



The Review of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)

IOSH response to the
Health and Safety Executive (HSE)
Discussion Document DDE22

Discussion
document

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About IOSH

Established in 1945, IOSH has around 28,000 members, is Europe's largest occupational safety and health (OSH) professional body and has strong OSH links worldwide. Principally a UK-based organisation, it also has an expanding international membership, with members in over 50 other countries and Branches in Hong Kong and the Republic of Ireland. Incorporated by Royal Charter and a registered charity, IOSH is the guardian of OSH standards of competence in the UK and provider of professional development and awareness training courses. The Institution regulates and steers the profession, maintaining standards and providing impartial, authoritative guidance on OSH issues.

About this response

The IOSH response to this discussion document is based on the comments received from the IOSH Council of Management, the IOSH Education Specialist Group (EdSG) and contributions from individuals who responded to the call for members comments published in the Health and Safety Practitioner and on the consultation area of the IOSH website.

(<http://www.iosh.co.uk/consultationdocuments>)

Summary

We believe that the requirement to record, report, investigate and closeout work-related incidents, accidents and cases of ill health will help to improve the overall management of occupational safety and health risk.

In response to the questions posed by the discussion document, we do **not support** the proposals to remove the requirements on duty-holders to report 'major injuries' (as major injuries), occupational diseases and certain dangerous occurrences.

We **do support** the proposal to link reporting to the Management of Health and Safety at Work Regulations (MHSWR) and suggest an explicit duty to investigate incidents, and also that duty-holders be required to submit 'closeout' reports outlining remediation/planned remediation within 8 weeks of the reported incident. We also **support** the proposals to extend the Safety Alert Database and Information Exchange (SADIE) and the proposals to make reportable serious injury or death caused by work-related road traffic accidents. In the pages that follow, we provide detailed answers to the questions and also make suggestions and recommendations.

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Question 1 (paragraph. 20)

What are your views on using RIDDOR to trial alternative penalties such as administrative fines or fixed penalty notices?

Assuming that this question refers to non-compliance with RIDDOR, we feel it could be appropriate to trial fixed or alternative penalties, with a view to speeding up the process, avoiding unnecessary use of the courts, providing greater deterrence and improving health and safety management. For these latter elements to be achieved, we believe that fines should reflect the seriousness of the non-reporting and the turnover/size of the organisation and that alternative penalties could include compulsory health and safety training/retraining of line managers where RIDDOR reportable accidents, incidents or ill health occur.

Question 2 (paragraph 24)

Should a more explicit link be made between the reporting and recording requirements of RIDDOR and the requirements of the Management of Health and Safety at Work Regulations 1999? Yes/No

Yes - We suggest there should be an explicit legal requirement in the Management of Health and Safety at Work Regulations 1999 for duty-holders to carry out investigations and review/revise relevant risk assessments for all RIDDOR reportable accidents, incidents and cases of ill health. Also, duty-holders should be required to submit 'closeout reports' under RIDDOR to the Health and Safety Executive (HSE) or Local Authority (LA) outlining actions planned or taken to prevent recurrences, within 8 weeks of any RIDDOR reportable event entering the HSE system (extensions could be granted in certain defined instances).

Question 3 (paragraph 24)

How can RIDDOR's reporting and recording requirements be used to drive or influence duty holder behaviour?

As outlined in response to question 2, we believe there should be an explicit legal duty to investigate and take measures to prevent, recurrences. In the case of non-closeouts, improvement/prohibition notices could be used until satisfactory remediation is achieved. In addition, alternative penalties for non-reporting and non-closeouts could include compulsory training or retraining in risk assessment and accident investigation.

We believe that requiring the recording, reporting, investigation and closeout of work-related incidents, accidents and cases of ill health, will also provide an opportunity for employers to consider

the costs incurred (non-insured losses, damage to reputation, staff moral etc.) and thereby help to make the business case for prevention.

