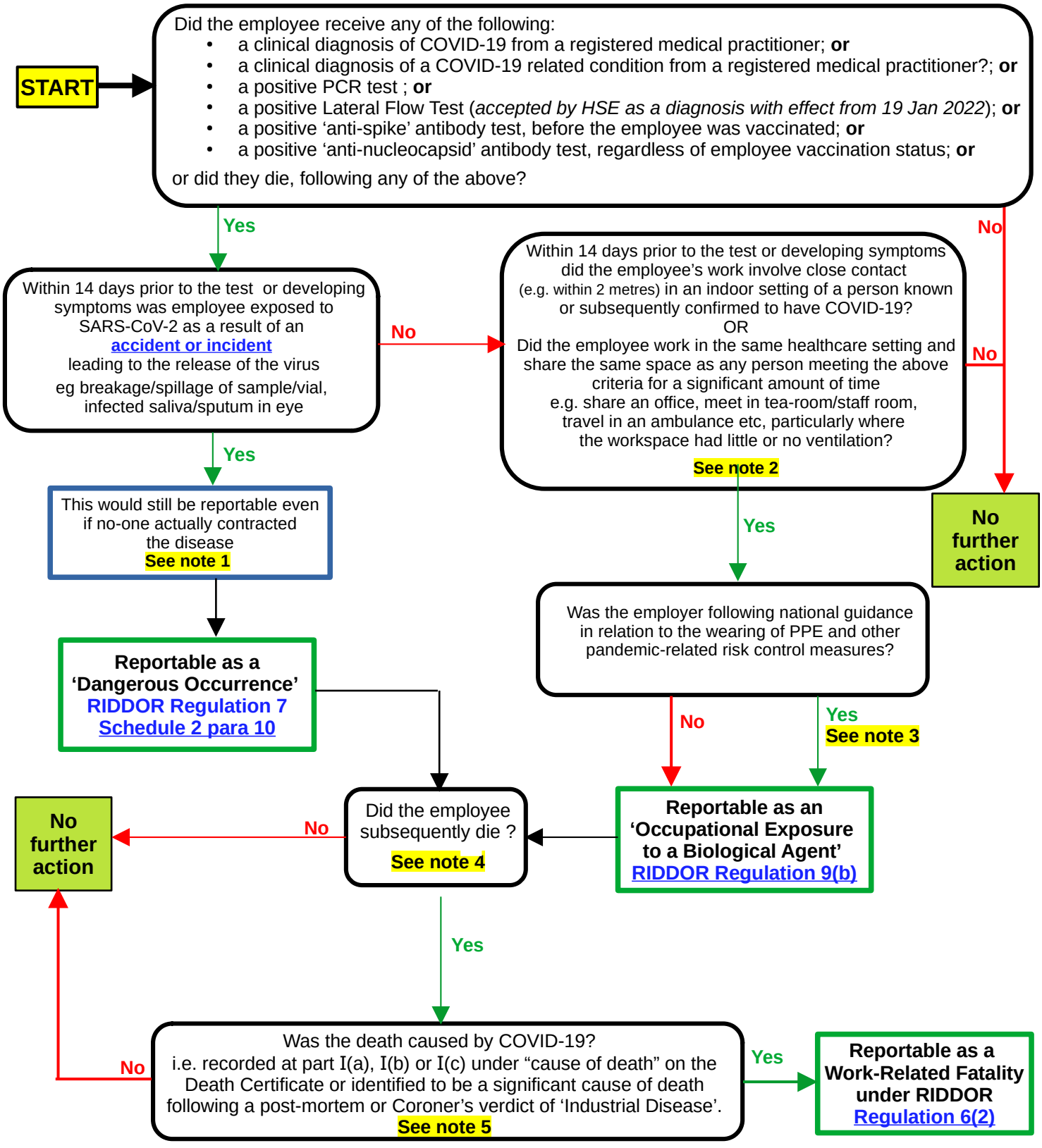
RIDDOR† Reporting Requirements for Healthcare and other Workers‡ contracting COVID-19

