Reporting an Accident, Near Miss or Ill Health in Awaken
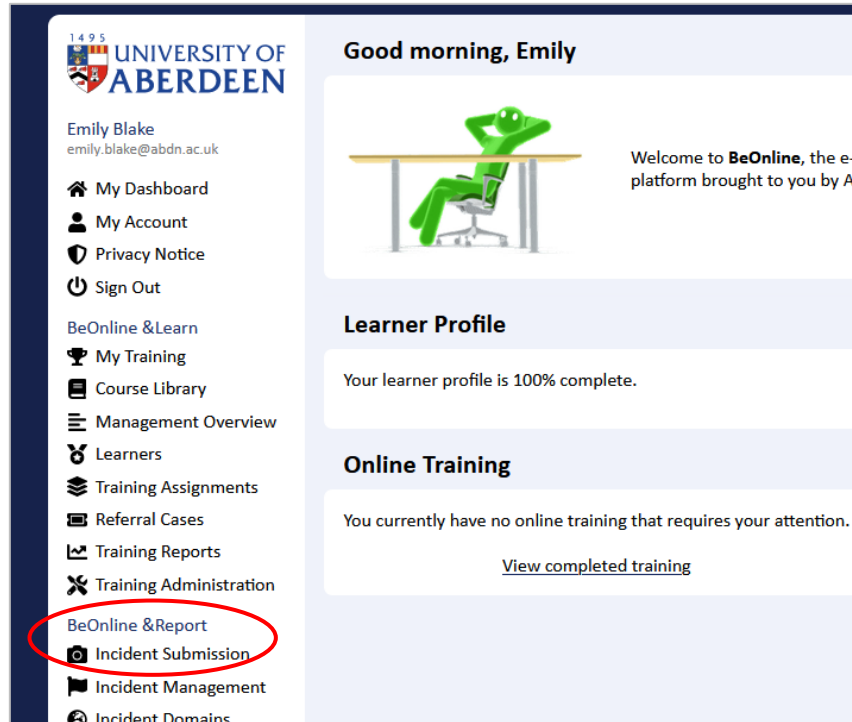
To report an accident you need to log into the Awaken system here: https://abdn.awaken-be.com/

From the home screen select "Incident Submission" from the list on the left side of your screen

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The next page gives 3 options, to report either an accident, ill health (e.g. ill health that is not caused by work activities, such as a faint or seizure) or a near miss

This guide is an example of an accidnet submission, the ill health and near miss reports are very similar

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Step 1 asks for details about when and where the accident happened. When you select a locaiton from the drop down, a box will appear to allow you to give more specific details e.g. room number

Form Submission - Step 1 of 5

About when the incident happened

Date and Time   [   ] 📅 ⏰   *Use the calendar and clock icons to select from or enter the data manually in the space provided.*

About where the incident happened

Was the incident on residential premises?   ○ Yes ○ No

Which School / Directorate does the injured person work / study in?   [People ▾]

To change department please type the new name in the box or enter any 3 letters to select from the available options.

Location   [- Select Location - ▾]

[Next ➡]

Step 2 asks you to categorise the incident. The categorises listed align with HSE reporting categories, don't worry if you think you have mis-categorised, we can amend the details after submission if required

Form Submission - Step 2 of 5

Categorisation of incident

Select the category that the incident fits into best   [Other Types of Incidents ▾]

Specify the incident subcategory   [▾]

[⬅ Back] [Next ➡]

| Contact with electricity |
| Contact with material being machined |
| Contact with moving machinery |
| Cuts or lesions caused by object |
| Drowned or asphyxiated |
| Electrical fault |
| Electrical items left unattended |
| Fall from height |
| Hit something fixed or stationary |
| Injured by an animal |
| Lifting and handling injuries |
| Physical assault |
| Slip, trip and fall on stairs |
| Slip, trip, fall same level |
| Struck against |
| Struck by moving object |
| Struck by moving vehicle |
| Trapped by something collapsing |

Step 3 asks for details about the incident. A free text box is provided for you to give details about:

- what happened, and
- what has been done (or is planned) to prevent the incident from reoccuring

Please give as much detail as possible as the person reading the report may not be familiar with your work activities.

