

RIBBLE VALLEY BOROUGH COUNCIL REPORT TO PERSONNEL COMMITTEE

Agenda Item No 6

meeting date: WEDNESDAY, 18 SEPTEMBER 2015
title: ACCIDENT POLICY
submitted by: JANE PEARSON – DIRECTOR OF RESOURCES
principal author: MICHELLE SMITH – HEAD OF HR

1 PURPOSE

1.1 To ask Members to approve a Policy and Procedure for the Reporting and Investigation of Accidents and Incidents for the authority.

1.2 Relevance to the Council's ambitions and priorities:

- Council Ambitions – A well-managed Council must ensure that it has the appropriate policies and procedures in place to ensure that it complies with Health and Safety Legislation and ensures the safety of its employees.
- Community Objectives – None.
- Corporate Priorities – See above.
- Other considerations – None.

2 BACKGROUND

2.1 The Management of Health and Safety at Work Regulations 1999, regulation 5, requires employers to plan, organise, monitor and review their health and safety arrangements. Health and Safety investigations form an essential part of that process.

2.2 It is important that any accident or incident is reported promptly and consistently across the authority.

3 ISSUES

3.1 The Council's existing Accident Policy has recently been reviewed by the UNISON Branch Secretary and myself. It was then circulated to the members of the Council's Health and Safety Committee for consultation. The Health and Safety Committee is chaired by the Director of Community Services and is comprised of the following staff:

Head of HR
Health and Safety Advisor
Head of Engineering Services
Principal Surveyor
Head of Cultural and Leisure Services
Community Leisure and Sports Development Manager
Amenity Cleansing and Grounds
UNISON Branch Secretary
UNISON H&S Rep
Principal Auditor
Partnership Officer

3.2 The Health and Safety Committee met on 19 August and agreed the policy as attached at Appendix A.

4 RISK ASSESSMENT

4.1 The approval of this report may have the following implications:

- Resources – There are no resource implications to the approval of the policy.

Technical, Environmental and Legal – Failure to have proper policies and procedures in place could mean that the council does not meet its responsibilities in accordance with Health and Safety legislation and guidance.

- Political – No political implications have been identified.
- Reputation – The reputation of the Council as a good and responsible employer will be affected if it is found to be in breach of legislation or if it puts its employees at risk by failing to have appropriate procedures in place.
- Equality & Diversity – No equality and diversity issues have been identified.

5 **RECOMMENDATION**

5.1 That Members receive the report.

5.2 That Members approve the Policy and Procedure for the Reporting and Investigation of Accidents and Incidents as attached at Appendix A.

MICHELLE SMITH
HEAD OF HR

JANE PEARSON
DIRECTOR OF RESOURCES

For further information please ask for Michelle Smith, ext 4402.



INCIDENT/NEAR MISS REPORT FORM

The purpose of this form is to record all adverse events. The term **accident** is used where injury or ill health occurs and The Accident Book should be completed in those circumstances. The term **incident** includes **near-misses** and **undesired circumstances**, where there is the potential for injury or the incident has resulted in threats to staff, damage to council property or a financial loss. **Ill health** is defined as any illness, disability or other physical problem caused or made worse by one's work.

REPORTED BY:			DATE AND TIME OF INCIDENT:		
INCIDENT <input type="checkbox"/>	ILL HEALTH <input type="checkbox"/>	MINOR INJURY ¹ <input type="checkbox"/>	SERIOUS INJURY ² <input type="checkbox"/>	MAJOR INJURY ³ <input type="checkbox"/>	FATALITY <input type="checkbox"/>
ACTUAL/ESTIMATED FINANCIAL LOSS £.....					
BRIEF DETAILS (WHAT, WHERE, WHO, WHEN AND EMERGENCY MEASURES TAKEN).					
COMPLETED BY:			DATE:		
RECEIVED BY: - Health and Safety Advisor			DATE:		

¹ Minor – Absent for less than 2 days.
² Serious – Absent for more than 3 weeks.
³ Major – Some form of permanent disability.

