

**REPORTING OF INJURIES, DISEASES &
DANGEROUS OCCURRENCES PROCEDURES.**

REPORTING OF INJURIES , DISEASES AND DANGEROUS OCCURRENCES (RIDDOR)

Purpose Of Reporting.

To generate accurate reports and identify problems and trends.

What is RIDDOR?

- * Applies to events arising from work activities covered by the Health and Safety at Work Order etc.
- * Makes provision for reporting of events.
- * Makes provision for keeping of records - these can be inspected at any time by the Health and Safety Executive.
- * Records must be kept for all events or accidents.

Main Duties Imposed

The following events must be reported and records kept:

1. STAFF
 - (a) Death or fatality
 - (b) Specified major injury e.g. .fracture
 - (c) Specified dangerous occurrence including injuries caused by people at work
 - (d) “3 day injury”
 - (e) Death (up to 1 year after the event)
 - (f) Specified disease (linked with work activity)
 - (g) a , b & c notifiable immediately by phone by the Council Health & Safety Officer or Recreation Manager in his absences to the Health & Safety Inspectorate.
2. PUBLIC
 - (a) Death or fatality.
 - (b) taken to hospital from scene of accident.

INTERNAL ACCIDENT REPORTING PROCEDURE

1. All Injuries

- (a) Inform your Supervisor for his/her written investigation report.
- (b) Details of each injury, no matter how slight must be entered into the BI 510 Accident Book, (**Employees Only**),

OR

Details of each injury, no matter how slight must be entered into the N.I.P.P.A Accident Book, (**Crèche Children Only**). (Ensure Parent Signs Accident Book)

- (c) The appropriate 'Internal Accident Report Form' i.e. Employee or Member of the Public, to be completed with the same details that appear in the BI 510 Accident Book, then forwarded to the Administrative Officer at The Steeple for onward transmission to the Health & Safety Officer.

2. Reporting of Injuries

- i.e. More than 3 days lost time excluding day of accident if employee, or when a member of the public is taken to hospital from scene of accident.
 - (a) Immediately notify the Supervisor,
 - (b) Procedure 1 to be followed,
 - (c) Supervisor to contact the Health & Safety Officer at The Steeple.

3. Serious Incidents

- i.e. (I) When an ambulance is called,
 - (II) A dangerous occurrence, e.g. the collapse of or failure of the lift, an explosion or fire that suspends work for more than 24 hours.

Supervisor

- (a) Immediately inform, by telephone, the Health & Safety Officer at The Steeple,
- (b) Carry out procedure 1, take all necessary statements from witness and take photographs if possible.

4. All Injuries

When the BI510 Accident Book is nearing completion the Supervisor must contact the Administrative Officer where he will replace and remove the existing book for safekeeping.

EXTERNAL ACCIDENT REPORTING PROCEDURE

1. Who Will Complete The NI2508, NI2508A FORMS?

The Council Health & Safety Officer will carryout the necessary investigations upon being notified of such accidents and make representation to the Health & Safety Inspectorate with the specified format and time constraints.

2. Documentation to be Completed.

- (a) BI510 Accident Report Book (**Employees Only**). (Completed by Staff)
- (b) N.I.P.A Accident Book, (**Crèche Children Only**). (Ensure Parent Signs accident Book)
- (c) Internal Accident Report Forms i.e. , Employees , Members of the Public (Completed by Staff and Management)
- (d) NI2508, NI2508A (Completed by the Council Health & Safety Officer)

3. When is The NI2508 & NI2508A Completed?

The schedules contained within the RIDDOR regulations detail a series of events to which is reportable whoever the following lists samples of reportable events;

- (a) If an accident takes place at work to a member of staff which is either a death , a specified major injury or which will mean the employee will be off work (including days off) for three days then this must be reported on a RIDDOR form NI2508.
- (b) If the accident takes place with a member of the public and that person is taken from your work place to hospital this must be reported on a RIDDOR form NI2508.
- (c) If there is a specified dangerous occurrence within the work place then this must be reported on a RIDDOR form NI2508 (this includes violence to staff)
- (d) If any member of staff contracts a specified disease this must be reported on a RIDDOR form NI2508A.

