



Llywodraeth Cymru  
Welsh Government

# Accident/disease recording and reporting guidance

for contracted provision

## Guidance

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# Accident/disease recording and reporting guidance for contracted provision

<b>Audience</b>	Welsh Government contracted providers of work-based learning ('providers').
<b>Overview</b>	This document comprises guidance for providers in recording and reporting accidents/diseases and dangerous occurrences that occur to Welsh Government-funded learners.
<b>Action required</b>	All incidents which occur to Welsh Government-funded learners, and are reportable in respect criteria 3 in this document, should be reported to the Welsh Government.
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<b>Additional copies</b>	This document can be accessed from the Welsh Government's website at <a href="https://beta.gov.wales/accident-and-disease-recording-and-reporting-guidance-work-based-learning-providers">https://beta.gov.wales/accident-and-disease-recording-and-reporting-guidance-work-based-learning-providers</a>
<b>Related documents</b>	Welsh Government Health and safety code of practice for contracted provision  This document replaces Accident / disease recording and reporting guidance for contracted provision (June 2015).

Mae'r ddogfen yma hefyd ar gael yn Gymraeg.  
This document is also available in Welsh.

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# 1. Introduction

This guidance has been designed to assist providers in recording and reporting accidents, diseases and dangerous occurrences that occur to Welsh Government funded learners. Changes in RIDDOR have removed a number of injury categories, but the Welsh Government still require these categories to be reported, as the HS001/AF1 reporting process is the only means of gaining such information.

All learner accidents, work-related diseases and dangerous occurrences should be reported to the Welsh Government. The following guidance will define what should and should not be reported, but if you are uncertain or have queries regarding reporting requirements, please contact – see previous page for contact information.

To ensure consistency in recording and reporting, the Welsh Government provides documents that should be completed when the provider identifies or is notified of a learner accident, disease or dangerous occurrence, and to report the findings.

These documents are:

- Accident/disease or dangerous occurrence Record – HS001
- Accident/disease information – AF1

The HS001 should be used to initially report the accident/disease to the Welsh Government. The AF1 records basic statistical information about the learner, provider, employer/placement and the accident/disease and also provides a means to record the circumstances of the incident.

Initially, this guidance document will explain the process and give details how and why the provider should complete the HS001.

The document continues with the completion of the AF1. This section provides guidance with occasional examples, where appropriate, corresponding to each question of the AF1.

The provider should be aware of the contractual requirements for recording and reporting accidents/diseases as identified in the Welsh Government Health and Safety Code of Practice for Contracted Provision (Code).

The provider should also ensure that the person gaining a record of the accident/disease has access to this guidance document and the Code.

All accidents, diseases or dangerous occurrences should be reported using a downloaded HS001 and submitted to the Welsh Government via the email address [pa.gaf@gov.wales](mailto:pa.gaf@gov.wales)

## **2. Accident/disease/dangerous occurrence notification**

When an accident/dangerous incident occurs to a learner or a work-related (occupational) disease is diagnosed by a medical practitioner, this should be reported to the Welsh Government.

This applies to accidents/diseases/dangerous occurrences to learners occurring at provider's/sub-contract provider's premises or with employers/placements. The provider should be able to show best endeavours in ensuring such reports are completed as quickly as possible. It is a contractual requirement that a provider notifies the Welsh Government of a learner accident/disease/dangerous occurrence within 12 days from occurrence/diagnosis by a medical practitioner.

Notification is made by the completion and submission of a HS001. This document should be downloaded from the Welsh Government web page <https://beta.gov.wales/accident-and-disease-recording-and-reporting-guidance-work-based-learning-providers>.

Notification is only accepted the moment the Welsh Government receive the completed document, via email.

Unless requested, there is no requirement to provide copies of the appraisal, contract and monitoring records in respect to the employer/placement, as there is a section within the AF1 where the provider can record appropriate dates when these activities took place.

