



# **Process of Reporting Workplace Accidents**

**Presentation by:**

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# Presentation Outline

1. What is a workplace accident
2. What is the likely result of a workplace accident
3. What is to be done when there is a workplace accident
4. Reporting of the Accident
5. The First Schedule: Eleven Components
6. Second Schedule: Notice of Cessation of Disability
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8. Recording and Analyses of Accident Reports
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# 1. What is a workplace accident

- A workplace accident has been defined as an unplanned occurrence that interferes with or interrupts the orderly progress of work and it may involve the following:
  - Manpower
  - Materials
  - Machinery
  - Equipment
  - Time

## **2. What is the likely result of a workplace accident**

- The accident may result in damage to anyone or any combination of the following.
- Injury, disablement or even death of a worker
- Damage to materials
- Damage to machinery or tools
- Damage to equipment: ladders, tables, chairs and other physical equipment other than machinery or tools.
- Loss of time for production from damage to machinery , equipment and materials.
- Loss of time/wages by the injured worker/s

### **3. What is to be done when there is a workplace accident**

- Report the accident immediately to your supervisor
- Render or provide First-Aid
- Report the accident to the Ministry of Labour .
- This is a legal requirement which is keeping with Part V11 of the Occupational Safety and Health Act. CAP 99:06, Laws of Guyana.
- Part V11 of the this Act addresses the Notification of Accidents and Occupational Diseases. It provides guidance in terms of Interpretation, First Schedule, Second Schedule and the Third Schedule among other things.

## 4. Reporting of the Accident

- Sections 69(1) of the OSH Act Cap 99:06, states the following:
- Where any accident arising out of and in the course of employment of any worker occurs and-
- Causes loss of life to such worker: or
- Disables such worker, for more than one day, from earning full wages at the work at which he was employed at the time of such accident,
- Written notice of the accident in the **Form** and accompanied by particulars set out in the **First Schedule**, shall forthwith in the case of paragraph (a) and within four days in the case of paragraph (b), be sent by the employer to the Authority etc.

# 5. The First Schedule: Eleven Components

- 1. Name of Employer .....
- 2. Address of place where the accident happened.....
- 3. Nature of Occupation.....
- 4. Branch of Department and exact place where the accident happened...
- 5. Injured person's name: Surname ..... ..Other names .....
- Address .....
- 6. (a) Sex..... (b) Age (last birthday)..... © Injured Person's Occupation .....
- 7. Date and time of accident.....

## 5. The First Schedule: Eleven Components cont'd

8. (a) Cause or nature of  
accident.....

(b) If caused by machinery:

(1) Give name of machine and the part causing the accident.....

(2) State whether it was worked by mechanical power at the time:

Yes..... No.....

© State exactly what the injured person was doing at the time.....

9. Nature and extent of injuries.....

(e.g) Fatal, loss of finger, Fracture of leg, Scalp scratch followed by sepsis.



# 5. The First Schedule: Eleven Components cont'd

10 (a) State whether the accident was fatal or not.....

- (b) If the accident was **not fatal** state the estimated period that the injured person will be unable to earn full wages at which he was employed at the time of the accident.....

- 11. Has the accident been entered in the accident register? .....

Date entered.....

Signature of employer or agent.....

# 6. Second Schedule: Notice of Cessation of Disability

To be Submitted when the disability ceases.

- Accident Register No:
- Name of employer .....
- Address of place of employment.....
- Injured Person's surname.....
- Other names: .....
- Date of accident: .....
- Date when disability ceased:.....
- Actual number of days of disability: .....
- Amount of compensation paid:.....
- Signature of Employer or Agent.....

# 7. Third Schedule : Notice of Occupational Disease

- **Works:**

1. Name of Employer.....
2. Address of place of employment.....
3. Address of Office.....  
( Work on the place of employment is only temporary)
4. Nature of industry, occupation or business.....

# 7. Third Schedule: Notice of Occupational Disease Cont'd

• **Person affected.**

5. Nature of Occupational disease.....

6. (a) Surname .....

(b) other names.....

7. Address (Permanent) .....

8. Temporary Address (if any) .....

9. Sex and age last birthday .....

10. Precise occupation.....

(avoid the term “labourer where possible)

Date:.....

Signature of Employer or Agent.....

# 8. Recording and Analyses of Accident Reports

- Workplace accidents are reported to and received by the Occupational Safety and Health Department from employers.
- The reports are presently recorded manually and electronically by the Department.
- Both hard and soft copies of the reports are shared with the Ministry's Statistical Unit for statistical analyses.
- The analyses are then prepared on a quarterly, half-yearly and annual bases.

# **8. Recording and Analyses of Accident Reports cont'd**

- **Analyses of Non- Fatal Accidents.**

1. Regions (1-10)
2. Type of accidents:
3. Main Sectors: agriculture, manufacturing, construction, service etc.
4. Nature of injury: fractures, sprains, concussions, crushing, burns etc.
5. Bodily location: head, hands, feet , back etc.
6. Gender: male or female.

# **8. Recording and Analyses of Accident Reports cont'd**

- **Analyses of fatal accidents**

1. By Industry: e.g. Mining, quarrying, electricity, gas , water, commerce, manufacturing, forestry, communication , construction etc.
2. Regions : # 1-10.
3. Age Range
4. Occupation: Mechanic, craft, technician, clerical, cane cutter, mining, logging etc.
5. Cause of Death: pit wall collapse, crushed by tree, falls, electrocution, drowning, vehicular accident, hit by equipment etc.

# 9. Challenges

1. Lack of knowledge by some employers of micro, small and medium sized enterprises about the reporting of accidents.
2. Timely reporting of accidents.
3. Lack of reporting re: the second and third schedules.
4. Inadequacy of the infrastructure to support the recording and reporting process. (IT equipment, software and hardware)
5. Insufficient information provided on reporting form e.g migrant or non-migrant workers, was the accident investigated by the employer.
6. Lack of the required software to support positive decision making by policy makers



# 10. NEXT STEPS

1. Challenges 1-3 can be addressed by public awareness programmes.
2. Challenges 4-6 will be addressed by the implementation of the system for the Recording and Notification of Occupational Accidents and Diseases (RNOAD) which is being supported by the International Labour Organization (ILO).

**END**

Questions, clarifications, suggestions.

**Thank you**