

ACCIDENT, INCIDENT, NEAR MISS AND DANGEROUS OCCURRENCE REPORTING PROCEDURES

Dundalk Institute of Technology is committed to reducing accidents and ill-health to staff and students of the Institute. Procedures are in place in the Institute to ensure that all Accidents, Near Misses and Dangerous Occurrences are recorded. These procedures not only ensure compliance with the law, but are also used as a basis for analysing trends throughout the Institute, in an effort to reduce accidents and ill-health to staff and students. All reports are reviewed at each meeting of the Institute Safety Monitoring Committee.

The purpose of an investigation is to establish all the facts relating to the incident, to draw conclusions from the facts and to make recommendations to prevent reoccurrence. Each incident will be looked at from the point of view of place, plant, procedures and people, to see where the safety system has failed and to tighten controls. It is important to note the definitions of all incidents (Accidents, Near Misses & Dangerous Occurrences) in order to take the correct action.

DEFINITIONS

An **Accident** is defined as an unplanned event resulting in personal injury or property damage. This could include, but is not limited to:

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|-------------------|----------------------------------------------------------------------------------------|---------------------------------------------------------------|
| ▪ Sprain | ▪ Sickness due to exposure to a dangerous substance, fumes or gases, fire or explosion | ▪ Sickness due to a chemical spill or environmental pollution |
| ▪ Laceration | | ▪ Damage to building |
| ▪ Broken bone | | ▪ Damage to property |
| ▪ Concussion | | |
| ▪ Unconsciousness | | |
| ▪ Ill-health | | |

A **Near Miss** is defined as an incident in which there was no injury or property damage but where the potential for serious consequences existed.

A **Dangerous Occurrence** is one of a number of specific, reportable adverse events, which are defined within the Safety, Health and Welfare at Work (Reporting of Accidents and Dangerous Occurrences) Regulations 2016 (S.I.No.370 of 2016). Dangerous Occurrences are reportable to the Health & Safety Authority (HSA) via the HSA online notification process. Any Dangerous Occurrences which are notifiable to the HSA will be forwarded by the Health & Safety Co-ordinator.

These are incidents with a high potential to cause death or serious injury, but which happen relatively infrequently. Dangerous occurrences usually include incidents involving:

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| ▪ Lifting equipment | ▪ Explosions, biological agents | ▪ Collapse of scaffolding |
| ▪ Pressure systems | ▪ Radiation generators and radiography | ▪ Train collisions |
| ▪ Overhead electric lines | ▪ Breathing apparatus | ▪ Wells |
| ▪ Electrical incidents causing explosion or fire | ▪ Diving operations | ▪ Pipelines or pipeline works |

All Accidents are 'Incidents'. However, the definition of an Incident is wider in that it includes Dangerous Occurrences and Near Misses.

REPORTING PROCEDURES

All incidents must be reported immediately using the DkIT relevant incident report forms. These are located in the Parent Safety Statement and also on the DkIT website at <https://www.dkit.ie/safety/incidents-accidents-reporting-procedures>. All sections of the form must be completed with as much accurate information as possible.

The immediate supervisor must investigate the cause of the incident, and complete the Institute Accident/Incident Report Form or Near Miss Form. A copy of this form must then be made available to the Head of Department/School/Function for review and final sign off. Copies of the completed form should be forwarded to the Health & Safety Co-ordinator, the Vice President for Finance & Corporate Affairs and the Estate's Office. Copies of these forms are contained within this document.

Accidents involving visitors and contractors must be investigated by the staff member to whom the injury was reported, in conjunction with the staff member they are visiting or working with.

Accidents, which involve serious or fatal injuries to an employee, student or any third party must be notified to the Health and Safety Co-ordinator and the HSA without delay.

Any accidents at work that involve an employee being unable to carry out his/her duties for three or more consecutive days, or that involve a third party being injured and requiring treatment from a medical practitioner, are reportable to the HSA and must be notified via the HSA online process, as soon as practicable. Dangerous Occurrences are reportable to the HSA via the HSA online notification process. Any incidents, which are notifiable to the HSA, will be forwarded to the HSA by the Health & Safety Co-ordinator.

Internal Reporting Procedure

It is the responsibility of each Head of Department/School/Function to ensure that the appropriate investigation procedures take place in the event of an Accident, Near Miss or Dangerous occurrence arising in their area. Heads of Department/School/Function must also ensure that the appropriate forms are completed and forwarded to **each** of the relevant parties (i.e. the Estates Office, the Vice President for Finance & Corporate Affairs and the Health & Safety Co-ordinator).

It is the responsibility of the Health & Safety Co-ordinator to ensure that all reported incidents are tabled and discussed at each ISMC meeting.

External Reporting Procedure

Arising from the internal reporting procedure, any incidents, which are notifiable to the HSA, will be forwarded to that body by the Health & Safety Co-ordinator.

ACCIDENT / INCIDENT REPORT FORM

Note:

This form should be completed whenever an accident or incident occurs which results in injury or damage to personnel or property.

If personnel or property WERE NOT injured or damaged during the Accident/ Incident, do not use this form. Use the NEAR MISS REPORT FORM.

