

INCIDENT REPORTING POLICY

Revised April 2011

Incident Reporting Policy

Introduction

This policy has been developed to detail the standards to be applied following an accident or incident at Northumbria University or involving a member of staff or student away from the University on official business or as part of their studies.

The purpose of accident/incident investigation is to identify the cause of all work related accidents, injuries, near misses, ill health conditions and violence at work incidents in order to prevent or reduce the likelihood of recurrences.

Incidents are also recorded to allow the University to identify any common trends and to measure performance.

Staff are required to report all work related accidents or incidents to their manager or supervisor who will then investigate the circumstances leading to the accident or incident.

Contents

Introduction	Page 2
Definitions	Page 2
Accident/Incident Reporting Procedure	Page 4
Incident Procedure Mapped	Page 5
Incident Report Form (IR1)	Page 6

Definitions

Accident

Unplanned event, linked to a University activity or workplace that results in personal injury or death.

Violence at work

Any incident in which a person is abused, threatened or assaulted in circumstances relating to their work. This includes verbal and physical abuse.

Near Miss

Any unsafe event that results or could have resulted in damage to property or equipment or personal injury.

Work Related Ill Health

Any work related ill health condition a member of staff claims to be, or appears to be suffering from. Examples include hand/arm vibration' work related upper limb disorders, occupational asthma, dermatitis.

Major Injuries

All major injuries must be reported to the Health & Safety Adviser immediately or at the latest within 24 hours of the incident occurring. Examples of major injuries are:

- Fractures (except to fingers, thumbs or toes)
- Amputations
- Dislocation of shoulder, hip, knee or spine
- Loss of sight/chemical or hot metal burn to eye/penetrating eye injury
- Any injury or burn resulting in unconsciousness, requiring resuscitation or admittance to hospital for more than 24 hours.
- Acute illness from chemicals, infected materials or biological agents.

Dangerous Occurrences

All dangerous occurrences must be reported to the Health & Safety Adviser immediately or at the latest within 24 hours of the incident occurring. Examples of dangerous occurrences are:

- Collapse, overturning or failure of any load bearing part of lifting equipment or machinery.
- Fire or explosion
- Collapse or failure of part of scaffold or access equipment
- Dangerous contact with underground cables, gas pipes or overhead electric lines
- Dangerous failure or malfunction of any plant, machinery or equipment
- Failure in explosion during demolition
- Electrical fault in equipment or plant causing electric shock
- Dangerous collapse of a structure or excavation
- Dangerous release of hazardous substances including dusts, fumes, chemical and biological agents.

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

These regulations are made under the Health & Safety at Work Act and their main purpose is to generate reports to the Health & Safety Executive (HSE) to indicate where and how risks arise and to highlight any trends. This enables the HSE to target their activities effectively and to advise employers on strategies to help prevent injuries, ill health and accidental loss.

Accident / Incident Reporting Procedure

In the event of a work related incident as described above occurring, the following procedures must be followed:

Any fatality, major injury or reportable dangerous occurrences, arising out of or in connection with work must be immediately notified to the Health & Safety Adviser by telephoning 0191 243 7318.

Injuries to members of the public or students, arising out of or in connection with work activities that result in the person being immediately taken from the scene to hospital must be reported within 24 hours to the Health & Safety Adviser on 0191 243 7318.

During normal operating hours (Monday – Thursday 8.30am - 5.00pm, Friday 8.30am - 4.30pm) immediate support and advice will be provided by the Health & Safety Adviser, who, if necessary, will notify the Health & Safety Executive as required by RIDDOR 1995.

In the case of a fatality occurring outside normal working hours the Campus Services Security Team will contact the Health & Safety Adviser. In this case the emergency services will contact the Health & Safety Executive Duty Officer.

The Health & Safety Adviser will also respond to any major injuries and reportable dangerous occurrences by 9.30am on the next working day following any such event.

The responsible person in charge of the activity or responding to the request for first aid assistance must ensure an Incident Report Form (IR1) is completed. If possible the injured person should complete section 1 but if this is not possible the responsible person can do this on behalf of the injured person.

Section 2 of the form is the initial investigation into the circumstances of the accident/incident and should be completed, where applicable, by the injured person's supervisor or the person in charge of the activity.

