

**Guidance on RIDDOR and COVID-19**

**NHS Greater Glasgow and Clyde**

**January 2021**

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| Incident Management & Recording Policy | [Incident Management & Recording Policy](https://www.nhsggc.scot/staff-recruitment/hrconnect/safety-health-and-wellbeing/incident-accident-reporting/) |
| Health and Safety Executive RIDDOR reporting and COVID-19 guidance | <https://www.hse.gov.uk/riddor/><https://www.hse.gov.uk/coronavirus/riddor/index.htm> |

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# INTRODUCTION

In line with the organisation’s [Incident Management & Recording Policy](https://www.nhsggc.scot/staff-recruitment/hrconnect/safety-health-and-wellbeing/incident-accident-reporting/), NHS Greater Glasgow and Clyde is committed to the delivery of effective, safe, and person centred care ensuring there will be no avoidable injury or harm to people or adverse impact on the organisation resulting from the delivery of healthcare or other work related activity.

The policy includes the requirement to report certain serious workplace accidents, occupational diseases and specified dangerous occurrences (near misses) in line with the Reporting of Injuries, Diseases, and Dangerous Occurrences Regulations 2013 (RIDDOR) to the Health and Safety Executive.

COVID-19 disease (Coronavirus) has led to an update from the Health and Safety Executive (HSE) on these regulations.

# 2.0 PURPOSE AND SCOPE

The purpose of this Guidance is to ensure Board wide understanding of the requirements of RIDDOR 2013 in the context of COVID-19; and that a consistent approach is applied to reporting of COVID-related events to the HSE.

This Guidance contains supplementary information to [NHS Greater Glasgow and Clyde Incident Management & Recording Policy](https://www.nhsggc.scot/staff-recruitment/hrconnect/safety-health-and-wellbeing/incident-accident-reporting/) and should be used in conjunction with this policy.

## 2.1 Definition of Terms

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| **Term**  | **Definition** |
| An incident | An incident is defined as **an event that could have caused, or did result in, harm**, loss or damage to a patient/service user, member of staff, visitor, and contractor or to NHS Greater Glasgow & Clyde property or reputation. |
| Incident Reporting | The Board’s electronic incident event reporting system is DATIX System  |
| COVID-19 disease 2019 (COVID-19) | An infectious disease caused by severe acute respiratory syndrome  |
| Health and Safety Executive (HSE) | The Health and Safety Executive is a UK government agency responsible for the encouragement, regulation and enforcement of workplace health, safety and welfare. |
| Legal Requirement  | A piece of legislation that places specific duties on the employer such as reporting to external agencies. Specific requirements for reporting to these external agencies are detailed within section 2.11 of the [Incident Management & Recording Policy](https://www.nhsggc.scot/staff-recruitment/hrconnect/safety-health-and-wellbeing/incident-accident-reporting/) |

# BACKGROUND

## 3.1 RIDDOR Requirements

HSE guidance published on HSE.gov.uk website for ‘RIDDOR reporting of COVID-19’ confirms that there is no requirement under RIDDOR to report incidents of disease or deaths of members of the public, patients, care home residents or service users from COVID-19.

The reporting requirements relating to cases of, or deaths from, COVID-19 under RIDDOR apply only to occupational exposure, that is, as a result of a person’s work.

Therefore, in line with the HSE COVID-19 RIDDOR reporting update, a report under RIDDOR 2013 in regards to COVID-19 must only be made when one of the following circumstances applies:

* an accident or incident at work has, or could have, led to the release or escape of COVID-19 (SARS-CoV-2). This must be reported as [a dangerous occurrence](https://www.hse.gov.uk/coronavirus/riddor/index.htm#dangerous)
* a person at work (a worker) has been diagnosed as having COVID-19 attributed to an occupational exposure to COVID-19. This must be reported as [a case of disease](https://www.hse.gov.uk/coronavirus/riddor/index.htm#disease)
* a worker dies as a result of occupational exposure to COVID-19. This must be reported as [a work-related death due to exposure to a biological agent](https://www.hse.gov.uk/coronavirus/riddor/index.htm#death)

## 3.2 Classification as an Occupational Disease

In order to report an occupational disease under RIDDOR, NHS Greater Glasgow and Clyde should consider any official confirmation of COVID-19 infection such as from a public testing body as being equivalent to a registered medical practitioner’s diagnosis i.e. Occupational Health Physician.

