

School / Department	 National Autistic Society NAS Academies Trust
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Scope

This policy covers near-miss, accident and RIDDOR reporting procedures. It also describes how accident investigation must be carried out.

Policy Summary

This policy describes how accidents must be reported in NASAT, and shows how investigation is an important procedure that must be carried out by managers, for most reported accidents, and in particular how a thorough investigation must take place immediately where a major injury has been sustained.

Accident and Near-Miss Reporting

Introduction

The reporting of accidents and significant near misses is mandatory. It will help NASAT to identify areas where improvement is necessary.

It is in everyone's best interest to report all accidents and near misses. Not all near misses have the potential to cause serious accidents but if the root causes of each incident are found and dealt with then NASAT will become a safer place in which to work.

There are many textbook definitions of the terms "accident" and "near-miss". In order to have easily understandable and unambiguous categorisation of these terms NASAT uses the following definitions for the purposes of general accident and near-miss reporting:

Accident – A work related event resulting in injury.

Near-miss – An event that nearly caused harm but did not.

Accidents Involving People Supported by NASAT

When an accident injures a supported individual then a copy of the accident form should be filed with their notes, unless it is entered on the Significant Event Reporting System (SERS).

At a review or case conference it will be necessary to have evidence of the most recent accident available for discussion and be able to look at the care planning issues.

Don't wait for the next case conference to take action. All accidents and incidents must be investigated and immediate control measures put in place to prevent a reoccurrence.

Employees

If an employee has an accident then a copy of the accident form must be put in their personal file, unless it is entered on SERS.

Volunteers, Visitors, Contractors, etc.

All accidents and near misses must be reported when they occur either in the workplace or in connection with work.

Where staff or volunteers are directly involved in an incident in the home of someone they support then this must be reported. For example, when making a cup of tea it is spilled on themselves or the individual then this must be reported.

Accidents and near misses occurring during activities or events arranged by NASAT must be reported.

General Procedure

Whenever an accident or near miss occurs an accident report must be completed.

Major accidents must be reported immediately to the line manager and investigated without delay, as detailed below.

Accident Reporting Procedure

All accidents must be reported and recorded on either the forms generated from SERS or pre-printed forms available from the SQE Team (see Appendix 1).

Injury Classifications

Injury Severity	Injury
Minor	Injuries such as reddening skin, swelling, bruising which is not visible after 24 hours, cuts requiring only a sticking plaster.
Moderate	Injuries such as bruising and minor lacerations which may require immediate first aid only.
Major	Injuries such as breaking of bones, external tissue damage requiring emergency medical treatment including damage to eyes and major injuries requiring multiple sutures. Any RIDDOR reportable injuries.

Monitoring of Accident Form Entries

Each manager should analyse the local data and present a report to each Safety Action Group meeting.

RIDDOR

Introduction

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) place a duty on NASAT to report to the Enforcing Authority (e.g. Environmental Health Department or Health and Safety Executive) certain types of **work-related** accidents, diseases and dangerous occurrences.

It is an offence not to report events as shown in Table 1 of this document. It is important to understand that the HSE are trying to react to events that are to do with work. Additionally, injuries to people not at work (e.g. people supported by NASAT, visitors) must be reported if it:

- (a) results from an accident arising out of or in connection with the work done by NASAT; and
- (b) results in the person being taken from the premises where the accident occurred to a hospital by whatever means (e.g. by taxi, private car or ambulance), for treatment in respect of the injury.

Sometimes it will be very easy to determine if the accident arose out of or in connection with work. This sort of accident clearly must be reported because the workplace was defective. Conversely, an instance when the same person unexpectedly throws themselves on the floor and is transported to hospital for treatment, but an investigation shows that neither the environment nor the care practice could be faulted, would not be reportable.

Occasionally it will be much more difficult to determine whether an accident should be reported or not. The test will always be "Was this accident to do with work?" Where there is any doubt whether a particular incident should be reported advice should be sought from the SQE Team.

Accidents involving vehicles moving on the public highway do not have to be reported under these regulations.

