



**Department of Education
and Lifelong Learning / Education
Establishments**

**Policy and Procedures for the Reporting of
Incidents of Violence, Injuries, Diseases and
Dangerous Occurrences**

November 2002

FOREWORD

This document has been prepared to deal with the Reporting of Incidents of Violence, Injuries, Diseases and Dangerous Occurrences. The requirements for statutory reporting of certain incidents has been taken into account. Failure to Implement the procedures contained in this document may lead to a criminal offence being committed.

AUTHORITY FOR ISSUE

This document is issued under the authority of the Director of Education and Lifelong Learning.

This document is applicable throughout the Department of Education and Lifelong Learning (DELL), including our Education Establishments.

STATUS AND IMPLEMENTATION

This document is part of a suite of documentation applicable to DELL. All other documentation, relevant to DELL, must be complied with, including: all appropriate statutory, local government, regulatory authority eg the Health and Safety Executive (HSE), Corporate and Departmental documentation.

Any comments on this document, or any difficulties in Implementation, should be brought to the attention of the Director of DELL through the usual line management channels.

REVISION

This document will be reviewed on a regular basis to confirm that the arrangements are still appropriate.

A review will also take place if there are any significant changes in the arrangements.

The document, including the appendices, will be revised and reissued within not more than three months from the review date, where this is necessary.

Director of Education and Lifelong Learning

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Review date: 05 November 2003

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- B **Form 2: Health and Safety Incident/Violence Investigation Form**
- C **Notes for Managers on Completing the Bristol City Council
Incident/violence Reporting Form (1) and Investigation Form (2)**

1 Scope

Bristol City Council has a statutory duty to report all serious accidents, dangerous occurrences and incidents of occupational ill health to the Health and Safety Executive. It also requires to be informed of all other accidents both for statistical purposes and to ensure that all necessary remedial action is taken where incidents do occur. It is, therefore, essential that managers record all such instances on the Reporting and Investigation Forms (Forms 1 and 2) and distribute them as indicated on the forms.

2 Definitions

For the purposes of this document, the following definitions apply:

- 2.1 *Accident* means an unplanned event which results in death, ill-health, injury, personal damage or other loss¹.
- 2.2 *Dangerous Occurrence* means an *incident* which is considered dangerous and as defined in RIDDOR².
- 2.3 *Employee* means a person employed by DELL or Bristol City Council.
- 2.4 *Hazard* means a source or a situation with a potential for harm in terms of human injury or ill-health, damage to property, damage to the environment, or a combination of these ¹.
- 2.5 *Ill-health* (occupational ill-health) means an occupational disease as specified in RIDDOR ².
- 2.6 *Incident* means an unplanned event which, has led to or has the potential to lead to an *accident* ² .
- 2.7 *Major injury* means an injury or condition as specified in RIDDOR ².
- 2.8 *'Over 3-Days' accident* means an *accident* in which a *person* at work is incapacitated for work of a kind which they might reasonably be expected to do, in the normal course of their work, for more than three consecutive days (excluding the day of the *accident* but including any days that would not have

¹ Based on definition in BS 8800: 1996 Guide to Occupational health and safety management systems.

² Reporting of Injuries, Diseases and Dangerous Occurrences Regulations, 1995

been working days) because of an injury resulting from an *accident* arising out of or in connection with work (as defined in RIDDOR ^[2]).

- 2.9 *Site* means any location over which DELL has jurisdiction
- 2.10 *Jurisdiction* means the official power to make legal decisions and judgements within DELL's legal sphere of influence.
- 2.11 *Education Establishment* means premises, or other locations, under the jurisdiction of the Department, where students of any age are educated, either formally or informally.

3 **Policy**

- 3.1 All Incidents of Violence, Injuries, Diseases and Dangerous Occurrences shall be reported, recorded, investigated and analysed in accordance with the procedures identified in this document.

4 **Procedures**

- 4.1 Following any incident on site, or to any person on any activity over which DELL has jurisdiction, the following steps must be taken:
 - 4.1.1 Seek medical attention for the injured person(s) and ensure the safety of other people in the vicinity. It is essential that all members of staff are aware of the identity of any First Aiders³ on site. Serious cases must be transported to hospital by ambulance because:
 - the injured person's condition can be monitored by skilled people
 - hospitals will treat ambulance cases as a priority and
 - DELL does not authorise the use of private cars for ambulance type work.

Once medical treatment has been administered it is essential that:

- the incident is reported and
- the causes of the incident are investigated.

³ See First Aid Policy for Education Establishments

4.2 The aim of reporting and investigating incidents is to try to ensure that the incident is not repeated and to enable **DELL/Education Establishment Governing/Managing Bodies and Headteacher/Managers/Supervisors** fulfil their collective and individual obligations under Health and Safety legislation. Certain incidents have to be reported to the Health and Safety Executive (HSE).

5. Reporting

5.1 Responsibility

5.1.1 The responsibility for ensuring that incidents are correctly reported rests with **Headteachers/Managers/Supervisors**.

