

Accident Reporting and Investigation policy

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1. Introduction

This procedure specifies London Metropolitan University's arrangements for reporting and investigating accidents/incidents. The University requires that all health and safety related incidents/accidents including those impacting people, assets, and/or the environment, are reported immediately or as soon as reasonably practical.

LMU maintains a fair and open reporting culture and encourages the utilisation of the safety reporting framework for the purpose for which it is intended: to identify and reduce the risk associated with hazards on campus and as a result of the Institution's activities. It is everyone's responsibility to report hazards, near misses, incidents and accidents.

2. Scope

All staff and students are required to complete a Health and Safety Incident Report if they suffer an injury, near miss, work-related illness or dangerous occurrence while on University premises or engaged on University business off campus. If the injured/ill person cannot complete the form themselves, someone else should do this on their behalf (i.e. Line Manager/First Aider).

Additionally, if any damage or loss (not physical injury) has arisen as a result of an incident, this too needs reporting.

Contractors and visitors are also required to report all above incidents to their LMU contact or project manager.

3. Definitions

3.1. Accident:

- An event that results in injury or ill health.

3.2. Consequence:

- **Fatal:** work-related death.
- **Major injury/ill health:** (as defined in RIDDOR, Schedule 1), including fractures (other than fingers or toes), amputations, loss of sight, a burn or penetrating injury to the eye, any injury or acute illness resulting in unconsciousness, requiring resuscitation or requiring admittance to hospital for more than 24 hours.
- **Serious injury/ill health:** where the person affected is unfit to carry out his or her normal work for more than seven consecutive days.
- **Minor injury:** all other injuries, where the injured person is unfit for his or her normal work for less than seven days.

- **Damage only:** damage to property, equipment, the environment or production losses. (This guidance only deals with events that have the potential to cause harm to people.).
- **Dangerous occurrence:** one of a number of specific, reportable adverse events, as defined in the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).
- **Hazard:** the potential to cause harm, including ill health and injury; damage to property, plant, products or the environment, production losses or increased liabilities.
- **Immediate cause:** the most obvious reason why an adverse event happens, e.g. the guard is missing; the employee slips etc. There may be several immediate causes identified in any one adverse event.

3.3. Incident:

- **Near miss:** an event that, while not causing harm, has the potential to cause injury or ill health. (In this guidance, the term near miss will be taken to include dangerous occurrences);
- **Unsafe condition/act:** a set of conditions, actions or circumstances that have the potential to cause injury or ill health, e.g. untrained nurses handling heavy patients.

3.4. Likelihood that an adverse event will happen again:

- **Very likely:** it will happen again and soon;
- **Likely:** it will reoccur, but not as an everyday event;
- **Possible:** it may occur from time to time;
- **Unlikely:** it is not expected to happen again in the foreseeable future;
- **Very unlikely:** so unlikely that it is not expected to happen again.

3.5. Risk:

- **Level:** The level of risk is determined from a combination of the likelihood of a specific undesirable event occurring and the severity of the consequences (i.e. how often is it likely to happen, how many people could be affected and how bad would the likely injuries or ill health effects be?)
- **Risk control measures:** The workplace precautions put in place to reduce the risk to a tolerable level.
- **Root cause:** an initiating event or failing from which all other causes or failings spring. Root causes are generally management, planning or organisational failings.
- **Underlying cause:** the less obvious 'system' or 'organisational' reason for an adverse event happening, e.g. pre-start-up machinery checks are not carried out by supervisors; the hazard has not been adequately

considered via a suitable and sufficient risk assessment; production pressures are too great etc.

4. Roles and Responsibilities

4.1. Heads of School and Departments

- a) Ensure that this procedure is adhered to by staff under their supervision or direction.

4.2. Senior Managers, Line managers and Supervisors

- a) Ensure a Health and Safety Incident Report form is completed and submitted to the Health & Safety Team as soon as possible and within a maximum of 4 days after the incident.
- b) If an injured/ill employee is absent as a result of a work-related accident the Line Manager must complete a Health and Safety Incident Report form on his/her behalf.
- c) If the event has any impact on the environment, notify the Estates Department.
- d) Investigation of minimal level risk events reported within their area of control.
- e) Ensure that corrective actions are implemented and communicated to all relevant persons.
- f) Contact Estates for maintenance and repair requests of identified hazards or maintenance issues which may affect occupants' health and safety.

