

# **The Reporting of Injuries, Diseases and Dangerous Occurrences (RIDDOR) Reporting Policy v4**

## RIDDOR Policy

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Executive Lead	Adrian Baillieu, Director of Finance & Resources
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Policy Owner	Health, Safety and Fire Lead
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### Equality and Health Inequalities Statement

First Community values diversity, promotes inclusion, and ensures equal opportunities for all. We aim to design and implement services that meet the diverse needs of our population and workforce, ensuring that no one is placed at a disadvantage over others. We take into account the Equality Legislation including the Equalities Act 2010 and embrace the four staff pledges in the NHS Constitution. We use our Equality, Diversity, and Inclusion (EDI) vision and mission statements to help us drive our work.

This document has been assessed to ensure that no employee receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the member of staff has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

First Community are compliant with the requirements of the Accessible Information Standard which aims to ensure that people who have a disability, impairment or sensory loss get information that they can access and understand and any communication support that they need. We ensure that we ask people if they have any information or communication needs and ask how we might meet those needs, make sure this is recorded clearly on any records, highlight this so it is clear to other staff, share this as appropriate and make sure that we take the necessary steps so that our patients receive information that they can access and understand and receive communication support as needed.

### Sustainability

In October 2020, the NHS became the world's first health service to commit to a target of reaching Net-Zero Carbon emissions by 2040.

As healthcare professionals we have a duty to play our part in tackling the problem of our changing climate. Right across the organisation, in all roles both clinical and non-clinical we can think, and act, more sustainably.

This is why we need to take action to create the change that will protect the environment on which our health depends. We are working to create a greener NHS at First Community as set out in our [Green Plan](#). All of our documents consider sustainability and support our green plan.

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## 1. This Policy

The reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), 2013, places a duty on employers, the self-employed and people in control of the work premises (The Responsible Person), to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences. Such reports allow the Health and Safety Executive (HSE) to identify where and how risks arise and to investigate serious accidents and examine near miss incidents.

RIDDOR covers members of staff, patients, and visitors. RIDDOR is a broad piece of legislation which covers the following:

- Deaths  
Regulation 6
- Specified Injuries to workers,  
Regulation 4
- Over-seven-day incapacitation of a worker,  
Regulation 4  
(The report must be made within 15 days of the accident)
- Injuries to non-workers,  
Regulation 5  
(if an injury occurs and the person is taken directly from the scene of the accident to hospital for treatment to that injury), or specified injury to non-worker that has occurred on a Hospital premises.
- Occupational diseases  
(Regulation 8)
- Dangerous occurrences  
(schedule 2)
- Carcinogens, Mutagens and Biological Agents  
(Regulation 9b)
- Gas Incidents  
(Regulation 11 (1) & 11 (2))

### **Reportable under RIDDOR 2013, amended Regulations**

First Community Health and Care (First Community) must report incidents, diseases and dangerous occurrences. This requirement covers all work activities, but not all incidents. The following are examples of reportable incidents if they arise 'out of or in connection with work':

- All deaths to workers and non-workers, 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.
- Accidents must be reported where they result in an employee or self-employed person being away from work, or unable to perform their normal work duties, for more than seven consecutive days as the result of their injury. This seven day period does not include the day of the accident, but does include weekends and rest days. The report must be made within 15 days of the accident
- 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.

- Injuries to people not at work (for example visitors and patients) are reportable when they are injured following an incident that arises out of or in connection with work and are taken to a hospital for treatment. If the injured person is already at a hospital it only needs to be reported if the injury is a major injury for example a fractured hip.
- Occupational diseases must be reported when First Community receive a written diagnosis from a Doctor stating a member of staff is suffering from one of the conditions as stated in the regulations and there is evidence to suggest that the workplace activity contributed to the illness.
- Certain Dangerous Occurrences, (incidents with the potential to cause harm).
- First Community does not have to report incidents arising directly from an operation, examination or other medical treatment such as medication carried out or supervised by a doctor.

