse event happen? (Note any equipment involved)

4 What activities were being carried out at the time?

5 Was there anything unusual or different about the working conditions?

6 Were there adequate safe working procedures and were they followed?

7 What injuries or ill health effects, if any, were caused?

8 If there was an injury, how did it occur and what caused it?

9 Was the risk known? If so, why wasn't it controlled? If not, why not?

10 Did the organisation and arrangement of the work influence the adverse event?

11 Was maintenance and cleaning sufficient? If not, explain why not.

12 Were the people involved competent and suitable?

13 Did the workplace layout influence the adverse event?

14 Did the nature or shape of the materials influence the adverse event?

15 Did difficulties using the plant and equipment influence the adverse event?

16 Was the safety equipment sufficient?

17 Did other conditions influence the adverse event?

Analysis and further action

18 What were the immediate, underlying and root causes?

19 What risk control measures are required/recommended?

20 Do similar risks exist elsewhere? If so, what and where?

21 Have similar adverse events happened before? Give details.

Part 4 The risk control action plan

22 Which risk control measures should be implemented in the long and short term?

Control measures	Completion date	Person responsible

23 Which risk assessments and safe working practices need to be reviewed and updated?

Name of risk assessment Safe working procedure	Completion date	Person responsible

24 Have the details of the adverse event and investigation findings been recorded and analysed? Are there any trends or common causes which suggest the need for further investigation? What did the adverse event cost

25 Signed on behalf of the investigation team

Name	Signature
26 Members of the investigation team	
Name	Position
Julie Berrow	Headteacher
Pravina Patel	Business Manager
Martin Edwards	Site Manager

To be completed by the Health & Safety Support Team (HSST)

HSST Ref. No:



ACCIDENT/OCCURRENCE/ NEAR MISS REPORT FORM

<p>Notes on completion</p> <div style="text-align: center;"> Data protection </div>	<ul style="list-style-type: none"> This report form should be completed by a Manager / Supervisor as soon as reasonably practicable. Please complete & submit a separate report for each casualty or occurrence. Include any relevant statements and photographs. Solihull Council's Corporate Health and Safety Support Team (HSST) will report any accidents to the HSE as per RIDDOR. Where applicable copies of this report may be forwarded to SMBC Insurers and HR Section. Complete all relevant sections, if you have any problems with its completion please contact the HSST. Computerised Offices: Type in the required information (open as a WORD document); if necessary, use a continuation sheet. Submit via e-mail to: thorsley@chilwellcroft.bham.sch.uk Non-Computerised Offices: complete in writing, preferably using capital letters; if necessary use a continuation sheet. Submit to Chilwell Croft Academy, Chilwell Croft, Newtown, Birmingham, B19 2QH <div style="margin-top: 10px;"> -Retain a copy of this report for 3 years. This document must be treated as private and confidential as per SMBC Policy. </div>								
Part A - Injured Person Details									
Please complete details in section A – these relate to the person details as to who they are and where they work or are based.									
1. Name of the Injured person	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2" style="height: 30px;"></td> <td colspan="2" style="text-align: center;">Date of Birth (DD/MM/YYYY)</td> </tr> <tr> <td style="width: 25%; text-align: center;">Male</td> <td style="width: 25%;"></td> <td style="width: 25%; text-align: center;">Female</td> <td style="width: 25%;"></td> </tr> </table>			Date of Birth (DD/MM/YYYY)		Male		Female	
		Date of Birth (DD/MM/YYYY)							
Male		Female							
2. What is the injured persons home address, postcode and <u>telephone number</u> ?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; height: 40px; vertical-align: top;">Injured Persons Home Address (Inc. Post Code)</td> <td style="width: 30%; height: 40px; vertical-align: top;">Injured Persons Telephone No:</td> </tr> </table>	Injured Persons Home Address (Inc. Post Code)	Injured Persons Telephone No:						
Injured Persons Home Address (Inc. Post Code)	Injured Persons Telephone No:								
3. Who was involved or injured? (Please underline) * If other please specify	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 40px; vertical-align: top;">A. SMBC Employee</td> <td style="width: 50%; height: 40px; vertical-align: top;">Job Title</td> </tr> <tr> <td colspan="2" style="height: 40px; vertical-align: top;">B. Pupil</td> </tr> <tr> <td colspan="2" style="height: 40px; vertical-align: top;">C. *Other (Public, Visitor, Contractor, Service User)</td> </tr> </table>	A. SMBC Employee	Job Title	B. Pupil		C. *Other (Public, Visitor, Contractor, Service User)			
A. SMBC Employee	Job Title								
B. Pupil									
C. *Other (Public, Visitor, Contractor, Service User)									
4. Address of Workplace (Team & Directorate)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; height: 60px; vertical-align: top;">Name of School or Directorate.</td> <td style="width: 50%; height: 60px; vertical-align: top;">Workplace address.</td> </tr> </table>	Name of School or Directorate.	Workplace address.						
Name of School or Directorate.	Workplace address.								
5. If not SMBC staff (i.e. Contractors) what is Employers' name and address?									
Part B - Details of the Incident									
Please complete details in section B – these identify where the incident took place.									
6. Date and Time?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 40px; vertical-align: top;">Date:</td> <td style="width: 40%; height: 40px; vertical-align: top;">Time (24 hr):</td> </tr> </table>	Date:	Time (24 hr):						
Date:	Time (24 hr):								
7. Address of the premises or site where accident / occurrence happened (if not workplace)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; height: 60px; vertical-align: top;"> Did the Incident happen at the workplace address above? Yes / No (if no fill in address) </td> <td style="width: 40%; height: 60px; vertical-align: top;">Incident address</td> </tr> </table>	Did the Incident happen at the workplace address above? Yes / No (if no fill in address)	Incident address						
Did the Incident happen at the workplace address above? Yes / No (if no fill in address)	Incident address								
8. Where on the premises or site did the accident actually occur?									

