

SGN-105

# Safety Guidance Note

## Reporting Incidents and Near Misses (Using Datix)

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Version	Notes on revisions/modifications	Date	Lead Author
01	New Guidance on how to report on Datix	23/06/22	A. Whiteside
01.1	CSCG Training info & Learn HSCNI link added & minor editing, formatting	30/04/2024	J. Clarke

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## References:

[CSCG Training – Incident Management & Service User Feedback Awareness \(SHSCT/CSCG\)](#)

[RIDDOR - guidance | Health and Safety Executive Northern Ireland \(hse.gov.uk\)-](#)

[Reportable incidents - RIDDOR - HSE](#)

[Specified injuries to workers - RIDDOR - HSE](#)

[Occupational diseases - RIDDOR - HSE](#)

[Exposure to carcinogens, mutagens and biological agents - RIDDOR \(hse.gov.uk\)](#)

[Dangerous occurrences - RIDDOR - HSE](#)

[Reporting accidents and incidents at work: A brief guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 \(RIDDOR\) INDG453 \(hse.gov.uk\)](#)

## 1.0 Introduction

### **RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences**

The Southern Trust (herein referred to as “The Trust”) recognises its statutory obligations under The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997. RIDDOR legislation requires employers to report certain types of injury, some occupational diseases and dangerous occurrences that ‘arise out of or in connection with work’ to either the Health Safety Executive Northern Ireland (HSENI) or the respective local authority.

All incidents must be reported as soon as practicable and ideally within 24 hours onto the DATIX incident reporting system. This must typically be no later than the next working day following the incident. If RIDDOR is applicable (as per note on the DATIX RIDDOR section), staff should tick YES. A notification will then be received by a Health and safety officer, who will make the report if the criteria for RIDDOR is met by consideration of the information provided regarding the incident or absence details. Occasionally the reporter or manager may be contacted via DATIX feedback to verify or confirm any queries prior to a decision to report.

Health and Safety will complete the appropriate on-line proforma and submit it to the HSENI on-line reporting system.

All incidents and associated reporting are recorded in the Trust’s Datix database.

Occasionally RIDDOR reportable incidents will be subject to more in-depth investigations due to the serious nature of the incident, injury or if a fatality should occur at that time or later. Therefore, managers must ensure that a detailed investigation is undertaken immediately following a potential RIDDOR reportable incident and the findings are documented onto the DATIX system. Irrespective, investigations should form part of all reported incidents.

## 2.0 Reporting Incidents and Near Misses

### **Why you should report incidents & near misses**

To prevent/ minimise risks and incidents by learning and implementing appropriate change

For patient safety and a safer working environment

To comply with legislation (RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013)

To comply with the organisation’s policies

To maintain a record of events and actions

To identify trends

*By reporting an incident you are creating an official 'record of the event', and the details can be recalled and referred to in the future. The analysing of incidents is useful for learning within the organisation and for the trust to identify and monitor themes and trends to support service/policy improvement*

### 3.0 What should you report?

#### Incident types which must be reported

Any adverse incident which has the potential to produce unexpected or unwanted effects, or any incident which has a consequence or a learning point. I.e. An event that causes a loss, injury or a near miss to a patient, staff or others.

#### Example incidents that should be reported:

Clinical Issues – Medication, poor transfers of care, infection issues, medical device failure, delays in treatment, unexpected outcomes, pressure sores.

Environment Issues – Accidents, violence and aggression, staff ill health directly related to their work.

Professional Issues – Records, breaches of confidentiality, standards, registration.

Services – loss of service, loss of data, performance issues, financial losses.

#### Death or Major Injury

If there is an accident connected with the workplace and a staff member, patient/client or self-employed person working on Trust premises is killed or suffers a major injury (including as a result of physical violence); or there is an accident connected with the workplace and a member of the public is killed or taken to hospital.

