


Project details	Environmental Permit Variation Application – EPR XP3602PF Sharpsmart Limited – Normanton Waste Transfer and Treatment Facility
Applicant details	Sharpsmart Limited Unit 1 Enterprise City Meadowfield Avenue Spennymoor County Durham DL16 6JF
Report details	EP Variation Application – Appendix I: Accident Management Plan Document reference: SHSMT_2022.01/06 v1
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Table of Contents

Contents

1 Introduction 3

 1.1 General..... 3

2 Risk Assessment 5

3 Emergency Plan..... 8

4 Emergency Contacts 12

1 Introduction

1.1 General

Sharpsmart Ltd (the ‘applicant’) has requested that Reva Environmental Ltd (the ‘agent’) prepares an Environmental Permit (EP) variation application, for its Normanton Waste Transfer and Treatment Facility at Unit 1 Loscoe Close, Normanton Industrial Estate, Normanton, WF6 1TW.

The facility is currently authorised by EP ref. EPR/XP3602PF.

The site currently houses two autoclave units that thermally treat (by steam sterilisation) the incoming soft clinical waste. It was formerly operated by HES, until the EP was transferred to the applicant in August 2019.

The EP allows the pre-shredding, autoclaving, and compaction of waste and the associated temporary storage of waste pending that process. The EP includes two directly associated activities (DAAs) which are the operation of a steam boiler and the washing of bins. Additionally, the EP allows the storage and repackaging of non-hazardous and hazardous waste as a Waste Operation.

The applicant supplies re-usable sharps containers to the healthcare sector and provides a collection service to its customers whereby the used containers are taken to one of the applicant transfer facilities, emptied and cleaned and sent back to the customer. The contents are emptied into UN approved wheeled carts under air extraction. Once the cart is full, the heavy duty liner is sealed and the cart lid locked. The wheeled carts are weighed and placed into storage on site prior to transfer off site or treatment, either off site or in one of its own treatment facilities.

The objective of the application to which this AMP applies is to obtain a varied EP which enables the applicant to:

- Treat decanted and bulked sharps waste through the existing autoclave plants. This waste is received already repackaged and would be subject to pre-treatment shredding and post-treatment compaction. The proposed acceptance of sharps waste for treatment in the autoclaves will not affect the existing Listed Activity (A1) and the addition of the sharps waste code 18 01 03* (with or without 18 01 09) can be achieved through the amendment of Table S2.2 of the permit.
- Treat single use metal instruments (18 01 03*) through the existing autoclave plants, facilitating the recovery of the metal. This waste stream would not be subject to pre-treatment shredding or compaction. This will allow the direct recovery of these wastes that would otherwise not be recovered. Note that this activity is already being carried out with the agreement of the local EA office.
- Operate a larger LPG fuelled steam-raising boiler. The existing EP specifies the operation of the existing boiler as DAA A3. The applicant intends to install a new boiler to better meet the steam demand of the two autoclaves running in parallel. Whilst the input capacity of the boiler (2.5 MW) is below the threshold for a listed activity the applicant does recognise that as the input capacity will exceed 1 MWth the Medium Combustion Plant Directive (MCPD) is applicable and that emission limits will be imposed on this exhaust via permit conditions.
- Treat offensive waste (18 01 04) in two ways as follows:
 - Shredding through the existing shredders. For this short to medium term option, the waste stream would not be subject to autoclaving but would be subject to compaction. The shredded offensive waste can be compacted and can be transferred off site as RDF under EWC 19 12 10 / 19 12 12. It is proposed that this is achieved through the addition of a new Waste Operation (A6) for D9/R12 shredding of these non-hazardous wastes (<50 tonnes per day).

- Shredding and autoclaving. For this medium to long term option, the waste stream would be shredded and autoclaved (not compacted) in order enable the recovery of plastic film from the waste. The uncompacted treated floc would be transferred off site via a national contractor under EWC 19 02 codes or suitable 19 12 codes. It is very unlikely that the autoclaving of offensive waste in the existing plant would exceed 50 tonnes per day (the threshold for 5.4 Part A(1)(a)); it is therefore proposed that this is achieved through the addition of a new Waste Operation (A7) for D9/R5.
- Increase the storage capacity of floc (treated waste) from 40 tonnes to 80 tonnes to provide operational flexibility.

