1 Accidents and first aid

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Introduction

The primary aim of this manual is to assist those working in dental environments to manage health and safety by assessing risks and implementing reasonable control measures which are aimed at preventing accidents and cases of ill health. It is generally considered that dental settings, in particular, general dental practices, are relatively low-risk environments if we compare them with other industry sectors such as construction sites or factories. However, a proactive approach to accident prevention is vital for the following reasons:

- Ethical – employers have a moral duty of care to protect employees and others.
- Legal – employers and employees must demonstrate compliance with legislation.
- Organisational – health and safety policies and procedures should be a condition of employment.
- Financial – it makes economic sense to reduce workdays lost from accidents and ill health.

The cost of workplace accidents can have a detrimental effect on the business as well as on the injured party and their immediate family. In order to successfully prevent accidents everyone must first have an understanding of how they are caused, the accident types and what procedure to follow if an accident happens.
Managing Health and Safety in the Dental Practice

Legislation

- **Health and Safety at Work etc. Act 1974:**
  *Employers shall ensure, so far as is reasonably practicable, the health, safety and welfare at work of their employees and anyone else who may be affected by their business activities in order to prevent accidents.*

- **Management of Health and Safety at Work Regulations 1999:**
  *Employers must undertake suitable and sufficient assessments of risks to the health and safety of employees and implement reasonable controls in order to prevent accidents. Investigating the causes of accidents is an essential part of good health and safety management and assists with reviewing risk assessments.*

- **Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR):**
  *Employers are required to report certain specified accidents and dangerous occurrences to the enforcing authority, via the HSE’s incident contact centre, if they arise out of or in connection with work activities.*

- **Health and Safety (First Aid) Regulations 1981:**
  *Employers should make an assessment of first-aid needs appropriate to the circumstances of the workplace and make available equipment and facilities enabling first-aid to be rendered.*

- **The Social Security (Claims and Payments) Amendment (No 2) Regulations 2006:**
  *Employers are required to investigate the circumstances of every accident that is reported and record the circumstances if there is a discrepancy between what was initially reported and the investigation findings.*

- **Employers’ Liability (Compulsory Insurance) Regulations 1998:**
  *Employers must have sufficient insurance which ensures that if employees are injured or made ill at work they are able to make a civil claim against their employer.*

Accidents

- **The latest accident statistics (2007–2008) produced by the Health and Safety Executive (HSE) show that there has been a reduction in workplace accidents. This could be as a result of employers communicating health and safety more effectively, so that employees are more safety conscious or because under-reporting exists. Under-reporting is a factor that must be considered when relying on statistics to inform us on health and safety at work. In this chapter, we will address the range of requirements to report workplace accidents in order to ensure that statistics provide reliable information.**

Nature, causes and prevention

**Nature**

It is important to understand what the term accident actually means as there are a number of variations. The most common definition is ‘an unplanned, uncontrolled event which has the potential to cause injury’. The word potential is vitally important in the definition as it helps us to appreciate that not all accidents result in injury. However, all accidents need to be addressed as part of accident prevention. Accidents are sometimes divided into five categories as follows:

1. Death or major injury – reportable to enforcing authority
2. Over 3-day injury – reportable to enforcing authority
3. Minor injury – not reportable to enforcing authority
4. Dangerous occurrence – no injury but reportable to enforcing authority
5. Near miss – no injury, not reportable to enforcing authority if it does not fall under categories 1, 2 and 4

The above-mentioned categories link to accident reporting, which will be addressed later in
this chapter. As you will notice from the above categories, not all accidents result in injury. However, today’s accident, if it recurs, has the potential to cause injury tomorrow if not addressed.

**Causes**

Accidents do not just happen. There are underlying causative factors that bring about the situation in the first place. It may not be possible to prevent all accidents but if we have a general understanding of what can cause them to happen we are better equipped to implement accident prevention measures. Accidents are usually caused by the following four factors.

- **Human** – people behave unsafely or forget to do something; unsafe acts or omissions.
- **Occupational** – relating to dentistry; for example, we are exposed to harmful substances, we use hazardous equipment and some activities are potentially risky.
- **Environmental** – workplace conditions could pose a risk, for example, extremes of temperature or poor housekeeping.
- **Organisational** – health and safety is not managed effectively or efficiently.

Accidents do not usually happen as a result of one factor. They occur as a result of a chain of events. This chain of events is illustrated in the following list of possible causes of accidents that take the above four factors to the next level of understanding.