#### Over 3 Day Injury

If there is an accident connected with work (including as a result of physical violence) and a staff member or self-employed person working on Trust premises, or within the remit of their employment, suffers an injury which prevents them from carrying out their duties for more than 3 days,

This type of injury is not classified as major but results in the injured person being away from work or unable to conduct their normal duties for more than three days (including non-workdays but not including the day on which the incident occurred). If an injury is detected subsequent to an incident report being submitted, (which gives rise to the aforementioned absence from work) it is the responsibility of the manager of the facility where the incident occurred to provide details of the injury (via email, providing incident report number) to the Health and Safety Department.

## **Dangerous Occurrence**

If an incident occurs which does not result in a reportable injury, but clearly could have done, then it may constitute a dangerous occurrence and must therefore be reported without delay.

## **Disease**

If the Trust is notified by a doctor (e.g. GP or Occupational Health) that a staff member suffers from a reportable, work related disease (e.g. dermatitis), the respective manager must then submit a DATIX **incident** report form. The Health and Safety Department must then complete a disease report form NI2508A and forward to the enforcing authority (this form is available online and can be accessed as necessary)

## 4.0 Definitions of major injuries

Reportable major injuries are:

Fracture other than to 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 penetration 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;

Unconsciousness caused by asphyxia or exposure to harmful substances or biological agent;

Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material;

Any other injury leading to hypothermia, heat induced illness or to unconsciousness, or requiring admittance to hospital for more than 24 hours;

Acute illness requiring medical treatment or loss of consciousness which results from the absorption of any substance by inhalation, ingestion or through the skin.

## 5.0 How do you report?

Please Note: You **DO NOT** need a Datix login or password to report an incident.

1. Click on SHSCT favourites

The screenshot shows a web browser window with the SHSCT favourites list open. The list includes various systems and web pages. The 'Datix Web' entry is highlighted, and a red arrow points to it from a text box. The background shows the Southern Trust website with various banners and navigation menus.

2. Select Datix Web, this will open the IR1 form

# Datix Incident Form IR

**\*\*This is where you record the injured parties' details**

**Reporter details**  
Your details and email address. This will allow incident updates.

**State if any staff, patients, service users or members of the public were associated with the incident.**

**Enter role of person involved in incident**

**Select from dropdown**

**Enter details of the person involved in incident, use work address and email address**

**Select yes or no from dropdown**

**Do not use people's names in this section, Use initials, for e.g. staff member or user etc.**

**Enter action taken and initial learning outcomes**

**Enter time and date of incident**

**Select from dropdown menus**

Incident Severity (Level of Harm)

\* Initial Severity

Click here to view the Impact Levels table which will help you determine the actual impact (severity) of the incident at the time of occurrence.

Additional Questions

\* Did a patient / client fall?

\* Did faulty equipment cause this incident?

\* Is this an incident relating to confidentiality?

\* Was this a medication incident?

\* Is this a Haematology / Blood Transfusion-related or Laboratory-related Incident?

\* Was this incident in respect of a Pressure ulcer?

\* Does this incident involve a safeguarding concern which is alleged/confirmed?




\* Were restrictive practices used?

[Submit] [Submit and print] [Cancel]

11:45 23/06/2022

There are different options to select depending on the incident

These additional questions are to ensure the report is progressed to the correct body.

\* =mandatory field | Click  to view and select from a drop down list | Dates must be entered in the format **dd/mm/yyyy** Alternatively, click  to select the date from a calendar | Click the  icon for help with a particular field. The form fields use predictive text so simply start typing.

### 6.0 Training - Corporate Mandatory Training modules:

This Clinical and Social Care Governance (CSCG) training is divided into three areas; Incident Management Awareness, Demonstration of reporting an Incident on Datix and Service User Feedback Awareness

- Incident Management Awareness
- Demonstration of reporting an Incident on Datix
- Service User Feedback Awareness

All SHSCT staff are expected to complete this training (this forms part of your Corporate Mandatory Training which must be completed by everyone, regardless of your role).

