

ACCIDENT POLICY



Updated: December 2016

SPARKLERS CHARITY

ACCIDENT PROCEDURE AND ACCIDENT LOG

In the event of an accident occurring during the course of work, normal first aid should be offered and carried out as appropriate. An ambulance should be called if necessary and/or the injured person should be advised to visit his or her GP if there is cause for concern, and the circumstances of the accident should be investigated, to ascertain whether it was avoidable, and whether a repetition could be avoided.

It is good practice to keep a written record of any accident, however minor, which occurs in the workplace. In any event there is a legal requirement that written records of 'reportable' accidents and dangerous occurrences (i.e. those which must be reported to the appropriate enforcing authority) be kept for a minimum of 3 years.

The following must be reported:

- Fatal accidents
- Major injury accidents/conditions
- Dangerous occurrences
- Accidents causing more than 3 days' incapacity for work
- Certain work-related diseases
- Certain gas incidents

Reportable major injury accidents/conditions are as follows:

- Fracture of the skull, spine or pelvis
- Fracture of any bone in the arm, wrist, leg or ankle (but excluding a bone in the hand or foot).
- Amputation of a hand or foot
- Amputation of a finger, thumb or toe, or of any part of these if the bone/joint is completely severed.
- The loss of sight of an eye, a penetrating injury to the eye, or a chemical or hot metal burn to the eye.
- Either injury (including burns) requiring immediate medical treatment or loss of consciousness, resulting in either case from an electric shock from any electrical circuit or equipment, whether or not due to direct contact (this therefore includes cases where a person is injured by arcing or flashover without actually touching live equipment)
- Loss of consciousness resulting from lack of oxygen

- Any other injury which results in the injured person being admitted immediately into hospital for more than 24 hours.

Reportable dangerous occurrences are potentially dangerous incidents (e.g. the collapse of part of a building or scaffolding, accidental ignition of explosives and the release of large quantities of flammable liquid) which must be notified to the enforcing authority even if they do not in fact cause injury.

So far as accidents causing more than 3 consecutive days incapacity for work are concerned, it should be noted that the day of the accident is not included. However, days which would not normally be working days do count.

Fatal accidents, major injury accidents/conditions and dangerous occurrences must be reported immediately (normally by telephone) to the Environmental Health Officer of Runnymede Borough Council, who will supply official forms. A written report must then be completed and sent to the enforcing authority within 7 days. Accidents causing more than 3 days incapacity for work must also be reported within 7 days, although no telephone notification is needed.

The Accident Log should be used to keep a record of all accidents which occur at the workplace, whether they are notifiable or not. Such a record can be used in a variety of ways: for example, if a claim of negligence is to be made against the employer the insurance company will require details of the accident. Management staff will need to see the record in order to take any necessary steps to try and reduce accidents in the future, such as issuing protective clothing. With regard to the individuals involved, it may be possible to identify a training need, closer supervision requirements or even accident proneness amongst particular employees.

The form should be completed by the Sparklers Director as soon as possible after the accident so that the memory of it will still be fresh in everyone's mind. Copies of the completed log/form should be held by the staff referred to above, and a second copy kept for statistical purposes.

INSPECTING FOR RISKS IN THE OFFICE: A CHECKLIST

Employers are required (Management of Health & Safety at Work Regulations) to assess all health and safety risks, to comply with the general duty (Health & Safety At Work Act) to provide a safe and healthy place of work and comply with more detailed, specific Regulations.

This checklist is designed to enable safety representatives to carry out a visual inspection of the workplace. The questions asked relate closely to relevant Regulations. Reference should also be made to the Risk Assessment Checklist.

If there are any areas of doubt or concern these should be raised through the Sparklers Director.

You should also bear in mind that working practices and relationships can also affect health and safety, so it will be necessary to talk to members to understand the full picture.

Work Environment

1. Ventilation
 - 1.1 Is there a sufficient supply of fresh or purified air?
 - 1.2 Is the workplace free of uncomfortable draughts?
 - 1.3 Are air supply grills/ducts free from obstructions?
 - 1.4 Is the system regularly cleaned and maintained in good order?

2. Temperature
 - 2.1 Is the office temperature maintained between 20°C and 23°C, at least 16°C and not over 26°C?
 - 2.2 Is a thermometer displayed?
 - 2.3 Are cooling fans available in hot weather?

3. Lighting
 - 3.1 Is there a source of natural light?
 - 3.2 Are corridors and stairways adequately lit?
 - 3.3 Is the lighting level in work areas adequate and suitable?
 - 3.4 Are outdoor areas (e.g. car parks) adequately lit after dark?

4. Cleanliness
 - 4.1 Are furniture, furnishings and floors kept clean?
 - 4.2 Is a sufficient number of waste containers provided?

5. Keyboard
 - 5.1 Is the keyboard tiltable and separate from the screen?
 - 5.2 Is there space in front of the keyboard to provide support for the hands?
 - 5.3 Does the keyboard have a matt surface?

