

Accident & Incident Reporting, Recording and Investigation.

Schools Safety Guide

Document information

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1. Introduction

There is a requirement for schools to report accidents/incidents involving their employees (and others), to the Council (when the local authority (LA) is the employer. This helps to measure health and safety performance and gives an overall picture of incidents, etc. Schools have a legal duty to report certain types of accidents and incidents to the Health & Safety Executive (HSE) also.

This schools safety guide (SSG) gives a simple overview of the reporting of injuries, diseases and dangerous occurrences regulations (RIDDOR), the School's system for reporting and recording incidents, and best practice for investigating accidents and other incidents.

2. Definitions

When dealing with any accidents and/or incidents at work, it is important that we are clear and consistent as an organisation on some key definitions:

- **Incident:** This generic term is used in this procedure to refer to any accident, violence/aggression or near miss event.
- **Accident:** is an event that results in death, injury or ill health.
- **Near miss:** is an event that, while not causing harm or loss, had the potential to but for time and distance.
- **RIDDOR:** is an abbreviation commonly used for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations.

3. RIDDOR

The Reporting of Injuries, Disease and Dangerous Occurrences Regulations (RIDDOR) require certain injuries, diseases and dangerous occurrences to be notified to the HSE – failure to do so is a criminal offence!

What needs to be reported under RIDDOR?

RIDDOR requires the following to be reported if they are a result of an accident or physical violence at work:

- **Death** – of an employee or member of the public
- **Specified Injury** to an employee – as defined in the regulations ([see Appendix 2](#))
- **Over Seven-Day Injury** to an employee at work that results being way from work OR unable to perform their normal work duties for **more than seven consecutive days** (not including the day of the accident but does include weekends and rest days)
- **Injury to a member of the public¹ or self-employed person²** that ‘arises out of, or in connection with, work and which results in the person being taken directly from the site of the accident to hospital for treatment of that injury

In addition to the above, RIDDOR sets out a list “**Reportable Occupational Diseases**” and significant “**Dangerous Occurrences**” that must be reported. Note [dangerous occurrences](#) are defined in the regulations and shouldn’t be confused with “near miss” incidents.

Deaths, major injuries and accidents where members of the public are taken to hospital must be reported without delay (with a report of that incident sent to the enforcing authority within 10 days of the incident), whereas for seven-day injuries, we have up to 15 days to report the incident.

Deaths and specified injuries can be reported to HSE’s Incident Contact Centre by phone - 0845 300 9923 or online – www.hse.gov.uk/riddor/. All other reportable incidents should be reported online.

4. Recording & reporting of Incidents

Accidents to staff

All accidents to staff that result in harm or injury must be recorded; an accident form must be completed by the appropriate manager and a copy sent to the [health & safety unit](#) for all accidents to staff including RIDDOR accidents.

Minor accidents to members of the public/service users

In our schools, there may be many events that could be classed as accidents / incidents, but where health & safety has little or no role to play; examples include nose bleeds, pupils stumbling/falling, fights, torn clothing, grazed knees, etc.

It is important that schools record these locally, especially if there may be later questions from parents/guardians/carers/external regulators; a day book, incident book or diary is ideal for this purpose. Schools should also ensure that they manage

¹To fall under RIDDOR, accidents to the public must be work related – the regulations use the term ‘arising out of, or in connection with, work’. This means that many accidents are not reportable under RIDDOR – unless they are due to the condition of the premises/equipment or inadequate supervision. There is no need to report incidents where people are taken to hospital purely as a precaution. If in doubt, please contact the health & safety unit for clarification.

² If a self-employed person dies, suffers a specified injury or an over-seven-day injury etc. the person having control of the premise would need to RIDDOR report this

incidents and take whatever action they feel appropriate – we recommend that any action is also recorded. However, most of these "rough & tumble" type incidents **DO NOT** need to be copied/reported to the health & safety unit.

Aggressive/violent incidents to staff

All aggressive incidents to staff should be reported to the manager who will then record using the accident & Incident report form. Obviously, the context and intent of the aggression should be considered and, for instance, it might not be worthwhile reporting general foul language; however, staff should not have to accept aggression as part of their job and all genuine aggression must be reported. If in doubt, discuss the incident with the staff affected.