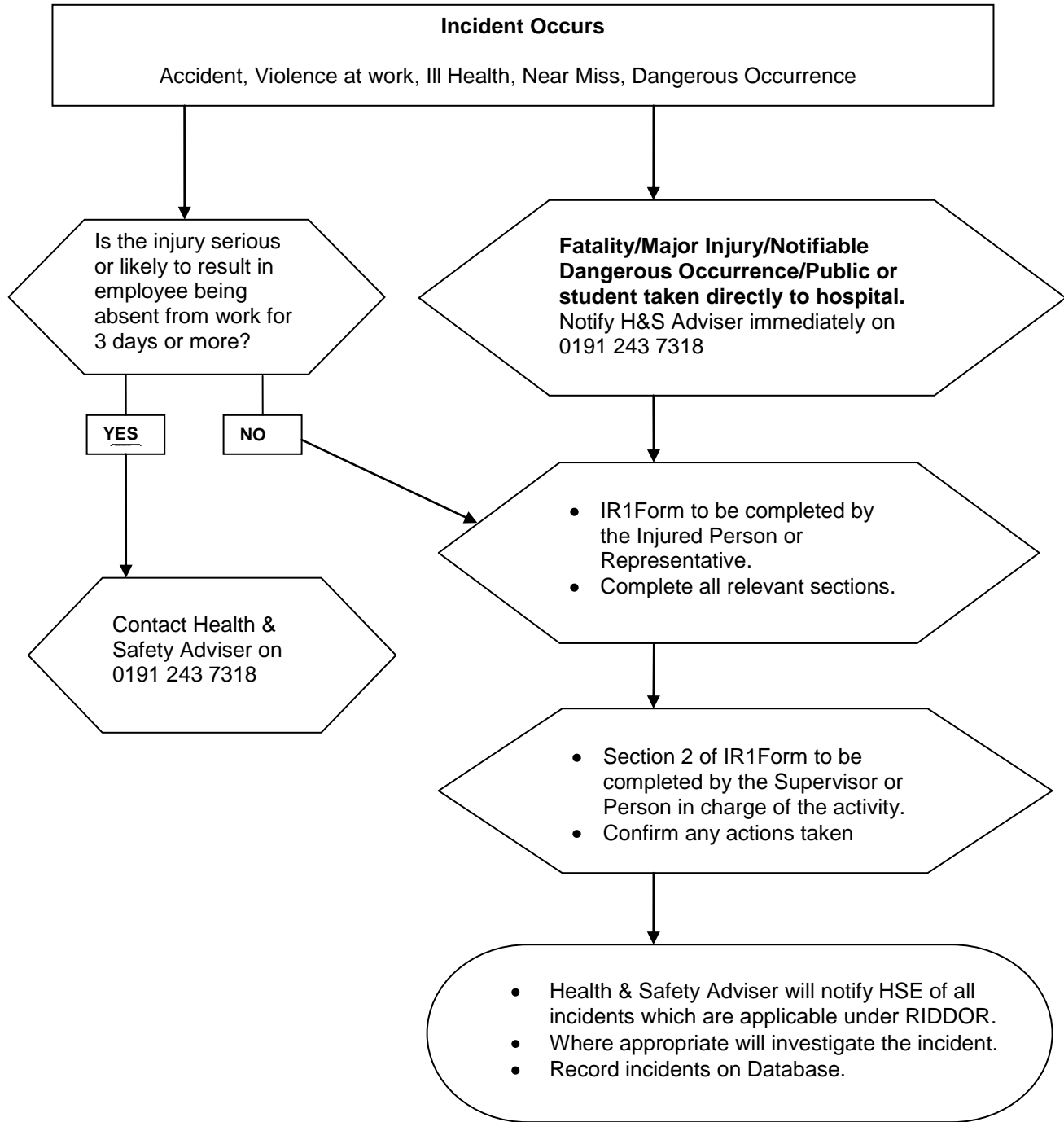
If staff members have been unfit for work for more than 3 days as the result of an accident or incident, (this includes all non-working days, for example, weekends, break days due to shift patterns, public holidays and leave entitlement) the Health & Safety Adviser must be notified as soon as possible as the accident/incident is reportable to the HSE under RIDDOR within 10 days of it occurring.

