

University Guidance for the
REPORTING OF ACCIDENTS, DISEASES AND
DANGEROUS OCCURANCES



RIDDOR

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1. INTRODUCTION

The revised Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR 95) came into operation on 1 April 1996. These regulations replace a number of previous regulations. The Regulations are designed to generate reports from employers to the Health and Safety Executive (HSE), Local Authorities and Environmental Health Departments which will provide information to help them perform their accident prevention and enforcement activities effectively.

The purpose of this guidance is to advise Heads of Department, Managers and Supervisors of the system by which the University carries out its duties under the regulations.

The Regulations require that the employer appoint a person/s who are responsible for making reports to the enforcing authorities. The University Health and Safety Advisor, and the University Assistant Health and Safety Advisors have been designated as the responsible persons.

No changes to the existing procedures are being made by this guidance, but it is expected that accident and incident reporting procedures generally will be improved.

2. PROCEDURES

University accident report forms should always be completed to record non-injury incidents, injuries or ill health in connection with work.

Completed accident report forms should be sent without delay to the Health and Safety Unit, Loxford Tower, Manchester. See Appendix 4. The accident reporting procedure specified in section 3 should normally be followed. In the case of serious accidents or incidents the procedure in section 4 should be followed.

All Accident report forms should be followed-up by a departmental accident/incident investigation and report. These should be filed in the department for action, review and future reference. These may be required by external agencies such as HSE and the University Insurers.

3. REPORTING AN ACCIDENT OR INCIDENT

Details of all accidents should be entered on the University Accident Report Form. Page 1 and 2 (accident record) to be completed by the injured person or representative. Page 2 (treatment details) to be completed by the first aider. Pages 3 and 4 completed by the relevant manager, supervision or lecturer.

The accident report form should then be forwarded as soon as possible and in any case within 7 days, to the Health and Safety Unit. A copy should be retained in the department.

Incidents which do not result in a person being injured, but which may be regarded as a "near miss," or result in damage to machinery or equipment, should also be reported on the same form.

4. REPORTING DEATH, MAJOR INJURY, HOSPITALISATION, DISEASE AND DANGEROUS OCCURRENCES

In these circumstances the regulations require that employers notify the Health and Safety Executive as a matter of urgency. These circumstances and the manner in which they should be reported to the Health and Safety Advisors are described below.

4.1 Reporting a Death or Major Injury

If there is an accident connected with work and;

- a) a University employee, students or a self employed person working or studying on university premises suffers a fatal injury, or major injury (including as a result of physical violence); or
- b) any person not at work (e.g. visitor, or member of the public) is killed or taken to hospital;

The appropriate University Health and Safety Advisor should be notified **immediately** (e.g. by telephone). An accident report form should be completed as soon as possible as in section 3 above. For the definition of a major injury please refer to Appendix 1.

4.2 Reporting Over Three Days Absence Injury

If there is an accident connected with work (including an act of non-consensual physical violence) and a university employee, or a self-employed person working on university premises suffers an over three day absence injury (this includes an employee who although not absent from work is unable to carry out their normal duties), the appropriate Health and Safety Advisor should be notified as soon as possible after the third day of absence.

NB. Three consecutive days excludes the day of the accident but includes any days which would not have been working days, such as week-ends

4.3 Reporting a Dangerous Occurrence

If something happens which does not result in a reportable injury, but which clearly could have done, and may reoccur, then it may be a dangerous occurrence which should be notified to the Health and Safety Office immediately (e.g. by telephone). An accident report form giving details should be completed as in paragraph 3 above.

A summary of reportable dangerous occurrences is shown in Appendix 2.

4.4 Reporting a Reportable Work Related Disease

If a university employee presents a written diagnosis, by a doctor, of one of the diseases listed in Appendix 4, the H&S Advisor should be informed.

