

Policy Under Review

Please note that this policy is under review. It does, however, remain current Trust policy subject to any recent legislative changes, national policy instruction (NHS or Department of Health), or Trust Board decision. For guidance, please contact the Author/Owner.

Information Category	Detailed Information
Document Title:	Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Policy V5.0
This document replaces (exact title of previous version):	Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Policy V4.0
Date Issued / Approved:	December 2022
Date Valid From:	December 2022
Date Valid To:	June 2026
Author / Owner:	Natasha Quick, Senior Advisor (Health)
Contact details:	01872 252976
Brief summary of contents:	Trust Management arrangements for the statutory reporting of certain incidents, diseases and dangerous occurrences.
Suggested Keywords:	Health and Safety, Accident, Near Miss, Dangerous Occurrence, Occupational ill health, Occupational disease, RIDDOR, HSE, Incident Reporting, Specified Injury, Fatal Accident. HSP005.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Chief Operating Officer
Approval route for consultation and ratification:	Health and Safety Committee Governance Committee.
Manager confirming approval processes:	Gavin Griffiths, Head of Health and Safety

Information Category	Detailed Information
Name of Governance Lead confirming consultation and ratification:	Natasha Quick, Service Improvement and Business Lead (Health)
Links to key external standards:	Including, but not restricted to: Health and Safety at Work etc. Act 1974. Management of Health and Safety Regulations 1999. Social Security (Claims and Payment) Regulations 1979. Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013. Control of Substances Hazardous to Health Regulations 2002. Care Quality Commission (CQC) Regulations.
Related Documents:	Clinical Governance and Controls Assurance Strategy. Risk Management Policy. Risk Management Strategy. Health and Safety Policy. Incident Reporting Policy and Procedure Manual Handling Policy. Control of Infection Policy. Training and Development Policy. Biological Hazards Policy. Emergency Plan. Electrical Equipment and Portable Appliance Testing Policy. Note: this is not an exhaustive listing.
Training Need Identified:	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Chief Operating Officer / Health and Safety

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy

on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.

UNDER REVIEW

Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR)

Policy

y

(HSP

005)

V5.0

December 2022

Summary

RIDDOR Flowchart

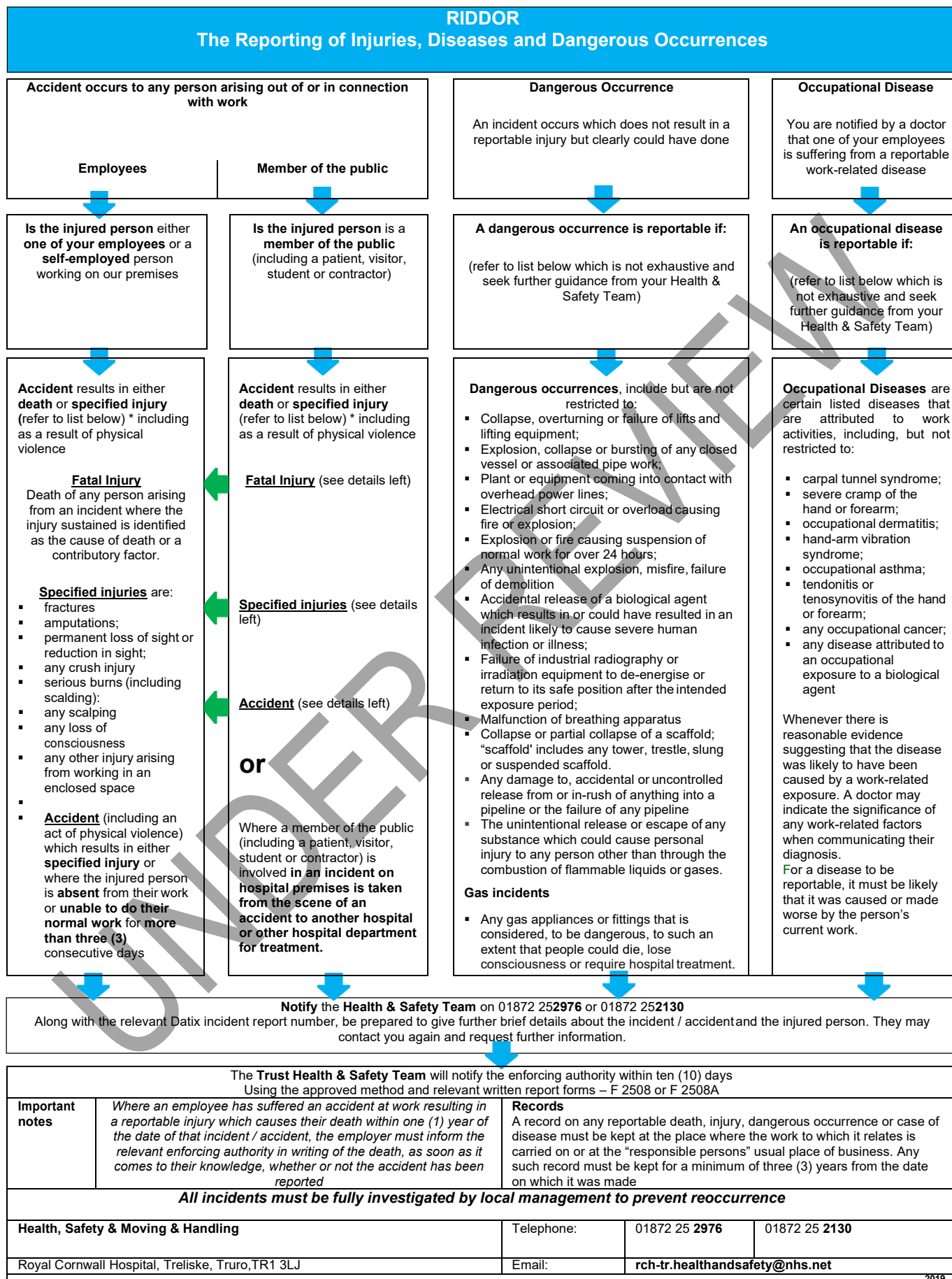


Table of Contents

Summary	2
1. Introduction.....	5
2. Purpose of this Policy/Procedure	5
3. Scope.....	5
4. Definitions / Glossary	5
5. Ownership and Responsibilities	7
5.1. Role of the Chief Executive Officer	7
5.2. Role of the Chief Operating Officer.....	7
5.3. Role of Executive Directors	7
5.4. Role of the Head of Health and Safety	7
5.5. Role of Care Group Managers (CGM) Responsibility	8
5.6. Role of the Trust Health and Safety Team	8
5.7. Role of Contract Managers (Planning, Projects, Estates and Others)	8
5.8. Role of the Head of Estates (Operations)	8
5.9. Role of the Radiation Protection Advisor.....	9
5.10. Role of the Occupational Health Consultant.....	9
5.11. Role of Area/Ward/Department Manager Duties	9
5.12. Role of All Staff	10
6. Standards and Practice.....	10
6.1. The Background and Legal Position	10
6.2. Reportable incidents	10
6.3. Reporting Process.....	11
6.4. Exemptions	12
7. Dissemination and Implementation	12
8. Monitoring compliance and effectiveness.....	12
9. Updating and Review	13
10. Equality and Diversity	13
Appendix 1. Governance Information	14
Appendix 2. Equality Impact Assessment	17
Appendix 3. Specified Incidents	20
Appendix 4. Dangerous Occurrences	22
Appendix 5. Occupational Diseases	23
Appendix 6. RIDDOR Flowchart.....	24
Appendix 7. Examples of Reportable Incidents	25

Data Protection Act 2018 (General Data Protection Regulation – GDPR) Legislation

The Trust has a duty under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

Data Protection Act 2018 and General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team

Royal Cornwall Hospital Trust rch-tr.infogov@nhs.net

1. Introduction

- 1.1. The Royal Cornwall Hospitals NHS Trust recognises and is committed to meeting or exceeding its legal duties under the health and Safety at work etc. Act 1974 and the Reporting of injuries, Diseases and Dangerous Occurrence Regulations.
- 1.2. This document is particularly concerned with the reporting of injuries, diseases, and dangerous occurrence to the enforcing authorities. This document should be read in conjunction with the Trust Health and Safety Policy and the incident Reporting Policy.
- 1.3. The successful implementation of this policy requires the total co-operation and commitment of all members of the Trust's management and staff.
- 1.4. The special duties of staff detailed herein are in addition to those detailed in the Trust Health and Safety Policy.
- 1.5. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

- 2.1. The Trust aims to achieve or exceed current statutory requirements and strive for excellence of best practice.
- 2.2. The policy's aim is to establish roles and responsibilities for various levels of management to promote timely reporting of relevant incidents and compliance with statutory obligations.

3. Scope

This document is applicable to all sites, directorates, departments and wards, within the Trust.

4. Definitions / Glossary

For the purpose of this document the following terms will, unless otherwise stated apply.

The Trust	The Royal Cornwall Hospitals NHS Trust.
Trust Sites	All areas, sites, buildings or premises owned, occupied or controlled by the Trust.
Datix/(DatixWeb)	The Trust electronic incident and risk assessment tool accessed via the trust intranet site.

