INCIDENT REPORTING POLICY AND PROCEDURE

NO.RM05

Applies to: All NHS LA employees, Non-Executive Directors, secondees and consultants, and/or any other parties who will carry out duties on behalf of the NHS LA. Contractors and panel firms are required to adhere to the terms of their contractual agreements.

Version: RM05 – Incident Reporting Policy and Procedure v3

Date of SMT Approval: 15 April 2015

Review Date: 15 April 2017

Author: Jonathan Haley

Owner: Tom Fothergill

Beware when using a printed version of this document. It may have been subsequently amended. Please check online for the latest version
INTRODUCTION

1 This Policy (and Procedure) describes the process for the reporting and investigation of incidents and near misses within the NHS Litigation Authority (NHS LA) and the duties of all employees in this regard. This Policy is consistent with The Management of Health and Safety at Work Regulations 1999, The Data Protection Act (DPA) 1998, the Freedom of Information Act (FOI) 2000 and other relevant legislation. It covers all such occurrences that could impact on the organisation’s ability to achieve its objectives. This Policy applies equally to incidents involving employees, contractors, visitors, stakeholders, scheme members and members of the public who are affected by the work of the organisation. Examples include occurrences relating to the management of finance, claims, health & safety, information security or the NHS LA’s public profile.

2 Whilst the NHS LA is committed to taking all reasonably practicable measures to provide a safe and healthy environment in which to work, adverse incidents may still occur. Incident reporting is a key element of good risk management. When something goes wrong, an investigation of how and why it did so can lead to a change in practice to ensure, where possible, that it does not happen again. In this way, lessons can be learned to reduce risk to the organisation and to improve efficiency, safety and the working environment for all employees and other relevant persons. The Health and Safety Executive (HSE) require all organisations to thoroughly investigate
such occurrences and having done so, to take appropriate remedial action where that is necessary.

3 The reporting and investigation procedure described at Section 18 of this Policy should be followed for the investigation of any incident or near-miss to ensure that a consistent approach is adopted. All incidents and near-misses should be reported using the Incident Report Form at Appendix 1 of this Policy, and where required, the Witness Report Form at Appendix 2 of this Policy. Analysis of incidents reported will be carried out to highlight any trends which may occur and uncover any further need for intervention. This Policy should be read in conjunction with other Risk Management Policies. It should also be read in conjunction with the NHSLA’s policies on health & safety.

4 In order to enable learning to take place, the NHS LA seeks to promote an open and fair culture within the organisation and to encourage the reporting of incidents when things have gone wrong. This means that disciplinary action will be considered only where there is evidence of wilful negligence, acts of a malicious nature or gross/repeated misconduct. Should disciplinary action be appropriate, the person(s) affected will be informed as soon as the possibility emerges. The investigation would then be managed in accordance with HR10 - Disciplinary Policy, Procedure and Rules, with advice as necessary from the Director of Human Resources.

EQUALITY IMPACT ASSESSMENT

5 As part of its development, this policy and its impact on equality have been reviewed in consultation with trade union and other employee representatives in line with the NHS LA’s Equal Opportunities Policy and Public Sector Equality Duty. The purpose of the assessment is to minimise and if possible remove any disproportionate impact on employees and service users in relation to the protected characteristics: race, sex, disability, age, sexual orientation, religious or other belief, marriage and civil partnership, gender reassignment and pregnancy and maternity. No detriment was identified.

DEFINITIONS

7 Throughout this and other associated policies, the word 'incident' should be taken to include ‘near-misses’ unless otherwise specified.

Incident – any accident, event or circumstance that led to harm, loss or damage to people, property, reputation, or other occurrence that could impact on the organisation’s ability to achieve its objectives.

Near-miss – an incident that did not lead to harm, loss or damage, but could have done.
DUTIES

All employees

8 All employees have a responsibility to report incidents in accordance with the procedure outlined at Section 17 of this Policy.

Line Managers

9 In the event of an incident occurring involving an employee or other person within their team and/or area of responsibility, Line Managers are required to ensure that the incident is reported centrally, conduct an appropriate investigation where appropriate, and otherwise ensure that action is taken as outlined at Section 17 of this Policy. This will include grading the incident, adding the risk to the Team Risk Register where appropriate, and preparing action plans as required.