The application supports the existing market for healthcare waste in the following ways:

- It supports the current market for reusable sharps containers (which can be used up to 500 times) and also promotes the future market for them. This is a more sustainable option and in turn removes a large quantity of plastic (burn bins) from autoclaving and incineration plants, a waste that can cause difficulties for such plants in relation to damage/maintenance and emissions; and
- It will reduce the burden on an ageing infrastructure across the UK for clinical waste incineration (there are 20 plants of which only 5 can accept sharps repackaged in volume);
- It frees up capacity in the small network of clinical waste incinerators in the UK by diverting sharps waste to the autoclaves; and
- It supports the NHS strategy of 60/20/20 segregation, higher volumes of offensive waste expected and needs to be managed in accordance with NHS strategy and tender expectations, nil to landfill via innovative methods.

The applicant can confirm that, other than the storage of floc, the existing storage limits in the EP remain applicable; this is constrained by the capacity of the building. These are as follows:

- Storage of hazardous waste pending treatment is limited to 144 tonnes;
- Storage of waste pending transfer off site (no treatment) is limited to 70 tonnes; and
- Total acceptance of waste is 20,000 tonnes per year of which treatment of hazardous waste is limited to <72 tonnes per day.

The maximum storage period for any load of waste is 2 weeks; this provides allowance for the operational contingency plan to be implemented.

This Accident Management Plan forms part of the Environmental Management System and, in the same way as other procedures are, it will be reviewed on a regular basis in accordance with the EP and also updated as required following any incidents, changes to process, or to reflect changes in legislation or best practice. It seeks to set out the potential accidents that may occur as a result of processing waste materials, to identify the mitigation measures in place to prevent accidents, and to set out the action plan in the event of an incident.

Waste materials stored at the facility are limited to those allowed to be received under the EP and are defined in the EP by EWC code and basic description. Waste storage locations are shown on **Drawing SHSMT – RH02 Site Layout Plan**. Site procedures require waste acceptance and tracking processes to be followed. As a result, in the event of an emergency, the applicant can identify (and is able to provide the emergency services with) details of the quantity of each type of waste present on site at the time of the incident.

2 Risk Assessment

The applicant has carried out a qualitative risk assessment for the proposals, a copy of which is provided in Appendix F (ref. SHSMT_2022.01/03). This identifies the potential hazards, their pathways to causing harm, and the likelihood of them happening alongside the consequences if they do. This satisfies part of the EA guidance on accident management. This AMP takes the hazard information from the ERA and aligns it with potential accidents that could result in harm to human health and/or the environment. The assessment of accident scenarios is presented in Table AMP1.

Table AMP1: Assessment of Accident Scenarios

Consequence	Accident Scenario	Control Measures
Impact on land, air and/or water environment	Spillage of chemicals	<ul style="list-style-type: none"> ■ Disinfectant is stored in proprietary (small) drums within a dedicated area of the building and in small quantities ■ Disinfectant (used for the shredders), comprising sodium hypochlorite, is stored in proprietary containers within the same dedicated area of the building and in small quantities ■ Training is provided in spill control and clean up; appropriate spill kits present on site ■ The site has a chemical and spillages incident procedure
	Waste storage failure	<ul style="list-style-type: none"> ■ All untreated waste is held within the confines of the building which has impermeable hardstanding throughout ■ All waste containers are UN approved for the contents and are sealed ■ Treated waste (floc) is container in sealed skips in the external yard area, on impermeable hardstanding ■ Pollution control and storage inspection programme is in place for all bunds/containers/hardstanding ■ All waste treatment takes place within dedicated areas of the building ■ The site has a chemical and spillages incident procedure
	Effluent storage failure	<ul style="list-style-type: none"> ■ Direct discharge to drain is via an engineered drainage system (to foul sewer under consent) ■ When not discharged to drain, effluent is collected in a sealed tank and pumped to a 20,000 litre storage tank within the building and on impermeable hardstanding (the whole building is banded) ■ Pollution control and storage inspection programme is in place for all bunds/containers/hardstanding ■ All waste treatment takes place within dedicated areas of the building ■ The site has a chemical and spillages incident procedure
	Flood	<ul style="list-style-type: none"> ■ Waste segregation, processing and transfer activities carried out within an enclosed building ■ Waste handled appropriately, good housekeeping standard maintained ■ Site surfaced with impermeable hardstanding both internally and externally to provide mitigation of pollution potential from flood waters receding off-site. ■ Appropriate drainage in place on the site, can be closed off to contain flood water
	Vandalism	<ul style="list-style-type: none"> ■ Restricted access to site, only for authorised purposes (and in accordance with pre-booking and acceptance procedures)

