



STOCKPORT
METROPOLITAN BOROUGH COUNCIL

Guidance for Accident Reporting

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If you need this document in a different format please telephone
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1. Document Control

Version	Author	Reviewed by	Reason	Date
1.0	DG	SD	First release	01/02/16

2. Introduction

The Council is committed to maintaining a safe and healthy environment for its employees, and recognises that accident, incident and near miss events (collectively referred to from herein as ‘adverse events’) serve as opportunities to improve health and safety standards.

It’s important that adverse events are reported in good time, in accordance with the processes outlined hereafter, so to:

- i) Allow for lessons to be learnt, and for actions to be taken to prevent recurrence;
- ii) Ensure that the Council comply with the relevant statutory provisions (in particular, the Social Security (Claims and Payments) Regulations), and;
- iii) Give the Council’s Health, Safety and Wellbeing team sufficient time to review, and if necessary, make a secondary report of the event to the HSE (Health and Safety Executive) in accordance with the reporting timescales prescribed by Schedule 1 of RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations).

3. Definitions

Accident a work-related event that results in injury or ill health.

Examples:

1. Worker trips on a loose paving block to Stopford piazza and falls, suffering a fractured ankle.
2. Worker falls off a desk whilst attempting to take down Christmas decorations, suffering a fractured wrist.

Incident a work-related event that, often caused by an intended act, that may or may not result in injury or ill health.

Examples:

1. A service user behaves aggressively towards a worker, threatening violence or giving verbal abuse.

2. A faulty electrical appliance combusts, resulting in fire.

Near miss a set of conditions or circumstances that have the potential to cause injury or ill health.

Examples:

1. A contractor carrying out roofing repairs to the Town Hall throwing tiles from the scaffold, to an area below accessible to staff or public.
2. A worker stacking boxes in front of a fire escape, preventing its use in the event of an emergency evacuation.

Dangerous occurrence a specified equipment or process failure as defined by [Schedule 2](#) of RIDDOR.

Work-related ill health a disease or illness, **caused by, or in connection with, a work activity**. Alike dangerous occurrences, they are specified within [RIDDOR](#).

4. Reporting arrangements

Reporting arrangements vary according to the type of event, and are outlined under each heading below:

Accidents and incidents

Accident and incident reporting requires a collaborative approach between managers and their employees. Initially, the onus is on the employee to make their manager aware that they've been involved in an accident or incident. In response, the manager should look to establish the facts, and carry out a simple investigation to work out 'cause and effect' and identify actions to prevent recurrence. The manager should then, with the assistance of the affected employee, complete and submit an accident or incident report via the online forms hosted on the Health, Safety and Wellbeing intranet pages.

The step-by-step arrangements are outlined within the process flowchart on page 5 ([Fig 1](#)).

Further information about the different levels of investigation, and guidance on how to conduct a simple accident investigation can be found [here](#).

To report an accident or incident, please click [here](#).

Please note: Within this section, the term employee can be substituted for contractor, visitor, service user or student.

Near misses and dangerous occurrences

Unlike the arrangements for reporting accidents and incidents, near misses can be reported by any employee directly to the Health, Safety and Wellbeing team.

Though before making a report, the employee should seek to eliminate or isolate the danger. For example; if you notice boxes stacked in front of a fire escape, move them, or; if you notice a contractor working in an unsafe way, raise the issue with the appropriate Council department.

The arrangements for reporting near misses are outlined within the process flowchart on page 6 ([Fig 2](#)).

To report a near miss or dangerous occurrence, please click [here](#).

Work-related ill health

On being medically diagnosed as suffering a work-related illness or disease, an employee must inform their line manager at their earliest opportunity.

In response to the employee's report, the manager should investigate the circumstances surrounding the diagnosis, identifying actions to: ensure that the employee's condition can't, and won't, be worsened through their work, and; altogether avoid or mitigate the risk of further ill health to others. The manager should file a report to the Health, Safety and Wellbeing team upon having concluded their investigation.

The arrangements for reporting near misses are outlined within the process flowchart on page 7 ([Fig 3](#)).

To report work-related ill health, please click [here](#).

