NHS Grampian

Adverse Event Recording Arrangements

RIDDOR Guidelines

(With effect January 2020)

These Guidelines forms part of a raft of guidance notes on Adverse Events Reporting and Review available from the Adverse Event Microsite on the Quality Improvement and Assurance (QIA) Team Website and is also available on the Policies Section of the Health and Safety Website

The guidance is divided into 3 sections to support quick reference, although it is recommended that all sections are reviewed to ensure compliance with RIDDOR in considered for all adverse events.

Section 1

- Background to RIDDOR
- General Workplace RIDDOR Reporting guidance
- Examples of Reportable/ non reportable General Workplace Adverse Events

Section 2

- RIDDOR Reporting in a Health and Social Care Environment
- Exemptions
- Examples of Reportable/ non reportable Health and Social care adverse events

Section 3

- Who should report a RIDDOR
- Guidance on lodging a RIDDOR Report
- Monitoring arrangements and further advice
- Guidance to Providing Information in Response to a RIDDOR notification of a Falls Adverse Event to the HSE
- Guidance on How to Report Work Related Skin issues

SECTION 1

What is RIDDOR?

RIDDOR is an abbreviation for the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013. RIDDOR requires employers and others to report deaths, certain types of injury, some occupational diseases and dangerous occurrences that **'arise out of or in connection with work'**.

Generally, this covers incidents where the work activities, equipment or environment (including how work is carried out, organised or supervised) contributed in some way to the circumstances of the accident.

For the purposes of RIDDOR, **an accident** is a separate, identifiable, unintended incident that causes physical injury. This specifically includes acts of non-consensual violence to people at work.

Not all accidents need to be reported, a RIDDOR report is required only when:

- the accident is **work-related**; and
- It results in an injury of a type which is **reportable** (as listed under 'Types of reportable injuries').

What is meant by 'work-related'?

RIDDOR only requires you to report accidents if they happen 'out of or in connection with work'. The fact that there is an accident at work premises does not, in itself, mean that the accident is work-related – the work activity itself must contribute to the accident. An accident is 'work-related' if any of the following played a significant role:

- The way the work was carried out;
- Any machinery, plant, substances or equipment used for the work; or
- The condition of the site or premises where the accident happened.

What are 'reportable' injuries?

The following injuries are reportable under RIDDOR when they result from a work-related accident:

- **All deaths** to workers and non-workers must be reported if they arise from a work-related accident, including an act of physical violence to a worker. Suicides are not reportable, as the death does not result from a work-related accident.
- **Specified Injuries** to workers

The list of 'specified injuries' in RIDDOR 2013 (regulation 4) includes:

  - A fracture, other than to fingers, thumbs and toes;
  - Amputation of an arm, hand, finger, thumb, leg, foot or toe;
  - Permanent loss of sight or reduction of sight;
  - Crush injuries leading to internal organ damage;
  - Serious burns (covering more than 10% of the body, or damaging the eyes, respiratory system or other vital organs);
  - Scalping's (separation of skin from the head) which require hospital treatment;
  - Unconsciousness caused by head injury or asphyxia;
  - Any other injury arising from working in an enclosed space, which leads to hypothermia, heat-induced illness or requires resuscitation or admittance to hospital for more than 24 hours.

- **Injuries to workers resulting in their incapacitation for more than 7 days**

This is where an employee, or self-employed person, is away from work or unable to perform their normal work duties for more than seven consecutive days (not counting the day of the accident).

- **Injuries to non-workers**

Work-related accidents involving members of the public or people who are not at work must be reported **if a person is injured**, and is taken from the scene of the accident to hospital for treatment to that injury.

If the accident occurred at a hospital, the report only needs to be made if the injury is a 'specified injury' (see above).

- **Reportable Occupational Diseases**

  Employers and self-employed people must report diagnoses of certain occupational diseases, where these are likely to have been caused or made worse by their work. These diseases 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 an occupational exposure to a biological agent.

Note: In the event of someone being diagnosed with any of the above listed Occupational Diseases, reporting under RIDDOR will be the responsibility of the Manager of the member of Staff, with the exception of sharps injury where a Blood Borne Virus (BBV) sero-converts. In these circumstances the Occupational Health Service (OHS) will complete the RIDDOR report and inform the appropriate Manager.

