

Introduction

The document explains how to accidents and incidents are reported and recorded.

All employees have a responsibility to reporting and recording Incidents for the following reasons:

- To fulfil their duty of care towards themselves and others who may be affected by their actions at work.
- To support the Company's duty of care to employees and legal requirements

Historic data on Incidents can be found on the Intranet.

This procedure applies to all Group companies and its employees and subcontractors, and is split into 3 sections;

- **Incident Reporting**
Initial reporting of the incident by the affected employee, subcontractor or line manager.
- **Investigation**
Following submission of an incident the steps taken to investigate and record the outcomes by the Investigating Manager.
- **Review**
A review of the incident and investigation by a Director, and approval of any remedial actions.

SECTION 1 - INCIDENT REPORTING

All incidents should be reported as soon as reasonably practicable. This is done by accessing the staff intranet and selecting Health & Safety, following the 'click here' link to the submission form. Primarily the person involved in the incident should do the reporting. However, where this is not possible, for example the person is unable to continue working or physically access the form, their line manager or delegated authority should submit the report with as much information as possible.



H&S Reporting

Please click [here](#) to access the form on which any **Accidents or Incidents** need to be submitted.

Please click [here](#) to access the form on which any **Positive Practice** can be submitted.

Follow the guidance below when making your submission:

Submission Information	Explanation of submission information
Name of person submitting this form	Enter your name, as you will need to sign the submission at the end.
What type of report are you submitting?	This is the category of incident which you are reporting and this is explained in detail below. Each option on the form also gives a summary explanation of the type of incident you have selected and whether it is RIDDOR reportable. <i>This is explained in detail below.</i>
What is the name(s) of the person(s) involved in the incident?	This is your name and the name(s) of any other person(s) who were involved in the incident. It could be a fellow employee or subcontractor, or a member of the public. If those names are unknown, you can include your name and something along the lines of "unknown member of the public". However, if the incident is of a nature which warrants the recording of all names, please attempt to get the name of each participant and ask their consent to include their name on your submission and advise we will only use their data for the purposes of recording and investigating this incident.
Is the named person an employee, subcontractor or member of the public?	Select the appropriate options for all incident participants. You can select more than one option.
Which ABCA Department was carrying out the work at the time of the incident?	Select the Department which applies to the job which was being carried out at the time of the incident. If you weren't on a job, select your own Department.
Name of subcontract company	If a participant was a subcontractor, enter the name of the subcontract Company.
Site location of the incident and CLIENT NAME	The client name should be the name of the client that the job was for, when the incident occurred e.g. a Housing Association or Business, or Residential Customer. If the incident didn't occur on a client job, then enter your employer name as the client and continue to enter the location of the incident itself.
Date Incident Occurred	Enter the date and time of the incident. This may be earlier in the day from when the submission is made.
Whereabouts on the body was the injury sustained?	If an injury was sustained as a result of the incident, enter the areas of the body which were injured. You can select more than one option if multiple areas of the body were injured. If there were no injuries, such as with a Near Miss, select No Injury.
What type of action led to the need to complete this form	This is the type of action which caused the incident you are reporting. <i>This is explained in detail below.</i>
Incident details (what occurred to raise the record)	Please describe what happened, give as much detail as you can. For instance <ul style="list-style-type: none"> • the name of any substance involved • the name of any type of machine involved • the events that led to the incident • the part played by any people If it was a personal injury, give details of what the person was doing. These details will be reviewed during an associated investigation by Management.
Was initial first aid carried out?	Tell us whether first aid was carried out.
What first aid was carried out?	Explain what first aid was carried out. These details will be reviewed during an associated investigation by Management.
Following the incident, did the individual	Choose one of the listed options. <ul style="list-style-type: none"> • Immediately return to work following the incident treatment.