4.3. Health & Safety Team

- a) Notification of RIDDOR events to the enforcing authority within the specified time frames.
- b) Maintenance records of incidents and investigations reports according to statutory requirements and specifications.
- c) Investigation of medium level events (see below) reported in conjunction with DSLOs and relevant managers.
- d) Lead investigation of high level events reported in conjunction with an investigation team.
- e) Monitoring the incident investigation and reporting practices and processes of each department through a systematic audit program.
- f) The Health & Safety Team will, when applicable, circulate lessons learned via the appropriate communication channels to the other areas of the University.

4.4. Occupational Health Service

- a) Facilitate injured employees' return to work through the development of a suitable return to work plan.
- b) Provision of advice regarding the preventative actions, when applicable.

4.5. Department Safety Liaison Officers (DSL0s)

- a) Ensure that the Health and Safety Incident Report form is completed and the original is forwarded to the Health & Safety Team as soon as possible and within a maximum of 4 days after the incident.

4.6. First Aiders

- a) Ensure that the Health and Safety Incident Report form is completed for any event that requires First Aid treatment to be provided, and the original is forwarded to the Health & Safety Team as soon as possible and within a maximum of 4 days after the incident.

4.7. Staff, Students, Visitors

- a) Staff, students and visitors must report accidents/incidents to their Supervisor or Manager as soon as possible.
- b) Students are to be encouraged to report accidents/incidents to their Lecturers, Course Administrators, Reception or as instructed at their induction.
- c) Contractors operating on the University's premises will be responsible for the reporting of accidents/incidents related to their work in accordance with their own procedures. A copy of this report must be forwarded to the Health & Safety Team via the Project Manager.

5. Reporting requirements

The Health and Safety Incident Report form is available on the Health & Safety Team [website](#).

All personnel directly involved in, or witnessing a safety related incident, accident or hazard must report it to their supervisor immediately and subsequently complete a Health and Safety Incident Report. The Health and Safety Incident Report shall be completed immediately, or at the earliest possible opportunity before the end of the staff member's operational shift. This report must be submitted to the Health & Safety Team within 4 days of the accident/incident.

In the event of a fatality, major injury/incident or dangerous occurrence (refer to definitions section), the Head of Health and Safety must be contacted at the earliest opportunity. This must be followed by the submission of a written Health and Safety Incident Report.

Information submitted on a Health and Safety Incident Report must be fact-based and provide as much information as is available regarding the event and anyone involved. This includes any witnesses and corrective actions already implemented or planned preventative actions.

First Aiders must use the Health and Safety Incident Report form to record any assistance/treatment they provide.

6. Serious incident notification

Only the Health & Safety Team is responsible for notification to the enforcing authority of accidents and dangerous occurrences that are reportable under the provisions of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR). RIDDOR reportable diseases will be reported within 10 days to the enforcing authority upon confirmation in writing from a Medical Practitioner.

Copies of RIDDOR reports shall be forwarded to Human Resources, Occupational Health and Health & Safety Committee Members (personal data will be redacted).

Incidents which are not RIDDOR reportable but are considered serious enough to be reported to the Vice-Chancellor must also be reported to University Health & Safety Committee members.

7. Monitoring

Incident statistics, along with corresponding non-conformities, corrective actions and preventive actions will be further discussed at relevant safety forums in order to highlight common problems. Where appropriate, details of preventive actions arising from incident investigation may be disseminated around the University outside of these meetings in order to best control risks and prevent incidents.

If similar activities take place in other departments, schools or divisions, the Health & Safety Team will communicate any recommended preventive actions to relevant managers outside of the local safety group meetings.

The Health & Safety Team is responsible for auditing the incident and accident investigation (for Minimal and Low level risks) and reporting practices and processes of departments through a systematic audit program.

8. Confidentiality and privacy

The Health & Safety Team will treat all reports with sensitivity and ensure the de-identification of report submitters or injured persons. All personal details contained in reports will be kept in confidence for the purposes of consultative and investigative procedures and processes. Disclosure of identifiable information is required to be provided to the enforcing authority in the event of a RIDDOR occurrence. Safety representatives will not be provided with information identifying individual staff unless

that employee has consented to this.

