University Policy for Reporting Incidents and Incident Investigations

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<th>Document type</th>
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<td>Staff and students</td>
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<tr>
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<td>Approver</td>
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<tr>
<th>Version number</th>
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<tr>
<td>v1.0</td>
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1.0 Introduction
The nature of the activities at the University means there is always a chance of an accident or a near miss or other type of incident (eg a fire) happening. It is vital that all but the most trivial of these incidents are reported so that the University can identify the cause and make appropriate changes to the work activities to ensure that a similar accident does not happen again.

2.0 Policy Statement
1. The overarching commitments set out in the University’s general Health and Safety Policy apply. The general policy can be found here: URL: https://www.st-andrews.ac.uk/media/environmental-health-and-safety-services/H&S-Policy-2017.pdf
2. The University will comply with all relevant legislation about the reporting of accidents and dangerous occurrences to the relevant enforcement authority.
3. All but the most trivial incidents or near misses to staff or students or members or the public must be report to the Director of Environmental, Health as soon as is reasonably practicable.
4. All fire related incidents including false alarms must be reported to the Director of EHSS.
5. All incidents to staff or students or members of the public which may have an effect on business continuity or crisis management should also be reported to the Director of Environmental, Health and Safety Services.
6. The Director of Environmental, Health and Safety Services will report any accidents/incidents to enforcement authorities which are required to be reported under relevant legislation (eg Reporting Injuries, Diseases, Dangerous Occurrences Regulations 2013 - RIDDOR)
7. A proportionate incident investigation will be undertaken for all but the most trivial accidents, near misses or other incidents.
8. All accidents or near miss or other types of incidents which are reportable to an enforcement authority will be investigated by the Director of Environmental Health and Safety Services.
9. The Director of Environmental, Health and Safety Services will present details of all accidents and the results of investigations to the Health and Safety Assurance Group as a standing item on the agenda.
10. The Director of Environmental, Health and Safety Services will produce a statistical breakdown of all accidents to Schools/Units on an annual basis.
3.0 Arrangements

The roles and responsibilities set out in the University’s general Health and Safety Policy apply.

3.1 Health and Safety Assurance Group
The Health and Safety Assurance Group will review all accidents and any relevant investigations on behalf of the University Court.
Where necessary, the Health and Safety Assurance Group will require the Director of EHSS to undertake more detailed accident investigations.

3.2 Health and Safety Consultative Group
The Director of EHSS will present all accident reports and associated proportional investigations to the Health and Safety Consultative Group which consists of the University Union Safety Representatives. The Union Safety Representatives can ask to view the accident report and any published incident investigation.

3.3 Director of EHSS
All but the most trivial accidents, near misses and other incidents (eg floods, fire alarm activations etc) should be reported to the Director of EHSS.
The Director of EHSS will ensure that an appropriate and proportionate accident investigation is undertaken for such incident reports.
The Director of EHSS will investigate all incidents which have to be reported to an enforcement agency.
Then Director of EHSS will also investigate situations where a potentially serious incident is repeatedly occurring.
The Director of EHSS will provide the Health and Safety Assurance Group with a report on the accidents, near misses and other incidents which have occurred. This will include a brief report on any investigation undertaken.
The Director of EHSS will provide each School or Unit with an annual report of the incidents which have taken place during the year. The Director of EHSS will also ensure each School/Unit has undertaken appropriate investigations for minor incidents.

3.4 Head of School / Unit
The Head of School/Unit will ensure that all minor incidents are investigated in a proportionate manner by a nominated member of their staff (eg Safety Co-ordinator).
Where recommendations for remedial action are identified in an accident investigation by the Director of EHSS or by local staff, the Head of School/Unit will ensure these are implemented on a prioritised timescale.

3.5 Staff and Students
It is the responsibility of all staff and students to report all but the most trivial accident or near miss or a significant incident (eg flood) to their School/Unit representative and also to the Director of EHSS.

3.6 Intended Audience
This document and attached guidance is intended for all members of staff, students and members of the public who use University facilities.