Head of IT & Facilities with Responsibility for Health & Safety (Health & Safety Lead)

10 Reference should be made to the Health & Safety Lead in the event of difficulties being experienced in the practical application of relevant aspects of this Policy, including those relating to the reporting arrangements to the HSE. The Health & Safety Lead will provide advice, assistance and support to Line Managers and other employees as appropriate and support the Corporate Governance Team and Education & Learning Team in providing relevant training associated with this Policy.

Senior Information Risk Officer (SIRO) (Director of Finance and Corporate Planning)

11 The SIRO is responsible for ensuring that IG-related incidents are recorded on the IG Toolkit reporting system. In addition, the SIRO will provide advice and support to Line Managers and other employees as appropriate, regarding information security incidents.

Contractors and Visitors

12 Contractors, visitors or other persons who are involved in an incident must complete an Incident Report Form.

Corporate Governance Team (CGT)

13 The CGT will record and review the management of all incidents and associated risk(s) in accordance with the procedure outlined at Section 18 of this Policy. In addition, they will provide advice, assistance and support to Line Managers and other employees as appropriate and ensure the provision of relevant training associated with this Policy. The CGT are also responsible for monitoring incidents and any associated trends occurring, reporting to the relevant committee(s) and feeding back to individuals or teams where appropriate.
Health, Safety & Risk Committee & Information Governance Group

14 The Health, Safety & Risk Committee is informed at each meeting of all the non-IG related incidents which have been reported since the previous meeting as well as those which have not yet been closed on the database, and of any actions which have been carried out or which are still outstanding, for review and discussion as appropriate. Likewise the Information Governance Group reviews all IG-related incidents. The Health Safety & Risk Committee is also responsible for ensuring effective risk management across the organisation in accordance with the procedure outlined at Section 18 of this Policy.

The Board

15 The nature of the work carried out by the NHS LA is such that serious untoward incidents necessitating the immediate notification of the Board are likely to be extremely rare. The Chief Executive will notify the Board of any such incidents.

The Chief Executive

16 The Chief Executive has ultimate responsibility for safety and risk management within the NHS LA and will ensure that all incidents are dealt with appropriately and that the culture of fair blame is upheld.

PROCEDURE

Reporting the incident

17 When an incident occurs, the first response must be to make the situation safe. All evidence should be protected and secured, e.g., damaged equipment retained, IT activity logs copied, etc, in case of the need for further investigation. This may require external, specialist input. It is essential that an Incident Report Form is completed for all incidents and near misses. Incidents should be managed in accordance with the processes and timescales detailed within the Incident Management Flowchart at Appendix 5 of this Policy.

18 All serious incidents must be verbally reported immediately to an Executive Director followed by high priority email either containing an Incident Report Form or a full description of the incident. The Executive Director will then determine the appropriate response and action.

An incident is serious when it falls into one or more of these categories (not exhaustive list):

- Any incident or near miss with a High ‘Red’ Grading
- Any incident or near miss with a High impact only grading
- Fatality
- Major accident
- Case of disease or dangerous occurrence
- Any other health & safety incident arising having potentially major implications
Where individuals affected are likely to have been placed at risk of or incurred physical harm

Individuals affected are likely to suffer substantial damage or distress, including significant embarrassment or detriment

Failure to implement, enforce or follow appropriate organisational or technical safeguards to protect information or assets (intentional or not).

It is likely to attract media interest and/or a complaint has been made directly to a higher authority by a member of the public, another organisation or an individual.

The Line Manager of any staff member who has raised an incident or near miss report should seek appropriate advice from the Head of Department or appropriate colleague, e.g. Head of IT or IG Manager before reporting to an Executive Director.

19 In the event of a fatality, major accident, case of disease or dangerous occurrence, or any other health & safety incident arising having potentially major implications, the Health & Safety Lead should be notified as soon as is reasonably practicable, in order to determine if a member of the Facilities Team should be involved in the investigation or take the lead role on behalf of the NHS LA.

20 In the event of an incident relating to information security, the IG Manager and SIRO (should be notified as soon as is reasonably practicable, in order to determine if they should be involved in the investigation or take the lead role on behalf of the NHS LA. You can report an information governance incident out of hours via 07771 505 383.