The Health & Safety Adviser will complete section 3 and where appropriate report accidents/incidents to the HSE. All cases of industrial disease will be referred to Occupational Health.

The Health & Safety Adviser will forward all relevant information regarding accidents/incidents to the Dean of School or Director of Service as appropriate.

The Health & Safety Adviser will record and analyse all incidents and report all accidents, indicating trends, to the Health & Safety Management Group and in turn the Board of Governors.

INCIDENT PROCEDURE MAPPED



Major Injuries.

Fractures (except fingers, thumbs or toes); amputations; dislocation of shoulder, hip, knee or spine; loss of sight; chemical or hot metal burn to eye or penetrating eye injury; any injury or burn resulting in unconsciousness, requiring resuscitation or admittance to hospital for more than 24 hours; acute illness from chemicals, infected materials or biological agents.

Dangerous Occurrences.

Collapse, overturning or failure of any load bearing part of lifting equipment/machinery; fire or explosion; collapse or failure of part of scaffold or access equipment; dangerous contact with underground electric cables, gas pipes or overhead electric lines; dangerous failure or malfunction of any plant, machinery or equipment; failure in explosion during demolition; electrical fault in equipment or plant causing electric shock; dangerous collapse of structure or excavation; dangerous release of hazardous substances including dusts, fumes, chemicals and biological agents.

INCIDENT REPORT FORM (IR1)
PLEASE COMPLETE ALL FIELDS IN BLOCK CAPITALS

SECTION 1 – To be completed by Injured Party or their representative

WHAT ARE YOU REPORTING? (Please circle)

Accident / Violence at Work / Near Miss / Ill Health Condition / Dangerous Occurrence

Mr / Mrs / Miss / Ms / Dr Employee / Student / Contractor / Visitor Age: _____

Last Name: _____ First Name: _____

Department / School: _____ Work Tel. No: _____

Job Title: _____ Course (if student): _____

Home Address: _____

(This will not be passed to any third party other than the Health & Safety Executive – if required)

Home Tel. No: _____

DETAILS OF WHERE THE INCIDENT OCCURED

Date of Incident: _____ Time of Incident: _____

Building: _____ Campus: _____

Exact Location: _____

DETAILS OF HOW THE INCIDENT OCCURED (please give as much detail as possible)

INJURIES (Please give details of nature of any injuries sustained as a result of the incident, what was the injury e.g. fracture, laceration, what part of the body was affected?)

Part of the body affected (tick all that apply)

	Eye	Hand	Wrist	Arm/Shoulder	Leg	Knee	Ankle	Foot	Hip	Head	Chest	Abdomen/lower body
Left												
Right												

TREATMENT

What treatment was given at the scene? (Describe) _____

Was the injured person sent: Home / to Hospital / to GP / Back to Work (please circle)

Name of First Aider dealing with incident: _____
First Aider University registered? Yes / No Type of First Aider: Security / Caretaker / Other (please circle)

Witness Details (if applicable)
Name: _____ Telephone No: _____

Address / Place of Work (if employee): _____

SECTION 2 – To be completed by the Supervisor or Person in charge of the Activity

Name of Supervisor or Person in charge of Activity:

Job title: _____

Telephone number: _____

Date: _____

Was the incident due to possible defects in premises, equipment, tools and/or systems of work? (If yes, please give details below)

What immediate action has been taken to prevent a re-occurrence of the incident?

If an employee – has the injured person been absent from work for more than 3 days? Yes / No (please circle)
(If 'YES' please notify the Health and Safety Adviser)

If you require acknowledgement that this form has been received by Health and Safety, please tick the box and supply telephone contact details: Contact telephone number: _____

PLEASE SEND THE COMPLETED FORM IN A NEW SEALED ENVELOPE TO THE HEALTH & SAFETY ADVISER, CAMPUS SERVICES DEPARTMENT, 4 NORTH STREET EAST, CITY CAMPUS.

SECTION 3 – For Health and Safety Office use only

Accident Number:

Investigate Y/N	Reportable Y/N	Major Y/N	3 Day+ Y/N
-----------------	----------------	-----------	------------

Report Illness to Occupational Health Y/N

HSE Report Number:

Signature:	Date:
------------	-------