


# ACCIDENT, INCIDENTS, EMERGENCIES AND REPORTING (RIDDOR)

<b>VERSION No</b>	5	
<b>REVIEWED BY</b>	Registered Manager (MP)	
<b>NUMBER OF PAGES</b>	8	

## 1. Policy Statement

This organisation recognises its responsibility to ensure that all reasonable precautions are taken to provide working conditions that are safe, healthy and compliant with all statutory requirements and codes of practice. Under the Duty of Candour Regulation 20 of the Health and Social Care Act 2008 (Regulations 2014) there is a requirement to notify the Care Quality Commission when certain incidents or accidents happen by completing an online notification by the manager. In addition, Regulation 12 of this Act requires the Code of Practice for Health and Adult Social Care on the Prevention and Control of Infections and Related Guidance to be followed.

The organisation recognises that even in the safest of working environments accidents are, from time to time, inevitable. The *Health and Safety at Work Act 1974* requires employers to ensure the health, safety and welfare of all their employees as far as is reasonably practicable. As part of this commitment, employers must, by law, notify certain categories of accidents, specified cases of ill health and specified dangerous occurrences to the Health and Safety Executive (HSE) or the local authority (LA) to comply with the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)*. This is necessary so that the Health and Safety Executive HSE can determine trends and patterns in workplace accidents and put in place legislation and guidelines that will safeguard workers all over the UK. It also helps the organisation to determine local patterns and causes of accidents so that it can ensure that preventative measures are in place to avoid a recurrence. Therefore, in this organisation, all accidents, incidents and “near misses” must be recorded and reported to the management.

This organisation recognises its responsibility to ensure that all reasonable precautions are taken to provide working conditions which are safe, healthy and compliant with all statutory requirements and codes of practice.

However, the organisation recognises that accidents are, even in the safest of working environments, from time to time inevitable, despite the best efforts of staff, residents, relatives and other professionals to prevent them. Such occurrences must be handled by the organisation and by its staff so as to minimise threat and injury to all, including residents, relatives and the general public. They must also be reported, and these reports acted upon by the organisation so that accidents can be minimised in the future and the organisation and staff can learn from their experiences.

The organisation understands “accidents and emergencies” to cover an accident or injury to a member of staff or a resident or relative, including health and safety accidents such as trips, falls and cuts. Fires are dealt with in a separate Fire Policy. Dealing with aggression and violence is dealt with in a separate Challenging behaviour, Aggressive and Violent Behaviour Policy. The rendering of Basic Life Support is dealt with in a separate Basic Life Support Policy.

## 2. The Policy

This organisation ensures that:

- ✓ *it complies fully with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)*
- ✓ All accidents and incidents are appropriately dealt with
- ✓ All accidents and incidents involving injury to staff or residents are reported and recorded, no matter how minor

- ✓ All reported accidents or incidents are fully investigated
- ✓ The results and recommendations from investigations are fully implemented to prevent any re-occurrence of such incidents
- ✓ The organisation complies fully with the *Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)*.

An Accident Book is provided in the nurses' office to keep a record of all accidents which occur, whether they are notifiable or not.

- a) All residents' notes must be updated to include information of the accident or incident and subsequent actions required.
- b) Accident and incident report forms are available from the nurses' office. They should be completed as soon as possible and the manager informed immediately.
- c) All accident and incident reports are reviewed monthly and action taken where required to prevent where possible further occurrences.

### 3. Action to be taken in the Event of an Accident or Injury

In the event of an accident, incident or emergency staff should take the following action:

- a) In the event of a minor injury or health related incident the First Aid Policy should be followed and first aid care rendered according to the situation and the member of staff's capabilities and training. Following such an incident, an incident or accident form should be completed and the resident's GP informed.
- b) In the event of an injury where medical attention is considered advisable or necessary, the resident's GP or an ambulance should be called as appropriate. If there is any doubt about the need for medical attention, an ambulance should be called immediately.
- c) If the first-aider, or RGN in charge, decides that an ambulance is appropriate, they should follow the procedure below.
  - i. Call 999 and make arrangements for an ambulance to be sent immediately. It is essential that the precise location of the occurrence is given and the nearest point of access for the ambulance suggested.
  - ii. Make arrangements for the ambulance to be met by a member of the staff.
  - iii. Ensure that the resident is accompanied to hospital, where appropriate, by a responsible person and that they contact the organisation's main office soon after arrival at the hospital, to give updated information on the condition and location of the casualty.
  - iv. Contact the manager or deputy manager to report the incident and make arrangements for the appropriate forms to be completed.

