



Registered Charity No. 1192282

Procedure – Recording & Reporting of Accidents, Incidents and Complaints

Approved by Trustees: 22nd March 2024

Next Review: April 2027

Introduction

The procedure sets out the arrangements for the responding to accident, incidents or complaints associated with activities involving the Together We Can Do charity.

Responsibilities

1. The Session Leader is responsible for ensuring that
 - a. any accident or incident with the potential to affect the health, safety or welfare of a member, volunteer or staff is recorded.
 - b. any potential safeguarding incidents are reported to the Welfare Officer.
 - c. potential safeguarding and significant welfare, health safety and other incidents are reported to the Project Co-ordinator or Chair of trustees if unavailable.
2. The Welfare Officer is responsible for ensuring that
 - a. any potential safeguarding incidents, bullying, abuse or other similar matters are handled in accordance the Safeguarding Members Policy and Procedure (ref 1).
3. The Project Co-ordinator is responsible for ensuring that
 - a. potential safeguarding and significant welfare, health safety and other incidents are reported to the Chair of Trustees or another trustee if unavailable.
 - b. any concern or complaint about the operation of the charity's activities is discussed with the individual making the complaint and appropriate records made of the discussion. If the matter cannot be resolved or is consider significant then the individual should be asked to record details on the Complaint Form (ref 2) and brought to the attention of the Chair of trustees.
 - c. all accidents, incident and complaints are investigated in line with the requirements of reference 3 and relevant and appropriate actions are taken to prevent harm or danger to individuals.
 - d. any accident or incident occurring in local authority facilities is communicated to their representative using the relevant form (refs 3-5).
 - e. summary details of the accident, incident or complaint is retrospectively reported to the trustees.
4. The Chair of the trustees is responsible for ensuring that
 - a. any significant accident, incident or complaint is investigated and where appropriate actions to prevent a recurrence are identified
 - b. details of the investigation and any recommended actions are discussed by the trustees
5. The trustees are responsible for ensuring that
 - a. potential safeguarding and significant welfare, health safety and other incidents have been investigated and appropriate actions and recommendations have been made.

- b. any complaint relating to activities undertaken by the charity have been investigated and appropriate actions and recommendations have been made.
 - c. confirmation is obtained that the agreed recommendations have been satisfactorily implemented
 - d. any issues or concerns with respect to suitability and effectiveness of these arrangements are periodically reviewed and recommendations for improvements identified.
6. The Secretary is responsible for ensuring that
- a. all complaints (completed Complaint Forms or other recorded means) are retained and details are provided to the trustees.

References

1. Safeguarding Members Policy & Procedure, Issue 1b, Feb 2021
2. Compliments and Complaint Form, Issue 1, Jan 2021
3. Investigation of accidents, incidents, complaints & allegations, Issue 1, Feb 2024
4. Accident, Incident, Near Miss Report Form, Blackpool Council
5. Accident, Incident, Near Miss Report Form, Fylde Council
6. Accident, Incident, Near Miss Report Form, Wyre Council

Accident, Incident, Near Miss Report Form - Blackpool Council



ACCIDENT/INCIDENT/NEAR MISS REPORT FORM



FOR HEALTH AND SAFETY TEAM USE ONLY			SELIMA INCIDENT NUMBER
SELIMA? YES / NO	DATE	OH&S ADVISER	
RIDDOR? YES / NO	DATE REPORTED	OH&S ADVISER	RIDDOR INCIDENT NUMBER

SECTION A - TO BE COMPLETED BY THE PERSON INVOLVED, OR THEIR REPRESENTATIVE, AND PASSED TO THE LINE MANAGER RESPONSIBLE FOR THE ACTIVITY/PREMISES

1. PERSONAL DETAILS OF THE PERSON INVOLVED (PLEASE PRINT)

Employee <input type="checkbox"/>	Surname _____	Forename(s) _____	
Member of Public <input type="checkbox"/>	Home Address _____		
Contractor <input type="checkbox"/>			
Agency <input type="checkbox"/>	Postcode _____	Home Tel. No _____	
Service User <input type="checkbox"/>	Age _____	DOB _____	M/F
Pupil <input type="checkbox"/>	Job Title _____		
Other (Please Specify) _____	Directorate _____	Division _____	
	Based At _____	Employee No _____	

