Hart First Response

Risk Management and Incident Reporting

Registered Charity 1092333

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1. Introduction

- All services and clinical care within the healthcare environment contain hazards that are a potential source of risk. It is important however, to minimise risks and to ensure that when making decisions, those doing so are deliberately choosing to make judgements from a range of fully detailed and understood options.
- Incidents are in most cases a result of a lack of clear procedures and policies or non-compliance with both, poor working practices and/or training, inadequate communications, environmental hazards or volunteers working beyond their competence.
- The challenge faced by HFR is to eliminate, or at the very least reduce, the potential for incidents in the proactive management of risk.
- This policy details the protocol for dealing with incidents (including near misses) and has been formulated in response to the Department of Health publications An Organisation with Memory[1], Building a Safer NHS[2], and Doing less Harm[3].
- This policy also includes HFR's proactive approach to risk assessment, identification and mitigation.

2. Policy Statement

Hart First Response believes that an excellent organisation is, by definition, a safe and secure organisation. It therefore follows that caring for all personnel and minimising risk is inseparable from all its charitable objectives. HFR accepts an effective incident reporting system is essential in the identification of actual and potential areas of risk. Implementation of control measures are designed to eliminate or minimise exposures to such risks.

3. Principle Legislation

- Health and Safety at Work Act etc. 1974;
- Management of Health and Safety at Work Regulations 1999;
- Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR)
- Organisation with a Memory, Department of Health 2000
- Seven Steps to Patient Safety, National Patient Safety Agencies, 2004
- Standards for Better Health, Department of Health, July 2004
- Medicines and Healthcare Products Regulatory Agency Device Bulletin MHRA DB2005(01) January 2005
- Being Open, National Patient Safety Agencies (NPSA) September 2005.
- National Framework for Reporting and Learning from Serious Incidents Requiring Investigation, 2009.

4. Scope

This document covers all incidents and applies to all HFR volunteers undertaking HFR activities, patients, and public. HFR is committed to providing the resources and support systems for the Risk Management, in order to promote quality care and provide a safe environment for patients, volunteers, visitors and others affected by the activities of HFR.

5. Purpose & Aims

5.1. This policy and related procedure(s) clarifies for the HFR volunteers the method by which incidents are reported to the HFR Executive Committee with the dual purpose of ensuring legislative compliance and instigating management systems to reduce the risk to health, safety & welfare of persons as far as reasonably practicable.

5.2. The aims of the incident reporting system are to:

- Record & manage incidents that have resulted in a risk to HFR;
- Record & manage near misses that could result in a risk to HFR should they re-occur;
- Identify trends;
- Identify costs associated with incidents;
- Identify and agree necessary action to reduce incidents;
- Provide an audit trail for completed actions.

5.3. This document has been developed in order to outline the procedures which are to be adopted when a HFR volunteer, patient or the public experiences an untoward incident, near miss or dangerous occurrence.

5.4. The aims of risk management are to:

- Ensure the management of risk is consistent with and supports the achievement of HFR's objectives;
- Provide a high quality of service to patients;
- Provide a safe working and care delivery environment;
- Initiate action to prevent or reduce the adverse effects of risk;
- Minimise the human costs of risks i.e. Protection of patients, volunteers, visitors and others affected by HFR activities from risks as far as reasonably practicable;
- To meet statutory obligations;
- Minimise the financial consequences of adverse risk;
- Minimise the risks associated with new developments and activities.

5.5. This policy defines the arrangements and responsibilities for risk management

6. Accountability

6.1. The HFR Executive Committee (HFR Exec), in response to the completion of an incident form, has a responsibility to ensure appropriate remedial action is taken, to effect improvement. However, the aim of HFR is to encourage participation in the overall process and to support volunteers, rather than to expose them to recrimination or blame. HFR is committed to developing a just culture and to encouraging a willingness to admit mistakes without fear of punitive measures. In support of this, HFR accepts that completion of an incident form does not constitute an admission of liability and will not result in automatic disciplinary action. However, in certain circumstances disciplinary action may need to be considered and this will be dealt with by the HFR Exec.

6.2. HFR believes it is in the interest of the organisation that volunteers are comfortable to raise issues so that action can be taken and volunteers that do come forward to raise concerns are assured that they will be protected against any detrimental actions from other volunteers. Where individual volunteers have concerns about Health & Safety or failure to comply with any legal obligation, such as Incidents & Near Misses Reporting Policy, they are encouraged to come forward to raise their concerns to the HFR Exec.

