



Accidents, Incidents And Emergencies Reporting (RIDDOR) (v3.0.0)

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Person responsible for updating this policy: Hitendrakumar Sharma

Policy Statement

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

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

There is no requirement under The Reporting of Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) to report incidents of disease or deaths of members of the public or a service user from COVID-19.

The reporting requirements relating to cases of, or deaths from, COVID-19 under The Reporting of Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) apply only to occupational exposure, that is, as a result of a person's work.

Bluestar Care & Support- Bluestar Resourcing ensures that:

- It complies fully with The Reporting of Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- All accidents and incidents involving injury to staff or a service user are reported and recorded, no matter how minor
- All reported accidents or incidents are fully investigated
- The results and recommendations from investigations are fully implemented to prevent any recurrence of such incidents.

Serious Untoward Incidents (SUI)

Bluestar Care & Support- Bluestar Resourcing will deliver services to an NHS funded service user and understand our responsibilities when an SUI occurs.

Examples of SUIs include:

- A serious complaint or allegation about a staff member, or suspicion of serious error(s) or repeated serious concerns about poor clinical or management judgment, which would cause public concern

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- The failure of clinical or non-clinical procedures or the use of these procedures that are so serious as to endanger the life of a service user, member of the public or staff member, or to pose a serious security risk
- Death (including suicide), or any serious injury or life-threatening situation
- A hazard to public health
- Serious disruption to services, for example, by a power failure
- Significant damage to the reputation of Bluestar Care & Support- Bluestar Resourcing or a staff member
- A significant claim for damages or legal proceedings
- The suspension of a staff member or a criminal investigation
- Injury or an incident that must be reported to The Health and Safety Executive (HSE)

A near miss concerning any of the above should also be recorded and potential trends analysed.

Any emerging trends, which constitute a significant risk in any of the above categories, should be reported using the Clinical Commissioning Group (CCG) protocol.

Service Manager Hitendrakumar Sharma or their delegated representative will be responsible for reporting any serious untoward incident within a maximum of 72 hours or as soon as known following online SUI procedure.

This reporting must not interfere with existing lines of accountability and does not replace the duty to inform the police and/or other organisations or agencies where appropriate as specified in our organisational policies.

Action to be Taken in the Event of an Accident or Injury

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

- In the event of a minor injury or health-related incident, the First Aid Policy should be followed and first aid rendered, according to the situation and the staff capabilities and training
- Following such an incident, an incident or accident form should be completed and where applicable the GP of the service user informed
- In the event of an injury where medical attention is considered advisable or necessary, the GP of the service user or an ambulance should be called as appropriate
- If there is any doubt about the need for medical attention, an ambulance should be called immediately.

If the first-aider or Care and Support staff member decides that an ambulance is appropriate, they should follow the procedure below.

- Call 999 and make arrangements for an ambulance to be sent immediately. It is essential that the precise location of the occurrence is given and the nearest point of access for the ambulance suggested
- Make arrangements for the ambulance to be met by a relative or other person as appropriate and if available
- Ensure that the service user is accompanied to the hospital, where appropriate, by a responsible person, and that they contact the Bluestar Care & Support- Bluestar Resourcing main office soon after arrival at the hospital to give updated information on the condition and location of the casualty
- Contact the main office or a line manager to report the incident and make arrangements for the appropriate forms to be completed.

Note: If a Care and Support staff member is unsure about the course of action to take or in the event of complications (such as having to accompany the service user themselves), then they should contact their line manager or the main office for advice.

The Care and Support staff member or first aider attending to the casualty should then ensure that the line manager/head office is notified of the accident/illness, as appropriate.

The responsible line manager should then ensure that arrangements are made for relatives or friends of the casualty to be advised fully of the situation, if necessary, and to ensure that an incident report form and any other relevant paperwork is completed as soon as possible.

In the event of an injury requiring first aid, where a fire is reported, where there is violence and aggression, or where a service user goes missing, then the appropriate policy should be followed.

An accident book is provided in our main office to keep a record of all accidents that occur, whether they are notifiable or not.

- The service user records must be updated to include information on the accident or incident and subsequent actions required
- Accident/incident records should be completed as soon as possible and the office informed immediately
- All accident and incident reports are reviewed monthly and action is taken where required to prevent, where possible, further occurrences.

Accident Reporting - RIDDOR

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

- The death of any staff member or non-worker in a work-related accident
- Accidents that result in a staff member or a self-employed person dying, with the exception of suicide
- Suffering a specified injury; being absent from work or unable to do their normal duties for more than seven days
- Accidents that result in a person, not at work (e.g., service user or visitor) suffering an injury and being taken directly to a hospital for treatment
- A staff member or self-employed person has one of the specified occupational diseases or is exposed to carcinogens, mutagens or biological agents
- Specified dangerous occurrences, which may not result in a reportable injury, but have the potential to do significant harm

Specified injuries to Workers

The list of specified injuries in The Reporting of Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) are (Regulation 4):

- Fractures, other than to fingers, thumbs and toes
- Amputations
- Any injury is likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding) which:
 - Cover more than 10% of the body
 - Cause significant damage to the eyes, respiratory system or other vital organs
- Any scalding requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which
 - Leads to hypothermia or heat-induced illness
 - Requires resuscitation or admittance to the hospital for more than 24 hours

Who Should Report?

