

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

## Guidance for employers

### HSE information sheet

### Health Services Information Sheet No 1 (Revision 2)

#### Introduction

This information sheet clarifies how the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR) apply to the health and social care sector.

RIDDOR requires employers and others to report certain types of injury, some occupational diseases and dangerous occurrences that **'arise out of or in connection with work'**.

Generally, this covers incidents associated in some way with work activities, equipment or environment, including how work is carried out, organised or supervised.

RIDDOR reports enable HSE or local authorities to identify where and how health and safety risks arise, reveal trends and help target activities. A significant purpose of RIDDOR is to alert enforcing authorities to events and help them to decide whether to investigate serious incidents.

Some incidents are not reportable under RIDDOR. However, this does not mean that the general provisions of the Health and Safety at Work etc Act 1974 (HSWA) do not apply. Depending on the circumstances, the enforcing authority may decide it is appropriate to investigate such incidents. This is more likely to arise where serious management failures have contributed to the cause of death or major injury or had the potential to do so.

As of 6 April 2012, the over-three-days reporting requirement for people at work changed to over seven days.

This means you have to report injuries that lead to a worker being incapacitated (absent, or unable to do their normal work which they would reasonably be expected to do) for over seven consecutive days. This period of time does not count the day of the accident, but it includes weekends and rest days. The report must be made within 15 days of the accident.

You must still keep a record of an accident or injury if it results in a worker being incapacitated for over three consecutive days. If you are an employer, who must keep an accident book under the Social Security (Claims and Payments) Regulations 1979, that record can be treated as a record for the purposes of RIDDOR.

There are no other substantive changes to the reporting requirements for deaths, major injuries, occupational diseases and dangerous occurrences.

#### What needs to be reported?

You must report some work-related injuries, diseases and dangerous occurrences. This requirement covers all work activities, but not all incidents.

The following are reportable, if they arise 'out of or in connection with work':

- the death of any person, whether or not they are at work (see Section 1);
- accidents which result in an employee or a self-employed person dying, suffering a major injury, being absent from work or unable to do their normal duties for more than seven days (see Section 2);
- accidents which result in a person not at work (eg a patient, service user, visitor) suffering an injury and being taken to a hospital, or if the accident happens at a hospital, suffering a major injury which would otherwise have required hospital treatment (see Section 3);
- an employee or self-employed person suffering one of the specified work-related diseases (see Section 2); and
- specified dangerous occurrences, which may not result in a reportable injury, but have the potential to do significant harm (see Section 4).

## Who should report?

The duty to notify and report rests with the 'responsible person'. This may be the employer of an injured person, a self-employed person or someone in control of premises where work is carried out. Who the responsible person is depends on the circumstances of the notifiable event, as shown in Table 1.

Death, major injury and, as of 6 April 2012, over-seven-day injuries to contractors working indirectly for you are reportable by their employers. You must also keep a record of all over-three-day injuries.

Contractors could be builders, maintenance staff, employment agencies providing agency staff, or care providers in a commissioned contract. You should liaise with contractors to share information about reportable incidents.

Where different organisations share responsibility for managing staff, it is the employer's responsibility to ensure adequate arrangements are in place for reporting incidents.

Failure to report a reportable injury, dangerous occurrence, or disease in accordance with the requirements of RIDDOR is a criminal offence, and may result in prosecution. Reporting an incident is **not** an admission of liability.

## When to report

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

In cases of a reportable death, major injury, or dangerous occurrences, you must notify the enforcing authority without delay.

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

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

## How to report

For general advice on how you should report, please refer to the RIDDOR pages on HSE's website: [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor).

## Keeping records

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

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

**Table 1** The responsible person

Reportable incident	Injured person	Responsible person
<b>Death, major injury, over-seven-day injury or case of disease</b>	An employee at work	That person's employer
<b>Death, major injury or over-seven-day injury</b>	A self-employed person at work in premises under the control of someone else	The person in control of the premises
<b>Major injury, over-seven-day injury or case of disease</b>	A self-employed person at work in premises under their control	The self-employed person or someone acting on their behalf
<b>Death or injury requiring removal to hospital for treatment (or major injury occurring at a hospital)</b>	A person not at work (but affected by the work of someone else), eg patient, volunteer or visitor	The person in control of the premises or in domestic premises the employer in control of the work activity
<b>Dangerous occurrence</b>		<b>The person in control of the premises where (or in connection with the work at which) the dangerous occurrence happened</b>

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

## Consultation

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

This includes records kept under RIDDOR, except where they reveal personal health information about individuals. For further information on consultation, see HSE leaflet *Consulting employees on health and safety* (INDG232).<sup>1</sup>

## Reporting requirements of other regulators

There are a number of reporting requirements administered by other regulators in the health and social care sector. These requirements are separate to and distinct from the legal duty to report incidents under RIDDOR.

