

Reporting injuries, diseases and dangerous occurrences in health and social care

Guidance for employers

HSE information sheet

Health Services Information Sheet No 1 (Rev4)

Introduction

This information sheet gives guidance on how the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) apply to the health and social care sector. It is aimed at employers and others in health and social care, who have a duty to report under RIDDOR.

RIDDOR requires the 'responsible person' (usually an employer in relation to a worker) and those in control of premises to report deaths, 'specified injuries' to workers, certain occupational diseases and dangerous occurrences that '**arise out of or in connection with work**'. Generally, this means incidents where the work activity, equipment or environment (including how work is carried out, organised or supervised) contributed in some way to the circumstances of the accident.

RIDDOR reports alert enforcing authorities (HSE or local authorities) to events and help them to decide whether to investigate serious incidents. Reports also assist 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 health and safety law (including the Health and Safety at Work etc. Act 1974 ('the HSW Act')) do not apply. Depending on the circumstances, the enforcing authority may decide it is appropriate to investigate such incidents. This is more likely to arise where serious management 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 (see 'Section 1');
- accidents which result in an employee sustaining a specified injury, being absent from work or unable to do

- their normal duties for more than seven days (see Section 2);
- accidents which result in a person not at work (e.g., a patient, service user, 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 (see Section 3);
- an employee or self-employed person is diagnosed with one of the specified occupational diseases (See section 2);
- an employee or self-employed person receives a diagnosis of cancer attributed to an occupational exposure to carcinogens (See section 2);
- an employee or self-employed person receives a diagnosis of a disease attributed to an occupational exposure to a biological agent (see Section 2);
- specified dangerous occurrences, which may not result in a reportable injury, but have the potential to do significant harm (see Section 4).

Who should report?

The 'responsible person' has the duty to notify and report. This may be the employer of an injured person, a self-employed person or someone in control of premises where work is carried out. Who the responsible person is depends on the circumstances of the reportable incident (see Table 1).

Agencies supplying workers should ensure that responsibility for reporting under RIDDOR is clearly assigned to the appropriate person based on the particular facts of the employment relationship. Agencies should ensure that reporting responsibilities are clearly understood by the host businesses and workers.

Where different organisations share responsibility for managing staff, the employer is responsible for ensuring adequate arrangements are in place for reporting incidents.

Table 1 The responsible person

Reportable incident	Injured person	Responsible person
Death, specified injury, over-seven-day injury or case of disease	An employee at work	That person's employer
Death, specified injury or over-seven-day injury	A self-employed person at work in premises under someone else's control	The person in control of the premises
Specified injury, over-seven-day injury or case of disease	A self-employed person at work in premises under their control	The self-employed person or someone acting on their behalf
Death or injury which means you have to be taken to hospital for treatment (or a specified injury occurring at a hospital)	A person not at work (but affected by the work of someone else), e.g. patient, volunteer or visitor	The person in control of the premises or, in domestic premises, the employer in control of the work activity
Dangerous occurrence		The person in control of the premises where (or in connection with the work at which) the dangerous occurrence happened

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.

When to report

Although the Regulations specify varying timescales for reporting different types of incidents, it is advisable to report the incident as soon as possible.

In cases of a reportable death, specified injury, or dangerous occurrence, you must notify the enforcing authority without delay. You must report within 10 days of the incident.

Over-seven-day injuries must be reported within 15 days of the incident.

Diseases should be reported as soon as a registered medical practitioner (RMP) notifies you in writing that your employee suffers from a reportable work-related disease.

How to report

For general advice on how you should report, see the RIDDOR pages on HSE's website: www.hse.gov.uk/riddor.

All incidents can be reported online, however a telephone service remains for reporting **fatal and specified injuries only**.

Keeping records

You must keep a record of any reportable injury, disease, or dangerous occurrence for three years. This must include:

- the date and method of reporting;
- the date, time and place of the event;
- personal details of those involved;
- the injury;
- a brief description of the nature of the event or disease.

You must keep a record of all over-three-day injuries. If you are required to keep an accident book, under the Social Security (Claims and Payments) Regulations 1979, that record can be treated as a record for the purposes of RIDDOR.

Consultation

Under the Safety Representatives and Safety Committees Regulations 1977 and the Health and Safety (Consultation with Employees) Regulations 1996, employers must make relevant health and safety documents available to safety representatives.

This includes records kept under RIDDOR, except where they reveal someone's personal health information. For further information on consultation, see *Consulting employees on health and safety: A brief guide to the law* Leaflet INDG232 - www.hse.gov.uk/pubns/indg232.pdf

Reporting requirements of other organisations and regulators

Other organisations and regulators in the health and social care sector administer a number of reporting requirements. These are separate to and

distinct from the legal duty to report incidents under RIDDOR.

Sometimes regulators and organisations need to share information in accordance with their statutory responsibilities, especially where it may indicate a failure to follow legal responsibilities and put people at risk.

Section 1: 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 that work.

Where an employee dies as a result of a specified injury, within one year of that injury, the employer must inform the enforcing authority about the death in writing. You must do this whether or not the original injury had been reported.

Deaths which are not reportable

- A self-employed person dies in premises where they are the owner or occupier
- A patient or service user commits suicide. Suicides are not considered 'accidents' and are not RIDDOR reportable.
- A person admitted to hospital for treatment is exposed to a biological agent, for example legionella, and dies while in hospital. Deaths resulting from exposure to biological agents are only reportable in respect of people at work.

Although RIDDOR does not apply in these instances, the general provisions of the HSW Act could still apply. The enforcing authority may, depending on the circumstances, decide it is appropriate to investigate such incidents. This is more likely to arise where serious management failures were a contributory factor.