Actions

When a reportable incident occurs the responsible person should report it using the HSE website www.riddor.gov.uk or www.hse.gov.uk using the "notify HSE" tab.

The NASAT Board must also be notified as soon as practicable after the incident.

The regulations specify who is responsible for taking action when a reportable incident occurs. Table 1 shows who should take action following certain types of incident.

Table 1

Event	Person Affected	Report	Responsible Person
Death	Employee at work	Yes	Line Manager
Major injury	Employee at work	Yes	Line Manager
Over-7-day injury	Employee at work	Yes	Line Manager
Case of disease	Employee at work	Yes	Line Manager

Death	Self-employed on NAS premises	Yes	Manager in control of premises
Major injury	Self-employed on NAS premises	Yes	Manager in control of premises
Over-7-day injury	Self-employed on NAS premises	Yes	Manager in control of premises
Case of disease	Self-employed on NAS premises	Yes	Manager in control of premises
Death or injury requiring removal to hospital to receive treatment.	Person not at work , e.g. someone supported by NASAT, (but affected by the work or workplace)	Yes *	Person in control of premises or work activity
Death, or injury requiring removal to hospital	Person not at work (not affected by the work or workplace)	No	N/A
Dangerous occurrence	Nobody affected	Yes	Person in control of premises or work activity
Disease (when notified by a doctor that an employee suffers from a reportable work-related disease)	Employee	Yes	Line Manager

*** In incidences where no treatment is required such as examinations or diagnostic tests, there is no requirement to report.**

Definitions

Term	Definition
Over-7-day injury	Where an accident connected with work (including an act of physical violence) occurs and the employee or self-employed person working on NAS premises suffers an injury, which is not major. If this results in the person being away from work or unable to do their normal work for more than seven days (including non-work days) this is classed as an over-7-day injury. Note: If the injury results in the person leaving work on the day of the injury then this day does not count when making the calculation.

Death	In addition to reporting fatalities occurring at or near the time of the incident, if an employee subsequently dies within 1 year of suffering a reportable injury, this must be reported to the Enforcing Authority. The later death of a non-employee does not need to be reported.
Major injury	<input type="checkbox"/> fracture other than to fingers, thumbs or toes; <input type="checkbox"/> amputation; <input type="checkbox"/> dislocation of shoulder, hip, knee or spine; <input type="checkbox"/> loss of sight (temporary or permanent); <input type="checkbox"/> chemical or hot metal burn to the eye or any penetrating injury to the eye; <input type="checkbox"/> injury resulting from electric shock or electrical burn leading to unconsciousness or requiring resuscitation; or requiring admittance to hospital for more than 24 hours; <input type="checkbox"/> any other injury: leading to hypothermia, heat-induced illness or unconsciousness; or requiring resuscitation; or requiring admittance to hospital for more than 24 hours; <input type="checkbox"/> unconsciousness caused by asphyxia or exposure to harmful substance or biological agent; <input type="checkbox"/> acute illness requiring medical treatment, or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin; <input type="checkbox"/> 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.
Dangerous occurrence	<input type="checkbox"/> collapse, overturning or failure of load-bearing parts of lifts and lifting equipment; <input type="checkbox"/> explosion, collapse or bursting of any enclosed vessel or associated pipe work; <input type="checkbox"/> plant or equipment coming into contact with overhead power lines; <input type="checkbox"/> electrical short circuit or overload causing fire or explosion; <input type="checkbox"/> any unintentional explosion, projection of material beyond a site boundary, injury caused by an explosion; <input type="checkbox"/> collapse or partial collapse of a scaffold over 5 metres high, or erected near water where there could be a risk of drowning after a fall; <input type="checkbox"/> unintended collapse of: any building or structure under construction, alteration or demolition where over 5 tonnes of material falls; a wall or floor in a place of work; any false work; <input type="checkbox"/> explosion or fire causing suspension of normal work for over 24 hours; <input type="checkbox"/> accidental release of any substance which may damage health.