5.2 All incidents

Technically all incidents causing injury and near misses, which fortunately did not cause injury, should be reported. This must be enforced for all staff and visitors but may be relaxed for pupils.

Where pupils are concerned, if the incident leads to an injury other than one which requires very basic first aid, eg sticking plasters, cleaning up, comfort and sympathy etc. then it must be reported. All incidents which require the pupil to be sent home, attend a GP surgery or hospital etc. must be reported.

5.2.1 All incidents are to be reported to the DELL Safety Advisors using the 'Health and Safety Incident/Violence Reporting Form' Form 1. [See Appendix A].

5.2.2 Form 1 should be completed and the top copy (white) sent to the DELL Safety Advisors within 5 working days after the incident. Instructions for the distribution of the remaining copies are printed on the bottom of the form.

5.2.3 Detailed notes regarding the completion of the report Form 1 are included in Appendix C.

5.3 Serious Incidents

5.3.1 All incidents requiring the attendance of a student, member of staff or any person at hospital must be immediately reported to the Departmental Safety Advisors by telephone. A copy of the Form 1 must then be faxed to the Departmental Safety Advisors.

5.4 **'Over 3-days' Incidents**

5.4.1 Where a member of staff is likely to be unable to go to work for more than 3 days, the Departmental Safety Advisor must be informed as soon as possible after the **Headteacher/Manager/Supervisor** becomes aware of this fact, and not more than 5 working days after the incident.

5.5 The **Headteacher/Manager/Supervisor** or nominated responsible person must sign the Form 1 prior to sending. Please note: there must be a separate form for each separate incident.

6 **Investigating**

6.1 All incidents must be investigated. Where necessary, a report must be submitted using the 'Health and Safety Incident/Violence Reporting Form' ie Form 2 (see Appendix B).

6.2 Detailed notes regarding the completion of the Investigation Form 2 are included in Appendix C.

6.3 The distribution of the Form 2 is detailed on the form.

6.4 Where the incident does not result in injury, or the injury is minor and the cause(s) of the incident has been rectified or eliminated, the results of the investigation recorded on the Form 1 may be sufficient.

6.5 Some incidents will require further investigation by the DELL Safety Advisors and in some cases the Senior Manager who will visit the site and will require the co-operation of all the parties involved in the incident.

6.6 It must be emphasised that the aim of all incident investigation is to identify ways of preventing similar incidents happening in future. It does not exist in order to encourage a blame culture.

7 **References**

Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) 1995

Successful Health and Safety Management HS(G)65 pp 60 - 66

First Aid Policy for Education Establishments

Form 1: Health and Safety Incident/Violence Reporting Form

Form 1 Health and Safety Incident/Violence Reporting Form

Type of incident. Please tick correct box

Accident Dangerous Occurrence Ill Health Violence Other



Directorate/Section		Form No. for workplace records	
Workplace		Section B Cont.	
Section A Personal (details of injured person)		Did injury occur? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify	
Surname	First Name	Type of injury	
Address		Parts of the body affected	
Post Code		Left <input type="checkbox"/> Right <input type="checkbox"/>	
Date of Birth	Male <input type="checkbox"/> Female <input type="checkbox"/>	Section C Other details (please tick correct boxes)	
Status (please tick correct box)		Was medical attention given?	
Employee <input type="checkbox"/>	Job Title	First Aid <input type="checkbox"/> Doctor <input type="checkbox"/> Hospital <input type="checkbox"/> None <input type="checkbox"/>	
Contractor <input type="checkbox"/>	Employer	Was injured person taken directly to hospital from scene of incident? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Client <input type="checkbox"/> Visitor <input type="checkbox"/> Pupil/student <input type="checkbox"/> Other <input type="checkbox"/>		Detained in hospital for more than 24 hours? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Section B Incident/violence details		Has counselling been offered? N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date of incident	Time am/pm	Is injured person likely to take time off sick? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Where did incident occur? (Full address including Post Code)		Is this likely to be more than three days? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Brief description of what happened		First day of absence (date)	
		Return date (if known)	
		Details of witnesses (name, job title and address)	
		Details of witnesses (name, job title and address)	
		Name of person completing form	
		Signature	
		Date Tel No.	
		Job Title	
Line Manager/Duty Officer			
If applicable, has next of kin been notified (eg pupil/service user, etc.) N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
I have/have not discussed the above incident with the employee/injured person. Date			
Investigation form to be completed Yes <input type="checkbox"/> No <input type="checkbox"/> If investigation form not to be completed please give reason Contact Tel. number.....			
Name Signature..... Job Title.....			

