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:

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

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 Twelfth Schedule of the General Application Regulations 2007. Dangerous Occurrences are reportable to the Health & Safety Authority (HSA) using Form IR3 or 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:

- Lifting equipment
- Pressure systems
- Overhead electric lines
- Electrical incidents causing explosion or fire
- Explosions, biological agents
- Radiation generators and radiography
- Breathing apparatus
- Diving operations
- Collapse of scaffolding
- Train collisions
- Wells
- 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 using Form IR1 or via the HSA online process, as soon as practicable. Dangerous Occurrences are reportable to the HSA using Form IR3 or 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.

<table>
<thead>
<tr>
<th>Accident / Incident Report Form</th>
</tr>
</thead>
<tbody>
<tr>
<td>i Name of person involved in Accident/Incident:</td>
</tr>
<tr>
<td>ii Address:</td>
</tr>
<tr>
<td>Phone:</td>
</tr>
<tr>
<td>iii Who was involved in the Accident/Incident:</td>
</tr>
<tr>
<td>☐ Student ☐ Employee ☐ Public ☐ Contractor ☐ Visitor</td>
</tr>
<tr>
<td>iv Occupation:</td>
</tr>
<tr>
<td>v If an employee of the Institute please state Department:</td>
</tr>
<tr>
<td>vi If no, please elaborate:</td>
</tr>
<tr>
<td>vii Particulars of Accident/Incident &amp; circumstances under which the Accident/Incident occurred:</td>
</tr>
<tr>
<td>Use additional pages and/or photos if necessary.</td>
</tr>
<tr>
<td>viii Place:</td>
</tr>
<tr>
<td>ix Time:</td>
</tr>
<tr>
<td>x Witness Phone No &amp; Address:</td>
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<td></td>
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<tr>
<td>xi When and to whom was the Accident/incident initially reported?</td>
</tr>
</tbody>
</table>
### Details of injury/damage:
Indicate type of injury (put an ‘x’ in one box only)

- [ ] Bruising, contusion
- [ ] Suffocation, asphyxiatio
- [ ] Concussion
- [ ] Gassing
- [ ] Internal injuries
- [ ] Drowning
- [ ] Open wound
- [ ] Poisoning
- [ ] Abrasion, graze
- [ ] Infection
- [ ] Amputation
- [ ] Burns, scalds and frostbite
- [ ] Open fracture (i.e. bone exposed)
- [ ] Effects of radiation
- [ ] Closed fracture
- [ ] Electrical injury
- [ ] Dislocation
- [ ] Property damage,
- [ ] Sprain, torn ligaments
- [ ] Specify_____________________
- [ ] Other, Specify_____________________

### Indicate part of body most seriously injured (put an ‘x’ in one box only):

- [ ] Head, except eyes
- [ ] Fingers, one or more
- [ ] Eyes
- [ ] Hip joint, thigh, knee cap
- [ ] Neck
- [ ] Knee joint, lower leg, ankle
- [ ] Back, spine
- [ ] Foot
- [ ] Chest
- [ ] Toes, one or more
- [ ] Abdomen
- [ ] Extensive parts of the body
- [ ] Shoulder, upper arm, elbow
- [ ] Multiple injuries
- [ ] Lower arm, wrist, hand
- [ ] Other, Specify_____________________

### Consequences of the Accident/Incident:

- [ ] Fatal
- [ ] Non Fatal
- [ ] Date of resumption of work if back
- [ ] Anticipated absence if not back
- [ ] Year
- [ ] Month
- [ ] Day
- [ ] 4-7 days
- [ ] 8-14 days
- [ ] More than 14 days

### Treatment:

### Doctor’s report and recommendation:

### Steps taken to prevent reoccurrence of this type of Accident/Incident:

<table>
<thead>
<tr>
<th>Signature of person completing report:</th>
<th>Date:</th>
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</thead>
<tbody>
<tr>
<td>Print Name &amp; Job Title:</td>
<td></td>
</tr>
<tr>
<td>Signature of Head of Department/School/Function:</td>
<td>Date:</td>
</tr>
<tr>
<td>Print name:</td>
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</tbody>
</table>

(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’.

<p>| | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>i</td>
<td>Date of Near Miss:</td>
</tr>
<tr>
<td>ii</td>
<td>Location of Near Miss:</td>
</tr>
<tr>
<td>iii</td>
<td>Who was involved in the Near Miss:</td>
</tr>
<tr>
<td></td>
<td>□ Student □ Employee □ Public □ Contractor □ Visitors</td>
</tr>
<tr>
<td>iv</td>
<td>Name of person(s) involved in Near Miss:</td>
</tr>
<tr>
<td>v</td>
<td>Name, Address &amp; Contact details of any witnesses to Near Miss:</td>
</tr>
<tr>
<td>vi</td>
<td>Description of Near Miss:</td>
</tr>
<tr>
<td>vii</td>
<td>Steps taken to prevent a reoccurrence of this type of Near Miss incident:</td>
</tr>
<tr>
<td></td>
<td>Signature of person completing report:</td>
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(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)