The responsible person has the duty to notify and report to Hitendrakumar Sharma.

When to Report

- In the case of death, as soon as possible
- Injuries resulting in over seven days' incapacitation of a staff member must be reported within 15 days of the incident
- Diseases must be reported as soon as a medical practitioner has notified you in writing of the diseases.

Over-Seven-Day Incapacitation of a Worker

Accidents must be reported where they result in a staff member or self-employed person being away from work or unable to perform their normal work duties for more than seven consecutive days as the result of their injury. This seven-day period does not include the day of the accident but does include weekends and rest days. The report must be made within 15 days of the accident.

How to Report

Go to The Health and Safety Executive (HSE) website and complete the appropriate online report form (the link can be found in the further guidance section of this policy).

All fatal and major injury cases can be reported to The Health and Safety Executive (HSE) Incident Contact Centre (ICC) as follows:

- Phone (Mon-Fri 8.30 - 5.00): 0345 300 9923. Out of hours' details for more serious reporting can be found at: <https://www.hse.gov.uk/contact/contact.htm>
- Post: Incident Contact Centre, Caerphilly Business Park, CF83 3GG

Telephone notification should always be followed up by the submission of form F2508. Forms should be completed, online, by the Service Manager Hitendrakumar Sharma , their deputy, or a senior staff member as soon as possible

after the accident. Copies of the completed form should be kept.

The ICC can take written forms only where it is essential. Post to: RIDDOR Reports, Redgrave Court, Merton Road, Bootle, Merseyside, L20 7HS.

Record Keeping

All records should include;

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

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

Deaths in Health and Social Care

There is specific guidance for Health and Social Care providers issued by The Health and Safety Executive (HSE).

All deaths to staff and non-workers, except for suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a staff member.

Deaths That Are Not Reportable

- A service user died from suicide. Suicides are not considered accidents and are not RIDDOR reportable
- A service user admitted to a hospital for treatment contracts Legionnaires' disease and dies while in hospital. The death has to be caused by an accident to be reportable (poor maintenance of a hot water system would not be considered an accident)

The reporting requirements relating to cases of, or deaths from, COVID-19 under RIDDOR apply only to occupational exposure, that is, as a result of a person's work.

Injuries and Ill Health Involving Health and Social Care Workers

This section covers accidents resulting in a staff member or a self-employed person suffering a specified injury, 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:

- Fractures, other than to fingers, thumbs, and toes
- Amputations
- Any injury is likely to lead to permanent loss of sight or reduction in sight
- Any crush injury to the head or torso causing damage to the brain or internal organs
- Serious burns (including scalding) which:
 - Cover more than 10% of the body
 - Cause significant damage to the eyes, respiratory system or other vital organs
- Any scalding requiring hospital treatment
- Any loss of consciousness caused by head injury or asphyxia
- Any other injury arising from working in an enclosed space which:
 - Leads to hypothermia or heat-induced illness
 - Requires resuscitation or admittance to the hospital for more than 24 hours.

Over-Seven-Day Incapacitation of a Worker

Accidents must be reported where they result in a staff member or self-employed person being away from work or unable to perform their normal work duties for more than seven consecutive days as the result of their injury. The seven-day period does not include the day of the accident but does include weekends and rest days. The report must be made within 15 days of the accident.

Over-Three-Day Incapacitation

Accidents must be recorded, but not reported, where they result in a staff member being incapacitated for more than

three consecutive days. A record must be kept in the accident book.

Physical Violence

A physical injury inflicted on one staff member by another during a dispute about a personal matter, or a staff member at work injured by a relative or friend who visits them at work about a domestic matter, is not reportable. Other acts of non-consensual violence to a person at work that result in death, a major injury, or being incapacitated for over seven days are reportable and you must keep a record of over-three-day injuries.

Diseases, Infections and Ill Health

Any instance where a registered medical practitioner (RMP) informs the organisation in writing that one of its employees is suffering from a disease specified in RIDDOR. Reportable diseases, infections and ill health include:

- Carpal tunnel syndrome
- Severe cramp of the hand or forearm
- Occupational dermatitis
- Hand-arm vibration syndrome
- Occupational asthma
- Tendonitis or tenosynovitis of the hand or forearm
- Any occupational cancer
- Any disease attributed to occupational exposure to a biological agent.

Examples of Reportable Accidents or Incidents

- A nurse contracts active pulmonary TB after nursing a service user with the condition
- A laboratory worker suffers from typhoid after working with specimens containing typhoid
- A paramedic becomes hepatitis B positive after contamination with blood from an infected service user
- A care assistant is splashed in the face with bodily fluids from a service user and becomes hepatitis B positive
- A surgeon suffers dermatitis associated with wearing latex gloves during surgery
- A maintenance worker contracts Legionnaires' disease after working on the hot water system.