Support for the reporting of Occupational Diseases can be sought from OHS

See related note under Reportable Dangerous Occurrences

- **What are Reportable Dangerous Occurrences?**

Dangerous occurrences are certain, specified 'near-miss' events (incidents with the potential to cause harm.) Not all such events require reporting. There are 27 categories of dangerous occurrences that are relevant to most workplaces.

For a full, detailed list, refer to the online guidance at (www.hse.gov.uk/riddor)

Exemptions

- The duties carried out by a member of the armed forces while on duty; or
- Road traffic accidents, unless the accident involved:
  - The loading or unloading of a vehicle
  - Work alongside the road such as road maintenance
  - The escape of a substance being conveyed by the vehicle or train

Note: In the event of a Reportable Dangerous Occurrence, reporting under RIDDOR will be the responsibility of the Manager of the Area, with the exception of sharps injuries where the sharp is known to be contaminated with a Blood Borne Virus (BBV), e.g. hepatitis B or C or HIV. In these circumstances the Occupational Health Service (OHS) will complete the RIDDOR report and inform the appropriate Manager.

Support for the reporting of Dangerous Occurrences can be sought from the Health and Safety Team

RIDDOR Reporting General Workplace examples

Details of staff injury/activity		Days off work	Hours in hospital	Does RIDDOR apply	
1	Sprained arm (put on 'light duty' with 8 days off normal job)	1 day	Nil	Yes	The 'light duty' counts as 8 days off work
2	Broken arm	30 days	4 hrs	Yes	Any fracture but not toes and fingers
3	Broken finger	1 day	3 hrs	No	
4	Broken finger	8 days	3 hrs	Yes	This is because of more than 7 days off work
5	Occupational Dermatitis	1 day	Nil	Yes	Only if confirmed by a doctor
6	Sprained ankle on Thursday, returns to work on Tuesday	2 days	Nil	No	
7	Amputation of finger	2 days	6 hrs	Yes	Any amputation
8	Hand Arm Vibration Syndrome	Nil	Nil	Yes	Only if confirmed by a doctor
9	Twisted ankle	9 days	Nil	Yes	This is because of more than 7 days off work
10	Twisted ankle	1 day	3 hrs	No	
11	Electrical fault causing fire but workshop out of use for only 24 hours	N/A	N/A	Yes	
12	6 metre high scaffold collapses	N/A	N/A	Yes	Over 5 metres high
13	Hoist carrying patient collapses without harm to patient or staff	N/A	N/A	Yes	The collapse or failure at a load bearing part of any lifting machinery
14	A cleaner suffers a needlestick injury from a needle and syringe known to contain hepatitis B positive blood	N/A	N/A	Yes	Reportable as a dangerous occurrence
15	A community nurse suffers a needlestick injury, does not sero-convert and the source of the sharp cannot be traced.	N/A	N/A	No	

SECTION 2

RIDDOR Reporting in Health and Social Care

The Health and Safety Executive (HSE) have provided additional guidance to support compliance with RIDDOR on reporting of deaths, certain types of injuries, occupational diseases and dangerous occurrences that arise out of or in connection with work in the **health and social care sector**.

The following guidance does not supersede the previously provided information on the general workplace requirements for RIDDOR reporting, but identifies examples and provides guidance on health and social care events which require responsible persons to investigate and may require RIDDOR reporting.

For those potential occupational exposures to blood borne viruses, NHS Grampian (NHSG) Occupational Health Service (OHS) will notify the HSE under RIDDOR (where appropriate) and ensure that the occurrence is recorded in an anonymous way once client consent has been received and recorded on the Datix system. (**See related notes above on pages 4 and 5)**

Exemptions

In general, reports are not required for deaths and injuries that result **directly** from medical or dental treatment, or an examination carried out by, or under the supervision of, a doctor or registered dentist.

In the past, there has been some misunderstanding as to the range of events that should be reported under RIDDOR when they involve members of the public who are patients, residents, service users or visitors. The following examples will help you decide about what to report.

Practical Explanation/Examples

Accidents involving patients

Reportable Examples

- A confused patient falls from a window on an upper floor and is badly injured (***this would be reportable as a fall from a window could have been prevented)***;
- A hospital patient is scalded by hot bath water and has to be moved to a burns unit for treatment. (***this would be reportable as a scald could have been prevented)***;

Not Reportable

- A frail elderly woman falls and breaks her leg, there are no obstructions or defects in the premises which contributed to the fall;
- A patient commits suicide.