Staff	All persons who are employed by the Trust whether on permanent or temporary contracts. (Written or implied), paid or unpaid, and shall include persons employed through recruitment and employment agency providers to assist the trust in delivery of services, but excluding contractors and third parties undertaking works for or on behalf of the Trust.
RIDDOR	The Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013.
Accident	An accident is a discrete, identifiable, unintended incident which causes physical injury and includes acts of non-consensual violence to people at work.
Incident	“An unplanned, uncontrolled event which has led to or could have led to injury to people, damage to plant, machinery or the environment and / or some other loss.
HSE	The Health and Safety Executive. They are enforcing authority for the Trust Health and Safety matters.
Specified Injury	Any injury detailed within schedule 1 of RIDDOR.
Dangerous Occurrence	Any dangerous occurrence detailed within Schedule 2 (Part 1) of RIDDOR.
Disease	Any occupational disease detailed within Schedule 1 (Part 1) of RIDDOR.
Fatal Injury	An incident that results in the death of the affected person either directly or indirectly, immediately or deferred, but one or more of the injuries incurred in the incident are contributory to the death.
Work-related	The fact that an accident occurs at work premises does not in itself, mean the accident is work-related. There must be some indication that the work activity contributed to the circumstances of the accident.
Enforcing Authority	Primarily the Health and Safety Executive (HSE) although may include Cornwall Council, Care Quality Commission (CQC), et al.

The Health and Safety Executive Definition – ‘The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), places a legal duty on: employers, self-employed people and people in control of premises to report work-related deaths, specified injuries or over-seven-day injuries, occupational diseases,

Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Policy HSP005 V5.0

and dangerous occurrences (near miss accidents).'

All references to the masculine shall apply to the feminine and the singular to the plural and vice-versa, unless otherwise stated.

5. Ownership and Responsibilities

The Trust Board, managers and staff are responsible for establishing, maintaining and supporting a holistic approach to Health and Safety management, in all areas of their responsibility. They should comply with the Trust Health and Safety policies and procedures and ensure effective risk management mechanisms are implemented in accordance with these. Some members of staff and Committees have particular specialist functions in relation to Health and Safety management as described below.

5.1. Role of the Chief Executive Officer

The Chief Executive Officer has overall accountability for the Trust's risk management programme and ensuring that this operates effectively. They delegate operational responsibility for practical implementation of this policy to the Chief Operating Officer.

5.2. Role of the Chief Operating Officer

The Chief Operating Officer is the nominated Executive for Health and Safety. The Chief Operating Officer is responsible to the Trust Board and Chief Executive. The Chief Operating Officer will provide reports to the Trust Board with regards to Health and Safety. The Chief Operating Officer is the Chair of the Health and Safety Committee.

5.3. Role of Executive Directors

All Executive Directors are responsible for overseeing operations and activities within their areas of control, in particular in relation to matters pertaining to the management of health and safety.

5.4. Role of the Head of Health and Safety

- The Head of Health and Safety is nominated by the Chief Operating Officer to oversee the operational management of the Health and Safety Team.
- The Head of Health and Safety will liaise with the HSE and the Police in the event of a workplace fatality.
- The Head of Health and Safety has overall responsibility for liaising with relevant external agencies, including, but not restricted to, the Health and Safety Executive, Local Authority, Environment Agency and other enforcement authorities etc. where their involvement is indicated in respect of adverse incident issues. This task may also be delegated to the Trust Senior Advisors (for Health and Safety).
- The Head of Health and Safety will ensure that suitable reports are made to the enforcing authorities in relation to reportable incidents and will also

keep hard copy records of all reported RIDDORs. This task may be delegated to the Trust Health and Safety Advisors.

- The Head of Health and Safety will review sources of information for RIDDOR reportable incidents such as MSK absence (Musculoskeletal) and dermatitis to identify potential RIDDOR reportable cases and ensure appropriate action is taken. The task may be delegated to the Trust Health and Safety Advisors.

5.5. Role of Care Group Managers (CGM) Responsibility

- The CGM will be responsible for ensuring the policy is disseminated throughout their Care Group, ensuring information and communication flow is maintained and that any learning from RIDDOR incidents is disseminated.
- The Care Group manager (CGM) will be responsible for ensuring that the incident is investigated by a Care Group lead and notification is sent to the Health and Safety within the relevant time scale (7 days).
- Ensure that the Care Group Health and Safety forum monitors and reviews the progress of all incidents.

5.6. Role of the Trust Health and Safety Team

- The Health and Safety Team are the designated health and safety management advisors for the Trust. They are responsible for advising all staff throughout the organisation on issues relating to their areas of risk and adverse incident management. They will oversee the health and safety investigation of adverse incidents and liaise with the Trust's patient safety team with regard to other Trust investigations.
- RIDDOR Reports should only be submitted by the "Responsible Persons" with duties under these regulations. For the Trust, the designated "Responsible Person" for RIDDOR is the Head of Health and Safety. This task may be delegated to the Trust Health and Safety Advisors.

5.7. Role of Contract Managers (Planning, Projects, Estates and Others)

All Contract managers must ensure that where a potentially reportable incident involves a contractor (as defined in the Management of Contractors Policy) a detailed investigation is initiated by the contractor and the Trust Health and Safety Advisor(s) are notified immediately. Copies of all investigation reports and associated documents will be provided to the Trust Health and Safety Advisor(s).

5.8. Role of the Head of Estates (Operations)

- The Head of Estates (Operations) will ensure that all instances that are or may be considered a "dangerous occurrence" in accordance with RIDDOR, are reported directly to the Trust Health and Safety Advisor(s).

Furthermore ensure that a detailed investigation is undertaken to ascertain the cause of the incident including collating the service and maintenance histories relevant to the incident.

- The Head of Estates (Operations) will receive all reports from certified Gas Safe engineers and ensure that immediate action is taken when a dangerous occurrence or potentially dangerous occurrence is reported. All such incidents will be immediately notified to the Trust Health and Safety Team.

5.9. Role of the Radiation Protection Advisor

- The Trust's Radiation Protection Advisor will act as investigation lead for any reportable incident/disease that involves suspected or actual exposure to a radioactive source or material, including electromagnetic, ionising and non-ionising radiation.
- RIDDOR Reports are not required where this would duplicate other similar reporting requirements which may include reports required under Ionising Radiations Regulations 1999. A copy of this alternative report format should be submitted to the Head of Health and Safety.

5.10. Role of the Occupational Health Consultant

The Occupational Health Consultant will ensure that:

- Any member of staff referred with a suspected or reported case of occupational ill health/disease is assessed as a priority.
- Where an occupational disease listed in RIDDOR Regulations 8, 9, 6(2) is confirmed, written notification of the diagnosis will be provided to the Health and Safety Team within 10 working days, this includes new symptoms or symptoms which have significantly worsened.
- Where an occupational disease listed in RIDDOR Regulations 8, 9, 6(2) has been diagnosed then the incident is reported on the Trust incident reporting system (Datix).

5.11. Role of Area/Ward/Department Manager Duties

Ward / Area / Department Managers will undertake the following duties:

- Ensuring that all incidents are fully reported using the Datix system at the earliest opportunity.
- Ensure that the Trust Health and Safety Team are notified as soon as an incident with potential for being RIDDOR reportable is identified.
- Ensure that all staff co-operate fully in reporting and investigating incidents.

- Ensure that local area reports are provided to the Care Group Manager, the Care Group Governance Lead, Health and Safety Leadership Meeting and the Health and Safety Committee.

5.12. Role of All Staff

- All staff must ensure that all accidents and incidents are recorded using the Datix system, regardless of the outcome, in an accurate and timely manner.
- All staff must co-operate with the Trust on matters relating to this policy and assist on providing information for the investigation as required. They must also notify management of any known RIDDOR that may not have been reported.

6. Standards and Practice

6.1. The Background and Legal Position

In addition to the General Duties placed on employers by the Health and Safety at Work etc. Act 1974; RIDDOR 2013 requires employers to report to the relevant authority certain incidents that result in injury, dangerous occurrences and certain cases of occupational disease.

Failure to report such incidents is a criminal offence.

6.2. Reportable incidents

- 6.2.1. RIDDOR identifies three principal incident types that must be reported to the enforcing authority within the given time frame.
- 6.2.2. Specified incidents (see Appendix 3. Specified Incidents): incidents that result in an injury.
- 6.2.3. Incidents that results in death, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.
- 6.2.4. A member of staff sustaining a specified injury or another injury to a member of staff that leads to the employee being away from work, or unable to perform their work duties, for a period of more than seven days consecutive absence as a result of their injury.
- 6.2.5. A member of the public who sustains an injury requiring treatment in another part of the hospital.
- 6.2.6. An injury to a member of staff that leads to the worker being incapacitated for a period of more than three consecutive days must be reported to the Health and Safety Team.
- 6.2.7. Dangerous Occurrences-incidents that result in an instance detailed within the schedule of Regulations (See Appendix 4. Dangerous Occurrences).

6.2.8. Occupational Disease with a diagnosis confirmed by a registered medical practitioner, occupational diseases arise from three primary sources. (See Appendix 5. Occupational Diseases).

- Conditions due to physical agents and the physical demands of work,
- Infections due to biological agents, and,
- Conditions due to substances.

All suspected or confirmed instances of occupational disease will be immediately referred to the Occupational Health Department for confirmation.