ACCIDENT INVESTIGATION CHECKLIST

Objectives;	Discover facts - Prevent recurrence. Legal duty to inquire into reported accident. Accident Book BI510. Notification to HSE - NI2508. Employer's Liability insurance - Third party insurance. Evidence for possible civil action for damages.
Who Investigates;	Duty Officer/Supervisor. Recreation Manager. Health & Safety Officer. Union Representative (joint consultation). Formal Inquiry (HSE, Insurance engineer).
When;	Early as possible. Consequence of delay - lost evidence.
Course of Action;	Emergency Operating Procedures (E.A.P). Camera, Tape measure. Emergency telephone numbers, test equipment. Early visit and questioning injured person.
APPROACH	
Faults of Persons;	Dangerous occurrence - Major injuries or damage control. Strains and sprains - minor injuries. Distinguish between injury and accident.
Technique;	Interview one witness at a time Explain reason - to discover cause. Check knowledge of the witness.
Real Evidence;	Broken equipment. Photographs and Sketches. Expert examination - expert may give opinion.
DANGEROUS OCCURANCES	
	Types of notification to HSE. Others of interest (admin) State what type of machine, equipment.
Report Writing;	What was the injured person doing? What went wrong? Why? Recommendations to prevent reoccurrence.

ANTRIM BOROUGH COUNCIL
INTERNAL ACCIDENT REPORT FORM (EMPLOYEES)

THIS FORM MUST BE COMPLETED AND SIGNED BY THE PERSON IN CHARGE OF THE AREA AND RETURNED TO THE HEALTH & SAFETY OFFICER NOT LATER THAN THE 3RD CONSECUTIVE DAY OF ABSENCE

Personal Details

Name of Centre/Company _____

Full Name of Injured Person _____ Age _____

Address _____

_____ Occupation _____

Direct Employee Agency Worker

Is Person a Government Trainee? YES/NO Specify Scheme _____

Accident Details

Date and Time of Accident _____ am/pm

Date and Time Reported _____ am/pm

Date Work Ceased _____

Date and Time of Entry into Accident Book _____ am/pm

To Whom in Authority was the Accident Reported? _____

On the Day of the Accident

Site Where Accident Occurred _____

Normal Working Hours: FROM _____ am/pm TO _____ am/pm

Hours Employee Actually Worked: FROM _____ am/pm TO _____ am/pm

Exact Location of Accident _____

Was the Injured Person Authorised to be in that Place? _____ YES/NO

Describe How the Accident Occurred _____

Nature of Injuries (indicating left/right hand/foot) _____

Treatment Details

What Treatment did the Injured Person receive?

First Aid Hospital Doctor

Name of Hospital Attended _____

Detained in Hospital for more than 24 Hours _____ YES/NO

Are you satisfied that the Facts given to you are correct? _____ YES/NO

If No, please state reason why? _____

Has Injured Person Returned to Work? YES/NO If Yes State Date: _____

Name and Address of Witnesses _____

Signature _____ Status _____ Date _____

ANTRIM BOROUGH COUNCIL
PUBLIC LIABILITY INCIDENT REPORT FORM

DEPARTMENT:	
Exact Location:	Has a Claim been made: YES/NO
Area within Location:	

INJURED PARTY DETAILS		
Full Name:	Address: Post Code:	
Age:		Marital Status:
Occupation:		
Employer:		

INCIDENT DETAILS:		
Date of Incident:	Time:	Date Reported:
Brief Description of Incident		
If caused by Equipment/Machinery Specify Details:		
Did anyone admit responsibility for the incident? - Give Details:		

DETAILS OF INJURY:	
Brief Description of Injury:	
Underline appropriate body areas:	
Head:	Face/skull/hair/right eye/left eye/right ear/left ear/nose/mouth/teeth/right cheek/left cheek/jaw
Neck:	Muscles/bones/collar bone/right shoulder/left shoulder
Trunk:	Chest/ribs/abdomen/spine/lower back/muscles/discs/pelvic area/groin
Arm:	Right/left/both/upper/lower/elbow/hand/fingers/wrist/tendon/muscle
Leg:	Right/left/both/thigh/hip/knee/lower leg/ankle/foot/toes/muscle/tendons/cartilage
Other:	Circulatory/respiratory/hearing/digestive/nervous/voice/skin/mental/artificial aids
Any further information or details:	
Treatment: First Aid/Treatment at Hospital/Hospitalisation/No Treatment/Treatment Refused	
DETAILS OF PROPERTY LOSS OR DAMAGE:	

Nature of property lost/damaged:	
Details of circumstances:	
Approximate value:	
Any further information or details:	

GENERAL:	
Activities of injured party:	Indoor/Outdoor
Was the injured party authorised to be at accident location:	Yes/No
Supervisor at time of accident:	
Were the premises on hire? If so to whom:	
To whom was the incident reported:	
Product involved (if any):	
Was the injured person in their employment at time of incident:	
If yes give details of employer:	

WITNESS DETAILS:

Any further information:

Signed:	Date:
Position:	

For Office Use	
RMIS Reference	Date