

1. Haringey Council Procedure

- 1.1 Haringey Council acknowledges its responsibility to ensure the health, safety, and welfare of all its employees at work, of students while they are engaged in activities in our schools, contractors with who we partner to deliver services, as well as members of the public who live within or access our properties.
- 1.2 On occasions events may occur that cause or have the potential to cause injury, ill health, or damage to property. As well as being a legal requirement, it is of paramount importance that these events are recorded and appropriately reported in order that a full investigation to identify the root cause can be undertaken within the Service where the incident occurred. Once the root cause has been identified, the implementation of remedial control measures will hopefully prevent a recurrence of a similar or potentially more serious event.

2. Scope of Procedure

- 2.1 This document aims to provide instruction and guidance for all staff on the standards adopted by the Council and to be followed by staff for the recording, reporting, investigation, and implementation of remedial control measures, for events that cause or have the potential to cause injury, ill health, or damage to property.

3. Key Terms & Summary Information

3.1 Key Terms

An incident	Is an unexpected or unplanned event which has the potential to cause injury, or which could result in damage to or loss of property e.g., a load falls from a pallet but does not cause injury
A Near Miss	Is a situation that has the potential to cause harm such as damaged flooring, cracked loading sling, but no actual incident occurs
An accident	Is an unexpected or unplanned event that results in injury to people. This also includes an act of physical violence done to a person at work.
A dangerous occurrence	Is an occurrence as listed in the Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Regulations 2013. It must be notified to the appropriate enforcing authority by the quickest possible means and also reported online to the Health and Safety Executive (HSE) within ten days.
An occupational disease	Is one of those defined in Regulation 8 of the RIDDOR Regulations 2013 that will need to be reported to the Health & Safety Executive, when the disease is linked to specified types of work and has been diagnosed by a registered medical practitioner. It must be reported online to the Health and Safety Executive (HSE) on the prescribed form within ten days.
Exposure to carcinogens, mutagens, and biological agents	Where, in relation to a person at work, the responsible person receives a diagnosis of— (a) any cancer attributed to an occupational exposure to a known human carcinogen or mutagen (including ionising radiation); or (b) any disease attributed to an occupational exposure to a biological agent, the responsible person must report it online to the Health and Safety Executive (HSE) on the prescribed form within ten days.

4. Responsibilities for Implementation

4.1 Directors, Heads of Service and Head Teachers are responsible for implementing and monitoring compliance with this procedure in their area or school. Ensuring sufficient resources are in place to implement accident reporting and any investigations that are required.

4.2 Managers

4.2.1 Managers are responsible for implementing this safety procedure in their areas of responsibility, and where appropriate providing the necessary resources to others for its implementation.

4.2.2 Ensure that all staff who report to them are made aware of the content of this procedure at [induction](#).

4.2.3 Ensure that near misses, accidents, incidents, dangerous occurrences, abuse, threats and physical violence and occupational ill-health involving their staff are reported and investigated in accordance with this procedure.

4.2.4 Covid-19 is a reportable disease under the RIDDOR 2013 Regulations and therefore must be reported to the Health and Safety Team under these procedures. Reports should be made as soon as possible to allow for swift actions to mitigate the possibility of further infection in the workplace.

4.3 Staff

4.3.1 Staff are required to work in a safe manner and adhere to the content of this safety procedure.

4.3.2 All accidents, incidents and near misses must be reported to the line manager as soon as possible.

5. Specialist Advice

5.1 The council provide specialist advice by employing competent qualified health and safety practitioners, who are located within the Health and Safety Team. These individuals will also be available to support the roles of the safety champions.

6. Other documents you may need to consider

6.1 Legislation and Guidance (hyperlinks)

6.1.1 [Reporting accidents and incidents at work - HSE guidance](#)

6.1.2 [Incident reporting in schools - HSE guidance](#)

6.2 Forms ([available on the intranet](#))

6.2.1 Accident and incident report.

6.2.2 Accident investigation form for use by line managers.

6.2.3 Dealing with significant major injuries or fatal accidents.

7. Action to Take

7.1 In the event of an accident, the primary and most important thing is for the injured person to receive the necessary immediate first aid from a trained first aider.

- 7.2 Details of trained first aiders for the work area should be displayed in a conspicuous position on the notice board for each work area.
- 7.3 The decision to call an ambulance should be made by the attending first aider, other than in exceptional situations where a first aider is not available, and the injured party is in obvious distress or unconscious.
- 7.4 Once the necessary first aid has been administered; the accident should be reported to:
- The line manager for the injured person,
 - The [Health and Safety Team](#);
 - Human Resources (only if the person is a Council employee)
 - [Insurance department](#);
 - Trade union safety representative(s). (Including the Employ-side H&S Officer, if the injured party is a union member and agrees to the information being shared with the union representative).
- 7.5 Reporting should be undertaken by the injured person where possible. If not possible, then the line manager should report with a witness statement included from the first aider attending the incident. Where it is an incident that does not result in an injury, then the report should be completed by the person involved in the incident. In the case of a dangerous occurrence; an occupational disease; or a report of exposure to a carcinogen, mutagen, or biological agent, then reporting should be undertaken by the line manager. In all cases reporting should be by completing the online form on the Health and Safety section of the Intranet or if access to a computer is not possible then using the Accidents, Near Misses and Occupational ill Health Reporting Form attached in appendix 1 and emailing it to those persons that need to be notified. Completed forms must be emailed to the [Health and Safety Team](#) as soon as possible (no more than three days) following the incident/accident.
- 7.6 In the case of accidents where an ambulance is called and the injured party is taken by ambulance to hospital, the incident should in the first instance be reported immediately by telephone to the line manager who oversees the work of the injured person, or who is responsible for the work area. The manager will then be responsible for immediately notifying the Health and Safety Team by telephone, together with the council's insurance department.
- 7.7 It is also important in the aftermath of an adverse event that a barrier is placed around the area until it can be examined, and remedial action taken to prevent a recurrence. In the event of a significant accident or dangerous occurrence the barrier shall not be removed until authorisation has been given by a member of the Health and Safety Team.
- 7.8 Certain accidents and incidents are reportable under RIDDOR to the Health and Safety Executive. In all cases where the need to report to the HSE is suspected, the Head of Service or Head Teacher shall be informed, in order that they may review the information. Where it is established that a report to the HSE is required this shall be completed by the Health and Safety Team.
- 7.9 All accidents and dangerous occurrences shall be investigated by the manager responsible for the work area, who should note their findings on the Accident Investigation Form Appendix 3. It is important when recording information on report or investigation forms that only a factual account of the findings is included. Any subjective feelings or hear say should not form part of these reports. It may be appropriate to take witness statements from individuals who observed the incident, however again they should be encouraged to make a factual account of what they observed and not include subjective feelings or hear say. In the event of a fatality or major

incident guidance on actions to take is available at Appendix 4 – Dealing with dangerous occurrences or fatalities

8. Monitoring and Review

- 8.1 A variety of monitoring systems must be utilised to ensure adherence with this procedure including departmental monitoring checks.
- 8.2 This safety procedure must be reviewed by the Corporate Health and Safety Team every 26 months and revised as soon as practicable where changes in statute or industry best practice deem the content out of date.

9. Approval of the Procedure

- 9.1 This safety procedure was reviewed by the Corporate Health, Safety and Wellbeing Board and approved by the Council's Head of Organisational Resilience on 6th September 2021. Any required variations from this safety procedure should be brought to the attention of the Council's Head of Organisational Resilience.

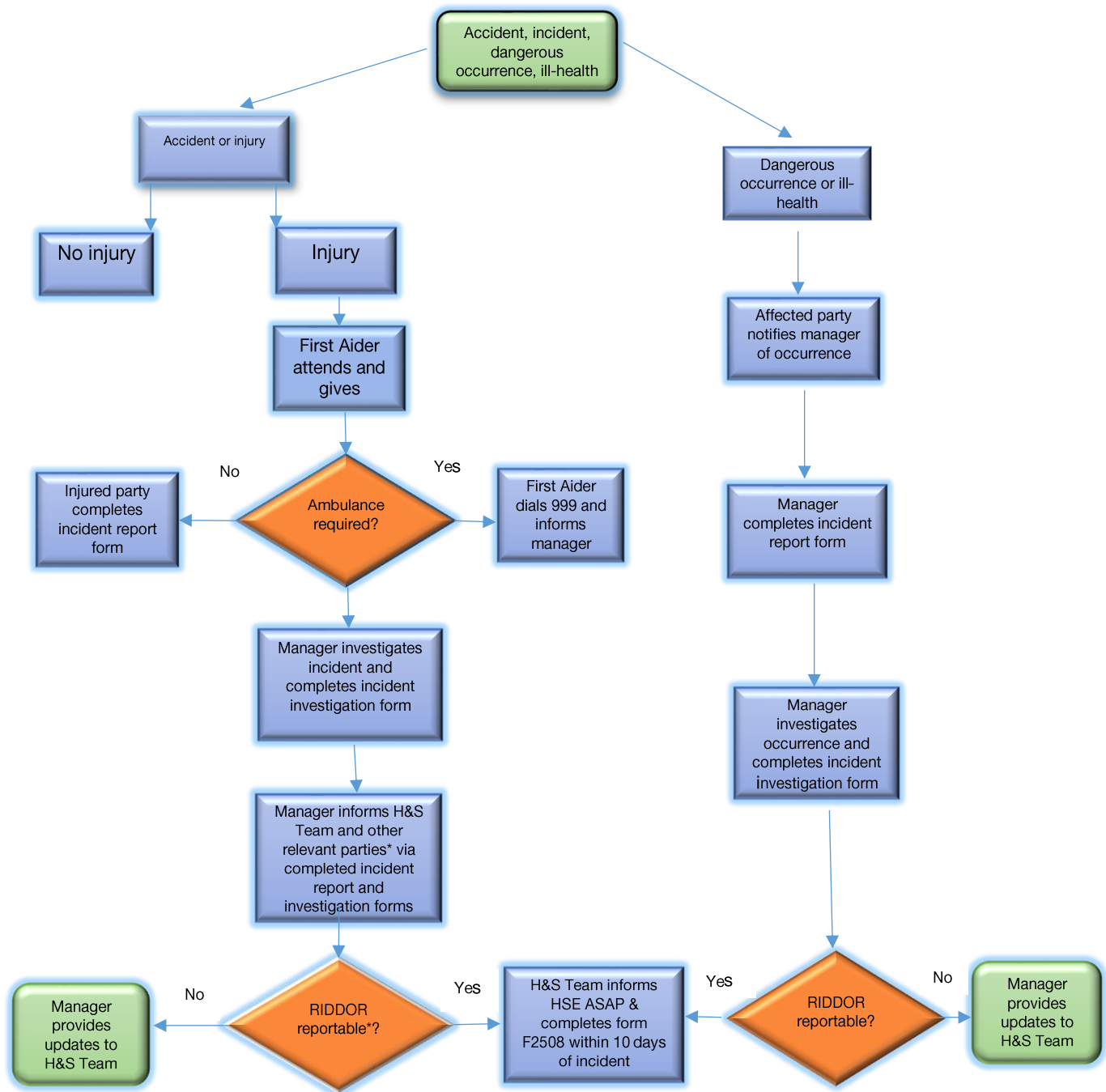
Approved by (print name): Andrew Meek

Signature:

A handwritten signature in blue ink, appearing to read 'AMeek', written over a faint circular stamp.

Date: 6/9/2021

Appendix 1 Accident/Incident / Near Miss Reporting Flow Chart



*Examples of RIDDOR reportable incidents include:

- Fatality.
- Over 7 days incapacitation.
- Fractures, other than to fingers, thumbs, and toes.
- Accidents requiring hospital treatment to non-workers.