In all of these cases, it is clear that the disease is either attributable or contributed to by the work activity and an RMP has confirmed that this is the case.

Examples of Not-Reportable Accidents or Incidents

- A nurse becomes colonised with MRSA and works with a service user infected with MRSA
- A cleaner catches chickenpox and people in areas where she has worked have chickenpox
- A home care assistant is off work with influenza for two weeks, where influenza cannot be reliably attributed to their work activity, as it is common in the community.

In all of these cases, either infection has not occurred at work or the disease cannot be reliably attributed to the work activity, as it might easily have occurred at home or in the community.

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 a staff member is injured by a sharp known to be contaminated with a blood-borne virus (BBV), e.g. hepatitis B or C, or HIV. This is reportable as a dangerous occurrence
- When the staff member receives a sharps injury and a BBV acquired by this route seroconvert. This is reportable as a disease (see the section, Diseases, infections and ill health, above)
- If the injury itself is so severe that it must be reported.

If the sharp is not contaminated with a BBV or the source of the sharp's injury cannot be traced then it is not reportable unless the injury itself causes an over-seven-day injury. If the staff member develops a disease attributable to the injury, then it **must** be reported.

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.

Examples of Reportable Sharps Injuries

Examples of Reportable Sharps Injuries

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

Examples of Not-Reportable Sharps Injuries

- 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, where the service user is not known to have an infection
- A staff member is cut with a scalpel used on a service user not known to be contagious, but undergoing blood checks for hepatitis A

Injuries and Ill Health Involving People, not at Work

This section covers accidents that 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 that 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)
- Happens at a hospital and involves a specified injury

In the past, there has been some misunderstanding as to the range of accidents that should be reported under RIDDOR. The following examples are to help decide about reportability.

Reportable Injuries to People Not At Work

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

Not Reportable Injuries to People Not At Work

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

Service User Falls Incidents

A fall is reportable under The Reporting of Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) when it has **arisen out of or in connection with a work activity**. This includes where equipment or the work environment (including how or where work is carried out, organised, or supervised) are involved.

Reportable Service User Falls Incidents

- A confused service user falls from a hospital window on an upper floor and is badly injured
- A service user falls out of bed, is injured, and is taken to hospital. The assessment identified the need for bed rails, 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 Service User Falls Incidents

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

contributing factors. There was a detailed assessment in the care plan, which identified that fall protection was not required

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

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 the hospital, they have been left alone for dignity reasons. Their care plan identified that the individual should have assistance or supervision.

This is **reportable** if the member of staff left the service user and had not responded promptly when they called. Adequate supervision had not been provided.

This is **not reportable** if the member of staff returned to help as soon as called or if the service user had got up without calling for help

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

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

Self Harm

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

Dangerous Occurrences

Reportable dangerous occurrences include the following:

- The collapse, overturning, or failure of load-bearing parts of lifts and lifting equipment (however, you do not need to report failures of lifting accessories, such as the failure of a lifting sling during a lift)
- The accident releases an escape of any substance that may cause a major injury or damage to health
- An explosion or fire causes suspension of normal work for over 24 hours
- A service user hoist collapses or overturn.

Other Regulators

The Care Quality Commission (CQC) requires notification for specific incidents or accidents for the provider to comply with Regulation 18: Notification of other incidents and Regulation 20: Duty of candour.

Learning from Safety Incidents

Accident and incident causes, include systems, procedures and communication errors and learning from these provides detailed information on how to improve systems and prevent a similar incident in the future while also improving the efficiency and reliability of care delivery.

All accidents and incidents are reported and logged. After any accident or incident, the involved staff and management meet to consider the causes and consequences. Where possible things are put into place to mitigate the risk. Expert advice will be sought when necessary to enable us to improve service user safety.

staff are quickly informed of any changes to practice or equipment and further training and observation of competency are carried out.

Training Statement

All staff, during induction, are made aware of the organisation's policies and procedures, all of which are used for training updates. All policies and procedures are reviewed and amended where necessary and staff are made aware of any changes. Observations are undertaken to check skills and competencies. Various methods of training are used including one to one, online, workbook, group meetings, individual supervision and external courses are sourced as required.

Related Policies

- Control Of Substances Hazardous To Health (COSHH) (Domiciliary)
- Duty Of Candour (Domiciliary)
- Falls Prevention (Domiciliary)
- Fire Safety (Domiciliary)
- Moving And Handling (Domiciliary)

Working and Learning Safely

Related Guidance

- [CQC: Regulation 18 Notification of Other Incidents](#)
- [CQC: Duty of Candour](#)
- [CQC: Learning from Safety Incidents](#)
- [HSE: Coding Health and Social Care RIDDOR Reports](#)
- [HSE: Reporting of COVID 19](#)

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