



**Scottish
Ambulance
Service**

Working in Partnership with Universities



HS 048 Accident reporting and investigation procedure

Version 1.1

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1. Purpose

To define how health and safety accidents and incidents (actual or near miss) shall be reported and investigated within the Scottish Ambulance Service, to prevent and reduce the likelihood of reoccurrence.

2. Scope

All Departments/Directorates.

This procedure applies to all accidents, incidents, near misses and dangerous occurrences affecting any employee, visitor, contractor, or patient affected by the work carried out by the Service throughout Scotland.

3. Definitions

The following definitions are advisory only:

- Accident
An unplanned event resulting in injury to people or damage to property.
- Incident
Any event planned or unplanned which is nevertheless unwanted, and which may have resulted in damage to or loss of property or even injury to a person, e.g. theft, vandalism, fire or assault.
- Dangerous Occurrence
An event which may or may not have caused damage to property, but which could also have caused serious injury or death had circumstances been different, e.g., a heavy object falling from a building.
- Near Miss / Non-Injury Incident
This is an occurrence in which no property was damaged, and no personal injury was sustained, but where, given a slight shift in time or position, damage or injury easily could have occurred.

Alternatively, this category can be used where staff or managers believe there is the potential for an accident or near miss, but no accident or incident has actually occurred. (e.g., you can foresee that it may happen).

- Minor Injury
Any injury that requires treatment
- Lost Time Accident
Any accident that results in an injury to any employee so that they are unable to report for work on their next working day.
- RIDDOR 2013
Reporting of Injuries Diseases and Dangerous Occurrences Regulations 2013.

4. Responsibilities

An incident report **must** be submitted within 24 hours of an accident occurring. The Service reporting system is used as our 'accident and incident' book which is a legal requirement.

The incident report does not have to be completed by the injured person but by any other person who has knowledge of the incident. This could be a colleague or line manager. This initial incident report only requires minimum detail (date of incident, injured party, basic details, etc) as additional information can be added or adjusted at any time.

- i. Employees must report all incidents and accidents using the service reporting system – located on the home page of @SAS under 'Applications' – link is below.
 - a. [Applications \(sharepoint.com\)](#)
- ii. All line managers are responsible for ensuring that each report is investigated to an appropriate level of detail.
- iii. All incident investigations must be recorded on the service reporting system.

Line managers shall inform their Regional Health and Safety Officer of all RIDDOR reportable incidents within 24 hours to allow the Officer to complete the report in a timeous manner.

- North Region: Gillian McAllan 07833 483892
- West Region: Jacqueline Lyttel 07833 483903
- East Region: Caroline Brearley 07833 483893

In their absence contact:

- Fay McNicol 07881-356419
 - or
 - John Campbell – 07816 093894
- iv. Health and Safety Officers shall ensure that RIDDOR reports are completed within the time specified in the regulations as defined in Section 6.
 - v. Line managers are responsible for ensuring that any identified corrective action(s) from subsequent investigations are implemented.
 - vi. Senior managers must ensure that their staff and managers are provided the necessary time to report and investigate incidents as necessary.
 - vii. NRRD and the Health and Safety Department shall analyse incident report forms for trends. These departments will also identify reported incidents, which due to their actual or potential seriousness require an in-depth investigation. The results of such investigations will be made available to the service via the Head of Health and Safety.

5. Internal Processes for Reporting Accidents, Near Miss Incidents, and Dangerous Occurrences

Any incident that has led, or could have led, to an injury or other business loss must be reported using the services incident reporting system.

Once the employee section of the form has been completed it will automatically be passed to their line manager who shall complete an accident investigation including the taking of statements, pictures and any other evidence deemed necessary.

Please note, the investigation is aimed not at apportioning blame, but at identifying root causes of accidents to enable the service to take appropriate corrective action. On completion (as soon as possible after the event) of the investigation the area supervisor or manager shall ensure that appropriate corrective actions are taken to prevent reoccurrence, they shall record these actions on the investigation report.