	<ul style="list-style-type: none"> • Visit their own Doctor • Visit a Walk-In Centre • Call 111 • Visit the A&E Department of the local Hospital • Taken to A&E by Ambulance
Photo of location	Required
Photo of injury / damage / observation	Required
Photo of equipment involved	Not required
Other supporting photo	Not required
Other supporting photo	Not required
Other supporting photo	Not required
Confirmation signature	Required

Please see the guidance below for selecting the **type** of report:

Incident Type	Description	RIDDOR Reportable?
Fatality	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.	Yes
Specified Injury	The list of 'specified injuries' as set out in RIDDOR 2013. This includes fractures (other than to fingers, thumbs and toes), amputations, any injury likely to lead to permanent loss of sight or reduction in sight, crush injuries to the head or torso causing damage to the brain or internal organs, serious burns (including scalding) covering more than 10% of the body, any scalping requiring hospital treatment, any loss of consciousness caused by head injury or asphyxia.	Yes
Over seven-day Injury	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. 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.	Yes
Over three-day Injury	Accidents must be recorded, but not reported where they result in a worker being incapacitated for more than three consecutive days.	No
Minor Injury	Minor injuries are not reportable and include any non specified injury such as fractures to fingers and toes, bumps, bruises, cuts, abrasions, sprains etc.	No
Occupational Disease	Occupational diseases include: carpal tunnel syndrome; severe cramp of the hand or forearm; occupational dermatitis; hand-arm vibration syndrome; occupational asthma; tendonitis or tenosynovitis of the hand or forearm; any occupational cancer; any disease attributed to an occupational exposure to a biological agent.	Yes
Dangerous Occurrences	Dangerous occurrences are certain, specified near-miss events. Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces, for example: the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment; plant or equipment coming into contact with overhead power lines; the accidental release of any substance which could cause injury to any person.	Yes
Near Miss	A near miss is an event not causing harm, but has the potential to cause injury or ill health. This could include the following: a trip/stumble, falling objects, aggression/conflict situation, encountering a potentially dangerous situation.	No

* upon investigation and/or review the TYPE of report may change, this could be due to a change in situation, for example a three-day injury moving to seven- day injury, or due to an incorrectly submitted report.

Please see the guidance below for selecting the **type of action** that led to making the report:

Incident Type	Description
Slips, trips & falls	Slips are the result of too little friction or traction between footwear and the floor surface. A trip is the result of a foot strikes/collides with an object, which causes a loss in balance, and can cause a fall.
Fall from Height	Usually an occurrence of landing on the ground after falling from a place of height, such as a ladder, scaffold, building, roof, or other elevated place or work area.
Contact with	An incident as a result of colliding, striking, hitting, or being hit by a vehicle.
Manual Handling	Lifting, putting down, pushing, pulling, carrying or moving loads which has resulted in an incident.
Use of equipment	Any incident as a result of the machinery, plant, substances or equipment used for work.
Cut/Abrasion	An incident which has caused a wound to the skin, or surface layer of the skin.
Burns / Scalds	Burns and scalds are damage to the skin caused by heat. A burn is a dry heat and scalds are caused by wet heats. Burns can also be chemical or electrical.
Hazardous substance	An incident that involves the uncontrolled release of one or more hazardous materials leading them to come into contact with people.
Falling object	An incident of an object, such as a piece of equipment falling from a place of height, such as a ladder, scaffold, building, roof, or other elevated place or work area.
Violence	An episode of physical or verbal abuse.
Observation	In the case of a 'Near Miss', a specific instance that has the potential to cause injury or ill-health.
Other	To describe an option that cannot fit into a category above.

SECTION 2 – INVESTIGATION

A submission will trigger a notification email to Management as per the matrix below.

INVESTIGATION	SKY	TECH SERVICE	NT SERVICE	SW FRA	SW PASSIVE	SW ACTIVE	M&E	MANAGEMENT
PHIL MILLER	X	X	X	X	X	X	X	X
CHRIS SCOTT	X	X	X	X	X	X	X	X
ANTHONY MCKINNON				X	X			
ALEX SCOTT		X	X					
ELLIOTT LAWRENCE						X	X	
NEIL BYROM	X	X	X	X	X	X	X	X

On receipt of an incident submission the Investigating Manager can investigate themselves or pass to a delegated authority such as a Senior Manager. The email received will be titled "NEW SUBMISSION: H&S Incident Report Form-NAME-TYPE OF REPORT-INCIDENT DATE". It will contain the initial incident report and any supporting attachments, with the following text, "Your Department has received an Incident Submission. Please review the contents of the

submission and then click edit link below to submit the findings of your investigation and what steps need to be taken to prevent the Incident happening again.”

