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## Derbyshire County Council Adult Care Practice Guidance

### Accident and Assault Reporting and Investigation Guidance

Name	Job Title	Date
Authored by: Trevor Thacker	Principal Health and Safety Officer	October 2013
Approved by:	Quality and Compliance	October 2013

#### Change History

Version	Date	Name	Reason
V 1	June 03	Trevor Thacker	Development of new practice guidance
V2	July 13	Trevor Thacker	Review and update
V3	October 13	Trevor Thacker	Update to reflect change in RIDDOR Regulations
V4	October 16	Trevor Thacker	Review and incident e-reporting system

Derbyshire County Council Adult Care publishes a range of Practice Guidance documents to support workers managing individual cases. They are written in plain language and give clear and precise guidance detailing how professionals and other relevant parties should respond when dealing with Accidents, Assault Reporting and Investigation.

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## 1 - Background Information

The reporting of accidents and ill-health at work is a legal requirement. The Council also has a statutory duty to keep records of accidents. To comply with [the Adult Care Document Retention Schedule](#) these records must be kept for 7 years. The information gained from correctly completed accident forms enable the Council to identify where and how risks arise and also ensure an investigation is carried out where necessary to prevent recurrence.

It is important that all accidents and assaults that occur to employees, clients or members of the public as a result of our work, are reported and investigated in line with legal and county requirements.

These guidelines explain the general procedures to be followed for any type of accident.

From October 2013 new reporting requirements came into force under the [Reporting of Injuries, Diseases and Dangerous Occurrences Regulations \(RIDDOR\)](#).

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## 2 – Managers' Guidelines

### Immediate action at the scene

In the event of an accident which results in a person being injured or if a dangerous occurrence has taken place, the first priorities are to:

- Ensure you and the injured person are in a position of safety.
- Attend to the injured person and ensure that appropriate action is taken i.e. summon first aid, doctor or ambulance.
- Control the situation in order to prevent further injury or damage i.e. fence off hazard, isolate equipment etc.

### Who has to make the report?

It is a Management responsibility (see Appendix 1, 2 and 3) to ensure that all accidents/incidents are reported following DCC procedures. The form must be completed by the Manager/Deputy or Supervisor of the building or activity where the accident/incident occurred. This should be done following a discussion with the people involved.

Where an Adult Care (AC) employee is involved in an incident at an establishment where they are not directly responsible to the Officer in Charge, they must still inform the Officer in Charge of the establishment that an accident has occurred and also inform their Line Manager as soon as possible.

If the employee is taken directly to hospital or is unable to inform his/her Line Manager, then the Officer in Charge of the establishment must do so on their behalf.

### Please note:

It is the employee's Line Manager who is responsible for **ensuring** the reporting procedures are complied with.

### Which accidents require reporting?

**All** accidents to employees at work must be reported to AC Health and Safety Section. Certain categories of accidents are required to be reported to the Health and Safety Executive. AC Health and Safety Section will submit all reportable incidents to the HSE, using the online facility at [www.hse.gov.uk](http://www.hse.gov.uk) on the receipt of a telephone call or an accident report form from the Manager.

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## E-Incident Report form

All incidents should be reported using the Council's e-report form. This is available on [http://dnet/working\\_for\\_us/your\\_wellbeing/incident\\_reporting/default.asp](http://dnet/working_for_us/your_wellbeing/incident_reporting/default.asp)

If you do not have immediate access to the intranet a paper version of the form and guidance is available on [http://dnet/forms/employee\\_wellbeing/health\\_safety/default.asp](http://dnet/forms/employee_wellbeing/health_safety/default.asp)

This will need to be transferred onto the on-line incident form by the manager or appointed person as soon as is reasonably possible but by no later than five working days after the incident has occurred. The only exception is where the injured person is on sick leave and you need to wait until the 8<sup>th</sup> day of absence to determine whether it needs to be reported to the Health and Safety Executive.

Accidents listed below require reporting to AC H&S Section **immediately** by telephone or email and followed by a completed on-line accident form within 10 days of the accident. H&S Section will contact HSE.

- A fatality to an employee or other person (client, visitor, member of the public etc.) that was the result of an accident arising out of or in connection with work.
- An injury to a non-employee, e.g. client, member of the public, visitor etc. that was the result of an accident arising out of or in connection with work, requiring them to be taken **directly** from the scene of the accident to a hospital for treatment.
- A major injury to an employee that was the result of an accident arising out of or in connection with work (see list below).

The Adult Care, Health and Safety Champion will be informed of all the above accidents that are reported to the Health and Safety Section. For information on the Health and Safety Champion's roles and responsibilities please refer to the [Adult care Health and Safety Policy](#).

### List of major injuries

1. Any fracture, other than to the fingers, thumbs or toes as diagnosed by a medical practitioner.
2. Amputation of an arm, hand, finger, thumb, leg, foot or toe.
3. An injury diagnosed by a registered medical practitioner as being likely to cause permanent blinding or reduction in sight in one or both eye.
4. Any crush injury to the head or torso causing damage to the brain or internal organs in the chest or abdomen.
5. Any burn injury (including scalding) which covers more than 10% of the whole body's total surface area or causes significant damage to the eyes, respiratory system or other vital organs.