All accidents must be reviewed at Regional Health and Safety meetings. If the incident is reportable under RIDDOR then a copy of the RIDDOR form **MUST** be saved onto the service reporting system database

All relevant documents (statements, photographs, RIDDOR forms, etc.) must be uploaded onto the service reporting system as electronic attachments.

6. RIDDOR - Accidents Reportable by Law to the Health & Safety Executive (HSE)

Note: a flowchart to aid decision making is at the end of this section

6.1. Certain work-related accidents must be reported

For the purposes of **RIDDOR**, an accident is a separate, identifiable, unintended incident that causes physical injury. This specifically includes acts of non-consensual violence to people at work (but not where it is due to a personal/non-work related topic).

Not all accidents need to be reported, a RIDDOR report is required only when the accident is work-related **and** it results in an injury of a type which is reportable (as listed under 'Types of reportable injury').

When deciding if the accident that led to the death or injury is work-related, the key issues to consider are whether the accident was related to:

- the way the work was organised, carried out or supervised and/or
- any machinery, plant, substances, or equipment used for work and/or
- and the condition of the site or premises where the accident happened.

If none of these factors are relevant to the incident, it is unlikely that a report will be required.

When unsure of whether an accident is RIDDOR reportable or not please contact your Health and Safety Officer.

6.2. Types of Reportable Injury

Deaths

All deaths to workers and non-workers must be reported if they arise from a work related accident, including an act of physical violence to a worker. Suicides are not reportable, as the death does not result from a work-related accident.

Specific Injuries

These are (full explanations on <http://www.hse.gov.uk/riddor/specified-injuries.htm>) :

- a fracture, other than to fingers, thumbs, and toes.
- amputation of an arm, hand, finger, thumb, leg, foot, or toe.
- permanent loss of sight or reduction of sight;
- crush injuries leading to internal organ damage;
- serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system, or other vital organs).
- scalping (separation of skin from the head) which require hospital treatment.
- unconsciousness caused by head injury or asphyxia;
- any other injury arising from working in an enclosed space, which leads to hypothermia, heat-induced illness or requires resuscitation and/or admittance to hospital for more than 24 hours.

The report must be made within **10** days.

Lost Time Injuries

Over-seven-day injuries

Accidents must be reported where they result in an employee or self-employed person being unable (or would be unable) to perform their normal work duties for more than seven consecutive days as the result of their injury. The seven-day period does **not** include the day of the accident but does include weekends and rest days. The report must be made within **15** days of the accident

Over-three-day injuries (4-6 days)

You must record accidents on the service reporting system but need **not** report them where they result in a worker being incapacitated for more than three consecutive days. Recording the event in the reporting system is sufficient. Remember if a member of staff returns to work only two days after fracturing a bone in their hand the incident must **STILL** be reported (under as detailed in 'Specific Injuries' section).

Reportable Occupational Diseases.

You must report any instance where a Registered Medical Practitioner (Doctor) tells you **in writing** that an employee is suffering from a disease specified in RIDDOR, and the employee undertakes work linked with that condition.

These diseases are;

- carpal tunnel syndrome;
- severe cramp of the hand or forearm;
- occupational dermatitis;
- hand-arm vibration syndrome;
- occupational asthma;
- tendonitis or tenosynovitis of the hand or forearm;
- any occupational cancer;
- any disease attributed to an occupational exposure to a biological agent.

Reportable dangerous occurrences

Dangerous occurrences are certain specified 'near-miss events (incidents with the potential to cause harm). Not all such events require reporting.

