


# ACCIDENTS AND INCIDENTS TO STAFF

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## BACKGROUND AND DEFINITIONS

This organisation recognises its responsibility to ensure all reasonable precautions are taken to provide and maintain working conditions which are safe, healthy and compliant with all statutory health and safety requirements and codes of practice.

The **Health and Safety at Work, etc., Act 1974** requires employers to ensure the health, safety and welfare of all their employees as far as is reasonably practicable. As part of this duty this organisation is committed to conducting a range of risk assessments and to work with staff representatives to ensure safe systems of work and safe working practices.

However, the organisation acknowledges that even in the safest of working environments accidents are, from time to time, inevitable. When they do happen it is essential that they are reported and investigated so that steps can be taken to take the appropriate action and to prevent them from happening again.

This organisation understands that certain categories of accidents, specified cases of ill health and specified dangerous occurrences must be reported to the Health and Safety Executive (HSE) by law in order to comply with the **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)**. This is necessary so that the HSE can determine trends and patterns in workplace accidents and put in place legislation and guidelines that will safeguard workers all over the UK.

In addition to the above, this organisation also recognises that effective procedures for accident reporting is an important part of compliance with the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, Amended 2014**, is necessary to satisfy the registration requirements of the Care Quality Commission.

Regulation 18 of the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2010** places a duty on service providers to report various types of incidents to the Care Quality Commission, including serious injuries, concerned with ensuring that notifications are made anonymous and do not identify individual people, or enable them to be identified.

### 1. The goals of the organisation are to ensure that:

- The occurrence of accidents are kept to a minimum.
- Accidents that do happen are dealt with effectively.
- The organisation complies fully with the **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)** and with Care Quality Commission reporting requirements.
- All accidents and incidents involving injury to staff, service users or visitors 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 re-occurrence of such incidents.

### 2. RIDDOR 2013

From 1 October 2013, RIDDOR 2013 came into force, which introduced significant changes to the previous reporting requirements. The main changes are to simplify the reporting requirements in the following areas:

- a) the classification of 'major injuries' to workers is being replaced with a shorter list of 'specified injuries';

- b) the previous list of 47 types of industrial disease is being replaced with eight categories of reportable work - related illness;
- c) fewer types of dangerous occurrence require reporting.
- d) There are no significant changes to the reporting requirements for:
- e) fatal accidents;
- f) accidents to non-workers (members of the public);
- g) accidents which result in the incapacitation of a worker for more than seven days.
- h) Recording requirements remain broadly unchanged, including the requirement to record accidents resulting in the incapacitation of a worker for more than three days.

### 3. Key definitions

The Regulation covers the reporting of work-related deaths and injuries other than for certain gas incidents RIDDOR requires deaths and injuries to be reported only when:

- there has been an **accident** which caused the injury
- the accident was **work-related**
- the injury is of a type which is **reportable**

#### a) What is an ‘accident’?

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

Injuries themselves, eg ‘feeling a sharp twinge’, are not accidents. There must be an identifiable external event that causes the injury, eg a falling object striking someone. Cumulative exposures to hazards, which eventually cause injury (eg repetitive lifting), are not classed as ‘accidents’ under RIDDOR.

#### b) 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

#### c) Diagnosis by a doctor

A reportable disease must be diagnosed by a doctor. Diagnosis includes identifying any new symptoms, or any significant worsening of existing symptoms. For employees, they need to provide the diagnosis in writing to their employer. Doctors are encouraged to use standard wording when describing reportable diseases on written statements they make out for their patients.

#### d) The self-employed

Self-employed people do not normally obtain written statements from their doctors when off work through illness. To take account of this, for a self-employed person, the doctor’s verbal diagnosis of a reportable disease is sufficient for it to require reporting to the enforcing authority. As with employees, this only applies if their current job involves exposure to the associated hazard.

## HSE GUIDANCE ON REPORTING INJURIES, DISEASES AND DANGEROUS OCCURRENCES IN HEALTH AND SOCIAL CARE

### 1. What do you need to report?

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

- accidents which result in an employee or a self-employed person dying, suffering a specified injury, being absent from work or unable to do their normal duties for more than seven days
- accidents which result in a person not at work (eg a patient, service user, visitor) suffering an injury and being taken directly to a hospital for treatment, or if the accident happens at a hospital, if they suffer a specified injury
- an employee or self-employed person has one of the specified occupational diseases or is exposed to carcinogens, mutagens and biological agents
- specified dangerous occurrences, which may not result in a reportable injury, but have the potential to do significant harm

## 2. Who should report?

The 'responsible person' has the duty to notify and report. 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 reportable incident (see Table 1).

