
Trowbridge Town Council

Working with the Community

Accident & Near Miss Incident Procedure

(Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995: RIDDOR)

I. INTRODUCTION

Trowbridge Town Council (“the Council”) monitors accidents and near miss incidents as part of its Health and Safety policy and also to comply with Health and Safety (RIDDOR) legislation.

To help prevent reoccurrence and reduce the risk of staff absence and adverse publicity caused by major incidents the Council has categorised accidents and near miss incidents for internal monitoring purposes, for learning and for improving operational practices.

This procedure provides definitions for categories and information on the process of reporting incidents.

2. RESPONSIBILITIES

2.1 Employees / Volunteers

All employees and volunteers should be aware that any accident/incident on Town Council premises or at Council run events should be recorded on an Accident/Incident Report Form (*Appendix 1*)

2.2 Line Managers

If line managers are made aware of an accident or near miss incident they should ensure that all necessary paperwork is completed. Managers must also be fully aware of the regulations regarding RIDDOR reportable incidents and make certain that notifiable situations are reported as soon as they arise.

When Accident/Incident Report Forms are completed line managers should review the details with their departmental manager before categorising the incident, signing the acknowledgement and forwarding to the Facilities Manager.

2.3 Facilities Manager

On receipt of a completed accident/incident report and depending on the severity of the accident/incident, the Facilities Manager may carry out an internal investigation and make recommendations to reduce the risk of reoccurrence. If they consider a further external investigation is necessary, they will say so. On completion of the internal investigation the report will be passed to the Town Clerk.

On a quarterly basis the Facilities Manager will give a report of all accidents/near misses to the Operational Management Team.

2.4 Town Clerk

The Town Clerk shall have the final decision on whether an external investigation is required. If necessary, the Clerk will arrange the investigation and complete an External Investigation Report (Appendix 2).

2.5 Facilities Manager

The Facilities Manager will be responsible for the upkeep of the accident/incident forms, the filing of all report forms and ensuring that senior managers and line managers are made aware of the findings of any internal investigations and recommendations. They will also record all accidents/incidents to enable them to provide reports when required.

3. CATEGORIES

CATEGORY 1 RIDDOR NOTIFIABLE - VERY HIGH IMPACT

i.e. situations where there is a legal requirement to notify the enforcing authority as required by RIDDOR. Also, the Council is likely to be approached by, or be involved in making statements to, the media. Staff could be affected e.g. counselling required.

CATEGORY 2 RIDDOR NOTIFIABLE - HIGH IMPACT

i.e. situations where there is a legal requirement to notify the enforcing authority as required by RIDDOR; but it is unlikely that the media will be involved. Staff could be affected e.g. staff absence long term cover required.

CATEGORY 3 INTERNAL NOTICE, NON-NOTIFIABLE: MODERATE IMPACT

i.e. situations where the Council has no requirement to notify situations but consider them of sufficient importance that investigation is required. Staff could be effected e.g. minor injury, short term staff cover required

CATEGORY 4 INTERNAL NOTICE - MODERATE IMPACT

i.e. situations that are generally minor in nature; including the near miss reports. Incidents must be investigated to ensure lessons are learnt and practices reviewed. Some near miss reports may need immediate action by the line manager.

The main categories are further sub-divided to ensure a more accurate description of the accident or near miss incident. This subdivision is a requirement not only to enable the Council to effectively monitor its Health and Safety activities but is a requirement of RIDDOR for category 1 and 2 situations.

APPENDICES

- Appendix 1** Accident / Incident Report Form
- Appendix 2** Accident / Incident External Investigation Form

Lance Allan – Town Clerk & Proper Officer

Signed:..... **Date:**.....

*This procedure will be amended as the size or nature of the Council changes or as new legislation is introduced.
Otherwise date of next review November 2022*

(Appendix 1)

To be completed as fully as possible by the person responsible for the location of the accident. You must ensure your line manager reads and signs before submitting the form to the Facilities Manager.