Appendix 1

DEFINITION OF MAJOR INJURIES

The following injuries and conditions must be reported to the Health and Safety Advisor as soon as possible and by the quickest practicable means:

- any fracture, other than to the fingers, thumbs or toes;
- any amputation;
- dislocation of the shoulder, hip, knee or spine;
- loss of sight (whether temporary or permanent);
- a chemical or hot metal burn to the eye or any penetrating injury to the eye;
- any injury resulting from 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 unconsciousness or requiring resuscitation; or requiring admittance to hospital for more than 24 hours;
- loss of consciousness caused by asphyxia or exposure to a harmful substance or biological agent;
- acute illness requiring medical treatment, or loss of consciousness arising from 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.

Appendix 2

SUMMARY OF REPORTABLE DANGEROUS OCCURRENCES

- 1 Collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- 2 Explosion, collapse or bursting of any closed vessel or associated pipework;
- 3 Failure of any freight container in any of its load bearing parts;
- 4 Plant or equipment coming into contact with overhead power lines;
- 5 Electrical short circuit or overload causing fire or explosion;
- 6 Any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury caused by an explosion;
- 7 Accidental release of a biological agent likely to cause severe human illness;
- 8 Failure of industrial radiography or irradiation equipment to de-energise or return to its safe position after the intended exposure period;
- 9 Malfunction of breathing apparatus while in use or during testing immediately before use;
- 10 Failure or endangering of diving equipment, the trapping of a diver, an explosion near a diver, or an uncontrolled ascent;
- 11 Collapse or partial collapse of a scaffold over five metres high, or erected near water where there could be a risk of drowning after a fall;
- 12 Unintended collision of a train with any vehicle;
- 13 Dangerous occurrence at a well (other than a water well);
- 14 Dangerous occurrence at a pipeline;
- 15 Failure of any load-bearing fairground equipment, or derailment or unintended collision of cars or trains;
- 16 A road tanker carrying a dangerous substance overturns, suffers serious damage, and catches fire or the substance is released;
- 17 A dangerous substance being conveyed by road is involved in a fire or released;
- 18 Unintended collapse of any building or structure under construction, alteration or demolition where over five tonnes of material falls; a wall or floor in a place of work; any false-work;
- 19 Explosion or fire causing suspension of normal work for over 24 hours;

- 20 Sudden, uncontrolled release in a building of: 100kg or more of flammable liquid; 10kg of flammable liquid above its boiling point; 10kg or more of flammable gas; or of 500kg of these substances if the release is in the open air;
- 21 Accidental release of any substance which may damage health.

Appendix 3

REPORTABLE DISEASES

Conditions due to physical agents and the physical demands of work

- 1 Inflammation, ulceration or malignant disease of the skin due to ionising radiation
- 2 Malignant disease of the bones due to ionising radiation
- 3 Blood dyscrasia due to ionising radiation
- 4 Cataract due to electromagnetic radiation
- 5 Decompression illness
- 6 Barotrauma resulting in lung or other organ damage
- 7 Dysbaric osteonecrosis
- 8 Cramp of the hand or forearm due to repetitive movements
- 9 Subcutaneous cellulites of the hand (beat hand)
- 10 Bursitis or subcutaneous cellulitis arising at or about the knee due to severe or prolonged external friction or pressure at or about the knee (beat knee)
- 11 Bursitis or subcutaneous cellulitis arising at or about the elbow due to severe or prolonged external friction or pressure at or about the elbow (beat elbow)
- 12 Traumatic inflammation of the tendons of the hand or forearm or of the associated tendon sheaths
- 13 Carpal tunnel syndrome
- 14 Hand-arm vibration syndrome

Infections due to biological agents

- 15 Anthrax
- 16 Brucellosis
- 17 (a) Avian Chlamydiosis
(b) Ovine Chlamydiosis
- 18 Hepatitis
- 19 Legionellosis

- 20 Leptospirosis
- 21 Lyme disease
- 22 Q fever
- 23 Rabies
- 24 Streptococcus suis
- 25 Tetanus
- 26 Tuberculosis
- 27 Any infection reliably attributable to the performance of the work specified below:-

Work with micro-organisms; work with live or dead human beings in the course of providing any treatment or service or in conducting any investigation involving exposure to blood or body fluids; work with animals or any potentially infected material derived from any of the above.

