**Accident & Incident Policy**

## SoCo Music Project

### Policy statement

SoCo Music Project is committed to providing a rich and diverse range of workshops for vulnerable people in Southampton. Protecting participants from harm is key to this provision, and we recognise the value of accident and incident reporting in improving the services we provide. One method of improving the quality of our practice and care is through the consistent monitoring and review of accidents which resulted, or had the potential to result, in injury, damage or other loss.

### Aim

It is our policy to record all accidents that have resulted in injury or loss, or have the potential to do so, and report these accidents to the appropriate person. This applies to accidents affecting participants, directly employed staff, volunteers and others, including visitors, partner agencies & contractors in our environment. We will ensure that all appropriate accidents are fully investigated and that action is implemented where reasonable.

Reflection is an essential part of our risk management process. Accidents are used as a learning experience to ensure the risk is either removed or reduced as deemed appropriate.

We have a statutory duty to report certain kinds of accidents, violent incidents, dangerous occurrences and occupational ill health under the Health and Safety at Work Act 1974 and more specifically in accord with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR).

**What is the difference between an accident and an incident?**

An accident is an unfortunate event or occurrence that happens unexpectedly and unintentionally, typically resulting in an injury, for example tripping over and hurting your knee.

An incident is an event or occurrence that is related to another person, typically resulting in an injury, for example being pushed over and hurting your knee.

### Scope

SoCo will ensure that all staff and volunteers are aware of their responsibility to report accidents, incidents and near misses using the accidents and incident reporting process.

We will ensure that the process for reporting accidents, incidents and near misses is implemented and maintained and that any subsequent actions are effectively managed to reduce the likelihood of the situation happening again.

### Statement of principles

The key objective of this policy is to ensure that SoCo manages and investigates all accidents and incidents in line with best practice, learns and shares lessons, and takes appropriate action to protect participants, volunteers, and staff from harm by:

* Recording accidents and incidents
* Investigating accidents and incidents as appropriate
* Regularly monitoring accident and incident data
* Reporting to statutory agencies promptly
* Minimising loss of reputation, or assets
* Ensuring that lessons are learnt from incidents to prevent incidents reoccurring
* Promoting a culture of accountability without ‘blame’ where participants, volunteers and staff feel able to report incidents or near misses and learn from mistakes without fear of recrimination
* Empowering volunteers and staff to recognise potential risks and to feel supported in the reporting of an accident, incident or near miss

### Responsibilities

The senior management team (SMT) are responsible for monitoring compliance with this policy and will receive regular reports on accidents, incidents and near misses that have been reported.

SoCo’ s board of trustees will be informed about accidents, incidents and near misses via a quarterly report.

Staff and volunteers are responsible for highlighting any risks or issues and any staff member or volunteer can complete an incident reporting form and should be fully cooperative with any review processes.

### Process

All accidents, incidents and near misses must be immediately reported using the [accident, incident and near miss reporting form](https://www.reengage.org.uk/contact/accident-incident-and-near-miss-reporting-form/).

Staff and/or volunteers directly involved in or a witness to an accident, incident or near miss will have a debrief of the circumstances with the area lead to establish the facts around the situation and to identify if any additional support is needed.

A member of SMT will review the accident, incident or near miss and record the actions and outcomes in the accident, incident and near miss case management log.

### Monitoring and review

Accidents, incidents and near misses must be recorded in chronological order in the accident, incident and near miss case management log and updated to record the actions taken.

The accident, incident and near miss case management log will be periodically analysed to identify trends.

Appendix 1

# Accident, Incident and Near Miss Reporting Form

Part A

| Your details - person completing the form | | | | | |
| --- | --- | --- | --- | --- | --- |
| Name: ...........................................................................................................................  Role: ..............................................................................................................................  Telephone number: .......................................................................................................  Email address.: ............................................................................................................. | | | | | |
| Details of the person affected | | | | | |
| Name of person involved: ............................................................................................  Their telephone number: ..............................................................................................  Their email address: ..................................................................................................... | | | | | |
| What happened | | | | | |
| ▢ accident | | ▢ incident | | ▢ near miss | |
| Details (please describe in detail using only facts, e.g., what happened, how did it happen, where did it happen, were there any witnesses, were there any injuries, what action was taken by you or someone else. When describing a conversation, please try to use the exact words that were spoken) | | | | | |
|  | | | | | |

| Details of any injury and treatment provided (if applicable): | | | | | |
| --- | --- | --- | --- | --- | --- |
| ▢ Received first aid | | ▢ Declined first aid | | ▢ Sent to hospital | |
| ▢ Returned after treatment | | ▢ Sent home | | ▢ Referred to GP | |
| Declaration By submitting this form, you are confirming that:  The information you have provided is accurate  The information you have provided is factual and does not contain your own views or opinions  Signed: .......................................................................................... Date: ................................ | | | | | |

Part B

Manager’s Section

| Please specify any actions planned or taken to prevent a re-occurrence: | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | |
| Is there a risk assessment for this activity? | | ▢ yes | | | ▢ no | | | |
| If yes please supply details: | | | | | | | | |
|  | | | | | | | | |
| If the person was an employee, were they trained for this task? | | ▢ yes | | | ▢ no | | | |
| Were policies and procedures followed? | | ▢ yes | | | ▢ no | | | |
| If the person was an employee, did the injury result in a period of sickness? | | | | | | | | |
|  | | | | | | | | |

| Name: ....................................................................................  Role: ......................................................................................  Signed: .......................................................................................... Date: ................................ | | | | | |
| --- | --- | --- | --- | --- | --- |