- **Management control** – management systems, policies and procedures are inappropriate or out of date, or delegation is ineffective.
- **Health and safety culture** – the organisation permits risk taking; there is a lack of health and safety training or no system of communicating information.
- **Unsafe acts/unsafe conditions** – unsafe equipment or substances, unsafe systems of work which create unsafe working practices.
- **Accidents** – that go unrecognised or unreported and are therefore not investigated.
- **Injuries** – resulting in various types of injuries from minor to severe.

As you can see from the above illustration there is a chain of events that has a knock-on effect resulting in an accident. The causative factors have the potential to result in a range of accident types from the most severe which result in death or major injury to the less severe which result in minor injury or no injury. It is usually the less severe that go unreported. However, these can provide valuable information in accident prevention as they help to reduce the risk of something more serious occurring.

**Prevention**

All chapters within this manual are aimed at preventing accidents and include the physical workplace, work equipment, hazardous substances, management systems and working practices. The list below specifically addresses the causative factors mentioned earlier.

- **Management control** – appropriately designed health and safety policy which reflects the needs of the organisation clearly shows lines of responsibility and accountability and has adequate arrangements in place. Policy is consulted on and communicated, reviewed at planned intervals and revised as necessary.
- **Health and safety culture** – everyone is committed to making the policy work, capabilities are assessed and training needs identified and there exists an open communication process where people speak freely about concerns and comments.
- **Unsafe acts/unsafe conditions** – systems are in place which identify and assess hazardous situations, controls are implemented before something goes wrong and safe operating procedures exist for all at-risk activities.
- **Accidents** – all accidents are reported, recorded and investigated, including near misses.
- **Injuries** – the more severe injuries are reduced and appropriate first aid is provided based on an assessment of need.
Evidence shows that there are more near-miss accidents than those that result in major injury. In order to reduce the risk of the near misses moving up the scale to something more serious, it is important to report and record each and every accident that happens.

**Reporting and recording**

Accident reporting and recording is essential in order to meet organisational and legislative requirements. Specific reasons are as follows:

**Organisational**
- Identify the underlying causes and implement preventive measures.
- Prevent a similar occurrence.
- Identify patterns and trends which could indicate a failure in the management systems.
- Demonstrate compliance with the policy for reporting and recording if there is a litigation claim.

**Legislative**
- Comply with legal requirements for certain types of accidents (see section Reporting procedures).
- Reporting provides national statistics to enforcement agencies in order to issue guidance, revise legislation and target resources more effectively.

**Reporting procedures**

All organisations, regardless of the size, should have a responsible person for employees to report to if an accident occurs. This person will be named in Part 2 of the Health and Safety Policy. The named person will then record the particulars of the accident, ensuring that sufficient detail is obtained; Figure 1.1 provides an example of what is meant by sufficient detail. This form also complies with The Social Security (Claims and Payments) Amendment Regulations 2006 which requires employers, where 10 or more people are employed, to record all accidents at work. Alternatively, employers may choose to use the *Accident Book* B1510 obtained from HSE. The named person will then determine if there is a legal requirement to report to the enforcing authority under Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR).

**Reporting under RIDDOR**

Any of the following arising out of, or in connection with, work activities must be reported to the Incident Contact Centre (ICC) or the local HSE. The reporting procedures vary according to the type of accident/incident; however, in all cases this should be done as soon as possible using Form F2508 for injuries or F2508A for diseases. Reporting can be done by telephone, online, email or post (See Sources of advice and information on page 256).

Notify ICC or HSE immediately by telephone and complete form F2508 within 10 days in the event of the following:
- Death of an employee or self-employed person working on the premises
- Death suffered by a member of the public or if he/she is taken to hospital for treatment
- A major injury (including as a result of physical violence) suffered by an employee or self-employed person working on your premises or working in somebody else’s premises (see section Reportable major injuries)
- A dangerous occurrence that has taken place (see section Reportable dangerous occurrences)
- A reportable disease that has been diagnosed by a medical practitioner (Form F2508A see section Reportable diseases)

Notify ICC or HSE in writing; complete form F2508 within 10 days in the event of the following:
- An employee or self-employed is absent from work or unable to do his/her normal work for more than three consecutive days.

Three consecutive days is not counting the day of the accident but including non-worked days. This means that rest days must be included.
Figure 1.1  Accident report form.

A. The accident report form contains personal details that must be kept confidential in compliance with the Data Protection Act. After completion, Part B must be passed to the person responsible for record storage and kept for a period of at least 3 years from the date the accident happened.

