

## Questions about Reporting under RIDDOR.

One of the discussions at the **Networker held in Goole Yorkshire** was about **RIDDOR** involving people not at work. **NASHICS** has received several queries on the subject.

It seemed pertinent to repeat the answers to the question of reporting which was one of the topics at the Scotland Seminar in Stirling earlier this year.

### **Q Service user injuries – clarification on reporting falls injuries; definition of treatment .**

We were fortunate to have at the Seminar **June Cairns Senior Field Officer HSE**.

We asked her for further clarification on

- 1) Definition of **'Treatment'**
- 2) The definition of a **'Hospital'** for the treatment. What if **'treatment'** is made in premises such as a Medical Centre or Surgery?
- 3) Premises definition. Does this include the **'grounds'** of the premises?

Here we repeat the questions that were raised in **Stirling** with the **HSE** response.

**Question 5** was the item raised again at the Networker at Goole.

### **1 Scalding risks: What type of thermometers are appropriate to use to check water temperature in baths and showers?**

#### **HSE response:**

There are many different types of thermometers available. HSE is not in a position to confirm which ones are effective or to specify which models to use. However, whichever type of thermometer is selected, employers should:-

- check with manufacturers about their suitability for the different environments they are to be used in;
- calibrate them to ensure they give accurate temperature readings; and
- make sure they work effectively.

Whilst the temperature of baths should be relatively easy to establish (e.g. by using a quality immersion probe type thermometer), finding the true temperature of a shower may be more complex. For instance, because of the rate that a scoop type thermometer fills and cools, using it in a shower could lead to it giving a lower reading than the temperature actually emitted. Therefore, competent advice may need to be sought.

Page 10 of the UKHCA guidance on safe bathing has some information on taking temperatures although this recognises the potential problems at showers

(<http://www.ukhca.co.uk/downloads.aspx?id=286>)

### **2 Will HSE remove its health and social care guidance from its website when the Care Quality Commission (CQC) take over responsibilities from HSE in England?**

#### **HSE response:**

There is no intention to remove this guidance so long as **HSE** has a role in regulating the health and social care sector across parts of GB. This will be reviewed if guidance is produced by others,

which addresses all the key issues and has sufficient authority to be used as a standard across GB.

### **3 Will NHS Estates guidance continue to be available via the HSE website?**

**HSE response:** As we understand it, estates guidance for the NHS in England, Wales and Scotland is accessible through the web. HSE only provides links to DH Estates, NHS Health Facilities Scotland, and NHS Wales estates guidance and does not intend to host it on HSE's website, when available elsewhere. E.g. this link allows access to HBN 00-10:

<https://www.gov.uk/government/publications/guidance-on-flooring-walls-and-ceilings-and-sanitary-assemblies-in-healthcare-facilities>

### **4 RIDDOR: in England, once CQC regulation changes are implemented, will duty holders send RIDDORS for patient/service users to CQC or HSE/LAs?**

**HSE response:** We do not think there will be any changes to the requirements to report under **RIDDOR**, however we would like to avoid possible duplication of reporting for duty holders and will be in discussion with **CQC** on this issue.

### **5 (a) RIDDOR: Service user injuries – clarification on reporting falls injuries**

**HSE response:** any injury to a person who is not at work (e.g. a care home resident) must be reported if it:

- results from an accident arising out of or in connection with work; **and**
- results in them being taken from the premises (**this includes the grounds**) where the accident occurred to a hospital, by whatever means.

If a care home resident trips and falls over an obstruction such as an electrical cable which was lying across the floor in the home, this would be regarded as 'arising out of or in connection with work'. The incident would then be reportable if the resident is taken to hospital for treatment in respect of the injury. If, however, on examination by a medical practitioner in hospital, it was found there was no injury, then **RIDDOR would not apply**.

If, on the other hand, a care home resident falls and breaks a leg but there were no obstructions or premises defects and the individual has not been identified as requiring specialist falls prevention care, the incident would not be regarded as 'arising out of or in connection with work'. **RIDDOR would not apply**.

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.

Further information is available in [HSIS 1\(Rev 3\)](#) and at <http://www.hse.gov.uk/riddor/index.htm>

### **5 (b) RIDDOR: Service user injuries - definition of 'treatment' in a RIDDOR context**

**RIDDOR 2013**, regulation 5 (a) requires the responsible person to notify the enforcing authority (subject to regulations 14 and 15) 'Where any person not at work, as a result of a work-related accident, suffers an injury, and that person is taken from the site of the accident to a hospital for treatment in respect of that injury'.

**HSE response:** We asked our Legal Adviser's Office to advise on the definition of treatment in this context. Their advice is that 'treatment' in the **RIDDOR** context is deliberately broad. As such, it could include a plaster or ointment being applied – so long as that 'treatment' took place at a hospital, and was applied, in effect, 'by the hospital' insofar as it followed the intervention of a trained medical professional.

Therefore, if a nurse applied a plaster or ointment at the hospital, **then it would** constitute treatment for the purposes of the relevant **RIDDOR** provision.

But if someone was taken to hospital and then sent away without anything being done to them, but who themselves applied a plaster or ointment at the hospital, it **would not be RIDDOR** reportable. This is because they would not have been 'taken to the hospital for treatment' as the 'treatment' and 'hospital' elements would in effect be unrelated.

Similarly if this treatment was applied by a trained medical professional at a **GP** practice, rather than at a hospital, it **would not be RIDDOR** reportable.

**Examinations and diagnostic tests e.g. x-Rays, blood tests, etc on their own do not constitute 'treatment'.**

**Updated from HSE answers November 2014.**