7. Responsibilities

Overall responsibilities for the operation and implementation of this Policy lie with both the HFR Exec and all volunteers as detailed below:

7.1. HFR Honorary Secretary

- The collation, process & storage of completed Incident Report Forms and verbal incident reports
- The production of 'measurable' reports detailing incident trends and costs (where relevant) to enable HFR Exec awareness and control
- Feedback to volunteers to share lessons learnt
- Review and dissemination (where necessary) of National alerts and ensuring appropriate actions are taken
- Collate identified risks into the risk register
- Ensuring all relevant incidents are onwardly reported to the relevant governing organisations e.g. MHRA.
- Act as Medical Device Liaison Officer (MDLO)

7.2. HFR Executive Committee

- The development, co-ordination and implementation of the Incident Procedures
- Providing awareness of the incident reporting system at induction.
- Ensure the Incident Reporting Procedure is communicated to all volunteers and adhered to
- Ensure that appropriate actions are taken on preventing those incidents which are most frequent and /or incur the most organisational or financial costs.
- Ensure that all incidents reported to them are fully investigated and appropriate actions are taken to prevent recurrence.
- Identify and review risks and clarify mitgations

7.3. Volunteers

- To be aware that incident reporting is a part of their own accountability for governance;
- To report any incident or near miss to the HFR Exec, by completing an incident form.

8. Definitions

- **Incident** is any event or circumstances arising that could have or did lead to unintended or unexpected harm, loss or damage.
- **Harm** is an injury (physical or psychological), disease, suffering, disability or death. In most instances, harm can be considered to be *unexpected* if it is not related to the natural course of the patient's illness or underlying condition, or the natural course of events if harm occurs to other than a patient
- **Near miss** is a situation in which an event or omission, or a sequence of events or omissions, arising during clinical care fails to develop further, whether or not as a result of compensating action, thus preventing injury to a patient
- **Serious incident** is one where serious actual harm has resulted (commonly classified as a 'red' incident).
- **Root cause analysis** is the process by which the underlying cause(s) of incidents is established
- **Potential incident** is one where injury or illness could have resulted if events had continued in the manner in which they had started.
- **Acceptable Risk** - Any risk assessment, which results in a rating of very low (green) and low (yellow), may be regarded as acceptable. A risk is deemed acceptable if it does not impact upon HFR's ability to fulfil its aims and objectives, service provision or if the costs will be disproportionate to improvement gained.

- **Clinical Risk** - Clinical risk is the possibility of a situation arising where a patient suffers harm from a treatment error.
- **HFR Risk Register** - The risk register is made up of all significant risks
- **Unacceptable Risk** - Any risk assessment which results in a rating of moderate (Amber) or high (Red) should be regarded as unacceptable and actions must be identified to reduce the risk. **Risk Management process** are the co-ordinated activities that enable HFR to assess all types of risk and ensuring a continual, systematic approach to all risk assessments is followed throughout the organisation.

9.0 Risk Management Arrangements
The HFR Exec will oversee the adoption of a proactive and holistic approach to good Governance and the management of risk throughout. It will bring together, prioritise and co-ordinate clinical and non-clinical governance, risk and controls assurance issues.

10. Establishing the goals and context
Effective risk management requires a thorough understanding of the context in which HFR operates. The analysis of this operating environment enables the HFR Exec to define the parameters within which the risks to their outputs need to be managed. The context sets the scope for the risk management process.

11. Identifying risks
A range of information sources can be used to identify risks. These include, but are not limited to: Adverse events, incidents, near misses, serious incidents, investigation reports, complaints, claims, risk assessment, audit/internal control reports, assurance framework, CQC standards, legislation, financial reports, workforce reviews, survey reports, stakeholder reviews etc.

Although this list is not exhaustive, it provides an indication of the various sources of information used to identify risks. The HFR Exec shall identify all types of risk that may impact upon the delivery of services for which they are responsible.

12. Risk Analysis
This identifies the controls (currently in place) that deal with the identified risks and assess their effectiveness. Based on this assessment, the risks are analysed in terms of likelihood and consequence. Reference is made to the HFR Risk Matrix to assist in determining the level of likelihood and consequence, and the current risk level (a combination of likelihood and consequence).

13. Risk Evaluation
This stage of the risk assessment process determines whether the risks are acceptable or unacceptable. This decision is made by the HFR Exec. A risk that is determined as acceptable should be monitored and periodically reviewed to ensure it remains acceptable. A risk deemed unacceptable should be addressed as soon as reasonably practicable. In all cases the reasons for the assessment should be documented to provide a record of the thinking that led to the decisions. Such documentation will provide a useful context for future risk assessment.

14. Determine the treatments for the risk
The range of risk treatment options or combination of risk treatments will vary dependant upon each risk and the costs and benefits applied to each option.

Treatment strategies will be directed towards:

- Avoiding the risk by discontinuing the activity that generates it, (rarely an option when providing services to the public),

- Reducing the likelihood of the occurrence,
- Reducing the consequences of the occurrence
- Transferring the risk, and
- Retaining the risk.

Potential treatment options are developed according to the selected treatment strategy. The selection of the preferred treatment options takes into account factors such as the costs and effectiveness.

The determination of the preferred treatments also includes the documentation of implementation details (eg responsibilities, a timetable for implementation and monitoring requirements).

The intention of these risk treatments is to reduce the risk level of *unacceptable* risks to an *acceptable* level (ie: the target risk level). The HFR Risk Matrix is used to determine the expected reduction in level of risk (expected consequence, likelihood and target risk level) resulting from the successful implementation of the treatment.