There are 27 categories of dangerous occurrences that are relevant to most workplaces. In respect of undertakings by the Scottish Ambulance Service the most relevant are:

- The collapse, overturning or failure of load-bearing parts of lifts and lifting equipment.
- Plant or equipment coming into contact with overhead power lines.
- explosions or fires causing work to be stopped for more than 24 hours.
- The malfunction of breathing apparatus (during pre-check or in operation) which could cause serious injury to someone, it is not intended to identify instances where damage to equipment due to external forces nor mask leakage due to bad fit.
- Complete or partial collapse of scaffolding

6.3. Timeframe for RIDDOR reporting.

For most types of incidents, including:

- accidents resulting in the death of any person.
- accidents resulting in specified injuries to workers.
- non-fatal accidents requiring hospital treatment to non-workers and
- dangerous occurrences

The responsible person must **notify** the Health and Safety Department immediately. The Health and Safety Officer will ensure the enforcing authority is notified at the earliest opportunity and **a report will be sent within 10 days of the incident.**

For accidents resulting in the over-seven-day incapacitation of a worker, you must (continue to) notify the Health and Safety Department as soon as possible, and the enforcing authority will then be notified within **15 days** of the incident.

Cases of **occupational disease**^[2], including those associated with exposure to **carcinogens, mutagens or biological agents**^[3]; need to be reported as soon as the responsible person receives a diagnosis, using the **appropriate online form**^[4].

*Remember - Failure to report a reportable injury, dangerous occurrence, or disease, in accordance with the requirements of RIDDOR, is a criminal offence, and may result in prosecution. Reporting an incident is **not** an admission of liability.*

6.4. Reportable or not under RIDDOR? - some examples

a) Infection and Sharps injuries

For the purposes of RIDDOR, an *infection* is the entry and multiplication of an infectious agent in the body, causing a damaging reaction to the tissue. The infection and damage caused may give clinical signs and symptoms of disease or may be subclinical or 'asymptomatic.' This may be reportable under RIDDOR. *Colonisation* the presence and multiplication of infectious agents in or

on the body, without a damaging reaction in the tissue is not unless the infection was definitely acquired at work

Sharps injuries **must** be reported under RIDDOR;

- when an employee is injured by a sharp known to be contaminated with a blood-borne virus (BBV), e.g., hepatitis B or C or HIV.
- when the employee receives a sharps injury and a BBV acquired by this route sero-converts,
- if the injury itself is so severe that it must be reported.

If the sharp is not contaminated with a BBV, or the source of the sharps injury cannot be traced, it is not reportable unless the injury itself causes an over seven-day injury. If the employee develops a disease attributable to the injury, then it must be reported.

b) Stress

Stress is not reportable as an occupational injury, even when accompanied by a medical certificate stating it is work-related, because it cannot be attributed to a single definable accident.

c) Injury to a patient (or 3rd party)

Work-related accidents involving members of the public or people who are not at work must be reported if a person is injured and is taken from the scene of the accident to hospital for treatment to that injury (solely caused or potentially caused by the Service related actions). There is no requirement to establish what hospital treatment was actually provided, and **no need** to report incidents where people are taken to hospital purely as a precaution when no injury is apparent. If the accident occurred at a hospital, the report only needs to be made if the injury is a 'specified injury' (see above).

Example 1: A patient falls from a trolley cot whilst being maneuvered into an ambulance and suffers a hip fracture.

It is reportable if:

- the crew had chosen the wrong piece of equipment to move the patient or had not received the appropriate training about safe use of the equipment or were not following a safe system of work.
- the crew were aware the patient had a history of aggression and failed to take this into account when moving them. The patient subsequently becomes aggressive and falls from the stretcher.

It is not reportable if:

- the patient became unexpectedly aggressive, struggled, and subsequently fell.

Example 2: A patient is being transferred from a wheelchair to a seat in a PTV. In the process their shin is knocked on the seat post – causing a skin flap tear. The crew either take the patient directly to A&E or notify the receiving ward. The patient requires treatment to the wound. **This is reportable.**

Where incidents involving patients are concerned it is important that Service escalation policies (as defined in NRRD **Document: Serious Incident Escalation Procedure**) are followed.

Where an incident occurs on hospital grounds it is an absolute requirement the hospital Health and Safety Department is also informed.

d) Road Traffic Collisions (RTC)

RTCs must be reported using the service reporting system, however most RTCs are not reportable even if staff are off work for some time.

RTC's and or any vehicle damage must be reporting to QBE on 0844 243 8997 – once this has been done, a report and Vehicle Defect Form will be raised on your behalf.