REPORTING OF INJURIES, DISEASES AND DANGEROUS OCCURRENCES REGULATIONS 2013 (RIDDOR)

Types of reportable injury: -

Deaths

Major injuries

Over-seven-day injuries

People not at work: -

- Where a member of the public or person who is not at work has died, or
- Injuries to members of the public or people not at work where they are taken from the scene of an accident to hospital for treatment.

Reportable major injuries are:

- fracture, other than to fingers, thumbs and toes;
- amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (temporary or permanent);
- chemical or hot metal burn to the eye or any penetrating injury to the eye;
- injury resulting from an electric shock or electrical burn leading to unconsciousness, or requiring resuscitation or admittance to hospital for more than 24 hours;
- any other injury leading to hypothermia, heat-induced illness or unconsciousness, or requiring resuscitation, or requiring admittance to hospital for more than 24 hours;
- unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent;
- acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin;
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

Over-seven-day injuries

As of 6 April 2012, the over-three-day reporting requirement for people injured at work changed to more than seven days (not counting the day of the accident but including weekends and rest days). The report must be made within 15 days of the accident.

Over-three-day injuries

A record must still be kept of the accident if the worker has been incapacitated **for more than three consecutive days**, however the accident book record kept under the Social Security (Claims and Payments) Regulations 1979, (HSE BI 510), will be enough.

Occupational diseases

Employers and the self-employed must report listed occupational diseases when they receive a written diagnosis from a doctor that they or their employee is suffering from these conditions **and** the sufferer has been doing the work activities listed.

Dangerous occurrences: -

Dangerous occurrences are certain listed near-miss events. Not every near-miss event must be reported. Here is a list of those that are reportable:

- collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- explosion, collapse or bursting of any closed vessel or associated pipe work;
- failure of any freight container in any of its load-bearing parts;
- plant or equipment coming into contact with overhead power lines;
- electrical short circuit or overload causing fire or explosion;
- any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury caused by an explosion;
- accidental release of a biological agent likely to cause severe human illness;
- failure of industrial radiography or irradiation equipment to de-energise or return to its safe position after the intended exposure period;
- malfunction of breathing apparatus while in use or during testing immediately before use;
- failure or endangering of diving equipment, the trapping of a diver, an explosion near a diver, or an uncontrolled ascent;
- collapse or partial collapse of a scaffold over five metres high, or erected near water where there could be a risk of drowning after a fall;
- unintended collision of a train with any vehicle;
- dangerous occurrence at a well (other than a water well);
- dangerous occurrence at a pipeline;
- failure of any load-bearing fairground equipment, or derailment or unintended collision of cars or trains;
- a road tanker carrying a dangerous substance overturns, suffers serious damage, catches fire or the substance is released;
- a dangerous substance being conveyed by road is involved in a fire or released.

The following dangerous occurrences are reportable except in relation to offshore workplaces:

- unintended collapse of:
 - any building or structure under construction, alteration or demolition where over five tonnes of material falls;
 - a wall or floor in a place of work;
 - any false work;
- explosion or fire causing suspension of normal work for over 24 hours;
- sudden, uncontrolled release in a building of:
 - 100 kg or more of flammable liquid;
 - 10 kg of flammable liquid above its boiling point;
 - 10 kg or more of flammable gas; or
 - of 500 kg of these substances if the release is in the open air;
- accidental release of any substance which may damage health.

ACCIDENT/INCIDENT INVESTIGATION

Potential Worst Consequence of Accident/Incident

Likelihood of recurrence	Minor	Serious	Major	Fatal
Certain				
Likely				
Possible				
Unlikely				
Rare				

RISK	MINIMAL	LOW	MEDIUM	HIGH
INVESTIGATION LEVEL	MINIMAL LEVEL	LOW LEVEL	MEDIUM LEVEL	HIGH LEVEL
Relevant supervisor to look into the circumstances of the event and try to learn any lessons which will prevent future occurrences.				
Short investigation by the relevant supervisor or line manager into the immediate, underlying and root causes to learn lessons and prevent recurrence.				
More detailed involving supervisor or line manager, H&S advisor and safety representative to establish immediate, underlying and root causes.				
Team investigation involving supervisors, managers, H&S advisor and safety representatives under supervision of senior manager or directors to establish the immediate, underlying and root causes.				

