



Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 (RIDDOR) Policy

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1. Statement of Aims and Objectives

- 1.1 The reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) requires employers to report certain types of injury, occupational diseases and dangerous occurrences that 'arise out of or in connection with work' to the Health Safety Executive (HSE).
- 1.2 South East Coast Ambulance Service NHS Foundation Trust (the Trust) is committed to ensuring, so far as is reasonably practicable, the health, safety and welfare of all its employees and others who work for or on behalf of the Trust.
- 1.3 The Trust aims to ensure all reportable incidents of work-related injuries, diseases and dangerous occurrences are reported to the Health & Safety Executive (HSE) in the approved manner and within the legally defined timescales.
- 1.4 Failure to report a reportable injury, dangerous occurrence, or disease in accordance with the requirements of RIDDOR, is an offence, and may result in the Trust being prosecuted for the breach of regulation. Reporting a RIDDOR incident to the Health & Safety Executive is not an admission of liability.
- 1.5 This policy is applicable to all employees of the trust including volunteers, bank staff and Contractors working on Trust premises.

2 Principles

- 2.1 This policy is intended to provide Directors, Deputy/Associate Directors, Head of Services, Managers, Team Leaders and all other staff with guidance on RIDDOR reportable incidents.
- 2.2 Compliance with this policy will ensure the Trust can fulfil its statutory obligation to comply with RIDDOR.
- 2.3 RIDDOR reports alert enforcing authorities to events and helps them to decide whether to investigate serious incidents. Reports enable HSE or local authorities (the 'enforcing authorities') to identify where and how health and safety risks arise, reveal trends and help target activities.

3 Memorandum of Understanding (MoU)

- 3.1 The Care Quality Commission (CQC) and the Health and Safety Executive (HSE) have a Memorandum of Understanding (MoU). The purpose of this MoU is to help ensure that there is effective, co-ordinated and comprehensive regulation of health and safety for patients, employees and members of the public.

- 3.2 The (MoU) outlines the respective responsibilities of CQC, HSE and local authorities (LAs) when dealing with health and safety incidents in the health and adult social care sectors.
- 3.3 When considering the circumstances of a specific incident the primary consideration is whether the injured person is a patient and whether the service provider is registered with the CQC. If that is the case the responsible authority will normally be the CQC unless the police have primacy.
- 3.4 Although specific health and safety at work legislation exist, such as Lifting Operations and Lifting Equipment Regulations 1998 (LOLER), it should generally be the case that CQC can adequately enforce using their legislation, without needing recourse to specific legislation. This will apply if the RIDDOR incident relates to a patient. Non-patient related RIDDOR incidents are enforced by the Health and Safety Executive.
- 3.5 HSE, LAs and CQC will co-operate to enable and assist each other to carry out their responsibilities and functions, and to maintain effective working arrangements for that purpose.
- 3.6 The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 are broad in their concept of the duty to provide care and treatment in a safe way. This duty includes ensuring that the premises used by the service provider are safe to use for their intended purpose and ensuring that the premises and equipment are suitable, properly used and properly maintained. The definition of 'premises' is very broad and includes any building or other structure or machinery physically affixed to the building, any surrounding grounds or a vehicle.

4 Responsibilities

4.1 Health and Safety Executive RIDDOR Notification

- 4.1.1 The Trust Health and Safety Department will notify the Health and Safety Executive (HSE) of all relevant specific injuries, diseases and dangerous occurrences which occur at the Trust.

4.2 Incident Reporting (Internal)

- 4.2.1 The details of every incident, injury, accident or dangerous occurrence must be reported within 72-hours using the Trust incident reporting system Datix. If the injured person is unable to complete an incident form, then it shall be the responsibility of their line manager to complete the form within 72-hours.

4.3 Incident Investigation (Internal)

- 4.3.1 The Trust has in place an incident reporting system, which ensures that incidents and risks will be appropriately investigated, and control measures

implemented to minimise the likelihood and or severity of future occurrences.