Consequence	Accident Scenario	Control Measures
	Collision of vehicles on site leading to release of waste	<ul style="list-style-type: none"> ■ Security CCTV located across the site ■ All vehicles delivering waste will be enclosed ■ Bulk storage s of treatment effluent is within the building in a dedicated area separate from day to day vehicle movements ■ Drivers of the site vehicle (forklift truck) are suitably qualified ■ Vehicle numbers at any one time, and speed on site are limited ■ Deliveries and transfers of waste are fully supervised ■ Facility situated on impermeable hardstanding ■ Dedicated access route to the facility, and dedicated loading/unloading points in place ■ Deliveries are scheduled
Impact to air from fugitive emissions of smoke/fumes	Accidental Fire	<ul style="list-style-type: none"> ■ There is no combustion/burning of waste on site ■ Whilst the waste is potentially combustible, it is received and moved in UN approved containers ■ All waste is within mobile (wheeled) containers, so waste can easily be moved away from any fire or source of fire quickly so as to prevent the spread of fire ■ Fire detection is installed throughout the building, and in key locations e.g. in close proximity to the autoclave and shredder plants ■ Fire call points, sounders, and extinguishers are positioned in key locations across the building ■ Fire marshals appointed from site team and trained ■ Fire water containment capacity is sufficient ■ Access roads enable fire engine access through main gate to industrial estate ■ Security measures in place to prevent unauthorised access which could lead to arson ■ Fire Prevention Plan in place at the site and communicated to all staff and to fire brigade

Training is provided to the site team; roles and responsibilities are set out in their terms of appointment. Training includes:

- How to identify an incident;
- How to take the appropriate action;
- How to complete an incident report;
- Who to contact for external assistance if required;
- Who to notify if there is a risk to the environment and/or other persons not aware of the situation; and
- Where to find information required and to ensure incidents are dealt with appropriately.

The applicant has an incident reporting system which forms part of the EMS. A copy of the incident investigation report form is provided in Annex AMP1 of this AMP. This is kept alongside any other supporting information relating to the accident for example accident book record, witness statement, third party communications etc.).

3 Emergency Plan

Six emergency scenarios have been identified and are set out in Table AMP2.

Table AMP2: Emergency Plan

Accident / Incident / Emergency	Persons Affected	Procedure / Action Required
Spillage of liquid/release of fumes	<ul style="list-style-type: none"> ■ Site staff ■ Visitors ■ Contractors ■ Neighbouring properties, members of public 	<ul style="list-style-type: none"> ■ Staff to raise the alarm ■ If staff injured as a result of spill – see personal injury procedure ■ Evacuate and cordon off the area from staff and other personnel (staff member to identify cause/nature of spill, put on correct PPE, and isolate the spillage if required (using booms, spill granules, absorbent pads etc.)) ■ Prevent further leakage ■ If the spillage occurs outside the building deploy drain covers to prevent entry to external site drainage system ■ Once fully absorbed, any spent spill materials are to be disposed of appropriately (e.g. off-site as hazardous waste) ■ Advise management of the incident ■ Management to advise the EA of the incident if this is required under the conditions of the Environmental Permit ■ Record the incident in accordance with site incident reporting procedures and follow up (including investigation) if required
Fire/Explosion	<ul style="list-style-type: none"> ■ Site staff ■ Visitors ■ Contractors ■ Neighbouring properties, members of public 	<ul style="list-style-type: none"> ■ If a fire is discovered and the alarm has not yet been activated by the detection system, sound the alarm at the nearest alarm call point (the fire detection may pick up a fire automatically without the need to manually press the call point) ■ On the alarm sounding continuously quickly and safely vacate the building through the nearest fire exit ■ DO NOT stop to collect personal belongings. ■ Fire marshal(s) to evacuate all personnel to the fire assembly point and ascertain if everyone is accounted for ■ Close all windows and doors behind you to help prevent the spread of fire ■ Turn machinery/plant off where possible and safe to do so ■ If necessary, and safe to do so, move waste materials away from the source of the fire (all waste is in movable UN approved containers) ■ Close the site and cease operations if applicable

