Safety, Health and Environment Unit

Health and Safety Policy and Procedure HSP 002

Incident Reporting and Investigation
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1. Introduction

For the purposes of this Policy and Procedure the term ‘iCASS’ will relate to the electronic reporting and recording system in use at the University of Kent, for the reporting of Accidents, Near misses, Fires and False fire alarms, commonly known as incidents.

Health and safety legislation requires employees to inform their employer about anything related to work which has caused or had the potential to cause harm to themselves or to others and the monitoring of such reports is an important aspect of the control of health and safety at work. Although an accident-free workplace does not necessarily mean that all risks are being controlled adequately, it is accepted as a sensible objective and all reasonably practicable measures should be taken by the University to prevent accidents and work-related ill-health to staff, students and visitors. The reporting and investigation procedure is in place so that accidents or work-related ill-health problems can be recorded and those in managerial and supervisory positions can determine the likely cause of the accident and consider action which may be required to prevent recurrence.

Certain types of injury and disease caused by work activities or the work environment and certain dangerous occurrences with the potential to cause injury must be reported to the Health and Safety Executive (HSE). This is done centrally, by the Safety, Health and Environment Unit (SHE Unit), when necessary.

The policy on accident and ill-health reporting must be implemented in all areas of the University to ensure that the SHE Unit and those with managerial responsibility have the requisite information to carry out their duties.

2. Policy

The law has laid down criteria for the reporting of accidents and dangerous occurrences to the enforcing body (HSE or, in some circumstances, the local authority). All such necessary reports will be undertaken by the SHE Unit. For simplicity and in general terms, the sort of accidents which must be reported to the HSE include:-

- those which result in death
- fractures of main limbs
- those injuries which result in a member of staff being unfit to return to work for more than 7 days (not including the day of the accident).
- those injuries which result in a member of the public being taken directly to hospital from the scene of an accident

This list is not exhaustive.

The University of Kent, through this Policy, has determined that all incidents, as defined in the Introduction, must be reported and investigated internally, via iCASS.

Heads of School/Department are required to ensure that:

(a) Any accident occurring during University activities under their control or involving University premises and facilities assigned to them, is reported and investigated on iCASS, by an appropriate person(s).

(b) Any occurrence which is perceived to be either a dangerous occurrence, or a near miss, which has not actually resulted in injury to a person, but may or may not have resulted in loss or damage to property and therefore had the potential to cause harm, should be reported and investigated on iCASS, by an appropriate person(s).
(c) Any fire or fire-related incident, including the false activation of a fire alarm, should be reported initially to Campus Watch by telephone on 3333. A following report should be made on iCASS and an investigation undertaken in co-operation with the University’s Fire Safety Adviser.

(d) Any case of ill-health which is, or is thought to be, caused or aggravated by University work activities or the work environment controlled by them, is investigated and reported via a Work-related ill-health report form. These forms are not on the website, but can be obtained by telephoning the Secretarial Assistant in Occupational Health in the SHE Unit.

(e) Heads of School/Department should ensure that all staff and students for whom they are responsible are aware of the reporting system and of their duty to use it.

(f) The iCASS System can be used by any member of staff who has a University of Kent user identification, for the purpose of making an initial report. Heads of School/Department will nominate managers to be ‘Authorised Editors’, who will be able to undertake investigations and complete the reports.

(g) The SHE Unit will be responsible for monitoring and managing the use of the iCASS system and ultimately for ‘closing down’ accident investigations when they have been properly completed. Any requirement for a report to an external agency, such as the HSE, will be determined by the SHE Unit, which will make the report.

(h) Students do not have direct access to iCASS so reports about incidents involving students must be made either by a member of their school staff (normally their supervisor), or by Campus Watch.

3. Guidance on implementation

(i) Definitions

It is important that the following definitions are understood and used to ensure accurate reporting. In particular, the word “accident” has a wider meaning than just injury-causing incidents.

(a) Accident

An accident is an unplanned and uncontrolled event which led or could have led to injury to persons, property damage or some other loss. The outcome is often a matter of chance; for example, a slip on a floor may lead to a range of outcomes from no injury at all, to death, depending on the circumstances. Certain types of accident are defined as dangerous occurrences in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 and these are listed in Section 7.