(Ref No: is Department/date for example Civic Venue would be CV/010116, Museum would be MU/010116)

Shaded box = mandatory information

1. Basic Information

<i>Tick the relevant box</i>					
Accident - Personal	<input type="checkbox"/>	Incident	<input type="checkbox"/>	Near miss	<input type="checkbox"/>
Accident - involving others	<input type="checkbox"/>	Assault – all forms	<input type="checkbox"/>	Occupational ill health	<input type="checkbox"/>

Accident Record Site/Dept. Reference <i>Tick the relevant box</i>				Site address of accident, incident or near miss (school, office, care home etc)	
Civic Venue (Events & TIC)	<input type="checkbox"/>	Leisure Services (Off-site)	<input type="checkbox"/>		
Civic Offices (Staff and Tenants)	<input type="checkbox"/>	Museum	<input type="checkbox"/>		
Direct Services (Offsite)	<input type="checkbox"/>	Longfield Community Centre	<input type="checkbox"/>		
Other (please state)	<input type="checkbox"/>		<input type="checkbox"/>		

Date of accident dd/mm/20xx	Time of accident (24hr clock)	Precise place where occurred (e.g. foyer, park, playground etc)

Details of circumstances and the actual accident (including assault), incident, near miss or occupational ill health. **(Continue on additional sheet if necessary.)**

Accident reported by...

State if injured person or give details if someone else	
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2. Details of Event and Injured Person

Type of incident (***Circle the relevant Category***)

TTC Category Reference	RIDDOR Category Reference	RIDDOR Report Form	Definition – basic guidance given with RIDDOR references taken from publication ‘A guide to RIDDOR 1995’ HSE publication and relevant regulation + guidance paragraph shown in { }
Category 1: RIDDOR NOTIFIABLE SITUATIONS: TELEPHONE INCIDENT CENTRE ASAP – VERY HIGH IMPACT			
1a	Fatalities *	F2508	Death: any person whether or not they are at work {R3p43and R4p64-66}
1b	Dangerous occurrence *	F2508	Fire, explosion, building collapse {R3p49}
1c	Diseases *	F2508A	Occupational diseases {R5p67,68,69,71,73,75}
Category 2: RIDDOR NOTIFIABLE SITUATIONS: TELEPHONE INCIDENT CENTRE ASAP – HIGH IMPACT			
2a	Major Accident *	F2508	Injury of any person requiring hospital visit {R3p44-47}
2b	Accident: over 3 days lost time *	F2508	Injury of any employee (including acts of physical violence) {R3p56-60}
Category 3: INTERNAL NOTICE: NON NOTIFIABLE - MODERATE IMPACT			
3a	Accident: Person lost time 1-3 days	n/a	General accidents and sickness resulting from activities at work
3b	Environmental incident **	n/a	Major uncontrolled spillage o/s of our properties
Category 4 INTERNAL NOTICE: MODERATE IMPACT			
4a	Accident: Person lost time less than 1day	n/a	General accidents and sickness resulting from activities at work
4b	Near miss event	n/a	Any instance where an employee wishes to raise a concern regarding an event or practice of a Health and Safety nature

Is the accident reportable to the HSE? (Yes/No) <i>(Facilities Manager to complete)</i>	
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Injured person

Was anyone injured?	<i>Yes (complete boxes below)</i>	<i>No (put x in box)</i>
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Mr/Mrs/Miss/Ms <i>(Circle one)</i>	Surname	Forename
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<i>Tick the relevant box</i>				
Employee	Contractor	Pupil	Service user	Member of public

Was an injury sustained?		Was this a near miss?	
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Date of birth <i>(not needed for employees)</i>	Gender <i>(Circle)</i>	Hours of activity <i>(e.g. event, session timings)</i>	Full/Part time <i>(for staff only)</i>
	Male/Female		

Occupation <i>(staff/contractors only)</i>	Home address/postcode <i>(work location needed for employees)</i>	Phone number

Main injury

			Yes	No	N/A
Part of body injured		Person not treated			
Left/right/both side(s)		Treated by first aider			
Type of injury		Treated by paramedic			
Continue activity		Taken to hospital			
Any days lost (if known please state)		In hospital for more than 24 hours			

Secondary injury (if any)