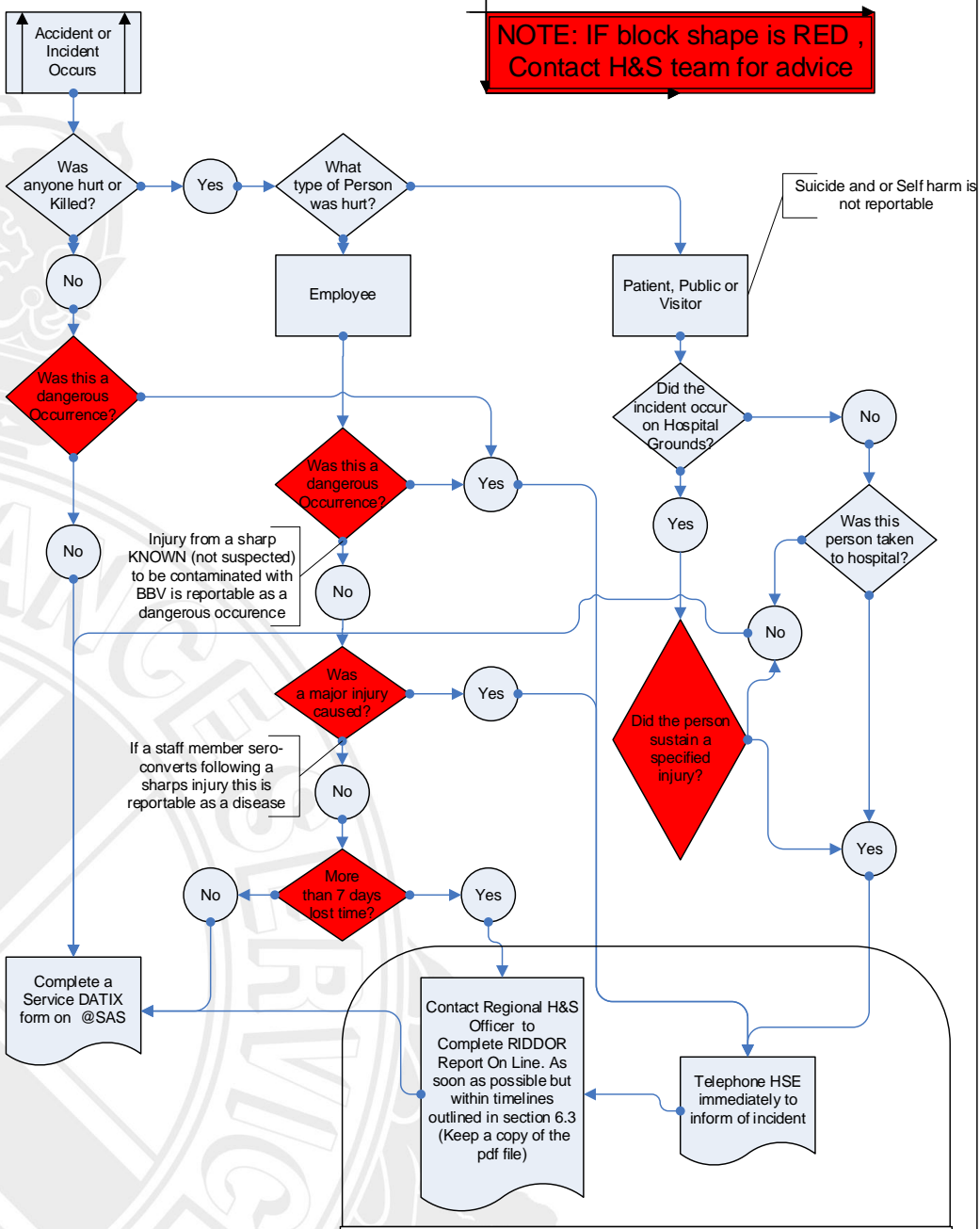
The regulations do not apply to RTCs on public roads unless they involve or are connected with:

- Exposure to any substance being conveyed by road.
e.g.: Staff exposed to noxious fumes from another road vehicle and require treatment.
- Vehicle loading and unloading activities such as those performed by refuse collectors, brewery delivery workers, furniture removers, etc.
e.g.: Staff or patient struck by passing vehicle whilst loading or unloading. Or RTC causing injury to staff or patient where the ambulance struck another vehicle which was loading or unloading.
- Construction, demolition, alteration, repair, or maintenance activities on or alongside public roads
e.g.: staff involved in an RTC causing injury whilst passing through a set of road works may be reportable.
- an accident involving a train where a person is killed or injured.

