



# Shropshire Community Health

NHS Trust

## Policies, Procedures, Guidelines and Protocols

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## 1.0 Introduction

The Shropshire Community Health NHS Trust (SCHT) recognises and is committed to meeting its legal duties under the Health and Safety at Work etc. Act 1974 and the Reporting of Injuries, Diseases and Dangerous Occurrence Regulations.

This document is particularly concerned with the reporting of injuries, diseases and dangerous occurrences to the enforcing authorities. This document should be read in conjunction with the Trust Health and Safety Policy and the Accident reporting SOP.

The successful implementation of this policy requires the total co-operation and commitment of all members of the Trust's management and staff. The special duties of staff detailed herein are in addition to those detailed in the Trusts Health and Safety Policy.

## 2.0 Purpose and Scope

The Trust aims to achieve or exceed current statutory requirements and strive for excellence of best practice. The policy's aim is to establish roles and responsibilities for various levels of management to promote timely reporting of relevant incidents and compliance with statutory obligations. This document is applicable to all units, departments and wards, within the Trust.

## 3.0 Definitions

For the purpose of this document the Trust defines:

The Health and Safety Executive Definition – 'The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), places a legal duty on: employers, self-employed people and people in control of premises to report work-related deaths, specified injuries or over-seven-day injuries, occupational diseases, and dangerous occurrences (near miss accidents).'

The Trust	The Shropshire Community Health NHS Trust
Trust site	All areas, buildings or premises owned, rented, leased, occupied or controlled by the Trust
DATIX	The Trust's electronic incident and risk assessment tool accessed via the Trust Intranet
Staff	All persons who are employed by the Trust whether on permanent or temporary contracts.  Written or implied, paid or unpaid, and shall include persons employed through recruitment and employment agency providers to assist the Trust in delivery of services but excluding contractors and third parties undertaking works for or on behalf of the Trust.
RIDDOR	The Reporting of Injuries, Diseases and Dangerous Occurrence Regulations 2013

Accident	An accident is a discrete, identifiable, unintended incident which causes physical injury and includes acts of non-consensual violence to people at work
Incident	"An unplanned, uncontrolled event which has led to or could have led to injury to people, damage to plant, machinery or the environment and / or some other loss."
HSE	The Health and Safety Executive. They are the enforcing authority for the Trust on Health and Safety matters.
Specified Injury	Any injury detailed within Schedule 1 of RIDDOR
Dangerous Occurrence	Any dangerous occurrence detailed within Schedule 2 (part 1) of RIDDOR
Disease	Any occupational disease detailed within Schedule 1 (Part 1) of RIDDOR
Fatal Injury	An incident that results in the death of the affected person either directly or indirectly, immediate or deferred, but one or more of the injuries incurred in the incident are contributory to the death
Work related	The fact that an accident occurs at work premises does not, in itself, mean that the accident is work-related.  There must be some indication that the work activity contributed to the circumstances of the accident
Enforcing Authority	Primarily the Health & Safety Executive (HSE) although may include EHO / Shropshire Council etc.

#### **4.0 Roles and Responsibilities**

##### **Chief Executive**

The Chief Executive has overall responsibility and accountability for risk with the Trust. The Chief Executive provides leadership and strategic direction to risk management processes. This responsibility includes consideration of the Trust's Risk Register and resource allocation relating to the significant risks of the Trust.

##### **Department/Service/Locality Trust Managers**

Trust Managers are responsible for compliance within their Departments/Wards/Locality and for ensuring that remedial action is taken wherever key risks are identified within their area of responsibility, including:

- Ensuring that appropriate and effective risk management processes are in place within their designated area(s) and scope of responsibility.
- Ensuring Risk Assessments are undertaken, and action implemented. Are responsible for implementing and monitoring any identified and appropriate risk management control measures within their designated area(s) and scope of responsibility.

- Ensuring staff undertake mandatory and statutory training.
- Ensuring the reporting of Adverse Incidents is undertaken, together with action to prevent or minimise a reoccurrence.
- Ensuring that all incidents are fully reported using the Datix system at the earliest opportunity.
- Ensure that the Trust Health and Safety Team are notified as soon as an incident with potential for being RIDDOR reportable is identified.
- Ensure that all staff co-operate fully in reporting and investigating incidents.

### **Occupational Health**

The Occupational Health Provider will ensure that:

- Any member of staff referred with a suspected or reported case of occupational disease is assessed as a priority.
- Where a disease listed in Schedule 3 (Part 1) of RIDDOR is confirmed, written notification of the diagnosis will be provided to the Health and Safety Advisor(s) within 5 working days.