### **3. Reportable injuries, occupational diseases and dangerous occurrence notification**

There is no requirement to define the category of accident injury at the HS001 stage. However the provider would need to know what is reportable. The categories identified under the banner title Major, in the AF1, are reportable e.g. Eye Injuries. A major eye injury relates to temporary or permanent loss of sight.

In respect to Major Fracture: This relates to bones fractures other than bones in the finger, thumb or toe. The AF1 defines what equates to a major dislocation. All occupational related diseases, as diagnosed by a medical practitioner, are reportable to the Welsh Government as a major incident.

Another category that determines reporting accidents is whether an injury, as defined in the AF1, prevented the learner from doing their normal work or programme of learning for more than 7 days, not counting the day of the accident. The 7 days includes weekends, irrespective of whether the learner would have worked or been in learning on these days. Minor Fractures are fractures to fingers, thumbs or toes.

Accidents that occur during participation in a sport, where the injury was not occasioned by a piece of equipment, should not be reported. Also accidents which occur to learners prior to arriving at work or their place of learning, or when they leave at the end of the work/learning, and outside the confines of the employer/provider should not be reported.

All dangerous occurrences which could have affected learners should be reported to the Welsh Government, using the HS001 and AF1.

### **4. Completing the HS001**

The information required to complete the HS001 is basic and should be easily retrievable. Other than a few brief details of the accident/disease/dangerous occurrence, nature of the injury etc. the information required should be accessible from the provider's own information management system. The provider should be aware that initial reports – however brief – could vary from the subsequent record. There are many reasons for this, but the provider should not concern themselves with any differences in the initial report. Please provide sufficient information to know whether an accident, disease or dangerous occurrence has occurred.

The last section of the HS001 asks for an 'intended date of visit'. A visit should not have been undertaken prior to this document being forwarded to the Welsh Government. When it is known that an accident/dangerous occurrence has occurred or a disease is diagnosed then it should constitute the immediate completion of a HS001.

For your information, there is one more document, namely the AF3 which is sent to and received back from not-employed status learners. The not-employed learner receives the AF3 direct from the Welsh Government, following the provider's

submission of the HS001. This document asks for the learner's account of the accident/disease or dangerous occurrence.

## **5. Completing the AF1**

For ease of reference, each sub-section is equivalent to a question or element of the AF1 document. Therefore each number in parenthesis relates to the corresponding question number on the AF1.

In respect to dangerous occurrences, the Welsh Government Health and Safety Manager should be contacted to identify how the incident should be reported. Generally the dangerous occurrence would be reported using the AF1, as if it was an accident. However, discussion should be made with the Welsh Government prior to completion.

### **5.1 (1) Details of provider and if applicable sub-contract provider and/or employer/placement**

The provider should complete the relevant boxes. If, for example, a learner has an accident whilst working for an employer/placement contracted to the provider's sub-contract provider, then all three boxes should be completed.

In respect of provider details, it is advised that the contact telephone number and email address be that of the provider person recording the information to ensure effective communication.

In addition to the organisation address details in the section for employer/placement, the provider is required to identify the 'nature' of the employer/placement business. An example of this would be 'manufacturer of plastic bottles'. This information should just be added to the box following the name of the employer/placement.

### **5.2 (2) Details of injured person and provision**

This information should mostly be retrievable from the provider's information management system and/or the documentation completed when the learner commenced their programme of learning.

There are two date boxes to detail when the learner started with the provider and a box to detail the learner's start with an employer/placement. This date should identify when funded learning commenced in respect to the learner at the employer/placement.

### **5.3 (3) Classification and circumstances of the accident/disease**

This section is broken down into three parts. The first part covers statistics surrounding the accident, beginning with 'report type'.

The question 'Has the accident/disease been reported to the HSE online or to the Incident Contact Centre?' only requires a tick to identify a Yes or No. Providers should make all reasonable efforts to satisfy themselves that a report has been appropriately made.