15. Monitor and report on the effectiveness of treatments

HFR Exec are required to monitor the effectiveness of risk treatments and have the responsibility to identify new risks as they arise and treat them accordingly. HFR Exec are also required to report on the progress of risk treatments at regular intervals. The person who has the responsibility for a risk treatment is expected to provide feedback on the progress of the 'project / initiative' as detailed in the 'monitoring' field of the treatment.

16. Risk Register Review

The Risk Register contains the risks associated with HFR's Plan and is populated with Red and Amber risks that impact on HFR's priorities. HFR Exec reviews the risk register at least six-monthly.

17. Risk Register layout

The risk register contains the following elements:

- The source of the risk (including, but not limited to, incident reports, risk assessments) i.e. where did this risk originate
- Description of the risk
- Risk score or rating
- Summary risk treatment plan i.e. what action is being taken by whom and when will it be completed
- Date of review
- Residual risk rating i.e. what is the risk score after action/treatment has been completed.

18. Incident Reporting

- All incidents are to be reported either verbally to the Hon Sec (who will then complete an incident data entry) or by the HFR volunteer completing the incident report form. Information from incident reports will be entered into the HFR database, incidents module.
- Incident report forms are available online, or hard copy within HFR vehicles. All incident reports will be received by the Hon Sec who will make a judgement as to whether an extraordinary HFR Exec meeting needs to be called, otherwise the incident report forms will be discussed at the next HFR Exec meeting.
- The level of risk (red, amber, yellow, green) will be estimated using the risk calculation which will be reviewed by the HFR Exec and level and time of response actioned accordingly.

18.1 Reporting: Accidents/personal injury

Report personal accidents where:

- Actual harm/injury has occurred to the person;
- A needle stick injury has occurred;
- The harm/injury may be very minor but will reoccur every time the activity is undertaken

18.2 Reporting: Clinical Incidents

Outcomes related to natural course of illness or proper treatment in accordance with accepted clinical standards are NOT classed as clinical incidents and should not be reported unless it was deemed avoidable**.**

18.3 Loss/damages

Other losses or damages that require reporting are:

- Losses of, or damage to HFR property as a result breaches of security (including information security)
- Violent or aggressive behaviour towards HFR volunteers undertaking HFR business;
- Environmental incidents leading to adverse conditions on the premises or pollution into the local or regional environment;

18.4 Categories

No injury or near miss (very low – green)– any incident that occurred but no harm was caused to the patient or any incident that had the potential to cause harm but was prevented, and so no harm was caused to the patient.

Minor injury (low – yellow) – any incident that required extra observation or minor treatment (e.g. first aid, additional medication) with full recovery of <3 days.

Moderate injury (moderate – amber) – any incident that resulted in a moderate increase in treatment (e.g. prolonged episode of care,) with a recovery of > 3days and that caused significant but not permanent harm to the patient.

Major (moderate – amber/red) – any incident that appears to have resulted in permanent harm or disability to the patient (i.e. permanent harm directly related to the incident and **not** related to the natural course of the patient's illness or underlying condition, e.g. permanent lessening of bodily functions, sensory, motor, physiological or intellectual, including removal of the wrong limb or organ, or brain damage.), requiring long term care.

Death or Catastrophic (High – red)– any incident that directly resulted in the death of the patient (the death must be related to the incident rather than the patient's illness or underlying condition)

19. Incident Investigation

Investigation of the incident shall be dependent on the incident grading assigned as part of the reporting procedure. However, the objective of any investigation shall be to identify the root cause(s) leading to the incident, so that lessons can be learnt.

20. Media

There may be the potential for Media interest regarding an incident. All press enquiries should be directed to the HFR Chair.

21. Onward Reporting

21.1 External Bodies other than CQC

Onward reporting of the incident may be required to external authorities/agencies governing specific legislation or regional policies and/or national enforcement duties. The Hon Sec, on behalf of the HFR Exec is responsible for reporting to the following organisations:

- NHS Improvement
- Health & Safety Executive

- Health protection Agency / CCDC (Centre for Communicable Diseases Control)
- MHRA
- Information Commissioner (as per Section 21.2)

Other external bodies to which HFR may be required to report are identified below; *(list non-exhaustive):* Police, Environment Agency (EA), Local Authority - Environmental Health, Local Authority, Fire Brigade and Home Office.

The table below indicates the more frequent onward reporting procedures:

Agency	Incident Type	To be reported by
Coroner	Where death may be linked to an accident (wherever the accident occurred) Suicide Death due to abortion Cause of death unknown Death may be related to a medical procedure or treatment whether invasive or not Death may be due to lack of medical care Death from self neglect or neglect by others Any violent, suspicious or unnatural death Drug/solvent abuse/self harm related deaths	Doctor completing the death certificate; Healthcare professional responsible for the care of the patient, or Police called to the scene.
Health & Safety Executive	Death, major injury or dangerous occurrence over three day injury	Hon. Sec. will report to RIDDOR – Any accidents that may be reportable to the Health & Safety Executive (HSE) under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995). Notification is required by the "quickest practicable means
Medicines & Healthcare products Regulatory Agency (MHRA)	Incidents involving injury or risk of serious injury involving healthcare products, medicines and equipment Full instructions for reporting of adverse reactions to drugs and defective medicines are available in the BNF, where copies of 'Yellow Cards' will also be found. Yellow cards should be completed on-line at the MHRA's website www.mhra.gov.uk. The MHRA will then notify Pharmacy. Medical Devices An adverse incident involving a	Incidents are reported to the MHRA using their online reporting form.

