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## **DEFINITIONS**

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### **Accident**

An unplanned, unwanted event or series of events, which results in loss and/or damage (including physical injury) particularly those which arise out of, or in connection with, the work. In relation to RIDDOR, specifically those arising **‘out of or in connection with work’** and acts of non-consensual violence **to people at work**.

There must be an identifiable external event that causes the injury, e.g. a falling object striking someone. Injuries themselves, e.g. ‘feeling a sharp twinge’ or feeling unwell, are not accidents.

Accidents may be caused through:

- The manner of conducting the work, this refers to the way in which any work activity is being carried out including how it is organised or supervised. In other words, operating unsafe systems of work.
- The equipment plant or substances used for the purposes of the work. This includes, for example, lifts, hoists, baths, air conditioning units, beds, furniture, gas supplies, any substances used in conjunction with the work.
- The condition of the premises used for the work. This includes the condition of the structure or fabric of a building or outside area, e.g. car park, condition of floors, paving, stairs, lighting etc.

Cumulative exposures to hazards, which eventually cause injury (e.g. repetitive lifting), are not classed as ‘accidents’ under RIDDOR.

### **Incidents involving Customers**

An occurrence or event that gives cause for concern and may or may not result in injury, which is **not** arising out of or in connection with the work, i.e. not related to systems of work, equipment, or workplace environment. It includes Customers falling ill, going dizzy and colliding with a door frame, falling over their own feet etc.

### **Near Miss**

“Any event, which under slightly different circumstances, may have resulted in injury or ill health of people, or damage or loss to property, plant, materials or the environment or a loss of business opportunity”.

Example: A window cleaner dropping a bucket from a height, which just missed a person standing underneath, would be classed as a “near-miss” incident. This incident did not cause an injury to a person but, under slightly different circumstances (the person standing nearer to the contact point) the person may have been injured.

## Dangerous Occurrences

A notifiable event (to the relevant enforcement authority) of a type specified in schedule 2 of RIDDOR which could have resulted in a reportable injury even if, in the circumstances, it did not do so. There are 27 types of dangerous occurrences included in the "General Category" within schedule 2 of RIDDOR that are relevant to most workplaces. For example:

- the collapse, overturning or failure of any load-bearing part of any lifting equipment, other than an accessory for lifting.
- Any plant or equipment unintentionally coming into contact with an uninsulated overhead electric line in which the voltage exceeds 200 volts; or close proximity with such an electric line, such that it causes an electrical discharge.
- Any explosion or fire caused by an electrical short circuit or overload (including those resulting from accidental damage to the electrical plant) which either results in the stoppage of the plant involved for more than 24 hours; or causes a significant risk of death.

## WHAT IS RIDDOR?

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RIDDOR is the Law that requires employers, and other people in control of work premises, to report and keep records of:

- work-related accidents which cause death.
- work-related accidents which cause certain serious injuries (specified reportable injuries).
- work-related accidents which cause incapacitation of more than 7 days.
- diagnosed cases of certain industrial diseases; and
- certain 'dangerous occurrences' (incidents with the potential to cause harm).

There are also special requirements for gas incidents (see 'Reportable Gas Incidents' below).

### Why report?

Reporting certain occurrences is a **legal requirement**.

The report informs the enforcing authorities (HSE, local authorities) about deaths, injuries, occupational diseases, and dangerous occurrences, so they can identify where and how risks arise, and whether they need to be investigated.

This allows the enforcing authorities to target their work and provide advice about how to avoid work-related deaths, injuries, ill health, and accidental loss.

## TYPES OF REPORTABLE INJURY?

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### Deaths

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.

**For fatal accidents to workers only, you can phone 0345 300 9923 and an online RIDDOR report form must be completed within 10 days of the occurrence.**

## **Specified injuries to workers**

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

Fractures, other than to fingers, thumbs, and toes.