### **Reportable Occupational diseases include:**

- Carpal Tunnel Syndrome, where the person's work involves regular use of percussive or vibrating tools
- Cramp in the hand or forearm, where the person's work involves prolonged periods of repetitive movement of the fingers, hand or arm
- Occupational dermatitis, where the person's work involves significant or regular exposure to a known skin sensitizer or irritant
- Hand Arm Vibration Syndrome, where the person's work involves regular use of percussive or vibrating tools, or the holding of material which are subject to percussive processes, or processes causing vibration
- Occupational Asthma, where the person's work involves significant or regular exposure to a known respiratory sensitizer
- Tendonitis or Tenosynovitis in the hand or forearm, where the person's work is physically demanding and involves frequent, repetitive movements
- Any cancer attributed to an occupational exposure to a known human carcinogen or mutagen (including ionizing radiation)
- Any disease attributed to an occupational exposure to a biological agent

### **Examples of reportable diseases**

- An employee is diagnosed with Occupational dermatitis
- A member of staff becomes Hepatitis B positive after contamination with blood from an infected patient.

### **Non-reportable:**

- A nurse becomes colonised with MRSA after nursing patients infected with MRSA
- A member of staff is off work with the flu for two weeks. The flu cannot be reliably attributed to their work activities as it is common in the community.

### **Sharps Injuries**

- Sharps injuries must be reported when one of the following occurs:
- When a member of staff receives a sharps injury by a known contaminated sharp with a blood-borne virus for example hepatitis B or C and HIV. This is reported as a dangerous occurrence.

- When a member of staff receives a sharps injury and a blood- borne virus is acquired by this route and sero converts. This is reportable as a disease.
- If the sharps injury causes over a 7 day injury this must be reported.

### **Non- Reportable Sharps Injuries**

- A community nurse suffers a needle stick injury and does not convert and the source of the sharp cannot be traced.
- A Nurse Receives a sharps injury the patient is not known to have any infection, and this is confirmed so.

### **Occupational Stress Non- Reportable**

- HSE state that work-related **stress** is non-reportable under **RIDDOR** even when there is a medical certificate diagnosing that it is work-related because it does not result from a single definable accident.

### **Reportable Dangerous Occurrences**

A dangerous occurrence means an occurrence arising from work activities in a place of work that causes or results in:

- Collapse, overturning or failure of load-bearing parts of lifts and lifting equipment.
- Explosion, collapse or bursting of any closed vessel or associated pipework.
- Plant or equipment coming into contact with overhead power lines.
- Electrical short circuit or overload causing fire or explosion.
- Accidental release of a biological agent likely to cause severe human illness.
- Failure of industrial radiography or irradiation equipment to de-energise or return to its safe position after the intended exposure period.
- Collapse or partial collapse of a scaffold over five metres high, or erected near water where there could be a risk of drowning after a fall.
- A dangerous substance being conveyed by road is involved in a fire or released.
- The following dangerous occurrences are reportable except in relation to offshore workplaces: unintended collapse of: any building or structure under construction, alteration or demolition where over five tonnes of material falls; a wall or floor in a place of work; any false-work;
- Explosion or fire causing suspension of normal work for over 24 hours.
- Accidental release of any substance which may damage health.

### **Examples of Reportable Dangerous Occurrence**

- A patient hoist fails, due to overload, or mechanical defect.
- Asbestos is released from ducting during maintenance work.

### **Injuries and Ill Health Involving People not at Work within the organisation**

An injury to a person who is not at work for example a patient, visitors and other service users must be reported if it results from an incident arising out or in connection with work by the organisation for example.

### **Reportable Falls**

- A confused patient falls from a hospital window on an upper floor and is badly injured.
- A service user falls in the lounge area, there is previous history of fall incidents, but reasonably practicable measures to reduce the risks have not been put in place.
- A service user falls out of bed, is injured and taken to hospital. The assessment identified the need for bedrails but they or other preventative measures had not been provided.
- A service user trips over a loose or damaged carpet in the hallway.