3.7 Where these regulations apply
These regulations apply to all sites at the University and also to any work undertaken off the main sites of the University (eg during fieldwork)

4.0 Legislative and regulatory framework
This policy and guidance document has been produced to ensure compliance with the following legislation:
- Health and Safety at Work etc Act 1974
- Management of Health and Safety at Work Regulations 1999
- Reporting Injuries, Diseases and Dangerous Occurrences Regulations 2013
Many other pieces of legislation have a requirement to report specific incidents for example the Genetically Modified Organisms (Contained Use) Regulations 2014 has a
requirement to notify the HSE if there has been a release of genetically modified organisms. You should always be aware of the legislation which applies to your particular activity and whether there are specified incidents which require to be reported to an enforcement agency. For example such legislation is required for:

- Genetically Modified Organisms (Contained Use) Regulations 2014 (report to HSE)
- Environmental Authorisations (Scotland) Regulations 2018 (reporting incidents where there is a release of radioactivity - Report to Scottish Environment Protection Agency – SEPA)
- Specified Animal Pathogens (Scotland) Order 2009

4.1 Relationship with existing University Policy, Procedures and Regulation
As noted throughout this Policy, compliance with the conditions set out here will on occasion also require observance of other University Policy and Regulations referred to herein.
University of St. Andrews
Report of an Accident, Incident, Dangerous Occurrence or Near Miss

Details of the Person Involved in the Accident, Dangerous Occurrence or Near Miss

Full Name of Person
involved in incident,
Address plus
Post Code
And Telephone
Number
School / Unit
Occupation of Injured Person or Status if not an Employee (e.g. Resident, Visitor)

Age
Sex (M or F)

Date of Incident
Time of Incident

Nature of Injury or incident (e.g. Broken arm, bruising or fire)

Management
(Please tick appropriate boxes)
No Action taken
First Aid Only
Advised to use Doctor
Ambulance Called
Casualty Taken to Hospital
Admitted to Hospital for more than 24 Hours
Other (please state actions)

Account of Accident, Dangerous Occurrence or Near Miss
Describe what happened, where and how. In the case of an accident, state what the injured person was doing at the time.

Witnesses
(Please give names, address and occupation)

In the event of the casualty being absent from normal duties, please fill in the date of the first absence and date of return to work

Date of Work
Date of Return to Work

Not yet returned from Work
Returned to work on full duties
Returned to work on modified duties

Remedial Action Taken (to be completed by the School / Unit)
(Note: All incidents, other than minor incidents, will require a full accident investigation form to be completed)

Name of person making report
Signature
Date

Name of Safety Co-ordinator (or Depute)
Signature
Date

Name of Safety Co-ordinator (or Depute) for at workplace if different from above

To Be Completed by EHSS
Accident Investigation required
YES
NO
Date Action Completed

The University of St Andrews is a charity registered in Scotland, No: SC013532
FIRE INCIDENT REPORT FORM

From: 
Date: 

To: Angus Clark, Director, Environmental, Health and Safety Services

Fife Fire and Rescue Service were called out on [___] at [___]
when [___] was activated in [___]
at [___]

The cause of the activation was deemed to be:

- [ ] Fire
- [ ] Faulty Detector
- [ ] False Alarm
- [ ] Malicious Alarm Activation
- [ ] Other (Give details) [___]

If actual fire, give account of incident [___]

Any other comments [___]

Signed: [___]

FOLLOW-UP ACTION (to be completed by the Director, Environmental, Health & Safety Services)

[___]

[___]

[___]

[___]
Underlying and Root Causes

If your answers to the Place, Plant, Procedures and People sections identified any immediate cause, consider the relevant Underlying and Root Causes section.

ORGANISATION – how we do things and how we make sure they are done correctly

Control

1. Were the workplace and work activities adequately supervised and monitored in order to ensure that risk control measures were effective and implemented as intended?
2. Did the supervisors have adequate resources to carry out their duties?
3. Were people held accountable for their performance in carrying out their duties with regard to Health and Safety?
4. Were there adequate arrangements for overseeing and controlling contractors?