Bone fractures include a break, crack, or chip. They are reportable when diagnosed or confirmed by a doctor, including when they are specified on a GP 'fit note'. In some cases, there may be no definitive evidence of a fracture (e.g. if an X-ray is not taken), but the injury will still be reportable if a doctor considers it is likely that there is a fracture. Self-diagnosed 'suspected fractures' are not reportable.

Amputation of an arm, hand, finger, thumb, leg, foot or toe.

Amputation includes both a traumatic amputation injury at the time of an accident, and surgical amputation following an accident, as a consequence of the injuries sustained.

Any injury likely to lead to permanent loss of sight or reduction in sight in one or both eyes.

Any blinding and injuries causing reduction in sight are reportable when a doctor diagnoses that the effects are likely to be permanent.

Any crush injury to the head or torso, causing damage to the brain or internal organs.

Injuries to the brain or internal organs in the chest or abdomen are reportable, when caused by crushing as result of an accident.

Any burn injury (including scalding) which:

- covers more than 10% of the whole body's total surface area or
- causes significant damage to the eyes, respiratory system or other vital organs.

Burns which meet the above criteria are reportable, irrespective of the nature of the agent involved, and so include burns caused by direct heat, chemical burns and radiological burns.

Medical staff may indicate the approximate proportion of skin suffering burn damage, and charts are often available in hospital burns units. In adults of working age, the *Rule of Nines* can help estimate the body surface area (BSA) affected:

- skin covering the head and neck: 9%
- skin covering each upper limb: 9%
- skin covering the front of the torso: 18%
- skin covering the rear of the torso: 18%
- skin covering each lower limb: 18%

If the BSA of a burn exceeds 15% in an adult, they are likely to require hospitalisation for intravenous fluid resuscitation.

Where the eyes, respiratory system or other vital organs are significantly harmed as a consequence of a burn, this is a reportable injury irrespective of the surface area covered by that burn. Damage caused by smoke inhalation is not included in this definition.

Any degree of scalping requiring hospital treatment.

Scalping is the traumatic separation or peeling of the skin from the head due to an accident, eg hair becoming entangled in machinery. Lacerations, where the skin is not separated from the head, are not included, nor are surgical procedures where skin removal is deliberate.

Any loss of consciousness caused by head injury or asphyxia.

Loss of consciousness means that the injured person enters a state where there is a lack of response, either vocal or physical, to people trying to communicate with them. The length of time a person remains unconscious is not significant in terms of whether an accident is reportable.

Asphyxia (lack of oxygen) may happen when a person enters an oxygen-deficient atmosphere, such as a confined space, or are exposed to poisonous gases, e.g. carbon monoxide.

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.

An enclosed space includes any space wholly or partly enclosed, to the extent that there is a significantly increased risk to the health and safety of a person in that space by virtue of its enclosed nature. This includes any confined space as defined by the Confined Spaces Regulations 1997, and additionally similar spaces where there is a foreseeable risk of hypothermia (e.g. a cold store).

For specified injuries, you can phone 0345 300 9923 and an online RIDDOR report form must be completed within 10 days of the occurrence.

#### Over-seven-day injuries to workers

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.

This seven-day period does not include the day of the accident, but does include weekends and rest days.  
**An online RIDDOR report form must be completed within 15 days of the occurrence.**

#### **Over-three-day incapacitation**

Accidents must be recorded, but not reported where they result in an employee **being incapacitated** for more than three consecutive days.

Non-fatal accidents to non-employees (e.g. members of the public)

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury.

Examinations and diagnostic tests do not constitute 'treatment' in such circumstances.

There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent.

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

NOTE: A reportable injury can only be reported in one category, therefore when deciding whether an occurrence to staff is reportable as a "specified injury" or an "over 7 day incapacitation" where both categories are applicable, e.g. the person has sustained a fractured wrist but is also off work as a result of

the fracture, the “specified injury” has priority, so in this example it would be reported in the “specified injury” category.

#### Injuries to customers / residents / members of the public

Not all sports injuries to pupils are reportable under RIDDOR, as organised sports activities can lead to sports injuries that are not connected with how our facilities manage the risks from the activity.