#### d) Note:

- i. If the RGN in charge is unsure about the course of action to take, or in the event of complications then he or she should contact the manager or deputy manager for advice.
- ii. The RGN in charge, attending to the casualty should then ensure that the manager or deputy manager is notified of the accident.
- iii. The manager or deputy manager should then ensure that arrangements are made for relatives or friends of the casualty to be advised fully of the situation, if necessary, and to ensure that an incident report form and any other relevant paperwork is completed as soon as possible.
- iv. In the event of an injury requiring first aid, where a fire is reported, where there is violence and aggression or where a resident goes missing, then the appropriate policy should be followed.

### 4. Accident Reporting - RIDDOR









The following are reportable, if they arise 'out of or in connection with a work related accident:

- a) the death of any worker or non-worker in a work-related accident
- b) accidents which result in an employee or a self-employed person dying, with the exceptions of suicide
- c) suffering a **specified**<sup>1</sup> injury; being absent from work or unable to do their normal duties for more than seven days
- d) accidents which result in a person not at work (e.g., visitor) suffering an injury and being taken directly to a hospital for treatment

- e) an employee or self-employed person has one of the specified occupational diseases or is exposed to carcinogens, mutagens and biological agents
- f) specified dangerous occurrences, which may not result in a reportable injury, but have the potential to do significant harm

<sup>1</sup> **Specified injuries to workers**




*The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are (regulation 4):*

-  *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:*
  - *covers more than 10% of the body*
  - *causes significant damage to the eyes, respiratory system or other vital organs*
-  *any scalping requiring hospital treatment*
-  *any loss of consciousness caused by head injury or asphyxia*
-  *any other injury arising from working in an enclosed space which:*
  - *leads to hypothermia or heat-induced illness*
  - *requires resuscitation or admittance to hospital for more than 24 hours*

## 5. Who should report?

The responsible person has the duty to notify and report. **In this home the manager I responsible to notify**

## 6. When to report

-  in the case of death as soon as possible
-  over **7 days**<sup>2</sup> injury must be reported within 15 days of the incident
-  diseases must be reported as soon as a medical practitioner has notified you in writing of the diseases

<sup>2</sup>**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. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.*

## 7. How to report

- a) Go to [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor) and complete the appropriate online report form. All fatal and major injury cases can be reported to the ICC (Incident Contact Centre) by:
- b) phone (Mon-Fri 8.30 – 5.00) 0845 300 9923 out of hours' details for more serious reporting can be found at [www.hse.gov.uk/contacts/outofhours.htm](http://www.hse.gov.uk/contacts/outofhours.htm). Telephone notification should always be followed up with submission of form F2508. Forms should be completed, online, by the manager as soon as possible after the accident. Copies of the completed form should be kept.
- c) fax, 0845 300 9924
- d) or post. Incident Contact Centre, Caerphilly Business Park, CF83 3GG
- e) The HSE Incident Contact Centre is able to take written forms only where it is essential, post to: RIDDOR Reports, Redgrave Court, Merton Road, Bootle, Merseyside, L20 7HS

## 8. Record keeping

All records should include;

- a) The date, time and place of the incident that occurred
- b) The name, address and job of the injured or ill person
- c) Details of the injury / illness and what aid was given
- d) What happened to the person immediately afterwards (e.g., went back to work, went to hospital)







- e) The name and signature of the first aider or person that dealt with, or was witness to, the incident.

*There is a legal requirement that written records of reportable accidents and dangerous occurrences (i.e., those which must be reported to the appropriate enforcing authority) be kept for a minimum of three years.*



## 9. Deaths in Health and Social Care

- a) **There is specific guidance for Health and Social Care providers issued by the HSE.**

<http://www.hse.gov.uk/pubns/hsis1.pdf>

-  *you must report the death of any person, whether or not they are at work*
-  *accidents which result in an employee or a self-employed person dying*
-  *suffering a specified injury, being absent from work or unable to do their normal duties for more than seven days*
-  *accidents which result in a person not at work (e.g., visitor) suffering an injury and being taken directly to a hospital for treatment, or if the accident happens at a hospital, if they suffer a specified injury*
-  *an employee or self-employed person has one of the specified occupational diseases or is exposed to carcinogens, mutagens and biological agents*
-  *specified dangerous occurrences, which may not result in a reportable injury, but have the potential to do significant harm*

