



INCIDENT REPORTING POLICY

DOCUMENT VERSION CONTROL

Date	Author	Version	Status	Reason for Change
Sept 2015	SEStran	1.1	FINAL	Updated RIDDOR
Oct 2017	SEStran	1.2	FINAL	Adoption of version control
March 2019	SEStran	1.3	FINAL	Changes to retention, RIDDOR and language.

1. POLICY STATEMENT

SEStran are committed to the safety of employees, and anyone who could be affected by our activities, by minimising the risks from all work-related incidents. We aim to provide a safe and healthy working environment for all employees. Incident reporting and investigation will help by identifying where we can improve our processes.

We will investigate and record all incidents including near misses and other events. SEStran operates a “no-blame” approach to incident reporting. Incidents are valuable learning events and should be treated as such. Identifying improvements in processes and operational controls will be the focus of any investigation.

1.1. DEFINITION

For the purpose of this policy an incident is any unplanned or unwanted event arising from work activities which has resulted in or had a potential to cause:

- personal injury
- ill-health
- damage to property, plant or equipment
- any loss in productivity

This includes any acts of violence to employees as described in the Violence at Work Policy and harassment of any employee by a third party as defined by the Dignity at Work Policy.

2. INTRODUCTION

SEStran will take all reasonable steps to ensure that the work environment is safe.

We will design working practises to ensure any risks are minimised. Any potential hazards will be subject to risk assessments and these will be regularly reviewed. We recognise that even with the operational controls in place unplanned or unwanted events can still occur. The investigation of work-related incidents is an important step in effectively managing the risks associated with our work activities. It provides an opportunity to learn from what has happened and take action to help prevent it from happening again.

3. SCOPE

This policy applies to all employees of SEStran and covers all activities arising out of company business. It complements the Violence at Work Policy and the Dignity at Work Policy.

4. REPORTING OF INCIDENTS

All incidents involving employees, consultants and clients that arise from our activities must be reported using the Incident Reporting Form (Appendix 1). This includes near miss incidents in which no person was injured but where a dangerous situation was identified. Near misses commonly go unreported but are just as important to report as they can highlight potential problems that, under slightly different circumstances, could have caused harm.

Incidents must be immediately reported by the affected person(s) to their line manager. The line manager will investigate the incident and complete the Incident Reporting Form. Where the line manager is unavailable the incident must be reported to another manager.

Fatalities must also be immediately reported to the Partnership Director.

Where appropriate, Section 4(a) of the Incident Report Form should be completed if the affected person has any time off work or attends hospital for treatment.

The form can be completed by hand or electronically. Additional documents may be added to the report together with relevant photographs. Once complete, the original copy(s) should be sent electronically to the Partnership Director (jim.grieve@sestran.gov.uk). The manager should retain the original form and additional information for a period of 3 years.

Completed Incident Report Forms and the information they contain must be treated as confidential at all times. Forms should not be circulated beyond those directly involved. Where the line manager or Partnership Director is required to share any general information about the incident any identifying details should be removed.

5. INVESTIGATION

Once the area has been made safe every effort should be made to preserve the scene of the incident. The line manager must investigate the incident as soon as possible after being notified.

Where the incident is serious, or could have been more serious, a more detailed investigation must be considered; for example, multiple or life changing injuries or significant damage to property. The line manager should consult with the Partnership Director to determine the extent of the investigation that may be required; including whether to request assistance from the Scottish Government's Occupational Health and Safety Team.

If the incident has resulted from a building defect or failure of a building operational control then the relevant premises manager should also be notified so they have the opportunity to conduct their own investigation.

Guidance on conducting an investigation is included in the HSE publication *HSG24 – Investigating accidents and incidents* which is available at:

<http://www.hse.gov.uk/pubns/hsg245.pdf>

Any additional investigation notes and observations not covered in the form should be added to the report as required.

6. RIDDOR

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) requires that certain injuries or diseases arising from work activities are notified to the HSE. Guidance on which injuries or diseases are reportable is included in the HSE publication *INDG453(rev 1) – Reporting accidents and incidents at work* which is available at:

<http://www.hse.gov.uk/pubns/indg453.pdf>

RIDDOR reports should be submitted to the HSE using one of the online forms available at:

<http://www.hse.gov.uk/riddor/report.htm>

Occupational diseases must be reported to the HSE as soon as is practical. While occupational diseases may be diagnosed by an employee's GP in the first instance all such cases should be referred to Occupational Health. The line manager should also immediately inform Falkirk Council's Health, Safety and Care Team at:

health.safety@falkirk.gov.uk

The Health, Safety and Care Team will provide guidance to the line manager on investigating the cause of the occupational disease and assist in preparing the report.