Part of body injured	
Left/right/both side(s)	
Type of injury	

Condition of site – complete if relevant to accident

Weather		Temperature	
Visibility		Lighting	
Noise		Surface	

The following four sections (a-d) will assist the Facilities Manager investigating the incident – **Complete where applicable**

a) Work equipment - complete if relevant to accident to assist investigation

Item being used	Question	Yes	No	N/A
	Was it fit for task?			
	Was it council property?			
	Was it hired or a contracted service?			
	Was it injured person’s personal property?			

b) Personal protective equipment (PPE) - complete if relevant to accident to assist investigation

Type provided	Question	Yes	No	N/A
	Was it being used for task?			
	Was it fit for the task?			
	Was person trained in its use?			
	Was it in good working order/condition?			

c) Hazardous substances - complete if relevant to accident to assist investigation

Substance being used	Question	Yes	No	N/A
	Was a COSHH assessment available?			
	Were control measures in use?			
	Were control measures suitable?			
	Was person trained in control measures?			

d) Safe systems of work (Such as Risk Assessments & Method Statements) - complete if relevant to accident to assist investigation

Question	Yes	No	N/A
Was a safe system of work prepared/documented for this activity?			
Was it being used correctly?			
Was it fit for task?			
Was injured person trained in safe system of work?			

3. Investigation *Facilities Manager to complete only*

Investigated by <i>(Name and job title)</i>		Date of investigation	
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Details of any witness(es) – name, contact number etc	

4. Cause(s) of accident. *Facilities Manager to complete only*

<p style="text-align: center;">Unsafe Acts</p> <p>Improper use of equipment Using faulty/defective equipment Removing safety devices or making them inoperative Under the influence of alcohol and/or drugs Failure to wear personal protective equipment (PPE) Horseplay Incorrect lifting techniques Incorrect loading/stacking Operation of equipment without authority Failure to warn or to secure Non-compliance with standards Other -</p>	<p style="text-align: center;">Unsafe Conditions</p> <p>Poor housekeeping Sharps (glass, needles etc) Insufficient guards/barriers/ warning signs Defective tools, equipment or materials Poor judgment of weather conditions Insufficient lighting Insufficient ventilation Exposure to excessive noise Poor choice of activity location Non-compliance with standards Animal (bite etc) Other -</p>
<p style="text-align: center;">Human Factors</p> <p>Physical incapacity Mental incapacity Lack of knowledge Lack of skill Stress Improper motivation Distraction</p>	<p style="text-align: center;">Job Factors</p> <p>Inadequate leadership/supervision Inadequate purchasing Inadequate maintenance Inadequate tools/equipment Inadequate materials Inadequate work procedures Inadequate standards</p>

Attitude Motivation Non-compliance with standards (e.g. training) Other -	Inadequate training provision Other -
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Was a risk assessment conducted for the activity being done when accident occurred? (Yes/No/N/A)	
Had training been provided for the task being done (if appropriate)? (Yes/No/N/A)	

5. Recommendations to prevent recurrence, responsible person and target date for completion. *Facilities Manager to complete only*

6. Are there any documents that should be retained with this accident record? (Method Statements, photographs, inspection reports, sketches, witness statements, risk assessments etc? *Facilities Manager to complete only*

7. Signatures

Name/post of person completing form			
Signature of person completing form		Date	

Name/post of line manager			
Signature of local/line manager		Date	

Facilities Manager	Karl Buckingham
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Signature		Date	
Town Clerk	Lance Allan		
Signature		Date	

TROWBRIDGE TOWN COUNCIL

Accident Book
Ref.

(Appendix 2)

Accident/Incident/Near Miss: External Investigation Form

This form is to be completed by the Town Clerk in instances where an internal investigation has resulted in his recommendation for a full external investigation

LOCATION OF ACCIDENT:..... DATE OF INCIDENT.....

STATE WORK ACTIVITY/EVENT: LINE MANAGER:.....

I. ACCIDENT/INCIDENT/NEAR MISS REVIEW

Having considered the internal report for this incident I have sanctioned an independent report to be produced by:

Name of investigating organisation:.....

Address:.....

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Date report requested:.....Date report returned:.....

Name of investigator:.....

2. FINDINGS & ACTIONS

As a consequence of the external investigation I have discussed the findings with the Operational Management Team and agreed the following actions:

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Signed:.....

Date:.....

TROWBRIDGE TOWN COUNCIL
Completed forms to be returned to the Facilities Manager