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

## Section 1: Deaths in health and social care

The death of any person, whether or not they are at work, must be reported if it results from an accident arising out of or in connection with work. However, under RIDDOR there is no requirement on anyone to report the death of:

- a self-employed person which occurs in premises where they are the owner or occupier; or
- an employee which occurs some time after the accident, subject to regulation 4. (If an employee dies after some delay as a result of an injury which is reportable under regulation 3, then the employer must inform the enforcing authority about the death in writing, provided that it occurs within a year of the date of the incident. This must be done whether or not the original injury had been reported.)

## Deaths which are not reportable

- A patient or service user commits suicide. Suicides are not considered 'accidents' and are not RIDDOR reportable.
- A service user admitted to 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 on a hot water system would not be considered an 'accident'.

Although RIDDOR does not apply in these instances, the general provisions of the Health and Safety at Work etc Act 1974 (HSWA) could still apply. The enforcing authority may, depending on the circumstances, decide that it is appropriate to investigate such incidents. This is more likely to arise where serious management failures were a contributory factor.

## Reporting legionnaires' disease cases to other organisations

### ***The Health Protection Agency (HPA)***

In England and Wales there is a duty upon registered medical practitioners to notify the proper officer of the relevant local authority of any suspected cases of legionnaires' disease. The notification must be provided in writing within three days from the date of suspicion. There is more information on the HPA website ([www.hpa.org.uk](http://www.hpa.org.uk)).

### ***Health Protection Scotland (HPS)***

In Scotland there is a duty upon the diagnostic laboratory to notify the local health board and Health Protection Scotland of any identified cases of legionnaires' disease. It is recommended that this is an urgent notification, ie within the same working day of identification, followed up in writing within ten days. You can find more information on the HPS website ([www.hps.scot.nhs.uk](http://www.hps.scot.nhs.uk)).

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

This section covers accidents which result in an employee or a self-employed person suffering a major injury, or a 'lost-time' injury.

### **Major injuries**

The following are reportable major injuries if they arise 'out of or in connection with work':

- fractures, except 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 penetrating 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;
- acute illness requiring medical treatment, or loss of consciousness resulting from the absorption of any substance by inhalation, ingestion or through the skin or exposure to a biological agent; and
- any other injury which leads to hypothermia, heat-induced illness or unconsciousness; requires resuscitation or admittance to hospital for more than 24 hours; or if the injured person is already in hospital, then the injury would have resulted in admission for more than 24 hours.

A full list of reportable major injuries is provided in Schedule 1 of the Regulations, which is in the RIDDOR guide ([www.hse.gov.uk/pubns/books/l73.htm](http://www.hse.gov.uk/pubns/books/l73.htm)).<sup>2</sup>

## Lost-time accidents to employees

### Over-seven-day injuries

As of 6 April 2012, the law introduced the over-seven-day injury category. This is where a worker 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).

### Over-three-day injuries

As of 6 April 2012, you do not have to report over-three-day injuries but you must keep a record of them. If you are an employer, who has to keep an accident book, the record you make in this will be enough.

## Physical violence

A physical injury inflicted on one employee by another during a dispute about a personal matter, or an employee at work injured by a relative or friend who visits them at work about a domestic matter, is not reportable.

However, 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 a record must be kept of over-three-day injuries.

## Diseases, infections and ill health

You must report any instance where a registered medical practitioner tells you in writing that one of your employees is suffering from a disease specified in RIDDOR, and the employee undertakes work linked with that condition.

Reportable diseases, infections and ill health include:

- some skin diseases, such as occupational dermatitis;
- occupational asthma or respiratory sensitisation;
- infections such as viral hepatitis, tuberculosis, legionellosis and tetanus;
- certain musculoskeletal disorders, such as carpal tunnel syndrome or hand-arm vibration syndrome;
- any other infection **reliably attributable to work** with biological agents, exposure to blood or body fluids, or any potentially infective material; and
- other conditions, such as occupational cancer.

For the purposes of RIDDOR, an infection is the entry and multiplication of an infectious agent in the body, causing a damaging reaction to the tissue. The infection and the damage caused may give clinical signs and symptoms of disease, or may be subclinical or 'asymptomatic'.

