

# Accident, Incident and Near Miss Reporting and Review Procedure



## Aim

PCP recognises that the best way of preventing harm from occurring is to introduce measures that prevent hazards and risks in the first place. The Health and Safety at Work Act 1974 (HASWA) requires employers to ensure the health, safety and welfare of all their employees as far as is reasonably practicable. Whilst PCP ensures all reasonable precautions are taken to provide working conditions that are safe, healthy and compliant with all statutory requirements, accidents are sometimes inevitable.

PCP aims to ensure all accidents, incidents and near misses are reported in a timely manner so they can be investigated properly and preventative measures can be reviewed and reinforced. Effective reporting also helps PCP to determine any patterns and causes of accidents so that it can ensure that preventative measures are in place to avoid a recurrence. Therefore all accidents, incidents and "near misses" must be recorded and reported using this procedure.

## Definitions

**Accident** – is an unexpected, unplanned event which results in harm (injury, disease, death) to an individual (e.g., a fall from a height, such as ladders).

**Incident** – an event which causes loss or damage to property, plant or equipment (e.g., a flood). An incident can also be an event which is detrimental to the health and welfare of a person (e.g., a verbal altercation).

**Near miss** – is an unplanned event which does not cause injury or damage, but nearly did or could have (e.g., tripping over a box, but catching one's self before falling). A near miss identifies or highlights an opportunity to take preventive action, improve safety or learn from the circumstances.

## Procedure

### 1. Reporting an Accident, Incident, Near Miss

- a. When a member of staff or volunteer witnesses or is involved in an accident, incident or near miss they must report it to their line manager or Senior Manager if their line manager is not available.
- b. All incidents must be recorded using the relevant [PCP Report Form](#):
  - [Accident Report Form](#)
  - [Incident Report Form](#)
  - [Near Miss Report Form](#)

There is a legal requirement to ensure that we keep adequate records, therefore ensure that the correct Form is completed fully, with any [witness statements](#) attached.

- c. The accident book of the specific location (PCC or outreach location) must also be completed for all accidents.
- d. Completed Report Forms must be forwarded to the relevant line manager for initial review, follow up (if the accident involved an injury) and comments. Accident follow ups should take place within 24 hours of the accident occurring, where possible. At this stage, the Senior Manager should also be made aware (for

information).

- e. The line manager will then forward the Form to: [risk@pcp.uk.net](mailto:risk@pcp.uk.net). Upon receipt, it will be logged and given a unique reference number.
- f. The Form will be forwarded to the Operations Manager (Ops Manager) for a thorough review. This will be followed by a further review at the next Senior Leadership Team (SLT) meeting.

## 2. Making a report out of hours

- a. Any significant accident, incident or near miss that occurs outside of 'office' hours must be reported as soon as practicably possible to a Senior Manager.
- b. A significant accident is considered to be reportable – see section 5.
- c. The member of staff or volunteer witnessing or involved are responsible for notifying a Senior Manager. (Contact details are available via Office 365.)
- d. The reporting procedure from point 1b above (Reporting an Accident, Incident, Near Miss) should then be followed.

## 3. Review

- a. Ops Manager will review all of the information contained on any Forms received weekly, or sooner if flagged as potentially high risk / RIDDOR reportable by PCP staff member. In the absence of the Ops Manager, the information will be sent to the Governance & Development Manager.
- b. Ops Manager will identify the risk category as High, Medium or Low and detail any follow up action on the Form
- c. Where appropriate, Ops Manager will ensure that the follow-up action (such as a review of practices and risk assessments) is communicated to the correct area and that details are reviewed at Senior Leadership Team (SLT).
- d. Where the report form includes a PCP staff member, completed forms will be sent to HR, and the form will be uploaded to the relevant employees' Sage HR account. HR will track any accident related absence.

## 4. Follow-up Action

- a. Senior Managers are responsible for providing direct feedback to their teams regarding handling of all accidents, incidents and near misses.
- b. Following SLT, where appropriate 'lessons learnt' sessions will be held.
- c. Where best practice is identified this will also be shared through informal learning, structured workshops, coaching, mentoring or job shadowing.
- d. Where relevant, the Ops Manager / CEO will report the incident to PCP insurers.

## 5. RIDDOR

### (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)

Under RIDDOR, an accident is a type of incident which is separate, identifiable, unintended and causes physical injury. This specifically includes acts of non-consensual violence to people at work. Injuries themselves, for example 'feeling a sharp pain', are not accidents. There must be an identifiable external incident that causes the injury, for example a falling object striking someone. Gradual, cumulative exposures to hazards, which eventually cause injury (such as repetitive lifting), are not classed as 'accidents' under RIDDOR.

RIDDOR puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses).

RIDDOR Reports must be received by the Health and Safety Executive **within 10 days of the incident** (unless specified otherwise), and it is the responsibility of SLT member with H&S oversight to complete the appropriate online form <http://www.hse.gov.uk/riddor/report.htm>. This will be completed in conjunction with the Operations Manager, with support from the relevant Senior Manager. A telephone service is also provided for reporting fatal/specified incidents **only** - 0345 300 9923 (opening hours Monday to Friday 8.30am to 5.00pm).