### **Examples of Non-Reportable Falls**

- A patient falls out of bed receives a major injury. There is a detailed assessment in the care plan identifying that fall protection was not required.
- A patient was found on the floor no one has seen what happened there are no obvious work related contributing factors. There is detail in the care plan identifying that fall protection was not required.

### **Reportable Violence**

A patient/visitor is injured by an act of violence from another patient

### **Non- Reportable Violence**

- A physical injury inflicted on one employee by another during a dispute about a personal matter, or an employee at work injured by a relative or friend who visits them at work about a domestic matter.

### **Acts of Self Harm**

- Acts of deliberate self-harm are not considered to be accidents therefore do not fall under RIDDOR.

**Note:**

It should be noted that the HSE Guidance: Reporting of injuries, diseases and dangerous occurrences in Health and Social Care Guidance for employers has been withdrawn by the HSE whilst a review takes place. In the interim, RIDDOR Reporting should continue without change. This policy will be reviewed upon release of the amended guidance.

### **Examples of Reportable specified injuries to include:**

- 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 and/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, requires resuscitation or admittance to hospital for more than 24 hours

First Community Health and Care (First Community), recognises in full its responsibilities under the Health and Safety at Work Act 1974 (HSWA), together with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, (RIDDOR), and attaches great importance to the health, safety and welfare of its employees, visitors and contractors, relevant persons. Continuity of business can be seriously affected by any significant incident or accident. First Community strives to have arrangements in place to ensure that services and critical activities to partners, employees and stakeholders are maintained. First Community regards the promotion of health, safety and welfare at work as a shared mutual objective for management and employees at all levels. Health and Safety management is seen as an integral part of that objective. It is, therefore, the policy of First Community to do all that is reasonably practicable to prevent personal injury and damage to property. This is to protect everyone from foreseeable work hazards, including the public where they come into contact with its premises or services.

## **The Health and Safety Executive (HSE)**

The Health and Safety Executive (HSE) is the Government agency with responsibility for enforcing the law. Failure to comply with the requirements of the Health and Safety at Work Act 1974 (HSAWA) and associated regulations can result in prosecution, fines and even imprisonment for certain offences.

## **2. Purpose**

This policy has been developed to assist all staff working within First Community in fulfilling both their statutory and organisational requirement in keeping with the RIDDOR Regulations and the expectation as placed upon them. This policy has been devised to make clear the arrangements the organisation has in place for minimising risks of non-compliance associated with the failure to report a RIDDOR incident to the Health and Safety Executive (HSE).

## **3. Roles and Responsibilities**

In addition to corporate and clinical governance responsibilities, healthcare professionals are personally responsible for putting patients and their safety first and for a commitment to ethics, values, principles and improvement. They are also responsible for practising within their own scope of practice and competence, including delegating where appropriate, and using their acquired knowledge, skills and judgement.

### **3.1 The Chief Executive and First Community Health and Care Board**

The Chief Executive has overall responsibility for all aspects of Health and Safety. Clear leadership at Board level is therefore essential to ensure that First Community meets its obligation in accordance with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013, (RIDDOR).

### **3.2 The Board of Directors**



The responsibilities of the Board of Directors are essentially identical to those pertaining to health and safety management as specified in First Community Health and Safety Policy. Directors must ensure that there are appropriate resources to ensure all employees are aware of and can fulfil their personal and professional responsibilities.

### **3.3 The Director of Finance & Resources**

The Director of Finance and Resources has been designated as the lead Board member with the responsibility for Health and Safety and Risk/Incident Management and as such will ensure that robust management systems exist to reasonably minimise or adequately control the risks to patients, staff and all relevant persons that may be affected by their undertakings.

### **3.4 Clinical Governance Manager**

The Clinical Governance Manager is the person with the primary responsibility for ensuring that all appropriate work-related deaths, major injuries, over seven-day injuries, work related diseases and dangerous occurrences are reported to the Health and Safety Executive (HSE) in accordance with the RIDDOR Regulations 2013. Internal reporting of RIDDOR incidents shall be made available to the quarterly Health and Safety Operational Group and the quarterly incident report.

