



Registered Charity No .1192282

Accidents, Incidents and Complaints

Approved by Trustees: 22nd Jan 2021

Next Review: April 2023

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 Safeguarding and Welfare Officer is responsible for ensuring that any bullying, abuse or other similar matters are handled in accordance the Safeguarding Members Policy and Procedure (ref 1).
2. The trustees are responsible for ensuring that any complaint relating to activities undertaken by the charity is discussed with the individual making the complaint. 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).
3. 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.
4. 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. where considered necessary appropriate actions are taken to prevent harm or further to individuals as a result of the accident or incident.
 - c. any accident or incident occurring in local authority facilities is communicated to their representative using the relevant form (refs 3-5).
 - d. details of the accident or incident is reported to the trustees.
5. The Chair of the trustees is responsible for ensuring that
 - a. any 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
 - 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.

References

1. Safeguarding Members Policy & Procedure, Draft B, Nov 2020
2. Compliments and Complaint Form, Issue 1, Jan 2021
3. Accident, Incident, Near Miss Report Form, Blackpool Council
4. [Accident, Incident, Near Miss Report Form, Fylde Council](#)
5. [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
Pupil	<input type="checkbox"/>	Job Title	M/F
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.) <input type="text"/>			
Give Details Of Any Damage Or Defects To Property/Vehicles/Work Equipment <input type="text"/>			

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 Self First Aider Paramedic Other _____
 Did The Person Go To Hospital YES / NO
 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 _____
Ask Your Manager If You Want A Copy Of This Form For You To Forward To Your Union Safety Representative

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**