Storing the Data

The Investigating Manager or delegated authority should firstly store the data as received, before any changes or corrections have been made. This should be saved in the folder location below, and then selecting the current year.

IMS\ABCA SYSTEMS GROUP LIMITED\Accreditations\OSHAS18001 - Health and Safety\HEALTH AND SAFETY\REPORTING\Accidents and Incidents\Reporting Data\

Each incident will require its own folder to be created, which will follow the naming convention ARYY-XXX. Where YY is the current year and XXX is a unique sequential number for the incident. For example, for the first incident of the year 2021 the name will be AR21-001, and the fifth incident will be AR21-005.

Both the initial email received plus the PDF of the incident report should be stored here.

Note: the name of the incident report PDF will be: H&S Incident Report Form-NAME-INCIDENT TYPE-DATE OF INCIDENT

Once the data is stored, the investigation of the incident can begin.

Reviewing the Data

Follow the guidance below to complete the investigation:

- Review and amend the submission if necessary (original submission is recorded on the submission PDF) as part of your investigation, to ensure that the data recorded is correct (guidance in the table below).
- When reviewing the submission, if the type of incident is RIDDOR reportable you must consult with Carney Consultancy and the Directors as part of the investigation and prior to submitting the investigation form.

Submission Information	How to review the submission information
Name of person submitting this form	If submission was made by someone who wasn't a participant in the incident, then you may wish to consult with them as part of your investigation.
What type of report are you submitting?	Ensure that the type of report selected on the submission is correct. If it isn't correct then change it to the correct one and inform the person making the submission on how to do it correctly in the future. The type of report selected on the submission may have been correct at the time but now you may need to amend it to a >3 day or >7 day absence.
What is the name(s) of the person(s) involved in the incident?	Ensure all incident participant names are recorded as accurately as possible.
Is the named person an employee, subcontractor or member of the public?	Ensure the correct option(s) have been selected for all participants. You can select additional options.
Which ABCA Department was carrying out the work at the time of the incident?	Ensure the correct Department has been selected. If the wrong department was selected, then forward the Submission Notification email to the correct Investigator.
Name of subcontract company	If a participant was a subcontractor, ensure the name of the subcontract Company has been entered correctly.
Site location of the incident and CLIENT NAME	Ensure the client name is correct i.e. the name of the client that the job was for, when the incident occurred e.g. a Housing Association or Business, or Residential Customer. If the incident didn't occur on a client job, then the employer should have been

	entered as the client, and the location of the incident should be in the address data fields.
Date Incident Occurred	This is the date and time of the incident. If the date and time is more than 48 hrs before the time at which the submission notification email was received, then understand the reason for the delay and include this in your investigation record as explained below.
Whereabouts on the body was the injury sustained?	Understand the injuries which were sustained as a result of the incident, and check that all applicable areas of the body have been recorded as sustaining an injury. If the incident is a near miss ensure that 'No Injury' has been selected.
What type of action led to the need to complete this form	Review the type of action against the incident detail to ensure the correct option has been selected. If it is not correct, change is and ensure person making the submission is aware of the change and the reason for it.
Incident details (what occurred to raise the record)	Review the details which have been included on the submission and add additional notes that you deem relevant so that this section of the submission is a full and accurate account of the incident.
Was initial first aid carried out?	Confirm whether first aid was or wasn't carried out.
What first aid was carried out?	If first aid was carried out, ensure there is a full and accurate record of what first aid was carried out.
Following the incident, did the individual	Confirm the correct next action has been recorded as part of your investigation.
Photo of location	Check whether the required photo has been uploaded showing the location. If a blank photo has been uploaded, explain the reason why in your investigation section as explained below.
Photo of injury / damage / observation	Check whether the required photo has been uploaded showing the location. If a blank photo has been uploaded, explain the reason why in your investigation section as explained below.
Photo of equipment involved	Review any additional photos which have been uploaded.
Other supporting photo	Review any additional photos which have been uploaded.
Other supporting photo	Review any additional photos which have been uploaded.
Other supporting photo	Review any additional photos which have been uploaded.
Confirmation signature	Review the signature on the submission.