7. RISK ASSESSMENT

The Partnership Director will ensure that any relevant risk assessments are reviewed to take account of any incident or near miss and the findings of the subsequent investigation.

8. RESPONSIBILITIES

8.1. PARTNERSHIP DIRECTOR

The Partnership Director is responsible for the effective operation of the policy across SEStran as a whole and for ensuring that relevant procedures are implemented. They are also responsible for ensuring that

adequate resources are made available to implement appropriate protective measures, where these have been identified as a result of risk assessment or incident investigation.

8.2. MANAGERS

Managers are responsible for implementation of the SEStran Incident reporting procedures. They are also responsible for ensuring that an Incident Reporting Form is completed fully on each occasion.

In all cases Managers are responsible for conducting an investigation to identify how the incident occurred and for identifying and implementing any appropriate measures to prevent re-occurrence.

The Manager will report the incident to the Partnership Director and, if required under RIDDOR, to HSE.

8.3. EMPLOYEES

Employees are responsible for reporting all incidents to their manager immediately or as soon as possible following the incident. They will give a full and accurate account of details leading to the incident and of the incident itself.

The employee will cooperate with the Manager's investigation into the incident including provision of written witness testimony where appropriate.

9. MONITORING AND REVIEWING

The Partnership Director will provide relevant information on incidents to the Performance and Audit Committee at appropriate intervals. The Performance and Audit Committee will consider information provided on incidents to identify trends and possible improvements to systems of work and risk assessments.

The Partnership Director will review this policy annually, in conjunction with the Performance and Audit Committee, taking into consideration legislative amendments and best practice advice.

Appendix 1: Incident Report Form

INCIDENT REPORT FORM

SECTION 1 DEPARTMENT/SECTION:	PREMISES/LOCATION OF ACCIDENT/INCIDENT:
SECTION 2 EMPLOYEE <input type="checkbox"/> - (go to Section 2a) OTHER <input type="checkbox"/> - (tick relevant box & go to section 2b) SERVICE USER <input type="checkbox"/> MEMBER OF PUBLIC <input type="checkbox"/> CONTRACTOR <input type="checkbox"/>	
SECTION 2a NAME: _____ D.O.B _____ Employee No. _____ Telephone No. _____ JOB TITLE _____ PLACE OF WORK _____	SECTION 2b NAME: _____ D.O.B _____ HOME ADDRESS _____ Telephone No. _____
SECTION 3- DATE & TIME OF ACCIDENT:	
TYPE OF ACCIDENT: Please tick below as appropriate ACCIDENT <input type="checkbox"/> INCIDENT <input type="checkbox"/> NEAR MISS <input type="checkbox"/> DANGEROUS OCCURRENCE <input type="checkbox"/> VIOLENCE:- <input type="checkbox"/> Physical <input type="checkbox"/> i.e. throwing object <input type="checkbox"/> use of weapon <input type="checkbox"/> Verbal <input type="checkbox"/> i.e. posturing <input type="checkbox"/> harassment : sexual <input type="checkbox"/> racial <input type="checkbox"/> disability <input type="checkbox"/> religion <input type="checkbox"/> Both <input type="checkbox"/> Other <input type="checkbox"/> please specify	
SECTION 3a - DESCRIPTION OF ACCIDENT/INCIDENT <i>Were there any witnesses? Yes/No- if yes see Section 8</i>	
DESCRIPTION OF INJURY: (If appropriate)	
DETAILS OF NAME OF FIRST AIDER AND ANY FIRST AID TREATMENT OR ADVICE/SUPPORT GIVEN: (If appropriate)	
SECTION 3b – to be completed by person involved in Accident/Incident. SEStran will process this data for recording and monitoring purposes in relation to the Health & Safety Policy and Procedures. In order to comply with relevant legislation SEStran may have to disclose details of this incident to the HSE. I confirm that the details on this form are correct and that I am the person/guardian/parent of the person involved in the accident/incident as described. <i>Please circle as appropriate</i>	
Printed Name: Signed Date	

Section 4 - MANAGER'S INVESTIGATION DETAILS (Note: *Line Manager to complete this section*- Please attach copies of sketches, photographs and/or relevant documents to support your investigation. Witness statement(s) should also be included if applicable – see Section 8 – separate copies to be completed for each witness.