Reportable disease	Diseases which could be related to work, such as: <ul style="list-style-type: none"> <input type="checkbox"/> certain poisonings; <input type="checkbox"/> some skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne; <input type="checkbox"/> lung diseases including occupational asthma, farmer’s lung pneumoconiosis, asbestosis, mesothelioma; <input type="checkbox"/> infections such as: leptospirosis; hepatitis; tuberculosis; anthrax; legionellosis and tetanus; <input type="checkbox"/> other conditions such as: occupational cancer; certain musculoskeletal disorders and hand-arm vibration syndrome.
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Records

Records of any reportable event must be kept locally and a copy of the report form sent to the Principal and the SQE Team.

Records must be kept for a minimum of ten years from the date they were made.

Accident Investigation

Introduction

Accidents and incidents should always be investigated, and reported upon in the ways described above. The validity of existing risk assessments should be reviewed and following a significant accident or incident it will be necessary for an investigation to be undertaken. This part of the policy seeks to assist the investigator to undertake a systematic observation, analysis and evaluation of the events that occurred.

An investigation should help to determine the immediate or proximate causes and the underlying root causes, in other words, *what* happened and *why* it happened. It will identify what can be done to prevent a similar occurrence and may also be necessary in preparation for an Inspector’s visit, to prepare a defence for Civil Litigation or Crown Prosecution or to prepare for the insurance loss adjuster.

To some extent, common sense dictates what should be investigated and whether there is a need to call in someone else to undertake the investigation, but all accidents where there has been a “Major” injury must be subject to a full and proper investigation. A copy of the full investigation report must be sent to the SQE Team within one week of the incident.

The amount of detail required from the investigation will depend upon the severity of the incident and the subsequent use to be made of the investigation and report.

Investigation Sequence

Rendering first aid, making the site safe and reporting straight away to the line manager and enforcing authority are actions which obviously take priority over accident investigation. However, the investigator should commence the investigation as soon as possible after the event. The investigator should follow a methodical sequence of actions in order to carry out a thorough investigation and produce a meaningful report.

The recommended sequence is as follows:

- record physical details,
- conduct site interviews,
- conduct off-site interviews,
- draft report,
- design remedial action,

- produce final report.

Investigation

Timeliness

It is important that the final report is factual and objective. The sooner that facts are recorded the more likely they are to be accurate. Information should be gathered and recorded as soon as practicable after the event.

Equipment

Pen, paper, tape measure, camera and other specialist equipment could be required to acquire and record sufficient detail.

Recording Details of the Site

It is important for the investigator to familiarise themselves with the site layout and if necessary draw diagrams and layout sketches with dimensions. Photographs can also be very useful.

It may be necessary to find out the type of work, how many people, what grades, materials and equipment used, time of accident/incident and the task being undertaken. In order to obtain these details and to establish, more precisely, what happened it will be necessary to talk to witnesses.

Witness Statements

Witnesses should be kept apart and interviewed separately in a suitable environment. Care should be taken to put the witness at ease then by asking direct questions to identify factual responses. Listen carefully to what is being said and the way in which it is being said. Clarify the difference between fact and opinion, confirming facts wherever possible. Make notes of key points and feedback, so that the witness has the opportunity to confirm, modify or disagree with your interpretation of what was said. The witness should sign and date the statement.

In compiling the report from the statements it is important to bear in mind that the report will probably be “discoverable” which means that it can be read and used by others. Retain items of evidence.

Report

The report will provide the basis for important decisions. Bad reports can be harmful. The report should therefore be clear, concise, complete, correct and provide answers to the following questions:

- What was the immediate cause of the accident/injury/loss?
- What were the contributory causes?
- What is the necessary corrective action?
- What system changes are either necessary or desirable to prevent a reoccurrence?
- What reviews are needed of policies, procedures, risk assessments?

The report should contain:

- A summary of what happened.
- A summary of events leading to the accident and a description of the accident.
- Information gained during the investigation.
- Details of witnesses.
- Supporting material e.g. photographs, diagrams, etc.
- Information about the injury or loss sustained.