Completing the Investigation

The investigation should be started within 4 hours of submission, or immediately depending on the gravity of the incident.

The purpose and points covered by the investigation are:

- The Management of Health and Safety at Work Regulations 1999, regulation 5, requires employers to plan, organise, control, monitor and review their health and safety arrangements.
- To understand how and why things went wrong (the root cause).
- To identify what steps must be taken to prevent the incident from happening again.
- To identify improvements to help manage risk.

Complete your investigation and all required fields as explained below.

Investigation Information	Explanation of investigation information
Investigation Date	Enter the date of the investigation. This may be earlier than when the investigation form has been completed.
Name of person submitting this investigation	Enter your name, as you will need to sign the investigation at the end.
Is the Incident RIDDOR reportable	Select Yes or No to confirm if this incident is RIDDOR reportable. Selecting Yes will trigger a notification to Carney Consultancy. After reviewing if the type of incident is correct a note will appear to confirm if this is RIDDOR reportable. Reference 'Type' table above.
Did the Incident occur in an ABCA office or in the field	Select the appropriate location for the incident between office and field.
Investigation Level	Based on the risk rating level, select an investigation level, Minimal, Low, Medium or High.
What was the outcome of your Investigation	Include as much detail as you can, for example: <ul style="list-style-type: none"> • how did the event happen (immediate causes of the incident/accident) • what activities were being carried out at the time • were there any witnesses • was there anything unusual or different about the working conditions • were there adequate safe working procedures and were they followed • if there were any injuries or ill health effects and how these were caused • were the risks known and if so, why were they not controlled • was housekeeping in order • was equipment adequate for the job and well maintained • were those involved properly trained • a summary of any losses resulting from the incident (plant, property, environmental damage etc)
What remedial should be put in place to prevent this type of incident from happening again?	Complete the risk control measures that are needed/recommended or any other action to be put in place.

Any other comments to support your investigation and suggested remedial actions?	Enter any further information to support either of the sections above. Include references to any similar accidents or incidents.
Investigator Signature	Required.

When selecting the level of the investigation you should refer to the risk rating scale below.

Likelihood of recurrence	Potential worst consequence of adverse event			
	Minor No or minor injury (first aid)	Moderate Off-site medical treatment or DAFW*	Serious More than one DAFW, long-term absence	Major Permanent disability or harm, fatality
Probable More likely to occur than not				
Possible 50/50 chance				
Unlikely Could occur, less than 50/50 chance				
Very Unlikely Little or no chance of occurrence				
*DAFW – Day Away From Work				
Risk and appropriate inspection level	Minimal	Low	Medium	High

MINIMAL	The relevant supervisor will look into the circumstances of the event and try to learn any lessons which will prevent future occurrences.
LOW	A short investigation by the relevant supervisor or line manager into the circumstances and immediate, underlying and root causes of the accident or incident, to try to prevent a recurrence and to learn any general lessons.
MEDIUM	A more detailed investigation by the relevant supervisor or line manager, the health and safety adviser and employee representatives and will look for the immediate, underlying and root causes.
HIGH	A team based investigation, involving supervisors or line managers, health & safety advisers and employee representatives. It will be carried out under the supervision of senior management or Directors and will look for the immediate, underlying and root causes.

You may also require Witness Statements to aid in the investigation. Witnesses should be sent the 'Investigation Witness Statement' electronic form and once submitted the investigator will receive this statement in a document that can be saved alongside the investigation data in the file path above.

SECTION 3 – REVIEW

A submission of an investigation will trigger a notification email to Management as per the matrix below.

