

## REPORTING AN ACCIDENT, INCIDENT OR NEAR-MISS

Please complete this form if anyone has been involved in an accident, incident or near miss.

Fill in all the sections as accurately as possible, recording facts only (not opinions) and report within 36 hours.

If it is a serious injury or where a death may have occurred, you must report this to the Anthony Nolan Health and Safety Team [healthandsafety@anthonymolan.org](mailto:healthandsafety@anthonymolan.org) as well as the Head of Human Resources (Sharon Cain, [sharon.cain@anthonymolan.org](mailto:sharon.cain@anthonymolan.org)). If a death occurs a *Serious Incident Reporting Form* must be completed.

### DATA PROTECTION

Anthony Nolan confirms that the data held by Anthony Nolan and its subsidiary company, Anthony Nolan Trading Ltd, shall be held and processed in accordance with the Data Protection Act 2018 and the General Data Protection Regulation ((EU) 016/679). Anthony Nolan will not, without your consent as provided in this consent form, supply your details to any third parties except where this is necessary to carry out its activities or if required by law. Please refer to our privacy policy ([anthonymolan.org/privacy-policy](http://anthonymolan.org/privacy-policy)) for further information on how Anthony Nolan uses and stores your personal information.

### REMEMBER

- All volunteers must notify their supporting member staff of any accidents, incidents or near misses.
- Please note that completing this form does not constitute an admission of liability of any kind by any person(s).
- Any equipment involved should be taken out of action until the Health and Safety Team has been able to examine it and deems fit for use.
- Please note that any misrepresentations may invalidate the Anthony Nolan insurance cover.
- Failure to take the correct medical action can result in negligence against Anthony Nolan.

### DETAILS OF THE PERSON AFFECTED

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input checked="" type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Other (please state)		
First name(s)			
Last name			
Telephone		Job title/volunteer role	
Division/team		Line manager	
	<input type="checkbox"/> Staff <input type="checkbox"/> Contractor <input type="checkbox"/> Visitor <input type="checkbox"/> Volunteer <input type="checkbox"/> Other (please state)		
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth	
Type of incident	<input type="checkbox"/> Equipment <input type="checkbox"/> Fire <input type="checkbox"/> Security <input type="checkbox"/> Accident <input type="checkbox"/> Work related ill health <input type="checkbox"/> Verbal threat <input type="checkbox"/> Verbal abuse <input type="checkbox"/> Threatening behaviour <input type="checkbox"/> Written threat <input type="checkbox"/> Threat with weapon <input type="checkbox"/> Physical assault <input type="checkbox"/> Other (please state)		
Date of incident		Time of incident	
Exact location			
Details of the accident, incident or near miss	<input type="checkbox"/> Near miss <input type="checkbox"/> Actual harm Please describe what happened (fact only, not opinion). Continue on a separate sheet if necessary.		

# ACCIDENT, INCIDENT & NEAR-MISS REPORTING FORM



saving the lives  
of people with  
blood cancer

## ASSAILANT

Name, if known

Contact, if known

Aprox age, if known

Description

## EQUIPMENT INVOLVED

Type / model

Serial number

Problem

Name of person you  
notified of the  
equipment failure  
or problem

Date and time when  
you notified the above  
person

## DETAILS OF ANY INJURY SUSTAINED

Was there actual harm? ☐ Yes ☐ No

To which part of the  
body?

Was the person sent off sick/have time off from work or volunteering  
☐ Yes ☐ No

If so, for how long?

Did the person work that day and then had to go home or seek further medical advice? ☐ Yes ☐ No

Fit Note from GP required? ☐ Yes ☐ No ☐ Not known

## TREATMENT RECEIVED

First aid

☐ Yes ☐ No

Visit to GP

☐ Yes ☐ No

A&E

☐ Yes ☐ No

Name of first aider

Treatment given  
by first aider

Advice given  
by first aider

If A/E visit who went  
with the injured  
person?

Health Assured  
(Occupational Health  
provider) required:

☐ Yes ☐ No

Job Title/volunteer  
role:

Time

## WITNESS TO THE ACCIDENT, INCIDENT OR NEAR MISS:

Name

Department

Job title/volunteer role

Name of person  
reporting the incident

Job title/volunteer role

# ACCIDENT, INCIDENT & NEAR-MISS REPORTING FORM



saving the lives  
of people with  
blood cancer

Department

Name of person  
incident reported to

Job title

## SIGNATURE AND DATE OF PERSON INJURED

Signature

Date

## MEDICAL TREATMENT DISCLAIMER

Complete only if person refuses to accept First Aid or seek further medical advice

Following this incident, a member of staff or representative of Anthony Nolan has advised me that I should seek further medical advice/treatment. The reason(s) for this recommendation has been fully explained to me by:

Name

Position

I, however, have chosen not to follow this advice at this time. I understand that if at any future stage I wish to seek further medical advice/treatment I will contact my G.P. directly.

Name

Position

## HEALTH AND SAFETY MANAGER'S INVESTIGATION

Severity

☐ Low ☐ Medium ☐ High

Action required

☐ Yes ☐ No

Notes

Health and Safety  
Manager's action  
and/or control  
measures:

Any further information  
and/or review:

Return to work  
interview

☐ Yes ☐ No

Name of line manager

Outcome of return to  
work interview:

## FOR ANTHONY NOLAN USE ONLY

Date form received by  
Health and Safety  
Manager

Date form sent to  
Human Resources:

Date of RIDDOR  
reported:

☐ N/A

Method of reporting  
RIDDOR

☐ Telephone ☐ Online ☐ N/A

# ACCIDENT, INCIDENT & NEAR-MISS REPORTING FORM



saving the lives  
of people with  
blood cancer

Name of Health & Safety Manager		Date	
Signature of Health & Safety Manager			

## APPENDIX 1 – MAJOR INJURIES

R6.1	Any <b>fracture</b> except fingers, thumbs or toes.
R6.2	Any <b>amputation</b>
R6.3	Any <b>head injuries</b>
R6.4	<b>Dislocation</b> , of the shoulder, hip, knee or spine
R6.5	<b>Loss of sight</b> , whether temporary or permanent
R6.6	Chemical or hot metal <b>burn to the eye</b> or any <b>penetrating injury to the eye</b>
R6.7	Any injury resulting from an <b>electric shock</b> or <b>Electric burn</b> , that leads to unconsciousness or requiring resuscitation or admission to hospital for more than 24 hours
R6.8	Any <b>other injury</b> that leads to <b>hypothermia</b> , <b>heat-induced illness</b> or to <b>unconsciousness</b> , requiring resuscitation or admittance to hospital for more than 24 hours
R6.9	Loss of consciousness, which is caused by <b>asphyxia</b> or <b>exposure to a harmful chemical or biological agent</b>
R7.0	<b>Acute illness</b> , requiring medical treatment or loss of consciousness as a result of absorption of a chemical or biological agent by inhalation, ingestion or via the skin. Acute illness can be exposure to a biological agent, its toxins or infected material