Name of person who had the accident ................................................................. Accident No: .................................................................

.................................................................

.................................................................

B.1. Who is completing this form? (please circle)  (A). Person who had the accident  (B). Someone else (please record details below)

Name: ....................................................................................................................

Address: ..................................................................................................................

..........................................................................................................................

Name: ....................................................................................................................

........................................................... Tel no ..........................................................

Relationship/Association to the person who had the accident .................................................................

2. Person who had the accident (please circle)  Employee/Self-employed  Visitor  Patient  Other (please specify) ...........

Name ....................................................................................................................

Home address .............................................................................................................

..........................................................................................................................

Occupation ................................................................................................................

3. When did the accident happen: dd/mm/yy .................................................................

4. Where did the accident happen (exact location) .................................................................

5. What circumstances lead to the accident happening? .................................................................

..........................................................................................................................

..........................................................................................................................

6. What were the consequences of the accident, e.g. injury, disease, ill health, time lost by casualty? .................................................................

..........................................................................................................................

7. Was any first aid treatment administered? (please circle)  YES (If yes please complete sections below)  NO

Treatment administered .................................................................................................

Who administered treatment & their position .................................................................................................

8. What happened to the casualty following the accident, e.g. sent home, referred to hospital etc? .................................................................

9. The person completing this accident report form and the casualty (if these are different) must sign and date in the spaces provided.

The information contained in this document is a true and accurate account of the accident.

a. SIGNATURE: Person completing the accident record form .................................................................

b. SIGNATURE: Person who had the accident .................................................................................................

10. Is this accident reportable under RIDDOR? (please circle)  YES  NO

Date reported to the enforcing authority & RIDDOR Reference Number .................................................................

Name & position of person reporting to enforcing authority .................................................................................................
Notify ICC or HSE within 1 year in writing in the event of the following:

- Death of an employee within 1 year of the date of an accident as a result of a reportable injury or condition at work (even if it had been previously reported).

Reportable major injuries are as follows:

- Fracture of a bone, other than 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 penetrating 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
- Any other injury leading to hypothermia, heat-induced illness or unconsciousness or requiring resuscitation or admittance to hospital for more than 24 hours
- Unconsciousness caused by asphyxia or exposure to a harmful substance or biological agent
- Acute illness requiring medical treatment or loss of consciousness arising from absorption of any substance by inhalation, ingestion or through the skin
- 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

The potential exists for all of the above to happen in dental settings, although some are highly unlikely.

Reportable dangerous occurrences are as follows (only those relevant to dental settings listed):

- Collapse, overturning or failure of lifting equipment such as hoists
- Failure of a pressure vessel where the failure had the potential to cause death
- Electric short circuit or overload causing fire or explosion
- Accidental release of a biological agent likely to cause human illness
- Failure of radiation equipment to return to its safe position after exposure period
- Collapse of scaffolding over 5 m high (construction work being undertaken)
- A dangerous substance being transported by road involved in a fire or released (substantial quantities need to be involved; this may apply to travelling on domiciliary visits)
- Unintended collapse of a building or its structures during alteration or demolition where more than 5 tonnes of material falls (construction work being undertaken)
- Any explosion or fire causing suspension of work for more than 24 hours
- Sudden uncontrolled release of flammable liquid or gas (quantities apply)
- Accidental release of any substance which might damage health

Reportable diseases are as follows (only those relevant to dental settings listed):

- Disease of the skin, bones or blood due to ionising radiation
- Cramp of the hand or forearm due to repetitive movements (typing or handwriting)
- Traumatic inflammation of the tendons of the hand or forearm (constrained postures or extremes or flexion of the hand or wrist)
- Carpal tunnel syndrome (use of hand-held vibrating tools)
- Hand–arm vibration syndrome (use of hand-held rotary tools in grinding, sanding or polishing)
- Hepatitis (contact with human blood or blood products)
- Tuberculosis (exposure to a person who might be the source of infection)
- Occupational dermatitis (skin contact with certain sensitising material, e.g. latex)
- Occupational asthma (exposure through inhalation to certain sensitising material such as chemicals)

For other reportable dangerous occurrences and reportable diseases please refer HSE Website A-Z Index R.
The accident report/record must be kept at the workplace for a period of 3 years from the date of the accident or the report/record being made. The storage of accident report/record forms must comply with the Data Protection Act and be held in a secure medium that is not accessible to unauthorised persons for the purpose of maintaining the confidentiality of personal information. Secure medium may include a locked filing cabinet or password-protected electronic system.