### **3.5 Occupational Health Department**

(External to First Community)

This service is intended to address the impact of occupational hazardous on health with responsibility for promoting the highest degree of physical and psychological health of all employees through prevention measures:

- The prevention of ill health caused or exacerbated by occupational hazardous, thereby reducing absenteeism in the workplace.
- Timely Intervention measures
- Easy and early treatment of the main causes of sickness absence.
- Rehabilitation intervention
- Early intervention by Occupational health to help staff stay at work or return to work after illness or injury.
- Health assessments for work.
- Supporting managers with issues such as attendance at work, retirement on the grounds of ill health and other related matters by offering reliable evidence-based advice.
- Health surveillance in accordance with Workplace Exposure Limits (WELs), where requested to do so.

### **3.6 Heads of Services/Team Leaders/Managers**

- Are responsible for the overall management of health and safety within their departments and services. They shall also ensure individuals' health and safety responsibilities, both statutory and job specific, are contained in written job descriptions which are reviewed and amended as required
- Are responsible for monitoring and assessing the accountability of line management in their health and safety roles.
- Are responsible for ensuring that all staff receives health and safety training, to include familiarity and an understanding of with internal incident reporting

procedure coupled with the requirement for RIDDOR reporting in accordance with the Regulations.

- Are responsible for ensuring that risk assessments are carried out routinely including prior to the introduction of new, or changes in established, procedures, practices, equipment, machinery, or substances.
- Are responsible for ensuring that recommendations for remedial action are actioned as soon as is practicable.
- Are responsible for Health, Safety & Risk management within their area of control. Responsible for ensuring incidents are reported to the Clinical Governance Manager within 72 hours.

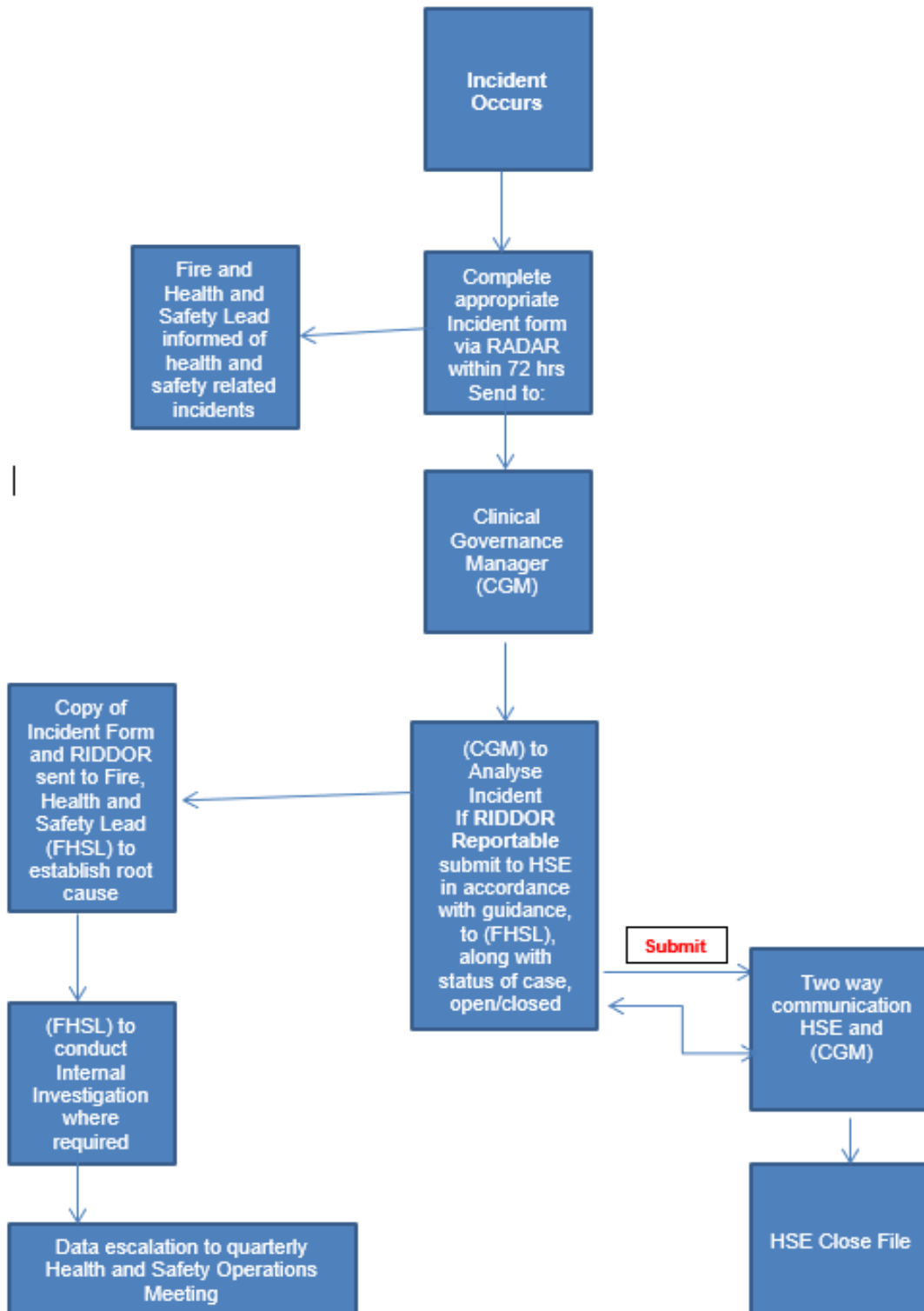
Certain RIDDOR incidents should be reported immediately to the Clinical Governance Manager. These types of incidents would be deaths, major injuries and dangerous occurrences. If in doubt, please contact the Clinical Governance Manager for further clarification