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6. Any degree of scalping requiring hospital treatment.
7. Loss of consciousness caused by head injury or asphyxia.
8. Any other injury arising from working in an enclosed space which leads to hypothermia or heat-induced illness; or requires resuscitation or admittance to hospital for more than 24 hours.

Other injuries listed below, must be reported to AC H&S Section using an on-line accident report form only. The form must arrive within 10 days of the accident.

- An injury to an employee which prevented them **doing their normal work** for more than 3 days not counting the day of the accident but counting any days where the person is not available for work, e.g. weekends, non-working days, rest days etc.
- An injury to an employee which prevented them **doing their normal work** for more than 7 days not counting the day of the accident but counting any days where the person is not available for work, e.g. weekends, non-working days, rest days etc.
- An employee suffering from a specified work related disease (see list below). The report must be made on receipt of a written diagnosis from a doctor. (Contact Occupational Health for further advice).
- A specified Dangerous Occurrence (see list below).

### Accidents to clients

Accidents to clients are reportable only if they are arising out of or in connection with work. For example if a client falls because they have tripped over a worn carpet or trailing cable etc. that is reportable to the H&S Section on an accident report form. If a client falls because they have mobility problem or are infirm due to their health or condition, that is not reportable to the H&S Section. It is however, imperative that such accidents are recorded on FWi on the slip, trips and falls form and attached to the clients file.

### Reportable

- A confused client falls from an establishment's window on the upper floor and is badly injured.
- A client falls in the lounge area, there is previous history of fall incidents, but reasonable practicable measures to reduce the risks have not been put in place.
- A client falls out of bed, is injured and taken to hospital. The assessment identified the need for bedrails but they or other preventative measures, had not been provided.
- A client trips over a loose or damaged carpet in the hallway.

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### **Not reportable**

- A client falls and breaks a leg. They were identified as not requiring special supervision or fall prevention equipment. There is no slip or trip obstructions or defects in the premises or environment, nor any other contributory factors.
- A client falls out of bed is taken to hospital. There was a detailed assessment in the care plan identifying that fall protection was not required.
- A client is found on the floor, no-one has seen it happen, and/or there are no obvious work-related contributing factors. There was a detailed assessment in the care plan, which identified that falls protection was not required.

The above types of incident may require notification to CQC if serious injury occurs Or where there are allegations of abuse made.

In some circumstances, it may not be clear whether the accident that caused the injury arose out of or was connected to the work activity.

### **Example 1**

A client (who is capable of understanding and following advice) falls off the toilet, having previously been advised not to get up, is injured and taken to hospital. They have been left alone for dignity reasons. Their care plan identified that the individual should have assistance or supervision.

### **Reportable**

- The member of staff left the client out of ear shot and without a call bell they could use, or had not responded promptly when they did call, as adequate supervision had not been provided.

### **Not reportable**

- The member of staff returned to help them as soon as they called to say they have finished. Or if the client had got up without calling for help, it would not be reportable.

### **Example 2**

An incontinent client slips on their own urine when returning back from the toilet and receives a serious injury.

### **Reportable if:**

- The assessment had identified the client needed help for toileting and it was not provided;
- The fall took place in an area of the home where it was foreseeable the client may slip due to a spillage and the home had failed to assess risks from floor surfaces or act on their assessment.

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## Road traffic accidents

Road traffic accidents are reportable under RIDDOR only in the following circumstances:

- Clients are embarking or disembarking from a vehicle, supervised by a member of staff on a public road, when one of them or the driver is hit by another vehicle, causing a reportable injury.

## List of specified work related diseases

1. Carpal Tunnel Syndrome, where the person's work involves regular use of percussive or vibrating tools.
2. Cramp in the hand or forearm, where the person's work involves prolonged periods of repetitive movement of the fingers, hand or arm.
3. Occupational dermatitis, where the person's work involves significant or regular exposure to a known skin sensitizer or irritant.
4. Hand Arm Vibration Syndrome, where the person's work involves regular use of percussive or vibrating tools, or the holding of materials, which are subject to percussive processes, or processes causing vibration.
5. Occupational asthma, where the person's work involves significant or regular exposure to a known respiratory sensitizer.
6. Tendonitis or tenosynovitis in the hand or forearm, where the person's work is physically demanding and involves frequent, repetitive movements.
7. Any cancer attributed to an occupational exposure to a known human carcinogen or mutagen (including ionising radiation).
8. Any disease attributed to an occupational exposure to a biological agent. This includes the following:
  - If a person receives a needle stick injury and the needle is known to be contaminated by a blood-borne virus.
  - If a person develops a disease as a result of a needle stick injury.

## List of dangerous occurrences

1. Collapse, overturning or failure of load-bearing parts of lifts and lifting equipment.
2. Failure of any closed vessel or associated pipework where the failure could cause the death of any person.
3. Plant or equipment coming into contact with overhead power lines.

