



How to report an accident on Sentinel

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Introduction

Sentinel provides a full suite of risk management functions, including:

- An online web form to report any accident, incident and ill health occurrence, actual or near miss, regardless of severity
- Tracking, trending and analysis features
- Incident costing
- Management reports

The incident form is simple to complete but comprehensive in its ability to gather important data. Hard copies of the form are provided for schools and services that do not have access to a computer terminal.

This guidance is intended to help **designated people** input accident data onto the system. You can find your local designated staff member on the health and safety website. If in doubt, contact your safety supervisor or health and safety services.

The accident / incident report

This guidance refers to reporting 'accidents', but the process for reporting 'incidents' is exactly the same. Please complete each of the fields of the form - explanations of the individual fields are given below.

How to complete a report

First, log onto Sentinel at http://www.leedsuniversity-sentinel.org.uk/sentinel_live/ and sign in with your user name and password.

Assigning the report to school or service

This is a drop-down list only displaying the areas and sub-levels in the structure that you have been allocated. Choose the appropriate school, institute or service

- Please note if the department, school etc does not appear on the drop down list or you have difficulty in completing this section, contact health and safety services on 34201

Section A – Immediate notification

As indicated, accidents involving death or major injury must be reported immediately to an approved manager and to health and safety services.

Major injury list: This list of injuries and ill health is taken from the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR). They apply to events which arise out of or in connection with work activities, and include reporting accidents or incidents to the Health and Safety Executive (HSE).

- The death of any person as a result of an accident.
- Someone at work suffers a major injury as a result of an accident.
- Someone not at work (a member of the public including students) suffers an injury as a result of an accident and is taken from the scene to a hospital, or suffers a major injury if the accident happens at a hospital.

- A specified dangerous occurrence takes place.
- Over three day injuries (someone at work is unable to do the full range of their normal duties for more than three days)
- Death of an employee if this occurs some time after a reportable injury which led to the employee's death, but not more than one year afterwards.
- Someone at work suffers one of a number of specified diseases, provided that a doctor diagnoses the disease.

Section B – Accident classification

Type of event	
Actual	An actual accident, incident or ill health occurrence. An accident is an unplanned event that causes injury to persons, damage to property or a combination of both.
Near miss	An incident that did not result in actual injury, damage or ill health, but had the potential to do so.
Accident classification	
Defective / failure of equipment	Any failure or defect of equipment.
Ill health	Any case of ill-health caused by work or aggravated by it. The ill-health can be physical or mental, and either known or suspected. Examples of these are: <ul style="list-style-type: none"> • Recurring aches and pains • Skin rashes • Respiratory symptoms • Stress Major (single events) for action: <ul style="list-style-type: none"> • Very itchy rash or swelling of face • Sudden onset of asthma • Onset of allergic reaction
Personal accident	Any accident regardless of severity that occurred to a member of staff, student, visitor or contractor.
Violence and abuse	Any incident involving <ul style="list-style-type: none"> • Verbal abuse, • Unsociable behaviour, • Racial or sexual harassment or • Physical assault Whether or not any injury results.
Fire or fire alarm activation	See Appendix 1, categorisation of unwanted fire signals , for further information.
Other	Any other category not covered by the above (including hygiene, pest control and waste issues)

Section C - Person directly affected by the accident

This section asks for more information about the person who is affected. If more than one person is affected by the same accident, complete a separate form for each one.

Affected person	
The person injured or involved in this accident.	Please complete as fully and accurately as possible. All personal information is treated in accordance with the Data Protection Act and will not be divulged to others unless required for legal reasons.
Category	Choose from staff, student, visitor or contractor

Staff only	
Category	Choose the appropriate category

Students only	
Course	Insert the full title of the degree course.
Year of study	What year of the course are they on?
Study type	Is the student a postgraduate or undergraduate?

Visitors only	
Employer	This is required to help health and safety services inform and liaise with outside organisations
Employer's address	As above – complete with the full address.

Contractors only	
Contractor's employer	This is required to help health and safety services inform and liaise with outside organisations
Contractor's address	As above – complete with the full address

School or service	Select the school or service that is relevant to the injured person, <u>not</u> where the accident occurred.
Gender	Is the person involved male, female or unspecified.
Date of Birth	This information is required.
Title	Select the appropriate title.
First name	Complete as appropriate.
Surname	Complete as appropriate.
Email address	This will allow health and safety services to contact the injured person directly if they need more information.
Address Postcode Home telephone number	This information is important and is required where the accident is legally reportable to the HSE.
University extension	A telephone number is useful to contact the affected person while at the University, either directly or indirectly.

Section D – Treatment / absence

Did the person receive an injury?	Select the appropriate injury from the drop down list. If no specific category fits please select other and specify injury.
Did the person receive any treatment?	Select the appropriate category. If the injured person was sent to hospital, include details in the full description of the incident in section F. For example: <ul style="list-style-type: none"> • Was the injured person taken by their own car, taxi or ambulance? • Did they walk or drive themselves? • Did the person go to hospital immediately following the accident or incident or did they attend at a later date?
Other	Please indicate.
Is this accident likely to result in the injured person being absent from work?	Indicate yes or no.
First date of absence	Please indicate the first date of absence. If not known at the time please contact health and safety services when this information is available.
Date return to work	Please contact health and safety services when this information is available.
What time lost in days	Complete if known it, or if not contact health and safety services when the information is available.
What time lost in hours	Complete if known it, or if not contact health and safety services when the information is available.
This information will allow health and safety services to notify the HSE if the accident falls under RIDDOR for more than a three day absence.	