Agency	Incident Type	To be reported by
	device may be required to be reported to the MHRA if the incident had led to, or were it to occur again could lead to:- ▪ a death ▪ a life threatening illness or injury; ▪ deterioration in health; ▪ temporary or permanent impairment of a body function or damage to a body structure; ▪ the necessity for medical or surgical intervention to prevent permanent impairment of a body function or permanent damage to a body structure; ▪ unreliable test results leading to inappropriate diagnosis or therapy.	
Health Protection Agency	Infectious disease or harm when hazards involving chemicals, poisons or radiation	Reports will be made by Hon. Sec. Reports to CCDC will be made by the Infection Control Officer, who should always be involved in the management and investigation of any infectious outbreak as soon as it is identified.
Incidents involving Children and Young People	Suspicion or allegation of abuse	Safeguarding Officer
Protection of Vulnerable Adults	No Secrets - (DoH, 2000) guidance for the protection of vulnerable adults (POVA) requires NHS Trusts to participate in interagency working to ensure the protection of vulnerable adults. Additional to the (SI) categories, the Lead Commissioning PCT must be notified when a serious case review has been requested and/or a staff member, including agency staff has been referred to the POVA list.	Safeguarding Officer

21.2 Actual/Potential Breaches of Confidentiality/Involving Personal Identifiable Data (PID), including Data Loss

As a guide, any incident involving the actual or potential loss of personal information that could lead to identity fraud, or have other significant impact on individuals should be considered as serious – any media can be considered including electronic and paper records.

The following information should be provided:

- Date, time, location of the incident
- Whether it was theft, accidental loss, inappropriate disclosure, procedural failure
- How the data was held e.g. paper, memory stick, disc, laptop
- Details of any safeguards such as encryption
- Number of individuals at risk
- Type of information e.g. demographic, clinical, bank details etc
- Whether individuals concerned have been informed, decision taken not to inform, decision pending.
- Whether the Information Commissioner has been informed, not informed, pending
- Whether the serious incident is in the public domain and the extent of any media interest/publication
- Whether the serious incident could damage the reputation of an individual, a work team, the organisation or NHS as a whole

The Information Commissioner should be informed of all category 3-5 incidents. Notification should be to the Information Commissioner's Office by email using the address casework@ico.gsi.gov.uk Where this involves risk to patients, consideration should be given to informing the NHS Improvement.

21.3 Informing Patients

Consideration should always be given to informing patients when person identifiable information is lost or inappropriately placed in the public domain. Reference should be sought from the Being Open Policy

Incident Severity table for confidential information loss/breaches of confidentiality

0	1	2	3	4	5
No significant reflection on any individual or body Media interest very unlikely	Damage to an individual's reputation. Possible media interest e.g. celebrity involved	Damage to a team's reputation. Some local media interest that may not go public	Damage to a service's reputation/ Low key local media coverage.	Damage to an organisation's reputation/ Local media coverage.	Damage to NHS reputation/ National media coverage.
Minor breach of confidentiality. Only a single individual affected	Potentially serious breach. Less than 5 people affected of risk assessed as low, e.g. files were encrypted	Serious potential breach & risk assessed high e.g. unencrypted. Clinical records lost. Up to 20 people affected	Serious breach of confidentiality e.g. up to 100 people affected.	Serious breach with either particular sensitivity e.g. sexual health details, or up to 1000 people affected	Serious breach with potential for ID theft or over 1000 people affected.

21.4 CQC reporting

The registered person must notify the CQC without delay of the incidents specified below which occur whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity:

Outcome: 18 (Regulation: 16) Notification of death of a person who uses services
Outcome: 19 (Regulation: 17) Notification of death or unauthorised absence of a person who is detained or liable to be detained under the Mental Health Act 1983
Outcome: 20 (Regulation: 18) Notification of other incidents

- Injuries (severe/permanent harm/death)
- Applications to deprive someone of their liberty under the Mental Capacity Act
- Allegations of abuse
- Incidents reported to the police
- Events that stop or may stop the service from operating safely and properly

21.5 Medicines & Healthcare products Regulatory Agency

- **Pharmaceuticals**
  Full instructions for reporting of reactions to drugs and defective medicines are available in the British National Formulary, where copies of 'Yellow Cards' will also be found. Yellow cards should be completed online at the MHRA's website www.mhra.gov.uk. The MHRA will then notify HFR of receipt. Reports on defective medicines will be made by the Hon Sec.