Direct link to training below;

[CSCG Training – Incident Management & Service User Feedback Awareness \(SHSCT/CSCG\)](#)

## [Appendix 1](#)

### **DEFINITIONS OF MAJOR INJURIES**

Reportable major injuries are:

- Fracture other than to 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 penetration 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;
- Unconsciousness caused by asphyxia or exposure to harmful substances or biological agent;
- Acute illness requiring medical treatment where there is reason to believe that this resulted from exposure to a biological agent or its toxins or infected material;
- Any other injury leading to hypothermia, heat induced illness or to unconsciousness, or requiring admittance to hospital for more than 24 hours;
- Acute illness requiring medical treatment or loss of consciousness which results from the absorption of any substance by inhalation, ingestion or through the skin.

Further information in respect of Appendices 1, 2 and 3 is available at

[RIDDOR - guidance | Health and Safety Executive Northern Ireland \(hseni.gov.uk\)](#)- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997

## Appendix 2

### **REPORTABLE DANGEROUS OCCURRENCES**

- Collapse, overturning or failure of load-bearing parts of lifts and lifting equipment;
- Explosion, collapse or bursting of any closed vessel or associated pipework;
- Failure of any freight container in any of its load-bearing parts;
- Plant or equipment coming into contact with overhead power lines;
- Electrical short circuit or overload causing fire or explosion;
- Any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury caused by an explosion;
- Accidental release of a biological agent likely to cause severe human illness;
- Failure of industrial radiography or irradiation equipment to de-energise or return to its safe position after the intended exposure period;
- Malfunction of breathing apparatus while in use or during testing immediately before use;
- Failure or endangering of diving equipment, the trapping of a diver, an explosion near a diver, or an uncontrolled ascent;
- Collapse or partial collapse of a scaffold over 5 meters high, or erected near water where there could be a risk of drowning after a fall;
- Unintended collision of a train with any vehicle;
- Dangerous occurrences at a pipeline;
- Failure of any load-bearing fairground equipment, or derailment or unintended collision of cars or trains;
- A road tanker carrying a dangerous substance overturns, suffers serious damage, catches fire or the substance is released;
- A dangerous substance being conveyed by road is involved in a fire or released.
- The following dangerous occurrences are reportable except in relation to offshore workplaces:
- Unintended collapse of: any building or structure under construction, alteration or demolition where over 5 tonnes of materials fall; a wall or floor in a place of work; any false work;
- Explosion or fire causing suspension of normal work for over 24 hours;
- Sudden, uncontrolled release in a building of: 100kg or more of flammable liquid;
- 10kg of flammable liquid above its boiling point; 10kg or more of flammable gas; or
- of 500kg of these substances if the release is in the open air;
- Accidental release of any substance, which may damage health

## [Appendix 3](#)

### REPORTABLE DISEASES

#### 1. Occupational Diseases

Conditions due to physical agents and physical demands of work -

- Inflammation, ulceration or malignant disease of the skin due to ionising radiation
- Malignant disease of the bones due to ionising radiation
- Blood dyscrasia due to ionising radiation; → Decompression illness
- Barotrauma resulting in lung or other organ damage
- Dysbaric osteonecrosis
- Cramp of the hand or forearm due to repetitive movements. Activity – work physically involving prolonged periods of handwriting, typing or other repetitive movements of the fingers, hand or arm
- Subcutaneous cellulitis of the hand (beat hand). Activity – physically demanding work causing severe or prolonged friction or pressure on the knee
- Bursitis or subcutaneous cellulites arising at or about the knee due to severe or prolonged external friction or pressure at or about the elbow (beat elbow). Activity – physically demanding work causing severe or prolonged friction or pressure on the elbow
- Traumatic inflammation of the tendons of the hand or forearm or of the associated tendon sheaths. Activity – physically demanding work, frequent or repeated movements, constrained postures or extremes of extension or flexion of the hand or wrist
- Carpal tunnel syndrome. Activity – work involving the use of hand-held vibrating tools
- Hand-arm vibration syndrome. Activity – work involving:-
  - The use of chain saws, brush cutters or hand-held or hand-fed circular saws in forestry;
  - The use of hand-held rotary tools in grinding material or in sanding or polishing metal;
  - The holding of material being ground or metal sanded or polished by rotary tools;
  - The use of hand-held percussive metal working tools or the holding of metal being worked upon by percussive tools in connection with riveting, caulking, chipping, hammering, fettling or swaging;
  - The use of hand-held powered percussive drills or hand-held powered percussive hammers in mining, quarrying or demolition, or on roads or footpaths (including road construction);