Section 2: Injuries and ill health involving health and social care workers

This section covers accidents resulting in an employee or a self-employed person sustaining a specified injury, ill health or being unable to perform their normal duties for more than seven consecutive days.

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;
- 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.

Lost-time accidents to employees

Over-seven-day injuries

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.

Over-three-day injuries

You must record accidents, but not report them where they result in a worker being incapacitated for more than three consecutive days. If you are an employer, who has to keep an accident book, the record you make in this will be enough.

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 specified injury or being incapacitated for over seven days are reportable and you must keep a record of over-three-day injuries.

Occupational 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 has been diagnosed with a disease specified in RIDDOR and the employee undertakes work linked with that condition.

Reportable diseases, infections and ill health include:

- carpal tunnel syndrome, where the person's work involves regular use of percussive or vibrating tools;
- cramp of the hand or forearm, where the person's work involves prolonged periods of repetitive movement of the fingers, hand or arm;
- occupational dermatitis, where the person's work involved significant or regular exposure to a known skin sensitizer or irritant;
- hand-arm vibration syndrome, where the person's work involves regular use of percussive or vibrating tools, or the holding of materials which are subject to percussive processes, or processes causing vibration;
- occupational asthma, where the person's work involves significant or regular exposure to a known respiratory sensitizer;
- tendonitis or tenosynovitis of the hand or forearm, where the person's work is physically demanding and involves frequent, repetitive movements;
- any cancer attributed to an occupational exposure to a known human carcinogen or mutagen;
- any disease attributed to an occupational exposure to a biological agent.

For the purposes of RIDDOR, disease attributed to a biological agent means that your employee has been infected by that biological agent at work. In some cases, infection may occur with few or no symptoms (e.g. infection due to a blood-borne virus (BBV)), however these cases would still be reportable.

In contrast, colonisation is the presence of bacteria on a body surface, such as the skin, without evidence of infection. This is not a disease due to a biological agent and is not RIDDOR reportable.

Infections that could have been acquired as easily in the community as in work are not reportable, unless there is reasonable evidence that the infection was due to an occupational exposure to a biological agent. This means that it should be more likely than not that the person's work activity was the source of exposure.

Self-employed people also need to report any reportable diseases and infections they suffer (for advice on how to report, see the RIDDOR pages on HSE's website at www.hse.gov.uk/riddor).

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.
- 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 and becomes hepatitis B positive.
- 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 is colonised with a strain of MRSA known to have caused an infection in a patient.
- 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 cases where the disease cannot be reliably attributed to the work activity, they will not be reportable as it might easily have occurred at home or in the community.

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 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 is acquired by this route. This is reportable as a disease – see 'Occupational diseases, infections and ill health' section.
- if the injury itself is so severe that it must be reported as an over 7-day absence.

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-even-day injury. If the employee develops a BBV 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 acquire a BBV 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.

Due to the sensitive nature of reporting diseases and infections caused by BBVs, 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.

Stress

Stress is not reportable as occupational ill health, even when accompanied by a medical certificate stating it is work-related, because it does not result from a single definable incident. However, depending on the circumstances, the enforcing authority may decide it is appropriate to investigate such incidents.

Section 3: 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*, by whatever means (for example by taxi, private car or ambulance); or
- happens at a hospital and involves a specified injury.

The following examples will help you decide about reportability in relation to non-workers.

Injuries to people not at work

Reportable

- A patient is scalded by hot bath water and taken to hospital for treatment. The patient was vulnerable and adequate precautions were not taken.
- A service user sustains 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 sustains 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 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.
- A patient admitted to hospital for treatment contracts Legionnaires' disease in hospital.

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 results in a specified injury. This includes where equipment or the work environment (including how or where work is carried out, organised 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 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.

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.

* Examinations and diagnostic tests do not constitute 'treatment'.

- 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 is 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.

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. 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

- 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 from the toilet and receives a 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 home where it was foreseeable 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.

You may need to consult the patient's/service user's care plan to decide what care was assessed as being appropriate for them. If you still are unclear, ask for advice from those responsible for the care plan.

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 HSW Act 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 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.

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.

If there is a concern about the professional misconduct of an individual, you should ensure that the appropriate professional body is notified:

- General Medical Council for doctors.
- General Dental Council for dentists.
- Nursing and Midwifery Council for nurses.
- Health Professions Council for paramedics and allied health professionals.

For further advice you can also contact the Patient Advice and Liaison Service.

Section 4: 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;
- the accidental release or escape of any substance which may cause injury or ill health to any person;
- an electrical short circuit or overload causing fire or explosion;
- the failure of any closed vessel or associated pipework forming a pressure system;
- an explosion or fire causing suspension of normal work for over 24 hours.

RIDDOR includes a full list of dangerous occurrences. For more information on the reportability of sharps injuries see Section 2.

Is the incident a reportable dangerous occurrence?

Reportable

- A patient hoist collapses or overturns but the patient in the hoist is not injured.
- A laboratory worker spills a sufficient quantity of formaldehyde from a container to cause damage to the health of a 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 but is not infected with a BBV.

Not reportable

- An elderly woman with dementia wanders out of a care home into the car park/main road.
- A lifting sling fails during a lift. You don't need to report failures of lifting accessories.
- A community nurse suffers a needlestick injury, does not acquire a disease and the source of the sharp cannot be traced.

Further information

For information about health and safety, or to report inconsistencies or inaccuracies in this guidance, visit www.hse.gov.uk. You can view HSE guidance online for free or order priced publications from the website. HSE priced publications are also available from bookshops.

This guidance is issued by the Health and Safety Executive. Following the guidance is not compulsory, unless specifically stated, and you are free to take other action. But if you do follow the guidance you will normally be doing enough to comply with the law. Health and safety inspectors seek to secure compliance with the law and may refer to this guidance.

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