## 3.3 Incident Review

As the HSE consider it likely to be a rare occurrence to receive a RIDDOR report in regard to COVID-19, any review will need to establish that there is reasonable evidence to conclude that a work-related exposure was the likely cause of disease. Therefore local line managers should follow the COVID-19 RIDDOR flowchart for individual positive cases, Section 4.1.

Potential suspected RIDDORs’ are required to be discussed in the first instance directly with Health and Safety Services and recorded on DATIX. This is to ensure that appropriate support and guidance can be provided, see Guidance on DATIX Reporting – COVID-19 available at [Incident Management & Recording Policy](https://www.nhsggc.scot/staff-recruitment/hrconnect/safety-health-and-wellbeing/incident-accident-reporting/).

There are additional situations where a review should be conducted. These include severe illness, defined by requiring ITU admission, or death of, a member of staff who had worked in an area where COVID-19 positive person was present (note; exposure time considered as; one minute within 1m of the positive person or greater than 1m but less than 2m for 15 minutes without wearing appropriate Respiratory Protective Equipment i.e. a Fluid Resistant Surgical Mask FRSM or FFP3 mask). 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, a review should be instigated. This review may involve multidisciplinary teams (which could include Infection Prevention and Control, Occupational Health, and relevant line management). This must follow NHS Greater Glasgow & Clyde Incident Management & Recording Policy.

## 3.4 Reporting to the HSE

Responsibility for RIDDOR Reporting to the HSE resides with the Health & Safety Service. Any identified potential RIDDOR(s) in regard to COVID-19 should be reported to Health and Safety Services in the first instance. The DATIX approver/reviewer should add H&S under section 4 on DATIX as an investigator, see Guidance on DATIX Reporting – COVID-19 available at [Incident Management & Recording Policy](https://www.nhsggc.scot/staff-recruitment/hrconnect/safety-health-and-wellbeing/incident-accident-reporting/).

# GUIDANCE FOR MANAGERS

**RIDDOR Reportable Instances of COVID-19 (COVID-19)**

(Based on updated HSE guidance published on the hse.gov.uk website for ‘RIDDOR reporting of COVID-19’. Available on: <https://www.hse.gov.uk/coronavirus/riddor/index.htm>)

Instances of COVID-19 are reportable under RIDDOR if there is reasonable evidence that it was caused by exposure at work (i.e. an individual contracted COVID-19 out of or in connection with a work-related activity). The 3 main reporting categories for COVID-19 are outlined below.

1. **Dangerous Occurrence**

If something happens at work which results in (or could result in) the release or escape of COVID-19, it must be reported as a dangerous occurrence. This would be reported as a Dangerous Occurrence by the Health and Safety Service. This should be reported to the HSE within 10 days of the incident.

An example of this would be a laboratory worker accidentally damaging or coming into contact with a container or sample containing the COVID-19 leading to one or more persons potentially or actually being exposed to the virus.

1. **Confirmed Case of COVID-19 Disease To A Staff Member**

If there is reasonable evidence that someone diagnosed with COVID-19 was likely exposed because of their work. This would be reported as a “Case of Disease” as soon as this has been confirmed by laboratory analysis and subsequent investigation confirms that the likely exposure route was work related.

An example of the above would be a staff member who is diagnosed with COVID 19 and there is reasonable evidence that it was likely that it was caused by exposure to a suspected or confirmed COVID-19 infected patient at work.

Note; exposure time considered as; one minute within 1m of the positive person or greater than 1m but less than 2m for 15 minutes without wearing appropriate Respiratory Protective Equipment i.e. a Fluid Resistant Surgical Mask FRSM or FFP3 mask.