It is the responsibility of the immediate line manager to investigate, document, make safe and recommend remedial action to prevent reoccurrence.

4.4 **Staff have the following responsibilities:**

- To make themselves fully aware of this policy and to abide by it.
- To advise their manager immediately of any reportable injury occupational disease or dangerous occurrence that has occurred.
- That all incidents, no matter how trivial, are formally recorded on Datix.
- To take reasonable care for their own health and safety and that of others who may be affected by their acts or omissions.
- To abide by and follow any information, instruction and training provided to them for Health and Safety purposes.
- To adhere to any safety measures put in place to ensure their safety, including any safe systems of work or safe operating procedures.

5 **Definitions**

5.1 **Deaths**

A death must be reported if it results from an accident arising out of or in connection with work. Suicide related deaths are not reportable under RIDDOR.

5.2 **Specified injuries**

The following are reportable specified injuries if they arise 'out of or in connection with work':

- Fractures, other than to fingers, thumbs and toes.
- Amputations.
- Any injury likely to lead to permanent loss of sight or reduction in sight.
- Any crush injury to the head or torso causing damage to the brain or internal organs.
- Serious burns (including scalding) which: – cover more than 10% of the body; or – cause significant damage to the eyes, respiratory system or other vital organs.
- Any scalping requiring hospital treatment.

- Any loss of consciousness caused by a head injury or asphyxia.
- Any other injury arising from working in an enclosed space which: – leads to hypothermia or heat-induced illness; or – requires resuscitation or admittance to hospital for more than 24 hours.

5.3 **Over-seven-day incapacitation of a worker**

Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. The seven-day period does not include the first day of the accident but does include weekends and rest days. The report must be made to the Health and Safety Executive within 15 days of the accident.

5.4 **Physical violence**

A physical injury inflicted on one employee by another during a dispute about a personal matter, or an employee at work injured by a relative or friend who visits them at work about a domestic matter, is not reportable. However, other acts of non-consensual violence to a person at work that result in death, a major injury or being incapacitated for over seven days are reportable.

5.5 **Diseases, infections and ill health**

We must report any instance where a Registered Medical Practitioner notifies the Trust in writing that one of our employees is suffering from a disease specified in RIDDOR, and the employee undertakes work linked with that condition.

Reportable diseases, infections and ill health include:

- Carpal Tunnel Syndrome.
- Severe Cramp of the Hand or Forearm.
- Occupational Dermatitis.
- Hand-Arm Vibration Syndrome.
- Occupational Asthma.
- Tendonitis or Tenosynovitis of the Hand or Forearm.
- any Occupational Cancer.
- Any disease attributed to an occupational exposure to a biological agent.

For the purposes of RIDDOR, an infection is the entry and multiplication of an infectious agent in the body, causing a damaging reaction to the tissue. The infection and damage caused may give clinical signs and symptoms of disease or may be subclinical or 'asymptomatic'.

Colonisation (the presence and multiplication of infectious agents in or on the body, without a damaging reaction in the tissue) is not the same as infection and is not reportable as a disease.

Infections that could have been acquired as easily in the community as in work are not reportable, unless the infection was definitely acquired at work.

5.6 **Examples of Reportable Infections and Diseases**

- A Paramedic contracts active Pulmonary TB after treating a patient with the condition.
- A paramedic becomes Hepatitis B positive after contamination with blood from an infected patient.
- An ECSW is splashed in the face with bodily fluids from a patient and becomes Hepatitis B positive.

In all of the examples above it is clear the disease is either attributable or contributed to by the work activity a Registered Medical Practitioner would still need to confirm that this is the case.

5.7 **Examples of Non-Reportable Infections and Diseases**

- A Paramedic becomes colonised with MRSA and works with patients infected with MRSA.
- A Paramedic catches chicken pox. Patients in areas where the Paramedic has worked have chicken pox.
- An ECSW is off work with Influenza for two weeks, the Influenza cannot be reliably attributed to their work activity, as it is common in the community.