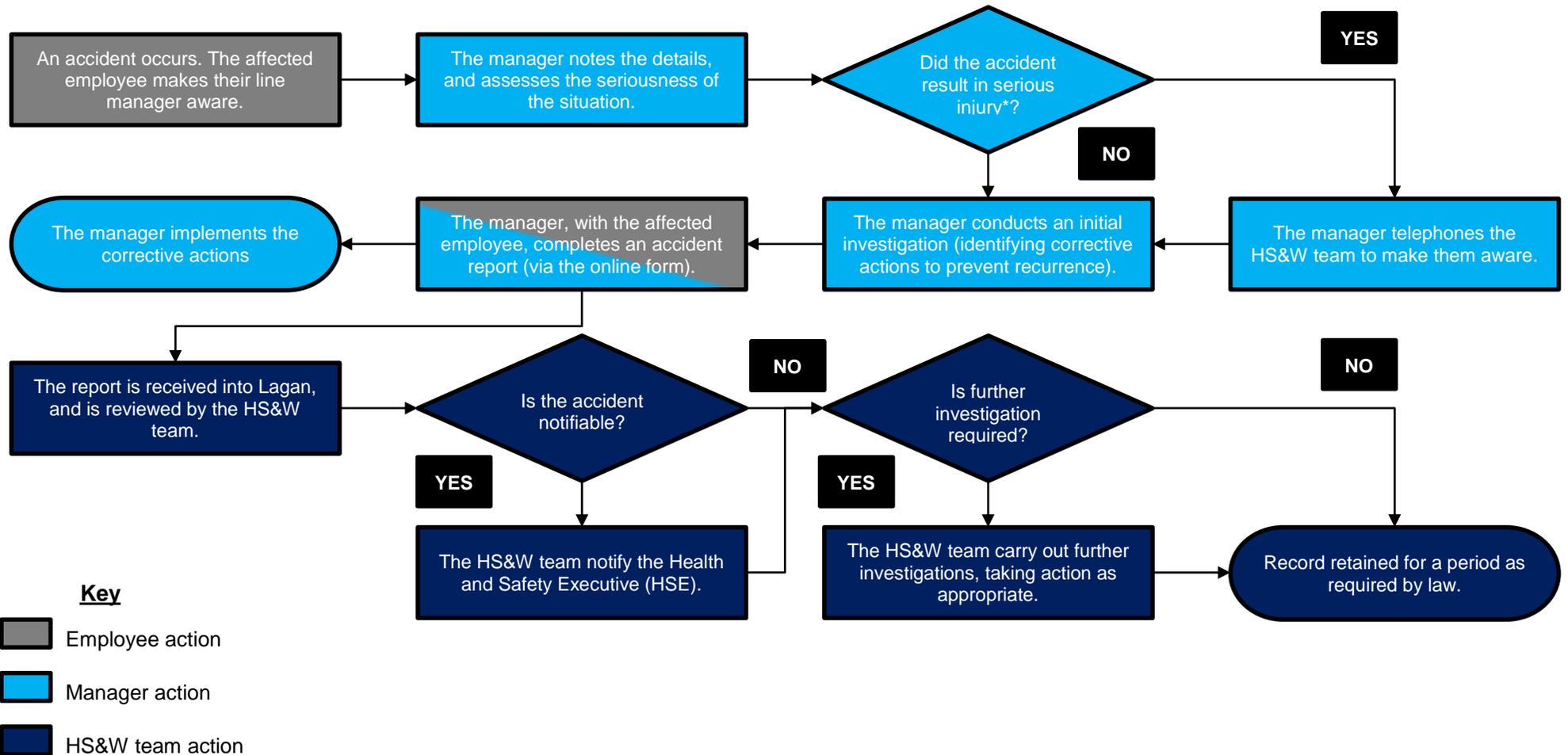
RIDDOR

For Council Directorates, and Schools that buy-back Part B of the Council's Health, Safety and Wellbeing Service Level Agreement (SLA), the HS&W team will review all reports submitted and assess whether the circumstances of the adverse event qualify for notification to the HSE.

If you're unsure about anything, please just ask. Telephone us on 0161 474 3056 or e-mail us at healthandsafety@stockport.gov.uk.