Accident / Incident / Emergency	Persons Affected	Procedure / Action Required
		<ul style="list-style-type: none"> ■ If appropriate (e.g. where safe to do so and there is not a fixed fire suppression system in place), fire marshal(s) to tackle the fire with firefighting equipment on site ■ Call emergency services if required ■ Refer to the list of sensitive receptors in the Fire Prevention Plan and contact those that might be affected, if necessary (e.g. neighbouring businesses that may need to also evacuate) ■ Evacuate the area to allow access by the emergency services ■ Advise management of the incident ■ Record the incident in accordance with site incident reporting procedures and follow up (including investigation) if required
Personal injury	<ul style="list-style-type: none"> ■ Staff ■ Visitors ■ Contractors 	<ul style="list-style-type: none"> ■ Staff to raise the alarm ■ Summon site first aider to administer first aid if required ■ Call emergency services if required ■ Evacuate and/or cordon off the area to protect the casualty and to allow access to them by the emergency services and/or first aider ■ Staff to remain with the casualty until support arrives ■ Advise management of the incident ■ If staff injured as a result of spill – see spill procedure ■ Record the incident in accordance with site incident reporting procedures and follow up (including investigation) if required
Breach of Permit	<ul style="list-style-type: none"> ■ Site staff ■ Visitors ■ Contractors ■ Neighbouring properties, members of public 	<ul style="list-style-type: none"> ■ Advise management of the breach ■ If the nature of the breach poses a risk to human health or the environment, management should consider whether it is necessary to shut parts or all of the facility down ■ Record the breach and follow up (including investigation) if required (including identifying the root cause of the breach and the actions taken to bring the site back into compliance) ■ Management to advise the EA of the incident if this is required under the conditions of the Environmental Permit
Flood	<ul style="list-style-type: none"> ■ Site staff ■ Visitors ■ Contractors 	<ul style="list-style-type: none"> ■ Staff to raise the alarm ■ Evacuate all personnel to a safe location ■ Close the site and cease operations if applicable ■ Call emergency services if required

Accident / Incident / Emergency	Persons Affected	Procedure / Action Required
	<ul style="list-style-type: none"> ■ Neighbouring properties, members of public 	<ul style="list-style-type: none"> ■ Advise management of the incident ■ Record the incident in accordance with site incident reporting procedures and follow up (including investigation) if required
Damage to property (including vandalism)	<ul style="list-style-type: none"> ■ Site staff 	<ul style="list-style-type: none"> ■ Advise management of the incident ■ Undertake assessment of damage. If it poses a risk to personnel (e.g. integrity/operation of plant is compromised) hazard signs to be erected and personnel alerted ■ Record the incident in accordance with site incident reporting procedures and follow up (including investigation) if required (including identifying witnesses/persons and property involved) ■ Management to advise the EA of the incident as appropriate

4 Emergency Contacts

In the event of an accident at the facility, the applicant will defer to an emergency contacts list in order to identify any relevant party. The list is presented as Table AMP3. This is reviewed on a regular basis, and following any accident, to ensure that the contact details are up to date and correct. If amended, this AMP is amended in full and reissued.

Table AMP3: Emergency Contacts

Contact Company/Person	Contact Telephone Number
Emergency Services	999
Normanton Fire Station (38 Princes Street) – non-emergency contact	01924 892386
Local Police	101
NHS Direct	111
Environment Agency (24 hr emergency hotline)	0800 80 70 60
Environment Agency (local office)	03708 506506
Electricity Supplier	
Gas Supplier	
Local Authority (Wakefield Metropolitan District Council)	08458 506506
Sewerage Undertaker (Yorkshire Water)	03451 242424
Electrician	
Plumber	
SharpSMART (out of hours):	

ATTACHMENT 5
Incident Investigation Report

Instructions: UK Operations Manager will complete this form as soon as possible after an incident that results in serious injury or illness.