Colonisation (the presence and multiplication of infectious agents in or on the body, without a damaging reaction in the tissue) is not the same as infection and is not reportable as a disease.

Infections that could have been acquired as easily in the community as in work are not reportable, unless the infection was definitely acquired at work.

Self-employed people need to make their own arrangements to notify any reportable diseases and infections they suffer (for advice on how to report, please refer to the RIDDOR pages on HSE's website: [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor)).

### Reportable

- A nurse contracts active pulmonary TB after nursing a patient with the condition.
- A laboratory worker suffers from typhoid after working with specimens containing typhoid.
- A paramedic becomes hepatitis B positive after contamination with blood from an infected patient.
- A care assistant is splashed in the face with bodily fluids from a service user and becomes hepatitis B positive.
- A 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 the above cases it is clear that the disease is either attributable to or contributed to by the work activity and a registered medical practitioner has confirmed that this is the case.

### **Not reportable**

- A nurse becomes colonised with MRSA and the nurse works with patients infected with MRSA.
- A cleaner catches chicken pox. Patients in areas where she has worked have chicken pox.
- A care home assistant is off work with influenza for two weeks. The influenza cannot be reliably attributed to their work activities, as it is common in the community.

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

A full list of the reportable diseases is provided in Schedule 3 of the Regulations, which is in the RIDDOR guide ([www.hse.gov.uk/pubns/books/l73.htm](http://www.hse.gov.uk/pubns/books/l73.htm)).<sup>2</sup>

### **Sharps injuries**

A sharps injury occurs when a needle or other sharp instrument accidentally penetrates the skin. This is sometimes called a needlestick injury.

Sharps injuries must be reported:

- when an employee is injured by a sharp known to be contaminated with a blood-borne virus (BBV), eg hepatitis B or C or HIV. This is reportable as a dangerous occurrence;
- when the employee receives a sharps injury and a BBV acquired by this route sero-converts. This is reportable as a disease – see above; or
- 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 sharps injury cannot be traced, it is not reportable, unless the injury itself causes an over-seven-day injury. If the employee develops a disease attributable to the injury, then it **must** be reported.

### **Reportable**

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

### **Not reportable**

- A community nurse suffers a needlestick injury, does not sero-convert and the source of the sharp cannot be traced.
- A laboratory worker is injured by a blood specimen container. The patient is not known to have any infection.
- An employee is cut with a scalpel used on a patient not known to be contagious but undergoing blood checks for hepatitis A.

Due to the sensitive nature of reporting diseases and infections caused by blood-borne viruses, 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, the enforcing authority needs to be informed.

### **Stress**

Stress is not reportable as an occupational injury, even when accompanied by a medical certificate stating it is work-related, because it does not result from a single definable accident.

## **Section 3: Injuries and ill health involving those not at work**

This section covers accidents which result in a person not at work suffering an injury and being taken to a hospital, or if the accident happens at a hospital, suffering a major injury (as defined in Schedule 1 of RIDDOR) which would have required hospital treatment.

Any injury to a person who is 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 to a hospital, by whatever means (for example by taxi, private car or ambulance); or
- it happens at a hospital and involves a major injury as defined in Schedule 1 of the RIDDOR Regulations.

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

### **Injuries to people not at work**

#### **Reportable**

- A patient is scalded by hot bath water and is 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 bedrail.
- A visitor to the hospital is struck on the head by a car park barrier and receives a major injury that requires hospital attention.

- A service user requires hospital treatment after sliding through a sling after being hoisted from a chair. The wrong-size sling was used.

**Not reportable**

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

**Patient/service user fall incidents**

A fall is reportable under RIDDOR when the fall 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**

- 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 had identified the need for bedrails but they, or other preventative measures, had not been provided.
- A service user trips over a loose or damaged carpet in the hallway.

**Not reportable**

- A service user falls and breaks a leg. The individual was 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 accident that caused the injury arose out of or was connected to the work activity.

**Example 1:** A service user (who is capable of understanding and following advice) falls off the toilet having previously been advised not to get up, is

injured and is taken to hospital. They have been left 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:**

- assessment had identified the resident required assistance for toileting and it was not provided; or
- the fall occurred in an area of the home where it was foreseeable that a 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; or
- the paramedics were aware the patient had a history of aggression and failed to take this into account when moving them. The patient subsequently becomes aggressive and falls from the stretcher.

