



# Unit 3

## Specified Injuries to Workers

### Learning Outcomes

**By the end of this unit the learner will be able to:**

- ✓ Understand what kinds of injuries at work and he had to be reported under RIDDOR
- ✓ Determine whether or not a formal diagnosis is necessary before reporting an injury
- ✓ Take appropriate action to report injuries under RIDDOR where necessary to do so

## Unit 3

### Specified Injuries to Workers

#### 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 (eg 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, eg 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 (eg a cold store).

### **NB: Hypothermia is not a Specified Risk in the Confined Spaces Regulations.**

Hypothermia and heat-induced illness includes situations where a person has an adverse reaction (the physical injury) to intense heat or cold acting on the body, so they need help from someone else.

### **What to Do When the Extent of an Injury is Unclear?**

In some cases, employers and self-employed workers may not be in a position to know the full extent of an injury, eg when a prognosis has not yet been established in relation to an eye injury, or when efforts are being made to treat an injured limb which may ultimately require surgical amputation. In such situations, there is no requirement to make precautionary reports

of specified injuries. It is likely that the accident will in any case require reporting due to the injured person being incapacitated for more than seven days. The enforcing authority should be notified or updated as soon as a specified injury has been confirmed.

### Further Reading:

- ✓ OSHA Recordkeeping - Part 1904 - Recording and Reporting Occupational Injuries and Illnesses: [October 2020 Edition] Kindle Edition by Reg Pub
- ✓ Accident Report Book: Log Book | 120 Page Paperback – July 28, 2021 by K Roth