### **Health and Safety Team**

- The Health and Safety Team oversees the management of health and safety within the Trust and provides speciality advice to managers/staff to maintain best health and safety practice.
- The Health and Safety Team acts as a Trust link when assisting Executives/Directors/Unit Managers and staff with the implementation of the risk assessment process and provide advice, guidance and support on approach and techniques of completing a risk assessment.
- The Health and Safety Team are the designated safety management advisors for the Trust. They are responsible for advising all staff throughout the organisation on issues relating to their areas of risk and adverse incident management.
- They will oversee the health and safety investigation of adverse incidents and liaise with any staff/teams/managers with regard to other Trust incident investigations.
- RIDDOR reports must only be submitted by the "Responsible Persons" with duties under these regulations. For the Trust, the designated "Responsible Person" for RIDDOR is the Health and Safety Manager, and Health and Safety Advisor.
- The Health and Safety Team has overall responsibility for liaising with relevant external agencies, including, but not restricted to, the Health and Safety Executive, Fire and Rescue Service, Local Authority, Environment Agency and other enforcement authorities etc. where their involvement is indicated in respect of adverse incident issues.
- The Health and Safety Team will ensure that suitable reports are made to the enforcing authorities in relation to reportable incidents and will also keep electronic copy records of all reported RIDDORs.

## All Trust Employees

All employees of the Trust have a responsibility to:

- All staff must ensure that all accidents and incidents are recorded using the Datix system, regardless of the outcome, in an accurate and timely manner.
- All staff must co-operate with the Trust on matters relating to this policy and assist on providing information for the investigation as required. They must also notify management of any known RIDDOR incidents that may not have been reported.

## 5.0 RIDDOR

### 5.1 Legal Position

In addition to the General Duties placed on employers by the Health and Safety at Work etc. Act 1974; RIDDOR 2013 requires employers to report to the relevant authority certain incidents that result in injury, dangerous occurrences and certain cases of occupational disease. Failure to report such incidents is a criminal offence.

### 5.2 Reportable incidents

RIDDOR identifies three principal incident types that must be reported to the enforcing authority within the given time frame.

**Specified incidents** (see Appendix 1. Specified Incidents): - any injury contained on the RIDDOR 2013 specified injuries list.

**Incident that results in a death**, with the exception of suicides, must be reported if they arise from a work-related accident, including an act of physical violence to a worker.

**A member of staff sustaining a specified injury** or another injury to a member of staff that leads to the employee being away from work, or unable to perform their normal work duties, for a period of more than seven days consecutive absence as a result of their injury.

Accidents to members of the public or others who are not at work must be reported if they result in an injury and the person is taken directly from the scene of the accident to hospital for treatment to that injury. Examinations and diagnostic tests do not constitute 'treatment' in such circumstances. There is no need to report incidents where people are taken to hospital purely as a precaution when no injury is apparent. If the accident occurred at a hospital, the report only needs to be made if the injury is a [specified injury](#).

An injury to a member of staff that leads to the worker being incapacitated for a period of more than three consecutive days must be reported on DATIX to the Health and Safety Team.

**Dangerous Occurrences** – incidents that result in an instance detailed within the schedule of Regulations (See Appendix 2. Dangerous Occurrences).

**Occupational Disease** with a diagnosis confirmed by a registered medical practitioner; occupational diseases arise from three primary sources; (see Appendix 3. Occupational Diseases):

- Conditions due to physical agents and the physical demands of work,
- Infections due to biological agents, and.
- Conditions due to substances

All suspected or confirmed instances of occupational disease will be immediately referred to the Occupational Health Department for confirmation.