(b) Near Miss or Dangerous Occurrence

A near miss is an unplanned event which had the potential to cause harm but resulted in no injury, illness or damage to people or property.

A dangerous occurrence is an event which had the potential to cause harm, resulted in no injury but did cause damage to property or equipment.

(c) Hazard

A hazard is something which has the potential to cause harm. Thus, working at height, a dangerous chemical or a broken paving slab are all hazards and should be considered when assessing risks associated with them.
Hazards should not be confused with dangerous occurrences or near misses and should not be reported via iCASS, but reported to a supervisor or manager responsible for the work or location. There should be departmental procedures in place for dealing with locally identified hazards, which relate to working practices or procedures. Normally these discussions should involve the School or Departmental Safety Co-ordinator. For hazards in building structures or in the grounds call Estates Helpdesk on 3209.

**d) Work-related ill-health**

The definition of work-related ill-health used by the Health and Safety Executive is “any illness, disability, or other physical problem which reduces, either temporarily or permanently, the functioning of an individual and which has been caused, in whole or part, by the working conditions of that individual”.

Work-related ill-health does not usually manifest itself in a short period of time and tends to develop over a period of months or even years. Problems such as dermatitis, disorders and noise-induced hearing loss are very preventable, which is why it is very important for individual staff members to be aware of the things which can go wrong and to recognise early symptoms and report them to Occupational Health.

Any perceived incidents of work-related ill-health, either by individuals or their managers, should be reported to Occupational Health using a Work-related ill-health report form, which can be obtained from the Secretarial Assistant in Occupational Health, in the SHE Unit.

**Work-related ill-health report forms**

These should be used to record all cases of ill-health which are, or are thought to be, caused or aggravated by University work activities or the work environment. The ill-health problem might be an identifiable disease such as occupational asthma or an infection from an organism used at work. It might be a health problem which has developed over a period of time such as musculo-skeletal problems, for example recurrent low back pain or repetitive strain injury. Other possibilities are headaches, skin complaints, stress and depression; this list is not exhaustive.

The Work-related ill-health report form should be completed and passed to the line manager and then sent directly to Occupational Health to be reviewed by the Occupational Health Advisers. They will arrange to discuss with the individual concerned and may undertake workplace visits/assessments in conjunction with management. Additionally, they may arrange for the affected individual to be reviewed by the Occupational Health physician, or refer him/her to their GP.

**(ii) The electronic reporting system (iCASS)**

**a) Purpose of iCASS**

- To enable swift and accurate reporting of an incident by a member of staff, to those managers and staff who need to have the information, in order to carry out an investigation and take appropriate actions.
- To record incident data accurately in order that a range of reports can be generated for use in management reporting, by the SHE Unit.
- To enable on-going monitoring of the management of all incidents by the responsible schools/departments.
- To enable a formal completion of each incident by the SHE Unit when all appropriate actions have been addressed by the relevant school or department.
(b) Use of iCASS

- Any member of staff at the University who has a University of Kent user I/D can access iCASS to report an incident.
- This initial report will send emails to the Head of School or Department (HoD) of the person making the report, to their Safety Co-ordinator, to the person responsible for the location of the incident and to the SHE Unit. The latter will monitor progress of the incident report.
- By local pre-arranged protocols, the HoD will have identified ‘Authorised Editors’, who will undertake an investigation into the reported incident and arrange for appropriate corrective actions to be addressed.
- On completion of the investigation process and implementation of the necessary actions the HoD will declare the process to be complete.
- Following this the SHE Unit will consider the outcome and, if appropriate, formally close the incident, ensuring that the data is recorded for future reporting.
- In cases where incidents may be reported, but for whatever reason no appropriate actions have taken place, then the SHE Unit will issue a reminder to the HoD to address the matter.
- It is expected that each school/department will have contingency plans in place to ensure that in the case of the HoD being away from the workplace, incident investigations are always commenced within one day of the incident being reported.

4. Guidance on Investigation of Accidents

Any accident involving a fatality MUST be reported immediately to the SHE Unit, initially by telephone, and the scene of the accident protected (segregated) for inspection by the HSE. No plant or equipment should be moved, or removed from the scene, unless by the emergency services in attempts to release an injured person from the scene.