Injuries to People Not at Work

These examples cover Adverse Events which result in a person not at work (this includes patients, visitors and other service users) 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.

Reportable Examples

- 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 receives a fractured arm when their arm becomes trapped in a bed rail;
- A visitor to the hospital is struck on the head by a car park barrier and receives a specified injury that requires hospital 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 Examples

- 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 Events

A fall is reportable under 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 Examples

- 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 Examples

- 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.

- 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 are 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 event 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 back 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 manoeuvred 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.

SECTION 3

Who should report a RIDDOR

All Adverse Events **must** be reported on the Datix Risk Management System and a certain sub-set of these will be reportable to the HSE under the RIDDOR guidelines.

In NHSG all sectors and services through Line Management structures have devolved responsibility for RIDDOR notifications directly to the HSE.

All Adverse Events reported under RIDDOR **MUST** be reviewed by the line manager of the person involved. Specialist advice is available within NHSG, and the Health and Safety Manager should be contacted in the first instance.

Datix **is** the single repository for information relating to Adverse Events, and as such copies of any RIDDOR reports or other documents related to their Review **Must** be uploaded on Datix.

Guidance on lodging a RIDDOR Report

All RIDDOR notifications must be reported as soon as possible after the event by the "quickest and most practicable means" and followed up by a full report within ten (10) days, in the case of over seven (7) day absences this is extended to fifteen (15) days (unless the full report is submitted at the reporting time).

Retrospective reporting must be avoided wherever possible, however, there may be occasions where this is unavoidable, this notwithstanding, the event must still be reported (giving an explanation as to why the delay occurred) as soon as is practicable. Where areas are unsure if an Adverse Event is RIDDOR reportable, see flowchart page 12.

In all cases, please note that it is a bigger problem for NHSG if a notifiable Adverse Event is not reported, and later comes to light, than had it been notified in the first instance, even when it is reported late or long after the event.

RIDDOR Notification Process

Line Managers are responsible for making RIDDOR notifications. For those potential occupational exposures to blood borne viruses, OHS will notify the HSE.

All RIDDOR Notifications should be made directly to the HSE in one of the following ways, following guidelines at http://www.hse.gov.uk/riddor/report.htm , by: (in order of preference)

1. Completing the necessary on-line notification through the Internet;

2. A telephone service remains for reporting fatal/specified and major injuries **only** - call the Incident Contact Centre on 0345 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).

Any RIDDOR Reports from NHSG will be forwarded by the HSE to the Healthcare Inspectors. Please **DO NOT** send forms directly to either the local offices of the HSE or the Healthcare Inspection Team.

Note: Please ensure that you obtain the RIDDOR reference number whichever method you use to submit the form and upload to Datix.

RIDDOR Form completion note: On completion of a RIDDOR report there will be an option to download a copy for your records. This option must be completed and the downloaded form uploaded to Datix.

Guidelines for Completion of RIDDOR Form

As a reminder, the following advice has been offered by the HSE.

Ensure that **NHS Grampian** is listed as the name of the organisation in the first field of the form. Only include the name of your actual workplace in the location of incident field at the bottom of page one of the form.

1. Provide adequate information regarding the exact nature of the Adverse Event. Include specific details about the actual outcome, detailing harm or injuries.
2. Where possible, include *home* (preferred) or *work* contact details for any injured person. In many cases, the HSE choose to contact injured parties directly.
3. With regard to confidential medical information (e.g. exposure to blood borne viruses and needle stick injuries), the HSE do not insist on including names of injured parties at the first instance. However, it must be possible to trace the RIDDOR form to the Adverse Event report and the individual people involved, if required by the HSE. In these cases, you must clarify

- The exact **source** of exposure in terms of the person (e.g. nurse, patient);
- The method of exposure (e.g. open wound, syringe etc.); and;
- The unique identifying number (or numbers) of the individual concerned.