Some aggressive incidents may lead to serious injury or over seven-day absence, in which case RIDDOR may also apply (see above).

***Note:** the health & safety unit recognise that with some aggressive behaviour from pupils, there is no intent to cause harm (e.g. clinically related challenging behaviour), however, staff can still be injured or affected by that behaviour. Consequently, it is important that these incidents are reported so the school can show what action they are taking to reduce the frequency of incidents. In these cases, managers should indicate on the report form that there was no intent to harm.*

Near Misses/Damage

Schools and their employers, can learn a lot from “near miss”/damage incidents; consequently, please ensure that near miss incidents are reported, recorded and investigated as for any other incident using the accident & incident report form.

5. Investigating incidents

Managers must ensure that all accidents/incidents receive a suitable level of investigation as soon as possible after the incident and should put in place measures to minimise the risk of similar accidents/incidents recurring.

The first step in any incident investigation is ensuring the welfare (e.g. first aid treatment) of the injured person and making the area safe.

It is important to remember that as a manager you are collecting **evidence** and **facts** when you investigate an incident. An investigation is **not** about apportioning blame.

The chart below outlines who should be involved in the investigation:

Severity of incident	Investigation lead by	Record of investigation
Minor*	Injured persons Line Manager / Supervisor	Accident & incident report form
Serious / RIDDOR	Headteacher and/or Business/Site manager	Accident & incident report form & Incident investigation form

Fatality	Headteacher and Chair of Governors (with assistance of Sandwell’s Corporate Health and Safety Unit)	Accident & incident report form & Incident investigation form and formal report
<p>*Note: The Health and Safety Unit may require a higher level of investigation to be carried out if considered necessary, based on a review of the incident report form and discussions with the relevant manager</p>		

Staff responsible for reporting or investigating accidents should receive appropriate training; however, if staff haven’t been trained, a useful tool in accident investigation is to ask the question “why?” and then repeat this for each response/at least five times. This helps get towards the underlying/root cause of the accident, which is usually far more important to prevent reoccurrence, than the immediate cause alone.

Safety representative involvement

Where there has been a RIDDOR reportable incident, trade union appointed safety representatives must be notified by the employer/Headteacher) and may, if it is safe to do so, carry out an inspection of the part of the workplace concerned to help determine the cause of the incident. It is recommended that this is done jointly with the Headteacher

Note: *information relating to individuals should not be disclosed to safety representatives without the consent of the individual concerned.*

6. Headteachers’ responsibilities

Headteachers must ensure that all incidents are recorded and reported (e.g. to the Councils health & safety unit and, where appropriate, the HSE via RIDDOR) in line with the procedure set out above.

Headteachers must also ensure that all accidents and aggressive incidents receive an appropriate level of investigation to help prevent a recurrence of incidents.

Where appropriate, risk assessments should be reviewed as part of the accident/incident investigation process and appropriate controls introduced to reduce the likelihood of a recurrence.

7. Employees’ responsibilities

Employees must ensure that all incidents are reported to their line manager. They must cooperate in any investigation into the incident, to help identify the cause(s) and prevent a recurrence.

8. Retention of accident/incident records

Incident forms and any investigation forms/reports need to be retained for insurance purposes. Given the timescale allowed to bring claims, the forms/reports for employee incidents should be retained for at least **4 years** (or up to 40 years after termination of contract for reportable ‘diseases’) and, **in the case of children, until they are at least 21** . In addition, it is also recommended that RIDDOR reports be retained for 5 years following an incident.

Please note: **the primary duty to retain records for legal and insurance purposes rests with the school**; copies sent to the health & safety team are primarily used to produce statistical and other reports and should not be relied upon as a backup copy.