21 It is important to record all facts before the memory fades or situation changes. The Incident Report Form (Appendix 1) is available via the Intranet (under ‘Forms’) and can be submitted electronically or as hard copy. All information required on the form should be provided, stating only facts, and not giving opinions. Remember that this information may be used in support or defence of legal action.

22 The requirements of this Policy extend to visitors to the NHSLA premises, and include Contractors either self employed, or employed directly by a company carrying out work on behalf of, or for, the NHS LA.

23 If assistance is required in the completion of the Incident Report Form, a member of the CGT should be contacted for advice.

24 The person experiencing or witnessing the incident must complete Part 1 of the Incident Report Form (Appendix 1) immediately after the occurrence, or within 24 hours, and then forward Part 1 to the Line Manager to complete Part 2. Where applicable, Witness Report Form(s) (Appendix 2) should also be completed. Any incident involving an employee occurring outside the NHS LA premises, where the person involved was engaged in activities directly related to their duties must also be recorded. In addition, incidents involving members of the public and NHS LA employee/s or NHS LA property must be reported.
25 The responsible Line Manager shall ensure that, for all incidents, an investigation is undertaken of the occurrence and that any necessary remedial action is taken or initiated, recording this on Part 2. If there is any doubt as to what remedial action should be taken, the Line Manager should consult with the relevant team e.g. Health & Safety Lead or IG Manager/SIRO for information security matters, without delay. The completed Form should then be forwarded within 48 hours to the CGT as per the Incident Management Flowchart, see Appendix 5. If applicable, the CGT will refer the incident to the responsible team for further investigation (Part 3) and completion (Part 4).

IMPORTANT:

Health & Safety Incidents

26 Certain accidents, cases of disease and dangerous occurrences are reportable within specific timescales by the NHS LA Health & Safety Lead to the HSE or other external body. These are detailed at Appendix 3 of this Policy, but if there is any doubt as to what is ‘reportable’, advice should be sought from the Health & Safety Lead or CGT.

Information Security Incidents

28 Investigation is carried out firstly for the purpose of establishing the cause, secondly to initiate such corrective action as may be necessary to remove the possibility of such an event recurring, and thirdly to ensure that, where necessary, formal reports are made to relevant external bodies.

29 The Line Manager receiving an Incident Report Form is responsible for grading the incident initially using RM17 - Risk Grading Tool pending an investigation.

30 Very Low and Low incidents will be investigated by the Line Manager receiving the form. The amount of investigative and analytical effort should be proportionate to the risk scoring. Moderate and High incidents must be notified immediately to both the CGT and any other relevant team for advice and consultation, e.g. IT & Facilities, Finance, etc, depending on the type of incident. Investigation may also be carried out by an external body as appropriate with the approval of the Chief Executive. Incidents may need to be re-graded as a consequence of an investigation.

31 Any remedial action taken should be noted in Part 4 of the Incident Report Form.

32 It is essential that a risk assessment is undertaken where there is a possibility that a risk remains. If remedial action is not immediate, the risk should be added to the relevant Team Risk Register. Where the matter is related to an issue that has previously been the subject of a risk assessment, reference shall be made to the risk assessment (and the person undertaking it) for the purpose of reviewing its suitability and assessing whether revision is necessary.
Further management of incidents and related risks

33 On receipt of a finalised Incident Report Form, a member of the CGT will complete Part 5 and add the incident to the database. If necessary, the CGT will contact the investigator in order to discuss the incident, grading or investigation. Incidents may need to be re-graded post investigation. Moderate or High incidents may require a more in-depth investigation. If action is taken following an incident, to reduce the risk, a further grading will be undertaken with the safeguards in place.

34 The CGT will be responsible for ensuring that any significant risks are placed onto the organisational Risk Register and that action plans that have organisation wide implications are reported to the Health, Safety & Risk Committee or IG Group.

35 Approved corrective action plans produced as a result of investigations will be implemented, fully documented and monitored in order to ensure their completion. This may be the specific responsibility of a Line Manager, nominated individual, a committee or specific group. Completion of action plans will be verified six months after the incident. A separate process exists for the tracking corrective actions.