Part C - Category of Incident	Please complete section C – identifying the type and kind of incident	
9. Type of Incident (<u>Please underline</u>)	A. Accident at work B. Dangerous Occurrence C. Near Miss D. Violent Incident / Assault	
10. Kind of Accident (<u>Please underline</u>) Curricular Activity E.g. P.E lesson or organised sports activity	A. Hit by moving object B. Hit fixed object C. Injured whilst lifting, carrying/handling D. Slipped, tripped or fell on same level E. Fell from height – How high... (metres) F. Road Traffic Accident G. Sports Injury (Curriculum Activity) H. Contact with I. hazardous substance II. hot substance III. machinery IV. sharp object V. electricity I. Fire Other (Please state)	
11. Type of Violent Incident (<u>please underline</u>) Note if Racial (please complete Racial Incident Form on HR website) NOTE – If VIOLENT INCIDENT - SECTION G MUST ALSO BE COMPLETED.	A. Physical threat of violence B. Physical threat with a weapon C. Physical assault D. Written threat E. Verbal abuse (face to face) F. Verbal abuse (telephone) Other (Please state) NOT APPLICABLE	
12. What was the cause? (<u>Please underline</u>) * Mechanical/Electrical Fault or Medical Equipment/Device; Complete section 20 with details of make, model, age and where obtained if known. ** Curricular Activity e.g. P.E lesson or organised sports activity. *** If other, please specify	A. Lack of care by injured party B. Lack of care by others C. Accommodation issues D. Mechanical/Electrical fault * E. Incorrect use of equipment F. Incorrect method used	G. Collision of vehicles H. Threat to staff I. Arson J. Sports Injury (Curriculum Activity**) K. Medical Equipment/Device* *** Other
Part D – About the Injury	Please complete section D in relation to the severity of the injury and resulting issues. HSE require certain accidents to be reported.	
13. What was the injury? (eg fracture, laceration)		
14. What part of the body was injured? <i>Please be specific – e.g. left leg</i>		
15. Type of injury? (<u>please underline</u>)	A. Fatality B. Major injury or Condition C. Did they require resuscitation D. Become unconscious E. Minor injury F. No injury	
16. What treatment was given to the injured person? (<u>please underline</u>) * If other please specify	A. Taken to Hospital from site of accident by Ambulance. B. Taken to Hospital – by parent/other* C. Remain in Hospital for more than 24 hours D. Taken to GP/Dentist by parent /other* E. First aid F. No treatment	
17. Absence from work? (<u>please underline</u>). (absence includes weekends / BH if included in time off) * Please state number of days	A. More than 3 days off * Nº days B. Not Known C. No absence	

Part E – Describing what happened.		Please put in as much information to include the activity at the time of the incident, the events that led to the incident, the part any people played, name of any substance involved, the name of any type of machinery involved and what action has been taken to prevent a similar incident.	
18. Describing what happened? Please write an account as to what happened?			
19. What have you done to prevent a recurrence? (e.g have you reviewed and updated risk assessment)			
20. Is there any further relevant information? If so please use this section. (e.g. witness details)			
Part F – Manager / Supervisor Details		Please complete section F – with contact details of the Manager / Supervisor / Head Teacher / Teacher details for point of contact.	
21. Details about the Manager / Supervisor completing this report.		A. Your Name:	C. Work address (if different from 4. above)
		B. Job title:	D. Contact Number:
22. If hard copy has been sent please sign and date Signature Date.....			
<p style="text-align: center;"><u>Also complete Section G if involved in a Violent Incident</u></p> <p style="text-align: center;">Please note that additional documentation may need to be completed following an incident</p> <p>The Health and Safety Executive (HSE) defines work-related violence as: “Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work.” This can include verbal abuse or threats as well as physical attacks.</p>			
23. Alleged Instigator (s) Address and contact details (if known)	Name:		
	Address:		
	Telephone Number:		
	Name:		
	Address:		
	Telephone Number:		
	Name:		
24. Witness: Address & Contact Details (please fill in details of all witnesses).	Name:		
	Address:		
	Telephone Number:		

The investigator must acquire all witness statements. Please ensure that these are signed.	Name:
	Address:
	Telephone Number:
25. Were Police Involved: If Yes – please give details and crime number	Name:
	Address:
	Telephone Number:
25. Were Police Involved: If Yes – please give details and crime number	Yes / No
	If Yes - Please give details.....
	Crime Number.....
26. Has a similar incident occurred previously?	Yes / No
	If Yes - Please give details.....
27. Was there a warning marker in place?	Yes / No
	Date warning marker placed or last reviewed?
28. What happened after the incident?	A. Counselling offered
	B. Risk assessment revised
	C. Warning marker considered/reviewed
	D. Other agencies/teams contacted
	E. Any other actions taken? Please give details:

SECTION TO BE COMPLETED BY SMBC CORPORATE HEALTH AND SAFETY TEAM ONLY

SMBC Health & Safety Investigation & Recommendations:

Remedial Action: this should be carried out by the manager / school.

Note – Is there a risk assessment required for the activity? If so has the risk assessment been reviewed and updated.

Remedial Action (Date of Completion)	
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Absence Total:		Or, continuing (✓)	
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Insurance Notified (✓)	Yes		No		Date:	
Community Equipment Store Notified (✓)	Yes		No			
Documents Attached (✓)	Yes		No		Details of attached documents:	

Investigating Officer	Date:
Health and Safety Lead / Health & Safety Manager	Date: