

# Accident/Incident Investigation and Reporting Procedures for SLSGB

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## 1.0 Principal

All Affiliated Surf life Saving Clubs and Accredited Training Centres and SLSGB Accredited Events must either adopt the SLSGB accident and incident reporting policy or have their own policy approved by SLSGB via the Inspection and accreditation process.

## 2.0 Purpose

The purpose of this document is to give guidance on how to:

- a) report accidents/incidents
- b) carry out an accident/incident or near miss investigation

In order to ensure a clear procedure is adopted when managing investigations into accidents/incidents/near misses.

The benefits of investigating accidents include identifying where there are potential training needs or improvements of safe practices, or to establish the facts of an incident/accident so that future claims can be handled appropriately.

## 3.0 Accident/Incident Reporting

This guide is to be used for accidents / incidents / near misses or any accidents / incidents to assist in risk profiling that may affect clubs, regions, SLSGB and a third parties.

Major accidents must be notified via email or letter to HQ immediately, or as soon as is reasonably practicable.

An 'accident' is defined as an unplanned and uncontrolled event that has (or could have) resulted in some sort of harm, The harm may be:

- an injury (eg a cut or fracture)
- an illness
- a mental trauma

Major accidents are defined in the Reporting Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR). Below are the definitions.

### 3.1 Major Accidents (RIDDOR)

SLSGB HQ is to be informed immediately if a major accident / incident listed below occurs

You must report:

- deaths;
- major injuries;
- over-3-day injuries – where a person is away from work or unable to perform their normal work duties for more than 3 consecutive days;
- injuries to members of the public or people not members where they are taken from the scene of an accident to hospital;
- some work-related diseases;
- dangerous occurrences – where something happens that does not result in an injury, but could have done;

Such accidents/incidents must also be reported to the HSE Incident Contact Centre. SLSGB HQ is responsible for reporting incidents/accidents where they have occurred at a national event or activity. A club is responsible for reporting incidents/accidents if they have occurred at a club event or activity.

RIDDOR applies to all activities, but not all incidents are reportable. If someone has had an accident in a situation where you are in charge, and you are unsure whether to report it just call the HSE Incident Contact Centre (ICC) on **0845 300 99 23**.

### 3.2 Dangerous Occurrences

Dangerous occurrences must also be reported to HQ. Dangerous occurrences can be described as:

**Any significant occurrence that has caused or has the potential to cause any damage to buildings, or property or has the potential to cause injury.**

## 4.0 When do I need to make a report?

**The procedure for reporting RIDDOR accidents involving volunteers is still unclear and volunteers are not included as one of the specified groups under the 'affected person' section of the form. Good practice is therefore to report RIDDOR accidents to volunteers as if they are 'employees' and to specify that they are volunteer workers where the form set up allows.**

Although the Regulations specify varying timescales for reporting different types of incidents, it is advisable to ring and report the incident as soon as possible by calling the Incident Contact Centre on 0845 300 99 23.

In cases of death, major injury, or dangerous occurrences, you must notify the enforcing authority without delay, most easily by calling the Incident Contact Centre on 0845 300 99 23.

Cases of over-three day injuries must be notified within ten days of the incident occurring.

### 4.1 What records do I need to keep?

You must keep a record of any reportable injury, disease or dangerous occurrence. This must include the date and method of reporting; the date, time and place of the event; personal details of those involved; and a brief description of the nature of the event or disease.

You can keep the record in any form you wish. You could, for example, choose to keep your records by:

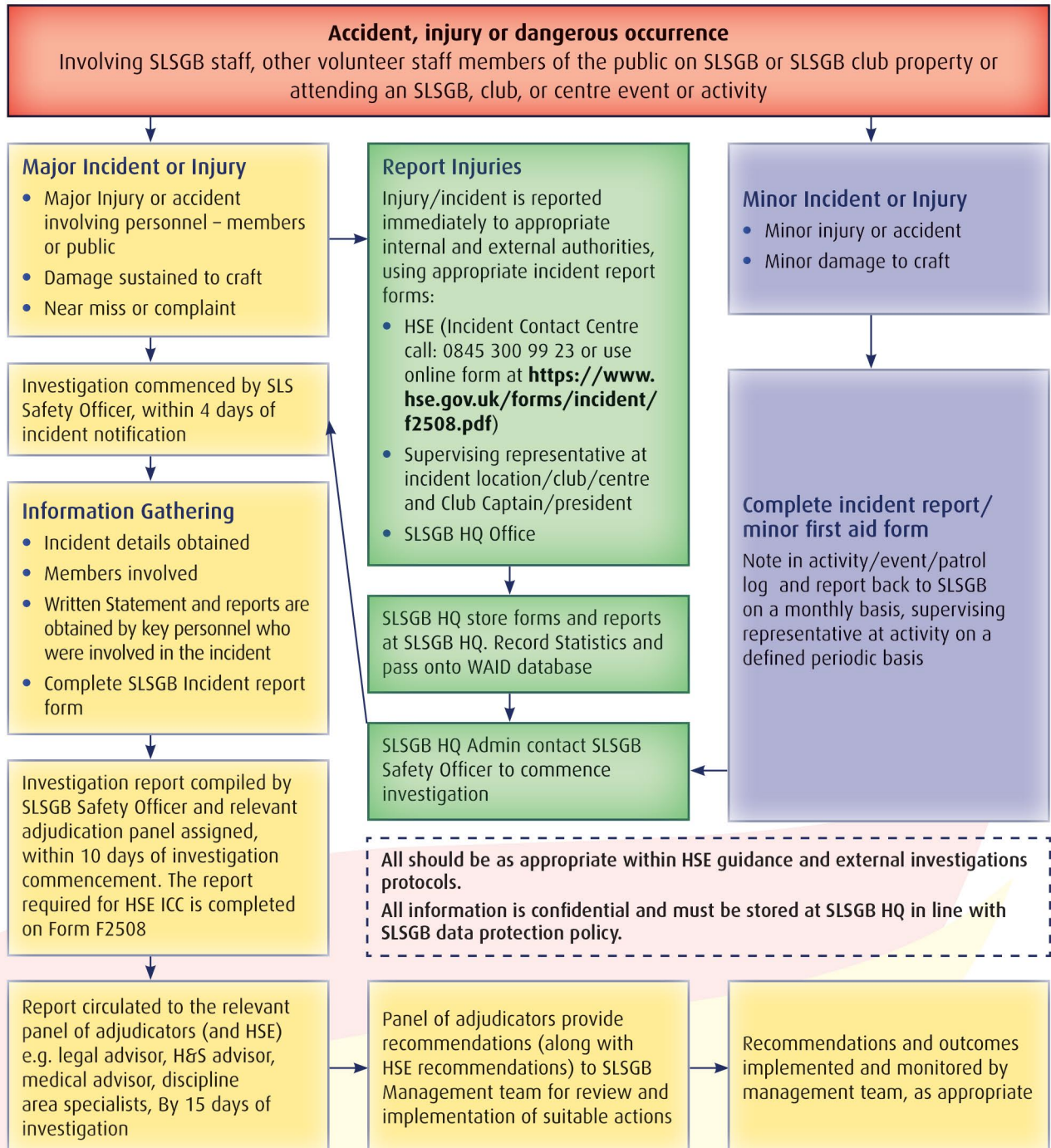
- keeping copies of report forms in a file;
- recording the details on a computer;
- using your Accident Book entry;
- maintaining a written log.

SLSGB has provided forms for recording this information, available on SLSGB Document store <http://slsgb.force.com/documents>:

- Incident report form
- Patient report form
- Minor first aid report form

If you choose to report the incident by telephone or through this web site, the ICC will send you a copy of the record held within the database. You will be able to request amendments to the record if you feel the report is not fully accurate. (Health and Safety Executive., 2006. HSG192: Charity and Voluntary Workers – a Guide to health and safety at work. Norwich. HMSO)

## 5.0 Flow Chart for Accident/Injury/ Dangerous Occurrence Reporting and Investigation



## 5.1 Accident/Incident Investigations

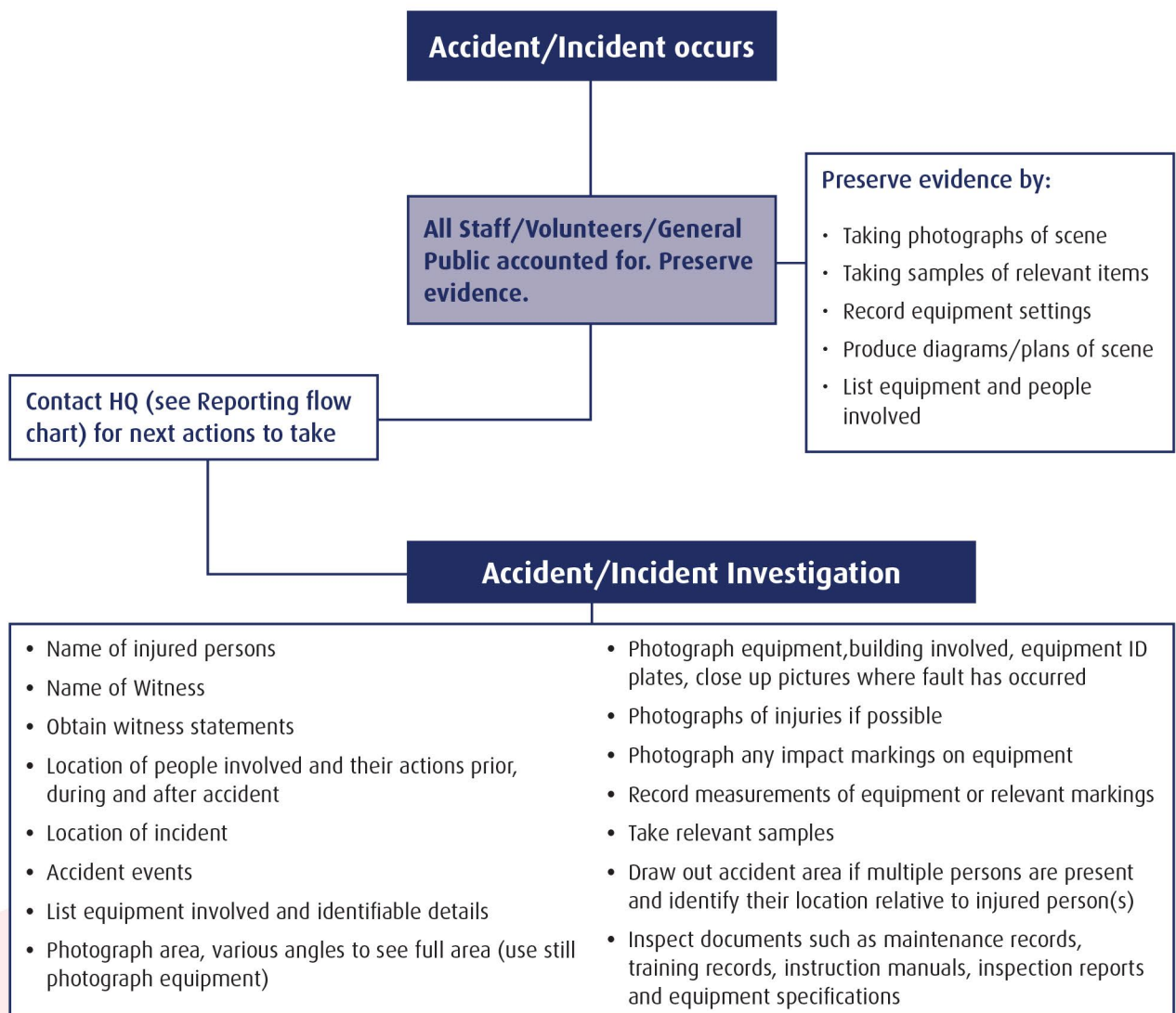
If accidents do occur they should be investigated to prevent them from happening again. The main points to consider when investigating accidents that have caused injuries or damage are:

- ensure that accidents, especially serious ones, are reported immediately;
- ensure any injured people are safe and given appropriate medical or first-aid treatment;
- seal off the scene of the accident – this stops other people getting hurt and will save any evidence;
- record the contact details of any witnesses;
- take photographs or draw a sketch of the accident scene;
- take witness statements – this should be in writing and done as soon as possible;
- find out what caused the accident and why it happened. Don't just look at what caused the injury or damage, find the 'root' cause, ie the first event that occurred in the series of events that led to the injury or damage;
- decide what you need to do to prevent the same accident happening again, and do it;
- review the actions you have taken to ensure they are effective
- make sure the accident form or book is filled in.