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4. Any explosion or fire caused by an electrical short circuit or overload which either results in the stoppage of the plant involved for more than 24 hours or causes a significant risk of death.
5. Any accident or incident which results or could have resulted in the release or escape of a biological agent likely to cause severe human infection or illness.
6. Collapse or partial collapse of any scaffold more than five meters in height or any supporting part of any slung or suspended scaffold which causes a working platform to fall or any part of any scaffold where there would be a significant risk of drowning to a person falling from the scaffold.
7. Any unintentional collapse or partial collapse of any structure which involves a fall of more than 5 tons of material or any floor or wall of any place of work.
8. Any unintentional explosion or fire in any plant or premises which results in the stoppage of the plant or the suspension of normal work for more than 24 hours.
9. Sudden, unintentional and uncontrolled release inside a building of:
  - 100 kg or more of flammable liquid or;
  - 10 kg of flammable liquid above its boiling point;
  - 10 kg or more of flammable gas or;
  - 500 kg of these substances if the release is in the open air.
10. Any unintentional release of any substance which could cause personal injury to any person.

**Please note:**

Should further information on an accident become available after the report form has been completed and sent as required, this additional information **must be** forwarded to the AC Health and Safety Section.

**How to make the report**

Accident forms are available on Dnet or Derbyshire Net for Learning (DNFL). Please ensure all necessary sections of the form are completed, including part 'G' – action taken to prevent recurrence and that part 'H' is signed by the Manager/Supervisor completing the form. Additional information can be attached if required.

Some accidents/incidents involving clients must be reported to the Care Quality Commission (CQC). For information on what and how to report to CQC please see the Direct Care Folder.

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## Investigation following accidents and assaults

All accidents and assaults to staff and clients, whatever their outcome, must be investigated to a greater or lesser degree, depending on the type of incident. The investigation should be carried out by a Manager or Domiciliary Organiser with Safety Officer and trade union involvement where appropriate.

Where an incident involves another agency e.g. Health Trusts, transport provider, private care agency or voluntary body, the Manager must agree with the agency concerned who will lead the investigation, carry out any necessary remedial action and share the information.

The purpose of the investigation is not to apportion blame, but to collect the facts, identify the root causes, and to recommend any necessary action to prevent or reduce the risks of a recurrence. On completion of the investigation, disciplinary action may be taken against anyone identified by the investigation as being at fault. Contact your HR Consultant for advice.

Where a serious incident has occurred, ensure the site is safe but undisturbed if possible, and seek advice from the Health and Safety Section. Investigations into minor incidents can usually be carried out by the Line Manager. More serious or complex investigations may need the assembly of a panel made up of some or all of the following:

- A Senior Independent Manager to lead the investigation, appointed by the Assistant Director for the service.
- The Line Manager of the people involved or the service, e.g. Service Manager.
- An AC Health and Safety Officer.
- A Trade Union H&S Representative.
- Any technical expert e.g. a Property Surveyor if the incident could be building related.
- Local Manager/DSO/Supervisor.

Begin the investigation as soon as possible after the accident following the Protocol for Management Involvement in Workplace Accident Investigations. (*Section 6*)

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## 3 – Investigation Protocol

When carrying out an investigation stick to the facts, don't express opinions.

### 1. Establish facts

Date, time, exact location of the accident, name of person(s) involved, indoors/outdoors, environmental conditions, the task being carried out.

### 2. Gather information

What happened – ask the injured person (if possible) and any witnesses what they were doing before and at the time of the accident. Use open questions only. If possible, ask them to demonstrate (safely). Other information you may require:

- Is there a risk assessment for the task?
- Is there a Safe System of Work (SSW) for the task?
- Was the SSW being followed?
- Have staff involved in the incident been trained in the SSW?
- Was any equipment involved?
- Was the equipment maintained appropriately?
- Was it being used properly?
- Was Personal Protective equipment (PPE) required and being used?
- Was supervision and staff ratio adequate for the activity?
- Advice from a technical expert (if required)
- Any other questions appertaining to the investigation that you feel are necessary.

### 3. Consider the evidence and arrive at conclusions

For minor incidents, this may be done by the investigating Manager. For more serious or complex investigations, a panel may be required, (*see Section 2 above*). Based on the evidence only, decide what the root causes of the incident were. Accidents/incidents are rarely the result of a single factor. There is usually a build-up of events that lead to the incident.

### 4. Actions to prevent a recurrence

Decide what can be done to prevent or reduce the likelihood of a recurrence.

For example:

- Removal of the cause – e.g. repair torn carpet as an immediate solution whilst waiting for a replacement.
- Elimination of the task – use hoist; discontinue the activity.
- Review the risk assessment.
- Tightening up of procedures - re-training of staff; review safe system of work etc.

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## **5. Written report**

Produce a written report setting out the information referred to above with an action plan. The DCC Incident Investigation form (Appendix 4) can be used where appropriate. Each element of the action plan should have time-scales for completion and be allocated to a named individual who will be responsible for ensuring the necessary work is carried out.

The complexity of the report will depend on the severity of the incident.

For serious incidents that could reoccur in other areas of the care community, the report, or a summarised version of it without names or other identifying information, must be shared with other parties who may have an interest in the outcome e.g. other AC establishments or services, partner organisations including private, voluntary and independent sector organisations.

## **6. Monitoring**

The monitoring of the investigation is likely to take 2 forms:

- The monitoring of the progress made against the action plan. The person leading the investigation will need to ensure that those allocated tasks in the action plan complete them within the stipulated time-frame.
- The monitoring of the success of the changes to the work as a result of the investigation. This is a longer-term programme of checking the way the task is carried out to ensure staff follow the revised safe system of work, and reviewing accident records and statistics over a longer period of time, to see if similar incidents are still occurring. If the results of any part of this monitoring are negative, further action will be necessary.

Contact the Adult Care, Health and Safety Section for any further information, advice or assistance, on 01629 532050/51, or VOIP 32050/51

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## 4 – Assaults

### 1. What is an assault?

Any interaction between people which results in one or more of them feeling threatened.

For the purposes of reporting, the assault has to be an act of ‘non-consensual violence’. This is to differentiate between situations where the injured person agreed to the violent behaviour taking place, such as professional sporting activities e.g. boxing. In the case of staff member, the assault must be arising out of or in connection with their work.

An assault can be physical i.e. where a person is attacked by someone using a weapon or by the perpetrator using physical force (grabbing, punching, kicking, head-butting, biting, scratching etc.); or

Non-physical or verbal i.e. where the perpetrator shouts, swears or postures resulting in the victim **feeling** threatened although no physical contact actually takes place.

Assaults can take place between:

- Staff members and members of the public/contractors.
- Members of staff and other members or groups of staff.
- Clients and members of staff.
- Clients and members of the public/contractors.
- Clients and other clients or groups of clients.

Either of the parties can be the ‘perpetrator(s)’:

- Decide if the reported assault meets with the above definition.
- What happened – ask the assaulted person to describe what they were doing before and at the time of the assault and what was actually said or done by the alleged perpetrator.

### Key questions to ask

- Was any likelihood of violence considered and was there a plan in place to control this?
- Was a risk assessment in place? (where a client is involved, this may be part of their care plan)
- Did staff know about the risk assessment and safe system of work?
- Have staff received training in personal safety or SCIPr-uk?
- If a weapon was used, where was this obtained?
- Any other contributory factors?

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- Assaults involving clients on clients which occurred as a result of their condition, are not required to be reported to the H&S section but recorded and dealt with by the local management.
- Consider if anything can be done to reduce the risk of further incidents.  
[Refer to DSG - Personal Safety including Lone Working.](#)

Take any other immediate actions which could reduce the risk of recurrence.

A risk strategy meeting may be needed as part of this review depending on the severity of incidents e.g:

- Serious physical assault to staff.
- Use of or presence of a weapon of any kind.
- Where staff have been subjected to threats advice must be sought from Adult Care, Health and Safety Section.

## 2. What needs to be reported – to Line Manager

All incidents of assault must be reported to the Line Manager, as soon as possible. Records of these incidents must be kept.

## 3. What needs to be reported to Adult Care, Health and Safety Section?

- **By telephone Accident Report Form and Assault Form** - Any assault on an employee by another employee or by a member of the public, or an assault on an employee by a client resulting in a reportable injury which is notifiable to the HSE as set out in the Accident Reporting section of this document. This needs to be followed with an Accident Report Form and an Assault Report Form to reach the Health and Safety Section within 10 days of the incident.
- **By Accident Report Form and Assault Form** - Any Assault which results in the person being unavailable for their **normal work** for more than 7 days (not including the day of the incident).
- **By Assault Form only** - Any assault, physical or verbal, on an employee which results in the employee feeling threatened even though a reportable injury did not occur.

**N.B. When an employee has been assaulted by another employee, member of the public or client, the employee must be advised of their right to report the incident to the police.**

## 4. What needs to be reported on the Service internal recording system only

**On the Service Specific internal reporting system** - Any assault by a client on another client where the behaviour of one or more individuals is a result of their condition e.g. learning disability.

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If the assault is by one client on another client and the underlying cause is not due to their condition, the assaulted person must be advised of their right to report the incident to the police.

### **Information for Staff & Trades Union Safety Representatives**

Locally appointed Safety Representatives **must** be given access to, and be allowed to take copies of health, safety and welfare information relevant to the workplace to enable them to fulfil their functions. This includes information on assaults. Where information is to be provided the DCC [‘Disclosure of Information to Appointed Safety Representatives’](#) Protocol must be followed.

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## 5 – Employee Guidelines

All accidents at work, however minor, should be reported to your line manager. If the accident occurs whilst you are undertaking duties away from your normal place of work, then you should report the accident to the officer in charge of the establishment and then report the incident to your line manager when you return to your work base. Your line manager will ensure that the accident reporting procedure is followed.

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## 6 – Protocol for Management Involvement in Workplace Accident/Incident Investigation

### Purpose of protocol

To best ensure consistency in the way managers respond to – and deal with – accident/incident investigations and near misses. To include accidents to Adult Care staff and clients, visitors or contractors, where the incident occurred arising out of, or in connection with work carried out by Adult Care.