* Examples of other relevant parties include:

- Health & Safety Champion for your service.
- Insurance team.
- Trade Union Safety Representative

Appendix 2 – Incident Reporting Form

Nature of the incident					
Type of Event	<input type="checkbox"/> Injury	<input type="checkbox"/> Violence or Verbal Abuse	<input type="checkbox"/> Ill Health	<input type="checkbox"/> Near Miss	
Harm or potential for harm	<input type="checkbox"/> Fatal or major	<input type="checkbox"/> Serious	<input type="checkbox"/> Minor	<input type="checkbox"/> Damage to property only	<input type="checkbox"/> No Injury
Status of injured person					
<input type="checkbox"/> Employee <input type="checkbox"/> Pupil / Student <input type="checkbox"/> Trade Union Member (which union) <input type="checkbox"/> Agency Staff <input type="checkbox"/> Contractor <input type="checkbox"/> Member of the Public <input type="checkbox"/> Other (Visitors)		First Name			
		Surname			
		Work Location/School			
		Directorate			
Home address			Contact Number		
			Work Phone Number		
Sex	Male <input type="checkbox"/>	Home Phone Number			
	Female <input type="checkbox"/>	Email Address			

Details of Accident/Incident			
Incident Location		Person Accident Reported To	
Incident Date		Date Reported	
Incident Time		Time Reported	

What Happened	
<input type="checkbox"/> Chemical Spillage <input type="checkbox"/> Contact with Machinery <input type="checkbox"/> Contact with Electricity <input type="checkbox"/> Drowned or Asphyxiated <input type="checkbox"/> Electricity / Electrical discharge <input type="checkbox"/> Exposed to fire <input type="checkbox"/> Exposure to explosion <input type="checkbox"/> Exposed to harmful substance <input type="checkbox"/> Fell from height* <input type="checkbox"/> Injured by an animal <input type="checkbox"/> Hit something fixed or stationary <input type="checkbox"/> Lifting and Handling injuries <input type="checkbox"/> Manual handling	<input type="checkbox"/> Moving / falling object <input type="checkbox"/> Moving vehicle <input type="checkbox"/> Machinery <input type="checkbox"/> Physical Assault <input type="checkbox"/> Struck by Object <input type="checkbox"/> Struck by moving vehicle <input type="checkbox"/> Slip, trip, fall <input type="checkbox"/> Trapped by something falling <input type="checkbox"/> Verbal Abuse <input type="checkbox"/> Weather <input type="checkbox"/> Another kind of incident*

Accident / Incident Report

Work process involved in the incident*	Injury Details	Site of Injury
<input type="checkbox"/> Production, manufacturing, or processing <input type="checkbox"/> Storing / warehousing <input type="checkbox"/> Construction - new building <input type="checkbox"/> Construction - civic engineering, infrastructures, roads, bridges, ports <input type="checkbox"/> Construction - remodelling, repairing; extending; building maintenance; demolition <input type="checkbox"/> Agricultural work; forestry; horticulture; fishing; work with animals <input type="checkbox"/> Cleaning - industrial or manual <input type="checkbox"/> Waste management; disposal; treatment. Monitoring / Inspections <input type="checkbox"/> Service or assistance to the public <input type="checkbox"/> Teaching; training; office work <input type="checkbox"/> Commercial activity - buying; selling and associated services <input type="checkbox"/> Maintenance; repair <input type="checkbox"/> Movement; including aboard transport <input type="checkbox"/> Sport or artistic activity <input type="checkbox"/> Other process not listed*	<input type="checkbox"/> Burn / Scald <input type="checkbox"/> Bruise/ Swelling <input type="checkbox"/> Concussion <input type="checkbox"/> Cut / Scratch <input type="checkbox"/> Disease <input type="checkbox"/> Dislocation <input type="checkbox"/> Fracture <input type="checkbox"/> Irritation <input type="checkbox"/> Internal Injury <input type="checkbox"/> Loss of Limb <input type="checkbox"/> Loss of Sight <input type="checkbox"/> No injury <input type="checkbox"/> Partial loss of sight <input type="checkbox"/> Pool rescue <input type="checkbox"/> Puncture Wound <input type="checkbox"/> Poisoning / Gassing <input type="checkbox"/> Shock <input type="checkbox"/> Strain / Sprain <input type="checkbox"/> Other*	<input type="checkbox"/> Ankle <input type="checkbox"/> Arm <input type="checkbox"/> Back <input type="checkbox"/> Eye <input type="checkbox"/> Face <input type="checkbox"/> Finger <input type="checkbox"/> Groin <input type="checkbox"/> Hand <input type="checkbox"/> Head <input type="checkbox"/> Knee <input type="checkbox"/> Leg <input type="checkbox"/> Neck <input type="checkbox"/> Shoulder <input type="checkbox"/> Wrists <input type="checkbox"/> Other*
Main Factor involved in the Incident	<input type="checkbox"/> Electrical problem, explosion, or fire <input type="checkbox"/> Overflow; leak; vaporisation or emission of liquid; solid or gaseous product <input type="checkbox"/> Breakage; bursting or collapse transport or equipment <input type="checkbox"/> Slip: stumble or fall <input type="checkbox"/> Walking on a sharp object <input type="checkbox"/> Kneeling; sitting or leaning on an object <input type="checkbox"/> Being caught or carried away by something (or by momentum) <input type="checkbox"/> Lifting; carrying; standing up <input type="checkbox"/> Pushing; Pulling <input type="checkbox"/> Putting down; bending down <input type="checkbox"/> Twisting turning <input type="checkbox"/> Shock; fright; violence; aggression <input type="checkbox"/> Other cause not listed above*	
Brief Description* Please provide further relevant information. For instance: further details about the operation or activity in progress, the environmental conditions, the name of any substances involved, the name and type of any machinery involved, the events that led to the incident, the part played by any people, action taken (if any) to prevent similar incidents occurring		

Witness Details Witness 1		
Name		Witness Statement
Address or Work Location		
Postcode		
Contact Number		

Accident / Incident Report

Witness Details Witness 2		
Name		Witness Statement
Address or Work Location		
Postcode		
Contact Number		

Witness Details Witness 3		
Name		Witness Statement
Address or Work Location		
Postcode		
Contact Number		

Person Making Report	
Full Name	
Designation / Occupation / Job Title	
Work Location	
Postcode	
Work Phone Number	
Comments	

Contributing factors / Initial Investigation	
In your opinion, why did this accident / incident happen	
Action as Result of Occurrence (immediate action taken)	<input type="checkbox"/> First Aid Given <input type="checkbox"/> Ambulance Called
Status of Accident / Incident	<input type="checkbox"/> No work time lost <input type="checkbox"/> Over 7 days absence from work
Return to Work Date	
Line Manager	
Line Manager Comments	
Approval Manager	

Completed forms must be sent to: (no later than three days after the incident)				
Corporate Health and Safety Team	Line Manager	Insurance Section	Human Resources (<i>Only if the person is an employee</i>)	Trade Union Safety Rep of the injured person (<i>if the injured party is a union member and agrees to the information being shared with the union representative & the Employee-side H&S Officer.</i>)

In order that your accident / Incident / Near Miss can be investigated by the Trade Unions please tick the box to consent that this form can be shared with the TU Employee-Side H&S Officer. <input type="checkbox"/>
--

Accident / Incident Investigation Report



Appendix 3 Incident Investigation Form

Work Location		Section/Dept/School	
---------------	--	---------------------	--

Event Details		Person/s involved		Location	
				Date	
				Time	

Injuries or ill health effects if any	
---------------------------------------	--

Investigation details Include details such as - overview of the event - activities being performed - equipment used - working conditions - safety of working procedures - maintenance - competence of people involved - workplace layout - safety equipment used - any other conditions which may have influenced the event	
---	--

Causes of the event		
Immediate Causes	Underlying Causes	Root causes

Which risk control measures should be implemented to prevent recurrence?			
Risk control	Planned completion date	Actual completion date	Manager responsible

Which risk assessments and safe working procedures need to be reviewed and updated?			
Risk control	Planned completion date	Actual completion date	Manager responsible

Accident / Incident Investigation Report



Are there any further details that should be mentioned?	
---	--

Members of the investigation team	Name	Position	Name	Position

Signed on behalf of the investigation team							
Name		Position		Date		Signature	

Report accepted by							
Name		Position		Date		Signature	

The findings of this report need to be communicated to			
Name	Position	Name	Position

Action Plan

Appendix 4 – Dealing with dangerous occurrences or fatalities

(The scope of major accidents is broad, therefore the extent to which this appendix is relevant will be dependent on the nature of the major accident)

1.0 Reporting

1.1 Any accident or incident that leads to a major injury or fatality must be notified to the Corporate Health and Safety Team immediately by the most senior manager available, responsible for the employee / area where the accident occurred. If out of office hours the Emergency Planning Officer must be notified. Do not rely on voicemail, fax, or email contact alone. Call 020 8489 0000 and ask for the Duty Emergency Planning Officer.