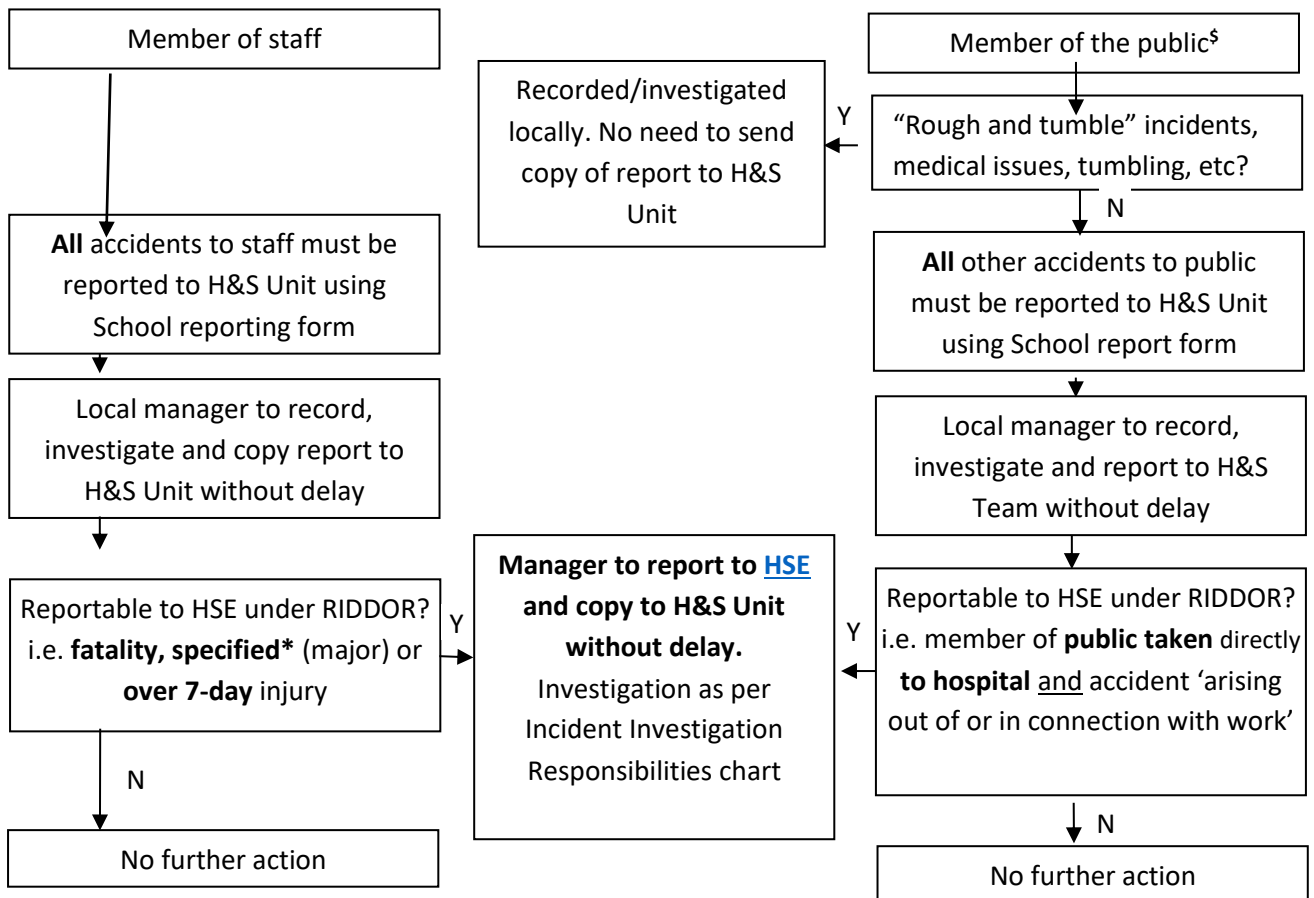
9. Training

All those involved in reporting, recording and investigation of incidents must have the necessary level of competencies (skills, knowledge, training and experience) to ensure this is done effectively and in line with current legislation. To ensure staff are competent, it is expected that those mentioned above will attend a half day **Accident Reporting, Recording and Investigating** training course. details are available on the [PPS website](#).

Further detailed information from the HSE on incident reporting in schools can be found [here](#) if required.