**Innovating**

There is no precise duty in health and safety law to investigate workplace accidents, but this is implied in various regulations. For example, the Management of Health and Safety at Work Regulations 1999 considers accident investigation to be an integral part of any management system and helps to inform the risk assessment review process. In addition, The Social Security (Claims and Payments) Amendment Regulations 2006 requires employers to take reasonable steps to investigate accidents and to record the circumstances as this may have to be disclosed at a later date. In addition to the legal considerations, accident investigation is an essential element of accident prevention. The accident should be investigated as soon as possible after the event while it is still fresh in everyone’s mind. It should be coordinated by a competent person and involve all necessary people. There are different levels of investigation ranging from that which is suitable for potentially less serious accidents which can be investigated using a ‘significant event analysis’, to an in-depth and complex investigative technique for accidents where the consequences have the potential to be more serious. Whichever level is most appropriate the investigation should include the following:

- Identification of the exact location where it took place
- The nature of the event, clinical or non-clinical
- People involved in the event
- A description of the event and whether any injury was sustained or any other outcome was recognised
- An analysis of the causative factors which contributed to the event happening
- The arrival at a decision as to whether the event could have been prevented and an explanation for the decision
- Any other significant matters that need to be reported, that is, legally required to be reported under RIDDOR
- Corrective actions required to prevent recurrence and priority given
- A check to see that action has been taken and its effectiveness

Significant event analysis

Significant event analysis (Figure 1.2) is a key requirement of clinical governance as part of the Department of Health National Health Service (NHS) improvement plan. Significant event analysis is contained within the *Standards for Better Health*. All those providing dentistry must have this in place in order to protect patients. A significant event includes anything that has happened and had the potential to affect the safety of patients. The analysis is a useful discipline to apply in the event of an accident investigation. It should include the following:

- Identification of the exact location where it took place
- The nature of the event, clinical or non-clinical
- People involved in the event
- A description of the event and whether any injury was sustained or any other outcome was recognised
- An analysis of the causative factors which contributed to the event happening
- The arrival at a decision as to whether the event could have been prevented and an explanation for the decision
- Any other significant matters that need to be reported, that is, legally required to be reported under RIDDOR
- Corrective actions required to prevent recurrence and priority given
- A check to see that action has been taken and its effectiveness

Significant event analysis should be shared with other dental professionals in order to learn from them and improve patient safety. The reporting forms should be returned to the appropriate body [Primary Care Trust (PCT) or Deanery] annually where they will be used as a resource for fellow practitioners.

**Complex accident investigation**

Where the consequences are potentially more serious it may be necessary to carry out the
### Figure 1.2 Significant event analysis report.

<table>
<thead>
<tr>
<th>Exact location of the significant event</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinical or non-clinical</td>
</tr>
</tbody>
</table>

**Describe the event that took place, any injury sustained or outcome.**

**What factors appear to have contributed to the event?**

**Could the event have been prevented?**

<table>
<thead>
<tr>
<th>YES</th>
<th>NO (please circle)</th>
</tr>
</thead>
</table>

**Describe the reason for your answer:**

**Are there any other matters you need to report?**

**What corrective actions are to be taken to prevent recurrence and when will they be implemented?**

**Corrective action implemented (please specify date)**

<table>
<thead>
<tr>
<th>Person completing this report</th>
<th>Date</th>
</tr>
</thead>
</table>
following procedure to obtain information: this builds on information obtained in the previously mentioned accident report form (Figure 1.1).

- A description of the accident as reported
- The circumstances which appear to have led to it happening and any contributory factors
- The consequences of the accident, for example, injury, disease and near miss
- Whether any first aid was given
- The potential for the accident to happen again and the harm that may occur
- Whether the accident was related to a task where a risk assessment had been undertaken and if the control measures were adequate
- The competence of those involved, training received and supervision arrangements
- Any previous occurrences
- Determining who will be interviewed and their need for a representative
- Any other supporting documents required, that is, training records, previous accident records, first aid log, risk assessments, hazard report forms, equipment maintenance records, etc.
- Preparation of open questions to assist in identifying causative factors. This should include factors relating to the premises, equipment, substances, working practices, competency of people and management systems such as risk assessments
- Involving the interviewees in finding solutions to preventing recurrences
- Inspecting the scene of the accident, studying all relevant aspects and carrying out appropriate research
- Involving others both internally and externally and seeking advice from others such as defence organisation or insurance company
- Determining if there has been a breach of legislation or organisational policy
- Formulating a report of your findings and recommendations
- Taking action to prevent recurrence
- Monitoring actions to check whether they are effective and rectifying if necessary

The findings of the above may require risk assessments and safe operating procedures to be reviewed and revised.