### **3.7 First Community Employees**

All First Community employees, including part time, flexi bank and volunteer staff shall comply with any information, instruction, procedure, or policy provided by the organisation (either directly or via the management structure) in pursuance of its statutory responsibilities including participation in relevant training programmes. Every individual has a duty to behave in such a manner at work to take reasonable care for their own safety and the safety of others they:

- Must take reasonable care for their own health and safety and that of other employees, patients, visitors, and non-employees who may be affected by their acts or omissions.
- Must comply with safe systems of work and recognised procedures where these are in place.
- Must bring to the attention of their managers any shortcomings they are aware of in respect of COSHH policies, procedures, guidelines, training and supervision.
- Must present to occupational health, for health surveillance when requested to do so.
- Must co-operate fully with their managers, supervisors and other staff to ensure that First Community policies and guidelines are implemented and adhered to.
- Understand the importance of reporting incidents and accurate completion of the incident form in full.
- Informing their line manager of all accidents/incidents and near misses as soon as reasonably practicable following the occurrence.
- Be aware of the First Community Incident Reporting Policy and the location of the appropriate incident form which must be submitted to the Clinical Governance Manager within 72hrs from the incident occurring.
- Completing the appropriate incident forms for accidents/incidents and near misses within 72 hours period.
- Understand the importance of the RIDDOR reporting process and an appreciation of the strict reporting timeframes.
- Co-operating fully with regard to any investigation that is undertaken.
- Adopt new learning from lessons identified and were put into practice as lessons learnt.
- See Incident Escalation Route below

## INTERNAL ESCALATION ROUTE RIDDOR INCIDENT REPORTING



#### 4. Equality Impact Assessment

All public bodies have a statutory duty under the race Relations Act 2000 to set out arrangements to assess and consult on how policies and functions impact on race

equality. All policy documents will be equality impact assessed and this will include equality and human rights with regard to disability, age, and gender. This task will be undertaken by the author.

First Community Health and Care aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It is a requirement that we conduct equality impact assessments on all policies and services within the organisation. Therefore, all policies must have an equality impact assessment.