Ensuring continual risk reduction following the implementation of action plans

36 The organisation will ensure that those risk reduction measures taken post investigation continue to be effective, and that risk has not been transferred unwittingly, by regular analysis of incident data and review of the Team and overarching NHS LA Assurance Framework and Risk Registers, undertaken by the Health, Safety & Risk Committee and IG Group. Trends reported by the CGT will be monitored, ensuring that appropriate actions are carried out with regard to both the specific incident and wider organisational learning - by monitoring the completion of action plans and by assessing the subsequent effectiveness of any risk reduction methods introduced. The Committee and IG Group will also ensure that any matters of particular concern are reported to the Board via the overarching NHS LA Assurance Framework and Risk Register and/or the minutes of the Health, Safety & Risk Committee and IG Group meetings.

Involvement of relevant stakeholders

37 The CGT is responsible for the reporting of any incidents falling under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 to the Health & Safety Executive (HSE). Those specific incidents that are reportable to the HSE under the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 1995 (RIDDOR), are defined at Appendix 3 of this Policy.

39 Where other external bodies such as the Department of Health, the Police or Environmental Health Agency need to be informed, the Chief Executive will determine who should contact the relevant body.
Sharing of lessons learned

40 The sharing of lessons learned post investigation is a critical part of incident management. A report of all non-IG incidents will be presented at each Health, Safety & Risk Committee meeting, and this will be accessible to all employees via the minutes which will be posted onto the Intranet. Each team within the NHS LA is represented at the Health, Safety & Risk Committee, and discussion will be held at this forum to identify any further actions to facilitate the sharing of learning. Team Leads are asked to share information about relevant incidents with their teams at team meetings.

TRAINING AND SUPPORT

41 All managers should have appropriate training in the management of incidents, as identified by the organisational learning needs. All relevant employees will complete online health and safety awareness training (includes both Proactive and Reactive risk management modules) at induction and thereafter every two years. The CGT and any other relevant team are available for consultation, e.g. Facilities for health & safety matters, Finance for concerns about potential fraud, etc, depending on the type of incident, and will, where appropriate, assist with the investigation of higher risk incidents.

42 Root Cause Analysis methodology provides a structured and objective way to reveal all factors that have led to the incident. Support and further information on conducting investigations is available from the CGT.

PROCESS FOR MONITORING EFFECTIVE IMPLEMENTATION

43 Risk Management at the NHS LA, which includes the effective implementation of this Policy, is monitored through the organisational programme of internal audit and through incident summaries, reviewed by the Health, Safety & Risk Committee and IG Group. Where monitoring identifies deficiencies, action plans will be developed by relevant members, which will be agreed and reviewed to ensure that changes are implemented accordingly. Furthermore, an annual report on risk management within the NHS LA, including sources of risk management process assurance, such as incident report trend analysis, based on all available relevant information, will be produced by the CGT in the first quarter following the end of the financial year.

44 OTHER RELEVANT POLICIES

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<thead>
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<tbody>
<tr>
<td>RM01</td>
<td>Risk Management Strategy</td>
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<tr>
<td>CG02</td>
<td>Information Governance Strategy</td>
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<tr>
<td>RM07</td>
<td>Complaints Policy and Procedure</td>
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<tr>
<td>RM06</td>
<td>Policy for the Management of the NHSLA Assurance Framework and Risk Register</td>
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<tr>
<td>RM17</td>
<td>Risk Grading Tool</td>
</tr>
<tr>
<td>ITFA02</td>
<td>Guidance for Working with Confidential or Sensitive Information</td>
</tr>
<tr>
<td>ITFA04</td>
<td>Health &amp; Safety Policy</td>
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45 REFERENCES

- Australia New Zealand Standard 4360:2004 Risk Management
- Reporting of Injuries, Diseases and Dangerous Occurrences, 1995 (RIDDOR)

Document Control

Change Record

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<th>Version</th>
<th>Reason for Change</th>
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<td>07/01/14</td>
<td>Jonathan Haley</td>
<td>V1 draft</td>
<td>Initial draft</td>
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<td>15/01/14</td>
<td>Jonathan Haley</td>
<td>V2 draft</td>
<td>Comments from IG Group</td>
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<td>24/01/14</td>
<td>Jonathan Haley</td>
<td>V3 draft</td>
<td>Comments from ISO expert</td>
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<tr>
<td>15/04/14</td>
<td>Jonathan Haley</td>
<td>V3 final</td>
<td>Approved by SMT</td>
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Appendix 1  INCIDENT REPORT FORM

Please complete and submit this form to incident.reporting@nhsla.com

If the incident is serious, inform an Executive Director immediately both verbally and with follow-up report. Either type the information or write legibly in block capitals and black ink and answer all questions. If ‘not applicable’ enter why. Continue on a separate sheet if necessary and attach to this form.