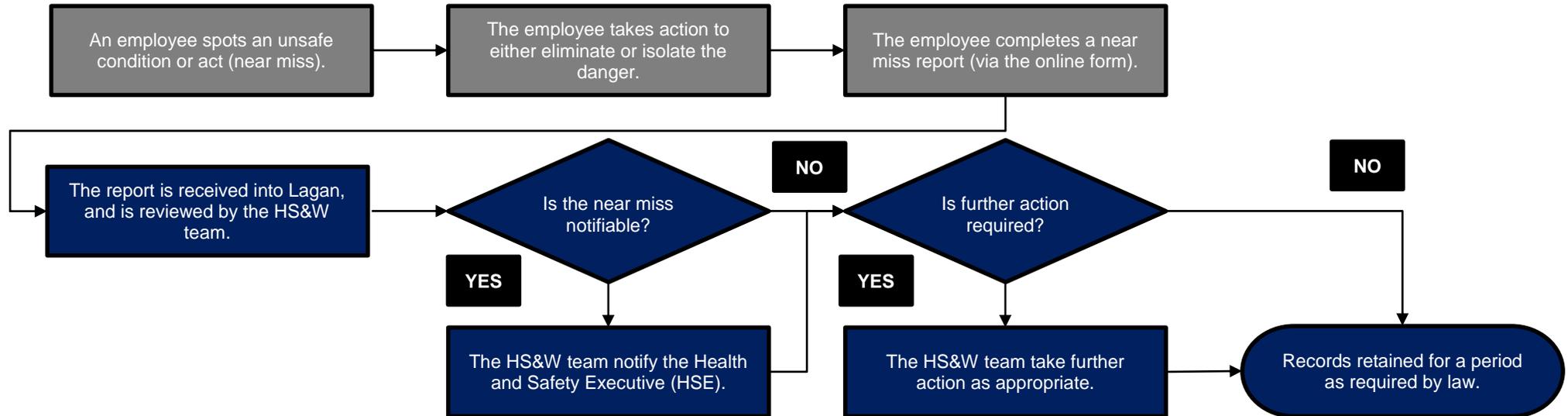
5. Reporting process flowcharts

Fig 1 - Accident and incident reporting



*Serious injury: an injury requiring attendance at, or admittance to, a hospital or other treatment facility.

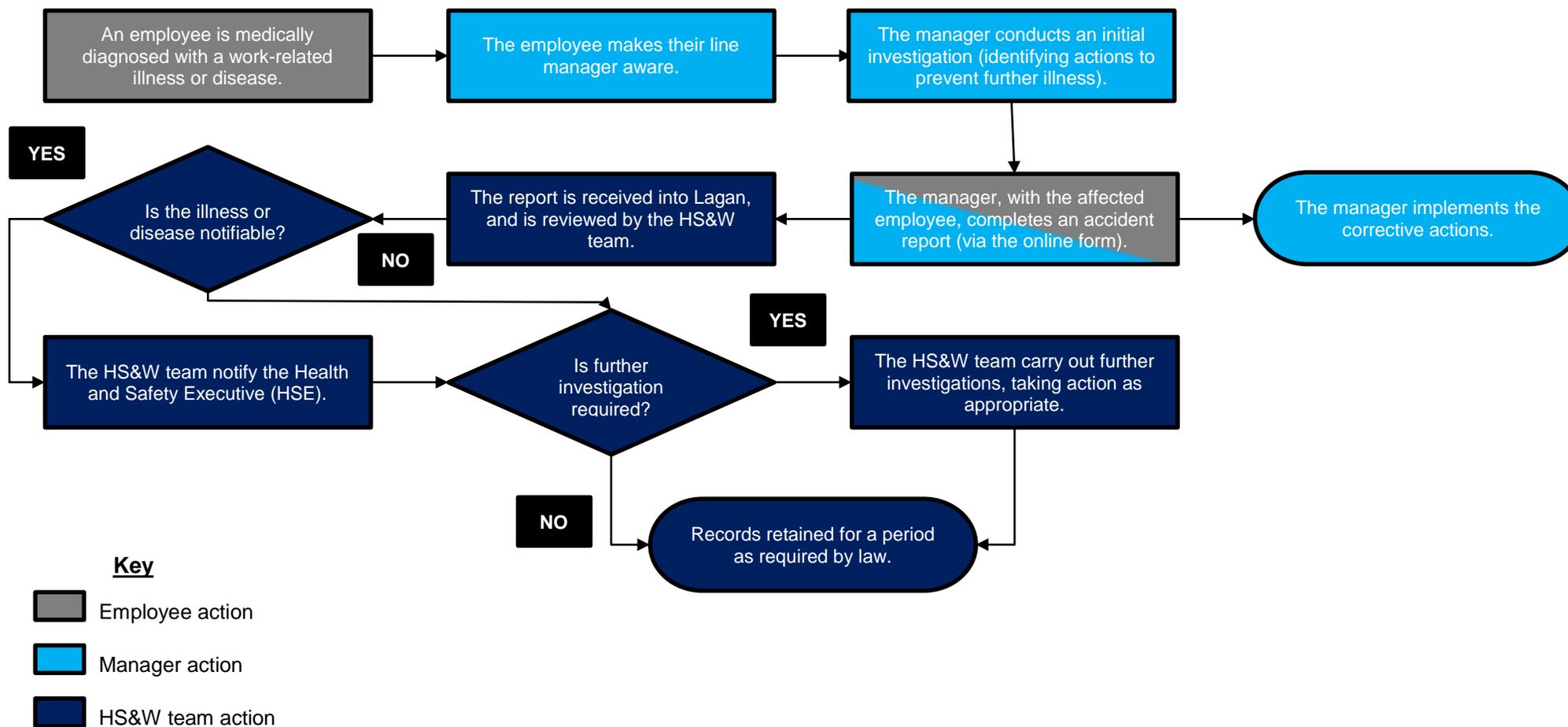
Fig 2 – Near miss reporting



Key

-  Employee action
-  HS&W team action

Fig 3 – Work-related ill health reporting



6. How to complete the forms

Accident and incident

For completion by managers and supervisors.

Number	Form field	Instruction and guidance
Accidents and incidents		
1.	What do you want to report?	Select accident or incident from the drop-down list and click continue.
Section: Directorate and Service		
2.	Please choose a Directorate	Select the employee's Directorate from the drop-down list. For contractors, visitors, etc., select the Directorate to whom they were responsible.
3.	Please choose a Service Area	Select the employee's Service Area from the drop-down list. For contractors, visitors, etc., select the Service Area to whom they were responsible. Click continue.
Section: Responsible manager's details		
4.	Title	Select your title from the drop-down list.
5.	Forename	Type your forename.
6.	Surname	Type your surname.
7.	Position	Type your job title.
8.	Telephone number	Type your telephone number in full (including area code for landline numbers).
9.	E-mail address	Type your full work e-mail address.
Section: Work address		
10.	Search for an address by postcode	Type the postcode of your usual or most commonly used work base. Click the search button and select the address from the drop-down list. Click continue.
Section: Affected person's details		
11.	Please choose a status	Select the person's status from the drop-down list.
12.	Title	Select the person's title from the drop-down list.
13.	Forename	Type the person's forename.

- | | | |
|-----|------------------|--|
| 14. | Surname | Type the person's surname. |
| 15. | Occupation | This field will show only if the affected person is an employee. Type the person's occupation. |
| 16. | Telephone number | Type the person's telephone number in full (including area code for landline numbers). If the person provides their telephone number, they needn't give an e-mail address. |
| 17. | E-mail address | Type the person's e-mail address. If the person provides an e-mail address, they needn't give their telephone number. |

Section: Home address

- | | | |
|-----|-----------------------------------|--|
| 18. | Search for an address by postcode | Type the postcode of the person's home address. Click the search button and select the address from the drop-down list. Click continue.

If the person lives beyond the Borough boundary, Click enter manually, type their address, and then click continue.

If the affected person is a contractor, visitor or other non-employee, and they're unwilling to provide their address information, enter their business address or other suitable alternative. |
|-----|-----------------------------------|--|

Section: When did it happen?

- | | | |
|-----|--------------------|--|
| 19. | Date of occurrence | Using the date picker, select the date when the accident happened. |
| 20. | Time of occurrence | Using the clock, select the approximate time when the accident happened. |

Section: Where did it happen?

- | | | |
|-----|-----------------------------------|---|
| 21. | Search for an address by postcode | Type the postcode for where the accident occurred. Click the search button and select the address from the drop-down list. Click continue.

If the accident happened outside of the Borough, click enter manually, type the address, and then click continue. |
|-----|-----------------------------------|---|

Section: How did it happen?