Step 1: Injured employee (complete this part for each injured employee)			
Name:	Date of incident:	Date of Report:	
Department:	Job title at time of incident:		
Step 2: Describe the incident			
Exact location of the incident:			Exact time:
Names of witnesses (if any)			
Number of attachments:	Written witness statements:	Photographs:	Maps / drawings:
What personal protective equipment was being used (if any)?			
Step 3: Why did the incident happen?			
Unsafe workplace conditions: (Check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Inadequate guard <input type="checkbox"/> Unguarded hazard <input type="checkbox"/> Safety device is defective <input type="checkbox"/> Tool or equipment defective <input type="checkbox"/> Workstation layout is hazardous <input type="checkbox"/> Unsafe lighting <input type="checkbox"/> Unsafe ventilation <input type="checkbox"/> Lack of needed personal protective equipment <input type="checkbox"/> Lack of appropriate equipment / tools <input type="checkbox"/> Unsafe clothing <input type="checkbox"/> No training or insufficient training <input type="checkbox"/> Other: 		Unsafe acts by people: (Check all that apply) <ul style="list-style-type: none"> <input type="checkbox"/> Operating without permission <input type="checkbox"/> Operating at unsafe speed <input type="checkbox"/> Servicing equipment that has power to it <input type="checkbox"/> Making a safety device inoperative <input type="checkbox"/> Using defective equipment <input type="checkbox"/> Using equipment in an unapproved way <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Taking an unsafe position or posture <input type="checkbox"/> Distraction, teasing, horseplay <input type="checkbox"/> Failure to wear personal protective equipment <input type="checkbox"/> Failure to use the available equipment / tools <input type="checkbox"/> Other: 	

.....

Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? Yes No

If yes, describe:

Were the unsafe acts or conditions reported prior to the incident? Yes No

Have there been similar incidents or near misses prior to this one? Yes No

Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

Stop this activity Guard the hazard Train the employee(s) Train the supervisor(s)

Redesign task steps Redesign work station Write a new policy/rule Enforce existing policy

Routinely inspect for the hazard Personal Protective Equipment Other: _____

What should be (or has been) done to carry out the suggestion(s) checked above?

Description continued on attached sheets:

Step 5: What was the outcome?