Insurance

Employers are legally required to have employees’ liability insurance. This is designed to ensure that if employees are injured or made ill at work they can make a civil claim against their employers. The insurance cover must be sufficient to pay any damages awarded to the injured party. Damages are awarded in civil courts. Failure to comply with the legislation, however, is a criminal offence and can result in severe fines every day without appropriate cover. In October 2008, the requirement to display the certificate of insurance was amended and businesses can now ‘display’ the certificate electronically, provided it can be made readily available to employees and enforcement officers. Certificates must be retained for a period of 40 years after the last date on which they were valid. Public liability insurance is not a compulsory requirement in law. However, dental practices will find it worthwhile to have this type of insurance cover because of the nature of the business. For example, a claim could be made by a member of the public or a patient.

First aid

Employees can become ill or suffer injuries during the course of their work. It is important that they receive attention immediately to prevent injuries from becoming worse. It must be recognised that first aid is the initial management of injury or ill health. All employers have a responsibility to make available adequate and appropriate first aid arrangements, equipment and facilities. The employer must inform the employees about the first aid arrangements, including the location of equipment and facilities and the person responsible for first aid.

Purpose

The overall purpose of first aid is to provide treatment to employees for minor injuries which
do not require further treatment by a medical practitioner. Or to provide immediate assistance to prevent situations from becoming worse and therefore to preserve life while waiting for medical help to arrive.

**First aid provision**

In order to determine what first aid equipment and facilities are required, an assessment of need must be carried out. The assessment should consider the following:

- Hazards currently present and extent of the risks
- Control measures in place to reduce risks
- Size of the practice, number of people employed and present at any one time
- Individual competencies of employees
- Accident history and statistics, any patterns and trends identified
- Systems in place to manage health and safety
- The need for additional facilities in the case of lone workers
- Exceptional circumstances which could increase, for example, if construction work is taking place

A range of equipment and facilities is available to choose from.

**First aid box**

Minimum contents of a first aid box include the following:

- General guidance leaflet
- Twenty individually wrapped sterile adhesive dressings
- Two sterile eye pads
- Four individually wrapped sterile triangular bandages
- Six safety pins
- Six medium and two large-sized individually wrapped sterile unmedicated wound dressings
- One pair of disposable gloves

First aid boxes must not contain any medicinal products such as tablets, inhalers, ointments or creams. If the assessment of need identifies that eye wash is required then this should be located at a designated eye wash station. First aid boxes must be clearly identified by a green background with a white St. George’s cross, and the location communicated to employees. More than one box may be needed to ensure that adequate facilities are provided according to the number of people employed at any one time. Boxes must be checked regularly to ensure that contents are not out of date and are replaced after use.

**Travelling first aid kits**

For dental professionals who provide regular and routine domiciliary care for patients, there may be the need for such a kit. The minimum contents of the kit should be as described earlier.

**First aid room**

This facility is usually required in large organisations or where complex risks exist. The room should be readily accessible, clearly signposted, contain appropriate facilities and equipment and be used solely for the purpose of first aid. It is unlikely that this will be needed in a general dental practice.

**First aid personnel**

An adequate and appropriate number of first aid personnel must be provided. The number is determined by the results of the earlier assessment. Table 1.1 gives guidance on the provision of first aid personnel.

**Appointed person**

This is the minimum level of personnel that an employer has to provide. Appointed persons are not fully qualified first aiders and therefore do not have the same responsibilities; they are appointed
Table 1.1  Guidance on the provision of first aid personnel.

