



UTC Plymouth

Accident Records and Notification Policy

All accidents¹, near misses and injuries must be recorded and if appropriate, notified.

Recording

Forms which are data protection friendly must be available for recording the details of all injuries etc which occur 'at work'. An entry must be completed as soon as possible after any accident occurs.

NB. Accidents to pupils and members of the public which are attributable in some way to work organised by UTC Plymouth (e.g. an accident during a chemistry experiment), or the defective condition of premises, equipment or plant, or lack of or defective supervision, where injury is suffered, must be recorded as an accident 'at work'. Playground injuries and similar therefore do not usually need recording as accidents 'at work' but if first aid is administered a first aid record is required.

Investigation

An investigation should be carried out as soon as possible after any accident occurs, so that problem areas or procedures are identified and remedial action can be taken if necessary.

Notification to the Health and Safety Executive

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations the Health and Safety Executive must be notified as soon as possible by telephone or e-mail of:

- accidents to employees causing either death or major injury
- certain industry related diseases suffered by employees

¹ Accidents including acts of violence to persons at work.

- dangerous occurrences
- accidents to members of the public (remember the “public” includes pupils and visiting pupils) where any is killed or taken from the premises to a hospital. (Playground injuries etc. and non curriculum sports injuries, unless caused by defective equipment, defective premises or defective supervision etc., are not notifiable.)

Accidents to employees which result in injury causing absence from work of more than seven days must be notified within ten days of the accident.

Any accidents that qualify as notifiable must be reported within 24 hours after the event to the Principal Director (Operations), who will notify the Health and Safety Executive.

The notifiable major injuries, reportable dangerous occurrences and reportable diseases relevant to the employer are as follows:

Major injuries:

- Fracture other than to fingers, thumbs or toes
- Amputation
- Dislocation of 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 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.

Dangerous occurrences:

- 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

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- 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
- Collapse or partial collapse of a scaffold over five metres high, or erected near water where there could be a risk of drowning as a result
- Dangerous occurrence at a well (other than a water well)
- When a dangerous substance being conveyed by road is involved in a fire or released
- Unintended collapse of any building or structure under construction, alteration or demolition where over five tonnes of material falls, including 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 100kg or more of flammable liquid, 10kg of flammable liquid above its boiling point, 10kg or more of flammable gas or 500kg of these substances if the release is in the open air
- Accidental release of any substances which may damage health
- Serious gas incidents.

Diseases include:-

- Poisonings
- Skin diseases such as occupational dermatitis, skin cancer, chrome ulcer, oil folliculitis/acne
- Lung diseases including occupational asthma, farmer's lung, asbestosis, mesothelioma
- Infections such as leptospirosis, hepatitis, anthrax, legionellosis and tetanus
- Other conditions such as occupational cancer, certain musculoskeletal disorders, decompression illness and hand-arm vibration syndrome.

Links with other policy areas

Health and Safety Policy

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VERSION CONTROL SHEET

POLICY NAME: Accident Records and Notification Policy

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Document date	Filename	Mtg submitted	Summary of changes required
Sept 13		PHSC	New Policy
July 2019			Reviewed

Accident/Near Miss Report Form (or other locally printed)



Location of incident:			
<u>Injured person</u> Surname Forename(s) Sex: M/F Age: Occupation		Address of injured person (or address of employer if contractor) Post code Tel no	
<u>Witness</u> Surname Forename(s) Sex: M/F Occupation		Address of injured person (or address of employer if contractor) Post code Tel no	
Date of Accident	Time of Accident	Date Reported	Time Reported
Where did the accident occur? State which room or place			
Precise nature of the injury and part of body injured (where applicable state left or right)			

Briefly describe the circumstances of the accident, including the cause of injury	
Was First Aid given? Y / N	Was the injured person taken to hospital? Y / N
Is the injured person absent from work? absence anticipated? Y / N	If No, is Y / N
Was the person doing something authorised or permitted for the purpose of his/her work? Y / N	
Action taken to prevent a recurrence of the accident	
I give my consent to UTC Plymouth to disclose my personal information and details of the accident which appear on this form to safety representatives and representatives of employee safety for them to carry out the health and safety functions given to them by law.	
Signature	Date / /
Signature of line manager	Date / /
Is the accident reportable to the HSE? Y / N	Reference number:-
If yes how was it reported? telephone / email / fax	Date reported //
(delete a appropriate)	