RTCs that are always reportable occur on private roads or grounds (e.g.: service stations, some hospital grounds, industrial sites etc.)

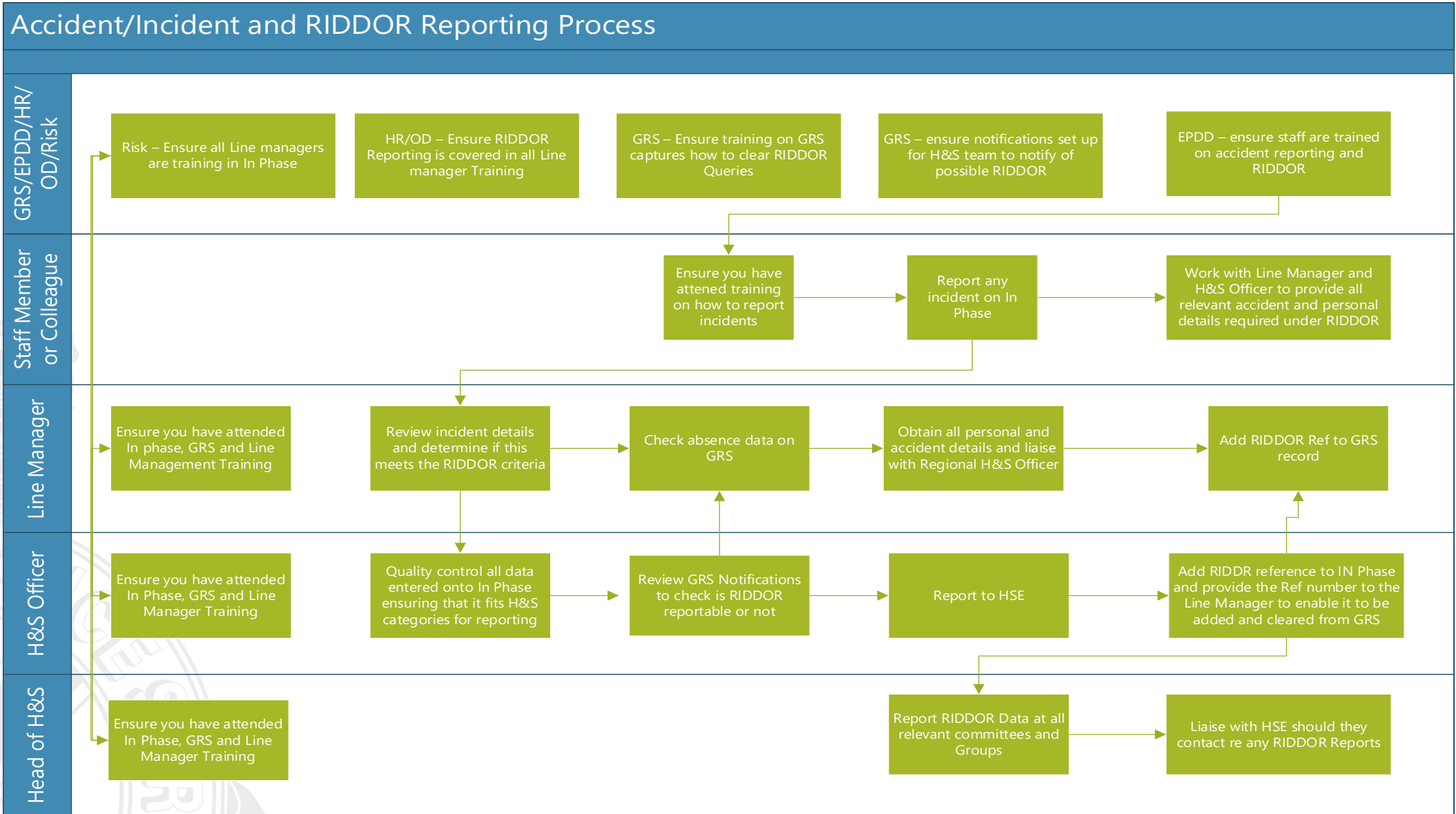
If you think an RTC is reportable under RIDDOR please contact the Regional Health and Safety Officer for advice.

