Western Health and Social Care Trust

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Reviewed November 2024

RIDDOR Reporting Policy

Medical Directorate

WESTERN HSC TRUST

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1.1 INTRODUCTION / PURPOSE OF POLICY

1.2 Background

The Western Trust (herein referred to as "The Trust") recognises its statutory obligations under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997. RIDDOR relates to a defined process enshrined in law, which must be completed within a stipulated timeframe (ie within 10 days of the occurrence of specified "incidents").

RIDDOR legislation requires employers to report certain types of injury, some occupational diseases and dangerous occurrences that *'arise out of or in connection with work'* to either the Health Safety Executive Northern Ireland (HSENI) or the respective local authority**.**

The regulations cover (in summary):

- Accidents which result in death of any person;
- Accidents which result in an employee (or self-employed person) suffering a major injury (See Appendix 1);
- Accidents which result in an employee (or self-employed person, eg self-employed contractor) being absent from work or unable to undertake their normal duties for more than three days following the date of the incident (including nights);
- Accidents which result in a person not at work (eg patient, service user, visitor) suffering an injury (eg as a result of an incident/accident within Trust premises) and being taken to hospital (or if the accident happens at a hospital, suffering a major injury which would otherwise have required hospital treatment);
- Specified dangerous occurrences (See Appendix 2), which may not result in a reportable injury but have the potential to do significant harm (eg collapse, overturning or failure of load-bearing parts of lifts and lifting equipment);
- An employee (or self-employed person) suffering from a specified work related disease (See Appendix 3).

1.3 Failure to report a reportable injury, dangerous occurrence, or disease in accordance with the requirements of RIDDOR, is a criminal offence, and may result in prosecution.

Reporting an incident is not an admission of liability.

The prompt and accurate reporting of all such incidents is therefore essential in ensuring that the Trust fulfils its legal obligations and in turn avoids potential prosecution for failure to comply with the aforementioned legislation. The Trust aims to comply with RIDDOR legislation and to submit timely returns to the HSENI or the appropriate enforcing authorities.

1.2 Intrinsic to this is an onus on all staff members to ensure that all adverse incidents are reported as soon as possible and ideally within 24 hours of occurrence or becoming aware of the adverse incident. In the event of a RIDDOR incident resulting in major injury or fatality the **Risk Management Department must be notified immediately** by telephone Tel: ext. 214120 and then followed up with a DATIX report.

1.4 Purpose

This policy has been developed to meet the statutory requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997 (RIDDOR) which sets out the need to have a system of formal reporting of specified incidents to the appropriate enforcing authority (i.e. the relevant District Council and/or the Health & Safety Executive for Northern Ireland). This policy also aims to give assurance to Trust Board of continued statutory compliance with regards to the above listed legislation. This document is intended to provide managers and staff with guidance on RIDDOR reportable incidents. It contains details of the types of incidents that are RIDDOR reportable (see appendices 1 – 4) and the methods by which they should be reported.

1.5 Objectives

The objective of this policy is to ensure that all managers and staff are aware of their responsibilities under the RIDDOR Regulations.

2.1 SCOPE OF THE POLICY

2.2 This policy provides guidance on the arrangements for the reporting and management of incidents under RIDDOR within the Trust's owned, leased or managed premises/property and when its staff, self-employed persons and Contractors are working within the remit of their employment (including whilst volunteering) for the Trust, patients/clients and members of the public.

2.3 The Trust recognises that some staff may be required, as part of their employment, to work at locations outside of Trust premises (eg Peripatetic working in the community). Such working also falls within the remit of this policy and is reportable under RIDDOR legislation.

3.1 ROLES & RESPONSIBILITIES

3.2 **Trust Board:** is responsible for seeking assurance that a robust system is in place for the reporting and management of incidents under RIDDOR.

3.3 **Chief Executive**: is the Accountable Officer for the organisation and is responsible for ensuring that it meets its statutory and legal requirements in respect of adverse incidents under RIDDOR.