Section E – Witnesses

Witnesses	Provide details of anyone who witnessed the accident. This is especially important if the injured person is unable to provide details of the accident.
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Section F – Accident and incident details

The school or service where the accident happened	Where did the accident happen?
Building location	In relation to the above
Exact location	Indicate exact details of the location of where the accident occurred. For example: <ul style="list-style-type: none"> • Outside Roger Stevens lecture theatre near fountain. • In the corridor outside Room XXX . • In Room XX, media services • Floor 6, Room XXX.

Date of accident	Enter the exact date of accident. If the date is not known explain this fully in the description of the accident
Time of accident	Enter the exact time of accident. If the time is not known explain this fully in the description of the accident
Brief description of accident	This is necessary as it will appear on the report. A brief, but concise description must be completed in the 3 rd person, but <u>do not</u> include names of individuals. For example: <ul style="list-style-type: none"> • Student hurt back while carrying computer. • Staff member tripped and fell downstairs, and sustained bruising to left leg and arm.
Full description	This provides a clear but concise account of what happened. Include details such as: <ul style="list-style-type: none"> • Events leading up to the accident. • What was the injured person doing at the time? • Any hazards involved eg. equipment, materials chemicals (specify names) . • The actual symptoms eg. sprained left arm. • Any property or equipment involved. • Environmental factors. • Was anyone else involved?
Immediate action taken to prevent recurrence.	Insert any immediate action taken by your school or others at the time of the accident. This could be any remedial action such as reporting defects to Estate Services or reporting to other safety personnel or members of staff.

Section G – Details of the person completing this form

Person completing form	Why are you completing the form? Are you an affected person, a witness, or something else?
Reporting person	Please provide full details so we can contact you if necessary to clarify any details or to fully investigate the accident.
Agree content with the injured person and the person reporting the incident. Print a copy for the injured person's records.	
Submit button	The form will automatically be sent to health and safety services and the appropriate management.

Categorisation of unwanted fire signals

	Class	Definition	Examples
1	Malicious	The fire alarm system is activated by a person who is aware there is no fire.	Tampering with an automatic detector with the intention of raising a fire alarm signal, knowing there is no fire.
2	Good intent	The fire alarm system is activated by a person who believes there is a fire, when no fire actually exists.	Operating a manual call point in the mistaken belief there is a fire.
3	Accidental damage	The fire alarm system has been activated as a result of accidental mechanical damage.	Accidental damage to an automatic detector, manual call point, extinguishing system component, wiring or control equipment.
4	Alarm activated by public	The fire alarm system has been activated as a result of a person who is not a member of staff when there is no fire.	Fire alarm break glass point or detector activated where the person has not intended to act maliciously.
5	Environmental effect - Cooking fumes	The system has responded to a fire-like phenomenon or environmental influence caused by cooking fumes.	Unwanted alarm as a result of cooking.
6	Environmental effect - Smoking	The system has responded to a fire-like phenomenon or environmental influence caused by smoking.	Unwanted alarm as a result of smoking material.
7	Environmental effect - Insects	The system has responded to a fire-like phenomenon or environmental influence, caused by insects	Unwanted alarm as a result of detection of insects.
8	Environmental effect - Other	The system has responded to a fire-like phenomenon or environmental influence, caused by other factors	Unwanted alarm as a result of environmental influences other than those included in 5 to 7. Controlled burning outside the building activated a smoke detector.
9	System fault or design fault	The system has produced a fire alarm signal as a result of an identifiable, diagnosed fault	Circuit faults, faulty detector. Unsuitable equipment or positioning.
10	System procedures not complied with.	Inappropriate response to incorrect action by a person regarding system procedures. (Other than malicious action or accidental damage to the system or those in 7)	- Test of system without notifying an alarm-receiving centre before hand. Not closing off detectors when undertaking construction.. Not using permit-to-work, eg hot working under detection.

11	Management procedures not complied with/ building not used correctly	Inappropriate response to incorrect action by a person regarding management procedures, other than those in 6.	Incorrect building management such as leaving fire doors to a kitchen wedged open, setting off nearby smoke detectors.
12	Bomb alerts	Inappropriate response to the fire alarm being activated in order to evacuate people from the premises in the case of or bomb warning or hoax The fire alarm should not be used for this purpose.	Fire alarm activated by building manager in order to evacuate the building quickly after a bomb alert. Fire service attending the building would be put at risk unnecessarily.
13	Sprinkler alarm – Water pressure	Alarm signal arising from fluctuation of pressure within the sprinkler installation.	Increase in pressure of a town's main, pressure surge on start of sprinkler pumps, or loss of pressure in system.
14	Sprinkler alarm – Other known causes	Alarm signal arising from a sprinkler installation for a known reason other than damage or water pressure variation.	There will be very few such incidents.
15	Unknown	Alarm signal arising from a source that cannot be reliably identified.	Unwanted alarm as a result of detection for reasons others than those included above.
Note: 'Unknown' should only be used for incidents when it is not possible to identify the exact cause of the alarm. Further investigation should reclassify the incidents to their true cause, particularly for repeated activation.			