6.3. Reporting Process

- 6.3.1. When an incident occurs, regardless of severity or outcome, the local manager is responsible for ensuring that the incident is reported via the Datix system. Where this has been diagnosed by Occupational Health, then they will report on the Datix system at point of diagnosis.
- 6.3.2. The Head of Health and Safety will ensure that all incidents submitted on the Datix Reporting System are checked by a member of the Health and Safety Team for potentially RIDDOR reportable incidents.
- 6.3.3. Where a potential RIDDOR reportable incident is identified the local manager must ensure the Health and Safety Team is notified, either by email sent to rch-tr.healthandsafety@nhs.net (flagged Red or High Priority) with the subject heading "Potential RIDDOR" or by telephone on 01872 252976, on mobile via switchboard, or in person.
- 6.3.4. The Health and Safety Team will contact the local manager for further follow up regarding the details and circumstances of the potential RIDDOR.
- 6.3.5. Where a reportable incident is suspected and the Health and Safety Team has been notified, they will undertake an additional investigation to ascertain the circumstances of the incident and this investigation may require access to patient notes and records as well as seeking advice from senior nursing or medical staff, and/or discussion with the affected person, as appropriate.
- 6.3.6. Where a RIDDOR report arises from exposure to a radioactive source the investigation will be led by the Trust's Radiation Protection Advisor in conjunction with the Health and Safety Team.
- 6.3.7. Such Health and Safety investigation will be in addition to local, Care Group, "critical" or "serious" incident investigations that may be ongoing.
- 6.3.8. All RIDDOR reportable incidents will be made to the Health and Safety Executive by the Health and Safety Team's On-Duty Advisor.

- 6.3.9. Copies of the submitted RIDDOR report and submission page will be kept from HSE website and provided for electronic attachment to the relevant Datix incident record.

6.4. Exemptions

- 6.4.1. If a person is injured as a result of an accident arising directly from the conduct of the specified medical procedures being carried out by or under the supervision of a registered medical practitioner or dentist, the injury does not need to be reported.
- 6.4.2. The exclusion does not extend to injuries arising from accidents to patients occurring under any other circumstances. For example, if a patient died or suffered a specified injury as a result of a power failure during an operation (and not caused by the conduct of the operation) the death or injury must be reported.

7. Dissemination and Implementation

- 7.1. Once the consultation has been undertaken the final document will be held centrally within the online Document Library and be available to both staff and members of the public.
- 7.2. Upon publication, awareness to all staff will be raised by notification within the Trust "RCH Comms monthly" and through Health and Safety Committee feedback from both management and staff representatives.
- 7.3. Care Group Managers will ensure that the contents of this document are highlighted to staff through regular divisional meetings.

8. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	RIDDOR reportable incidents and occurrences.
Lead	Health and Safety Committee.
Tool	Datix Incident Reports. Head of Health and Safety reports to Health and Safety Committee.
Frequency	Quarterly.
Reporting arrangements	Head of Health and Safety will report to the Health and Safety Committee within the existing incident report.
Acting on recommendations and Lead(s)	Recommendations are made to and through the Health and Safety Committee.

Information Category	Detail of process and methodology for monitoring compliance
Change in practice and lessons to be shared	Wider issues will be raised for appropriate action via the Health and Safety Committee and Governance Committee as appropriate.

9. Updating and Review

- 9.1. This document complies with the Royal Cornwall Hospitals NHS Trust service.
- 9.2. This policy will be reviewed every 3 years or earlier in view of developments which may include legislative changes, national policy instruction (NHS or Department of Health) or Trust Board decision.
- 9.3. The Health and Safety Committee who meet quarterly will approve any changes to the policy. Appendices and the associated documentation relating to this policy may be reviewed / revised in consultation with the Health and Safety Team without formally being undertaken by the Health and Safety Committee, provided that the amendments do not impact upon the general arrangements made within the policy.

10. Equality and Diversity

- 10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the ['Equality, Inclusion and Human Rights Policy'](#) or the [Equality and Diversity website](#).
- 10.2. Equality Impact Assessment
The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Policy V5.0
This document replaces (exact title of previous version):	Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Policy V4.0
Date Issued/Approved:	December 2022
Date Valid From:	December 2022
Date Valid To:	December 2025
Directorate / Department responsible (author/owner):	Natasha Quick, Senior Advisor (Health)
Contact details:	01872 252976
Brief summary of contents:	Trust Management arrangements for the statutory reporting of certain incidents, diseases and dangerous occurrences.
Suggested Keywords:	Health and Safety, Accident, Near Miss, Dangerous Occurrence, Occupational ill health, Occupational disease, RIDDOR, HSE, Incident Reporting, Specified Injury, Fatal Accident. HSP005.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Chief Operating Officer
Approval route for consultation and ratification:	Health and Safety Committee Governance Committee.
General Manager confirming approval processes:	Gavin Griffiths, Head of Health and Safety
Name of Governance Lead confirming approval by specialty and care group management meetings:	Natasha Quick, Service Improvement and Business Lead (Health)