- **Medical Devices onward reporting**
  An incident involving a device may be required to be reported to the MHRA if the incident had led to, or were it to occur again could lead to:-
  - a death
  - a life threatening illness or injury;
  - deterioration in health;
  - temporary or permanent impairment of a body function or damage to a body structure;
  - the necessity for medical or surgical intervention to prevent permanent impairment of a body
  - function or permanent damage to a body structure;
  - unreliable test results leading to inappropriate diagnosis or therapy.
    The Hon Sec, upon receipt of reports outlining defective equipment, shall notify the MHRA as necessary.

- **MHRA reporting**
  <u>What to report</u>
  Any incident involving a medical device should be reported, especially if the incident has led to or, were it to occur again, could lead to:
    - death or serious injury.
    - medical or surgical intervention (including implant revision) or hospitalisation.
    - unreliable test results.

  Other minor safety or quality problems should also be reported as these can help demonstrate trends, such as highlighting inadequate manufacturing or supply systems.
  <u>When to report</u>
  Report all incidents to the MHRA as soon as possible. Serious cases should be reported by the fastest means possible. Initial incident reports should contain as much relevant detail (e.g. equipment type, make and model) as is immediately available, but reporting should not be delayed for the sake of gathering additional information.
  <u>How to report</u>

Electronic reporting using the online form on the MHRA website is the preferred method. Reports may, however, also be sent by e-mail, fax or post. Report forms may be downloaded and printed from the MHRA website. The online reporting system can be used to send e-mail copies of a report to others at the same time as it is submitted to the MHRA.

What should I do with the device?

All items, together with relevant packaging materials, should be quarantined. They should not be repaired, returned to the manufacturer, or discarded until the MHRA has been given the opportunity to carry out its own investigation. The MHRA will advise you when it is necessary to submit a device for examination. Do not send medical devices to the MHRA unless you have been specifically requested to do so. If responding to such a request, you must ensure that the device has been appropriately decontaminated, securely packaged, and clearly labelled (including the MHRA reference number). If sending a device, address the package to: MHRA, 241 Bristol Avenue, Bispham, Blackpool, FY2 0BR.

What happens next?

After an incident report is received, details are recorded on the MHRA database and a risk assessment is undertaken by the MHRA. That assessment determines whether an investigation is undertaken directly by the MHRA, by the manufacturer or a third party on the Agency's behalf, or whether the incident is recorded for information and trend analysis only. Reports are acknowledged and reporters advised of the nature and outcome of the investigation.

22. Disseminating alerts

- All Medical Device Alerts (MDAs), and CAS alerts are received by email will be read and disseminated appropriately when relevant within the shortest possible time, and not more than three weeks.
- These alerts are a prime means of communicating safety information to medical device users in health and social care. Each alert is designated either for Immediate Action or Action. Alerts may also be used to provide updated information, or to circulate requests for information and/or feedback on specific issues.
- Other alerts alerts will be identified by regularly scanning the relevant websites.
- Alerts will be reviewed at the next HFR Exec meeting if no immediate issue is identified.

23. Training and support

- On induction HFR volunteers will receive training on incident reporting
- All HFR volunteers will receive three yearly mandatory training which will include incident reporting and risk management
- HFR volunteers will be made aware of this updated policy by members of the HFR Exec as appropriate.
- All HFR volunteers are assigned mentors (members of the HFR Exec) whom they are encouraged to approach as a first point of contact in the event of a concern.

24. Policy Consultation

This policy has been circulated to the HFR Exec for consultation.
The policy will be approved by the HFR Exec with future reviews and updates tabled for approval at HFR Exec meetings.

25. Dissemination

Once the policy has been approved a summary of relevant changes (and a link) will be disseminated via email to the HFR volunteers, and a pdf copy placed by a member of the HFR Exec on the member's section of the website: www.hartresponse.org.uk

26. Monitoring of Compliance and Effectiveness

Monitoring of the policy will be the responsibility of the HFR Exec. This will be through incidents reported on the HFR database, and the annual report. Actions and lessons learnt from incident investigations will be monitored through the HFR Exec. Where any omissions or deficits have been noted results and action plans will be monitored through the HFR Exec. Lessons learnt will be disseminated to the HFR volunteers through email briefings or via weekly training sessions.

27. Implementation

The HFR Exec are responsible for communicating this information to HFR volunteers and ensuring that the procedures are followed.

28. Archive Statement

The Honorary Secretary is responsible for archiving all previous versions and supporting evidence of approval for this policy.

29. References

- Safeguarding public health MEDICAL DEVICE ALERT Issued: 04 January 2006 at 15:15 Ref: MDA/2006/001
- Department of Health, June 2000. An Organisation with a Memory
- Department of Health, April 2002. Building a Safer NHS
- Department of Health, August 2001. Doing Less Harm.