### Background

All accidents or health and safety incidents need to be investigated promptly and appropriately, to establish the causes of the accident and identify what action needs to be taken (if any) to prevent or reduce the risks of a recurrence. This includes 'near misses' i.e. accidents which caused no injury or loss to the Council but had the potential to do so - for example, something falling from a high shelf onto the floor. No injury was caused because there was no one there at the time the article fell, but if someone had been walking past, it may have struck them and caused an injury.

The level of management seniority involved in an accident (or 'near miss') investigation will depend on the severity - or potential severity - of the accident / incident and the possible consequences for the service or department. General advice is that the more serious the incident, the higher the level of management involvement necessary. Even then, some thought will need to be given to the possible consequences for the department as a whole rather than just the premises or section where the incident took place. For example, if a person trips over a raised carpet edge and breaks a leg, even though this is classed as a serious injury under The Reporting of Injuries, Diseases and Dangerous Occurrence (Amendment) Regulations 2012 (RIDDOR), it has consequences for the premises where the accident took place only. If, however, an accident occurs as a result of a breach of departmental procedures, or the procedures are found not to be suitable and sufficient, then there could be consequences for the particular service involved, the department or the Authority as a whole.

In any event the investigations process **must** begin as soon as possible after the event; when any casualties have been dealt with and the site is made safe.

The most senior manager present on site should take responsibility for ensuring that:

- Action is taken to meet any medical needs of the person(s) involved;
- The site is made safe but not interfered with in any other way;
- A decision is made and actioned as to who else should be notified of the accident (see notes below);
- An accident form is completed and any relevant information recorded.

Further information on accident investigation and recording can be found in the Accident and Assault Reporting Section of the H&S Portfolio.

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**The primary purpose of an accident/incident investigation is not to apportion blame but to identify the root causes and to recommend actions to prevent or reduce the risk of a recurrence.**

### **Protocol - Level 1 Accidents/incidents**

Will include:

Accidents which cause minor cuts, abrasions, bruises, sprains, fractures of fingers or toes etc. to employees, contractors, clients or members of the public. This may include accidents which, although minor, could still result in an employee being unable to work at their normal job for more than 7 days and therefore will be reportable to the Health and Safety Executive (HSE).

For level 1 accident/incidents it will be sufficient for the Front Line Manager/DSO to carry out the investigation following the Accident Investigation Protocol set out in section 9, page 7 of the Health and Safety Portfolio. The results of the investigation should be brought to the attention of the investigating manager's immediate line manager and all appropriate staff.

The information from the investigation, including witness statements, risk assessments, conclusions as to the causes and recommendations for action must be kept for a minimum of 3 years and 3 months from the date of the incident.

Near misses with the potential to cause the above should also be subject to this level of investigation.

### **Protocol - Level 2 Accidents/incidents**

Will include:

**Fractures:** Of a major bone (not the nose or a bone in the hand or foot) or a dislocation of a major bone (not fingers or toes) which is caused by a local issue, e.g. someone tripping over a worn carpet or slipping on a wet floor etc.

**Injuries:** Requiring immediate admission to hospital for more than 24 hours, but not included in level 3 accidents / incidents.

For Level 2 accidents/incidents the Service Manager or equivalent is responsible for managing the investigation process. The investigation group is to include the Line Manager, Health and Safety Officer and any other expert deemed appropriate e.g. Property Division Surveyor, for incidents involving building issues.

The Accident Investigation Protocol set out in the Health and Safety Portfolio should be followed.

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Near misses with the potential to cause the above should be subject to the same level of investigation.

The results of the investigation should be brought to the attention of the investigating manager's immediate line manager and appropriate staff. The information from the investigation, including witness statements, risk assessments, conclusions as to the causes and any recommendations for action must be kept for a minimum of 7 years from the date of the incident.

### **Protocol - Level 3 Accident/incidents**

Will include:

**Fatalities:** Where this is the result of an accident due to our premises or our systems of work, not where a client dies of natural causes or because of a known illness.

**Fractures:** Of the skull, spine or pelvis.

**Amputation:** Of any part of the body.

**Loss:** Of the sight of an eye.

Injury or loss of consciousness resulting from:

- Electric shock.
- Lack of oxygen.
- Contact with a hazardous substance (ingestion, absorption, inhalation or injection).
- Exposure to infected material.
- Any situation arising from a breach of service or departmental procedures or failure of those procedures.

For Level 3 accidents/incidents the investigation process will be led by a Senior Manager (Group Manager or above). A panel is to be established to include the above Senior Manager, Health and Safety Officer and any others deemed appropriate by the lead officer.

For level 3 accident/incidents, initial evidence gathering should be carried out by the local manager with the direct assistance of a Health and Safety Officer. This evidence can then be presented to the formal investigation panel.

The Accident Investigation Protocol set out in the Health and Safety Portfolio should be followed.

Near misses with the potential to cause the above should be subject to the same level of investigation.

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The information from the investigation, including witness statements, risk assessments, conclusions as to the causes and recommendations for action should be kept for a minimum of 7 years from the date of the incident.