- | | | |
|-----|--------------|---|
| 22. | Cause | From the drop-down list, select the cause which best aligns with the circumstances of the accident. |
| 23. | Give details | Give details of what happened. Who? How? What? Where? And When? |

The field capacity is limited to 150 characters due to system limitations. Should you wish to write more, please continue within a Word document, and upload the Word document when you submit the form.

Section: Was there an injury?

- | | | |
|-----|-------------------------|---|
| 24. | Was an injury suffered? | Select yes or no. |
| 25. | Injury type | If you previously selected yes, from the drop-down list, select the type of injury suffered by the affected person. |
| 26. | Give details | Give specific details of the injury (the part of the body that sustained injury etc.). |

Section: First aid treatment details

- | | | |
|-----|-------------------------------|--|
| 27. | Was first aid given? | Select yes or no. |
| 28. | If no, was first aid refused? | If you previously selected no, now select yes or no. |
| 29. | Brief details of treatment | If you previously selected yes, give brief details of the first aid treatment given. |

Section: Attendance at hospital

- | | | |
|-----|---|---|
| 30. | Did the injured person attend hospital? | Select yes or no. |
| 31. | Hospital details | If you previously selected yes, type the name of the hospital the person attended. Click continue |

Section: Absence recording

- | | | |
|-----|--|--|
| 32. | Did the accident cause an absence from work? | This section is applicable to employees only. Select yes it did, no if didn't, and N/A if the section doesn't apply. |
| 33. | Has the person returned to work? | If you previously selected yes or no, now select yes or no. |
| 34. | For how many days were they absent? | If you previously selected yes, from the drop-down list, select the number of days. Click continue. |

Section: Witness information

- | | | |
|-----|---------------------------|--|
| 35. | Were there any witnesses? | Select yes or no. |
| 36. | Witness details | If you previously selected yes, type the names of the witnesses along with their contract information. |

Section: Details of initial investigation

- Type the findings of your investigation, and note any action you've taken to prevent recurrence.
37. Please summarise accident/incident 'cause and effect' any actions taken
- The field capacity is limited to 350 characters due to system limitations. Should you wish to write more, please continue within a Word document, and upload the Word document when you submit the form.

Section: Risk assessment

38. Was the area or activity subject to a risk assessment? Select yes or no.
39. If yes, has the risk assessment been reviewed (and amended if necessary)? If you previously selected yes, now select yes or no.
40. Are there any rules/safe systems of work applicable to the work area/activity? Select yes or no.
41. If yes, have the rules or safe systems been reviewed (and amended if necessary)? If you previously selected yes, now select yes or no.

Section: Preview and submit

42. Preview Click the preview button to view the completed form. Should you wish to make changes, click the edit button to the appropriate section. Once you've made the changes, click continue to return to the submission page.
43. Supporting documentation If you have any supporting information (witness testimonies, photographs etc.) upload them here. If you have more than 3 attachments to upload, zip the attachments, and upload the zip folder.
44. Finish and submit Click finish and submit. Click download, and store a copy of the completed form in a secure location. Click ok to finish and submit.

Near miss and dangerous occurrence

For completion by all employees.

Number	Form field	Instruction and guidance
Accidents and incidents		
1.	What do you want to report?	Select near miss or dangerous occurrence from the drop-down list and click continue.
Section: Directorate and Service		
2.	Please choose a Directorate	Select your Directorate from the drop-down list.
3.	Please choose a Service Area	Select your Service Area from the drop-down list.
Section: Person making this report		
4.	Title	Select your title from the drop-down list.
5.	Forename	Type your forename.
6.	Surname	Type your surname.
7.	Position	Type your job title.
8.	Telephone number	Type your telephone number in full (including area code for landline numbers).
9.	E-mail address	Type your full work e-mail address.
Section: Work address		
10.	Search for an address by postcode	Type the postcode of your usual or most commonly used work base. Click the search button and select the address from the drop-down list. Click continue
Section: When did it happen?		
11.	Date of occurrence	Using the date picker, select the date you witnessed the near miss.
12.	Time of occurrence	Using the clock, select the approximate time you witnessed the near miss.
Section: Where did it happen?		
13.	Search for an address by postcode	Type the postcode for where you saw the near miss. Click the search button and select the address from the drop-down list. Click continue If the near miss was outside of the Borough, click enter manually, type the address, and then click continue.