## 5. References

Documents	Ref No
<b>References:</b>	
Health & Safety at Work Act 1974	<a href="https://www.legislation.gov.uk/ukpga/1974/37">https://www.legislation.gov.uk/ukpga/1974/37</a>
Management of Health & Safety at Work Regulations 1999	<a href="https://www.legislation.gov.uk/uksi/1999/3242/contents/made">https://www.legislation.gov.uk/uksi/1999/3242/contents/made</a>
The Health Protection (Coronavirus, Restrictions) (England) (No. 4) Regulations 2020	<a href="https://www.legislation.gov.uk/uksi/2020/1200/contents/made">https://www.legislation.gov.uk/uksi/2020/1200/contents/made</a>
Control of Substances Hazardous to Health 2002 (as amended)	<a href="https://www.legislation.gov.uk/uksi/2002/2677/contents/made">https://www.legislation.gov.uk/uksi/2002/2677/contents/made</a>
Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)	<a href="https://www.legislation.gov.uk/uksi/2013/1471/contents/made">https://www.legislation.gov.uk/uksi/2013/1471/contents/made</a>
HSE Guidance Coronavirus (COVID-19): working safely	<a href="https://www.hse.gov.uk/coronavirus/">https://www.hse.gov.uk/coronavirus/</a> <a href="https://www.hse.gov.uk/riddor/">https://www.hse.gov.uk/riddor/</a>
EH40/2005 Workplace Exposure Limits (WEL)	<a href="https://www.hse.gov.uk/pubns/books/eh40.htm">https://www.hse.gov.uk/pubns/books/eh40.htm</a>
Personal Protective Equipment at Work Regulations 1992 (PPE)	<a href="https://www.legislation.gov.uk/uksi/2018/390/made">https://www.legislation.gov.uk/uksi/2018/390/made</a>
<b>Internal Associated Documents:</b>	
Health & Safety Policy v3 P-HS003	<a href="https://www.firstcommunityhealthcare.co.uk/intranet/library/item/health-and-safety-policy">https://www.firstcommunityhealthcare.co.uk/intranet/library/item/health-and-safety-policy</a>
Incident Reporting Policy v3 P-PSQ010	<a href="https://www.firstcommunityhealthcare.co.uk/intranet/library/item/incident-reporting-policy">https://www.firstcommunityhealthcare.co.uk/intranet/library/item/incident-reporting-policy</a>
Organisation Risk Management Policy v3 P-HS021	<a href="https://www.firstcommunityhealthcare.co.uk/intranet/library/item/organisational-risk-management-policy">https://www.firstcommunityhealthcare.co.uk/intranet/library/item/organisational-risk-management-policy</a>
Lone Working Policy v1 P-HS004	<a href="https://www.firstcommunityhealthcare.co.uk/intranet/library/item/lone-workers-policy">https://www.firstcommunityhealthcare.co.uk/intranet/library/item/lone-workers-policy</a>
Incident Reporting Form (1)	<a href="https://www.firstcommunityhealthcare.co.uk/intranet/library/item/incident-reporting-form">https://www.firstcommunityhealthcare.co.uk/intranet/library/item/incident-reporting-form</a>
Maintaining a Covid Secure Workplace v1	<a href="https://www.firstcommunityhealthcare.co.uk/intranet/library/item/maintaining-covid-secure-workplace">https://www.firstcommunityhealthcare.co.uk/intranet/library/item/maintaining-covid-secure-workplace</a>