The essential test is whether the accident was caused by the condition, design or maintenance of the premises or equipment, or because of inadequate arrangements for supervision of an activity.

If an accident that results in an injury arises because of the normal rough and tumble of a game, the accident and resulting injury would not be reportable.

Examples of reportable incidents include where:

- the condition of the premises or sports equipment was a factor in the incident, e.g. where a customer slips and fractures an arm because a member of staff had polished the sports hall floor and left it too slippery for sports; or
- there was inadequate supervision to prevent an incident, or failings in the organisation and management of an event.

#### Accidents to people we support in a playground / park?

Most playground accidents due to collisions, slips, trips, and falls are not normally reportable. They are only reportable where the injury results in a customer either being killed or taken directly to a hospital for treatment. Either is only reportable if they were caused by an accident that happened from or in connection with a work activity.

This includes incidents arising because:

- the condition of the premises or equipment was poor, e.g. badly maintained play equipment; or
- the planned activity had not provided adequate supervision, e.g. where particular risks were identified, but no action was taken to provide suitable supervision.

### **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 (regulations 8 and 9):

- 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.

### **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 example:

- the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment
- plant or equipment coming into contact with overhead power lines.
- explosions or fires causing work to be stopped for more than 24 hours.

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

### Reportable gas incidents

If you are a distributor, filler, importer or supplier of flammable gas and you learn, either directly or indirectly, that someone has died, lost consciousness, or been taken to hospital for treatment to an injury arising in connection with the gas you distributed, filled, imported, or supplied, this can be reported online.

If you are a gas engineer registered with the Gas Safe Register, you must provide details of any gas appliances or fittings that you consider to be dangerous to the extent that people could die, lose consciousness, or require hospital treatment. This may be due to the design, construction, installation, modification, or servicing, and could result in:

- an accidental leakage of gas
- inadequate combustion of gas; or
- inadequate removal of products of the combustion of gas.

You can report online.

### Exemptions

In general, reports are not required (Regulation 14) for deaths and injuries that result from **medical or dental treatment**, or an examination carried out by, or under the supervision of, a doctor or registered dentist.

## RECORDING REQUIREMENTS

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Records of incidents covered by RIDDOR are also important. They ensure that you collect sufficient information to allow you to properly manage health and safety risks. This information is a valuable management tool that can be used as an aid to risk assessment, helping to develop solutions to potential risks. In this way, records also help to prevent injuries and ill health, and control costs from accidental loss.

You must ensure that records are kept of:

- any accident, occupational disease or dangerous occurrence which requires reporting under RIDDOR; and
- any other occupational accident-causing injuries that result in a worker being away from work or incapacitated for more than three consecutive days (not counting the day of the accident but including any weekends or other rest days). You do not have to report over-three-day injuries, unless the incapacitation period goes on to exceed seven days.

You must produce RIDDOR records when asked by HSE, local authority or other statutory inspectors.

**All staff accidents, including RIDDOR reports, must be logged on My Compliance.**

## HOW TO REPORT

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**Telephone:** All incidents can be reported online, but a telephone service remains for reporting **fatal and specified injuries only**.

Call the Incident Contact Centre on 0845 300 9923 (opening hours Monday to Friday 8.30 am to 5 pm).

**Online:** To access the online RIDDOR report form click on the following link:  
<https://notifications.hse.gov.uk/riddorforms/Injury> (this will take you to the form).

Remember that the online reporting system will not automatically e-mail you a pdf copy of the completed RIDDOR form, therefore it is a requirement that you download a copy yourself on submitting the form when completed.

On completion, when you have clicked on the “submit button” another screen will appear with a message that says, “THIS IS THE ONLY OPPORTUNITY TO DOWNLOAD A PDF COPY OF THE COMPLETED FORM”. There is also a download button which you need to click on. This will provide you with a PDF copy of the form you have just completed. You then need to save this pdf copy to a location of your choosing on your computer.