Information Category	Detailed Information
Links to key external standards:	Including, but not restricted to: Health and Safety at Work etc. Act 1974. Management of Health and Safety Regulations 1999. Social Security (Claims and Payment) Regulations 1979. Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013. Control of Substances Hazardous to Health Regulations 2002. Care Quality Commission (CQC) Regulations.
Related Documents:	Clinical Governance and Controls Assurance Strategy. Risk Management Policy. Risk Management Strategy. Health and Safety Policy. Incident Reporting Policy and Procedure Manual Handling Policy. Control of Infection Policy. Training and Development Policy. Biological Hazards Policy. Emergency Plan. Electrical Equipment and Portable Appliance Testing Policy. Note: this is not an exhaustive listing.
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Chief Operating Officer / Health and Safety

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
Aug 2006	V1.0	Initial issue	Len Walsh
Nov 2009	V2.0	Minor change to sentences and the addition of Flow chart as an appendix	Len Walsh
Nov 2013	V3.0	Changes made to reflect the most recent guidance and legislation from the Health and Safety Executive	J Robin Gateby, Health and Safety Manager
May 2014	V3.1	Minor update to reflect nominated board director for Health and Safety to reporting process with regards to Occupational Health	Phil Bond, Estates Governance Lead
July 2014	V3.2	RIDDOR reporting and identification flowchart added to Appendix 6	Phil Bond, Estates Governance Lead
May 2016	V3.3	Minor amendments and updates made	J Robin Gatenby, Health and Safety Manager
July 2019	V4.0	Full review-minor amendments (job roles/titles, review of RIDDOR flowchart)	Natasha Quick Senior Health and Safety Advisor (Health)
July 2022	V5.0	Minor amendments and updates made (job roles/titles)	Natasha Quick Senior Health and Safety Advisor (Health)

All or part of this document can be released under the Freedom of Information Act 2000

This document is to be retained for 10 years from the date of expiry.

This document is only valid on the day of printing

Controlled Document

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy for the Development and Management of Knowledge, Procedural and Web Documents (The Policy on Policies). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity and Inclusion Team
rcht.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Policy V5.0
Directorate and service area:	Chief Operating Officer / Health and Safety
Is this a new or existing Policy?	Existing
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Natasha Quick, Service Improvement and business Lead (Health)
Contact details:	01872 25 2130

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Establish the Trust's position for the management of statutory reporting of certain incidents, diseases and dangerous occurrences.
2. Policy Objectives	Establish a uniform approach toward the management of RIDDOR reportable incidents through the Trust.
3. Policy Intended Outcomes	Ensure a safe environment for all staff, patients, visitors and contractors.
4. How will you measure each outcome?	Through incident reporting, reported RIDDORS and RIDDOR investigations undertaken.
5. Who is intended to benefit from the policy?	RCHT

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	- Workforce: Yes - Patients/ visitors: No - Local groups/ system partners: No - External organisations: No - Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Health and Safety Committee.
6c. What was the outcome of the consultation?	The policy was tabled at the above committee meetings. Comments and feedback made taken into consideration and amendments made as required.
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff or patient surveys: No.

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	This Policy does not impact on age.
Sex (male or female)	No	This Policy does not impact on gender.
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	This Policy does not impact on gender reassignment.
Race	No	This Policy does not impact on race.
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	This Policy does not impact on disability.
Religion or belief	No	This Policy does not discriminate with any religious or cultural beliefs.

Protected Characteristic	(Yes or No)	Rationale
Marriage and civil partnership	No	This Policy does not impact on marriage/civil partnership.
Pregnancy and maternity	No	This Policy does not impact on pregnancy/maternity.
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	This Policy does not impact on sexual orientation.

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment:

Natasha Quick, Service Improvement and Business Lead (Health)

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:

[Section 2. Full Equality Analysis](#)

Appendix 3. Specified Incidents

Fatal Injury (Death to any person)

Death of any person arising from an incident (work related accident) where the injury sustained is identified as the cause of death (primary/secondary/tertiary/etc.) or a contributory factor, with the exception of suicides, including an act of physical violence to a worker.

Specified Injuries

The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are:

- 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; or
- 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 or
- requires resuscitation or admittance to hospital for more than 24 hours;

Seven Day Injuries – Injuries that lead to a staff member being away from work, or unable to perform their full range or normal work duties, for more than seven consecutive days as a result of an occupational accident or injury (not counting the day of the accident but including weekends, annual leave, unpaid leave and rest days). The Trust Health and Safety Advisor(s) must be notified by the relevant manager because a report must be made to the Health and Safety Executive, by the Trust Health and Safety Advisor(s) within 15 days of the accident or incident.

Three Day Injuries – Injuries that lead to a staff member being away from work, or unable to perform their full range or normal work duties, for more than three consecutive days as the result of an occupational accident or injury should be notified to the Health and Safety Team by the relevant manager. These incidents must be recorded but may not be reported as RIDDOR.