Appendix Risk matrix - calculation

IMPACT A number (1-5) indicating the impact of the risk occurring. The definition scale appears below:

Level	Detail Description examples
1	**None/Negligible** –no obvious harm/superficial injuries; no service disruption; low financial loss (less than £100)
2	**Low**: First aid treatment; absent from work 1-3 days; minimal harm to patient; increased level of care 1-7 days; adverse publicity unlikely; financial loss less than £10,000
3	**Medium:** Medical intervention required; absent from work 4-14 days; increased level of care 8-15 days; local adverse publicity possible financial loss £10,000 – 50,000
4	**Very High**: Major injuries/ major surgery/multiple minor surgeries/RIDDOR reportable; absent from work over 15 days; increased level of care over 15 days; national adverse publicity; temporary service closure; financial loss £50,000 - £250,000
5	**Extreme/Death:** significant multiple injuries; permanent illness or disability; extended service closure; protracted national adverse publicity; financial loss over £250,000

LIKELIHOOD A number (1-5) indicating the likelihood of the risk occurring. The definition scale appears below:

Level	Detail Description examples
1	Rare: May occur only in exceptional circumstances
2	Unlikely: Could occur at some time
3	Possible: Might occur at some time
4	Likely: Will probably occur in most circumstances
5	Almost certain: Is expected to occur in most circumstances

RISK RATING The 'Impact' and 'Likelihood' scores multiplied together (Green 1-3, Yellow 4-7, Amber 8-14, Red 15-20).

Risk Matrix

Severity	Negligible/ None 1	Minor/ Low 2	Moderate 3	Serious/ Severe 4	Catastrophic/ Death 5
Probability/Likelihood					
Almost certain 5	Yellow (5)	Amber (10)	Red (15)	Red (20)	Red (25)
Likely 4	Yellow (4)	Amber (8)	Amber (12)	Red (16)	Red (20)
Possible 3	Green (3)	Yellow (6)	Amber (9)	Amber(12)	Red (15)
Unlikely 2	Green (2)	Yellow (4)	Amber (6)	Amber (8)	Amber (10)
Rare 1	Green (1)	Green (2)	Green (3	Yellow (4)	Yellow (5)

Actions

Red – Immediate action by a member of the HFR Exec (with notification to the chair and PR officer). Mitigating measures to be implemented within five days, and report to be generated with long term actions and agreed by the HFR Executive Committee within one month.

Amber - Immediate action by a member of the HFR Exec(with notification to the chair). Mitigating measures to be implemented within five days, and report to be generated with long term actions and agreed by the HFR Execwithin one month.

Yellow - Notification to the HFR Execat next meeting. Mitigating measures to be implemented within two-months of meeting.

Green - Notification to the HFR Execat next meeting. Mitigating measures to be implemented within six-months of meeting.

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Risk Management and Incident Reporting

Severity of incident	Injury / Illness	Patient Experience	Systems / project / targets/ objectives	Complaints / Claims	Financial Loss	Adverse Publicity
Catastrophic/ Death	Death or major and permanent incapacity or disability	Totally unsatisfactory patient outcome	Failure of critical system/ project/targets/ objectives	Multiple claims or a single major claim	£1,000.000 +	Nationwide multimedia coverage
Serious/ Severe	Major injuries, or long term incapacity or disability	Patient outcome or experience significantly below reasonable expectation across the board	Partial failure of critical systems, projects, objectives or target achievement.	Above excess claim, multiple justified complaints	£50,000 - £1,000,000	Extensive local coverage and widespread media coverage.
Moderate	Significant injury or ill health – medical intervention necessary – some temporary incapacity.	Patient outcome or experience below reasonable expectation in one or more areas.	Resolvable problem with critical system, project, target or objectives achievement Partial failure of important system, project, target or objective achievement. Failure of peripheral system/project/target or objective achievement.	Justified complaint involving the lack of appropriate care, or below the excess claim.	£5,000 - £50,000	Coverage throughout the organisation and / or some public coverage
Minor/ Low	Minor injury or ill health – first aid or self treatment – no incapacity.	Patient experience temporarily unsatisfactory – rapidly resolved.	Resolvable problem with important system, project, target or objective achievement.	Justified complaint peripheral to clinical care (e.g. Car parking / access	£500 - £5,000	Coverage limited to elements within the organisation (e.g. trade unions and /or some external stakeholders)
Negligible / None	Injury or illness not requiring intervention	Single resolvable problem in patient experience.	Resolvable problem with peripheral system, objective or project.	Low value claim	£0 -£500	Awareness limited to individuals within the organisation

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Appendix: Incident Report Form – *to be completed by HFR volunteer (in writing or verbally to the Secretary)* This information will be used to complete the incident data entry in the HFR database

A. Incident			
Does this report relate to: (Please circle)	An Actual Event	A Near Miss	A Potential Event
B. What happened?			
C. Where and when?			
Date:	Time (24hr clock):		
Geographical location/first aid event:			
Exact Location e.g. vehicle:			
D. Who was affected?			
Name:	Male ☐ Female ☐	Date of Birth	
Address: Post Code: Tel No:			
E. What actions were taken?			
Did the injured person (if any) receive any medical attention? **YES / NO**. If YES please circle appropriate source			
First Aider	Referred to A&E	Seen by paramedic	Other (state)
F. Witnesses: List all names and contact details			
1.			
2.			
G. Form completed by HFR volunteer:			
Name:			
Signature:	Date:	Time: (24 hr clock)	