With regard to the persons interviewed, the investigation record should include as many relevant people as possible. In addition to the learner, other persons who may be interviewed are witnesses (either witnesses to the accident or witnesses to the scene shortly following the accident) such as supervisors, managers, and the provider's or sub-contract provider's own assessors/monitoring officers, etc. The person's role should be identified alongside their name, e.g. John Doe – learner's supervisor.

'Please give a description of the premises/location...' should identify where the learner was working. For example, if the learner works in the office of a manufacturing company but the accident took place in a walkway within the manufacturing section then the manufacturing section should be recorded. Example: The accident occurred in the walkway of the main factory.

With respect to learner's work or activity, and the question 'What work or activity was the learner doing at the time of the accident?' This question asks for the job/task undertaken that subsequently led to the accident. For example if a learner tripped over an obstruction in a walkway whilst bringing back stationery from the stores then the work or activity would be 'accessing stationery from stores'. Tripping over the obstruction is not an activity neither is walking up the walkway with the stationery.

It is possible to record an activity that led to a disease, such as frequent contact with hairdressing perms or colours leading to dermatitis, but there is space later for this information to be detailed.

'Was the learner supervised at the time' is open to interpretation, as a learner can be supervised but the supervisor does not necessarily have to be on location all of the time – this depends on criteria such as level of risk, degree of learner competence etc. Stating that there was no supervision does not mean that there is an issue. The comment space provided can state the reason why.

'Had the learner received information, instruction and training in respect of the work/activity?' This generally relates to physical work/activities such as working with equipment or following a procedure – whereby the learner would have to have been taught and made aware of aspects of use or steps needed to be taken to work safely.

In respect of the question 'Was the learner wearing/using appropriate personal protective equipment at the time of the accident (over a period of time in respect to disease)?' the answer is a statement of fact. However if N/A was identified, the investigator should be aware that this relates to there being no personal protective equipment applicable for the task/s and not that it was not applicable because the learner was not using/wearing it.

## **5.4 (3a) Description of circumstances**

The requirement for this section is to provide a 'pen-picture' of the activity that led to the occurrence or disease, the injury or physical impairment sustained and treatment received. To aid this section the provider may wish to supply photographs. The Welsh Government would request a statement to accompany any digital

photographs, stating that they have not been altered in any way.

There are many things to consider in order to gain the appropriate information for this section. The most important consideration is that the description is factual. Usually the provider person recording the information of the incident is reliant upon the statements gained from relevant persons taken during interviews.

When the record comprises conflicting statements then the various statements are separated in the description with lead phrases such as 'the learner stated' and 'the supervisor stated' etc. Judgements should not be made upon who is telling the truth as each party conveying what they saw/experienced may believe that their interpretation of events was accurate.

If the accident occurred from using a piece of equipment then that equipment is described, including such things as guards and stopping mechanisms, if appropriate.

Was the learner competent in what they were doing at the time? Were they supervised and was it to the expected level?

In respect to diseases: Was the learner prone or vulnerable to such a disease through a medical condition e.g. prone to eczema – dermatitis. Regarding a viral or bacterial disease, has the source been identified?

In respect to accidents occurring outdoors: what was the weather like? With regard to accidents indoors, in places such as attic spaces/basements etc. the question arises about the level of light available, e.g. A trainee carpenter was fixing a ceiling joist from within an attic area and slipped. The questions arise: Was the attic fully enclosed? Was there sufficient light, natural or artificial? Was the learner working from a ladder?

With regard to accidents involving animals there may be case to state the gender of the animal and its general temperament or the temperament of the animal at the time of the accident. Animals behave differently when about to feed especially in close proximity to a number of other animals who also would be vying for the food. Animals are sometimes wary and over-protective when they are with their young. There are also variances in temperament when the animal is in heat or stud.

