

RIDDOR and Covid-19 in healthcare staff

The reporting of injuries, diseases, and dangerous occurrences regulations 2013 (RIDDOR) puts duties on employers, the self-employed and people in control of work premises (the Responsible Person) to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses).¹

Covid-19 has led to an update from the HSE with specific guidance for reporting requirements². The HSE gave further clarification to their expectations on 17 April 2020³.

The guidance is as follows:

A report under RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) must only be made when:

- *an unintended incident at work has led to someone's possible or actual exposure to coronavirus. This must be reported as a dangerous occurrence.*
- *a worker has been diagnosed as having COVID 19 and there is reasonable evidence that it was caused by exposure at work. This must be reported as a case of disease.*
- *a worker dies as a result of occupational exposure to coronavirus.*

The HSE has further clarified the expectation as follows

As prevalence of coronavirus increases in the general population, it will be very difficult for employers to establish whether or not any infection in an individual was contracted as a result of their work. Therefore, diagnosed cases of COVID 19 are not reportable under RIDDOR unless there is reasonable evidence suggesting that a work-related exposure was the likely cause of the disease. In some limited circumstances, where an individual has either been exposed to or contracted COVID 19 as a direct result of their work, those instances could be reportable under RIDDOR either as a Dangerous Occurrence (under Regulation 7 and Schedule 2, paragraph 10) or as a disease attributed to an occupational exposure to a biological agent (under Regulation 9 (b)), or as a death as a result of occupational exposure to a biological agent under Regulation 6 (2). For an incident to be reportable as a Dangerous Occurrence, the incident must result (or could have resulted) in the release or escape of the coronavirus. An example could include a vial known to contain the coronavirus being smashed in a laboratory, leading to people being exposed. For an incident to be reportable as a disease due to occupational exposure to a biological agent there must be reasonable evidence suggesting that a work-related exposure was the likely cause of the worker contracting COVID 19. Such instances could include, for example, frontline health and social care workers (e.g. ambulance personnel, GPs, social care providers, hospital staff etc) who have been involved in providing care/ treatment to known cases of COVID 19, who subsequently develop the disease and there is reasonable evidence suggesting that a work-related exposure was the likely cause of the disease. A doctor may indicate the significance of any work-related factors when communicating their diagnosis. For an incident to be reportable as a death due to occupational exposure to a biological agent, there

¹ <https://www.hse.gov.uk/riddor/>

² <https://www.hse.gov.uk/news/riddor-reporting-coronavirus.htm>

³ [https://www.hse.gov.uk/news/riddor-reporting-](https://www.hse.gov.uk/news/riddor-reporting-coronavirus.htm?utm_source=govdelivery&utm_medium=email&utm_campaign=coronavirus&utm_term=riddor&utm_content=top-17-apr-20)

[coronavirus.htm?utm_source=govdelivery&utm_medium=email&utm_campaign=coronavirus&utm_term=riddor&utm_content=top-17-apr-20](https://www.hse.gov.uk/news/riddor-reporting-coronavirus.htm?utm_source=govdelivery&utm_medium=email&utm_campaign=coronavirus&utm_term=riddor&utm_content=top-17-apr-20)

must be reasonable evidence suggesting that a work-related exposure to coronavirus was the likely cause of death. A doctor may indicate the significance of any work-related factors when communicating the cause of death.

HSE do not anticipate receiving many cases of RIDDOR reportable incidents, as such cases will not be easy to identify, and are anticipated to be rare, especially as prevalence of Covid 19 increases in the general population.

It is most likely even in a healthcare setting that a case of Covid-19 will have been contracted in the community. Where a healthcare worker (HCW) receives a positive diagnosis of Covid-19 from a laboratory consideration to an occupational causation should be given.

Where a HCW has not worked within Covid-19 area it would be reasonable to assume a community infection. No further investigation would be required.

Where a HCW has worked within a Covid-19 area it would be reasonable to assume a community infection unless there has been a failure in the supply of personal protective equipment (PPE). The failure will need to be confirmed by a manager in conjunction with Occupational Health and, Health and Safety Specialists and if so, it is expected that this will be reviewed in accordance with organisational procedures for the management of adverse events. If a failure in systems is identified consideration should be given to reporting this under RIDDOR.

There are additional situations where a review should be conducted. These include severe illness in, defined by requiring ITU admission, or death of, a member of staff who had worked in a Covid-19 area. Also where there are multiple staff members who had worked in the same area, whether a Covid-19 area or not, being diagnosed as Covid-19 positive an investigation should be instigated. This must follow the NHS Board's policy on the management of adverse events, initially recorded as serious harm on Datix and escalated in accordance with the policy.

As the HSE consider it likely to be a rare occurrence to receive a RIDDOR report any investigation will need to establish that there is reasonable evidence to conclude that a work-related exposure was the likely cause of disease. This will become increasingly difficult as the infection spreads through the community.

We intend to support managers and the organisation in meeting their obligations in respect of RIDDOR. See flow chart appendix 1.

In order to report an occupational disease under RIDDOR an organisation needs written confirmation of the diagnosis from a registered medical practitioner. Given the diagnostic uncertainties with Covid-19 this need be after a laboratory confirmed diagnosis. The expectation is that this confirmation will come from a consultant in occupational medicine resulting from a workplace investigation which will at least include an assessments of the appropriate and competent use of PPE, the activity e.g. AGP, proximity and duration of contact, area they worked, non-work-related exposures (community, voluntary work, other work). **Therefore COVID-19 RIDDOR events must only be reported to the HSE by an Occupational Health or Health and Safety Practitioner.**

Managers' flowchart for consideration of RIDDOR in Covid-19