REVIEW	SKY	TECH SERVICE	NT SERVICE	SW FRA	SW PASSIVE	SW ACTIVE	M&E	MANAGEMENT
CHRIS SCOTT	X	X	X	X	X	X	X	X
NEIL BYROM	X	X	X	X	X	X	X	X
PHIL MILLER	X	X	X	X	X	X	X	X

On receipt of an investigation submission a Director has the responsibility to review. The email received will be titled "INVESTIGATION: H&S Incident Report Form-NAME-TYPE OF REPORT-INCIDENT DATE". It will contain the investigation incident report, with the following text, "Following on from H&S Incident Report Form NAME OF REPORT, INVESTIGATOR NAME has submitted the following investigation and made the following suggestions for remedial actions. Please review all contents of the Incident, the Investigation and the suggested remedial actions, then close out this Incident Record by clicking on Edit Submission below, where you will be required to confirm your review and any confirmed actions."

Storing the Data

The investigation should first be stored, before the review takes place. This should be saved in the folder location below, and then selecting the current year. The incident should already have been named and have a folder of its own.

IMS\ABCA SYSTEMS GROUP LIMITED\Accreditations\OSHAS18001 - Health and Safety\HEALTH AND SAFETY\REPORTING\Accidents and Incidents\Reporting Data\

Both the email received plus the PDF of the investigation report should be stored here. The name of the report PDF will come through as, H&S Incident Report Form-NAME-INCIDENT TYPE-DATE OF INCIDENT. Please ensure INVESTIGATION is added to the name.

Reviewing the Data

Review and amend the submission and investigation data and amend if necessary as part of your review, to ensure that the data recorded is correct.

Investigation Information	How to review the investigation information
Investigation Date	Ensure the investigation has been completed within the required time. If not, please record the reason in the review.
Name of person submitting this investigation	This should be the Department Director or delegated authority.
What was the outcome of your Investigation	Review the outcome to ensure that the correct level of detail has been captured to identify the root cause.
What remedial should be put in place to prevent this type of Incident from happening again?	Ensure suggestion of remedial action has been addressed and this point answered.
Any other comments to support your investigation and suggested remedial actions?	If any additional supporting information has been missed enter it here.
Investigator Signature	Required.

Completing the Review

Complete your review and all required fields as explained below

Review Information	Explanation of Review information
Review Date	Enter the date of the review. This may be earlier than when the review form has been completed.
Name of person submitting this review	Enter your name, as you will need to sign the review at the end.

Have you reviewed the Investigation and are you satisfied with the outcome?	Confirm you are satisfied with the quality of the investigation and outcomes that have been found.
Have you reviewed the suggested remedial actions and are you satisfied with their introduction as a means to prevent this type of incident from reoccurring?	Ensure the remedial action suggested is appropriate and reasonable to control the risk better in the future. You may need to review this with the investigator for further understanding. You should reference the issue that will be addressed by remedial action, what the remedial action is and who is responsible for implementing.
What date should any remedial actions be completed by?	If remedial action needs time or resource to be implemented and cannot be in place immediately after the investigation this date should indicate when those actions will be completed by.
Reviewer Signature	Required.

Completion of the review will trigger a notification email to Management as per the matrix below.

COMPLETED REVIEW	SKY	TECH SERVICE	NT SERVICE	SW FRA	SW PASSIVE	SW ACTIVE	M&E	MANAGEMENT
PHIL MILLER	X	X	X	X	X	X	X	X
CHRIS SCOTT	X	X	X	X	X	X	X	X
ANTHONY MCKINNON				X	X			
ALEX SCOTT		X	X					
ELLIOTT LAWRENCE						X	X	
NEIL BYROM	X	X	X	X	X	X	X	X

The email will include the completed review in PDF format and will be titled "REVIEWED: H&S Incident Report Form-NAME-TYPE OF REPORT-INCIDENT DATE". It will contain the full incident report (submission, investigation and review), with the following text, "Following Review of this incident, please find the full final report attached."

This PDF of the reviewed report should be stored in the relevant folder. The name of the report PDF will come through as, H&S Incident Report Form-NAME-INCIDENT TYPE-DATE OF INCIDENT. Please ensure REVIEW is added to the name.

Incident Report Update

Following completion of the review, the submission table of the Incident Report Form should be updated. This can be found in Jotform by selecting 'View Submissions' for the form. The first three columns of the table should be updated in the same format as previous entries.



You can now review the Incident Report on the Intranet, to check that there aren't any empty responses on any slides.