The employment status of agency workers is not always clear to the agency, the worker, or to the business supplied with labour. In many cases, the employment agency is the legal employer, and is under the same legal obligations as any other employer to report accidents and ill health to their employees. In other cases, for instance where workers are self-employed, the duty is on the host business to report accidents, as the person in control of the premises where an accident occurs.

In practice, agencies should ensure that responsibility for reporting under RIDDOR is clearly assigned to the appropriate person based on the particular facts of the employment relationship. Agencies should ensure that reporting responsibilities are clearly understood by the host businesses and workers.

Where different organisations share responsibility for managing staff, the employer is responsible for ensuring adequate arrangements are in place for reporting incidents.

<b>REPORTABLE INCIDENT</b>	<b>INJURED PERSON</b>	<b>RESPONSIBLE PERSON</b>
<b>Death, specified injury, over-seven-day injury or case of disease</b>	An employee at work	That person's employer
<b>Death, specified injury or over-seven-day injury</b>	A self-employed person at work in premises under someone else's control	The person in control of the premises
<b>Specified 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 which means you have to be taken to hospital for treatment (or a specified 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>		The person in control of the premises where (or in connection with the work at which) the dangerous occurrence happened

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.

### 3. When to report

***In this home only the Registered Manager will report due to the complexity.*** 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, specified injury, or dangerous occurrence, you must notify the enforcing authority without delay. You must report within 10 days of the incident.
- Over-seven-day injuries must be reported within 15 days of the incident.
- Diseases should be reported as soon as a registered medical practitioner (RMP) notifies you in writing that your employee suffers from a reportable work-related disease.

#### a) How to report

For general advice on how you should report, see the RIDDOR pages on HSE's website: [www.hse.gov.uk/RIDDOR](http://www.hse.gov.uk/RIDDOR). All incidents can be reported online, however a telephone service remains for reporting **fatal and specified injuries only**.

#### b) 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;***
- the injury;***
- a brief description of the nature of the event or disease.***

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.

#### c) 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 someone's personal health information (such as a service user). For further information on consultation.

#### d) Reporting requirements of other regulators

Other regulators in the health and social care sector administer a number of reporting requirements. These 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 put people at risk.

### 4. Deaths in health and social care

You must report the death of any person, whether or not they are at work, if it is caused by 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 in premises where they are the owner or occupier; or
- an employee which occurs after one year from the date of the accident. If an employee dies after some delay as a result of an injury which is reportable, 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. You must do this whether or not the original injury had been reported.

a) **Deaths which are not reportable when:**

- A 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 HSW Act could still apply. The enforcing authority may, depending on the circumstances, decide it is appropriate to investigate such incidents. This is more likely to arise where serious management failures were a contributory factor.

b) **Reporting Legionnaires’ disease cases to other organisations**

*Public Health England (Formerly the Health Protection Agency)*

In England and Wales RMPs have a duty 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 Public Health England website at [www.hpa.org.uk](http://www.hpa.org.uk).

## 5. Injuries and ill health involving health and social care workers

This section covers accidents resulting in an employee or a self-employed person suffering a specified injury, or being absent from work or unable to do their normal duties for more than three days.

a) **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 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; or
- cause significant damage to the eyes, respiratory system or other vital organs;
- any scalping requiring hospital treatment;
- any loss of consciousness caused by a head injury or asphyxia;
- any other injury arising from working in an enclosed space which: leads to hypothermia or heat-induced illness; or
- requires resuscitation or admittance to hospital for more than 24 hours.

b) **Lost-time accidents to employees**

➤ **Over-seven-day injuries**

Accidents must be reported where they result in an employee 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.

➤ **Over-three-day injuries**

You must record accidents, but not report them where they result in a worker being incapacitated for more than three consecutive days. If you are an employer, who has to keep an accident book, the record you make in this will be enough.

c) **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 you must keep a record of over-three-day injuries.

**d) Diseases, infections and ill health**

You must report any instance where an RMP 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:

- 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.

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 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, see the RIDDOR pages on HSE's website at [www.hse.gov.uk/riddor](http://www.hse.gov.uk/riddor)).

**i *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 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.

**ii *Not reportable***

- A nurse becomes colonised with MRSA and 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 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.

**e) Sharps injuries**

A sharps injury is when a needle or other sharp instrument accidentally penetrates the skin. It is sometimes called a needle stick 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 'Diseases, infections and ill health';
- 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.

**i Reportable**

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

**ii Not reportable**

- A community nurse suffers a needle stick 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, you need to inform the enforcing authority.

**f) 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.

**6. Injuries and ill health involving people 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 specified injury which 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 (examinations and diagnostic tests do not constitute 'treatment'. ), by whatever means (for example by taxi, private car or ambulance); or
- 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 when they involve members of the public who are patients, residents, service users or visitors. The following examples will help you decide about reportability.