As the above suggests there is no easy cut-and-dried list of considerations. Questions need to be asked. Sometimes questions provoke further questions, and occasionally through this a clear if not fully accurate description of the accident is detailed.

Two examples are provided to further aid this section:

### **Example 1 (Accident)**

The learner was assisting her supervisor in the process of cutting down large pieces of plastic to be recycled. The supervisor was using an upright band-saw whilst the learner was sorting out the pieces to cut before handing them to her supervisor. The supervisor stated that the blade was adequate for cutting plastic. During the activity

the supervisor said that he was going to the toilet. In his absence the learner took a piece of plastic and began to saw it in half using the band-saw. As the piece entered the blade the learner failed to adequately distance her fingers and the blade cut through the tip of her left index finger. The remedial surgery entailed the resetting of the bone and the removing of the damaged nail. The learner had been prohibited from using the band-saw, forklift and grinder and these prohibitions were documented. The supervisor also stated that he had told the learner that she was excluded from using such machines until her learning programme necessitated the use of them. The learner confirmed this prohibition in interview stating that her action to continue the work was to assist the supervisor in finishing the task faster and to show she was capable of doing it.

### **Example 2 (Disease)**

The learner had worked at various hairdressers for several years. The learner began funded learning with 'Hair Today' on 02/08/10. Having completed various units of her NVQ and relinquishing most of the shampooing and basic tasks to others, lessening his contact with water, the learner nevertheless began to suffer soreness and redness in his hands and was told to visit his GP. The learner was diagnosed as having occupational dermatitis. The provider stated that the doctor in diagnosing dermatitis based their diagnosis on the learner wearing latex (talc-lined) gloves.

The examples are brief and basic but both have been submitted as actual records. Some balance should be sought on the length of the report and irrelevant information excluded. When this cannot be done this section should be as long as requires. The AF1 only provides page 3 to record the circumstances of the accident/disease. If the provider needs additional space then they can attach additional pages – identifying that an additional page is needed at the bottom of page 3 and marking the additional page as [learner name] page 3a (page 3b, etc. as required).

Photographs or simple drawings to identify the proximity of a machine or measurements of a walkway in comparison to a hazard etc. can greatly enhance a record but these additional elements are not compulsory. If a provider does include photographs or simple drawings then these can be attached to the AF1 and identified as [learner name] page 3a (3b, etc. as required).

## **5.5 (3b) Further information of circumstances**

This section follows basic questions and some space provided to expand where necessary.

The second question in this section asks whether the provider person recording the information is satisfied that an accident happened or that the disease was diagnosed by a doctor. This question is just a confirmation of whether or not it was a reportable accident/disease.

The further three questions give the investigator a chance to cover accidents that occur outside agreed hours of attendance, whether the disease was related to an activity undertaken outside work or whether the learner was acting without authority. There is adequate space to comment if one of the questions is answered with a NO.

The question 'Was the accident/disease recorded?' relates to whether it was recorded in the accident book (diseases should be recorded in the accident book, too). If the accident/disease occurred or is related to the provider/sub-contract provider learning centre then the centre's accident book is completed. If the accident/disease occurred at an employer/placement then it is the employer's/placement's accident book that has to be completed.

'Was the accident/disease reported' relates to whether the accident/disease was reported online or to the incident contact centre/enforcing authority.

## **5.6 (4) Cause of accident/disease and preventing recurrence**

There are many contributing causes to an accident leading from physical factors to the underpinning organisational control that led to something not being checked or managed.

This section requests that the provider person recording the information determines the causation factors surrounding the accident/disease, to the best of their knowledge and given information received. A list of causation factors is given to aid the provider but there may be causes outside of the given list

The list is split into three parts, relating to the organisation (system failure), physical factors (weather conditions, guarding) and learner or other person's contribution (loss of concentration or horseplay). If the provider determines that the main causation factor relating to the occurrence (accident or disease) is organisational, and there is no listing that can be used, then 29 is entered and an explanation given below. Similarly if the main causation factor relates to a physical or learner factor then either 59 or 79 is used respectively, and an explanation given.