Any changes to the RIDDOR reporting and recording requirements would need to be well publicised, in order to increase awareness and compliance, and we would suggest that reference is made to RIDDOR in HSE leaflets such as 'Understanding health surveillance at work – an introduction for employers' (INDG304). Also, more publicity could be given to the RIDDOR reporting telephone line and the phone number could feature more prominently on the HSE website.

Question 4 (paragraph 27)

Should the collection of statistical information on injuries from accidents arising from work and on occupational ill health be disconnected from other RIDDOR objectives? Yes/No

We understand that there is significant under-reporting by employers, particularly of occupational ill health cases, and that other information sources are/will be used to supplement the statistical data (Labour Force Survey, SWI, THOR, WHASS). However, in view of the apparent 'reluctance' by some employers to provide such information, we believe RIDDOR data, though incomplete, is likely to be relatively accurate and reliable. We take the view that using multiple data sources allows some corroboration of data and for a 'richer picture' to be developed. We would be concerned that removal of the RIDDOR data source would lessen the overall evidence-base available for targeting resources where they are needed. We therefore do not agree that the collection of statistical information should be disconnected from other RIDDOR objectives.

In order to help improve occupational injury and ill health reporting, we suggest that absence certificates provided by GPs could be modified to include a requirement to indicate whether the injury/illness is work-related. We feel this would be beneficial in prompting GPs to explore potential occupational causation with patients at the time of providing certificates and also in prompting employers receiving such certificates to report them. However, such a requirement would need to be agreed by the medical profession and the implications for GP training in occupational ill health diagnosis addressed. Additionally, we would hope that better awareness of reporting requirements and enforcement for non-reporting would improve reporting rates and the statistical validity of data.

Question 5 (paragraph 35)

Do you agree that these are the key objectives for any future revised notification and reporting system or should we prioritise the objectives in another way? Yes/No

While we agree that providing information to guide regulatory activity and meet legal obligations are key objectives, we believe that influencing duty-holder behaviour must be also key, hence our recommendation that there be an explicit duty to investigate and report closeouts to the enforcing authority. In respect to gathering statistical information, we take the view that RIDDOR should remain a contributory, though not a sole, source of data (see answer to Question 4).

Question 6 (paragraph 61)

What are your views on the removal of the current requirement on duty holders to report occupational diseases? We would also welcome your views on the likely impact and costs to your business or organisation.

Although appreciating the problems associated with the reporting of occupational diseases (see answer to Question 4 above) we believe that removing the reporting requirements would give entirely the wrong message to duty-holders and may inadvertently imply that preventing ill health is less a management responsibility than preventing injury. Also, we would be concerned about the loss of 'real-time' data on conditions that may potentially require immediate enforcement action to address causation, such as occupational dermatitis and asthma.

Question 7 (paragraph 63)

What are your views on removing the current reporting requirement on duty holders to notify and report some dangerous occurrences? We would also welcome your views on the likely impact and costs to your business or organisation.

We do not agree with the proposal to remove the duty to report certain dangerous occurrences. Replacing the current prescriptive lists with a more goal-setting approach would rely on duty-holders acknowledging the level of risk related to each 'dangerous occurrence' and is subjective and could lead to many choosing not to report.

However, as an addition to the prescriptive lists, we believe there may be benefit to including a generic 'catch all' statement, along the lines of:

'The unplanned collapse, overturning, failure or malfunction of any plant, equipment or system or the accidental release of any substances or energy, where there is a risk of death or reportable injury or disease'.

Although we do not recommend changes to the prescriptive list of dangerous occurrences, if these were to be considered, we believe they would need to be evidence-based i.e. that a causal link existed between a dangerous occurrence and a potential serious consequence.

Question 8 (paragraph 63)

Should we adopt a more goal-setting rather than prescriptive approach to dangerous occurrences e.g. by developing a more generic list of dangerous occurrences? Yes/No

No – please see answer to Question 7.

Question 9 (paragraph 63)

What are your views on developing a wider system for sharing information and safety lessons from a range of accidents and incidents?