### **5.3 Reporting Process**

1. When an incident occurs, regardless of severity or outcome, the Department/Ward manager OR member of staff involved is responsible for ensuring that the incident is reported via the Datix system.
2. The Health and Safety Team will review all incidents submitted on the Datix Reporting system for potentially RIDDOR reportable incidents.
3. Where a potential RIDDOR reportable incident is identified the Department/Unit/Ward manager must ensure the Health and Safety Team are notified, either by email sent to the Health and Safety Team (flagged Red or High Priority) with the subject heading "Potential RIDDOR", or Via a Teams call.
4. The Health and Safety team will contact the Department/Unit Manager OR member of staff involved, for further follow up regarding the details and circumstances of the potential RIDDOR.
5. Where a reportable incident is suspected and the Health and Safety Team has been notified, they will undertake an additional investigation to ascertain the circumstances of the incident and this investigation may require access to patient notes and records as well as seeking advice from senior nursing or medical staff; and/or discussion with the affected person, as appropriate – The Health and Safety Team will request the injured persons personal details using the Personal Information Request form, the provision of this information is subject to the Exemption Schedule 11 3 (2) of the Data Protection Act 2018.
6. A Health and Safety investigation will be in addition to any other Trust / Ward or Departmental investigations.
7. All RIDDOR reportable incidents will be made to the Health and Safety Executive by the Health and Safety Team.
8. Copies of the submitted RIDDOR report will be provided for electronic attachment to the relevant Datix incident record.
9. All RIDDOR reportable incidents will be monitored and managed at the Health and Safety Working Group and Committee.

## 5.4 Serious Incidents

Serious Incidents in the NHS include:

- Acts and/or omissions occurring as part of NHS-funded healthcare (including in the community) that result in:
  - Unexpected or avoidable death<sup>8</sup> of one or more people. This includes –
    - suicide/self-inflicted death; and -
    - homicide by a person in receipt of mental health care within the recent past
- Unexpected or avoidable injury to one or more people that has resulted in serious harm.
- Unexpected or avoidable injury to one or more people that requires further treatment by a healthcare professional in order to prevent:
  - the death of the service user; or
  - serious harm
- Actual or alleged abuse; sexual abuse, physical or psychological ill treatment, or acts of omission which constitute neglect, exploitation, financial or material abuse, discriminative and organisational abuse, self-neglect, domestic abuse, human trafficking and modern-day slavery where:
  - healthcare did not take appropriate action/intervention to safeguard against such abuse occurring<sup>10</sup>; or
  - where abuse occurred during the provision of NHS-funded care.

(This includes abuse that resulted in (or was identified through) a Serious Case Review (SCR), Safeguarding Adult Review (SAR), Safeguarding Adult Enquiry or other externally led investigation, where delivery of NHS funded care caused/contributed towards the incident.)

- A Never Event - all Never Events are defined as serious incidents although not all Never Events necessarily result in serious harm or death. See Never Events Policy and Framework for the national definition and further information.
- An incident (or series of incidents) that prevents, or threatens to prevent, an organisation's ability to continue to deliver an acceptable quality of healthcare services, including (but not limited to) the following:
  - Failures in the security, integrity, accuracy or availability of information often described as data loss and/or information governance related issues.
  - Property damage
  - Security breach/concern.
  - Incidents in population-wide healthcare activities like screening and immunisation programmes where the potential for harm may extend to a large population.
  - Inappropriate enforcement/care under the Mental Health Act (1983) and the Mental Capacity Act (2005) including Mental Capacity Act, Deprivation of Liberty Safeguards (MCA DOLS).



- Systematic failure to provide an acceptable standard of safe care (this may include incidents, or series of incidents, which necessitate ward/ unit closure or suspension of services) or
- Activation of Major Incident Plan (by provider, commissioner or relevant agency)
- Major loss of confidence in the service, including prolonged adverse media coverage or public concern about the quality of healthcare or an organisation.

## **5.5 Exemptions**

If a person is injured as a result of an accident arising directly from the conduct of the specified medical procedures being carried out by or under the supervision of a registered medical practitioner or dentist, the injury does not need to be reported.

The exclusion does not extend to injuries arising from accidents to patients occurring under any other circumstances. For example, if a patient died or suffered a specified injury as a result of a power failure during an operation (and not caused by the conduct of the operation) the death or injury must be reported.

## **6.0 Implementation and Monitoring**

### **Training and Dissemination**

A training needs analysis (TNA) has been carried out for all staff, the process for carrying out the TNA and developing and delivering the identified training need is detailed in the Mandatory Training Policy.

### **Implementation Plan**

This policy will be available on the Trust Intranet and will be the responsibility of Unit and Department managers to ensure all their staff have read and understood the content. A signature to that effect will be required from all staff.

### **Monitoring / Audit**

The effectiveness of the policy will be monitored by the Health and Safety Working Group with an annual report being presented to the Health and Safety Committee by the Health and Safety Manager.

### **Review Date**

This policy will be subject to review no later than three years after its approval date.