Injuries members of the public (non-staff)

Where a member of the public or person who is not at work has died, or specified injuries to members of the public or people not at work where they are taken from the scene of an accident to hospital for treatment of that injury – i.e., would require hospital treatment if the injury occurred outside the hospital environment. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

Where a member of the public or person who is not at work is taken to hospital purely as a precaution when no injury is apparent, there is no requirement to report the incident under RIDDOR. Where the accident occurred at a hospital, the report only needs to be made if the injury is a 'specified injury' as detailed above.

UNDER REVIEW

Appendix 4. Dangerous Occurrences

Dangerous occurrences are certain listed near-miss events, including, but not restricted to:

- Collapse, overturning or failure of load-bearing parts of lifts and lifting equipment.
- Explosion, collapse or bursting of any closed vessel or associated pipe work;
- Plant or equipment coming into contact with overhead power lines;
- Electrical short circuit or overload causing fire or explosion;
- Explosion or fire causing suspension of normal work for over 24 hours;
- Any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury cause by an explosion;
- Accidental release of a biological agent which results in or could have resulted in an incident likely to cause severe human infection or illness.
- Failure of industrial radiography or irradiation equipment to de-energize or return to its safe position after the intended exposure period.
- Malfunction of breathing apparatus while in use or during testing immediately before use;
- Collapse or partial collapse of a scaffold over five meters high, collapse or partial collapse of scaffold which causes a working platform to fall or erected near water where there could be a risk of drowning after a fall; “scaffold” includes any tower, trestle, slung or suspended scaffold.
- Any damage to, accidental or uncontrolled release from or in-rush of anything into a pipeline or the failure of any pipeline isolation device, associated equipment or system; or the failure of equipment involved with pipeline works.
- The unintentional release or escape of any substance which could cause personal injury to any person other than through the combustion of flammable liquids or gases.

Gas incidents

Any gas appliances or fittings that is considered, by a registered engineer, to be dangerous, to such an extent that people could die, lose consciousness or require hospital treatment, because the design, construction, installation, modification or servicing could result in an accidental leakage of gas or inadequate combustion of gas or inadequate removal of products of the combustion of gas.

Appendix 5. Occupational Diseases

Occupational Diseases are certain listed diseases (Regulations 8, 9, and 6(2) that are attributed to work activities, including, but not restricted to:

- 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 diseases attributed to an occupational exposure to a biological agent
- Work related Covid-19

For a disease to be reportable, it must be one of the types of condition listed above, and it must be likely that it was caused or made worse by the person's current work.

There is also specific guidance for occupational cancers and diseases associated with biological agents.

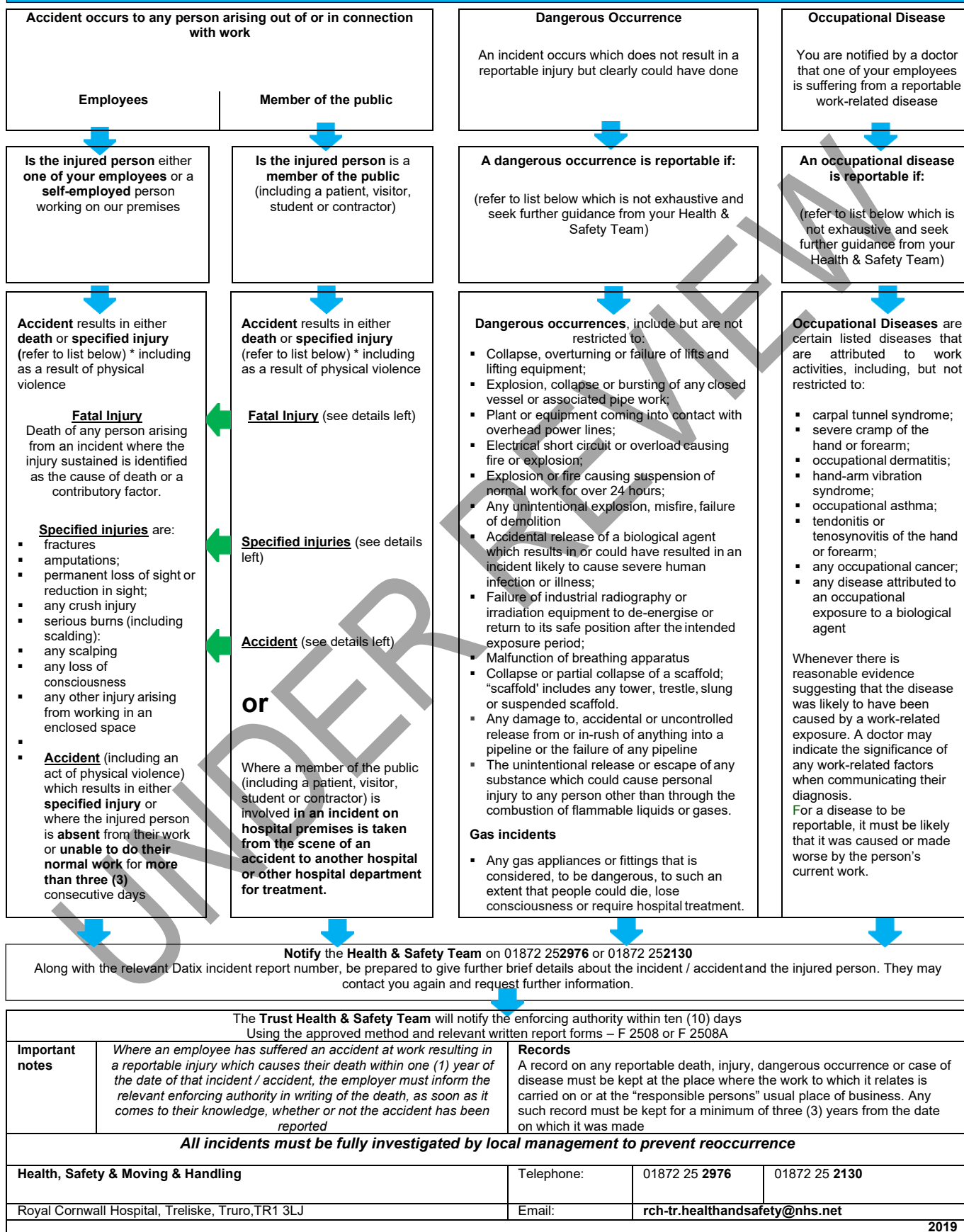
A RIDDOR report should be made whenever there is reasonable evidence suggesting that the disease was likely to have been caused by a work-related exposure. The doctor may indicate the significance of any work-related factors when communicating their diagnosis.

Appendix 6. RIDDOR Flowchart

RIDDOR Flowchart

RIDDOR

The Reporting of Injuries, Diseases and Dangerous Occurrences



Appendix 7. Examples of Reportable Incidents

Incident Description	RIDDOR Reportable Incident
Patient falls, sustains a head injury, and dies within one year as a result of the initial head injury	Yes- Fatal Incident
Contractor falls from scaffolding and dies at the scene	Yes-Fatal Incident
Patient dies during a surgical procedure from medical complications	No
Patient dies following treatment having developed an infection	No
Patient dies following a procedure where the necessary equipment was not available	Yes*Fatal Incident
Member of staff sustains fatal injuries in a road traffic incident whilst on duty -i.e. travelling between sites, visits, etc. but not on the way to/from work	Yes-Fatal Incident
A non-employee sustains a fatal electric shock whilst on site-regardless of intentions	Yes-Fatal Incident
A member of staff falls sustaining serious injuries but later dies from the injuries	Yes-Fatal Incident
Patient falls whilst mobilizing alone, sustains fracture to neck of femur	Yes-would require hospital treatment
Patient sustains minor skin tear to forearm from bedside locker	No
Patient is found with a ligature around neck but no further injuries	No
Visitor collapses on ward	No-unless collapse is caused by activity in the area i.e. given a sweet containing nuts by a staff member/volunteer
Patient sustains a suspected fracture and is taken for x-ray, scan, which shows fracture etc	Yes
Member of staff assaulted by a patient/visitor-taken to ED and admitted, remains in hospital for 24 hours or more	Yes

Incident Description	RIDDOR Reportable Incident
Member of staff/student/volunteer sustains a back injury moving equipment, has two rest days, followed by a bank holiday and then calls in sick for one week	Yes-7-day injury
Member of staff sustains a burn to the hand serving lunches-hand dressed for two weeks but continues to work	Yes-unable to carry out full range of duties (i.e., handwashing) for seven days
Member of staff is off sick with work related stress for four weeks	No
Needlestick injury or splash to eyes/mouth/nasal passage from Hep B+ patient sample	Yes-Dangerous Occurrence
Staff develop dermatitis from glove use	Yes-Occupational Disease
Member of public commits suicide in hospital car park	No-unless current in-patient or absconded whilst awaiting further assessment/admission
Disturbed patient smashes panel containing asbestos	Yes-Dangerous Occurrence
Laboratory staff drops vials containing "live" biological agent	Yes-Dangerous Occurrence
Laboratory staff test positive for same strain of Ecoli being tested in the lab previous week	Yes
Porter finds formalin sample leaking whilst transporting it through corridor resulting in spillage	Yes-Dangerous Occurrence
GP confirms admin staff member has repetitive strain injury arising from typing	Yes-Occupational Disease
Fire in a toaster closes staff restroom for two days for cleaning/decorating	Yes-Dangerous Occurrence
Doctor confirms staff member diagnosed with hepatitis	Yes-Occupational Disease
Visitor falls in car park and is taken to Emergency Department	Yes- member of public taken to hospital
Outpatient falls down stairs-found unconscious taken for MRI scan	Yes- member of public taken to hospital
Child taken to ED found eating toxic berries on hospital site	Yes- member of public taken to hospital