It should be noted that in the case of a fatality, or very major injury, it is likely that the HSE will come to the University and take over control of the investigation. They will normally identify those members of staff who are required to co-operate with the investigation and all necessary arrangements must be made to facilitate this.

In addition to the harm suffered by casualties, all accidents represent losses to the University, through treatment costs, lost time costs, lost "production", damage costs, etc. It is therefore important that accidents are investigated to establish the facts, conclusions are drawn from them and recommendations made to prevent recurrence. All concerned should be clear that the purpose of the investigation is to establish the cause of the accident, not to apportion blame. Because it is often a matter of chance whether an accident results in no injury, minor injury or serious injury, all accidents should be investigated. The potential for injury is an important factor to consider.

In the case of a minor accident, resulting in little or no injury, the supervisor of the section where the accident took place should carry out the initial investigation. In the case of more serious accidents, where injuries result in the injured person having to go to hospital, it may be necessary for more senior managers to become involved. In the case of a serious accident, possibly one which looks as though it may be ‘reportable’, the investigating manager should call the SHE Unit and seek assistance and advice regarding the investigation.

Prompt investigation is necessary in order to obtain the most accurate evidence possible. The people involved, i.e. any injured people and any witnesses, should be seen as quickly as possible. They should be interviewed separately and the object of the investigation, i.e. to discover the cause of the accident and not to apportion blame, brought to their attention.

The following is a useful general approach to an investigation and these activities will be the prerogative of ‘Authorised Editors’, acting on behalf of the HoD.
(a) Protect the scene of the accident so far as is reasonably practicable. Refer to the paragraph above.

(b) Establish the facts as completely as possible about the sequence of events leading to the accident, about the local environment and, if appropriate, about the particular plant, equipment or system of work involved; some possible questions to consider are:

Who was involved?
What task was being undertaken?
Had the work been risk-assessed?
Had it been authorised if necessary?
Is there a system of work?
Was it being followed?
Was any necessary protective equipment being used?
Was there adequate supervision?
Had there been adequate training?
Was machinery/equipment involved?
Was it defective?
Is there a maintenance programme?

(c) In the more serious cases, take photographs and/or make scale sketches of the scene.

(d) Interview any injured person and any witnesses and take full statements. Do not prompt or lead them. Take care to establish what are facts and what is opinion; investigate further if there is contradictory evidence;

(e) Consider fully the system of work involved, the nature of the work, e.g. is it routine or occasional, and the person(s) involved in terms of their age, experience, training and level of supervision.

(f) If necessary, arrange for the accident scene to be examined by a specialist, e.g. a structural engineer;

(g) After considering the facts, try to decide the cause or causes of the accident; be careful to differentiate the cause of the accident from that of the injury;

(h) Decide what action needs to be taken to prevent a recurrence;

(i) Record the investigation of the incident (Accident/Near Miss) on iCASS, as described and submit to Head of School/Department for agreement

The following is included for information only and relates to situations where the SHE Unit may need to make a report to the HSE. All reporting to the HSE must be undertaken centrally and individual schools or departments must not make independent reports to the HSE.

5. Types of incidents which are reportable to the HSE [For information only]

If any of the following injuries or dangerous occurrences happen because of work activities or premises controlled by the University, the SHE Unit must be informed immediately so that the accident can be reported to the HSE:

(a) the accidental death of any person, whether or not they were at work;
(b) the following major injuries if the casualty is a person at work:-

- any fracture, other than to the fingers, thumbs or toes,
- any amputation,
- dislocation of the shoulder, hip, knee or spine,
- temporary or permanent loss of sight,
- a chemical or hot metal burn to the eye or any penetrating injury to the eye,
- any injury from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours,
- any other injury leading to hypothermia, heat-induced illness or to unconsciousness,
- any other injury requiring resuscitation or admittance to hospital for more than 24 hours,
- loss of consciousness caused by asphyxia or by exposure to a harmful substance or biological agent,
- acute illness requiring medical treatment or loss of consciousness resulting from the absorption of any substance by inhalation, ingestion or through the skin,
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material.