Form Submission - Step 3 of 5

Extra incident information

Did the incident have a potential to cause death or serious injury?   ○ Yes   ○ No   ?

Can you provide information about the process and activities involved?
Please note, If you click no the default values will be used for reporting purposes.   ○ Yes   ○ No

Describe what happened and any remedial action taken.
Give as much detail as you can, including i) the events that led to the incident. ii) the operation or activity in progress.
Describe any action taken to prevent similar incidents occurring.

Did the Emergency Services attend?   ○ Yes   ○ No

Did a First Aider attend?   ○ Yes   ○ No

Was there a witness?   ○ Yes   ○ No

← Back   Next →

Step 4 asks for details about the injured person. The system will autofill with your details if the accident happened to you. You can enter "unknown" if you do not have all the details at the time of the incident, they can be added in after the report has been submitted if necessary,

Form Submission - Step 4 of 5

About the ill or injured person

No person was injured during this incident ☐

The accident happened to   ○ Myself   ○ Staff Member   ○ Student   ○ Other Person

Title

First Name

Last Name

Student/Staff ID

Step 5 asks for detials of the injury (if you selectedin the previous step that nobody was injured, the system will skip this step). Please answer to the best of your ability with the informaiton you have at the time, an accident may later become RIDDOR reportable which you would not know at the time of making the report – this is not a problem and can be amended later if the situation changes.

Form Submission - Step 5 of 5

Did the injury result in a death (fatality)?   ○ Yes ● No

Does the person have an occupational disease?   ○ Yes ● No
Occupational diseases include: carpal tunnel syndrome, cramp of the hand or forearm, occupational dermatitis, hand arm vibration syndrome, occupational asthma, tendonitis or tenosynovitis.

About the person's injuries

Was the injury   ○ Multiple ○ Single *

Side of the body injured   ○ Both Sides ○ Left ○ Right ○ Centre/Other *

Main type of injury   - Select an injury - ▼ *

Description / examples   Choose the most severe injury from
(provides help on the injuries selected)   the list.

Main part of the body that was injured   - Select an injury first - ▼ *

About the severity of the person's injuries

Please help us to determine the severity of the injury

Was the injury one of these in the list below (as specified under RIDDOR)?   ○ Yes ● No
 - *bone fracture excluding finger, thumb or toe*
 - *amputation of arm, hand, finger, thumb, leg, foot or toe*
 - *blinding or permanent sight reduction*
 - *crush injuries leading to brain damage or internal organ damage*
 - *serious burns*
 - *scalping requiring hospital treatment*
 - *loss of consciousness caused by head injury or asphyxia*
 - *injuries associated with working in an enclosed space leading to hypothermia or heat-induced illness, resuscitation, hospitalisation for over 24 hours*

If no, the injury prevented the worker from carrying out their routine work for more than 7   ○ Yes ● No
calendar days or

The RIDDOR reportable injury was to a member of the public or student taken directly to   ○ Yes ● No
hospital from the location of the injury.
As a reminder, episodes of mental health issues, self harm or ill health are NOT RIDDOR reportable injuries. Episodes of sporting injuries or where the referral to hospital occurred from another location (such as GP practice the following day) are also NOT RIDDOR reportable.

⬅ Back   Next ➡

The final page asks you to submit the report for submission. The health and safety department will be notified and your local accident investigator. They may be in touch later if they need more informaiton from you, or you can get in touch with them if you think of something that was missed.

Form Submission - Completion

Submit Completed Form

You have now succesfully completed all the steps of this form.

Should you be at all uncertain about what you have entered, you can go back by clicking the **Back** button and make any required changes before submitting.

Click on the **Submit** button below for final submission.

⬅ Back   Submit ✔

Summary:

- All accidents and near misses must be reported as soon as possible - in most cases this will be within 48 hours
- Complete the form to the best of your ability with the information you have at the time – submissions can be amended and further information added after the report has been submitted
- One the report has been submitted the Health and Safety team and your local accident investigator will be notified. If necessary then they will get in touch with you
- Please contact your Local Safety Coordinator, Line Manager or the Health and Safety team if you have any issues

Please login using your University username and password.

Username	s03eb2
Password	••••••••
	Login