**Not reportable if:**

- the patient became unexpectedly aggressive, struggled and fell.

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

**Self-harm**

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

However, this does not mean that the general provisions of HSWA do not apply. The enforcing authority may, depending on the circumstances, decide that it is appropriate to investigate such incidents. This is more likely to arise where serious management failures were a contributory factor.

### **Clinical decisions**

If a person is injured as a result of an accident arising directly from the conduct of any operation, examination or other medical treatment being carried out by or under the supervision of a registered medical practitioner (RMP) or dentist, the injury is not reportable (RIDDOR regulation 10(1)).

The supervision does not need to be direct for the exemption to apply – it is sufficient that the procedure being carried out was laid down by an RMP.

### **Reportable**

- A patient suffers a major injury as a result of a power failure during an operation (not caused by the conduct of the operation).

### **Not reportable**

- During a surgical operation, a surgeon removes the wrong organ. The patient subsequently dies.
- A patient suffers a seizure following a medical procedure. The nursing assistant was following a procedure laid down by an RMP.
- A paramedic administers a drug to a patient who subsequently dies as a result of an allergic reaction. This would not be reportable, whether or not the correct procedure was being followed.
- A patient known to be allergic to penicillin is nevertheless given a penicillin-based drug under the supervision of an RMP and subsequently dies.

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

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

For further advice you can also contact your local Public Advice and Liaison Service or the Independent Complaints Advisory Service.

## **Section 4: Dangerous occurrences in health and social care**

Dangerous occurrences are specified events, which may not result in a reportable injury, but have the

potential to do significant harm.

Reportable dangerous occurrences include the following:

- the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- the accidental release of a biological agent likely to cause severe human illness (a hazard group 3 or 4 pathogen);
- the accidental release or escape of any substance which may cause a major injury or damage to health;
- an electrical short circuit or overload causing fire or explosion;
- the explosion, collapse or bursting of any closed vessel or associated pipework; and
- an explosion or fire causing suspension of normal work for over 24 hours.

A full list of dangerous occurrences is included in Schedule 2 of the guide to the RIDDOR Regulations ([www.hse.gov.uk/pubns/books/173.htm](http://www.hse.gov.uk/pubns/books/173.htm)).<sup>2</sup>

### **Is the incident a reportable dangerous occurrence?**

#### **Reportable**

- A patient hoist collapses or overturns.
- A laboratory worker spills a sufficient quantity of formaldehyde from a container that is sufficient to cause damage to the health of a worker or others present.
- A container of a TB culture is broken and releases its contents.

#### **Not reportable**

- An elderly woman with dementia wanders out of a care home into the car park/main road.
- A collision occurs between two vehicles in a hospital car park and no one is injured.

### **Sharps injuries**

A sharps injury occurs when a needle or other sharp instrument accidentally penetrates the skin. This is also sometimes called a needlestick injury. Sharps injuries must be reported:

- when an employee is injured by a sharp known to be contaminated with a blood-borne virus (BBV), eg hepatitis B or C or HIV. This is reportable as a dangerous occurrence;
- when the employee receives a sharps injury and a blood-borne virus acquired by this route sero-converts; or
- 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 sharps injury cannot be traced, it is not reportable, unless the injury itself causes an over-seven-day injury. If the employee develops a disease attributable to the injury, then it must be reported.

### **Reportable**

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

### **Not reportable**

- A community nurse suffers a needlestick injury, does not sero-convert and the source of the sharp cannot be traced.
- A laboratory worker is injured by a blood specimen container. The patient is not known to have any infection.
- An employee is cut with a scalpel used on a patient not known to be contagious but undergoing blood checks for hepatitis A.

Due to the sensitive nature of reporting diseases and infections caused by blood-borne viruses, 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, the enforcing authority needs to be informed.

## **References**

1 *Consulting employees on health and safety: A brief guide to the law* INDG232(rev1) HSE Books 2008 (Priced pack ISBN 978 0 7176 6312 5)  
[www.hse.gov.uk/pubns/indg232.pdf](http://www.hse.gov.uk/pubns/indg232.pdf)

2 *A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995* L73 (Fourth edition) HSE Books 2012 ISBN 978 0 7176 6459 7  
[www.hse.gov.uk/pubns/books/l73.htm](http://www.hse.gov.uk/pubns/books/l73.htm)

## **Further information**

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

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

A web version can be found at: [www.hse.gov.uk/pubns/hsis1.pdf](http://www.hse.gov.uk/pubns/hsis1.pdf).

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