(c) injury to a person not at work (i.e. our students, visitors, members of the public) of sufficient severity for the person to be taken from the scene of the accident to hospital for treatment;

(d) Dangerous Occurrences reportable to the HSE:-

- the collapse, overturning or failure of any load-bearing part of any lift, hoist, mobile powered access platform, access cradle, window cleaning cradle, etc.,
- the failure of any closed pressure vessel, including a boiler or boiler tube, and of any associated pipework, where the failure had the potential to cause the death of a person,
- electrical short circuit or overload attended by fire or explosion which resulted in the stoppage of the plant involved for more than 24 hours or which had the potential to kill someone,
- certain accidents involving explosives,
- any accident which resulted or could have resulted in the release or escape of a biological agent likely to cause severe human infection or illness,
- accidents involving the malfunction of breathing apparatus,
- certain accidents involving diving operations,
- the complete or partial collapse of scaffolding, subject to certain qualifications,
• failure of pipelines or pipeline works where this could have caused serious harm to a person or, in certain circumstances, caused the shutdown of the pipeline for more than 24 hours,

• some collapses of buildings or structures,

• an explosion or fire resulting in stoppage of plant or suspension of normal work in the premises for more than 24 hours,

• the sudden, uncontrolled release of a flammable liquid or flammable gas in large (specified) quantities,

• the accidental release or escape of any substance in a quantity sufficient to cause the death, major injury or any other damage to the health of any person;

(N.B. this is an abbreviated list giving the possible dangerous occurrences which could happen at the University; the full list is given in the Regulations, a copy of which is held in the SHE Unit.)

The following must also be reported to the HSE by the SHE Unit:

(a) an injury resulting in an employee being unable to carry out his/her normal work for more than seven days;

(b) the death of an employee within one year of receiving a reportable injury, if the death was due to that injury.

6. Types of disease reportable to the HSE [For information only]

Two conditions must be satisfied before certain diseases become reportable, viz. the diagnosis must be confirmed by a doctor and the person’s job must involve a specified work activity. The diseases and work activities potentially relevant to the University are listed below.

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<th>Work activity</th>
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<td>(i) Cramp of the hand or forearm due to repetitive movements</td>
<td>Work involving prolonged periods of handwriting, typing or other repetitive movements of the fingers, hand or arm</td>
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<td>(ii) Traumatic inflammation of the tendons of the hand or forearm or of the associated tendon sheaths</td>
<td>Physically demanding work, frequent or repeated movements, constrained postures</td>
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<td>(iii) Carpel tunnel syndrome</td>
<td>Use of hand-held vibrating tools</td>
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<td>(iv) Hand-held vibration syndrome</td>
<td>Use of chainsaws, etc. in forestry or woodworking; use of hand-held rotary tools in grinding materials; holding of material being ground by rotary tools</td>
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<td>(v) Some infections due to biological agents, e.g. hepatitis, Weil’s disease, tetanus</td>
<td>Work with animals, laboratory work, field work</td>
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(vi) Poisoning by a variety of substances including some heavy metals, phosphorus and acrylamide monomer

Any activity

(vii) Primary carcinoma of the lung where there is evidence of silicosis

Stone cutting

(viii) Cancer of the urinary tract

Work involving exposure to certain organic ring compounds containing nitro and amino groups

(ix) Peripheral neuropathy

Work involving exposure to vapour containing n-hexane or methyl n-butyl ketone

(x) Folliculitis, acne or skin cancer

Work involving exposure to mineral oil, tar, pitch or arsenic

(xi) Pneumoconiosis

Use or preparation for use of an abrasive wheel

(xii) Mesothelioma, lung cancer or asbestosis

Use of asbestos

(xiii) Cancer of nasal cavity or associated air sinuses

Some work involving wood

(xiv) Occupational dermatitis

Work involving exposure to known irritant or sensitising agents e.g. detergents, organic solvents, formaldehyde, etc.

(xv) Occupational asthma

Work involving exposure to known sensitising agents e.g. fumes from the use of rosin as a soldering flux, animals, wood dust, etc.

Appendix

Work-related ill-health report form
Work-related ill-health report form guidance notes

BA/ACH
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