### To complete RIDDOR report form

- Complete the details required on the first screen/page. Ensure all fields are completed especially those with an \* otherwise it will not allow you to move onto the next page.
- When you have completed the details on screen/page 1, click on the on the next button (this will take you to the next screen/page).
- When you have completed the details on screen/page 2, click on the on the next button (this will take you to the next screen/page).
- Ensure you enter date from the calendar by clicking on the calendar symbol – Do not free type this in
- Choose the relevant options from the drop-down boxes where these are indicated by a drop-down arrow.
- In the box “describe what happened”, give as much detail as you can. For instance:
  - further details about the operation or activity in progress.
  - the environmental conditions.
  - the name of any substances involved.
  - the name and type of any machinery involved.
  - the events that led to the incident.
  - the part played by any people.
  - action taken (if any) to prevent similar incidents occurring.
- When detailing what happened, as you are reporting what another person has told you; you need to use words like “alleged” or “claimed” and should start by referring to the IP (injured person) Use the abbreviation rather than write “injured person”.

*Example “IP alleges that she was walking through the park with a person we support when she slipped on black ice and fell. She claims she was wearing flat footwear at the time (trainers). She further claims that following a hospital visit she has a fractured rib, but as yet this has not been substantiated by a medical certificate.*

- Click on the on the next button (this will take you to the next page).
- Complete the information relating to the injured person – you must give their home address details NOT the service in which they work. Ensure all fields are completed especially those with an \* otherwise it will not allow you to move onto the next page. Click on the on the next button (this will take you to the next screen/page).
- Complete the required information. Where the information fields have drop down boxes indicated by a drop-down arrow and choose the relevant option.
- Ensure all fields are completed especially those with an \* otherwise it will not allow you to move on to the next stage.
- Click on the “Submit” button.

## USEFUL EXAMPLES

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1. A customer has a seizure whilst walking around the council premises; falls and as a result of this sustains a fractured ankle.

Is this reportable?

Answer – **NO** because the cause **WAS NOT** arising out of or in connection with the work activity.

2. A customer is walking around outside the premises and trips over an uneven flagstone; falls and sustained a fractured wrist.

Is this reportable?

Answer – **YES** because the cause **WAS** arising out of or in connection with the work activity. Uneven flagstones are classed as an unsafe environment as they should have been addressed and action taken to make them level/even therefore eliminating the unnecessary tripping hazard.

Category – “Member of the public taken to hospital for treatment”.

3. A member of staff trips over some torn carpet whilst walking into a room in the premises; falls and as a result of this sustains a fractured wrist which is confirmed on a medical certificate issued by a GP.

Is this reportable?

Answer – **YES** because the cause **WAS** arising out of or in connection with the work activity. The torn carpet was making an unsafe environment and should have been subject to remedial action to make it safe.

4. A member of staff feels unwell whilst walking around the premises, faints and falls hitting their head on the floor causing a large laceration. Paramedics are called and take the person to hospital as they assess the wound needs to be glued and the person is showing symptoms of concussion. The floor is checked, and no unsafe circumstances are identified – the person fell purely because they fainted.

The person is kept in hospital for over 24 hours for observation and sends a medical certificate in stating they will be off work for 2 weeks.

Is this reportable?

Answer – **NO** because the cause **WAS NOT** arising out of or in connection with the work activity.

5. A member of staff is walking around the premises, slips and falls hitting their head on the floor causing a large laceration. Paramedics are called and take the person to hospital as they assess the wound needs to be glued and the person is showing symptoms of concussion. The floor is checked and is found to be wet due to an unidentified spillage – it is apparent from checking the person and the area that the wet floor was the cause of the fall.

The person is kept in hospital for over 24 hours for observation and sends a medical certificate in stating they will be off work for 2 weeks.

Is this reportable?

Answer – **YES** because the cause **WAS** arising out of or in connection with the work activity. The spillage on the floor should have been cleared away and not left on the floor creating an unnecessary slipping hazard.

Category - Over 7-day incapacitation.