Use this form for all incidents and near misses, including any case of known or suspected work related ill-health. Any employee with knowledge of the incident may fill in the form. The information submitted on this form will be used in accordance with the Data Protection Act 1998.

You can also report an information governance incident out of hours via 07771 505 383.

Further information about incident reporting can be found in RM05, Incident Reporting Policy and Procedure.

PART 1 – to be completed by the person(s) experiencing or witnessing the incident within 24 hours of the event

<table>
<thead>
<tr>
<th>Name:</th>
<th>Job Title:</th>
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**Details of Incident**

<table>
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<tr>
<th>Date:</th>
<th>Time (24 hr clock):</th>
<th>Location:</th>
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Description of incident (Give brief details – state facts only, not opinion. Explain what happened and the cause, including details of any injury, damage or loss and the name(s) of any person(s) affected and witnesses):

Immediate action taken to prevent recurrence, if any:

Signature (or name if electronic):  

Date:

Send this form to your Line Manager immediately

THANK YOU
PART 2 – to be completed by Line Manager

Name: ____________________________  Job Title: ____________________________

Is absence from work expected?  Yes ☐  No ☐  If yes, give estimate in days: __________

What, if any, further action and/or investigation has been taken or is required to prevent recurrence (this may include training or assistance from another Team)?

Please grade the risk following the action taken, using the matrix at the foot of this report.

<table>
<thead>
<tr>
<th>Likelihood</th>
<th>x</th>
<th>Severity</th>
<th>=</th>
<th>Risk Grade</th>
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<tr>
<td>x</td>
<td></td>
<td></td>
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Signature (or name if electronic): ____________________________  Date: __________

Send this form immediately to incident.reporting@nhsia.com

THANK YOU
**PART 3 – to be completed by Corporate Governance Team**

<table>
<thead>
<tr>
<th>Responsible Team:</th>
<th></th>
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<tr>
<td>Date Sent:</td>
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**PART 4 – to be completed by Responsible Team**

<table>
<thead>
<tr>
<th>Date received:</th>
<th></th>
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<tr>
<td>Has the risk been eliminated?</td>
<td>[ ] Yes  [ ] No</td>
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If further action required, please describe:

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<th>Signature (or name if electronic):</th>
<th>Date:</th>
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**PART 5 – to be completed by Corporate Governance Team**

<table>
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<tr>
<th>Date received:</th>
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<tbody>
<tr>
<td>Information Governance Incident?</td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td>Health &amp; Safety Incident?</td>
<td>[ ] Yes  [ ] No</td>
</tr>
<tr>
<td>RIDDOR reportable?</td>
<td>[ ] Yes  [ ] No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NHSLA Risk Grade given by Line Manager</th>
<th>IGT Level [0, 1, 2] (information governance incidents only)</th>
<th>NHSLA Risk Grade given by CGT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Database entry date:</td>
<td>Entry no:</td>
<td></td>
</tr>
<tr>
<td>Signature (or name if electronic):</td>
<td>Date:</td>
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## WITNESS REPORT FORM

<table>
<thead>
<tr>
<th>Incident involving: (Full Name)</th>
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<tr>
<td>At: (Place)</td>
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<td>Time:</td>
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</table>

**Statement by Witness:**

(Please attach a plan or sketch if you feel it will assist explanation)

### Particulars of Witness:

<table>
<thead>
<tr>
<th>Full Name: (Block Capitals)</th>
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<tbody>
<tr>
<td>Contact tel. no.:</td>
</tr>
<tr>
<td>Contact details (place of work/ floor/team):</td>
</tr>
<tr>
<td>Signature (or name if sending by email):</td>
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**Note:** The person investigating should ensure completion of full details on the witness’ signed Statement before attaching to the Incident Report Form

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**Circulation:** Original - Team Lead/Line Manager  
Copy – Corporate Governance Team
Appendix 3

Injuries, Diseases and Dangerous Occurrences Requiring Notification to the HSE under RIDDOR

Notification to the HSE within the timescales required under RIDDOR, are specified below and it will be the NHS LA Corporate Governance Team which undertakes such reporting.

