

POLICY AND PROCEDURE

Health & Safety Guidance for the Reporting of Accidents and Dangerous Occurrences



SoLO
Life
Opportunities

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Charity No. 1102297
England Company No.
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Category: staff and volunteers

Introduction

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR 95) came into operation on 1st April 1996. These regulations were introduced to simplify what needs to be reported and how it is reported. They are designed to generate reports to the Health and Safety Executive (HSE), which will provide information to help them perform their various accident and ill health prevention activities effectively and efficiently.

The purpose of this Guidance is to advise staff and volunteers of the circumstances and manner in which the nominated Health & Safety Officer should be notified of any injuries, diseases or dangerous occurrences.

Policy Statement

Procedure

Except in the circumstances described in paragraph 2, the accident reporting procedure specified in paragraph 1 should be followed.

1. Reporting an Accident/Incident

Reporting

When injured at work the law requires employees to tell their employer as soon as possible. Details of all accidents should be entered **using the SoLO Incident reporting process**. This to be done by the injured person or by another person on his/her behalf. **The line manager must be advised of all accidents/incidents that will then be reported to the CEO through the incident reporting process. If the accident is serious enough to require medical attention, the CEO must be notified immediately.**

Investigation

The **appropriate Senior Manager** will determine whether a fuller investigation into the circumstances of the accident is necessary, conduct the investigation in an appropriate way, in consultation with the CEO, and ensure that controls are introduced where necessary to prevent repetition of the accident. To assist any investigation, **records must be kept of any interviews** and passed to the CEO to additional comments within 7 days of the incident.

Near Miss Incidents

Incidents which do not result in a person being injured but which may be regarded as a “near miss” or result in damage to machinery or equipment should also be reported **using the incident reporting procedure** for logging as there is a legal requirement for SoLO to monitor, and in some circumstances, report dangerous occurrences.

2. Reporting Death, Major Injury, Disease and Dangerous Occurrences

In some circumstances the regulations require employers to notify the Health and Safety Executive (HSE). Reports are made on line to their Incident Contact Centre Website within 10 days of the incident. The responsibility for sending the report rests with **the CEO**.

The circumstances and manner in which staff should report incidents to the **CEO** so that reports can be filed within 10 days are described below:

2.1. Reporting a Death or Major Injury

If there is an accident connected with work, whether or not on SoLO’s premises, and

- A SoLO member of staff working on SoLO premises is killed or suffers a major injury, including as a result of physical violence, or
- Any non member of staff such as volunteer, service user or member of the public is killed or taken to hospital

then **the CEO** should be notified **immediately**. An Incident Report Form must be completed as above. For the definition of a major injury, please refer to the back of the form (Appendix 1). Details will then be entered into the **Incident reporting log** and a report sent to the Health & Safety Executive

2.2. Reporting an Over-Three-Day Injury

If there is an accident connected with work (including an act of physical violence) and a SoLO member of staff or volunteer suffers an over-three-day injury, the CEO should be notified as soon as possible after the third day of absence. A report will be sent to the Health & Safety Executive.

NB: 3 consecutive days excludes the day of the accident but includes any days which would not have been working days, e.g. weekends

Policy Name: Health & Safety: Reporting of Accidents and Dangerous Occurrences

Organisation: SoLO Life Opportunities

Last Reviewed July 2018

Next Review Date: July 2020

2.3. Reporting a Dangerous Occurrence

If something happens which does not result in a reportable injury but which clearly might have done, then it may be a reportable dangerous occurrence which should be notified to the **CEO** immediately. An Incident Report form should then be completed as in para 1 above.

2.4. Reporting a Reportable Work Related Disease

if a SoLO member of staff or volunteer presents a written diagnosis, by a doctor, of one of the diseases listed in Appendix 2, the **CEO** should be notified so that a report can be sent to the Health & Safety Executive.

Linked with the following policies:

- Health and Safety Policy

APPENDIX 1

Definition of Major Injuries

The following injuries and conditions must be reported to the Health & Safety Officer as soon as possible by the quickest practicable means:

- Any fracture, other than to the fingers, thumbs or toes
- Any amputation
- Dislocation of the shoulder, hip, knee or spine
- Loss of sight (whether temporary or permanent)
- A chemical or hot metal burn to the eye or any penetrating injury to the eye
- Any injury resulting from electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours
- Loss of consciousness 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

APPENDIX 2

Reportable Diseases

Conditions due to physical agents and the physical demands of work

1. inflammation, ulceration or malignant disease of the skin due to ionising radiation
2. malignant disease of the bones due to ionising radiation
3. blood dyscrasia due to ionising radiation
4. cataract due to electromagnetic radiation
5. decompression illness
6. barotraumas resulting in lung or other organ damage
7. dysbaric osteonecrosis
8. cramp of the hand or forearm due to repetitive movements
9. subcutaneous cellulites of the hand (beat hand)
10. bursitis or subcutaneous cellulitis arising at or about the knee due to severe or prolonged external friction or pressure at or about the knee (beat knee)
11. bursitis or subcutaneous cellulites arising at or about the elbow due to severe or prolonged external friction or pressure at or about the elbow (beat elbow)
12. traumatic inflammation of the tendons of the hand or forearm or of the associated tendon sheaths
13. carpal tunnel syndrome
14. hand-arm vibration syndrome

Infections due to biological agents

1. anthrax
2. brucellosis
3. a) Avian chlamydiosis
b) bovine chlamydiosis
4. hepatitis
5. legionellosis
6. leptospirosis
7. lyme disease
8. q fever
9. rabies
10. streptococcus suis
11. tetanus
12. tuberculosis

13. any infection reliably attributable to the performance of work with: micro-organisms; live or dead human beings in the course of providing any treatment or service or in conducting any investigation involving exposure to blood or body fluids; animals or any potentially infected material derived from any of the above

Conditions due to substances

1. poisonings by any of the following:
 - a) acrylamide monomer
 - b) arsenic or one of its compounds
 - c) benzene or a homologue of benzene
 - d) beryllium or one of its compounds
 - e) cadmium or one of its compounds
 - f) carbon disulphide
 - g) diethylene dioxide (dioxin)
 - h) ethylene oxide
 - i) lead or one of its compounds
 - j) manganese or one of its compounds
 - k) mercury or one of its compounds
 - l) methyl bromide
 - m) nitrochlorobenzene, or a nitro- or amino- or chloro-derivative of benzene or of a homologue of benzene
 - n) oxides of nitrogen
 - o) phosphorus or one of its compounds
2. cancer of a bronchus or lung
3. primary carcinoma of the lung where there is accompanying evidence of silicosis
4. cancer of the urinary tract
5. bladder cancer
6. angiosarcoma of the liver
7. peripheral neuropathy
8. chrome ulceration of the nose or throat; or the skin of the hands or forearm
9. folliculitis
10. acne
11. skin cancer
12. pneumoconiosis (excluding asbestosis)
13. byssinosis
14. mesothelioma
15. lung cancer
16. asbestosis
17. cancer of the nasal cavity or associated air sinuses
18. occupational dermatitis
19. extrinsic alveolitis (including farmer's lung)
20. occupational asthma