We are very much in favour of developing or extending a database such as SADIE, to help share knowledge and lessons from real incidents, accidents and cases of ill health. The HSE could perhaps make use of anonymised and verified data taken from the 'closeout reports' (suggested in our answer to Question 2 above) and any subsequent investigations by the enforcer, where these provide valuable lessons. Organisations providing such data might wish to report having done so in their Corporate Social Responsibility or Annual Reports.

Question 10 (paragraph 64)

What are your views on removing the current reporting requirement on duty holders to notify and report 'major injuries' replacing it with a requirement to report and record all work-related over-3-day absences? We would also welcome your views on the likely impact and costs to your business or organisation.

We do not agree with the proposal to remove the duty to report 'major injuries', believing that losing the current urgent reporting requirement could adversely affect the enforcers' capacity to react swiftly to prevent further injuries and also to gather evidence in a timely manner. Furthermore, we believe data on serious injuries that may not involve over-3-days absence, such as loss of consciousness, acute illnesses, 24-hours attendance at hospital, etc. would be lost. As we believe the current list of reportable major injuries to be neither overly long, nor confusing, we do not feel it represents a barrier to understanding the reporting requirements and feel that the backup of the 'over-3-day absence' criteria allows reporting of seriously incapacitating work-related injuries that may or may not be included in the list.

Question 11 (paragraph 66)

What are your views on making ‘at work’ work-related road traffic incidents reportable under RIDDOR? We would also welcome your views on the likely impact and costs to your business or organisation.

We fully support the proposal requiring duty-holders to report work-related road traffic accidents (RTAs) under RIDDOR, where these cause death or reportable injuries and recommend an appropriate increase in HSE resource to meet the demand to investigate these incidents. We believe that requiring work-related RTAs to be reported would help to reinforce the message that employers need to actively manage occupational road risk. Whilst the HSE investigative resource requirements may initially be high, we believe this would reduce as employers became aware that they could be prosecuted under health and safety law for work-related RTAs and improve their standards accordingly. Additionally, we believe collection of this data would help align the UK to other reporting systems in the European Union and allow for more valid comparisons.

We note that the Police system for reporting RTAs is being streamlined and that the government response to the Work and Pensions Select Committee Inquiry report indicated that since January 2005, the Police have been recording whether RTAs are work-related. We suggest that the Police should inform the HSE where work-related RTAs involve death or serious injury. Amending RIDDOR to include work-related RTAs will also allow cross-referencing of Police recorded incidents with those RTAs reported under RIDDOR and provide a method of corroborating data and identifying gaps in either system.

Question 12 (paragraph 67)

What other proposals or areas should HSC/E examine further?

We believe that fatalities or major injuries occurring in armed forces’ training establishments should be reportable under RIDDOR. Also, in view of their work-related nature (section 3, the Health and Safety at Work etc. Act) we suggest consideration be given to requiring the reporting of hospital acquired infections to patients and clinical incidents that harm patients. To avoid dual reporting of such incidents by hospital employees, we suggest that one report informs both processes and that consideration is given to joint investigations (HSE and Hospital) to identify any underlying management system failures. The HSE would need adequate training and resourcing to investigate such incidents.

Additional comments

We suggest that the HSE be adequately resourced to investigate larger numbers of reportable incidents and to enable the establishment of a SADIE type database for sharing information and learning lessons from serious accidents, incidents or cases of ill health.

As RIDDOR currently does not present a complete picture of occupational accidents and ill health due to its restricted application, we would suggest that relevant data from the Air Accident Investigation Branch and the Marine Accident Investigation Branch could be provided to the HSE so that they can compile a fuller national picture.

We note that there are currently European Commission proposals to introduce a new Regulation to provide a firm legal basis in European law for the collection of accident, occupational ill health and possibly public health statistics (DDE22, paragraph 33). We believe that further development of pan-European occupational accident and ill-health statistics needs to address, as far as possible, the current comparative analysis limitations arising from variations in definitions and reporting procedures. It would seem appropriate to us to ensure that any changes to UK reporting requirements are or will be compatible with those of Europe.