3.4 **Medical Director:** is the lead Director responsible for the reporting and management of incidents under RIDDOR within the Trust.

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3.5 **Director/s:** are responsible for ensuring that the Trust's policy on incidents under RIDDOR is widely disseminated, promoted and implemented within their areas of responsibility.
Directors are ultimately responsibility for ensuring incidents under RIDDOR reported within their directorates are managed in accordance with this policy and where deficits in incident management performance are identified they take remedial actions and ensure systems and processes are effective.

3.6 **Assistant Directors and Professional Leads:** are responsible and accountable to their respective Directors for ensuring that this policy and any associated procedures are effectively implemented within their areas of responsibility. They should also promote an open, honest and just reporting culture and ensure that appropriate reviews are carried out.

3.7 **Senior Managers, Heads of Departments/Services:** are responsible for:

- ensuring that this policy is effectively implemented across their area of responsibility;
- promoting an open, honest and just reporting culture;

3.8 The **Risk Management Department** once notified or following investigation that an incident meets the criteria for RIDDOR**,** will provide incident details onto the RIDDOR reporting template and forward this electronically to the enforcing authority in compliance with the regulations using the relevant extant pro formas. It is the responsibility of Risk Management Department to complete and submit this form. It should be noted that since 1 April 2013, employers have the option to report all work related incidents to HSENI, regardless of which jurisdiction (and local enforcing authority area) the incident occurred in.

3.9 **Managers:** It is the responsibility of all managers to ensure that incidents are reported on the Trust's DATIX incident reporting system without delay and that any death, major injury and dangerous occurrence incidents are communicated to the Risk Management Department within Trust HQ, MDEC by the fastest means possible e.g. telephone Tel. Ext. 214120. It is essential that all relevant sections of the DATIX incident report form is fully completed to ensure any RIDDOR report contains the necessary information surrounding the incident and any injuries. Managers must follow up staff absences from an incident and injury, and if an absence is **not** known at time of report being submitted, contact Risk Management when it is known and if the absence exceeds 3 days (excluding the day of the incident). If a manager or the staff are unsure at the time of reporting an incident if a serious injury has been sustained, especially when all the facts/outcome and injuries following the incident are not yet known, RIDDOR should still be ticked YES within DATIX. This action will allow the RIDDOR reporting officer within Risk Management to be notified, and following the investigation outcome, will make the final decision on reporting.

3.10 **Staff**: It is the responsibility of all staff to ensure that incident reports are completed without delay and that all parts of the incident report are completed in their entirety.

3.11 It should be noted that reporting to the enforcing authorities as required under RIDDOR is a function of the Risk Management Department and should not be undertaken at local level.

4.1 KEY POLICY PRINCIPLES

4.2 Definitions

4.2.1 **RIDDOR:** Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997.

4.3 Guidance Notes – General Points

4.3.1 All incidents must be reported as soon as practicable and ideally within 24 hours onto the DATIX incident reporting system. This must typically be no later than the next working day following the incident.

4.3.2 If RIDDOR is applicable (as per note on the DATIX RIDDOR section), staff should tick YES. A notification will then be received by the Risk Management responsible officer, who will make the report if the criteria for RIDDOR is met by consideration of the information provided regarding the incident or absence details. Occasionally the reporter or manager may be contacted via DATIX feedback to verify or confirm any queries prior to a decision to report.

4.3.3 Risk Management will complete the appropriate on-line proforma and submit it to the HSENI on-line reporting system.

4.3.4 All incidents and associated reporting are recorded in the Trust's Datix database. Records of all RIDDOR reportable incidents are maintained by the Risk Management Department for a period of ten years (in accordance with The Trust's Retention & Disposal Schedule).

4.3.5 Occasionally RIDDOR reportable incidents will be subject to more in-depth investigations due to the serious nature of the incident, injury of if a fatality should occur at that time or later. Therefore, managers must ensure that a detailed investigation is undertaken immediately following a potential RIDDOR reportable incident and the findings are documented onto the DATIX system. Irrespective, investigations should form part of all reported incidents.