1. **Death In Service After Contracting COVID-19**

A staff member dies as a result of exposure to COVID-19 from their work and this is confirmed, through investigation, as the likely cause of death. This would be reported as a death due to exposure to a biological agent by the Health and Safety Service. The HSE should be notified by the quickest practicable means, without delay, and send a report within 10 days. The report should specify death due to exposure to a biological agent using the “case of disease” report form.

**Non-RIDDOR Reportable Instances of COVID-19**

1. **Suspected COVID-19 Illness But Not Confirmed**

When COVID-19 is suspected as being the type of viral infection being experienced but this has not been confirmed by a United Kingdom Accreditation Service (UKAS) laboratory test result. An example of this is where a staff member becomes unwell and may require time away from work and demonstrate symptoms similar to those connected with COVID-19 although there is no confirmed UKAS laboratory test result that the infection was COVID-19.

1. **Confirmed COVID-19 Illness although not related to a Work Activity**

When COVID-19 has been verified by a UKAS laboratory test result but it was not contracted via work-related exposure.

An example of this would be where it is not possible to directly attribute the infection to a work related activity and/or a community based transmission cannot be excluded i.e. the staff member could have been infected away from work.

**Instances of COVID-19 which Require Further Investigation**

1. **Confirmed COVID-19 Illness and Possible Transmission At Work**

Where one or more staff member(s) contract COVID-19 and this is confirmed by a UKAS laboratory test result and the staff member(s) report to their line manager that they strongly suspect it was the result of transmission at work.

This is not automatically reportable and would require an investigation, recorded through DATIX, to assess if there was reasonable evidence of infection transmission at work and breaches in control measures.

Where this occurs a further review may require further support from one or more of the following NHS GGC internal support services:

* Occupational Health (OH)
* Infection Prevention and Control (IPC) Team; and/or
* Health and Safety (H&S).

**COVID-19 RIDDOR events must only be reported to the HSE by the Health and Safety Service.**

##  Line Managers’ Actions

Please read through this guidance and ensure that all staff you are responsible, have access to this guidance for their information.

Ensure that you are confident with safeguards to protect staff from COVID-19 by full implementation of [Social Distancing Guidance](https://www.nhsggc.org.uk/your-health/health-issues/covid-19-coronavirus/for-nhsggc-staff/social-distancing-in-the-workplace/) within the workplace and associated, workplace specific **Risk Assessment**. The principles being:

* Working from home where practicable
* Where working from home is not practicable, local managers in conjunction with staff must comply with the social distancing guidelines set out by the government (keeping people 2 metres apart wherever possible).
* Strict hygiene measures must be followed.
* The wearing of face masks or coverings as per Government guidance.
* **Full compliance** with personal protective equipment (PPE) as per Health Protection Scotland (HPS) guidance
* Where the social distancing guidelines cannot be implemented in full, in relation to a particular activity, consideration must be given as to whether that activity needs to continue for the service to operate, and if so, an appropriate risk assessment should be in place and application of specified control measures.

Please read through the Flowchart below and follow the indicated action(s) for any staff member(s) for whom you are responsible who has been confirmed through a UKAS laboratory test as having contracted COVID-19. This will include all staff tested positive to date and any future staff members who test positive.

The Flowchart supporting information will advise of any further action(s) required including when to report a suspected COVID-19 infection for a staff member to the Health and Safety Service (and through DATIX).

As noted previously, where more than one staff member, who had worked in the same area, whether a COVID-19 area or not, has been diagnosed as COVID-19 positive, this requires a review. To support local management a review session, involving multidisciplinary teams (which could include Health and Safety, Infection Prevention and Control, Occupational Health, and relevant line management) may assist in using the COVID-19 RIDDOR determination Flowchart (below) and to identify any causal links.

**Further Support for Managers:**

If you require further advice or support please contact a member of the Occupational Health Service or your Health and Safety Practitioner or a member of the Infection Prevention and Control Team for further advice.

**COVID-19 RIDDOR determination flowchart for individual / multiple positive cases**

*For multiple staff infections where staff have been working within the same area, a DATIX should be recorded to capture the potential outbreak.*

Has staff member(s) been exposed to a confirmed case of COVID-19?

