

Guidance on the Reporting Injuries, Diseases and Dangerous Occurrences in Health and Social Care Sectors

Introduction

This relates to how the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1985 (RIDDOR), as applied by an order of Tynwald, apply to the health and social care sectors.

RIDDOR requires employers and others to report deaths, certain types of injury, some occupational diseases and dangerous occurrences that “arise out of or in connection with work”. Generally, this covers incidents where the work activities, equipment or environment (including how work is carried out, organised or supervised) contributed in some way to the circumstances of the accident.

RIDDOR reports are used to alert the Health and Safety at Work Inspectorate (HSWI) to events and helps them to decide whether to investigate serious incidents. Reports enable the HSWI to identify where and how health and safety risks arise, reveal trends and help target activities.

Some incidents are not reportable under RIDDOR. But this does not mean that the general provisions of the Health and Safety at Work etc. Act 1974 as applied to the Isle of Man (HSAW) do not apply. Depending on the circumstances, the HSWI may decide it is appropriate to investigate such incidents. This is more likely to arise where management or procedural failures have contributed to, or had the potential to cause, death or serious injury.

What do you need to report?

The following are reportable, if they “arise out of or in connection with work”:

- 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 three days
- accidents which result in a person not at work (e.g. a patient, service user, visitor) suffering an injury and being admitted to hospital for longer than 24 hours, or if the accident happens at hospital, if they suffer a specified injury
- specified dangerous occurrences, which may not result in a reportable injury, but have the potential to do significant harm

Who should report?

The ‘responsible person’ has the duty to notify and report. This may be the employer of an injured person or the person in control of the premises where work is carried out e.g. accident occurred in a training facility.

How to report

Reports must be made by the quickest practicable means and followed up within 7 days by a written formal report, this is most commonly done online.

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

Reporting an incident is not an admission of liability.

Reporting requirements of other regulators

Other regulators in the health and social care sector, such as R&I, have different reporting requirements. These are separate to and distinct from the legal duty to report incidents under RIDDOR.

Deaths in health and social care

You must report the death of any person, whether or not they are at work, if it is caused by an accident arising out of or in connection with work.

If a patient or service user commits suicide. Suicides are not considered 'accidents' and are not RIDDOR reportable. Although RIDDOR would not apply in this instance, the general provisions of the HSAW could still apply. The HSWI may, depending on the circumstances, decide it is appropriate to investigate such incidents. This is more likely to arise where management or procedural failures were a significant contributory factor.

Injuries and ill health involving health and social care workers

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

Specified injuries

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

- fracture of the skull, spine or pelvis
- fracture of any bone-
 - in the arm or wrist, but not a bone in the hand or
 - in the leg or ankle, but not a bone in the foot
- amputation of-
 - a hand or foot or
 - a finger, thumb or toe, or any part thereof if the joint or bone is completely severed
- the loss of sight of an eye, a penetrating injury to an eye, or a chemical or hot metal burn to an eye
- either injury (including burns) requiring immediate medical treatment, or loss of consciousness, resulting in either case from an electric shock from any electrical circuit or equipment, whether or not due to direct contact
- loss of consciousness resulting from lack of oxygen
- decompression sickness requiring immediate medical treatment
- either acute illness requiring medical treatment, or loss of consciousness, resulting in either case from the absorption of any substance by inhalation, ingestion or through the skin
- acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a pathogen or infected material
- any other injury which results in the injured person being admitted to hospital for more than 24 hours.

Lost-time accidents to employees

Over-three-day injuries

You must report these where they result in a worker unable to perform their normal duties for more than three consecutive days including Saturday and Sunday, but not including the day of the accident.

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 including a service users injuring a member of staff to a person at work that result in a major injury or being incapacitated for over three days are reportable.

Diseases, infections and ill health

You must report any instance where a Registered Medical Practitioner (RMP) tells you in writing that one of your employees is suffering from a disease that is specified in RIDDOR, and the employee undertakes work that is specified in the Schedule 2 as being linked with that condition.

Infections that could have been acquired as easily in the community as it could have at work such as flu and covid are not reportable, unless it can be determined that the infection was definitely acquired at work such as working with the virus in a laboratory when an accident occurred.

Reportable

- A paramedic becomes hepatitis B positive after contamination with blood from an infected patient.
- A care assistant is splashed in the face with bodily fluids from a service user, known to be infected with hepatitis B, and becomes hepatitis B positive.
- A surgeon suffers dermatitis associated with wearing latex gloves during surgery

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 patients infected with MRSA
- A cleaner catches chicken pox. Patients in areas where she has worked have chicken pox

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.

Reportable

- A nurse contracts active pulmonary TB after nursing a patient with the condition
- A laboratory worker suffers from typhoid after working with specimens containing typhoid

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 patient is not known to have any infection.
- An employee is cut with a scalpel used on a patient not known to be contagious, but undergoing blood checks for hepatitis A.

Stress

Stress is not reportable as an occupational injury, even when accompanied by a medical certificate stating it is work-related, because it does not result from a single definable accident.

Injuries and ill health involving people not at work (visitors, patients, residents and service users etc.)

This section covers accidents which result in a person not at work suffering a specified injury or being admitted to hospital for more than 24 hours, 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 a specified injury or
- results in them being admitted to hospital for more than 24 hours

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 patients, residents, service users or visitors. The following examples will help you decide whether to report or not.