4.4 Incident types which must be reported

4.4.1 Death or Major Injury (Appendix 1)

If there is an accident connected with the workplace and a staff member, patient/client or self-employed person working on Trust premises is killed or suffers a major injury (including as a result of physical violence); or there is an accident connected with the workplace and a member of the public is killed or taken to hospital; then the HSENI or appropriate enforcing authority must be notified without delay (e.g. telephone). **Within 10 days of the incident**, a

completed NI2508 form must be sent to the HSENI or enforcing authority as required under RIDDOR legislation. Both of these actions will be carried out by the Risk Management Department.

In the event of an incident involving a contractor the employer will report the incident to the enforcing authority and notify the Trust of the incident.

4.4.2 **Over 3 Day Injury**

If there is an accident connected with work (including as a result of physical violence) and a staff member or self-employed person working on Trust premises, or within the remit of their employment, suffers an injury which prevents them from carrying out their duties for more than 3 days, a completed RIDDOR report form, NI2508, must be sent to the enforcing authority within 10 days by the Risk Management Department**.** This type of injury is not classified as major but results in the injured person being away from work or unable to conduct their normal duties for more than three days (including non-work days but not including the day on which the incident occurred). **If an injury is detected subsequent to an incident report being submitted, (which gives rise to the aforementioned absence from work) it is the responsibility of the manager of the facility where the incident occurred to provide details of the injury (via email, providing incident report number) to the Risk Management Department.**

In the event of an incident involving a contractor the employer will report the incident to the enforcing authority and notify the Trust of the incident.

4.4.3 **Dangerous Occurrence (Appendix 2)**

If an incident occurs which does not result in a reportable injury, but clearly could have done, then it may constitute a dangerous occurrence (see examples in Appendix 2) and must therefore be reported without delay (e.g. telephone) and supplemented by a notification to the appropriate enforcing authority within 10 days (using form NI2508). This action is carried out by the Risk Management Department. This is completed via the HSENI Online system.

4.4.4 **Disease (Appendix 3)**

If the Trust is notified by a doctor (e.g. GP or Occupational Health) that a staff member suffers from a reportable, work related disease (e.g. dermatitis), the respective manager must then submit a DATIX incident report form. The Risk Management Department must then complete a disease report form NI2508A and forward to the enforcing authority (this form is available online and can be accessed as necessary).

5.0 IMPLEMENTATION OF POLICY

5.1 Dissemination

5.1.1 This policy is applicable to all staff within the Trust. This policy will be made available to all staff via the Trust's intranet site.

5.2 Resources

5.2.1 Training on the application of this policy for relevant managers and staff will be facilitated and delivered by the Trust's Risk Management Department as part of wider training on incident reporting.

5.3 Exceptions

5.3.1 There are no service areas exempt from the operation of this policy.

6.0 MONITORING

6.1 It is the responsibility of the Risk Management Department to monitor the implementation of and assess the level of compliance with this policy.

7.1 EVIDENCE BASE/REFERENCES

- Health & Safety at Work (NI) Order 1978
- RIDDOR (NI) 1997
- NI2508 Report Form
- NI2508A Report Form
- Health & Safety Executive "A Guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995" (L.73)
- Health Services Information Sheet No 7 (revision 3), 1 October 2013 - Reporting Injuries Diseases and Dangerous Occurrences in Health & Social Care – Guidance for Employers

8.0 CONSULTATION PROCESS

8.1 Via the Regional Working Group on Adverse Incidents consultee list.

Consultation with employees and their trade union representatives is a legal requirement, ref: Health & Safety (Consultation with Employees) Regulations (NI) 1996 and The Safety Representatives and Safety Committee Regulations (NI) 1979.