- b) **Deaths which are not reportable**









-  *a service user commits suicide, suicides are not considered 'accidents' and are not RIDDOR reportable*
-  *a service user admitted to hospital for treatment, contracts Legionnaires' disease and dies while in hospital. The death has to be caused by an accident to be reportable (Poor maintenance on a hot water system would not be considered an 'accident')*

## 10. Injuries and ill health involving health and social care workers

This section covers accidents resulting in an employee or a self-employed person suffering a specified injury, or being absent from work or unable to do their normal duties for more than three days.

- a) **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*

- b) **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 day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident.

- c) **Over-three-day incapacitation**

Accidents must be recorded but not reported where they result in a worker being incapacitated for more than three consecutive days. A record must be kept in the Accident Book.

**d) 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. 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 and you must keep a record of over-three-day injuries.

**e) Diseases, infections and ill health**

We must report any instance where a Registered Medical Practitioner (RMP) tells you in writing that one of your employees is suffering from a disease specified in RIDDOR.

**i. 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*

**ii. Examples of Reportable Accidents or Incidents**

**Reportable**

- ✓ *a nurse contracts active pulmonary TB after nursing a service user with the condition*
- ✓ *a laboratory worker suffers from typhoid after working with specimens containing typhoid*
- ✓ *a paramedic becomes hepatitis B positive after contamination with blood from an infected service user*
- ✓ *a care assistant is splashed in the face with bodily fluids from a service user and becomes hepatitis B positive*
- ✓ *a surgeon suffers dermatitis associated with wearing latex gloves during surgery*
- ✓ *a maintenance worker contracts Legionnaires' disease after working on the hot water system*
- ✓ *in all of these cases it is clear that the disease is either attributable or contributed to by the work activity and an RMP has confirmed that this is the case*

**Not reportable**

- ✗ *a nurse becomes colonised with MRSA and works with residents infected with MRSA*
- ✗ *a cleaner catches chicken pox and residents in areas where she has worked have chicken pox*
- ✗ *a care home assistant 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 these cases, 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.*

**f) 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 – see 'Diseases, infections and ill health';*
- ✓ *If the injury itself is so severe that it must be reported.*
- ✗ *If the sharp is not contaminated with a BBV, or the source of the sharps 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.*

**Reportable**



- ✓ *a cleaner suffers a needlestick injury from a needle and syringe known to contain hepatitis B positive blood (reportable as a dangerous occurrence)*

#### **Not reportable**

- ✗ *a community nurse suffers a needlestick injury, does not sero-convert and the source of the sharp cannot be traced*
- ✗ *a laboratory worker is injured by a blood specimen container, the service user is not known to have any infection*
- ✗ *an employee is cut with a scalpel used on a service user not known to be contagious, but undergoing blood checks for hepatitis A*
- ✗ *Due to the sensitive nature of reporting diseases and infections caused by blood-borne viruses, the enforcing authority does not require you to name the injured person on the RIDDOR report. However, if the enforcing authority decides to investigate, you may be asked to provide this information. If it is a repeat incident to the same person, you need to inform the enforcing authority.*

#### **g) Injuries and ill health involving people not at work**

This section covers accidents which result in a person not at work suffering an injury and being taken to a hospital, or if the accident happens at a hospital, suffering a specified injury which would have required hospital treatment. Any injury to someone not at work must be reported if it results from an accident arising out of or in connection with work being undertaken by others and it:

- ✓ *results in them being taken from the premises where the accident occurred directly to a hospital for treatment<sup>1</sup>, by whatever means (for example by taxi, private car or ambulance);*
- ✓ *In the past, there has been some misunderstanding as to the range of accidents that should be reported under RIDDOR when they involve members of the public who are not residents, or visitors. The following examples are to help decide about reportability.*

#### **h) Injuries to people not at work**

##### **Reportable**

- ✓ *a service user is scalded by hot bath water and taken to hospital for treatment, the service user was vulnerable and adequate precautions were not taken*
- ✓ *a service user receives a fractured arm when their arm becomes trapped in a bed rail*
- ✓ *a visitor to the main office is struck on the head by a car park barrier and receives a specified injury that requires hospital attention*
- ✓ *a service user requires hospital treatment after sliding through a sling after being hoisted from a chair, the wrong-sized sling was used.*