Section: How did it happen?

Give details of what happened. Who? How? What? Where? And When?

Click continue.

14. Give details

The field capacity is limited to 250 characters due to system limitations. Should you wish to write more, please continue within a Word document, and upload the Word document when you submit the form.

Section: Initial actions taken

15. What action have you taken to isolate or eliminate the danger?

Describe the actions you've taken to deal with the unsafe condition or act. Click continue.

Section: Preview and submit

16. Preview

Click the preview button to view the completed form. Should you wish to make changes, click the edit button to the appropriate section. Once you've made the changes, click continue to return to the submission page.

17. Supporting documentation

If you have any supporting information (photographs etc.) upload them here. If you have more than 3 attachments to upload, zip the attachments, and upload the zip folder.

18. Finish and submit

Click finish and submit. Click download, and store a copy of the completed form in a secure location. Click ok to finish and submit.

Work-related ill health

For completion by managers and supervisors.

Step	Form field	Instruction and guidance
Accidents and incidents		
1.	What do you want to report?	Select work-related ill health from the drop-down list and click continue.
Section: Directorate and Service		
2.	Please choose a Directorate	Select the employee's Directorate from the drop-down list. For contractors, visitors, etc., select the Directorate to whom they were responsible.
3.	Please choose a Service Area	Select the employee's Service Area from the drop-down list. For contractors, visitors, etc., select the Service Area to whom they were responsible. Click continue.
Section: Responsible manager's details		
4.	Title	Select your title from the drop-down list.
5.	Forename	Type your forename.
6.	Surname	Type your surname.
7.	Position	Type your job title.
8.	Telephone number	Type your telephone number in full (including area code for landline numbers).
9.	E-mail address	Type your full work e-mail address.
Section: Work address		
10.	Search for an address by postcode	Type the postcode of your usual or most commonly used work base. Click the search button and select the address from the drop-down list. Click continue
Section: Affected person's details		
11.	Please choose a status	Select the person's status from the drop-down list.
12.	Title	Select the person's title from the drop-down list.
13.	Forename	Type the person's forename
14.	Surname	Type the person's surname

- | | | |
|-----|------------------|--|
| 15. | Occupation | This field will show only if the affected person is an employee. Type the person's occupation. |
| 16. | Telephone number | Type the person's telephone number in full (including area code for landline numbers). If the person provides their telephone number, they needn't give an e-mail address. |
| 17. | E-mail address | Type the person's e-mail address. If the person provides an e-mail address, they needn't give their telephone number. |

Section: Home address

- | | | |
|-----|-----------------------------------|--|
| | | Type the postcode of the person's home address. Click the search button and select the address from the drop-down list. Click continue |
| 18. | Search for an address by postcode | If the person lives beyond the Borough boundary, Click enter manually, type their address, and then click continue. |
| | | If the affected person is a contractor, visitor or other non-employee, and they're unwilling to provide their address information, enter their business address or other suitable alternative. |

Section: Details of the person's diagnosis

- | | | |
|-----|---|--|
| 19. | Categorisation of ill health or disease | Select disease or ill-health. |
| 20. | Please choose an option | Select the type of disease or ill-health from the drop-down list. |
| 21. | Specify the diagnosis | Specify the specific diagnosis, as made by the medical practitioner. |
| 22. | Diagnosis date | Using the date picker, select the date of diagnosis. |

Section: Details of the person's general work activities?

- | | | |
|-----|--|---|
| 23. | Give details of the person's general work activities | Give details of the person's general work activities, particularly those of a hazardous nature (working with chemicals etc.). Click continue. |
|-----|--|---|

Section: Preview and submit

- | | | |
|-----|--------------------------|--|
| 24. | Preview | Click the preview button to view the completed form. Should you wish to make changes, click the edit button to the appropriate section. Once you've made the changes, click continue to return to the submission page. |
| 25. | Supporting documentation | If you have any supporting information (medical notes etc.) upload them here. If you have more |

than 3 attachments to upload, zip the attachments, and upload the zip folder.

26. Finish and submit

Click finish and submit. Click download, and store a copy of the completed form in a secure location. Click ok to finish and submit.