Level 2 and 3 accidents/incidents may also be subject to further investigation by a panel chaired by a senior manager, depending on the outcomes of the original investigation.

### **Role of the Department's Health and Safety Section**

The H&S Section will give advice to line managers on:

- The protocol for investigating accidents/incidents;
- H&S legislation, the role of the HSE, Corporate and Departmental H&S policy and guidance;
- Best H&S practice.

A member of the Health and Safety Section **must** be included in the investigation for both level 2 and level 3 accident/incidents as set out in this protocol.

It is **not** the job of the Health and Safety Section to undertake a manager's responsibilities for them. However, the Unit is empowered to submit an independent report on an accident/incident if the Principal Health and Safety Officer consider the circumstances of an individual case so warrant.

### **Role of trade union representatives**

Trade Union appointed Health and Safety Representatives have the right to investigate accidents involving their members. Where they request it, a joint (management/trade union) investigation should be carried out. It is recommended that the Trade Union Representative, if there is one, is offered a place on the investigation panel.

Investigations must take place as soon as possible after the event. If an offer has been made to a trade union or staff representative for them to take part in a joint investigation and they are not available, the investigation should still go ahead and the absence of the trade's union representative placed on record.

### **Queries/further information**

Please contact the H&S Section on 01692 532050/1

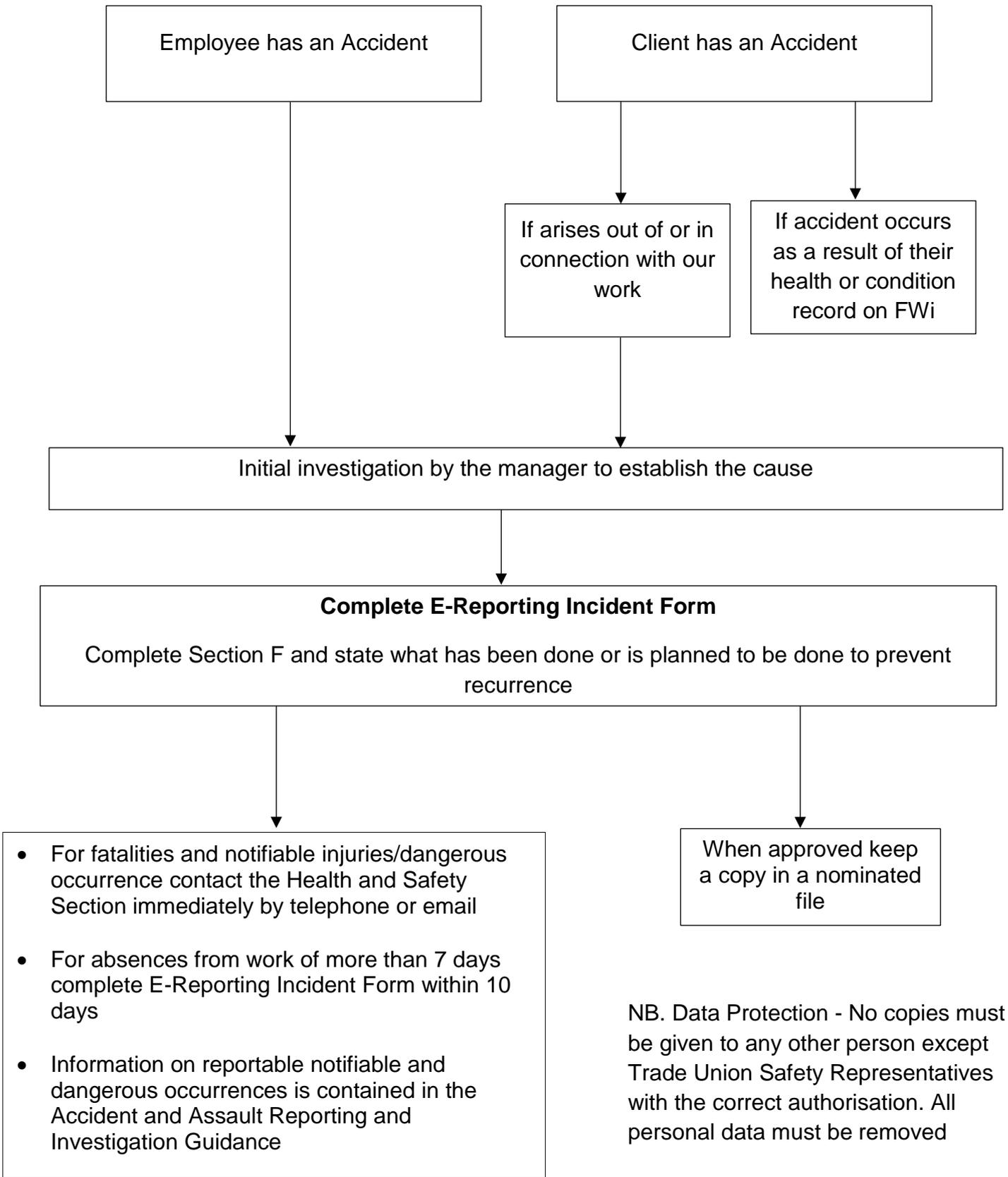
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## Appendix 1 – Accident Reporting Procedure Guidance Table