Co-operation

1. Were trade unions, employees and their representatives involved in determining workplace arrangements, preparing risk assessments and safe working procedures?
2. Did the individuals involved in the incident share information?
3. Were there arrangements for cooperation with, and co-ordination of, contractors?

Communication

1. Were responsibilities and duties clearly set out?
2. Were they clearly understood by those involved?
3. Did everyone involved know who they report to and who reports to them?
4. Was there sufficient, up-to-date information to enable good decisions to be made?
5. Were there adequate arrangements for passing on information at shift changes?
6. Were written instructions, safe working procedures and product information sheets practical and clear?
7. Were the instructions and procedures available to all who needed them?
8. Was communication between workers and supervisors effective?
9. Was the communication between different departments effective?
10. Were there effective communications with contractors?

Competence: Training and suitability

1. Were the people involved assessed as suitable for the work in terms of health and physical ability?
2. Were the health and safety training needs of people identified?
   - on recruitment;
   - on changing jobs;
   - when changes in the work are proposed;
   - periodically as part of refresher training?
3. Were the training requirements for particular jobs identified?
4. Was the training effectively delivered?
   - with adequate resources?
   - effectively?
   - and assessed?
   - were training records kept?
5. Was the competence of contractors, employees and agency workers checked?

Planning and Implementation: How we prepare to do things effectively and efficiently

Design

1. Were the workplace and equipment layouts designed considering health and safety?
2. Were the controls, displays etc of plant and equipment designed to reduce the risk of, or prevent, human error? For example mis-reading dials or operating the wrong switch.

Implementation

1. Were there arrangements for ensuring that sufficient, and suitable, plant, equipment and materials were available?
2. Were there arrangements for ensuring that sufficient and suitable labour was available?
3. Was there adequate cover for leave or sickness absence?
4. Were suitable contractors appointed?
5. Were there adequate arrangements for cleaning?
6. Were there adequate arrangements for reporting defects in plant and equipment?
7. Were there adequate arrangements for carrying out maintenance work?
8. Were there adequate arrangements for reporting health and safety concerns?
9. Were there adequate arrangements for reporting near-misses and undesired circumstances?
10. Were there adequate arrangements for carrying out health surveillance?
11. Were there adequate arrangements for carrying out air monitoring/sampling? (If required)
12. Did production targets take account of health and safety?
13. Were there adequate arrangements for appointing and controlling contractors?
### Risk assessment

Risk assessments involve identifying the hazards, identifying who may be affected and putting in place suitable arrangements to eliminate or reduce the risks to an acceptable level.

1. Were there risk assessments for the work in question?
2. Were they adequate?
   - Did they correctly identify the risks?
   - Were they up-to-date and reviewed as necessary?
   - Were correct technical standards used?
   - Were adequate risk control measures identified?
   - Were safe working procedures developed?
   - Were there clear conclusions and recommendations?
   - Were employees involved in preparing them?
3. Did the risk assessments result in a risk control action plan with SMART (Specific, Measurable, Agreed, Realistic and Timescaled) objectives?
4. Were responsibilities for implementing the risk control action plan set out?
5. Had the risk control action plan been implemented?
6. If there had been similar adverse events in the past, had they been investigated?
7. Were adverse events recorded, investigated and the findings fed back into the risk assessments?
8. Did the risk assessments include the risks from work carried out by contractors?

A ‘no’ answer to any of the questions in the underlying or root cause section identifies an underlying or root cause.

These underlying or root causes in turn point to failings in the health and safety management system. Senior management should consider all the questions in the following ‘Management’ section to identify weaknesses in the overall risk control management of the organisation.