Conditions due to substances

- 28 Poisonings by any of the following:
 - (a) Acrylamide monomer;
 - (b) Arsenic or one of its compounds;
 - (c) Benzene or a homologue of Benzene;
 - (d) Beryllium or one of its compounds;
 - (e) Cadmium or one of its compounds;
 - (f) Carbon Disulphide;
 - (g) Diethylene Dioxide (Dioxan);
 - (h) Ethylene Oxide;
 - (i) Lead or one of its compounds;
 - (j) Manganese or one of its compounds;
 - (k) Mercury or one of its compounds;
 - (l) Methyl Bromide;
 - (m) Nitrochlorobenzene, or a nitro- or amino- or chloro-derivative of Benzene or of a homologue of Benzene;
 - (n) oxides of Nitrogen;
 - (o) Phosphorus or one of its compounds.
- 29 Cancer of a bronchus or lung
- 30 Primary carcinoma of the lung where there is accompanying evidence of Silicosis
- 31 Cancer of the urinary tract
- 32 Bladder cancer

- 33 Angiosarcoma of the liver
- 34 Peripheral neuropathy
- 35 Chrome ulceration of
 - (a) the nose or throat; or
 - (b) the skin of the hands or forearm.
- 36 Folliculitis
- 37 Acne
- 38 Skin cancer
- 39 Pneumoconiosis (excluding asbestosis)
- 40 Byssinosis
- 41 Mesothelioma
- 42 Lung cancer
- 43 Asbestosis
- 44 Cancer of the nasal cavity or associated air sinuses
- 45 Occupational dermatitis
- 46 Extrinsic alveolitis (including farmer's lung)
- 47 Occupational asthma.

Source

HSE Publications L73
A Guide to the Reporting of Injuries, Diseases and Dangerous Occurrences
Regulations 1995.
ISBN 0 7176 1012 8

Appendix 4

CONTACT TELEPHONE NUMBERS

Health and Safety Unit Loxford Tower, Lower Chatham Street

University Health and Safety Adviser
Mr A Gibb
Tel 3309
Mobile 07768261289
Fax 6862
e-mail a.gibb@mmu.ac.uk

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H&S Unit Administrator
Mrs M Flinn
Tel 3317
Fax 6862
e-mail safety@mmu.ac.uk

Appendix 5



Accident Report Form

THIS FORM MUST BE COMPLETED FOR ANY INJURY, WORK RELATED ILL HEALTH, DANGEROUS OCCURRENCE AND NEAR MISS IN RESPECT OF STAFF, STUDENTS, CONTRACTORS AND VISITORS

GUIDANCE

- Please complete the form in BLACK INK and in BLOCK CAPITALS.
- If you have any queries when completing this document, please ask your departmental manager for advice or contact the Health and Safety Unit on extension number 3317.
- A copy of the completed form must be passed on to the Health & Safety Unit as soon as possible.
- Keep a copy for your own record.

TO BE COMPLETED BY INJURED PERSON (IP) OR REPRESENTATIVE

SECTION 1 PERSONAL DETAILS

GUIDANCE

SECTIONS 1, 2 and 3 to be completed by the injured person where possible. Alternately a representative or manager may do so on their behalf.

Please tick as appropriate:	Accident <input type="checkbox"/>	Dangerous Occurrence <input type="checkbox"/>	Work related ill health <input type="checkbox"/>	Near Miss <input type="checkbox"/>	
Full Name:	<input type="text"/>				
Title:	Prof <input type="checkbox"/>	Dr <input type="checkbox"/>	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Ms <input type="checkbox"/>
Home Address:	<input type="text"/>			University Contact Number <input type="text"/>	
				Postcode <input type="text"/>	
Job/Course Title:	<input type="text"/>				
Status Please Tick:	Staff <input type="checkbox"/>	Student <input type="checkbox"/>	Contractor <input type="checkbox"/>	Visitor <input type="checkbox"/>	

SECTION 2 ACCIDENT RECORD

GUIDANCE

This section concerns details of the injury, work related ill health, dangerous occurrence or near miss. Please be as specific as possible with regard to location (address, postcode, room number etc), and type of injury. If a major injury or dangerous occurrence has occurred please contact the Health & Safety Unit as soon as possible.

	DD / MM / YY	Time of occurrence:	Hrs : Mins
When did it happen? Date of occurrence	/ /	:	:
	(Please use 24hr clock e.g. 0600)		
Where did it happen? (state which room, bldg. or place)			
How did it happen? Give the cause if you can.			
Was there an injury? If so please give details (e.g. fracture, bruise, cut, sprain strain)			
If the person suffered work related ill health, please give details			

SECTION 3 TREATMENT DETAIL

GUIDANCE

This section should be completed by a first aider or manager/supervisor in respect for all treatment whether accepted or refused.

	Accepted	Refused	Advised to attend hospital /GP	Not Applicable
Was First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brief details of the First Aid given:				
First Aider's name:				
Was the injured person sent to hospital:	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Was the Injured Person in hospital for more than 24 hours	Yes <input type="checkbox"/>
				No <input type="checkbox"/>
Hospital Details:				
Signature of injured person:			Signature of Representative:	
Date:(DD/MM/YY)	/ /			
If representative, please give your full name, relationship with the injured person and contact number.				
Full Name:			Contact Tel Number:	
Relationship:				

PRELIMINARY INVESTIGATION SECTION

THE DEPARTMENTAL MANAGER/SUPERVISOR/LECTURER IN CHARGE MUST COMPLETE THIS SECTION.

SECTION 1 INVESTIGATOR DETAILS

GUIDANCE

To be completed by Manager/Supervisor/Lecturer. Please complete contact details in full.

Full Name:	<input type="text"/>	Title:	<input type="text"/>
Faculty:	<input type="text"/>	Extension Number:	<input type="text"/>
School/Dept: Division/Unit	<input type="text"/>		

SECTION 2 WITNESS DETAILS

GUIDANCE

Please ensure that names and appropriate contact details are taken from any witnesses present. If you feel that it is necessary to add details of more than two witnesses please continue on a separate sheet and indicate that this is attached.

First Witness Name:	<input type="text"/>	Address:	<input type="text"/>
Contact Number:	<input type="text"/>		
Second Witness Name:	<input type="text"/>	Address:	<input type="text"/>
Contact Number:	<input type="text"/>		

SECTION 3 SAFETY MANAGEMENT CHECKLIST

GUIDANCE

Please ensure that all questions are answered and that copies of relevant documents are securely attached to the report/investigation forms.

Was the area/work activity subject to a risk assessment? <i>(If YES, please attach a copy)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you reviewed the risk assessment in the light of the occurrence? <i>(If YES, please attach a copy)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Was Permit to Work/Access authorisation in effect <i>(If YES, please attach a copy)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Are there any departmental rules/safe systems of work applicable to the area/work activity?
(If YES, please attach a copy)

Yes

No

Was personal protective equipment being used at the time?
(If YES, indicate the type in the boxes below)

Yes

No

Eye	Face	Ear	Hand	Foot	Respiratory	Body

Has the injured person resumed work/study?

Yes

No

If yes, on what date? (DD/MM/YY)

SECTION 4 PRELIMINARY INVESTIGATION DETAILS

GUIDANCE

Please summarise accident/incident 'cause and effect' and action taken. Continue on a separate sheet if necessary.

Please send completed form to the Health and Safety Unit

SECTION 5

FOR USE BY HEALTH AND SAFETY UNIT

Received in Health & Safety Unit by:

Ref No

Date:

F2508 required?

Further investigation required?

Referral to Insurance Officer