Severity Index	Description
Fatal	Death
Major	Permanent total incapacity
Major	Permanent severe incapacity
Major	Permanent slight incapacity
Major	Absent from work for more than three weeks with subsequent recurring incapacity
Serious	Absent from work for more than three weeks with subsequent complete recovery
Serious	Absent from work for more than three days but less than three weeks with subsequent complete recovery
Minor	Absent from work for less than three days with complete recovery
Minor	Minor injury with no lost time and complete recovery
Minor	No human injury expected



Accident / Incident Initial Investigation Report

<i>Event Ref No</i>	
<i>Name of injured person(s)</i>	
<i>Date of accident/incident</i>	
<i>Length of absence from work due to accident</i>	

Incident / near miss

<i>Undesirable occurrence</i>	
<i>Damage only</i>	

Accident

<i>Ill health</i>	
<i>Minor injury</i>	
<i>Serious injury</i>	
<i>Major injury</i>	

Details of the incident or accident

<i>1. What was the injured person actually doing at the time of the accident/incident?</i>
<i>2. How did the injury/damage occur and what caused it?</i>
<i>3. Describe the injuries/damage caused and any outstanding problems?</i>

4. What emergency measures were taken?

5. Names of any witnesses.

6. Name of supervisor of the area where the accident/incident occurred.

7. Detail any equipment involved in the accident/incident.

8. Detail any problems or anything different about the working conditions where the accident/incident occurred?

9. Were adequate safe working procedures in place?

10. What PPE was being worn by the person injured/present at the time of the accident/incident?

11. Was the injured/affected person competent? Detail any training provided.

12. Did the injured person, or other party(ies) involved in the accident/incident, understand the risk assessment, and any health & safety instructions or methods of work?

12(a) Was their first language English? If not, please state first language(s).

Recommendations

Detail recommendations to reduce risks or remove hazard.

<i>Initial investigation carried out by:</i>	<i>Date:</i>
<i>Signature:</i>	
<i>Name (Capitals):</i>	<i>Extension:</i>
	<i>Email:</i>
<i>Further investigation required?</i>	
<i>Yes/No</i>	

Attach this report to a copy of the accident/incident form and forward to your Head of Service and the Health and Safety Advisor.



ACCIDENT REPORT

Date: _____

Time: _____

Vehicle No: _____

Driver: _____

Any other staff on vehicle: _____

Any staff injured: _____

Witness (independent) and Addresses:

Policeman's No: (if any) _____

Wet / Dry / Light / Dark / Dull / Fog
(cross off inappropriate)

Approximate speed of vehicle: _____ mph

Details of damage to vehicle: _____

OTHER VEHICLES INVOLVED

Driven by: _____ Owned by: _____

Address: _____ Address: _____

Registration No: _____ Type: _____

Approx speed: _____ mph

Damage to vehicle and details of any injury to passengers:

PROPERTY INVOLVED

Name: _____ Address: _____

Extent of damage: _____

Tear off and hand to other driver or owner of property

Vehicle No: _____

Tel: No: _____

Owned by: Ribble Valley Borough Council
Council Offices
Church Walk
CLITHEROE
Lancashire BB7 2RA

DRIVER'S REPORT

Site of accident: _____

SKETCH Please make a rough sketch of the road, showing the approximate width and position of vehicles, indicating how far vehicles were from side of road and track of vehicles. An arrow should indicate direction of vehicles.

Driver: _____

Any enquiry to be made to the Council at the address on the other side of this slip.