No

No further action required

Yes

No further action required

Home

What was the most likely exposure route?

Work / Unknown

Has staff member(s) worked in an area where there has been known COVID-19 infected person(s), including; patient, staff or visitors?

No further action required

No

Yes

No

Was a suitable safe system of work in place, including but not limited to; provision and use of appropriate [Personal Protective Equipment (PPE)](https://www.nhsggc.org.uk/working-with-us/hr-connect/health-safety/policies-guidance-documents-forms/personal-protective-equipment/) and social distancing measures\*?

Was there any failure / breach of PPE?

Yes

Yes

No\*

Individual staff infections: Potential RIDDOR - Health and Safety Department to be informed for further review.

DATIX report required.

Multiple staff infections: A DATIX is required for each staff member effected. Health and Safety Department to be informed (if not already) and RIDDOR reporting where confirmed.

Flowchart supporting information:

\*In assessing the Safe System of Work, consider:

* Access to and the correct use of Personal Protective Equipment (PPE) including periodic monitoring of staff using PPE and ensuring that staff receive training for use of PPE i.e. face fit testing for FFP3 masks, how to don and doff and dispose of protective clothing, etc and correct use of Fluid Resistant Surgical Masks (FRSM).
* Compliance with Social Distancing Measures i.e. maintaining 2m social distance. An exception being in clinical areas where patient contact is required (appropriate PPE should be used).
* Additional safeguards identified as part of the risk assessment process to protect staff.

Occupational Health/Infection Prevention and Control Reviews

During a review of a COVID-19 related infection(s) by Occupational Health and/or Infection Prevention and Control, the Health and Safety Team should be notified to support where there is a potential concern that COVID-19 infection(s) may require to be considered as RIDDOR reportable. The Health and Safety Service can also request further involvement from Occupational Health and/or Infection Prevention and Control with regard to reported COVID-19 staff infections.

Review of COVID-19 Infection(s) To Staff

To support the COVID-19 RIDDOR Flowchart guidance the following principles should be applied to any review of a COVID-19 infection:

* Line/Service Manager follows guidance from Flowchart.
* OH/IPC or senior manager can request a review from the Health and safety Service to review the Safe System of Work (SSOW) in place and/or possible RIDDOR report. Any information that identifies the potential for RIDDOR should be provided to Health and Safety Services.
* The return to work conversation, provides an opportunity to capture any additional information that was unable to be captured. This may indicate the requirement for a retrospective incident report to be submitted.
* Where asked to review further, a member of the Health and Safety Service may then assess:
	+ Is there reasonable evidence of patient to staff or staff to staff transmission?
	+ If yes, is there a Safe System of Work (SSOW) in place?
	+ Did this SSOW fail? (including PPE failure/failure to follow agreed work procedures, etc) or does the SSOW need to improve based upon COVID-19 staff infection(s).
	+ Depending upon the outcome of the review i.e. if confirmed as a failure of a SSOW then it may be RIDDOR reportable.
	+ If no failure of the SSOW but system needs to improve it may not be RIDDOR reportable but learning’s and improvements may be considered and/or implemented to mitigate patient to staff transmission and/or staff to staff transmission.

# 5.0 FURTHER SUPPORT FOR MANAGERS/NOMINATED PERSONS

If you require further advice or support please contact a member of the Occupational Health Service or your nominated Health and Safety Practitioner or a member of the Infection Prevention and Control Team for further advice.

Contact details for the above noted teams are as follow:

* Health and Safety: Health.Safety@ggc.scot.nhs.uk
* Infection Prevention and Control: ggc.InfectionControlDecontamination@ggc.scot.nhs.uk
* Occupational Health: Occupational.Health@ggc.scot.nhs.uk

To report a possible COVID-19 (Coronavirus) RIDDOR, please do so by referring to your local Health and Safety Practitioner or the following:

* Kirsty Strannigan, Head of Health and Safety: Kirsty.Strannigan@ggc.scot.nhs.uk
* John Green, Health and Safety Service Manager: John.Green@ggc.scot.nhs.uk