## **7.0 References**

- Health and Safety at Work etc Act 1974
- The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)
- Management of Health and Safety at work Regulations 1999
- Workplace, Health, Safety and Welfare Regulations 1992
- Trust Risk Management Policy

- Data Protection Act 2018.
- Mental Health Act (1983) and the
- Mental Capacity Act (2005) including Mental Capacity Act, Deprivation of Liberty Safeguards (MCA DOLS).
- NHS Never event policy framework

## **Appendix 1**

### **Specified Incidents**

#### **Fatal Injury (Death to any person)**

Death of any person arising from an incident (work related accident) where the injury sustained is identified as the cause of death (primary / secondary / tertiary / etc.) or a contributory factor, with the exception of suicides, including an act of physical violence to a worker.

#### **Specified Injuries**

The list of 'specified injuries' in RIDDOR 2013 replaces the previous list of 'major injuries' in RIDDOR 1995. Specified injuries are:

- fractures, other than to fingers, thumbs and toes.
- amputations.
- any injury likely to lead to permanent loss of sight or reduction in sight.
- any crush injury to the head or torso causing damage to the brain or internal organs.
- serious burns (including scalding) which:
  - covers more than 10% of the body; or
  - causes significant damage to the eyes, respiratory system or other vital organs.
- any scalping requiring hospital treatment.
- any loss of consciousness caused by head injury or asphyxia.
- 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.

#### **Seven Day Injuries**

Injuries that lead to a staff member being away from work, or unable to perform their full range of normal work duties, for more than seven consecutive days as the result of an occupational accident or injury (not counting the day of the accident but including weekends, annual leave, unpaid leave and rest days).

The Trust Health and Safety Team must be notified by the relevant manager because a report must be made to the Health and Safety Executive, by the Trust Health and Safety Team within 15 days of the accident or incident.

#### **Three Day injuries**

Injuries that lead to a staff member being away from work, or unable to perform their full range or normal work duties, for more than three consecutive days as the result of an occupational accident or injury must be notified to the Health and Safety team by the relevant manager. These incidents must be recorded on DATIX but may not be reported as RIDDOR.

#### **Injuries members of the public (non-staff)**

Where a member of the public or person who is not at work has died or specified injuries to members of the public or people not at work where they are taken from the scene of an accident to hospital for treatment of that injury – i.e., would require hospital treatment if the injury occurred outside the hospital environment.

Examinations and diagnostic tests do not constitute 'treatment' in such circumstances. Where a member of the public or person who is not at work is taken to hospital purely as a precaution when no injury is apparent, there is no requirement to report the incident under RIDDOR. Where the accident occurred at a hospital, the report only needs to be made if the injury is a 'specified injury' as detailed above.

## **Appendix 2**

### **Dangerous Occurrences**

Dangerous occurrences are certain listed near-miss events, including, but not restricted to:

- Collapse, overturning or failure of load-bearing parts of lifts and lifting equipment
- Explosion, collapse or bursting of any closed vessel or associated pipe work
- Plant or equipment coming into contact with overhead power lines
- Electrical short circuit or overload causing fire or explosion
- Explosion or fire causing suspension of normal work for over 24 hours
- Any unintentional explosion, misfire, failure of demolition to cause the intended collapse, projection of material beyond a site boundary, injury caused by an explosion
- Accidental release of a biological agent which results in or could have resulted in an incident likely to cause severe human infection or illness
- Failure of industrial radiography or irradiation equipment to de-energise or return to its safe position after the intended exposure period
- Malfunction of breathing apparatus while in use or during testing immediately before use
- Collapse or partial collapse of a scaffold over five metres high, collapse or partial collapse of scaffold which causes a working platform to fall or erected near water where there could be a risk of drowning after a fall; "scaffold" includes any tower, trestle, slung or suspended scaffold.
- Any damage to, accidental or uncontrolled release from or in-rush of anything into a pipeline or the failure of any pipeline isolation device, associated equipment or system; or the failure of equipment involved with pipeline works
- The unintentional release or escape of any substance which could cause personal injury to any person other than through the combustion of flammable liquids or gases.

### **Gas incidents**

Any gas appliances or fittings that is considered, by a registered engineer, to be dangerous, to such an extent that people could die, lose consciousness or require hospital treatment, because the design, construction, installation, modification or servicing could result in an accidental leakage of gas or inadequate combustion of gas or inadequate removal of products of the combustion of gas.

## **Appendix 3**

### **Occupational Diseases**

Occupational Diseases are certain listed diseases that are attributed to work activities, including, but not restricted to:

- carpal tunnel syndrome
- severe cramp of the hand or forearm
- occupational dermatitis
- hand-arm vibration syndrome
- occupational asthma
- tendonitis or tenosynovitis of the hand or forearm
- any occupational cancer
- any disease attributed to an occupational exposure to a biological agent.