- The holding of material being worked upon by pounding machines in shoe manufacture.

## 2. Conditions due to biological agents

- Anthrax
- Brucellosis
- Avian Chlamydiosis
- Oviparous Chlamydiosis
- Hepatitis
- Legionellosis
- Leptospirosis
- Lyme disease
- Q fever
- Rabies
- Streptococcus suis
- Tetanus
- Tuberculosis
- Poisonings
- Acrylamide monomer
- Arsenic or one of its compounds
- Benzene or a homologue of benzene
- Beryllium or one of its compounds
- Cadmium or one of its compounds
- Carbon Disulphide
- Diethylene dioxide
- Lead or one of its compounds
- Manganese or one of its compounds
- Mercury or one of its compounds
- Methyl bromide
- Nitrochlorobenzene, or a nitro –or amino- or chloro-derivative of benzene or
- a homologue of benzene
- Oxides of nitrogen
- Phosphorous or one of its compounds

- Cancer of a bronchus or lung
- Primary carcinoma of the lung
- Cancer of the urinary tract
- Bladder cancer
- Angiosarcoma of the liver
- Peripheral neuropathy
- Chrome ulceration
- Folliculitis
- Acne
- Skin cancer
- Pneumoconiosis
- Byssinosis
- Mesothelioma
- Lung Cancer
- Asbestosis
- Cancer of the nasal cavity or associated air sinuses
- Occupational dermatitis
- Extrinsic Alveolitis
- Occupational Asthma
- Covid -19

RIDDOR reporting requirements relating to cases of disease, or deaths, from COVID-19 only apply where an employee has been infected with coronavirus through:

- deliberately working with the virus, such as in a laboratory
- being incidentally exposed to the virus.

## Appendix 4

### **EXAMPLE OF REPORTABLE INCIDENTS**

Patient/Service User Falls and Choking Incidents In the event of a death or major injury arising due to a patient/service user fall or choking incident, in connection with the Trust's work activities and it could have been prevented through risk assessment, identifying and implementing control measures or failure to do any of these, this should be reported under RIDDOR.

A patient fall incident would be reportable if: The fall protection measures identified in the falls assessments were not in place at the time of the incident including arrangements for supervision, assistance, access to call and use of mobility aids etc. There was an environmental factor which may have contributed to the fall for example defective flooring, wet floors, housekeeping issues etc. Examples of Patient Falls:

A confused patient falls from a hospital window on an upper floor and is badly injured;

A service user falls in the lounge area, there is previous history of fall incidents, but reasonably practicable measures to reduce the risks have not been put in place;

A service user falls out of bed, is injured and taken to hospital. The assessment identified the need for bedrails but they, or other preventative measures, had not been provided;

A service user trips over a loose or damaged carpet in the hallway. (Source: HSE Reporting injuries, diseases and dangerous occurrences in health and social care: Guidance for employers Health Services Information Sheet No 1 (Revision 3). Patient Choking

A patient choking incident would be RIDDOR reportable if measures in place at the time of the incident as per patient assessment were not in place for example supervision at meal times, personal placemat, safe eating strategies and staff training in swallowing, eating, drinking assessments.