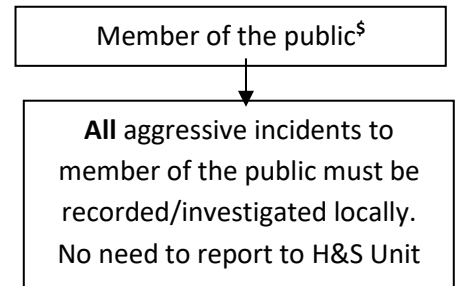
Appendix 1

Accident observed by or reported to manager



Aggressive incident observed by or reported to manager

Member of staff



Notes

[§] Member of the public – include service users, and pupils

* For list of “specified” see appendix 2

Appendix 2

Specified injuries include:

Fractures, other than to fingers, thumbs and toes

Bone fractures include a break, crack or chip. They are reportable when diagnosed or confirmed by a doctor, including when they are specified on a GP ‘fit note’. In some cases, there may be no definitive evidence of a fracture (e.g. if an X-ray is not taken), but the injury will still be reportable if a doctor considers it is likely that there is a fracture. Self-diagnosed ‘suspected fractures’ are not reportable.

Amputation of an arm, hand, finger, thumb, leg, foot or toe

Amputation includes both a traumatic amputation injury at the time of an accident, and surgical amputation following an accident, as a consequence of the injuries sustained.

Any injury likely to lead to permanent loss of sight or reduction in sight in one or both eyes

Any blinding and injuries causing reduction in sight are reportable when a doctor diagnoses that the effects are likely to be permanent.

Any crush injury to the head or torso, causing damage to the brain or internal organs

Injuries to the brain or internal organs in the chest or abdomen are reportable, when caused by crushing as result of an accident.

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

Burns which meet the above criteria are reportable, irrespective of the nature of the agent involved, and so include burns caused by direct heat, chemical burns and radiological burns.

Medical staff may indicate the approximate proportion of skin suffering burn damage, and charts are often available in hospital burns units. In adults of working age, the Rule of Nines can help estimate the body surface area (BSA) affected:

- skin covering the head and neck: 9%
- skin covering each upper limb: 9%
- skin covering the front of the torso: 18%
- skin covering the rear of the torso: 18%
- skin covering each lower limb: 18%

If the BSA of a burn exceeds 15% in an adult, they are likely to require hospitalisation for intravenous fluid resuscitation.

Where the eyes, respiratory system or other vital organs are significantly harmed because of a burn, this is a reportable injury irrespective of the surface area covered by that burn. Damage caused by smoke inhalation is not included in this definition.

Any degree of scalping requiring hospital treatment

Scalping is the traumatic separation or peeling of the skin from the head due to an accident, e.g. hair becoming entangled in machinery. Lacerations, where the skin is not separated from the head, are not included, nor are surgical procedures where skin removal is deliberate.

Any loss of consciousness caused by head injury or asphyxia

Loss of consciousness means that the injured person enters a state where there is a lack of response, either vocal or physical, to people trying to communicate with them. The length of time a person remains unconscious is not significant in terms of whether an accident is reportable.

Asphyxia (lack of oxygen) may happen when a person enters an oxygen-deficient atmosphere, such as a confined space, or are exposed to poisonous gases, e.g. carbon monoxide.

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

An enclosed space includes any space wholly or partly enclosed, to the extent that there is a significantly increased risk to the health and safety of a person in that space by virtue of its enclosed nature. This includes any confined space as defined by the Confined Spaces Regulations 1997, and additionally similar spaces where there is a foreseeable risk of hypothermia (e.g. a cold store).

Hypothermia and heat-induced illness includes situations where a person has an adverse reaction (the physical injury) to intense heat or cold acting on the body, so they need help from someone else.

What to do when the extent of an injury is unclear

In some cases, employers and self-employed workers may not be in a position to know the full extent of an injury, e.g. when a prognosis has not yet been established in relation to an eye injury, or when efforts are being made to treat an injured limb which may ultimately require surgical amputation. In such situations, there is no requirement to make precautionary reports of specified injuries. It is likely that the accident will in any case require reporting due to the injured person being incapacitated for more than seven days. The enforcing authority should be notified or updated as soon as a specified injury has been confirmed.