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Risk Management and Incident Reporting

Incident Risk Form – *to be reviewed by* HFR Executive Committee

GRADING: Judgement about the actual or potential impact and likelihood of reoccurrence of this event. Use the risk matrix (circle to indicate rating)					
Impact	1. None/negligible	2. Low	3. Medium	4. Very High	5. Extreme/death
Likelihood	1. Rare	2. Unlikely	3. Possible	4. Likely	5. Almost certain
Risk Rating	**LOW**	**MODERATE**	**HIGH**	**EXTREME**	

LOSSES? (time lost/absence/increased patient stay/property or equipment damage)			
Person	Has the person been absent from work, or unable to work as usual, as a result of this incident? **YES / NO** If YES is the absence over 3 days? (include non working days)**YES / NO / NOT YET KNOWN**		
PROPERTY / EQUIPMENT	Describe any damage to property or *non-medical* equipment as a result of the event:		
INFORMATION or DATA LOSS	Describe any data lost, corrupted or disclosed as a result of the event:		
MEDICAL EQUIPMENT	Identify medical equipment involved in Clinical Incidents: (equipment error/failure)		
	Current location of equipment:		
	Product name:	Serial No.	Product No.
	Manufacturer/supplier:	Batch No.	Expiry date:

INVESTIGATION and ACTION TAKEN			
Record Investigation			
If a near miss describe the action, if any, which prevented the incident from reaching a patient or minimising the impact on a patient:			
Actions planned to prevent a reoccurrence:	Start Date	Implementation Date	Person Responsible
Consider any apparent contributing factors to the event: (e.g. communications factors, education/training, equipment/resources, organisational, environmental etc) and **LIST ROOT CAUSES IDENTIFIED**: List any policies relevant to this event			
LIST THE LEARNING POINTS THAT HAVE BEEN ESTABLISHED FROM THE EVENT/NEAR MISS			
RISK REGISTER			
Post-investigation are there serious risks to be added to the Risk Register. If YES specify:			**YES / NO**
IS THIS A REPORTABLE EVENT			
e.g. RIDDOR, Health Authority, Health and Safety Executive.			**YES / NO**
If YES has the report been sent?			**YES / NO**
PERSON INVESTIGATING AND SIGNING THIS FORM:			
Name:	Date:		
Signature:	Job Title:		

Appendix Event risk assessment process and form

1. Procedure

In order to ensure that HFR accurately assesses the nature of any event that it is requested to cover in line with published guidance and to ensure that we have adequate resources to cover that event, we will:-

- Conduct a risk assessment by completing the form in appendix 1.
- Record the findings of this assessment in the HFR Duties folder and make them available to the volunteers on duty.

2. Hazard Scoring Chart

The following hazard scoring chart is used within the risk assessment form. It should be completed by inserting one score in the far right box for each row. This hazard scoring is based on a simplified version of the tables contained in 'The Event Safety Guide'[i]; some factors have been omitted to make the scoring chart more compatible with the type of events that HFR cover.

3. Estimation of Level of Cover Required

The level of cover can be estimated using the table below. For scores where combinations of personnel are available reasonable approximations have been made for differences in skill level and experience. It should be noted that the first row for each score is the recommended cover as documented in The event safety guide [i].

Score	First Aid Personnel	Ambulance Personnel	Ambulance
≤10	**2**	**0**	**0**
10-14	**4**	**0**	**0**
	0	2	1
15-19	**6**	**2**	**1**
	2	4	2
20-26	**8**	**2**	**1**
	4	4	2
>26	Make reference to specialist guidance relevant to the particular type of event. We will probably require assistance to cover an event of this size.		

4. Special Notes for Particular Events

4.1. Events covered by Local Authorities

Local authorities often have their own specific guidance on the provision of first aid at public events, one easily accessible reference is from Croydon[ii]. Typically the following simpler format may be adopted:-

Number of People	First Aiders	First Aid Posts	Ambulances
500	2	1	0
1,000	6	1	1
5,000	8	1	1
10,000	13	2	2
This table is reproduced directly from 'A guide to organising safe events'[ii]			

If approached by a local council to provide cover for a public event HFR should request to see any specific guidance the council publishes on the safe running of events.

4.2 Motor Sport

- Most motor sport in the UK is regulated by the Motor Sport Association (MSA). The MSA publish very specific guidance on different classes of event in the MSA Officials' Yearbook, Section S, 'Emergency and Medical Services'[iii]. This stipulates the equipment and nature of medical cover required for different classes of event.
- The only type of events that HFR are able to cover without checking MSA Officials' Yearbook[iv] in detail are Karting and Road Trim Vehicle off road trials.