(Health and Safety Executive., 2006. HSG192: Charity and Voluntary Workers – a Guide to health and safety at work. Norwich. HMSO)

- **It should be recognised that the scene of an accident may be compromised due to operational necessity or safety. In this event as much detail should be recorded, as conditions allow.**

## 6.0 Accident Scene Flow Chart



**It should be recognised that an accident/incident may occur during a rescue. If this is the case the decision whether to continue with the rescue is at the discretion of the patrol captain/senior lifeguard.**



# Incident Report Forms



## GUIDANCE NOTES

The Incident Report Form gives details of the conditions that led to the incident, the nature of the incident itself and all the SAR organisations involved. This form should be filled in for every Major First Aid, Assistance, Search and Near Miss:

- **Rescue** – where a Lifesaver or water safety cover responds to a person at risk, and physically returns them to shore or transfers them to another rescue craft
- **Major First Aid** – where a Lifesaver or water safety cover treats a patient who is at risk due to sickness or injury, and has called in external assistance
- **Assistance** – where a Lifesaver or water safety cover aids a person in the sea who is at very little risk, but if left, would be at risk later
- **Search** – An organised search with other SAR units for a missing person either at sea or on land - includes body recovery
- **Near miss** – Any occurrence where a person might have been injured by watercraft i.e. powered or otherwise

**Incident Report Number** – should be copied over from the original (Incident Report Form) onto a duplicate (Patient Report Form) if this is used

**U.I.I.N. (Unique Incident Identification Number)** – this number must be obtained for all incidents involving HMCG

**Life Saved** – if a Lifesaver or water safety cover had not intervened, life would have been lost - under these circumstances an Additional Incident Narrative must be completed and attached to Incident and Patient Form

**Alerted to Incident by:** Place a tick (✓) in the appropriate box

**Co-ordinated by:** Place a cross (✗) in the appropriate box

**All SAR Units involved:** Circle (○) all the boxes of the agencies involved in the incident

*It may be that one box has a tick, cross and circle; this is fine!*

## Please ensure the volunteer box is ticked when a volunteer has been involved

All injuries that incapacitate a worker to be absent from or unable to do work that they would reasonably be expected to do as part of their normal work for more than 7 days, must be kept recorded and reported to the HSE within 15 days of the incident. To report the incident go to [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor) and complete the appropriate online report form or call the Incident Contact Centre on 0845 300 9923 (opening hours Monday to Friday 8.30am to 5.00pm)

## COPY DISTRIBUTION

1. Copy to be sent to SLSGB Headquarters
2. Senior Officer copy
3. Remain at Facility

**TO ENSURE MULTIPLE COPIES PLEASE COMPLETE IN PEN AND ON A HARD SURFACE**

# Incident report

Incident Report No. \_\_\_\_\_



Area: \_\_\_\_\_ Location: \_\_\_\_\_ U.I.I.N.: (if applicable) \_\_\_\_\_  
 Date \_\_ / \_\_ / \_\_ Time: (24hr) \_\_ : \_\_ Duration: \_\_ h \_\_ mins

ALERTED TO INCIDENT BY: ✓		COORDINATED BY: X		OTHER SAR UNITS INVOLVED: ○	
LG Paid <input type="checkbox"/>	LG (vol) <input type="checkbox"/>	HMCG <input type="checkbox"/>	ILB <input type="checkbox"/>	ALB <input type="checkbox"/>	Police <input type="checkbox"/>
Ambulance <input type="checkbox"/>	Air Ambulance <input type="checkbox"/>	Fire <input type="checkbox"/>	SAR Helo <input type="checkbox"/>	Public <input type="checkbox"/>	Other <input type="checkbox"/>

<b>LOCATION:</b>	Craft / Surf Zone <input type="checkbox"/>	Red & Yellow / Buoyed Zone <input type="checkbox"/>	Non-zoned <input type="checkbox"/>	Other _____		
<b>DISTANCE FROM SAFETY COVER:</b> (Please tick)	1-10m <input type="checkbox"/>	10-50m <input type="checkbox"/>	50-100m <input type="checkbox"/>	100-500m <input type="checkbox"/>	500-1000m <input type="checkbox"/>	1000+m <input type="checkbox"/>
<b>OPERATIONAL STATE OF THE BEACH:</b>	Normal <input type="checkbox"/>	Red Flag <input type="checkbox"/>	Out of Hours <input type="checkbox"/>			

NATURE OF INCIDENT																		
Rescue <input type="checkbox"/>	Near Miss <input type="checkbox"/>	<table border="1"> <thead> <tr> <th></th> <th>Child (0-12yrs)</th> <th>Teenager (13-17yrs)</th> <th>Adult (18-59yrs)</th> <th>Senior (60+yrs)</th> </tr> </thead> <tbody> <tr> <td>Male</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Female</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Child (0-12yrs)	Teenager (13-17yrs)	Adult (18-59yrs)	Senior (60+yrs)	Male					Female					
	Child (0-12yrs)		Teenager (13-17yrs)	Adult (18-59yrs)	Senior (60+yrs)													
Male																		
Female																		
Search <input type="checkbox"/>	Major First Aid <input type="checkbox"/>																	
Assistance <input type="checkbox"/>	Other _____																	