1.2 The most senior manager available shall also:

- notify the Head of Service or Head Teacher by telephone, again not relying on voicemail or email.
- complete an accident/incident report form outlining the details surrounding the accident.
- provide a written statement of the incident and circumstances leading to the event. This together with the report form should be forwarded to the Head of Service or Head Teacher and the Health and Safety Team.

1.3 The Head of Service or Head Teacher shall obtain the necessary information from the senior manager and only in the event of a fatality or dangerous occurrence notify the Director or Assistant Director who shall notify the HSE Health and Safety Executive (HSE) by telephone by calling HSE Incident Contact Centre on 0345 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm). The Health and Safety Team will complete a report on the HSE online reporting system, as required by the reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013 (RIDDOR).

1.4 The Head of Service is also responsible for notifying as soon as possible: The Service Director who will inform the Chief Executive; and the Trade Union appointed Safety Representatives who represents the area or work undertaken.

2.0 Incident Scene

2.1 The scene of the incident will initially be considered a “Crime Scene” and is likely to be held under the control of the Police (in case of fatalities). Do not touch or move anything within the area or associated with the incident, unless absolutely necessary for safety e.g., turn off the gas. Do not enter the area unless specifically instructed to do so by the Incident Controller (usually the Police or Fire Service).

2.4 The Police may hand the scene over to the Health and Safety Executive before returning it to the council’s control. It is likely that you will not be permitted to enter the area and all activities will need to be suspended until the area is returned to the control of the Council.

2.5 If CCTV cameras cover the area or part of the area, contact the CCTV control room manager and request that the cameras are used to monitor the area and record in

“real time mode”. The CCTV Room Manager will also check any existing footage leading up to the incident and make a copy; the Police and/or HSE may require the original footage for evidence/investigation.

- 2.6 Once the area is returned to council control it should not be cleaned, cleared, or otherwise altered without approval from the Health and Safety Team.

3.0 Interviews

- 3.1 HSE Inspectors and police officers may interview anyone they believe may have information about the incident or the circumstances leading to it, in addition to those who witnessed the incident first-hand. Interviewees will be advised if the meeting is a formal interview or an interview under the Police and Criminal Evidence Act 1984 (PACE). In both cases a transcript or recording of the meeting will be taken and the interviewee asked to read and sign the notes; once signed a copy should be provided to the individual. Individuals will have rights to legal representation.

4.0 Bereaved Families and Relatives

- 4.1 All formal contact with the bereaved family/next of kin must be made by the Director/Assistant Director. All enquiries from the family must be referred to the Service Director and details of conversations recorded. The police and the HSE will contact the family of the deceased as part of their enquiries.
- 4.2 In the event of contact by the family or a member of the public, service user, etc. all enquiries should be referred to the Press Desk on 0208 489 2963

5.0 Dealing with the Media

- 5.1 It is likely that the media will attend the scene of an incident, particularly if it involves a major incident (fire, building collapse, road closures, etc). It is essential that all communication with the media is given through the Council Press Office; individual staff should not comment.
- 5.2 All journalists are obliged to identify themselves as reporters and to give the name of the media outlet they are working for. People often pretend to be journalists in order to ask questions - people claiming to be reporters often are not.

6.0 Support for Staff

- 6.1 Staff who have been involved in or witness a fatal accident may suffer from some trauma related stress following the incident. This may be immediate or several weeks or months later. All personnel witness to or working with the victim(s) of the incident should be provided with support locally and formally offered the support available through the Councils [Employee Assistance Program](#). Trade Union members can also contact Their Union for support and advice.