Distribution: White copy to Directorate Safety Officer Yellow copy to remain in workplace file Pink copy to Personnel (employees only) 22083 P&S

Form 2: Health and Safety Incident/Violence Investigation Form

Form 2 Health and Safety Incident/Violence Investigation Form



Section D Details of injured person (as on form 1) Please complete this section so that this form can be positively identified with the incident as report on form 1		Form number for workplace records
Full name	Status	
Date and time of incident	Place of incident	
Section E Accident <input type="checkbox"/> Dangerous Occurrence <input type="checkbox"/> Ill Health <input type="checkbox"/> Violence <input type="checkbox"/> Other <input type="checkbox"/>		
How and why did the incident/violence occur? Give full details of the incident investigation and identifying any possible causes. Please continue on a separate sheet if necessary.		
Any further information on the nature of the injury sustained?		
Did hospitalisation occur? Yes <input type="checkbox"/> No <input type="checkbox"/> Under 24 hours <input type="checkbox"/> Over 24 hours <input type="checkbox"/>		
First date of absence	Return date if known	
What action could be taken to avoid similar incident/violence? (State if already implemented).		
Section F Additional information (Attach copy of relevant risk assessment)		
Was the incident a reoccurrence? Yes <input type="checkbox"/> No <input type="checkbox"/>	Date of previous occurrence	
What relevant safety training has been undertaken?		
Was personal protective equipment supplied and used?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
Was personal protective equipment needed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the trade union safety representative been informed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Who was the incident/violence reported to?	When reported?	
Line manager. Name	Job Title	
Signed	Date	

Distribution: Green copy to Directorate Safety Officer Yellow copy to remain in workplace file Pink copy to Personnel (employees only) 22082 P&S

Appendix C

Notes for Managers on Completing the Bristol City Council Incident/violence Reporting Form (1) and Investigation Form (2)

Bristol City Council has a statutory duty to report to the Health and Safety Executive (HSE) all *serious accidents*, *dangerous occurrences* and instances of occupational *ill-health*. All other *accidents* must be reported for statistical purposes and to ensure that all necessary remedial action is taken where *incidents* do occur. It is therefore essential that managers record all such instances on the reporting form (Form 1) and the investigation form (Form 2). Distribution of the forms is indicated on the forms.

These notes are prepared to assist managers in completing these forms so that all information is readily available to managers and Safety Advisors who will then be in a better position to decide what further action or investigation may be necessary.

Completing the Health and Safety Incident/Violence Reporting Form (1)

Preliminary Information

The correct box describing the *incident* which is being reported must be ticked. However, more importantly, sufficient information must be given on where the individual works. Please write in longhand: those reading the form may not be aware of individual abbreviated name/initials.

A sequential set of local reference numbers must always be allocated to matched sets of reporting and investigation forms so that they relate to each other. A record must be kept.

Section A

The name and date of the person injured must be included in this section, as well as their status (employee, contractor, member of the public).

Section B

The time, date and place of the incident should be entered here. The description of what happened should be brief but clear and limited to the facts, assumptions and guesses should not be made. This should then be followed by a short, precise description of any injury including whether or not any bones were broken or eyes damaged etc.

Section C

This section covers any medical attention necessary following the injury, whether hospital treatment was necessary and whether or not time was taken off work. This is because any accidents that lead to an absence of over 3 days, or in the case of a member of the public, hospital treatment, has to be reported to the Health and Safety Executive (enforcing authority) through the Safety Advisor. However, please indicate on the form whether an absence is expected. This section is then completed by adding details of witnesses and you, the person filling in the form, signing and printing your name.

Finally, the accident should be discussed with the person concerned and if no investigation is to take place (see below), the reason why given.

Completing The Health & Safety Incident/Violence Investigation Form (2)

Preliminary Information

In the event of an accident/violent incident happening to an employee or to a member of the public on Bristol City Council premises, an Incident/Violence Report Form must be completed. In the majority of cases it will also be necessary to complete the Investigation form, however, this will not be necessary for trivial incidents, eg shutting fingers in a drawer, nor for incidents where the remedy is simple and rectifiable immediately, eg moving a waste paper basket which someone has tripped over. However, if there is genuine concern about a seemingly simple accident or incident, or if requested to by a Safety Advisor then an investigation must be carried out using Form 2.

Section D

The name and date of birth of the person injured must be included in this section which should also give their status (employee, contractor, member of the public).

Section E

This section should contain a brief description of the incident and any possible causes should be identified. In the final part there should be an outline of the necessary management steps that have/or will be taken to avoid similar incidents taking place in the future.

Section F

This section is for additional information, eg whether risk assessments have been carried out, relevant safety training has been undertaken and the necessary personnel protective equipment issued, Safety Advisors may request this detail if it is omitted. Finally, the line manager's name and job title should be printed.

It is essential that the above procedure is adhered to so that DELL can *** minimise the number of incidents and also ensure that the legal obligation to report accidents and incidents is discharged.

Extra information

If further sheets of paper are considered necessary, or witness statements are submitted, there are a number of points to ensure that they are usable.

1. All sheets must have as a minimum, the date, time and place of the incident. They should also have the name of the injured person and the form reference number as designated at the workplace.
2. The pages should be numbered, signed and dated.
3. The pages should also indicate the author's name and job title.
4. Copies should be taken and attached to each of the copies of the forms.