4.3 Sports Grounds

The Health and Safety Executive have published guidance on the provision of first aid within sports grounds[v] , further key points of note are reproduced below:-

- No event should have fewer than two first aiders.
- There should be at least one first aider per 1,000 spectators.
- First aiders should have no other duties or responsibilities.
- Medical personnel should remain in position until all spectators have left the ground.
- A defibrillator should be provided for all events at which an attendance of over 5,000 is anticipated. It is stated that this is the responsibility of the ground management and not the organisation providing first aid cover.
- At an event in a sports ground where there is a crowd of more than 2,000 spectators a crowd doctor should be present who is trained and experienced in immediate care. This is the responsibility of the ground management.
- A record should be kept of all first aid or medical diagnosis and treatment provided during the event. The ground management are required to keep this information whilst preserving the confidentiality of the patients.

4.4 Rugby

It is recommended that all Community Rugby clubs have at least standard first aid equipment and a trained person on match days and at training nights. Larger clubs competing above level 8 should also have easy access to a special medical facility. Zurich Premiership and National Division 1 grounds should be equipped with first-aid points in line with local authority guidelines. Guidance is given on the RFU website[vi].

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Event Risk Assessment Form

Event Title	
Date of Event	
HFR Risk Assessor	

Category	Description	Score
Type of Event – *score highest option only*	Public Exhibition	3
	Country Show	2
	Motorsport	4
	Bonfire / Fireworks	4
	Festival	3
Location	Indoor	1
	Outdoor Confined Area	2
	Outdoor Widespread	3
People	Full family mix	2
	Full age range but not in groups	3
	Young Adults	3
	Predominantly children or elderly	4
Past Incidents	Casualty Rate < 1%	-1
	Medium Casualty Rate 1-2%	1
	Zero Casualty Rate	0
	No data available	3
Numbers	<1000	1
	<3000	2
	<5000	8
Time of Year	Spring (Mar/Apr/May) Autumn (Sep/Oct/Nov)	1
	Winter (Dec/Jan/Feb) Summer (Jun/Jul/Aug)	2
ED Facilities – *score lowest option only*	Transit time < 30min (approx <15 miles)	0
	Transit time > 30 min	2
	Choice of Emergency departments	1
	Large ED	2
	Small ED	3
Additional Hazards	Carnival	1
	Helicopter	1
	Parachute Display	1
	Street Theatre	1
	Bar /alcohol on site	1
	Equestrian	1
	Bouncy castle	1
	TOTAL	

Cover Required

Score	First Aid Personnel	Ambulance Personnel	Ambulance
<10	2	0	0
10-14	4	0	0
	0	2	1
15-19	6	2	1
	2	4	2
20-26	8	2	1
	4	4	2
>26	HFR are not capable of covering events of this scale without recourse to further specialist guidance – see policy document		

References: The Event Safety Guide. HSG195 HSE (1999), Guide To Safety At Sports Grounds. The Stationery Office (1997)

References

[i] 'The event safety guide;' HSG195; Second Edition, 1999, Reprinted 2001; HSE Books; ISBN 0 7176 2453 6.
[ii] 'A guide to organising safe events'; Croydon Council; http://www.croydon.gov.uk/EHDept/safe.htm.
[iii] MSA Officials' Yearbook, Section S, 'Emergency and Medical Services', 2003.
[iv] MSA Officials' Yearbook, Section S, 'Emergency and Medical Services', 2003.
[v] 'Guide to Safety at Sports Grounds;' Fourth Edition, Third Impression; 2001; HSE Books; ISBN 0 11 300095 2.
[vi] http://www.rfu.com/index.cfm/fuseaction/RFUHome.WebSite_Detail/StoryID/244

Appendix Equality Impact Assessment

Impact	Age	Disability	Race	Gender	Religion or	Sexual
Do different groups have different needs, experiences, issues and priorities in relation to the proposed policy?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups?	N	N	N	N	N	N
Is there potential for or evidence that the proposed policy will affect different population groups differently (including possibly discriminating against certain groups)?	N	N	N	N	N	N
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups?	N	N	N	N	N	N

Do different groups (age, disability, race, sexual orientation, gender, religion or belief) have different needs, experiences, issues and priorities in relation to the proposed policy?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently.
Is there potential for or evidence that the proposed policy will not promote equality of opportunity for all and promote good relations between different groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will not promote equality of opportunity or good relations between different groups.
Is there potential for or evidence that the proposed policy will affect different population groups (age, disability, race, sexual orientation, gender, religion or belief) differently (including possibly discriminating against certain groups)?	We have no statistical or anecdotal evidence, at this stage, to show that this policy will affect the groups mentioned differently.
Is there public concern (including media, academic, voluntary or sector specific interest) in potential discrimination against a particular population group or groups (age, disability, race, sexual orientation, gender, religion or belief)?	We have no statistical or anecdotal evidence, at this stage, to show that there is public concern in potential discrimination against the protected groups identified above.

Based on the information set out above the HFR Exec has decided that a full equality impact assessment is not necessary.