Notes:

1. **Any Adverse Event which leads to a RIDDOR report must be fully and properly reviewed and recorded;**
2. **All Adverse Events identified as being RIDDOR reportable must have a Severity Rating of Moderate or higher;**
3. **All RIDDOR Adverse Events must have as a minimum a Level 2 Review.**

RIDDOR Adverse Events to persons NOT employed by NHSG

In the event of RIDDOR reportable Adverse Events involving person(s) **working** on NHSG property **but not** employed by NHSG (contractors, etc.), responsibility for reporting lies with the employers of that person(s).

RIDDOR Adverse Events to persons on placement/secondment to NHSG

In the event of RIDDOR reportable Adverse Events involving person(s) who are on placement/secondment to NHSG (students, etc.,), responsibility for reporting to the HSE lies with the Line Manager of that person(s). A copy of the RIDDOR form and any Adverse Event and/or Review documentation should be forwarded to the responsible Placement Officer.

Further Advice

In circumstances where it is unclear if an Adverse Event is or maybe reportable under RIDDOR, an extra option question is included in the RIDDOR section on Datix. This question 'Unsure – advice requested' will trigger an email to the Health and Safety Team who will support the process.

Guidance on providing information in response to a RIDDOR notification of a Falls Adverse Event to HSE can be found at page 13.

Datix

For extra information when using the Datix system a flow chart can be found at page 12 to this guideline.

Guidance on how to report and manage work-related skin issues on Datix can be found at page 16.

Monitoring Framework

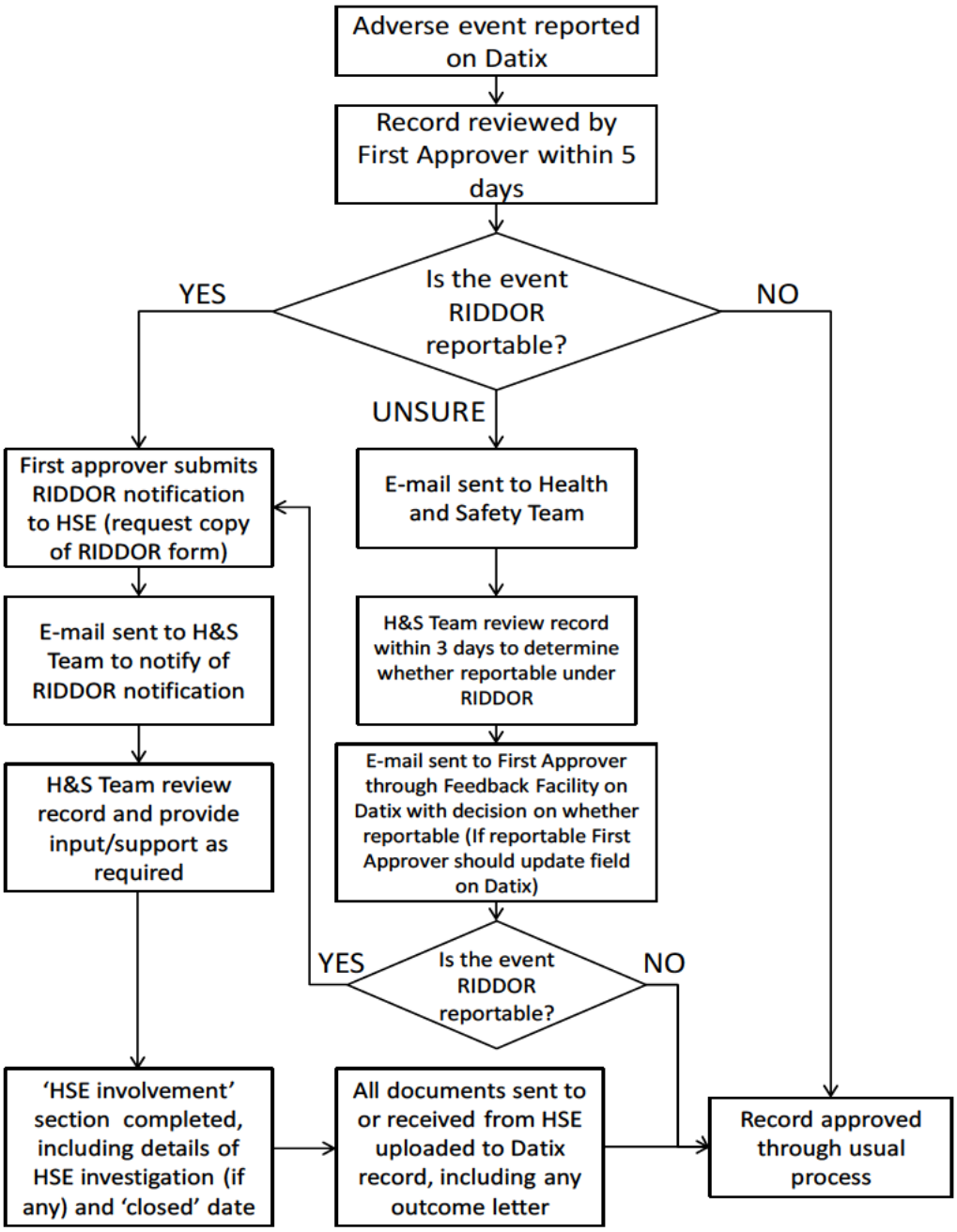
In order to ensure that NHSG are complying with the requirements of RIDDOR, a framework is required to monitor all notifications to the HSE. Within NHSG this framework is formed by the Occupational Health and Safety Committee and the Staff Governance Committee.