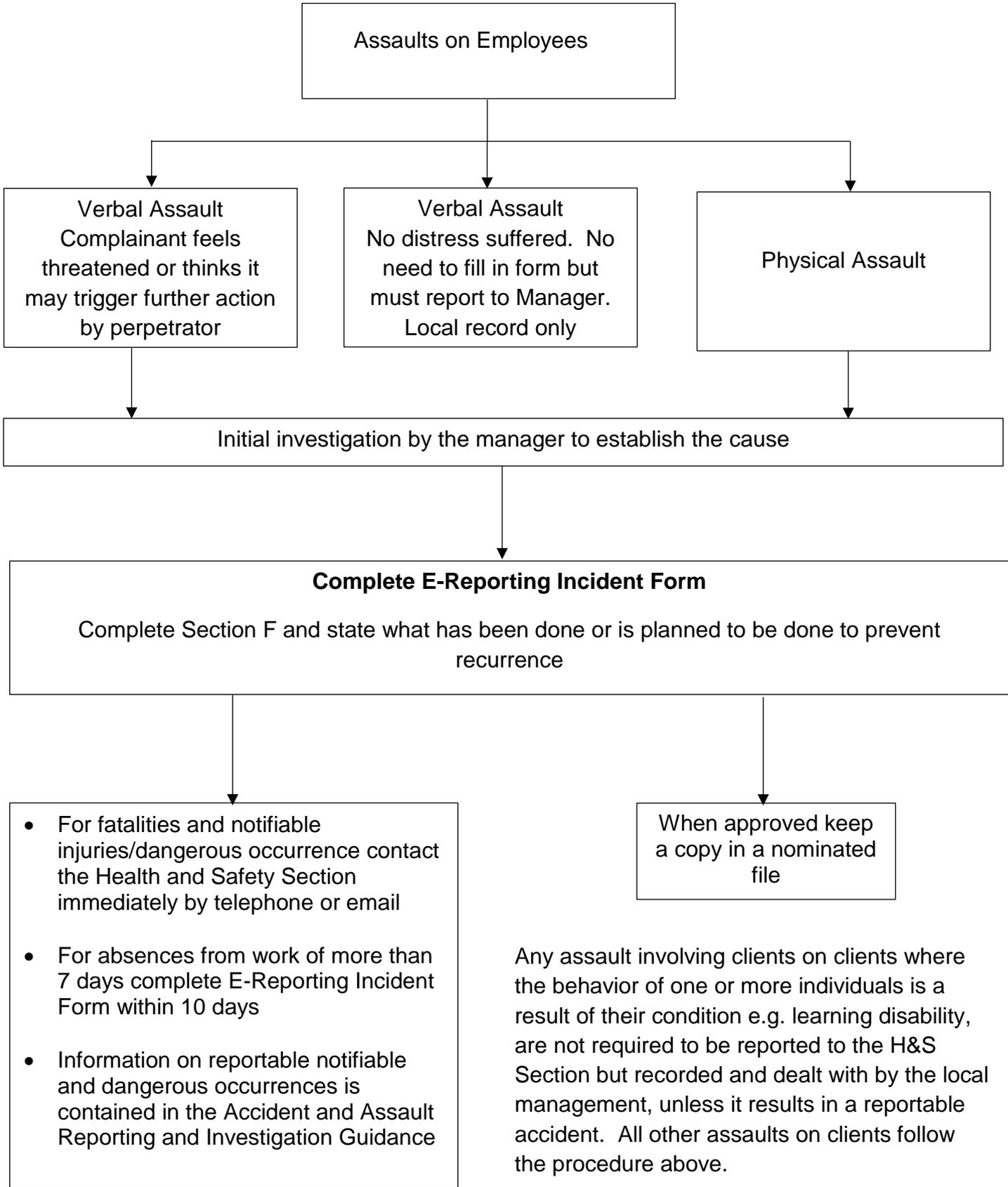
	Fatal Injury	Dangerous Occurrence	Major Injury	Injury to a member of the public who was then taken from the scene of the accident to a hospital for treatment	Injury > 7 days absence from work	Injury > 3 but < 7 days absence from work	No absence or < 3 days absence from work	Subsequent Death of Employee
Telephone AC Health and Safety Section asap. The H&S section will contact the HSE, DCC Corporate H&S Section, DCC Risk Manager as appropriate.	✓	✓	✓	✓				
Telephone the Line Manager of the person involved that day if not your staff member.	✓	✓	✓		✓	✓	✓	
Complete an e-incident report form 10 days of the accident.	✓	✓	✓	✓	✓ Once length of absence known to be over 7 days	✓ Once length of absence known to be over 3 days but < 7 days	✓	✓ With note stating subsequent death
Retain a copy of the accident report form at place of work.	✓	✓	✓	✓	✓	✓	✓	

Where someone is suspected of suffering from a prescribed disease or specified disease consult Derbyshire County Council's Occupational Health Section who will give advice on the procedure to be followed.