Reporting of Injuries, Diseases and Dangerous Occurrence (RIDDOR) Flowchart



In both cases immediate advice should be sought from the Health and Safety team.

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7. Accident Investigation

Competent investigation of both accidents and incidents will accurately identify immediate and underlying causes. Good quality accident investigation will assist in reducing the number of accidents and their consequences should they occur.

It shall be the purpose of any incident investigation to determine the factors which led to the incident and identify the actions which need to be implemented to ensure that a similar occurrence does not take place in the future. It is not the investigation's purpose to apportion blame upon any individual but to establish the facts and to prevent reoccurrence.

Accident investigation reports should include:

- What happened - the immediate cause of the accident?
- Why it happened - underlying causes of the accident.
- Necessary corrective actions
- Necessary system changes
- Details of policies or procedures requiring review

Investigation must be commenced at the earliest available opportunity and should consider the need to: -

- Evaluate whether any further risk remains and whether it is necessary to isolate any plant or equipment.
- Fence off and restrict access to the area for the purpose of preserving evidence.
- In the event of medical device failure, the isolation of said equipment until it can be properly checked or repaired. In the event of medical device failure, the Service's Risk Manager must also be informed.
- Inform the Health and Safety Department and the local Safety Representative.
- Take photographs of buildings, plant or equipment involved.
- Conduct interviews with persons involved and witnesses.
- Take suitable measurements and/or samples.
- Examine documents i.e., Permit-to-Work, Hot Work Permit etc.
- Obtain historical evidence.
- Evaluate remedial options/improvements.
- Undertake a formal enquiry.

When a suitable investigation has been undertaken, the findings must be uploaded on to the service reporting system. As such, it may be necessary to complete an interim investigation whilst the injured parties are not at work due to the incident.

The comments should include recommended actions to prevent a reoccurrence of the incident.

On receipt of the incident report (if not previously involved) the Regional Safety Officer shall: -

- Satisfy themselves that the incident has been adequately investigated and that the recommendations made are sufficient to prevent a reoccurrence of the incident.
- Ensure that the nature of the incident and the arising recommendations that are made are communicated to site management, safety representatives and other employees as necessary.

- Shall ensure that a RIDDOR report is made if required.
- Where necessary involve other members of the Health and Safety Department (e.g. specialist advisors)

The responsible departmental management shall ensure that recommendations made in the report are evaluated and where accepted implemented with the priority they require. This duty shall extend to the performance of periodic checks to ensure that the recommendations have been completed and/or enforced.

When recommendations are not to be actioned the reason(s) should be discussed with the Regional Safety Officer and the initiator of the recommendations.

NOTE: There is a section on @SAS to assist with Accident Investigations. This contains Accident Aid Memoires for the following topics – click on link below:

[Fatigue](#)

[Manual Handling](#)

[Slip/Trip/Fall](#)

[Road Traffic Collision \(RTC\)](#)

[Contact with/or struck by moving or stationary object](#)

8. Review

This policy will be reviewed every three years or sooner if there are any relevant changes to legislation or best practice.

9. Implementation, (including raising awareness)

The policy will be implemented and communicated to managers and staff within the Service via the Chief Executive Weekly Bulletin. Emails will also be sent to senior managers asking them to bring the existence of the policy to their staff.

This policy and procedure came into effect on 11/12/2022.