2. ACCIDENT/INCIDENT/NEAR MISS DETAILS

Date Time AM/PM

Time Started Work Normal Finishing Time Time Finished

Address _____

Exact Location (Office, Kitchen, Poolside, etc.) _____

Give Full Details, Including Nature Of Activity Being Undertaken (Include Diagrams Or Photographs If Appropriate)

(Continue On A Separate Sheet If Necessary)

If Fall From Height, Please Give Distance _____

Was Work Equipment Involved YES / NO _____ Was It In Operation YES / NO _____

Details Of Above (Type, Model, Make, Part Causing Injury, etc.) _____

Give Details Of Any Damage Or Defects To Property/Vehicles/Work Equipment _____

3. VERBAL/PHYSICAL ABUSE DETAILS

Assailant Surname _____ Assailant Forename(s) _____

Home Address _____

Is The Person? Employee Member of Public Contractor Agency

Service User Pupil Other (Please Specify) _____

If An Employee - Please Add The Following Details

Job Title _____ Directorate _____ Division _____

Was The Incident Verbal Abuse Face-To-Face/Telephone (Please Specify) _____

Sexual Racial Neither

Other (Please Specify) _____

Is The Occurrence New Regular Occasional

4. INJURIES/ACTION	
Parts(s) Of The Body Affected (State Left Or Right) _____	
Nature And Extent Of Injuries/Ill Health (Bruise, etc.) _____	
Treatment Given/Action Taken _____	
Who Administered Any Treatment	
Doctor/Nurse <input type="checkbox"/> Self <input type="checkbox"/> First Aider <input type="checkbox"/>	Did The Person Go To Hospital YES / NO
Paramedic <input type="checkbox"/> Other _____	If Yes Time Spent In Hospital _____
	Date _____ Immediately From Scene YES / NO
5. WITNESSES	
Name _____	Name _____
Address _____	Address _____
Contact Number _____	Contact Number _____
6. UNION MEMBER (OPTIONAL INFORMATION)	
Are You A Member Of A Union YES / NO If Yes, Please State Which Union _____	
<i>Ask Your Manager If You Want A Copy Of This Form For You To Forward To Your Union Safety Representative</i>	
TO THE BEST OF MY KNOWLEDGE THE ABOVE INFORMATION IS CORRECT	
Person Completing The Form _____	
Job Title _____	Signature _____
Date And Time First Reported _____	To Whom? _____
SECTION B - INITIAL INVESTIGATION, TO BE COMPLETED BY INVESTIGATING OFFICER/LINE MANAGER	
Investigator's Name (Please Print) _____ Job Title _____	
Are You Satisfied That The Details Given In 'Section A' Are Correct? YES / NO	
If No, Please Give Details _____	
Is It Likely That The Person Involved Will Be Off Work For More Than 3 Days? YES / NO	
Was The Person Involved	Performing Work Related Duties? YES / NO / N/A
	Directly Supervised? YES / NO / N/A
	Working In Accordance With Procedures? YES / NO / N/A
Protective Clothing/Equipment	Was Any Required To Carry Out the Task/Activity? YES / NO / N/A
	Was Any Issued? YES / NO / N/A
	Was It Being Used At The Time? YES / NO / N/A
Had A Risk Assessment Been Completed For This Task/Activity? YES / NO / N/A	
If YES, Please Attach A Copy	
Immediate Cause of Incident?	_____
Underlying Cause of Incident?	_____
Immediate Action To Prevent Recurrence?	_____
Future Action To Prevent Recurrence?	_____
Is Further Training Required? YES / NO	_____
If Yes, Please Specify _____	
Was Feedback Provided To The Person Involved Following The Investigation? YES / NO	_____
Who Was The Person's Line Manager At The Time? _____	
TO THE BEST OF MY KNOWLEDGE THE INFORMATION PROVIDED IS CORRECT	
Signature of Investigator _____	Date _____
Counter Signature of Manager	Signature _____
Job Title _____	Name (Please Print) _____
THE COMPLETED FORM, ALONG WITH ANY SUPPORTING DOCUMENTATION, IS TO BE FORWARDED TO THE HEALTH AND SAFETY TEAM, PROGRESS HOUSE, CLIFTON ROAD, BLACKPOOL, FY4 4US TELEPHONE: 01253 477264 FAX: 01253 477266	