<p>Type of Accident / Incident</p>	<p style="text-align: center;"><u>Exposure</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Chemicals (e.g. picked up battery, got acid on hand) <input type="checkbox"/> Touched hot pan <input type="checkbox"/> Temperature Extremes <input type="checkbox"/> Fire or Flame <input type="checkbox"/> Boiling water splashed on skin <input type="checkbox"/> Dust, Gases, Fumes, or Vapors <input type="checkbox"/> Welding flash - injury to eyes <input type="checkbox"/> Radiation <input type="checkbox"/> Contact with BBP <input type="checkbox"/> Cold Object or Substances <input type="checkbox"/> Abnormal Air Pressure <input type="checkbox"/> Electrical Current <p><u>Caught In, Under or Between</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Machine or Machinery <input type="checkbox"/> Object Handled <input type="checkbox"/> Other object <input type="checkbox"/> Collapsing Materials (earth slides) <p style="text-align: center;"><u>Cut, Puncture, Scrape</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Sharps Object (Needle, Broken Glass, etc.) <input type="checkbox"/> Hand Tool, Utensil (not powered, e.g., screw driver fell on toe) <input type="checkbox"/> Object Being Lifted or Handled <input type="checkbox"/> Powered Hand Tool, Appliance (e.g., drill slipped and hit finger) <input type="checkbox"/> Other object <p><u>Fall, Slip or Trip</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Fall From Different Level (e.g., from second story bldg., off wall) <input type="checkbox"/> Fall From Ladder or Scaffolding <input type="checkbox"/> Fall From Liquid or Grease Spills <input type="checkbox"/> Fall Into Opening (shaft, excavation, floor openings) 	<ul style="list-style-type: none"> <input type="checkbox"/> Fall On Same Level (tripped and stumbled) <input type="checkbox"/> Slipped, did not fall (e.g., slipped, pulled leg muscle) <input type="checkbox"/> Tripped, did not fall <input type="checkbox"/> Ice or Snow <input type="checkbox"/> Stairs <p><u>Strain</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Continual Noise <input type="checkbox"/> Twisting <input type="checkbox"/> Jumping <input type="checkbox"/> Holding or Carrying <input type="checkbox"/> Lifting (including, lifting patient) <input type="checkbox"/> Pushing or Pulling (pushing a cart) <input type="checkbox"/> Reaching (reaching for a box over head) <input type="checkbox"/> Using Tool or Machine <input type="checkbox"/> Other Cause <input type="checkbox"/> TComplianceowing or Welding <input type="checkbox"/> Repetitive Motion (Carpal Tunnel Syndrome) <p><u>Motor Vehicle</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Crash , Motor Vehicle (Road) <input type="checkbox"/> Collision or Sideswipe with Another Vehicle (both in motion) <input type="checkbox"/> Collision with Fixed Object (e.g., hit telephone pole) <input type="checkbox"/> Pedestrian <input type="checkbox"/> Vehicle Upset (overturned or jackknife e.g., forklift turned over) <input type="checkbox"/> Non -Road Vehicle, 	<p><u>Struck or Injured By</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Fellow Worker, Patient (not an act of crime) <input type="checkbox"/> Falling or Flying Object <input type="checkbox"/> Hand Tool or Machine In Use <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Moving Parts of Machines <input type="checkbox"/> Object Being Lifted or Handled <input type="checkbox"/> Object Handled By Others <input type="checkbox"/> Struck or Injured (kicked, stabbed, bit) <input type="checkbox"/> Animal or Insect (bee sting) <input type="checkbox"/> Explosion or Flare Back <input type="checkbox"/> Sanding, Scraping, Cleaning Operations <input type="checkbox"/> Stationary Object (e.g., walked into a wall) <input type="checkbox"/> Stepping on Sharp Object (e.g., a nail) <p><u>Rubbed or Abraded By</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Repetitive Motion (callous, blister, etc.) <input type="checkbox"/> Rubbed or Abraded, NOC <input type="checkbox"/> Sanding, Scraping, Cleaning Operations <p><u>Miscellaneous Causes</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Absorption, Ingestion or Inhalation <input type="checkbox"/> Foreign Matter in Eye <input type="checkbox"/> Person in Act of Crime (robbery, assault) <input type="checkbox"/> Other than Physical Cause of Injury <input type="checkbox"/> Cumulative Injury, NOC <input type="checkbox"/> Other, Misc., NOC (TB) <input type="checkbox"/> <i>Describe</i>
<p>Severity of Injury / Damage:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Fatality <input type="checkbox"/> Loss of consciousness <input type="checkbox"/> Lost Workdays <input type="checkbox"/> Restricted work or transfer to another job <input type="checkbox"/> Significant Property Damage <input type="checkbox"/> A significant injury or illness diagnosed by a physician or other licensed health care professional. "Significant" means Work-related cases involving cancer, cComplianceonic irreversible disease, a fractured or cracked bone, or a punctured eardrum. 	<ul style="list-style-type: none"> <input type="checkbox"/> First Aid (On site) <input type="checkbox"/> First Aid (Off site) <input type="checkbox"/> Issued non-prescription medication at nonprescription strength <input type="checkbox"/> Administered tetanus immunizations <input type="checkbox"/> Cleaning, flushing or soaking wounds on the surface of the skin <input type="checkbox"/> Wound coverings such as bandages, Band-Aids™, gauze pads, etc.; or using butterfly bandages or Steri-Strips™ <input type="checkbox"/> Hot or cold therapy <input type="checkbox"/> Any non-rigid means of support, such as elastic bandages, wraps, non-rigid back belts, etc. <input type="checkbox"/> Temporary immobilization 	<ul style="list-style-type: none"> <input type="checkbox"/> Medical Treatment (off site) <input type="checkbox"/> Visits to a physician or other licensed health care professional solely for observation or counseling <input type="checkbox"/> Diagnostic procedures, such as x-rays and blood tests, including the administration of prescription medications used solely for diagnostic purposes (e.g., eye drops to dilate pupils) <input type="checkbox"/> Issued non-prescription medication at prescription strength <input type="checkbox"/> Issued prescription <input type="checkbox"/> Issued any devices with rigid stays or other systems designed to immobilize parts of the body <input type="checkbox"/> Administered other