9.0 APPENDICES/ATTACHMENTS

Appendix 1 – Definitions of Major Injuries
Appendix 2 – Reportable Dangerous Occurrences
Appendix 3 – Reportable Diseases
Appendix 4 – Examples of Patient/Service User Falls and Choking Incidents

10.1 EQUALITY STATEMENT

In line with duties under the equality legislation (Section 75 of the Northern Ireland Act 1998), Targeting Social Need Initiative, Disability discrimination and the Human Rights Act 1998, an initial screening exercise to ascertain if this policy should be subject to a full impact assessment has been carried out. The outcome of the Equality screening for this policy is:

Major impact ☐

Minor impact ☐

No impact. ☒

Date:

SIGNATORIES

_____ **Date:** _____

Appendix 1

DEFINITIONS OF MAJOR INJURIES

Reportable major injuries are:

- Fracture other than to fingers, thumbs or toes;
- Amputation;
- Dislocation of the shoulder, hip, knee or spine;
- Loss of sight (temporary or permanent);
- Chemical or hot metal burn to the eye or any penetration injury to the eye;
- Injury resulting from an electric shock or electrical burn leading to unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours;
- Unconsciousness caused by asphyxia or exposure to harmful substances or biological agent;
- Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material;
- Any other injury leading to hypothermia, heat induced illness or to unconsciousness, or requiring admittance to hospital for more than 24 hours;
- Acute illness requiring medical treatment or loss of consciousness which results from the absorption of any substance by inhalation, ingestion or through the skin.

REPORTABLE DANGEROUS OCCURRENCES

- Collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- Explosion, collapse or bursting of any closed vessel or associated pipework;
- Failure of any freight container in any of its load-bearing parts;
- Plant or equipment coming into contact with overhead power lines;
- Electrical short circuit or overload causing fire or explosion;
- Any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury caused by an explosion;
- Accidental release of a biological agent likely to cause severe human illness;
- Failure of industrial radiography or irradiation equipment to de-energise or return to its safe position after the intended exposure period;
- Malfunction of breathing apparatus while in use or during testing immediately before use;
- Failure or endangering of diving equipment, the trapping of a diver, an explosion near a diver, or an uncontrolled ascent;
- Collapse or partial collapse of a scaffold over 5 meters high, or erected near water where there could be a risk of drowning after a fall;
- Unintended collision of a train with any vehicle;
- Dangerous occurrences at a pipeline;
- Failure of any load-bearing fairground equipment, or derailment or unintended collision of cars or trains;
- A road tanker carrying a dangerous substance overturns, suffers serious damage, catches fire or the substance is released;
- A dangerous substance being conveyed by road is involved in a fire or released.

The following dangerous occurrences are reportable except in relation to offshore workplaces:

- Unintended collapse of: any building or structure under construction, alteration or demolition where over 5 tonnes of materials fall; a wall or floor in a place of work; any false work;

- Explosion or fire causing suspension of normal work for over 24 hours;

- Sudden, uncontrolled release in a building of : 100kg or more of flammable liquid; 10kg of flammable liquid above its boiling point; 10kg or more of flammable gas; or of 500kg of these substances if the release is in the open air;

- Accidental release of any substance, which may damage health.

Appendix 3

REPORTABLE DISEASES

1. Occupational Diseases

Conditions due to physical agents and physical demands of work

- Inflammation, ulceration or malignant disease of the skin due to ionising radiation;
- Malignant disease of the bones due to ionising radiation;
- Blood dyscrasia due to ionising radiation;
- Decompression illness;
- Barotrauma resulting in lung or other organ damage;
- Dysbaric osteonecrosis;
- Cramp of the hand or forearm due to repetitive movements. *Activity – work physically involving prolonged periods of handwriting, typing or other repetitive movements of the fingers, hand or arm;*
- Subcutaneous cellulitis of the hand (beat hand). *Activity – physically demanding work causing severe or prolonged friction or pressure on the knee;*
- Bursitis or subcutaneous cellulites arising at or about the knee due to severe or prolonged external friction or pressure at or about the elbow (beat elbow*). Activity – physically demanding work causing severe or prolonged friction or pressure on the elbow;*
- Traumatic inflammation of the tendons of the hand or forearm or of the associated tendon sheaths. *Activity – physically demanding work, frequent or repeated movements, constrained postures or extremes of extension or flexion of the hand or wrist;*
- Carpal tunnel syndrome. *Activity – work involving the use of hand-held vibrating tools;*
- Hand-arm vibration syndrome. *Activity – work involving:-*
    - The use of chain saws, brush cutters or hand-held or hand-fed circular saws in forestry;
    - The use of hand-held rotary tools in grinding material or in sanding or polishing metal;
    - The holding of material being ground or metal sanded or polished by rotary tools;
    - The use of hand-held percussive metal working tools or the holding of metal being worked upon by percussive tools in connection with riveting, caulking, chipping, hammering, fettling or swaging;