Accident / Incident Report Form	
i	Name of person involved in Accident/Incident:
ii	Address:
	Phone:
iii	Who was involved in the Accident/Incident: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Public <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor
iv	Occupation:
v	If an employee of the Institute please state Department:
vi	If no, please elaborate:
vii	Particulars of Accident/Incident & circumstances under which the Accident/Incident occurred: <i>Use additional pages and/or photos if necessary.</i>
viii	Place:
ix	Time: _____ Date: _____
x	Witness Phone No & Address:
	Witness Phone No & Address:
xi	When and to whom was the Accident/Incident initially reported?

xii	Details of injury/damage: Indicate type of injury (put an 'x' in one box only)			
	<input type="checkbox"/> Bruising, contusion <input type="checkbox"/> Concussion <input type="checkbox"/> Internal injuries <input type="checkbox"/> Open wound <input type="checkbox"/> Abrasion, graze <input type="checkbox"/> Amputation <input type="checkbox"/> Open fracture (i.e. bone exposed) <input type="checkbox"/> Closed fracture <input type="checkbox"/> Dislocation <input type="checkbox"/> Sprain, torn ligaments	<input type="checkbox"/> Suffocation, asphyxiation <input type="checkbox"/> Gassing <input type="checkbox"/> Drowning <input type="checkbox"/> Poisoning <input type="checkbox"/> Infection <input type="checkbox"/> Burns, scalds and frostbite <input type="checkbox"/> Effects of radiation <input type="checkbox"/> Electrical injury <input type="checkbox"/> Property damage, Specify _____ <input type="checkbox"/> Other, Specify _____		
xiii	Indicate part of body most seriously injured (put an 'x' in one box only):			
	<input type="checkbox"/> Head, except eyes <input type="checkbox"/> Eyes <input type="checkbox"/> Neck <input type="checkbox"/> Back, spine <input type="checkbox"/> Chest <input type="checkbox"/> Abdomen <input type="checkbox"/> Shoulder, upper arm, elbow <input type="checkbox"/> Lower arm, wrist, hand	<input type="checkbox"/> Fingers, one or more <input type="checkbox"/> Hip joint, thigh, knee cap <input type="checkbox"/> Knee joint, lower leg, ankle <input type="checkbox"/> Foot <input type="checkbox"/> Toes, one or more <input type="checkbox"/> Extensive parts of the body <input type="checkbox"/> Multiple injuries <input type="checkbox"/> Other, Specify _____		
xiv	Consequences of the Accident/Incident:			
	Fatal <input type="checkbox"/> Non Fatal <input type="checkbox"/>	Date of resumption of work if back Year Month Day _____	Anticipated absence if not back 4-7 days <input type="checkbox"/> 8-14 days <input type="checkbox"/> More than 14 days <input type="checkbox"/>	
xv	Treatment:			
xvi	Doctor's report and recommendation:			
xvii	Steps taken to prevent reoccurrence of this type of Accident/Incident:			
	Signature of person completing report:		Date:	
	Print Name & Job Title:			
	Signature of Head of Department/School/Function:		Date:	
	Print name:			

(Copies of the completed Institute Accident Report are to be sent separately to the Institute Health & Safety Co-ordinator, the Vice President for Finance & Corporate Affairs and the Estates Office)

NEAR MISS REPORT FORM

Note:

This form should be completed whenever a Near Miss occurs - that is an incident WITHOUT injury to person or damage to property.

If personnel or property were injured or damaged during the incident, do not use this form. Use the 'ACCIDENT / INCIDENT REPORT FORM'.

NEAR MISS REPORT FORM									
i	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; padding: 5px;">Date of Near Miss:</td> <td style="width: 50%; border: none; padding: 5px;">Time of Near Miss:</td> </tr> </table>	Date of Near Miss:	Time of Near Miss:						
Date of Near Miss:	Time of Near Miss:								
ii	Location of Near Miss:								
iii	Who was involved in the Near Miss: <input type="checkbox"/> Student <input type="checkbox"/> Employee <input type="checkbox"/> Public <input type="checkbox"/> Contractor <input type="checkbox"/> Visitors								
iv	Name of person(s) involved in Near Miss:								
v	Name, Address & Contact details of any witnesses to Near Miss:								
vi	Description of Near Miss:								
vii	Steps taken to prevent a reoccurrence of this type of Near Miss incident:								
<table style="width: 100%; border: none;"> <tr> <td style="width: 75%; border: none; padding: 5px;">Signature of person completing report:</td> <td style="width: 25%; border: none; padding: 5px;">Date:</td> </tr> <tr> <td colspan="2" style="border: none; padding: 5px;">Print Name & Job Title:</td> </tr> <tr> <td style="border: none; padding: 5px;">Signature of Head of Department/School/Function:</td> <td style="border: none; padding: 5px;">Date:</td> </tr> <tr> <td colspan="2" style="border: none; padding: 5px;">Print name:</td> </tr> </table>		Signature of person completing report:	Date:	Print Name & Job Title:		Signature of Head of Department/School/Function:	Date:	Print name:	
Signature of person completing report:	Date:								
Print Name & Job Title:									
Signature of Head of Department/School/Function:	Date:								
Print name:									

(Copies of the completed Near Miss Report Form are to be sent to the Health & Safety Co-Ordinator, Vice President for Finance & Corporate Affairs and the Estates Office)