EXACT LOCATION OF ACCIDENT/ INCIDENT

CAUSE OF ACCIDENT/ INCIDENT

IMMEDIATE ACTION TAKEN TO PREVENT RECURRENCE OF ACCIDENT/INCIDENT (If appropriate)

WAS DEBRIEFING RECEIVED? YES NO IF YES WAS IT: EMPLOYEE SERVICE USER BOTH GIVE DETAILS

PROPOSED FURTHER ACTION TO PREVENT RECURRENCE OF INCIDENT (If appropriate)

Printed Name: SignedLine/Unit Manager Date

SERIOUS INCIDENT – PARTNERSHIP DIRECTOR COMMENTS

Printed Name: SignedPartnership Director Date

SECTION 5 – ABSENCE DETAILS AS A RESULT OF INCIDENT

WAS TIME TAKEN OFF WORK? YES NO

WAS TIME TAKEN OFF* MORE THAN 7 DAYS? YES NO If YES go to Section 6

* This includes any work related injury that prevents an employee being unable to perform their normal duties for more than seven days (not counting the day of the accident) whether absent or not,.

SECTION 6 - REPORT TO HSE

The following must be reported to the HSE:

Specified Injury	Includes any fracture (other than fingers, thumbs or toes), amputation, dislocation, permanent loss or reduction of sight, serious burns, scalpings requiring hospital treatment, unconsciousness caused by head injury or injuries from working in enclosed space. Any work related injury that prevents an employee being unable to perform their normal duties for more than seven days.
Member of Public or Visitor	Work related injury to a member of the public which requires them to be taken from the place of the incident to a hospital for treatment
Occupational Disease	Specified conditions due to physical agents or demands of work, exposure to substances or infections due to biological agents.
Dangerous Occurrence	There are 27 categories of dangerous occurrences that are relevant to many workplaces. For more information refer to Schedule 2 of RIDDOR available at: http://www.legislation.gov.uk/uksi/2013/1471/schedule/2/made

A printed copy of the RIDDOR report should be attached to this form.

SECTION 7**COSTS ASSOCIATED WITH ACCIDENT/INCIDENT****DIRECT COSTS**

INJURED PERSON	Lost Time =	(hours)	<u>GRADE</u>
	Days Lost =	(days)	

ANCILLARY PERSONS

FIRST AIDER	Lost Time =	(hours)	
WITNESS	Lost Time =	(hours)	
SUPERVISOR	Lost Time =	(hours) (hours)	
MANAGER	Lost Time =	(hours)	
OTHERS (please specify)	Lost Time =		

DAMAGED EQUIPMENT (Repair costs or replacement costs) £

e.g. damaged clothes, replacement staff etc. £

£

INDIRECT COSTS**TOTAL COSTS**

Section 8 - WITNESS STATEMENT(S) – WITNESS REPORT OF ACCIDENT/INCIDENT

N.B. If more than one witness statement, please photocopy this page and attach it to the form.

DID YOU WITNESS THE ACTUAL ACCIDENT/INCIDENT TAKING PLACE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
DID YOU ATTEND THE SCENE AFTER THE ACCIDENT/INCIDENT TOOK PLACE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
ARE YOU AN EMPLOYEE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

NAME OF WITNESS _____ Address/ or place of work _____

Telephone number: _____

WITNESS STATEMENT:

Witness:

Printed Name: Signed Date

SEStran will process this data for recording and monitoring purposes in relation to our Health & Safety Policy and Procedures. In order to comply with Health & Safety Legislation, SEStran may have to disclose details of this incident to the HSE.

Section 9 – Ethnicity of person/s involved in accident/incident

Please note: This section should be fully completed by the individual involved in the accident/incident in order to satisfy the requirements of SEStran to report on statistics in connection with the Race Relations (Amendment) Act 2000 and all information will be treated as strictly confidential

A. WHITE

- Scottish
- English
- Welsh
- Irish
- Northern Irish
- Any other

White background, please write in

B. MIXED

- Any Mixed background, please write in

C. ASIAN, ASIAN SCOTTISH, ASIAN ENGLISH, ASIAN WELSH OR OTHER ASIAN BRITISH

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Any other Asian background, please write in

D. BLACK, BLACK SCOTTISH, BLACK ENGLISH, BLACK WELSH OR OTHER BLACK BRITISH

- Caribbean
- African
- Any other Black background, please write in

E OTHER ETHNIC BACKGROUND

Any other background, please write in