<table>
<thead>
<tr>
<th>Category of risk</th>
<th>Number of employees at any location</th>
<th>Suggested number of first aid personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lower risk – shops, offices and dental practices</td>
<td>Fewer than 50</td>
<td>At least one appointed person</td>
</tr>
<tr>
<td></td>
<td>50–100 (e.g. dental hospitals)</td>
<td>At least one first aider</td>
</tr>
<tr>
<td>Medium risk – light engineering, e.g. dental laboratories</td>
<td>Fewer than 20</td>
<td>At least one appointed person</td>
</tr>
<tr>
<td></td>
<td>20–100</td>
<td>At least one first aider for every 50 employed</td>
</tr>
<tr>
<td>Higher risk – construction, chemical manufacture</td>
<td>Fewer than 5</td>
<td>At least one appointed person</td>
</tr>
<tr>
<td></td>
<td>5–50</td>
<td>At least one first aider</td>
</tr>
</tbody>
</table>

Source: HSE.

to take charge when someone is injured or falls ill. This includes calling an ambulance if needed, restocking the first aid box/kit and, if necessary, dealing with minor wound bleeding. From Table 1.1 you may have determined that this level of provision is adequate for general dental practices, but you may also need to appoint more than one person in the event of absences. Appointed persons should be competent to carry out their responsibilities and therefore will require at least a minimum level of training.

**First aiders**

If the assessment of need identifies that this level of personnel is required employers must ensure the person is capable and competent to carry out their responsibility. They should be sufficient in number and absences should be considered. When selecting first aiders, employers will need to consider the following attributes such as reliability, ability to remain calm in an emergency, effective communication skills and the ability to learn new skills and absorb knowledge and be able to cope with the demands of an emergency situation. First aiders must be trained in administering first aid. Training has to have been approved by HSE and individuals must hold a current certificate.

**Training**

Before carrying out either of the above roles the person must undergo training to equip himself/herself with the skills and knowledge required to carry out the role effectively and competently.

**Appointed person**

There is no regulatory requirement to provide training for appointed persons. However, employers should consider the need for basic first aid training in order for the individuals to carry out their role as described earlier. In addition, employers may decide to send the persons on the new 1-day emergency first aid at work (EFAW) course approved by HSE from 1 October 2009, which will enable them to become first aiders in regulatory terms.

**First aiders**

First aiders must hold a valid certificate of competence. As from 1 October 2009, the HSE-approved course for first aid in the workplace will become the 3-day First Aid at Work (FAW) course. First aid training must be renewed every 3 years as decided by the HSE (correct at the time of writing). This is because the certificate of competence expires every 3 years. Employers should keep records of training and arrange for refresher training and retesting before the certificate expires. If the certificate expires the individual will have to undertake a full course of training to be re-established as a first aider.

**Summary**

In dental settings, we may not have to deal with the more serious accidents because of
the nature of dentistry, being relatively low risk. However, accidents can happen and these must be reported, recorded, investigated and acted upon in order to prevent an escalation of the situation to something more serious or a recurrence of the accident. First aid can assist in preventing the effects of injuries from becoming worse and aid recovery.

**Action – check the following**

- Do you have a reliable accident reporting procedure?
- Does your reporting procedure include an investigation or analysis of the event that took place?
- Does your investigation or analysis help to prevent accidents?
- Do you have adequate and appropriate first aid provision to meet your needs?

**Frequently asked questions**

Q. If a self-employed person, for example, a hygienist, has a RIDDOR reportable accident, who is responsible for reporting this?

A. The responsibility lies with the occupier of the premises. This will be the owner or the person with whom the hygienist has the contract.

Q. How do we calculate an over-3-day injury?

A. The day the accident happened is not included in the calculation; however, any non-work days such as rest days, are included. For example, if the person has the accident on Thursday, then Friday is day 1 of the calculation. If Saturday and Sunday are rest days these count as days 2 and 3, if the person does not return to work on Monday this is day 4; therefore, this is an over-3-day injury.

Q. Should we investigate all accidents including near misses?

A. Near misses are accidents which do not result in an injury; however, they need to be investigated to examine the underlying causes. For example, it may be identified that the event happened because of a lack of training. This factor will still exist and, therefore, has the potential to cause injury next time.

Q. Are dental practices legally required to employ a trained and qualified first aider on the premises?

A. How much first aid provision is dependent upon the circumstances in the individual practice? An assessment of need is required, taking into consideration the risk levels present, which will help determine if a qualified first aider is needed. The assessment may identify that there is no need for a qualified first aider and therefore an appointed person is adequate and appropriate.

Q. Do we have to provide first aid equipment and facilities for our patients?

A. The regulations require employers to make the provision for employees, not for non-employees. However, a duty of care exists to people other than employees; therefore, the provision should be extended for patients.

**Links to other chapters**

- Chapter 11 – Lone working
- Chapter 12 – Managing health and safety
- Chapter 14 – Medical emergencies
- Chapter 19 – Risk assessment