Reportable

- A resident is scalded by hot bath water and taken to hospital for treatment and is admitted for more than 24 hours. The resident 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 hospital is struck on the head by a car park barrier and receives a specified injury that requires hospital admission for more than 24 hours.
- A service user requires hospitalization for more than 24 hours after sliding through a sling after being hoisted from a chair. The wrong-sized sling was used.

Not reportable

- A patient or visitor is injured by an act of physical violence from another patient.
- A patient receives a healthcare-associated infection while receiving treatment in hospital. Hospital associated infections acquired by patients are not reportable under RIDDOR.

Patient/service user fall incidents

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

Reportable

- 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 including required reviews of the fall assessments to reduce the risks have not been put in place.
- A service user falls out of bed and is injured. 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/ trailing electrical cables in the hallway.
- A service user falls in their bedroom, they have been identified as needing assistance mobilizing, because they have dementia the service user does not use the call bell

and a pressure mat is in place to alert staff but the resident has a history of avoiding the pressure mat. Nothing else has been considered to minimize falls.

- A service user trips or falls breaks a hip and it had been identified that they needed support from staff to mobilize but this assistance wasn't available
- A patient falls out of bed suffers a specified injury and the required assessments had not been completed then this would be reportable.
- If a patient is injured or dies due to a failure of medical equipment or lack of or poor maintenance this would be reportable.

Not reportable

- A service user falls and breaks a leg. They were identified as not requiring assistance or equipment. There are no slips or trips obstructions or defects in the premises or environment.
- A service user falls out of bed and is taken to hospital with a specified injury. 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.
- A visitor falls and breaks a hip but there were no obstructions or premises defects and the individual has not been identified as requiring staff assistance to mobilize, the incident would not be regarded as 'arising out of or in connection with work' and would not be reportable.

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.

Example 1

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 with a specified injury. They have been left alone for dignity reasons. Their care plan identified that the individual should have assistance or supervision.

Reportable

- The member of staff left the service user out of earshot and without a call bell they could use, or had not responded promptly when they did call, as adequate supervision had not been provided.

Not reportable if:

- 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.

You may need to look at the patient's/service user's care plan to decide what care was assessed as being appropriate for them and whether this was being met. If you still are unclear, ask for advice.

Example 2

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

Reportable if:

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

Example 3

A patient falls from a stretcher while being maneuvered into an ambulance and suffers a hip fracture.

Reportable if:

- the paramedics had chosen the wrong piece of equipment to move the patient, or had not received the appropriate training about safe use of the equipment, or were not following a safe system of work;
- the paramedics were aware the patient had a history of aggression and failed to take this into account when moving them. The patient subsequently becomes aggressive and falls from the stretcher.

Not reportable if:

- The patient became unexpectedly aggressive, struggled and fell.

Self-harm

Acts of deliberate self-harm are not considered 'accidents' and are not RIDDOR reportable.

However, this does not mean that the general provisions of the HSWA do not apply. The enforcing authority may, depending on the circumstances, decide that it is appropriate to investigate such incidents. This is more likely to arise where serious management or procedural failures were a contributory factor.

Clinical decisions

If a person is injured as a result of an accident arising directly from the conduct of any operation, any examination or other medical treatment being carried out by or under the supervision of an RMP or registered dentist, the injury is not reportable.

The supervision does not need to be direct for the exemption to apply – it is sufficient that the procedure being carried out was laid down by an RMP.

However, this does not mean that the general provisions of the HSWA do not apply. The enforcing authority may, depending on the circumstances, decide that it is appropriate to investigate such incidents.

Reportable

- A patient suffering a serious injury as a result of a power failure during an operation (not caused by the conduct of the operation).

Not reportable

- During a surgical operation, a surgeon removes the wrong organ. The patient subsequently dies.
- A patient suffers a seizure following a medical procedure. The nursing assistant was following a procedure laid down by an RMP.
- A paramedic administers a drug to a patient who subsequently dies because of an allergic reaction. This would not be reportable, whether or not the correct procedure was being followed.
- A patient known to be allergic to penicillin is nevertheless given a penicillin-based drug under the supervision of an RMP and subsequently dies.

However, this does not mean that the general provisions of the HSWA do not apply. The enforcing authority may, depending on the circumstances, decide that it is appropriate to investigate such incidents.

Dangerous occurrences in health and social care

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
- the accidental release of a biological agent likely to cause severe human illness (a hazard group 3 or 4 pathogen)
- an electrical short circuit or overload causing fire or explosion
- an explosion or fire causing suspension of normal work for over 24 hours.

The RIDDOR regulations includes a full list of dangerous occurrences.

Examples

Reportable

- A patient hoist collapses or overturns.
- A laboratory worker spills a sufficient quantity of formaldehyde from a container to cause damage to the health of the worker or others present.
- A container of a TB culture is broken and releases its contents.
- A cleaner suffers a needlestick injury from a needle and syringe known to contain hepatitis B positive blood.

Not reportable

- An elderly woman with dementia wanders out of a care home into the car park/main road.
- There is a collision between two vehicles in a hospital car park and no-one is injured.
- A community nurse suffers a needlestick injury, does not sero-convert and the source of the sharp cannot be traced.