The Health and Safety Manager as lead for RIDDOR matters, along with topic specialists will review RIDDOR reportable Adverse Events (through Datix) for the purpose of trend analysis and identification of learning points.

Sources of Information:

Information regarding the RIDDOR reporting can be found at: http://www.hse.gov.uk/riddor/report.htm and at: http://www.hse.gov.uk/riddor/index.htm

Guidance for Health and Social Care regarding the RIDDOR reporting can be found at: http://www.hse.gov.uk/pubns/hsis1.pdf



Guidance to providing information in response to a RIDDOR notification of a Falls Adverse Event to HSE

Background

In response to receiving a RIDDOR notification the HSE may request information and/or documentation to support further investigation into the adverse event.

The HSE will look to review:

- Compliance to legislative requirements.
- The organisation's safety management system.
- Effectiveness, structure and implementation of the safety management system.
- Factors which may have contributed to the occurrence of the adverse event. (environment, workload, training etc.).
- Compliance and understanding of the safety management system by employees.

Guidance on Working with HSE Inspectors can be found on the Health and Safety website.

Investigation powers

The HSE have authority to review, take copies or take into possession the original documents if deemed appropriate to support the completion of a suitable and sufficient investigation.

Guidance on HSE document collection powers and process can be via this hyperlink:

http://www.hse.gov.uk/enforce/enforcementguidesc/collectingphysical/obtaining.htm

Outcome of the investigation

The prime goals of an investigation are to identify:

- Compliance with legislative requirements,
- Learning points to support reduction of likelihood of reoccurrence,
- Areas requiring improvement within NHSG's Safety Management System,
- Opportunities in which to improve and develop a positive safety culture within NHSG.

RIDDOR Reporting

In cases of a reportable death, specified injury, or dangerous occurrence, you must **notify** the enforcing authority without delay.

Although the Regulations specify varying timescales for reporting different types of incidents, it is advisable to report the event as soon as possible. You must complete a RIDDOR report within 10 days of the event.

Where a previously reported injury has subsequently resulted in a fatality, the RIDDOR notification should be amended.

Timescale for the provision of HSE requested documentation

The NHSG Adverse Events policy states in section 6 – 'Adverse Events should be reported on Datix as soon as possible, and as a minimum within 24 hours of the event occurring or of it being identified.'

The Adverse Events reporting process identifies that a minimum of a Level 2 review must be conducted for all RIDDOR reportable occurrences; in some cases a Level 1 may be appropriate.

The HSE will initially request documents supporting the record of care and management of the patient. This request will be forwarded to the appropriate management team through NHSG's single point of contact supporting HSE document request for RIDDOR reportable occurrences. [redacted]

The HSE have communicated that all documentation they request should be provided within a reasonable period. The HSE have now quantified this to be within 48- 72 hours of notification of request.

Copies of all requested documents or a valid explanation if this timescale cannot be supported must be forwarded to the HSE via NHSG's single point of contact, [redacted] within this timeframe.

Non-compliance may result in the HSE visiting the area of concern, invoking their powers identified under Section 20 of the Health and Safety at Work etc. Act 1974 and taking into possession or taking copies of original documentation. The HSE may decide to commence their investigation whilst on the site requiring the NHSG to support the proceedings until completion.

The following link provides clear guidance on the powers available to HSE inspectors.

http://www.hse.gov.uk/enforce/enforcementguide/investigation/physical-obtaining.htm

List of commonly requested documentation in relation to a RIDDOR reported Falls Adverse Events

- Datix Adverse Event record;
- PAAD (Patient Admission Assessment Document);
- Personal Care Records;
- Moving and Handling Plan;
- Full Falls Bundle Documentation, where applicable to the individual;
- Ward Safety Brief;
- Policies and Procedures relating to the maintenance and use of equipment utilised for falls prevention; e.g. Pressure Mats, Low Rise Beds, etc.
- Current policies & procedures/guidelines relating to falls prevention & management;
- Training and information provided regarding the use of the above mentioned equipment.

This list is intended to provide guidance on documentation which would most likely be requested by the HSE initially. It is not an exhaustive list as the HSE may request additional documentation and statements, as they deem necessary.

A full list of the documents which should be attached to a Falls Record on DATIX is provided on the Clinical Guidance Intranet Falls Guidance

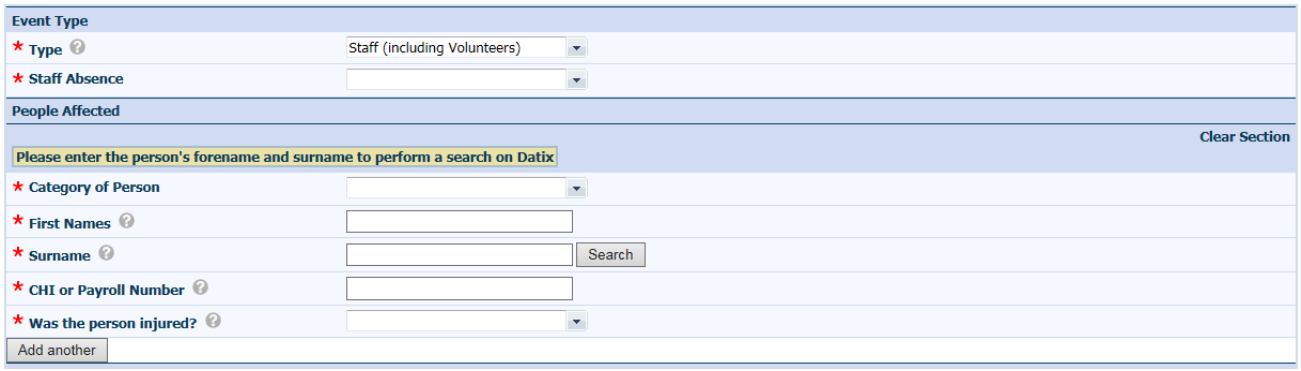
How To Report and Manage Work-Related Skin Issues on Datix

This short guide shows how to report on Datix when a staff member experiences work-related skin issues.

Reporting work-related skin issues on Datix

- A referral to Occupational Health following skin surveillance is **not** sufficient reason to report an adverse event on Datix. Occupational Health will inform the line manager after review whether the skin issue is thought to be work-related and should be reported on Datix. It is the responsibility of the manager of the staff member affected to report on Datix.

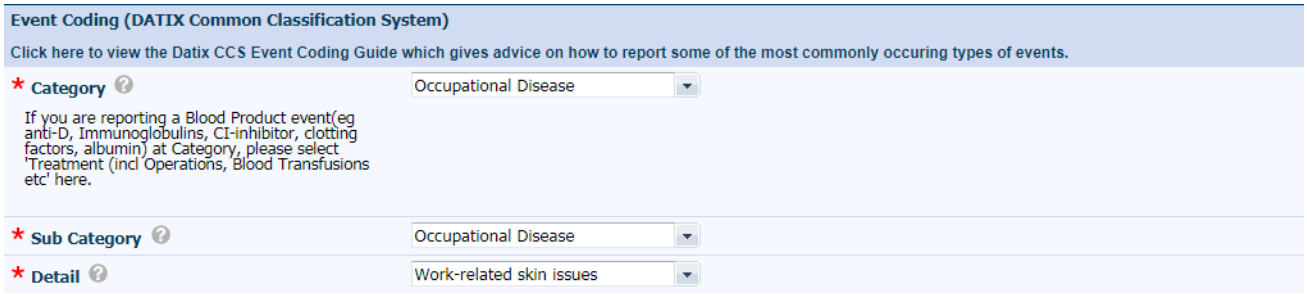
- As it will be a staff member affected, the 'Type' should be selected as Staff and all staff details provided. When entering staff details, the 'Search' button can be used to check whether the staff member's details are already stored in the database which may save time in reporting.