- The use of hand-held powered percussive drills or hand-held powered percussive hammers in mining, quarrying or demolition, or on roads or footpaths (including road construction);
- The holding of material being worked upon by pounding machines in shoe manufacture.

2. Conditions due to biological agents

- Anthrax
- Brucellosis
- Avian Chlamydiosis
- Ovian Chlamydiosis
- Hepatitis
- Legionellosis
- Leptospirosis
- Lyme disease
- Q fever
- Rabies
- Streptococcus suis
- Tetanus
- Tuberculosis
- Poisonings
    - Acrylamide monomer
    - Arsenic or one of its compounds
    - Benzene or a homologue of benzene
    - Beryllium or one of its compounds
    - Cadmium of one of its compounds
    - Carbon Disulphide
    - Diethylene dioxide
    - Lead or one of its compounds
    - Manganese or one of its compounds
    - Mercury or one of its compounds
    - Methyl bromide
    - Nitrochlorobenzene, or a nitro –or amino- or chloro-derivitive of benzene or a homologue of benzene
    - Oxides of nitrogen
    - Phosphorous or one of its compounds

- Cancer of a bronchus or lung
- Primary carcinoma of the lung
- Cancer of the urinary tract
- Bladder cancer
- Angiosarcoma of the liver
- Peripheral neuropathy
- Chrome ulceration
- Follicilitis
- Acne
- Skin cancer
- Pneumoconiosis
- Byssinosis
- Mesothelioma

- Please note Coronavirus is classified as a biological agent as defined in regulation 2(1) of the Control of Substances Hazardous to Health Regulations (Northern Ireland) 2003.

  Contact your Risk Management department for advice on when to report positive cases of Coronavirus for staff suspected to have been infected through work.

- Lung Cancer
- Asbestosis
- Cancer of the nasal cavity or associated air sinuses
- Occupational dermatitis
- Extrinsic Alveolitis
- Occupational Asthma

Further information in respect of Appendices 1, 2 and 3 is available at https://www.hseni.gov.uk/publications/riddor-guidance - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997

Appendix 4

EXAMPLE OF REPORTABLE INCIDENTS

Patient/Service User Falls and Choking Incidents

In the event of a death or major injury arising due to a patient/service user fall or choking incident, in connection with the Trust's work activities and it could have been prevented through risk assessment, identifying and implementing control measures or failure to do any of these, this should be reported under RIDDOR.

- A patient fall incident would be reportable if:-

    - The fall protection measures identified in the falls assessments were not in place at the time of the incident including arrangements for supervision, assistance, access to call and use of mobility aids etc;
    - There was an environmental factor which may have contributed to the fall for example defective flooring, wet floors, housekeeping issues etc.

Examples of Patient Falls:

- A confused patient falls from a hospital window on an upper floor and is badly injured;
- A service user falls in the lounge area, there is previous history of fall incidents, but reasonably practicable measures to reduce the risks have not been put in place;
- 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.

(Source: HSE Reporting injuries, diseases and dangerous occurrences in health and social care: Guidance for employers Health Services Information Sheet No 1 (Revision 3).

Patient Choking

- A patient choking incident would be RIDDOR reportable if measures in place at the time of the incident as per patient assessment were not in place for example supervision at meal times, personal placemat, safe eating strategies and staff training in swallowing, eating, drinking assessments.