Notification must be made by completing the relevant online form available on the HSE’s website: http://www.hse.gov.uk/riddor/report.htm

All incidents can be reported online but there is also a telephone service for reporting fatal and major injuries: Incident Contact Centre on 0845 300 9923 (opening hours Monday to Friday 8.30am to 5pm).

(i) Immediate Notification

The NHS LA is required to notify the HSE if someone has died or suffered a major injury because of a work-related accident.

The responsible Team Lead or in their absence the senior employee on duty, shall notify the Chief Executive or Director of Finance and Corporate Planning. The Chief Executive or Director of Finance and Corporate Planning will notify others as appropriate.

It will also be essential to ensure that any equipment, materials etc, involved in the accident or occurrence are left undisturbed until the arrival on the scene of a member of the HSE.

(ii) Notification Within 15 Days

Any injury to an employee or other person resulting in their being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days must be reported to the HSE using the appropriate online form.

The procedure in such cases will be for the Line Manager to ensure the NHS LA Incident Report Form(s) and Witness Report Form(s) have been completed and submitted. To avoid delay, the Line Manager will provide Corporate Governance Team with full details, immediately after the seventh day of absence.
(iii) Notifiable Prescribed Diseases

The diseases listed below, if contracted through and linked to the work activities of the NHS LA, must be reported to the HSE using the online form. In the event of an employee or Contractor contracting such a disease, the Corporate Governance Team shall be informed as soon as a doctor notifies that an employee or contractor suffers from a reportable work-related disease.

The following are not intended to be exhaustive lists of ‘injuries’, ‘diseases’ and ‘dangerous occurrences’ as defined within RIDDOR 1995, a copy of which is available via the following the link:
http://www.opsi.gov.uk/si/si1995/Uksi_19953163_en_1.htm

REPORTABLE INJURIES

- fractures, other than to fingers, thumbs and toes
- amputations
- any injury likely to lead to permanent loss of sight or reduction in sight
- any crush injury to the head or torso causing damage to the brain or internal organs
- serious burns (including scalding) which:
  - covers more than 10% of the body
  - causes significant damage to the eyes, respiratory system or other vital organs
- any scalping requiring hospital treatment
- any loss of consciousness caused by head injury or asphyxia
- any other injury arising from working in an enclosed space which:
  - leads to hypothermia or heat-induced illness
  - requires resuscitation or admittance to hospital for more than 24 hour

REPORTABLE DISEASES

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

DANGEROUS OCCURRENCES

Certain dangerous occurrences e.g. electrical short circuit or overload causing fire or explosion, must also be reported to the HSE.
Appendix 4 Incident Management Flowchart

**Incident occurs – make it safe!**  
(if incident is serious, inform an Executive Director immediately)

**Person involved in/witnessing incident:**
- If incident is serious or immediate action is required, inform the relevant Team (e.g. Facilities, Finance, Claims, IT, etc) and the Corporate Governance Team
- Complete Part 1 of the Incident Report Form
- Forward to responsible Line Manager within 24hrs of the event

**Line Manager:**
- Review Part 1 of the Incident Report Form
- Carry out preliminary investigation
- Take remedial action if possible
- Complete Part 2 of the Incident Report Form
- Copy and forward form within 48 hours of receiving the completed incident report form from the person reporting the event, to the Corporate Governance Team

**Corporate Governance Team**
- Review Parts 1 & 2 of the Incident Report Form
- Complete Part 3 if referring to Responsible Team OR follow final actions for resolved incidents

**Health & Safety incidents:**
- Copy and forward to Health & Safety Lead for information and further remedial action

**Information Security incidents:**
- Copy and forward to IG Manager/SIRO for information and further remedial action

**Other e.g. Finance, Claims, I.T. incidents:**
- Copy and forward to relevant Team for information and further remedial action

**Receiving person/Team:**
- Review parts 1-2 of the Incident Report Form
- Take further remedial action as appropriate
- Complete Part 4 of the Incident Report Form
- Copy and forward form to Corporate Governance Team within 48 hours of receiving completed form from Line Manager

**Corporate Governance Team:**
- Review action taken and complete Part 5 of the Incident Report Form
- Prepare report for the Health, Safety & Risk Committee or IG Group