# Appendix A: Version control

<b>Version Number</b>	<b>Status</b>	<b>DATE</b>	<b>Name and job title of person making amendments</b>	<b>Comments / summary of changes</b>
<b>1</b>	Ratified		Richard Morgan	New Policy
<b>2</b>	Ratified	March 2017	Amjad Nazir	Changes from previous version: Removal of Managing Director job title and replaced with Chief Executive. Director of Finance & Resources. Clearer examples of RIDDOR incidents. Internal Reporting requirement for RIDDOR related incidents produced quarterly for the H&S group. Major injuries list updated to align with current regulation. Occupational diseases list updated to align with current regulation. Dangerous occurrences definition updated. Minor word changes to Reportable falls.
<b>3</b>	Draft	Jan 2021	Health, Safety and Fire Lead	Full Annual Review to include: Insert COVID-19 Addendum Declaration, page 4. Insert of internal escalation reporting route page 9, inclusion of reference section external & internal page 14.
<b>4</b>	Final	Jan 2024	Health, Safety and Fire Lead	Full Review to remove: COVID-19 Addendum Declaration, Page 4. Section 23 COVID Report to RIDDOR removed Page 14. Contents List reviewed  Version 4 added to front sheet and Author Name Change

# Appendix B: Equality Impact Assessment Screening Tool

For help and guidance see GU\_WF015 EIA Guidance or contact [fchc.edi@nhs.net](mailto:fchc.edi@nhs.net)  
Once complete please send the whole document to [fchc.edi@nhs.net](mailto:fchc.edi@nhs.net)

## Equality Impact Assessment Screening Tool

EIA No: <i>(To be inserted by EDI Lead)</i>	HS005	
What is being assessed? (Name of Policy, process, procedure, decision, guidance, change etc.)	Reporting of Incidents, Diseases and Dangerous Occurrences Regulations (RIDDOR)	
Owner/Author:	Jim Rust	
What are the main aims and objectives of the Policy/Document/project/programme/guidance/change	To comply with current legislation	
Date EIA screening tool Commenced	24/01/2024	
Person leading the EIA	Name	Jim Rust
	Job Title	
	Date Completed	29/01/2024

The Equality Act (2010) defines a range of protected characteristics we must think about when doing an EIA. These are age, disability, gender reassignment, marriage/civil partnership, pregnancy/maternity, race, religion or belief, sex and sexual orientation. In relation to marriage and civil partnership only the discrimination aim applies, not advance equality of opportunity or foster good relations. Please consider these protected characteristics groups, along with other relevant groups such as carers when completing the EIA.

### Section 1: SCREENING:

**Do any of the following apply? (If so complete a full impact assessment):**

Criteria*	Yes	No
Could or does the policy, process, procedure, decision, guidance, change, etc affect one or more equality target group(s) in a different way to other groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could or do different equality groups have different needs in relation to the policy, process, procedure, decision, guidance, change, etc?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the policy, process, procedure, decision, guidance, change, etc actually or potentially contribute to or hinder equality of opportunity?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the policy, process, procedure, decision, guidance, change, etc offer unique opportunities to promote equality?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*If all answers to the above are NO, a full assessment is not required. Please make reference to the fact that EIA Screening has taken place and forward the document to the EDI Lead at [fchc.edi@nhs.net](mailto:fchc.edi@nhs.net).*

*If you have answered YES to any of the questions above, please complete the full Equality Impact Assessment template in appendix c.*

## Further Information and Feedback

If you would like to find out more about our services, please visit our website at:

**[www.firstcommunityhealthcare.co.uk](http://www.firstcommunityhealthcare.co.uk)**

**If you would like this information in another format, for example large print or easy read, or if you need help communicating with us, please contact:**

**First Community (Head Office)**

Call: **01737 775450**

Email: **[fhc.enquiries@nhs.net](mailto:fhc.enquiries@nhs.net)**

Text: **07814 639034**

Address: First Community Health and Care, Orchard House, Unit 8a, Orchard Business Centre, Bonehurst Road, Redhill RH1 5EL

Twitter: **@1stchatter**

Facebook: **@firstcommunityhcNHS**

Instagram: **firstcommunityhealthandcare**

LinkedIn: **[www.linkedin.com/company/first-community-health-&-care-c-i-c/](http://www.linkedin.com/company/first-community-health-&-care-c-i-c/)**

TikTok: **[www.tiktok.com/@firstcommunityhcNHS](http://www.tiktok.com/@firstcommunityhcNHS)**