There is space to record up to three causation factors. When there is more than one cause the provider is asked to record causation factors in the order of importance to the accident/disease occurring. There is no requirement to supply three causations factors. There is also no requirement for the provider to supply a causation factor for each of the causation groups such as 'organisational factors'.

### **Example:**

When a learner cuts themselves on a machine part, shortly after working on it for the first time and was given only brief details as to its operation, the main causation factor may be 10 – Inadequate standard of training or instruction. A second causation factor 11 may be applicable because they should have been supervised, as the machine was new to them. But what if the machine part should have been guarded – then a third causation factor 30 could be added.

The order of causation factors above follows the line of reasoning: It was a new machine to the learner and if given appropriate instruction/training in its operation they may have avoided the machine part. However no two accidents are the same. The machine part, if usually guarded, may not have injured the learner if the guard was fixed or working, therefore the causation factor '32 guarding or safety device:

removed or replaced' would be the leading factor. Seen from another perspective, the supervision may be questionable as the machine part should have been guarded from the outset and the supervisor should have known this.

There are no clear-cut answers to what causation factor should go first in most accidents or diseases.

The provider should be aware that accidents/diseases sometimes stem from the learner's lack of concentration. This factor may be too easy a choice as there is almost always an underlying cause beyond lack of concentration, whether that is inadequate standard of instruction/training or some organisational or physical factor.

**Please see overleaf for a full list of causation factors.**

## Causation factors

<b>Code description</b>
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### Organisational factors

01	No reasonably practicable precautions available
10	Inadequate standard of training or instruction
11	Inadequate supervision
12	Inadequate standard of maintenance
13	Failure to provide a permit to work system
14	Failure of a permit to work system
15	Poor control of physical standards
16	Unsafe system of work for routine job production
17	Unsafe system of work for maintenance job
18	Unsafe system of work for transient job
19	Inadequate traffic control system including separation of vehicles & persons
29	Other – e.g. poor/inadequate planning of job.

### Physical factors

30	Guarding or safety devices: not provided
31	Guarding or safety devices: fallen into disuse
32	Guarding or safety devices: removed and not replaced
33	Guarding or safety devices: failure
34	Guarding or safety devices: inadequate
35	Electrical hardware: unearthed, un-insulated, overloaded, uncovered, short (including resultant fires)
36	Defective equipment, material, plant (including pipework) or instrumentation fault
37	Structural or physical aspects of premises, building including fragile materials, roof edge protection
38	Poor housekeeping
39	Fault in any working platform or temporary workplace (not 34 above) but including edge protection
40	Any access/egress fault: defective, unsuitable
41	Poor control of toxic substances (use, storage or transport) or asphyxiates
42	Poor control of flammable substances (use, storage or transport)
43	Inadequate standard of design or construction
44	Inadequate standard of installation
45	Illumination/heat/noise
46	Poor stacking or storage including insecure loads or equipment
47	Personal protective equipment(PPE) not provided or failed
48	Weather conditions
49	Robotic failure or control system runaway
50	Inadequate clearance or space for persons or machinery
59	Other physical factors

### Employee/learner or other person's contribution

60	Loss of concentration
61	Defeating safety devices
62	Guarding or safety device provided but not used
63	Using equipment obviously Defective
64	Improper use of equipment including interference with equipment or appliance
65	Failure to comply with or misinterpretation of instructions including failure to isolate danger
66	Failure to use available personal protective equipment
67	Failure to give necessary warning to others
68	Going into hazardous situations e.g. confined spaces
69	Employee/learner judgement or error
70	Assault
71	Horseplay
72	Working under the effects of alcohol or drugs
73	Using unsafe or dangerous methods of handling or lifting
74	Riding or standing in unsafe position
75	Arson, burglary, vandalism
76	Medical or physical condition of significance
79	Other including Insufficient information to identify cause

With regard to what action has been undertaken to prevent occurrence, if the accident/disease happened at a provider or sub-contract provider centre the preventative action should be identified and be closed out by the provider. If the accident/disease occurred at an employer/placement the responsibility lies with the employer/placement.