##### **Not reportable**

- ✗ *a service user or visitor is injured by an act of physical violence from another service user*
- ✗ *a service user receives a healthcare-associated infection while receiving treatment in hospital. Hospital associated infections acquired by residents are not reportable under RIDDOR.*
- ✗ *a service user admitted to hospital for treatment contracts Legionnaires' disease in hospital*

#### **i) Service user falls incidents**

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

##### **Reportable**

- ✓ *a confused service user falls from a window on an upper floor and is badly injured*
- ✓ *a service user falls out of bed, is injured and taken to hospital. The assessment identified the need for bedrails but they, or other preventative measures, had not been provided*
- ✓ *a service user trips over a loose or damaged carpet in the hallway*

##### **Not reportable**

- ❌ *A service user falls and breaks a leg. They were identified as not requiring special supervision or falls prevention equipment. There are no slips or trips obstructions or defects in the premises or environment, nor any other contributory factors.*
- ❌ *A service user falls out of bed and is taken to hospital. There was a detailed assessment in the care plan identifying that fall protection was not required.*
- ❌ *A service user is found on the floor, no-one has seen it happen, and / or there are no obvious work-related contributing factors. There was a detailed assessment in the care plan, which identified that fall protection was not required.*

In some circumstances, it may not be clear whether the accident that caused the injury arose out of or was connected to the work activity. Other examples are:

#### **Reportable**

##### Example 1a

*A service user (who is capable of understanding and following advice) falls off the toilet, having previously been advised not to get up, is injured and taken to hospital. They have been left alone for dignity reasons. Their care plan identified that the individual should have assistance or supervision. The member of staff left the service user and had not responded promptly when they called. Adequate supervision had not been provided.*

#### **Not Reportable**

##### Example 1b

*The member of staff returned to help them as soon as they called to say they have finished. Or if the service user had got up without calling for help, it would not be reportable.*

##### Example 2

*An incontinent service user slips on their own urine when returning back from the toilet and receives a major injury.*

#### **Reportable if:**

- ✓ *the assessment had identified the service user needed help for toileting and it was not provided*
- ✓ *the fall took place in an area of the home where it was foreseeable that the service user may slip due to a spillage and the home had failed to assess risks from floor surfaces or act on their assessment*

#### **j) Self-Harm**

- ❌ *Acts of deliberate self-harm are not considered “accidents” and are not RIDDOR reportable.*

#### **k) Dangerous occurrences**

Reportable dangerous occurrences include the following:

- ✓ *the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment*
- ✓ *the accident releases an escape of any substance which may cause a major injury or damage to health*
- ✓ *an explosion or fire causing suspension of normal work for over 24 hours*

#### **Reportable**

- ✓ *A service user’s hoist collapses or overturns*

#### **Not Reportable**

- ❌ *A lifting sling fails during a lift. You don’t need to report failures of lifting accessories.*

## **11. Other Regulators**

*Care Quality Commission (CQC) requires Notification for specific incidents or accidents for the provider to comply with Regulation 20 “Duty of Candour”.*

## **12. Training Statement**

All staff, during induction are made aware of the organisations policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary and staff are made aware of any changes via e-mailing the updated policy and our website. Observations are undertaken to check skills and competencies. Various methods of training are used including one to one, on-line, staff meetings, individual supervisions and external courses are sourced as required.

All new staff are encouraged to read the policy on health and safety and on accident reporting as part of their induction process. In addition, all staff will be appropriately trained to perform their duties safely and competently and those staff that need to use specialist equipment will be fully trained and supervised while they are developing their competency

### ***Other Regulators***

Care Quality Commission (CQC) requires Notification for specific incidents or accidents for the provider to comply with Regulation 20 “Duty of Candour”.

### ***Related Guidance***



HSE – RIDDOR in health and social care <http://www.hse.gov.uk/healthservices/riddor.htm>



RIDDOR Reporting <http://www.hse.gov.uk/pubns/hsis1.pdf>



Health and Safety in Care Homes <http://www.hse.gov.uk/pubns/books/hsg220.htm>

### ***Related Policies***

*Control of Substances Hazardous to Health (COSHH)*

*Fire Safety*

*Health and Safety*

*Moving and Handling*

*Notifications*

*Personal Safety*

*Restraint*