For a disease to be reportable, it must be one of the eight types of condition listed above, and it must be likely that it was caused or made worse by the person's current work.

There is also specific guidance for occupational cancers and diseases associated with biological agents.

A RIDDOR report must be made whenever there is reasonable evidence suggesting that the disease was likely to have been caused by a work-related exposure. The doctor may indicate the significance of any work-related factors when communicating their diagnosis.

#### **Needlestick Injury**

Under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR), infections and dangerous occurrences with biological agents at work must be reported. Dangerous occurrences are certain unintended, specified events, which may not result in a reportable injury, but which do have the potential to cause significant harm.

For an incident to be reportable as a dangerous occurrence, the incident must have resulted (or could have resulted) in a sharps injury involving known blood/body fluid infected with a Blood- Borne Virus (BBV).

A sharps injury is when a needle or other sharp instrument accidentally penetrates the skin. It is sometimes called a needlestick injury.

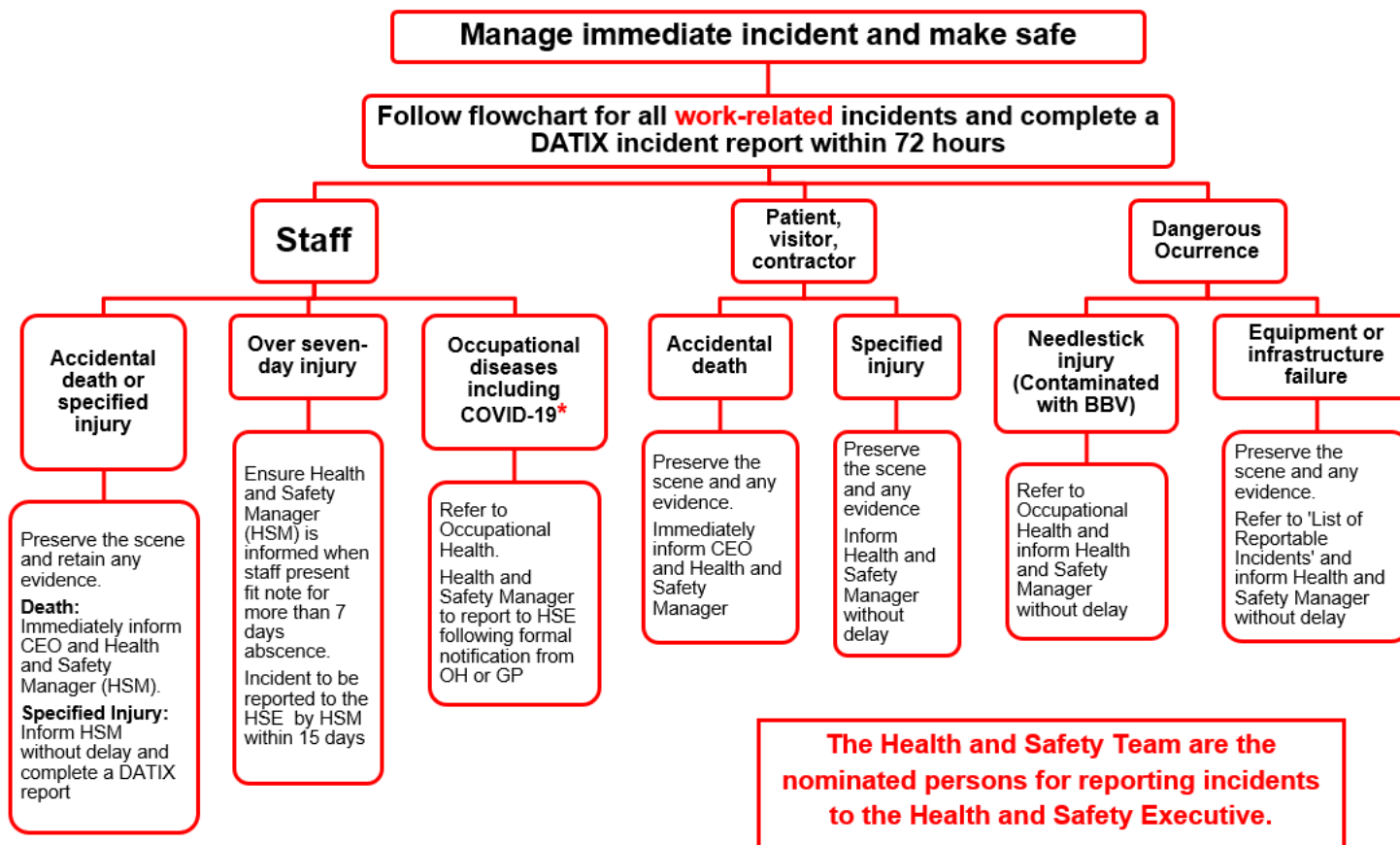
#### **Sharps injuries must be reported:**