Reportable incidents are:

**a. The death of any person (regulation 6)**

All deaths to workers and non-workers, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

**b. Specified injuries to workers (regulation 4)**

Specified injuries are:

- fractures, other than to fingers, thumbs and toes
- amputation of an arm, hand, finger, thumb, leg, foot or toe
- any injury likely to cause permanent blinding or reduction in sight in one or both eyes
- any crush injury to the head or torso causing damage to the brain or internal organs in the chest or abdomen
- serious burns (including scalding) which:
  - covers more than 10% of the body
  - causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
  - leads to hypothermia or heat-induced illness
  - requires resuscitation or admittance to hospital for more than 24 hours

**c. Over-seven-day incapacitation of a worker (regulation 4)**

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. Where the worker's injury or condition does not become apparent until sometime after the accident, it must be reported as soon as it has prevented them from doing their normal work duties for more than 7 consecutive days. This seven day period does not include the day of the accident, but does include weekends and rest days. **The report must be made within 15 days of the accident.**

**d. Over-three-day incapacitation**

Accidents must be recorded, **but not reported** where they result in a worker being incapacitated **for more than three consecutive days**. If you are an employer, who must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record will be enough.

**e. Non-fatal accidents to non-workers (e.g. members of the public, volunteers) (regulation 5)**

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests (e.g., x-rays) do not constitute 'treatment' in such circumstances, however treatment that involves the person having a dressing applied, stitches, a plaster cast, surgery, must be reported. **There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.**

**f. Occupational diseases (regulation 8)**

Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work: These diseases include (regulations 8 and 9):

- carpal tunnel syndrome – is reportable where the person's work involves regular use of hand-held power tools. Where the person's work involves typing or similar repetitive movements, carpal tunnel syndrome is **not** reportable under RIDDOR;
- severe cramp of the hand or forearm – is reportable when it is chronic, and the person's work involves prolonged periods of repetitive movement of the fingers, hand or arm. A one-off, acute incident of cramp during someone's work is **not** reportable;
- occupational dermatitis - dermatitis can be linked with exposure to a range of common chemicals or substances outside the workplace, such as general household cleaners. The condition is **not** reportable if it has only been caused by this sort of exposure, rather than the person being exposed to a chemical or substance at work;
- hand-arm vibration syndrome;
- occupational asthma – asthma is a common condition and is only reportable when the person's work involves significant or regular exposure to a known respiratory sensitiser. Asthma is **not** reportable if there is evidence that the person already had the condition, and it was not made worse or triggered by exposure at work;
- tendonitis or tenosynovitis of the hand or forearm - the condition is reportable when it is in a hand or forearm / has resulted from work that involves frequent, repetitive movements / and is physically demanding. The condition is **not** reportable when a part of the body is affected other than the hand or forearm / it has not resulted from work that involves physically demanding activities involving frequent, repetitive movements;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

## **6. Serious Accidents or Incidents**

The Chief Executive and Ops Manager should be informed immediately of all serious accidents or incidents. Serious Accidents or incidents include, but are not limited to:

- Fatal accidents or death of any person;
- Serious accidents (including those listed in section 5b) or injuries that require hospitalisation.

## 7. Training

PCP is committed to provide training and information on accidents at work and how to avoid them. All staff are required to read and understand PCP's Health and Safety Policy Statement, procedures and arrangements upon commencement of employment. All staff and volunteers receive Health and Safety training upon induction which includes how to report an accident or incident, risk assessment and general health and safety. Additional training on manual handling, risk assessments, lone working and fire awareness is completed upon induction and refreshed every 3 years. Specific training such as First Aid at Work and Food Safety etc. is available depending upon the requirements of the role. All employees can request additional training through submission of PCP's Training Request Form.

## 8. Compliance

All employees are obliged to fully comply with this procedure. Any failure to report an accident or incident may be dealt with via the Disciplinary Procedure.

## Communication

PCP will ensure that:

- All employees are aware of the procedure and associated action plans at induction;
- The procedure is available on PCP's intranet;
- Generic training will include examples or reference to this procedure;
- Employees are informed when a particular activity aligns with this procedure;
- Employees are empowered to actively contribute and provide feedback; and
- Employees are notified of all changes to this procedure in a timely manner.

## Monitoring and Review

This procedure will be reviewed by Operations Manager annually to ensure that it remains compliant. A full formal review will also take place annually by Senior Leadership Team as part of the Policy Review Cycle.

**April 2024**

## Document Tracking

Action	Date(s)
Draft to SLT:	26 March 2024
Approved by SLT:	5 April 2024
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Interim Review Date:	10 June 2024
Main Review Date:	March 2025
SMT Lead for Review	Operations Manager

**If this policies or procedure is not reviewed in line with the review date indicated then this version remains valid until such time it is updated and reviewed.**