If the provider identifies remedial action in respect of an accident/disease at employer/placement, that information should be passed on in such a way that it is seen as advice.

When the action will be monitored, this should generally be the next expected health and safety monitoring date. However the provider should be aware that the accident/disease or its related shortfall, which might indicate a higher risk than noted by the appraisal document, may necessitate a change in monitoring frequency.

### **5.7 (5) What was the nature of the incapacity/injury?**

The completion of the boxes in this section follows the type of injury that occurred.

Please see further guidance, immediately below, in respect to 'type of accident'.

- Contact with moving machinery/material being machined – Contact with cutting edges or rotating shafts of machinery/material being machined, including in-running nips and injuries due to lack of guarding.
- Struck by moving vehicle – Injuries to pedestrian in work area and on private land.
- Injured while handling, lifting or carrying – pulling, pushing, lifting, carrying, throwing, free bodily motion not involving objects.
- Fall from height – falls from animals, temporary or permanent structures e.g. ladders, stairs, through roofs, ceilings and openings in floors, into excavations, pits, manholes and trenches.
- Drowning or asphyxiation – lack of oxygen due to submersion in liquids, grains, sand etc.
- Exposure to fire – exposure to/contact with fire – excludes burns from touching hot metal and scalds.
- Exposure to explosion – exposure to/contact with fire – excludes burns from touching hot metal and scalds.
- Contact with electricity/electrical discharge – exposure to or contact with electricity.
- Struck by moving, falling or flying objects – motion of an object (not vehicle or animal), e.g. cut finger with knife, hit thumb with hammer, falling objects, struck in the eye by flying object, dust etc.
- Struck against something fixed/stationary – stepping on/striking against stationary and fixed objects, where the motion is primarily that of the person, rather than the object.

- Slip, trip or fall on same level – where person falls to the floor, ground etc. on the same level.
- Trapped by something collapsing/overturning – caught or trapped in, under or between collapsing materials.
- Exposure to/contact with harmful substances – inhalation, ingestion, absorption, chemical burns, inflammation and “arc-eye”. Physical contact with very hot or very cold substances.
- Injured by an animal – injury as a direct result of contact with animals. Excludes falling off a horse or accidents where the animal is struck by a vehicle and the impact results in personal injury.
- Road traffic accidents – injuries caused by moving vehicles on public roads. Includes injuries while learners are working on, or at the side of a public road (including loading or unloading vehicles).
- Assault – physical and mental e.g. intimidation with a firearm.
- Horseplay – Unauthorised physical activity or behaviour by the learner or others which occasioned harm to the learner.

### **5.8 (6) How many body parts were injured, or affected by the disease?**

This section is fairly self-explanatory. However, in respect to ‘which part of the body was most affected seriously injured/affected’ could pose a problem. Left and right are given, and the injury could be neither, such as an injury to the nose or vertebrae. If the injury was neither left nor right, please leave blank.

### **5.9 (7) Supporting documentation**

This only relates to learner accidents/disease occurring at employer/placement. Even if completed the Welsh Government may request a physical copy of the documents, even though the provider has completed all the boxes.

### **5.10 (8) Provider health and safety management**

In providing a ‘YES’ in this section the provider will be ascribing to the principle of continuous improvement. There may not be any revision needed in the provider’s own health and safety management system, but any accident/disease, even if it is not at the provider’s/sub-contractor’s own premises, should warrant a sample review of the documentation and systems relating to it.

In respect to the second part, relating to a delay in the investigation, please make a comment as to a reason for the delay.

## **6. When completed**

The provider should ensure that all relevant parts of the AF1 are completed and that additional pages are attached.