- Conclusions
- Recommendations

The completed report should be dated and signed by the person(s) carrying out the investigation. A copy of the report must be forwarded to the SQE Team as soon as it has been completed.

Key Management Actions

- Ensure that full and accurate reporting of all accidents, takes place.
- Investigate all accidents and put appropriate measures in place to reduce the risk of a re-occurrence.
- Accidents resulting in a major injury need to be investigated immediately and a copy of the full report sent to the SQE Team within one week.
- Report RIDDOR reportable accidents, promptly.
- Analyse accident statistics and trends and report to local Safety Action Group (SAG) every quarter.

Appendix 1 - NASAT Accident Report Forms

Multi-part Copies (only to be used where there is no access to SERS)

The report forms should be completed as soon after the accident as possible. All parts must be filled in, giving as much relevant information as possible.

Each form must be given a unique reference number. Completed forms must be checked and signed by the most senior person in control of the premises.

The copies of the form should be used as follows:

YELLOW	Must be associated with the injured person's records, e.g. staff personnel file or supported person's file.
GREEN	Must be sent for processing locally and then forwarded to the SQE Team.
BLUE	Must be kept in sequence in a separate loose leaf folder, in the same order as they were before removal from the pad(s) for inspection and to aid analysis, i.e. in date / time order. This folder must be made available to Representatives of Employee Safety (RoES).

(Note: Management should prepare an accident summary report for each quarterly Safety Action Group (SAG) meeting.)

It is very important that every effort is made to ensure that there is not a reoccurrence. This will require a review of the appropriate risk assessment, or where no assessment has been carried out an assessment will need to be conducted.

Any serious accidents, including RIDDOR reportable incidents, must be investigated. If there is insufficient room on the form to record all of the information then a separate report will be required.

Care should be taken to ensure that all of the underlying and immediate causes have been identified. These should then be shown on the form using the codes that are printed on the inside cover of the report pads, and in this appendix (overleaf).

Computer Generated Forms

These should be completed as soon after the accident as possible. All parts must be filled in, giving as much relevant information as possible. They should be associated with any relevant behavioural incident forms to aid inputting.

NASAT Accident Report Form

SERIAL NO

	SCHOOL /SERVICE / OFFICE / ETC.	INJURED PERSON'S FULL NAME: JOB TITLE:	SU CHILD: SU ADULT: EMPLOYEE: OTHER:
LOCATION OF ACCIDENT:		HOME ADDRESS:	ACCIDENT DATE: TIME:
OTHER PERSONS INVOLVED:		WITNESS(ES):	
TYPE OF ACCIDENT (TICK BOX): PERSONAL INJURY <input type="checkbox"/> NEAR MISS <input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> OTHER <input type="checkbox"/>			
PERSONAL INJURY/ILLNESS:		DESCRIBE MEDICAL TREATMENT:	
NATURE OF INJURY:			
DESCRIPTION OF THE EVENTS LEADING UP TO THE ACCIDENT AND THE ACCIDENT ITSELF. INCLUDE DIAGRAM IF NECESSARY :			
SAMPLE - DO NOT COPY			
IMMEDIATE CAUSE CODE(S) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		UNDERLYING CAUSE CODE(S) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
IMMEDIATE ACTION TAKEN:			
REMEDIAL ACTION (WITH TARGET DATES FOR COMPLETION):			
RISK ASSESSMENT REVIEWED / COMPLETED?			
SIGNATURE OF INJURED PERSON (OR SIGNATURE FULL NAME AND JOB TITLE OF PERSON COMPLETING REPORT IF NOT THE INJURED PERSON)			DATE SIGNED:
SIGNATURE OF INVESTIGATOR			DATE SIGNED:
IS THIS EVENT REPORTABLE UNDER RIDDOR? YES / NO (please circle as appropriate)		REPORTED BY (NAME):	DATE SENT:
SIGNATURE OF PRINCIPAL/MANAGER			DATE CHECKED:

Information on this form may be disclosed to Representatives of Employee Safety in order for them to carry out the H&S functions given to them by law.