		<p>devices while transporting an accident victim (e.g., splints, slings, neck collars, back boards, etc.).</p> <ul style="list-style-type: none"> <input type="checkbox"/> Drilling of a fingernail or toenail to relieve pressure, or draining fluid from a blister; <input type="checkbox"/> Eye patches; <input type="checkbox"/> Removing foreign bodies from the eye using only irrigation or a cotton swab; <input type="checkbox"/> Removing splinters or foreign material from areas other than the eye by irrigation, tweezers, cotton swabs or other simple means; <input type="checkbox"/> Using finger guards <input type="checkbox"/> Using massages <input type="checkbox"/> Drinking fluids for relief of heat stress. 	<p><i>immunizations, such as Hepatitis B vaccine or rabies vaccine</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> <i>Wound closing devices such as sutures, staples, etc</i> <input type="checkbox"/> <i>Physical therapy or chiropractic treatment</i>
<p>Part of Body (Check One)</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Abdomen (excluding internal organs) <input type="checkbox"/> Ankle <input type="checkbox"/> Artificial Appliance (braces, etc.) <input type="checkbox"/> Back <input type="checkbox"/> Body Systems (poisoning, inflammation, nerves) <input type="checkbox"/> Brain <input type="checkbox"/> Buttocks <input type="checkbox"/> Chest (ribs, sternum, soft tissue) <input type="checkbox"/> Disc (neck, spinal column) <input type="checkbox"/> Ear(s) (eardrum) <input type="checkbox"/> Elbow (radial head) <input type="checkbox"/> Eyes(s) <input type="checkbox"/> Facial Bones <input type="checkbox"/> Facial Soft Tissue <input type="checkbox"/> Fingers(s) (excluding thumb) <input type="checkbox"/> Foot <input type="checkbox"/> Great Toe <input type="checkbox"/> Hand (excluding wrist, fingers) 	<ul style="list-style-type: none"> <input type="checkbox"/> Head (multiple injuries; combination of parts) <input type="checkbox"/> Heart <input type="checkbox"/> Hip <input type="checkbox"/> Insufficient info to properly identify <input type="checkbox"/> Internal Organs (other than heart, lungs) <input type="checkbox"/> Knee <input type="checkbox"/> Larynx (vocal cords) <input type="checkbox"/> Low Back (lumbar, lumbosacral) <input type="checkbox"/> Lower Arm (forearm) <input type="checkbox"/> Lower Extremities (legs, multiple injuries to combination of parts) <input type="checkbox"/> Lower Leg <input type="checkbox"/> Lungs <input type="checkbox"/> Mouth (lips, tongue, taste) <input type="checkbox"/> Multiple Body Parts (e.g., arm and leg, multiple internal organs) <input type="checkbox"/> Neck (multiple injuries; combination parts) 	<ul style="list-style-type: none"> <input type="checkbox"/> No Physical Injury (mental-disorder) <input type="checkbox"/> Nose (includes nasal passage, sense of smell) <input type="checkbox"/> Pelvis <input type="checkbox"/> Shoulder(s) (armpit, rotator cuff, trapezius, clavicle, scapula) <input type="checkbox"/> Skull <input type="checkbox"/> Soft tissue (neck) <input type="checkbox"/> Spinal Cord <input type="checkbox"/> Spinal Cord (nerve tissue other than cervical segment) <input type="checkbox"/> Teeth <input type="checkbox"/> Thigh, upper leg <input type="checkbox"/> Thumb <input type="checkbox"/> Toe(s) <input type="checkbox"/> Trachea <input type="checkbox"/> Trunk (multiple injuries; combination parts) <input type="checkbox"/> Upper Arm (humerus) <input type="checkbox"/> Upper Back (thoracic area) <input type="checkbox"/> Upper Extremities (multiple to arms, excluding wrist & hands) <input type="checkbox"/> Vertebrae

Investigation conducted by:

Date of investigation:

<u>LOG</u>	<u>Date completed</u>
RIDDOR	
Needlestick Injury	
Notification to Insurers	

01 Apr 09 UK Revision 1

Annex AMP1

Investigation Report Form