- The location fields should be completed using details of the sector, service, etc. the staff member affected works under and the location where they are based. This will ensure that the record is visible to the relevant managers if required.

- The 'event date' selected should be the date the skin surveillance check was carried out by the Responsible Person.

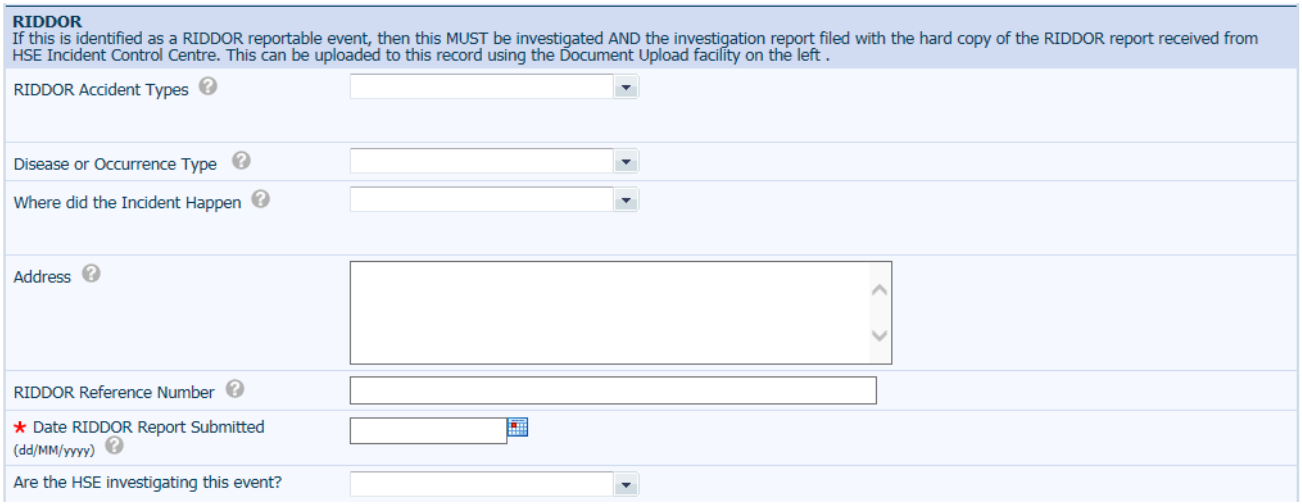
- Specific codes have been added to the Event Coding section to ensure that the number of confirmed cases of work-related skin issues can be accurately counted and cross-checked with records held with Occupational Health. The following options should be selected:



- All other sections of the form should be completed as normal. Advice on completing the form can be sought from the Quality Informatics Team by e-mailing [redacted]

RIDDOR reporting of work-related skin issues

- Not all work-related skin issues require to be reported to the HSE under the RIDDOR Regulations.
- Cases of Occupational Dermatitis **are** reportable to the HSE under RIDDOR but this should only be done after specific instruction from Occupational Health. Full details of the RIDDOR notification should be recorded in the 'RIDDOR' section of the Managers Form (DIF2) on Datix.



Reviewing work-related skin issues on Datix

- The level of review required will depend on the harm experienced by the staff member and the risk matrix can be used to assist with this.
- Given that all RIDDOR reportable adverse events should be Moderate severity or above, the level of review selected should be **at least** a Level 2 review. For reviews of Occupation Dermatitis, it has been agreed that a risk assessment personalised for the staff member affected and a copy of the letter received from Occupational Health Services meet the requirements for a review and both documents should be uploaded to the Datix record before it is finally approved. Details of lessons learned and any action taken should also be recorded.
- All other steps of the Datix approval process should be followed as normal.
- Managers are responsible for maintaining oversight of all cases of work-related skin issues in their area of responsibility with a view to identifying in trends or themes and reducing risk to others.