**Appendix 2- Accident Reporting Procedure Flow Chart**



## Appendix 3 - Assault Reporting Procedure Flow Chart



CORPORATE RESOURCES DEPARTMENT  
**INCIDENT INVESTIGATION FORM**  
 (Accident, Assault, Near Miss/Dangerous Occurrence)

**Please read carefully before completing the form:**

Following an incident at work an accident and/or assault form must be completed and a copy sent to the departmental health and safety section (Copies of these forms can be obtained from the following dnet link [http://dnet/forms/employee\\_wellbeing/health\\_safety/default.asp](http://dnet/forms/employee_wellbeing/health_safety/default.asp). These must be submitted as soon as possible to meet legal requirements.

In addition where appropriate and/or where requested to do so by the Health and Safety section, this investigation form must be completed by the manager. It is the responsibility of the manager to arrange to meet the injured person and, if necessary, with his/her line manager/supervisor to establish the circumstances leading up to the incident. The injured person can if they wish have their employee representative with them whilst discussing what happened.

For the purposes of this document the definition of an accident is any unplanned/unpremeditated event caused by unsafe acts and/or conditions whether injury was caused or not.

This form can also be used to investigate assaults (physical or verbal) and near misses. The definition of a near miss is an unplanned event that has the potential to cause injury to people or damage to property.

<b>1. Details of Injured Person</b>	
Name	
Age	
Employee Number	
Job Title	
Contact Number	
Base Address	
Incident Location	

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## **2. Cause of the incident and full description of what happened**

Please read the following notes prior to completing this section. When completing this section it is important to ensure all the details and circumstances leading up to the incident and what actually happened are recorded as accurately as possible. Generally the principal cause of incidents fall into one and/or all of the following categories:

- Attitude – Factors that could affect the employee’s attitude could be; influences at home, training, experience, personal habits, whether they are mentally and/or physically suited to the job and work problems and grievances.
- Unsafe Acts – These are generally described as things people do that can result in incidents causing injury, damage to equipment or both. Examples of this could be; Misuse of equipment, using defective or worn equipment, not following correct procedures, not using protective equipment, untidiness, negligence/horseplay or failing to replace guards after removal for machinery.
- Unsafe Condition – These can be best described as conditions that are liable to lead to an incident. Examples of this could be; poor housekeeping, poor lighting, incorrect or inadequate guards, defective equipment or poor design/construction.
- Inadequate procedures – Examples of this are lack information, instruction and training; failure to communicate and understand risk assessments or safe systems of work; Not wearing mandatory PPE

<b>3. Injuries &amp; First Aid Provided</b>
What were the resulting injuries?
If first aid treatment was administered please provide details of what treatment was provided and the name of the first aiders?
If the injured person was taken to hospital please provide details of how they were transported and which hospital they were taken to?

<b>4. Witnesses</b>
Please provide name, address and contact details of any witnesses

<b>5. Additional information &amp; consideration's</b>	
Please answer all of the following questions with either a <b>yes, no or n/a</b> . Where it asks for further details please complete as indicated.	
	(y, n, n/a)
Were there any photographs taken relating to the incident? (If yes attach to this form)	
If applicable have you drawn a sketch of the incident? (If yes attach to this form)	
Have relevant risk assessments been carried out? (If yes attach all copies of risk assessments, methods statements, safe working procedures etc. to this form)	
Where applicable were all mandatory certificates/inspections in place/available e.g. LOLER inspections? If yes attach all copies to this	

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form)	
Have all relevant risk assessments been identified, undertaken and communicated to the injured person? (If yes provide details and attach to this form)	
Were the control measures identified in the risk assessments being correctly implemented & followed? (If yes explain how it was communicated. If no please give reasons)	
Was the correct PPE being used? (please provide details of type, if possible include standard of PPE e.g. if they were wearing a mask what type of mask)	
Had the injured person received any information, instruction, training related to the activity being undertaken prior to the incident occurring? (if yes please provide details and where possible copies of training records)	
If applicable was there suitable and sufficient supervision at the time of the incident?	
Has the injured person reported any similar incidents previously? (if yes please give details)	
Has the injured person had an incident of any type in the last 2 years? (if yes please provide details)	
Has the injured person or other persons associated with incident behaviour contributed to the incident?	

<p><b>6. Concluding Remarks and further observations</b></p> <p>This section is for the manager to draw conclusions and make any observations themselves in order for appropriate further action to be advised of. You may wish to use your own experiences and knowledge here, but it is important that personal opinion is not included.</p>

<p><b>7. Recommended Further Action</b></p> <p>Please indicate below as appropriate</p>	
	(y, n, n/a)
No Further Action Required	
Review Procedures (Please provide details)	
Carry out and/or review risk assessments (please provide copies)	
Further, information, instruction and training required (Please provide details)	
Line Manager interview/meeting with employee (please provide details of interview)	
Disciplinary Investigation (Please contact your Departmental HR section for further advice)	

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Other (Please provide details)	
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<b>7. Details of Person Completing Form</b>	
Signature	
Print Name	
Designation	
Date	

***Please return the completed form to your Departmental Health and Safety Section  
(A copy should be retained for your records)***