

Incident Selection Criteria – Revised

Revised Incident Selection Criteria 2014**Criteria for selection for investigation of notified work-related accidents, ill-health and dangerous occurrences.**

Scope: The following criteria apply to all relevant incidents notified to enforcing authorities. Predominantly, notification will be via RIDDOR reports, but the criteria remain relevant for notifications received via other means (e.g. contact by emergency services.) “Gas Incidents” reported under RIDDOR reg. 11 are excluded, as these are subject to separate requirements.

1. Fatalities (Work-related deaths):

- a. **All** work-related accidents which result in the death of any person, including non-workers. “Accident” specifically excludes suicides* and deaths from natural causes.
- b. Other deaths arising from a preventable work-related cause,* where there is a likelihood of a serious breach of health and safety law, and where it is appropriate for enforcing authorities to investigate.

*In some circumstances e.g. in health or social care, the risk of suicide may arise from the work activity. In such cases, the HSC/E guidance on the application of HSWA section 3 should be applied. This guidance also clarifies those circumstances when investigation by enforcing authorities is appropriate e.g. in relation to areas regulated by other regulators and legislative regimes, such as clinical judgment and practice. See: [Enforcement - Health and Safety at Work etc Act 1974 - Section 3](#)

2. All work-related accidents resulting in a “Specified Injury” [RIDDOR Reg. 4(1)] to any person, including non-workers, that meet any of the following conditions:

- a. Serious multiple fractures (more than one bone, not including wrist or ankle);
- b. All amputations other than amputation of digit(s) above the first joint (e.g. fingertip);
- c. Permanent blinding in one or both eyes;
- d. Crush injuries leading to internal organ damage, e.g. ruptured spleen;
- e. Any burn injury (including scalding) which covers more than 10% of the surface area of the body or causes significant damage to the eyes, respiratory system or vital organs;
- f. Any degree of scalping requiring hospital treatment;
- g. Loss of consciousness caused by head injury or asphyxia;
- h. Any injury arising from working in an enclosed space which leads to hypothermia or heat induced illness, or requires resuscitation or hospital admittance for more than 24 hours.

3. Cases of Occupational Disease:

The following notifications of cases of occupational disease, other than those arising from circumstances or situations which have already been investigated:

- a. **All** reports of cases of occupational disease which are reportable under RIDDOR Regulations 8 – 10, specifically:
 - i. Carpal Tunnel Syndrome,
 - ii. Cramp in the hand or forearm,
 - iii. Occupational dermatitis,
 - iv. Hand Arm Vibration Syndrome,
 - v. Occupational asthma,
 - vi. Tendonitis or tenosynovitis in the arm or forearm,

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- vii. Any cancer attributed to an occupational exposure to a known human carcinogen or mutagen,
- viii. Any disease attributed to an occupational exposure to a biological agent.
- b. Other reports of cases of occupational disease with the potential to cause death or a “serious health effect” as defined in EMM, and which arise from working practices that are likely to be ongoing at the time the report is made.

4. Incidents which indicate a likelihood of a serious breach of health and safety law:

This includes any incidents considered liable to give rise to serious public concern, where, from the facts known, the application of the Enforcement Management Model would give rise to an initial enforcement expectation of a notice or a prosecution.

5. Major hazard precursor events:

All relevant precursor events as identified within the HSE business plan, and the relevant work plans of each HSE Operational Directorate.