

SOUTH KYME PARISH COUNCIL

Accident Reporting Policy and Procedure

1. Purpose

This policy sets out the procedures for recording, reporting, and investigating accidents, injuries, or dangerous occurrences on [Insert Name] Parish Council premises, land, or during council-managed activities. Its purpose is to ensure compliance with the Health and Safety at Work etc. Act 1974 and the Management of Health and Safety at Work Regulations 1999.

2. Scope

This policy applies to all parish council employees, elected members, contractors, volunteers, and members of the public using council-owned facilities, open spaces, allotments, and community buildings.

3. Immediate Action in the Event of an Accident

- **Ensure Safety:** Immediate action must be taken to prevent further injury or danger.
- **First Aid:** Administer first aid if a qualified first aider is available or call the emergency services if required.
- **Secure the Area:** If the accident involves faulty equipment, machinery, or structures, the area must be cordoned off immediately to prevent further use.

4. Internal Recording Procedure

- **Completion of Form:** An Accident Report Form must be completed as soon as possible, and strictly within 24 hours of the incident. It can be completed by the injured party, a witness, or a council officer.
- **Submission:** The completed form must be submitted immediately to the Parish Clerk.
- **The Accident Register:** The Parish Clerk will log the incident into the council's secure, central Accident Register.
- **Data Protection:** To comply with Data Protection laws and GDPR, individual accident forms must be stored in a locked filing cabinet or a secure, password-protected digital drive. They must not be kept in a loose-leaf folder visible to the public.

5. RIDDOR Reporting (External Requirements)

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), certain serious workplace accidents must be reported to the Health and Safety Executive (HSE).

The Parish Clerk is responsible for reporting the following directly to the HSE:

- Accidents resulting in death or specified major injuries (e.g., fractures, amputations, loss of sight).
- Injuries resulting in an employee being away from work or unable to perform normal duties for more than 7 consecutive days.
- Occupational diseases diagnosed by a doctor.
- "Dangerous occurrences" (near misses where something had the potential to cause injury, such as a structural collapse).

6. Investigation and Council Oversight

- **Investigation:** The Parish Clerk, in conjunction with the Chair of the Council or designated Health and Safety Councillor, will investigate all reported accidents to identify the root cause and implement corrective measures.

- **Council Reporting:** A anonymised summary of all accidents and near-misses will be presented at the next Full Council meeting to review safety measures, monitor trends, and approve necessary maintenance budget changes.
- **Insurance Notification:** The Clerk will notify the council's insurance provider immediately if an incident is likely to result in a civil claim.

7. Policy Review

This policy will be reviewed two yearly by the Parish Council or sooner if legislative changes or incident trends require amendments.

South Kyme Parish Council

ACCIDENT REPORT FORM

This form must be completed as soon as possible following an accident and submitted to the Parish Clerk within 24 hours. Once completed, this form contains sensitive personal data and must be stored securely in line with Data Protection/GDPR legislation.

PART 1: DETAILS OF THE INJURED PERSON

Full Name: _____

Home Address: _____

Postcode: _____

Contact Number: _____

Status (Tick one): Employee Councillor Contractor Volunteer
 Member of the Public Child (Under 18)

PART 2: DETAILS OF THE INCIDENT

Date of Incident: _____ / _____ / _____

Time of Incident: _____ : _____ AM PM

Exact Location:

(e.g., Jubilee Park play area, main hall or W3W)

PART 3: DETAILS OF THE INJURY & TREATMENT

1. Describe the injury sustained: *(e.g., cut to left forearm, sprained right ankle)*

2. First aid treatment administered? Yes No

- If Yes, treatment given:
- Name of First Aider:

3. Further medical action taken? None Taken to Hospital/A&E Doctor/GP consulted
 Ambulance called

PART 4: DESCRIPTION OF THE ACCIDENT

Describe exactly what happened. *Include details of how the incident occurred, any machinery, equipment, or substances involved, and what tasks were being performed:*

PART 5: WITNESS DETAILS (If applicable)

Name Address & Postcode Contact Number

1.

2.

PART 6: DECLARATION & SIGN-OFF

I can confirm that the information provided on this form is a true and accurate reflection of the incident.

Name of Person Completing Form:

Signature:

Date Signed:

DD / MM / YYYY

PART 7: FOR COUNCIL USE ONLY (To be completed by the Parish Clerk)

- **Date form received by Clerk:** DD / MM / YYYY
- **Log number in central Accident Register:** _____
- **Is the incident reportable under RIDDOR?** Yes No
- **If Yes, date reported to HSE:** DD / MM / YYYY | **HSE Reference:** _____
- **Council Insurance Provider notified?** Yes No Not Required
- **Action taken / repairs ordered to prevent reoccurrence:**

Clerk Signature: _____ **Date Closed:** DD / MM / YYYY