**a) Injuries to people not at work**

**i Reportable**

- A service user is scalded by hot bath water and taken to hospital for treatment. The service user was an adult at risk 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.

ii ***Not reportable***

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

b) **Service user fall incidents**

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.

i ***Reportable***

- A confused service user 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.

ii ***Not reportable***

- 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- 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 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.

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

#### **c) 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 the HSW Act 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.

#### **d) Clinical decisions**

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

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.

**i Reportable**

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

**ii 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 because 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 about 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.

## 7. Dangerous occurrences in health and social care

Dangerous occurrences are certain specified near-miss 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 forming a pressure system;
- an explosion or fire causing suspension of normal work for over 24 hours.

RIDDOR includes a full list of dangerous occurrences. For more information on the reportability of sharps injuries.

### Is the incident a reportable dangerous occurrence?

#### i *Reportable*

- A service user's hoist collapses or overturns.
- A laboratory worker spills a sufficient quantity of formaldehyde from a container to cause damage to the health of a worker or others present.
- A container of a TB culture is broken and releases its contents.
- A cleaner suffers a needle stick injury from a needle and syringe known to contain hepatitis B positive blood.

#### ii *Not reportable:*

- An elderly woman with dementia wanders out of a care home into the car park / main road.
- There is a collision between two vehicles in a hospital car park and no-one is injured.
- A lifting sling fails during a lift. You don't need to report failures of lifting accessories.
- A community nurse suffers a needle stick injury, does not sero-convert and the source of the sharp cannot be traced.

## POLICY

### 1. *In this home:*

- All accidents, incidents and 'near misses' must be recorded and reported to the management.
- In this context a 'near miss' is understood as an event which could have led to an accident or an injury but luckily did not so.
- A written record should be kept of all accidents and incidents.
- The record should be made using standard accident/incident report forms available in the general office. One of these should be filled in by the person suffering the accident or by a member of staff completing it on their behalf. Forms should be witnessed and counter-signed by a witness wherever possible.
- Accident reports should include:
  - a) the date, time and place of incident that occurred
  - b) the name, address and job of the injured or ill person
  - c) details of the injury/illness and what first aid was given
  - d) what happened to the person immediately afterwards (for example went home, went back to work, went to hospital)

- e) the name and signature of the first aider or person dealing with or witnessing the incident.
- Where it is necessary to notify the HSE of a RIDDOR reportable accident, report forms F2508 are also available from the general office or the report can be completed online or by telephone.
- Fatal accidents, major injury accidents/conditions and dangerous occurrences must be reported immediately (normally by telephone) to the HSE by the person in charge or their nominated deputy. Telephone notification should always be followed up with submission of form F2508. Copies of the completed form should be held by the organisation.
- Written records of reportable accidents and dangerous occurrences (i.e. those which must be reported to the appropriate enforcing authority) must be kept for a minimum of three years.
- According to the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2010** and the Essential Standards, accidents which result in death or serious injuries must be reported to the Care Quality Commission.
- The CQC define serious injuries as including:
  - a) Injuries that lead to or are likely to lead to permanent damage – or damage that lasts or is likely to last more than 28 days – to:
    - i a person’s sight, hearing, touch, smell or taste
    - ii any major organ of the body (including the brain and skin)
    - iii bones
    - iv muscles, tendons, joints or vessels
    - v intellectual functions, such as intelligence, speech, thinking, remembering, making judgements or solving problems.
  - b) Injuries or events leading to psychological harm, including:
    - i post traumatic stress disorder
    - ii other stress that requires clinical treatment or support
    - iii psychosis
    - iv clinical depression
    - v clinical anxiety
    - vi the development after admission of a pressure sore of grade 3 or above that develops after the person has started to use the service (European Pressure Ulcer Advisory Panel Grading)
    - vii any injury or other event that causes a person pain lasting or likely to last for more than 28 days
    - viii any injury that requires treatment by a healthcare professional in order to prevent death, permanent injury or any of the outcomes, harms or pain described above.
- Adverse incidents or accidents involving medical devices must be reported to the Medicines and Healthcare Products Regulatory Agency (MHRA) as soon as possible after the incident.
- The senior management of the organisation, in collaboration with staff representatives, will be responsible for monitoring the pattern of accident reports and for arranging for investigations into reported accidents so that the root causes can be identified. All staff will be expected to cooperate with these investigations and work towards establishing an effective safety culture.
- All staff will receive induction training and updates on all aspects of safe working practice, including reporting procedures in the case of accidents and untoward incidents. Training for reporting accidents will focus on the legal and moral duty to report all accidents and near-miss incidents, however minor, and the consequences of failing to do this.