6. Work desk or work surface
 - 6.1 Is the work desk or surface large enough to allow flexible arrangement of equipment?
 - 6.2 Is a stable, adjustable document holder provided?
 - 6.3 Is there enough space for operators to work comfortably?
 - 6.4 Is the desk a matt finish?

7. Work Chair

- 7.1 Is the chair stable and comfortable?
- 7.2 Is the seat height adjustable?
- 7.3 Is the backrest adjustable in height and tilt?
- 7.4 Is a footrest provided where necessary?

8. Environment

- 8.1 Is there sufficient space for the user to change position and vary movements?
- 8.2 Is the lighting suitable?
- 8.3 Are glare and reflections prevented?
- 8.4 Are windows fitted with blinds?
- 8.5 Is noise distracting or disturbing?
- 8.6 Is the temperature comfortable?
- 8.7 Is the level of humidity comfortable?

Lifting, Carrying and Moving

- 1.1 Are members of staff required to lift or move heavy loads?
- 1.2 Is mechanical equipment (e.g. trolleys) provided?

Hazardous Substances

- 1.1 Are photocopiers and laser printers sited in separate or well-ventilated rooms?
- 1.2 Are hazardous substances labelled and safely stored?

First Aid Provision

- 1.1 Are first aid facilities available and accessible to all staff?
- 1.2 Is there a qualified first-aider or appointed person available at all times?
- 1.3 Is there a first-aid box available which meets the prescribed standard?

9. Room Dimensions and Space

- 9.1 Is there sufficient space for the number of people and amount of equipment in the office?
- 9.2 Is there a risk of injury from overcrowding?

10. Workstations and Seating

- 10.1 Are workstations designed to meet the comfort needs of the individuals using them?

- 10.2 Is suitable seating with back support provided?
- 10.3 Is a footrest provided, where necessary?

11. Floors

- 11.1 Do floors have a non-slip, even surface?
- 11.2 Are floors unobstructed by falling and tripping hazards?
- 11.3 Do stairs have handrails?

12. Window

- 12.1 Can windows (skylights, etc) be opened and closed safely?
- 12.2 Are windows made of safety glass?
- 12.3 Can windows be easily cleaned?

13. Toilets and washing facilities

- 13.1 Are there enough easily accessible, clean toilets?
- 13.2 Are there separate facilities for men and women?
- 13.3 Are there enough easily accessible, clean washing facilities?
- 13.4 Are soap and drying facilities provided?

14. Is there a supply of drinking water?

15. Restrooms and meal facilities

- 15.1 Do restrooms provide for the protection of non-smokers from discomfort caused by tobacco smoke?
- 15.2 Are facilities provided for workers to eat meals?
- 15.3 Are suitable rest facilities for pregnant workers and nursing mothers provided?

Working with VDUs

Display Screen

- 1.1 Are the characters on the screen well-defined and of adequate size?
- 1.2 Is the screen image stable and flicker free?
- 1.3 Are brightness and contrast adjustable?
- 1.4 Does the screen tilt and swivel easily?
- 1.5 Is it possible to alter the height of the screen?

Electrical Safety

- 1.1 Is the supply cable free from defects?
- 1.2 Are plugs and sockets in good condition?
- 1.3 Is the overloading of sockets (by the use of adaptors etc) avoided?
- 1.4 Are trailing wires avoided?

Fire Safety

- 1.1 Are all fire exits well marked and unobstructed?
- 1.2 Is fire fighting equipment regularly checked?
- 1.3 Are fire drills held regularly?

1.4 Are emergency exits unlocked while people are on the premises?

1.5 Are fire doors always kept shut?

ACCIDENT LOG

Name: _____ Job Title: _____	
Home	Address:

Age:	Sex:
_____	_____

Time	and	Date	of	accident:

Precise				Location:

How did the accident happen?				
Names of Witnesses:				
Details of apparent injuries:				
What immediate action was taken?				
Reasons given for cause of accident:				
(a) By injured employee				
(b) By witnesses				
At the time of the accident:				
(a) Should employee have been on premises?				YES/NO
(b) Was he/she carrying out normal duties?				YES/NO
(c) Was he/she acting in accordance with rules?				YES/NO
(d) Was protective clothing provided for work being done?				YES/NO

(e) Was it being used?

YES/NO

If the answer to any of these questions is no, provide details on a separate sheet.

Is the employee able to continue work?

YES/NO

Date work resumed: _____

Recommendations:

Signature: _____

Title: _____

Date: _____

To be completed by the personnel department

Health & Safety Executive informed by _____ on _____

Insurance company informed by: _____

SPARKLERS HAZARD REPORT FORM

Date and time the hazard was seen

Nature and Description of the Hazard

Location of the Hazard

People the hazard affects

Safety Rep's name

Manager's name:

Date Report submitted:

SPARKLERS HEALTH & SAFETY INSPECTION REPORT

Date and time of inspection:

Place where problems found	Description of problem:	Management reply remedial action taken with date or reasons

Safety Rep's name

Manager's name:

Date Report submitted:

