



Title:	Policy for Reporting Incidents under RIDDOR Regulations		
Author(s):	Katrina Keating, Risk Manager in conjunction with the HSC Regional Working Group on Adverse Incidents		
Ownership:	Dr Nigel Ruddell, Medical Director		
Date of H&S Committee Approval:	22/11/2020	Date of Trust Board Approval:	06/05/2021
Operational Date:	06/05/2021	Review Date:	May 2024
Version No:	1.0	Supersedes:	N/A
Key Words:	Learning From Incidents, Reporting of Injuries, Diseases and Dangerous Occurrences, RIDDOR, NI2508, Risk Assessment, Risk Management, Risk Matrix		
Links to Other Policies / Procedures:	Health and Safety Policy and Procedures, Learning From Incidents Procedure, Risk Assessment Procedure, Infection, Prevention & Control Policy & Procedures		

Version Control:			
Date:	Version:	Author:	Comments:
May 2021	1.0	Risk Manager	New Policy

1.0 INTRODUCTION / PURPOSE OF POLICY:

1.1 Background:

The Northern Ireland Ambulance Service Health and Social Care Trust (NIAS) recognises its statutory obligations under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997, also known as RIDDOR.

RIDDOR legislation requires employers to report certain types of injury, some occupational diseases and dangerous occurrences that 'arise out of or in connection with work' to either the Health Safety Executive Northern Ireland (HSENI) or the respective local authority within a stipulated timeframe (i.e. within 10 days of the occurrence). The regulations cover (in summary):

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

1.2 Statutory Compliance:

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.

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

1.3 Incident Reporting Procedures – Major Injuries & Fatalities:

Intrinsic to this is an onus on all staff to ensure that fully completed incident report forms / DATIX forms are completed / forwarded to the Risk Team for consideration, (within 24 hours) following an incident. **In the event of a major injury, fatality or dangerous occurrence, the Risk Manager / Medical Director (or outside of normal working hours, Senior / Director on Call) MUST be notified IMMEDIATELY BY TELEPHONE.**

1.4 Purpose:

This policy has been developed to meet the statutory requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997 (RIDDOR) which sets out the need to have a system of formal reporting of specified incidents to the appropriate enforcing authority (i.e. the relevant Council and/or the Health & Safety Executive for Northern Ireland). This policy also aims to give assurance to Trust Board of continued statutory compliance with regards to the above listed legislation. This document is intended to provide managers and staff with guidance on RIDDOR reportable incidents. It contains details of the types of incidents that are RIDDOR reportable and the methods by which they should be reported (See Appendices 1, 2, 3, 4).

1.5 Objectives:

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

2.0 SCOPE OF THE POLICY:

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

The Trust recognises that most of its staff are required, as part of their employment, to work at locations outside of Trust premises (e.g. emergency response, interhospital transfers etc.). Such working also falls within the remit of this policy and is reportable under RIDDOR.

3.0 ROLES & RESPONSIBILITIES

3.1 Risk Management Team:

The Risk Management Team will review all incident report forms / DATIX submissions on a regular basis and will undertake to report incidents which fall under RIDDOR to the appropriate enforcing authority in compliance with the Regulations using the appropriate reporting process. It is the responsibility of the **Health and Safety Advisor (or the Risk Manager in their absence)**, to complete and submit NI2508 forms. **Managers/staff should not submit any reports directly to HSENI.**

3.2 Line Managers:

It is the line managers responsibility to ensure that the member of staff involved completes an incident report form / DATIX submission, or completes a report on their behalf if they are unable to do so (as per the Trust's Learning From Incidents Procedure). It is essential that all parts of the incident report forms / DATIX submissions are completed in their entirety. It is the responsibility of all line managers

to ensure that all RIDDOR reportable incidents are subject to the appropriate level of investigation and this is recorded in Datix.

In the event of a major injury, fatality or dangerous occurrence, the Risk Manager / Medical Director (or outside of normal working hours, Senior / Director on Call) MUST be notified IMMEDIATELY BY TELEPHONE.

3.3 All Staff:

It is the responsibility of all staff to ensure that incident report forms / DATIX submissions are completed without delay and that all parts of the incident report are completed in their entirety. It should be noted that reporting to the enforcing authorities as a requirement under RIDDOR is a function of the Risk Management Team and should not be undertaken at local level.

4.0 KEY POLICY PRINCIPLES:

4.1 Definitions:

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

4.2 General Points:

- All incidents must be reported as soon as possible and ideally within 24 hours of the occurrence, or becoming aware of the adverse incident.
- Incident forms will be reviewed upon receipt into the Risk Management Team in order to decide whether they meet the reporting requirements under RIDDOR.
- If applicable the Risk Management Team will complete form NI2508 and submit it to the appropriate enforcing authority. This is usually done via the HSENI On-line reporting system.
- All incidents and associated reports are recorded in the Trust's Datix system. Records of all RIDDOR reportable incidents are maintained by the Risk Management Team in accordance with The Trust's Retention & Disposal Schedule.
- All RIDDOR reportable incidents must be subject to an investigation.

4.3 Incident types which must be reported:

4.3.1 *Death or Major Injury (Appendix 1):*

If there is an accident connected with the workplace and a staff member, patient/client/service user or self-employed person working on Trust premises/vehicles is killed or suffers a major injury (including as a result of physical violence); or there is an accident connected with the workplace and a member of the public is killed or taken to hospital; then the appropriate enforcing authority must be

notified without delay (e.g. telephone). Within 10 days of the incident, a completed NI2508 form must be sent to the enforcing authority as required under RIDDOR. Both of these actions will be carried out by the Risk Management Team upon the incident being reported to them by the staff / line manager concerned.

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

4.3.2 Over 3 Day Injury:

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

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

4.3.3 Dangerous Occurrence (Appendix 2):

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

4.3.4 Disease (Appendix 3):

If the Trust is notified by a doctor (e.g. GP or Occupational Health) that a staff member suffers from a reportable, work related disease (e.g. dermatitis), the respective manager must then submit an incident report form / DATIX to the Risk Management Team (or update an existing report form submitted by the member of staff). The Risk Management Team must then complete a disease report form NI2508A and forward to the enforcing authority.

5.0 IMPLEMENTATION OF POLICY:

5.1 Dissemination:

With regards to dissemination this Policy will be:

- Issued to all Board Members, Chair, Non-Executive Directors, Chief Executive, Directors Assistant Directors.
- Disseminated to the required staff by Assistant Directors.
- Made available on the Internet, Intranet / SharePoint so that all employees and members of the public/stakeholders can easily have access.
- Discussed during Corporate Induction.

5.2 Resources:

Training on the application of this policy for relevant managers and staff will be facilitated and delivered by the Risk Manager as part of wider training on incident reporting.

5.3 Exceptions:

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

6.0 MONITORING:

It is the responsibility of the Risk Management Team and the Health and Safety Committee to monitor the implementation of and assess the level of compliance with this policy.

7.0 EVIDENCE BASE/REFERENCES:

- Health & Safety at Work (NI) Order 1978.
- Northern Ireland Statutory Rules, 1997, no 455, RIDDOR (NI) 1997.
- NI2508 Report Form.
- NI2508A Report Form.
- Health & Safety Executive for Northern Ireland Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (NI) 1997 (booklet).
- Reporting Injuries Diseases and Dangerous Occurrences in Health & Social Care. Guidance for employers HSE Information sheet HSIS1 (rev3) 10/13.

8.0 CONSULTATION PROCESS:

This policy has been developed by the Risk Manager from the regional RIDDOR Policy. Consultation took place with Trade Unions, Senior Managers, Assistant Directors and Directors within the organisation. The final content of the document was agreed by SMT, Health and Safety Committee and Assurance Committee before Trust Board approval on recommendation by the Assurance Committee.

9.0 APPENDICES:

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

10.0 EQUALITY STATEMENT:

In line with duties under Section 75 of the Northern Ireland Act 1998; Targeting Social Need Initiative; Disability Discrimination Act 1995 and the Human Rights Act 1998, an initial screening exercise, to ascertain if this policy should be subject to a full impact assessment, has been carried out.

The outcome of the equality screening for this procedure undertaken on 18th April 2020 is:

Major impact	<input type="checkbox"/>
Minor impact	<input type="checkbox"/>
No impact.	<input checked="" type="checkbox"/>

11.0 SIGNATORIES:



Katrina Keating
Lead Author

Date: 6th May 2021



Dr Nigel Ruddell
Lead Director

Date: 6th May 2021

APPENDIX 1 – DEFINITIONS OF MAJOR INJURIES:

Reportable major injuries are:

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

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

APPENDIX 2 – REPORTABLE DANGEROUS OCCURRENCES:

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

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

- Unintended collapse of: any building or structure under construction, alteration or demolition where over 5 tonnes of materials fall; a wall or floor in a place of work; any falsework;
- Explosion or fire causing suspension of normal work for over 24 hours;
- Sudden, uncontrolled release in a building of : 100kg or more of flammable liquid; 10kg of flammable liquid above its boiling point; 10kg or more of flammable gas; or of 500kg of these substances if the release is in the open air;
- Accidental release of any substance, which may damage health.

APPENDIX 3 - REPORTABLE DISEASES:

1. Occupational Diseases:

Conditions due to physical agents and physical demands of work:

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

- The use of hand-held percussive metal working tools or the holding of metal being worked upon by percussive tools in connection with riveting, caulking, chipping, hammering, fettling or swaging;
- The use of hand-held powered percussive drills or hand-held powered percussive hammers in mining, quarrying or demolition, or on roads or footpaths (including road construction);
- The holding of material being worked upon by pounding machines in shoe manufacture.

2. Infections due to biological agents:

- Anthrax
- Brucellosis
- Avian Chlamydiosis
- Oviparous Chlamydiosis
- Hepatitis
- Legionellosis
- Leptospirosis
- Lyme disease
- Q fever
- Rabies
- Streptococcus suis
- Tetanus
- Tuberculosis
- Any infection reliably attributable to work.

Poisonings by any of the following:

- Acrylamide monomer
- Arsenic or one of its compounds
- Benzene or a homologue of benzene
- Beryllium or one of its compounds
- Cadmium or one of its compounds
- Carbon disulphide
- Diethylene dioxide
- Ethylene oxide
- Lead or one of its compounds
- Manganese or one of its compounds
- Mercury or one of its compounds
- Methyl bromide
- Nitrochlorobenzene, or a nitro –or amino- or chloro-derivative of benzene or a homologue of benzene
- Oxides of nitrogen
- Phosphorous or one of its compounds

Carcinoma where there is a specified work activity and / or evidence of workplace exposure, including (see Guidance for further information).

- Cancer of a bronchus or lung
- Primary carcinoma of the lung
- Cancer of the urinary tract
- Bladder cancer
- Angiosarcoma of the liver
- Peripheral neuropathy
- Chrome ulceration
- Folliculitis
- Acne
- Skin cancer
- Pneumoconiosis
- Byssinosis
- Mesothelioma
- Lung Cancer
- Asbestosis
- Cancer of the nasal cavity or associated air sinuses
- Occupational dermatitis
- Extrinsic alveolitis
- Occupational asthma

APPENDIX 4 – PATIENT/CLIENT/SERVICE USER FALLS AND CHOKING:

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

A patient/client/service user fall incident would be reportable if:

- The fall prevention measures identified in any risk assessments were not in place at the time of the incident including arrangements for supervision, assistance, use of mobility aids, moving and handling aids etc.
- There was an environmental factor which may have contributed to the fall for example defective flooring, wet flooring, housekeeping issues etc.

Examples of patient/client/service user falls:

- Falls from a tail lift or vehicle steps and suffers harm.
- Falls in NIAS vehicles.
- Falls in a nursing home or hospital whilst in the care of ambulance staff, for example entering or exiting a premises.
- Falls from stretchers/carrychairs/tracked chairs/wheelchairs etc.
- Trips and falls over blankets/bags/equipment.

Source: Reporting Injuries Diseases and Dangerous Occurrences in Health & Social Care. Guidance for employers HSE Information sheet HSIS1 (rev3) 10/13.

Patient/Client/Service User Choking:

A patient/client/service user choking incident would be RIDDOR reportable if measures in place at the time of the incident as per patient/client/service user assessment were not in place for example a patient/client/service user was provided with food or drink during a journey that is not permitted as part of their care plan.