† *This diagram is an interpretation as to how the **R**eporting of **I**njuries, **D**iseases and **D**angerous **O**ccurrences **R**egulations 2013 should have been applied (and should continue to be applied) by NHS and other health and social care employers throughout the ongoing pandemic.*

‡ *Any person whose work has brought them into close contact with a COVID-19 patient in a health or social care setting. This includes:*
(a) people in non-medical trades and professions (e.g. Porters, Cleaners, Hospital Estates and Facilities staff, Chaplains etc) ;
(b) employees of organisations not directly involved in patient care (e.g. contractors, service-engineers, officials from CQC, HSE etc);
(c) members of voluntary organisations (e.g. Royal Voluntary Service, St John Ambulance, NHS Cadets etc)
It is the responsibility of the worker's own company or organisation to submit make the RIDDOR report to HSE (not necessarily NHS).

N.B. Please refer to accompanying notes when interpreting this flow diagram



Notes to Accompany RIDDOR-Reporting Flow Diagram

This flow diagram is an interpretation as to how RIDDOR should be applied within the healthcare sector. It is presented as the personal opinion of a chartered health and safety practitioner. In some respects it does not concur with the guidance produced by the Health and Safety Executive, because I do not consider that their guidance correctly interprets the requirements of the RIDDOR Regulations.

Note 1: 'Dangerous Occurrences'
A 'dangerous occurrence' is reportable irrespective of whether anyone actually contracted the disease. It is for the Organisation's nominated 'Responsible Person' for RIDDOR to decide whether any particular circumstances are reportable to HSE. This is usually the responsibility of a health and safety or occupational health practitioner, who can usually be identified by reference to the Organisation's health and safety policy. They are usually required to work under a code of ethical conduct and should not, therefore allow themselves to be coerced into not reporting by senior management, lawyers etc and may need to answer questions of professional misconduct if they do.

Note 2: 'Staff to staff' cross-infection
HSE guidance reads: "*Cases where an employee has infected another employee through general transmission in the workplace are not reportable*". I agree that this is the case for most workplaces except, say, where a first-aider or occupational health nurse attends to a person who subsequently is found to have had COVID-19.

However hospitals, care homes and ambulances are not ordinary workplaces since workers are clearly exposed to a greater level of risk due to the fact that infectious patients are intentionally brought into the premises (or vehicles) for care and treatment. This enhanced level of risk is manifest by virtue of the huge levels of nosocomial (hospital acquired) infections. They are therefore, by definition, subject to occupational exposure.

Note 3: Reasons / Excuses given by healthcare employers for not RIDDOR-reporting
These are typically "We were following national guidance", "PPE was being worn" etc.
To be clear, RIDDOR places an absolute duty on employers to report cases of disease if: (a) the employee contracted a disease and (b) they were exposed to the disease through their work. That is it – no other criteria apply.

There is no consideration within RIDDOR as to whether PPE was being worn or not, nor is there any consideration about any other risk control measures that may or may not have been put in place e.g. by any form of national or other guidance which may exist (social distancing, handwashing etc).
In other sectors, cases of diseases such as legionnaires disease, cancer, asthma are reportable whether or not the employee was wearing PPE and whether or not any other risk control measures were in place. It is no different in healthcare.

Note 4: Death due to Occupational Exposure to COVID-19
The requirements for reporting disease or death as a result of exposure to biological agents are not time-limited (unlike some other types of RIDDOR incidents where a 1 year time limit applies).
If COVID-19 appears at part 1 of the death certificate whenever the employee subsequently dies, it will be reportable at that time (unless legislation is changed in the meantime).

Note 5: Disapplication of Government Criterion for COVID-19 deaths
Government statistics for COVID-19 deaths are founded upon the principle that the person "died within 28 days of a positive PCR test". It should be noted that this has no relevance whatsoever to RIDDOR reporting. As explained at the top of the flow diagram there are 5 other criteria, over and above a positive PCR test which constitute a valid diagnosis for the purposes of RIDDOR.

DFJ Osborn BSc CMIOSH SpDipEM

iosh Chartered Safety and Health Practitioner

QSHCR Registered Consultant