In all of the examples above, either infection has not occurred at work, or the disease cannot be reliably attributed to the work activity, as it might easily have occurred at home or in the community.

5.8 **Sharps Injuries**

A sharps injury is when a needle or other sharp instrument accidentally penetrates the skin. It is sometimes called a needlestick injury.

Sharps injuries must be reported:

- When an employee is injured by a sharp known to be contaminated with a blood-borne virus (BBV), e.g. Hepatitis B or C or HIV. This is reportable as a dangerous occurrence.
- When the employee receives a sharps injury and a BBV acquired by this route, sero-converts. This is reportable as a disease.

If the sharp is not contaminated with a BBV, or the source of the sharp's injury cannot be traced, it is not reportable, unless the injury itself causes an over seven-day injury. If the employee develops a disease attributable to the injury, then it must be reported.

5.9 **Dangerous Occurrences**

Dangerous occurrences are certain specified near miss events, which may not result in a reportable injury, but have the potential to do significant harm.

Reportable dangerous occurrences include the following:

- The collapse, overturning or failure of load-bearing parts of lifts and lifting equipment other than an accessory for lifting.
- The accidental release of a biological agent likely to cause severe human illness (a hazard group 3 or 4 pathogen).
- The accidental release or escape of any substance which may cause a major injury or damage to health.
- An electrical short circuit or overload causing fire or explosion.
- The explosion collapse or bursting of any closed vessel or associated pipework forming a pressure system.
- An explosion or fire causing suspension of normal work for over 24 hours.
- Release of flammable liquids and gases inside a building of 100 kilograms or more of a flammable liquid.
- Of 10 kilograms or more of a flammable liquid at a temperature above its normal boiling point.
- Of 10 kilograms or more of a flammable gas; or in the open air, of 500 kilograms or more of a flammable liquid or gas.

5.10 Reportable Patient Falls

A patient fall is reportable under RIDDOR when it has arisen ‘out of or in connection with work activity’. This includes where equipment or the work environment (including how or where work is carried out, organised or supervised) are included.

Examples of patient falls that are RIDDOR reportable include:

- A patient falls and is injured, there is a previous history of fall incidents, however reasonably practicable measures to reduce the risks have not been put in place, for example- an adequate falls assessment had not been undertaken.
- The falls is attributable to an environmental condition within our control such as trailing equipment or damaged flooring within the vehicle.

6 Monitoring Compliance

Standard/Process/ Issue	Monitoring Compliance			
	Method	By	Committee	Frequency

The number of RIDDOR incidents raised on Datix will be screened by the Health & Safety team on a weekly and monthly basis.	Health & Safety team to report on a monthly basis compliance with RIDDOR reporting. Monthly metrics to be included in the monthly board IPR. Topic to be covered at relevant Health & Safety sub-groups and Health & Safety Committee.	Health & Safety Team.	Health & Safety Committee. Relevant Health & Safety Sub-groups.	Bi-monthly H&S subgroups and quarterly Health & Safety Committee
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7 Audit and Review

- 7.1 This document will be subject to audit by the Health and Safety Committee 6 months after approval and thereafter no later than three yearly.
- 7.2 Effectiveness will be reviewed using the tools set out in the Trust's Policy and Procedure for the Development and Management of Trust Policies and Procedures (also known as the Policy on Policies).
- 7.3 This document will be reviewed in its entirety every three years or sooner if new legislation, codes of practice or national standards are introduced, or if feedback from employees indicates that the policy is not working effectively.
- 7.4 All changes made to this policy will go through the governance route for development and approval as set out in the Policy on Policies.

8 Implementation & Communication

The policy will be implemented and communicated to ALL staff within the Trust via the weekly newsletter. The policy will also be available on the intranet (The Zone).

9 References

- **(RIDDOR)** Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.
- **(HSE)** Health and Safety Executive.
- **(CQC)** The Care Quality Commission.
- **(LAs)** Local Authorities.
- **(MoU)** Memorandum of Understanding