EQUIPMENT USED						
IRB <input type="checkbox"/>	4WD <input type="checkbox"/>	Canoe/Ski <input type="checkbox"/>	Rescue Tube <input type="checkbox"/>	First Aid Eqpt <input type="checkbox"/>	Mountain Bike <input type="checkbox"/>	None <input type="checkbox"/>
RWC <input type="checkbox"/>	ATV <input type="checkbox"/>	Rescue Board <input type="checkbox"/>	Throw Line <input type="checkbox"/>	Public Rescue Eqpt <input type="checkbox"/>	Other _____	

ACTIVITY						
Swimming <input type="checkbox"/>	Body Boarding <input type="checkbox"/>	Windsurfing <input type="checkbox"/>	Powered Craft <input type="checkbox"/>	Climbing <input type="checkbox"/>	Relaxing <input type="checkbox"/>	
Inflatables <input type="checkbox"/>	Surfing <input type="checkbox"/>	Kite-Surfing <input type="checkbox"/>	Sailing <input type="checkbox"/>	Walking <input type="checkbox"/>	Paddle boarding <input type="checkbox"/>	
Ski paddling <input type="checkbox"/>	Beach/coastal running <input type="checkbox"/>	Surf boat rowing <input type="checkbox"/>	Other _____			

NARRATIVE OF INCIDENT
DO YOU CONSIDER A LIFE HAS BEEN SAVED? <input type="checkbox"/> (If ticked - You MUST complete Additional Incident Narrative)

CAUSE OF INCIDENT						
ENVIRONMENTAL						
Rip Currents <input type="checkbox"/>	Estuarial Currents <input type="checkbox"/>	Surging Waves <input type="checkbox"/>	Strong Winds <input type="checkbox"/>	Cliff Fall/Land Slide <input type="checkbox"/>	Undertow <input type="checkbox"/>	
Sandbars/Sandbanks <input type="checkbox"/>	Plunging/Dumping Waves <input type="checkbox"/>	Offshore Winds <input type="checkbox"/>	Unsafe Beach Access <input type="checkbox"/>	Littoral Current <input type="checkbox"/>	Tidal Cut Off <input type="checkbox"/>	
High Seas/Heavy Surf <input type="checkbox"/>	HAZCHEM <input type="checkbox"/>	Water Quality <input type="checkbox"/>	Other _____			
PHYSICAL						
Cliffs <input type="checkbox"/>	Promontories <input type="checkbox"/>	Harbour Walls <input type="checkbox"/>	Piers <input type="checkbox"/>	Wave Breaks <input type="checkbox"/>	Jetties <input type="checkbox"/>	
Large Rocks <input type="checkbox"/>	Buildings <input type="checkbox"/>	Seawalls <input type="checkbox"/>	Groynes <input type="checkbox"/>	Other _____		
EQUIPMENT						
Equipment Failure <input type="checkbox"/>	Inappropriate Equipment <input type="checkbox"/>	Misuse of Equipment <input type="checkbox"/>	Inexperienced Hired Eqpt <input type="checkbox"/>			
BEHAVIOURAL						
Violent/Threatening behaviour <input type="checkbox"/>	Apparent act of daring <input type="checkbox"/>	Caused by another person <input type="checkbox"/>				
Believed to be under the influence of :	Alcohol <input type="checkbox"/>	OR	Drugs <input type="checkbox"/>	Self harm <input type="checkbox"/>		

ENVIRONMENTAL CONDITIONS				
WEATHER	WAVE HEIGHT	STATE OF TIDE		WIND CONDITIONS
Cloudless	< 0.5m	Spring low	Ebbing	Direction _____
Partly Cloudy	0.5 - 1.5m	Neap low	Flooding	Force _____
Overcast	1.6 - 2.5m	Mid		Windsock: Yes <input type="checkbox"/> No <input type="checkbox"/>
Rain	2.6 - 3.5m	Neap high		
Sea Fog/Mist	3.6 - 4.5m	Spring high		

<b>Name:</b> _____	<b>Signature:</b> _____	<b>Volunteer</b> <input type="checkbox"/>
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# Accident/Incident Investigation Report Form

**Investigating Officers**

**Incident Title:**

**Date of investigation** (give duration if more than one day)

**1. Location of incident:**

**2. Person injured:**

Name

Date of birth

Age

Address (incl. post code)

Occupation

Nature and extent of injuries

**3. Entered in accident book** YES / NO

**HSE informed** YES / NO **Date:**

Date of initial accident report

By whom:

Name of person informed:

**4. Extent of loss or damage to property or equipment:**

**5. Investigation details:**

**6. Conclusions and recommendations:**

**7. Attached documents:**

Witness statements (in objective format)

**YES / NO identify**

Specialist reports

**YES / NO identify**

Photographs/Drawings

**YES / NO identify**

Accident/Incident Progress Report

**YES / NO identify**

Other -- identify

**YES / NO identify**

Date of report:

Signature:

**Person injured** (Continuation sheet):

Name

Date of birth

Age

Address (incl. post code)

Occupation

Nature and extent of injuries

Appendix (B)

## Guidance Notes on Completion of Accident Investigation Form

The form can be used in the format of a template, or completed by hand following printing from the template. The latter option will require the form to be expanded prior to writing

Rough notes can be used prior to completing the report for. However these notes must be kept as evidence.

A record of all enquiries relating to the accident/incident should be recorded in chronological order on the Accident/Incident Progress Report (Appendix E)

### 1. Location of Accident / Incident

Where the accident / incident occurred, if involving a vehicle includes the location of the vehicle at the time of the accident. If in a large building complex or site the floor or area should be identified

### 2. Persons Injured

Full name of person(s) and, where possible, date of birth, and home address.

**Occupation:** State occupation of injured party and if a member of SLSGB or involved in voluntary work for or on behalf of SLSGB, or members of the public.

**Nature and Extent of Injuries:** where possible details of injuries that are apparent at the time, or as detailed later by the medical profession. Should such an injury subsequently prove to be more serious or fatal then this detail can be added as an addition to the report when known.

### 3. Confirm Entry into Accident Book and Notification to Enforcing Authorities

Have the Health and Safety Executive via the Incident Contact Centre (ICC) or Local Authority Environmental Health Department been informed? This information can generally be obtained from the local district council.

### 4. Extent of any damage or loss to equipment or property

Give details including specialist reports as an attachment.

### 5. Investigation details

**Sequence of events:** generally in chronological order.

Details and actions of persons other than injured where relevant.

Events leading up to the incident.

Environmental conditions to include weather conditions, visibility and lighting, temperature if applicable.

Account of the incident in objective, narrative form, referring to attachments as necessary.

#### Subsequent actions

Injured persons removed to hospital, detained in hospital (duration).

Attendance of ambulance, First Aid rendered, Police, or any of the enforcement agencies.

SLSGB informed/attended. State name.

Were any involved structures, machinery, or equipment made safe prior to leaving the scene.

## **6. Conclusions and Recommendations**

Apparent cause of accident/occurrence/injury, unless this is to be determined by a Coroner or other authority.

Has any local remedial action been taken to avoid a re-occurrence?

Contravention of SLSGB rules or SOPs.

Prior to the incident had this matter been subject to a risk assessment. Add details of assessment and include as an attachment.

What action is necessary to prevent further like accidents at other sites/events within SLSGB and it's clubs?

## **7. Attachments**

To include witness statements, specialist reports on the incident, relevant approved codes of practice, British Standards, SLSGB procedures, photographs that can be verified, drawings made at scene or following the incident (should be dated).

Note: An investigation may be initiated and carried out by any person appointed by SLSGB. They may also require an investigation for lesser incidents where there are insurance implications or likelihood of a civil claim against SLSGB.

Appendix (C)

Accident/Incident No:



## Accident/Incident Scene Check List

ACTION	COMPLETED	COMMENTS
Identified persons involved accounted for		
Names and addresses of injured persons are recorded		
Names and addresses of Witness are recorded		
Injured persons taken for treatment		Hospital Name:
Identified location of people involved and their actions prior, during and after accident		
Identified location of incident		
Contacted SLSGB HQ		
Incident Contact Centre (ICC) informed		
Listed equipment involved and identifiable details (manufacture name plates, chassis numbers)		
Is there suspicion of criminal activity, contact the police and postpone the investigation to avoid contaminating the situation/scene		
Photograph area, various angles to see full area		
Photograph equipment/building involved, equipment identification plates, close up pictures where fault has occurred, injuries impact marks.		
Relevant samples taken		
Record measurements of equipment or relevant markings		
Draw out accident area if multiple persons are present, identify their location relative to injured		
Environment/weather/lighting/visibility		
Examined tools and equipment involved recorded state		
Inspected documents such as maintenance records, training records, risk assessments, normal operating procedures, emergency action plans		

Appendix (D)