### Management: How we create the environment and set the standards under which all other health and safety activities take place

- Was there a written health and safety policy statement?
- Did all employees know and understand the health and safety policy statement?
- Were named partners, directors and senior managers made responsible for health and safety arrangements?
- Was there an adequate commitment to health and safety at a senior level?
- Was this commitment reflected in the actions of directors, partners and managers?
- Were sufficient people appointed to assist with health and safety measures?
- Were the people appointed to assist with health and safety measures adequately trained and competent?
- Did the health and safety assistants have sufficient authority to carry out their duties?
- Were the tasks of carrying out risk assessments and preparing safe working practices given to competent persons?
- Was the carrying out of risk assessments a high priority?
- Were adequate resources allocated to health and safety?
- Was it your policy to learn from adverse event investigations and improve your health and safety performance?
- Were the recommendations and findings of the health and safety team acted on?
- Was the work of the health and safety team (including managers, safety officers, safety assistants, supervisors and safety representatives) monitored?
- Were the health and safety team held to account for their performance?
- Were there clear and integrated lines of communication and control?
- Was there a conflict between production and health and safety?
- Was health and safety performance measured and monitored?
- Did you seek to improve your health and safety performance as a result of your dealings with the regulatory authorities and other health and safety professionals?

(From the HSE Guidance Document ‘Investigating Accidents and Incidents’ (HSG245) – see URL: [www.hse.gov.uk/pubns/hsg245.pdf](http://www.hse.gov.uk/pubns/hsg245.pdf))
University of St. Andrews

Accident/Incident Investigation Report

1. Details of the Accident/Incident

School/Unit/Residence

Date/Time of Accident 20...... am/pm

Name of Person(s) Involved

Place of Accident/Incident

Name of Investigator

Date of Investigation

2. DETAILS OF WHAT HAPPENED

a. Historical Evidence (Timing and sequence of events)

b. Describe the process being undertaken when the incident happened

c. Provide copies of the risk assessment for the work activity and the relevant control measures which should have been in place and also any Safe Systems of Work which should have been followed. Was the risk assessment/Safe System of Work adequate and if not, why not
Possible causes of the incident

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<th>CAUSITIVE AGENT (Tick more than one option if applicable)</th>
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<tr>
<td>Live Animal</td>
<td>Falls from height</td>
<td>Hot/cold contact</td>
<td>Violence/Assault</td>
</tr>
<tr>
<td>Electricity</td>
<td>Struck or trapped by object</td>
<td>Defective premises</td>
<td>Defective equipment</td>
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<tr>
<td>Explosion</td>
<td>Striking against fixed or stationary object</td>
<td>Exposure to toxic substances or pathogenic material</td>
<td>Work-related vehicle/traffic accidents</td>
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<tr>
<td>Fire</td>
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<tr>
<td>Falls on level</td>
<td>Sharps (incl. Glass &amp; needles)</td>
<td>Unintentional spillages/release of harmful substances</td>
<td>Occupational Illness</td>
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<tr>
<td>Falls on stairs</td>
<td>Handling/Lifting</td>
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<td>Other</td>
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These are just examples of possible causative agents. If the incident did not involve any of these, please add the risk to the table.

e. **Geographical Evidence** (Take measurements of relevant items, objects and equipment involved. If deemed useful, take photographs and make scale drawings).

f. **Other underlying causes which may have been a factor min the incident** (for example; poor management/supervision, poorly designed process, poor maintenance, lack of proper training, poor communication, lack of suitable and sufficient personal protective equipment)

d. **Circumstantial Evidence.** (Where there is no witness to establish a conclusion).

3. **Conclusion** (From the evidence give reasons for accident/incident, and also the underlying causes and 'Root Causes' of the incident e.g. failure of plant or equipment, human error, inadequate training, lack of supervision, lack of a safe system of work etc).
4. **Recommendations** (Measures to prevent recurrence of accident/incident. Counselling - Victim/Witness)

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<th>Underlying causes of the incident</th>
<th>Recommendations for remedial action</th>
<th>Person responsible for implementing remedial actions</th>
<th>Proposed date remedial actions to be completed by</th>
<th>When remedial actions completed</th>
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**Send Report to Head for attention/action**

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**Head of School/Unit/Residence - Remarks**