- When an employee is injured by a sharp known to be contaminated with a BBV, e.g., hepatitis B or C or HIV. This is reportable as a dangerous occurrence.
- When the employee receives a sharps injury and a BBV is acquired by this route. This is reportable as a disease – see 'Occupational diseases, infections and ill health' section.
- If the injury itself is so severe that it must be reported as an over 7-day absence.

If the sharp is not contaminated with a BBV, or the source of the sharps injury cannot be traced, it is not reportable, unless the injury itself causes an over seven-day injury. If the employee develops a BBV attributable to the injury, then it must be reported.

## Appendix 4 - RIDDOR Flow Chart

### Health and Safety Incident RIDDOR Reporting Flowchart



## Appendix 5 - List of Reportable incidents

### List of Reportable Incidents

<p><b>Deaths</b></p> <p>A death must be reported if it results from a <b>work-related accident</b>.</p> <p>Patient deaths must be reported if as a result of an accident arising <b>out of or in connection with work</b>.</p>	<p><b>Specified Injuries</b></p> <p>The following are reportable specified injuries if they arise '<b>out of or in connection with work</b>':</p> <ul style="list-style-type: none"> <li>• fractures, other than to fingers, thumbs and toes.</li> <li>• amputations.</li> <li>• any injury likely to lead to permanent loss of sight or reduction in sight.</li> <li>• any crush injury to the head or torso causing damage to the brain or internal organs.</li> <li>• serious burns (including scalding) which: – cover more than 10% of the body; or – cause significant damage to the eyes, respiratory system or other vital organs.</li> <li>• any scalping requiring hospital treatment.</li> <li>• any loss of consciousness caused by a head injury or asphyxia.</li> <li>• 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.</li> </ul>	<p><b>Dangerous Occurrences</b></p> <p>Dangerous occurrences are certain specified near miss events, which may not result in a reportable injury, but have the potential to do significant harm. Reportable dangerous occurrences include the following:</p> <ul style="list-style-type: none"> <li>• An employee is injured with a sharp known to be contaminated with a blood-borne virus.</li> <li>• the collapse, overturning or failure of load-bearing parts of lifts and lifting equipment.</li> <li>• the accidental release of a biological agent likely to cause severe human illness (a hazard group 3 or 4 pathogen).</li> <li>• the accidental release or escape of any substance which may cause a major injury or damage to health.</li> <li>• an electrical short circuit or overload causing fire or explosion.</li> <li>• the explosion, collapse or bursting of any closed vessel or associated pipework forming a pressure system.</li> <li>• an explosion or fire causing suspension of normal work for over 24 hours.</li> </ul>
<p><b>Over 7 Day Injuries</b></p> <p>Accidents must be reported where they result in an employee being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury.</p> <p>The seven-day period does not include the day of the accident but does include weekends and rest days.</p>		
<p><b>Persons Not at Work</b></p> <p>Injuries to non-workers which result in them being taken directly to hospital for treatment, or <b>specified injuries</b> to non-workers which occur on hospital premises.</p>		
<p><b>Occupational Disease</b></p> <p>Any instance where a Registered Medical Professional notifies the Trust in writing that an employee is suffering from a disease specified in RIDDOR, and the employee undertakes work linked with that condition, is reportable.</p> <p>Reportable diseases, infections and ill health including carpal tunnel syndrome; severe cramp of the hand or forearm; occupational dermatitis; hand-arm vibration syndrome; occupational asthma; tendonitis or tenosynovitis of the hand or forearm; any occupational cancer; any disease attributed to an occupational exposure to a biological agent.</p> <p><b>* COVID-19</b> 1. Staff must have a positive coronavirus test result, confirmed by laboratory (and not solely a positive antibody test). 2. Staff member must have worked in a patient facing role involving contact with Covid-positive patients during the 14 days prior to the positive test result, AND 3. There must have been a specific, identifiable incident at work during that time period, for example a breach of PPE when in contact with patients, OR 4. Their work brought them into contact with Covid-positive patients without adequate control measures in place during that time period, including PPE and social distancing measures.</p>		