## 2. Preventing Accidents

The occurrence of accidents within the home will be minimised by:

- ensuring that regular health and safety risk inspections and assessments are carried out and that any actions identified therein are acted upon to reduce risk as far as is possible
- ensuring that staff are trained to be vigilant and recognise hazards that might lead to a fall, slip or trip and act immediately to remove the hazard

- ensuring that all staff are trained to competently perform their duties with due regard to safety
- ensuring that all equipment used in the home is safe, tested and maintained
- that all equipment in the home is suitable for its purpose
- ensuring that lighting is adequate in all parts of the home
- ensuring that essential maintenance is carried out in the home to an adequate and safe standard
- ensuring that staff are trained to clear spillages of liquids up as quickly as possible and to mark sections of floor that are wet to prevent access.

### 3. *Management duties*

Managers and supervisors in the organisation have a duty to:

- Regularly audit the use of this policy and the effectiveness of accident reporting procedures.
- Regularly review accidents and near misses reported to ascertain the nature of incidents that have occurred in the workplace and any patterns. This review should be in addition to any individual investigation of the circumstances surrounding each incident.
- Monitor the occurrence of accidents, taking action as required and fully investigating any complaints.

### 4. *Staff duties*

Staff in this organisation have a duty to:

- Report all accidents or incidents no matter how minor and including 'near misses' to the person in charge and assist in writing the incident / accident report.
- Always act in full compliance with this policy.
- Attend appropriate training.
- Cooperate with all accident investigations.

## **PROCEDURES**

1. A written record should be kept of any accident, however minor, which occurs in the home. Three types of records should be made.
  - a) An Accident Book is provided in the general office to keep a record of all accidents which occur at the home, whether they are notifiable or not, and whether or not they happen to a member of staff, a contractor, a service user, a relative, a visitor or a volunteer.
  - b) For service users, the accident / incident should be reported in the 'Accident Book' by the nurse in charge, detached and filed in the service user's individual care plan, ADL 4, 'Mobility and personal safety' next to / together with the incident / accidents log to ensure confidentiality is upheld.
  - c) For service users' individual accidents / incidents log are also available in the individual service user's care plan, ADL 4, 'Mobility and personal safety'.
  - d) For the reportable accidents listed above HSE report forms F2508 are available in the nurses' office. These forms must be completed and sent to the relevant enforcing authority as soon as possible.
  - e) CQC's Essential Standards of quality and safety require that when a death of a service user occurs a Notification is e-mailed to CQC.
2. Fatal accidents, major injury accidents / conditions and dangerous occurrences must be reported immediately (normally by telephone) to the enforcing authority by the head of home or their nominated deputy and followed up by the appropriate form.

Telephone notification should always be followed up with submission of form F2508. Notification Forms should be completed by the manager or the deputy manager as soon as possible after the accident so that the memory of it will still be fresh in the minds of all concerned. Copies of the completed form should be held by the home.

3. The HSE Incident Contact Centre for reporting can be contacted via a number of methods:

- by phone:** 0845 300 9923 (8.30am - 5.00pm)
- by fax:** 0845 300 9924 (any time)
- by Internet:** [www.riddor.gov.uk](http://www.riddor.gov.uk) (any time)
- by e-mail:** [riddor@natbrit.com](mailto:riddor@natbrit.com)
- by post:** Incident Contact Centre, Caerphilly Business Park, Caerphilly, CF83 3GG.

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

***It is the policy of the home that all records should include:***

- the date, time and place of incident that occurred
- the name, address and job of the injured or ill person
- details of the injury/illness and what first aid was given
- what happened to the person immediately afterwards (for example went home, went back to work, went to hospital)
- the name and signature of the first aider or person dealing with the incident.

5. Accident Investigation

- a) All reported accidents or incidents occurring in or around the home should be investigated. Responsibility for ensuring that an investigation occurs lies with the Registered Person.
- b) The prime objectives of the investigation are to:
  - determine exactly what happened leading up to the accident
  - establish any unsafe acts and/or unsafe conditions that were the direct causes of the accident
  - determine the human, organisational and/or job factors that gave rise to the unsafe acts and/or conditions
  - initiate short-term action to eliminate the direct causes and establish a longer-term programme to prevent the accident or incident happening again
  - identify the costs of accidents for management information systems
  - inform the home's health and safety risk assessment system.
- c) The investigation should initially establish the potential severity of injury or damage that could have resulted from the accident so that the effort and resources devoted to the remainder of the investigation can be made in direct proportion to this potential. The results of the accident investigation should be recorded on a risk assessment form and in the accident book.
- d) The results of the investigation should be made known to all staff to ensure that there is no risk of a recurrence, or a similar occurrence.

5. Administrative Guidelines

The administrative assistant is responsible for ensuring that there is an adequate stock of forms and paperwork relating to RIDDOR and for ensuring that RIDDOR leaflets are available to staff. The HSE Notification form F2508 is available from HSE Books (Tel: 01787 881165).