Deidentified information and extracts may be shared within the University as well as external stakeholders as deemed appropriate. This will enable all concerned personnel and departments within the University to review their own operations and support the continuous improvement of health and safety. All records will be kept in accordance with the University’s [retention schedules](#).

9. Incident Investigation

Incident investigations seek to establish any lessons learned from accidents and causes of ill health to prevent the same accidents repeatedly causing injury, distress, loss time and damage to property. Carrying out investigations and analysing the causes of work-related accidents and incidents ensures a deeper understanding of the risks associated with our activities.

The aim of investigations is not to assign blame to individuals, but to systematically analyse root-cause and develop suitable recommendations for improvement and prevention. In the event of non-conformities resulting from identification of negligence or deliberate harm, then appropriate disciplinary measures may be initiated in accordance with the University’s Disciplinary Procedure. Matters relating to student behaviour will be referred to the relevant School Proctor.

9.1. Investigation triggers

Incidents/accidents should be investigated and analysed as soon as possible after the event at the correct level.

Who should carry out the investigation? The following table is used to determine the level of investigation which is appropriate for any adverse events, based on the likelihood of the worst potential consequence occurring.

	Potential worst consequence of adverse event			
Likelihood of recurrence	Minor	Serious	Major	Fatal
Certain	Low	Medium	High	High
Likely	Low	Medium	High	High
Possible	Low	Medium	High	High
Unlikely	Minimal	Low	Medium	High
Very Unlikely	Minimal	Low	Medium	High

Risk	Minimal		Low		Medium		High	
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Investigation Level	Supervisor or Manager		DSLO		Health & Safety Team		Investigation Team
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In a **Minimal** level investigation, the relevant Supervisor/Line manager will investigate the circumstances of the event and document any corrective/preventative actions taken/planned. These will be recorded on the Health and Safety Incident Report form (either at the time of submission or retrospectively).

A **Low level** investigation will involve an investigation led by the DSLO with the relevant Supervisor/Line manager into the circumstances of the accident/incident, identifying immediate, and any underlying or root causes. Corrective (or planned preventative) actions to avoid a recurrence must be recorded on the Health and Safety Incident Report form (either at the time of submission or retrospectively).

A **Medium level** investigation will involve a detailed investigation, led by a Health and Safety Advisor with DSLO and relevant supervisor or line manager. The investigation team will look for the immediate, underlying and root causes. These investigations will be recorded on the Health and Safety Investigation Form including recommendations for improvement, and be submitted to the applicable stakeholders.

A **High level** investigation will involve a team-based investigation, convened and led by the Head of Health and Safety (or their nominated delegate) and may include supervisors/line managers, DSLOs, and if applicable employee representatives. The investigation will look for the immediate, underlying, and root causes, and provide recommendations. These investigations will be recorded on the Health and Safety Investigation Form and submitted to the applicable stakeholders and authorities as required.

9.2. Investigation process and instruction

An investigation involves an analysis of all the information available, physical (the scene of the incident), verbal (the accounts of witnesses) and written (risk assessments, procedures, instructions, job guides etc.), to identify what went wrong and determine what steps must be taken to prevent the adverse event from happening again.

Training and instruction is available for supervisors and managers on how to assess events and conduct Minimal risk level investigations.

9.3. Report Feedback

In cases where a Minimal or Low risk level investigation has been carried out, the relevant managers should provide general feedback to their staff regarding the occurrence as deemed appropriate. For Medium to High risk level investigations feedback will be provided to relevant managers. The Health & Safety Team will, when applicable, provide information regarding lessons learned via the appropriate communication channels to the relevant stakeholders.

9.4. References

[Investigation accidents and incidents: a workbook for employers, unions, safety representatives and safety professionals \(2004\), HSE.](#)

[Reportable Incidents, HSE](#)

[Reporting accidents and incidents at work: a brief guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 \(RIDDOR\), \(INDG453, Rev 1\), HSE](#)

https://ico.org.uk/media/for-organisations/documents/1066/employment_practice_code_supplementary_guidance.pdf