

These notes are intended to assist you when tailoring the [‘template letter’](#) to suit your own circumstances

Preliminary notes:

If you want further information as to how the RIDDOR regulations should have been implemented during the pandemic if a correct interpretation of the law had been applied, then you should read :

- A [letter to NHS-Employers](#) concerning the misleading guidance in the form of a flow-chart they published early in the pandemic (*Since receiving the letter they have removed it*);
 - A [flow diagram](#) which I have drawn up, based on what I consider, as an experienced health and safety practitioner, to be a correct interpretation of the RIDDOR Regulations and wider health & safety legislation concerning exposure to workplace hazards. You may wish to track your circumstances, highlighting the path which applies to you and append to the letter.
 - A [letter to the Health and Safety Executive](#) concerning their failure to enforce the RIDDOR Regulations throughout in the healthcare sector. I shall direct your attention to various sections of that letter in my guidance notes below. Feel free to use any text from that letter which makes your letter more persuasive.
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Guidance Notes:

1	<p>Who is your H&S Manager/Advisor? : All employers are required to appoint a competent person under the Management of Health and Safety at Work Regulations 1999. In large organisations this person should be well known, but if in doubt the name of the person should be written on the statutory health and safety poster. The RIDDOR Regulations require that reports be submitted by an organisation’s “Responsible Person”. In practice this doesn’t have to be a single person. It is usually the Health and Safety Manager or Advisor(s).</p>
2	<p>Regardless of whether your GP was involved, you may wish to send a copy of your letter to them, with a request that they include it within your medical notes in case of longer-term health complications arising.</p> <p>You may also wish to copy it to your local Member of Parliament – I know for a fact that some MPs are particularly interested in this issue and the plight that you folks find yourselves in. It would do no harm at all for copies of these letters to flood in and generally become a talking point in the Houses of Parliament. If you do this, you may wish to redact any personal medical details relating to your illness or just substitute that text with a general statement about how Long-Covid has affected you and your life.</p>
3	<p>HSE altered their guidance in January 2022 to say that a positive LFT may be considered equivalent to a doctor’s diagnosis. Prior to that, laboratory tests were considered acceptable as being equivalent to a doctor’s diagnosis. Note that HSE did not specify “PCR test” so certain antibody tests would qualify as being considered equivalent to a doctor’s diagnosis that you have had COVID-19.</p> <p>See this flow diagram for more information (<i>but please read the notes to understand its status</i>).</p> <p>N.B. As you will see from this flow diagram, it is NOT necessary to have had a laboratory test for your case to be reportable, despite NHS Employers guidance that it was. There is no requirement for a positive test – a doctor’s clinical diagnosis is sufficient.</p>
4	<p>Perhaps mention examples of the type of work you carried out at that time. Try and be as specific as you can by mentioning the places at which you carried out your work. For example, hospital wards, care homes, social settings where you entered homes of domiciliary care patients, etc. Don’t worry if you can’t remember exact details – you could just mention ‘red’ wards at xxx hospital, designated areas of care homes or domiciliary care to service-users or ambulance/paramedic services in the XXX area.</p>
5	<p>Mention the PPE you were given to wear at that time and, in particular, any defects or deficiencies in the PPE such as having to use bin bags instead of aprons.</p> <p>Make specific reference to masks. For instance were there times when you were wearing surgical masks and in close contact with infectious patients – or no masks at all, just face- visors? These situations will have exposed you to greater risk than if you were wearing FFP3 masks or equivalent, which is why it is worth mentioning them in your letter.</p> <p>However, we need to be absolutely clear. The RIDDOR Regulations do not take account of any PPE being worn nor, indeed, any guidance (such as IPC guidance in this instance) that the employer claims to have been following. See HSE letter (sections 5.2 and 5.3).</p>

	<p>If you bought your own respirator masks (e.g. FFP3) because you knew they would protect you better than surgical masks but were forbidden to wear them by your employer, then mention this. If you were threatened with disciplinary action for wearing your own masks then say so.</p> <p>If you were supplied with masks of any sort (including surgical masks) which were beyond their expiry date and had been re-labelled with a sticker giving a later expiry date, then mention this. If the masks were faulty or failed when in use, mention this.</p>
6	<p>It could also be helpful to identify any pre-existing conditions which you may have had which rendered you more vulnerable to COVID-19. Again, no need to be specific – you could just mention that you fell into one of the groups defined as ‘clinically vulnerable’ or ‘extremely clinically vulnerable (e.g. shielding). If you had provided your employer with this information before your exposure to COVID-19 then mention this.</p> <p>A useful ‘risk tool’ which lists conditions rendering people more vulnerable to Covid-19 may be found at this website https://alama.org.uk/covid-19-medical-risk-assessment/. You could even use the simple calculator to work out your own vulnerability and mention it in your letter “My risk factor, ‘Covid-Age’ was xx and this put me into the category of ‘Very high risk’ (if Covid-Age over 85) or ‘High risk (if ‘COVID-Age’ evaluated to between 60-84).</p>
7	<p>If you had any subsequent bouts of the disease, state when these occurred and provided similar details to 3 to 5 above.</p>
8	<p>If you are experiencing ‘Post-Covid Syndrome’ (Long Covid) and have (or can get) written confirmation by a medical practitioner (e.g. an occupational health doctor or your GP) then you may wish to enclose it with your letter.</p> <p>You may wish to provide details of the medical conditions involved, but this is not strictly necessary. You are not obliged to reveal personal sensitive and potentially embarrassing medical details to your employer (such as Human Resources or your Line Managers). The minimum that should be necessary would be for the doctor to confirm that they have diagnosed you to be suffering from COVID-19 sequelae – and give an indication as to how it impacts on your ability to work and day-to-day life. If you are still in employment then a consultation with your employer’s occupational health service may be needed, which you should attend. Occupational Health Practitioners are obliged to apply the principles of confidentiality and privacy.</p>
9	<p>If anyone, such as your doctor, an occupational health advisor, a health and safety advisor has expressed an opinion that it was likely that you contracted your disease through your work then state it here. Even better, if you have it in writing, or can get it in writing from that person then this adds a lot of weight to your case.</p>
10	<p>If you, yourself, are a ‘registered medical practitioner’, and self-diagnosed that you had COVID-19 and informed your employer of this in writing then this in itself constitutes a diagnosis sufficient to trigger a RIDDOR report. See 1st paragraph, page 8 of HSE letter. The report may have been in writing (a letter or email) or by entry into a computerised risk management information system such as DATIX.</p> <p>If you only told them verbally, this would not ordinarily be considered a ‘diagnosis’ within the meaning of the RIDDOR legislation – although this may be debatable given the extraordinary circumstances of a pandemic.</p> <p>Under circumstances where you told them verbally, but were unable to notify them by DATIX on account of being too unwell, at home without remote access to ‘the system’, then it would be quite unreasonable of them not to accept the verbal notification as being sufficient.</p> <p>If you had reported your case to the ‘111’ service or discussed it with ‘119’ then mention this.</p>
10a	<p>This sentence is only applicable to periods of time when it was simply not possible or advisable to visit a GP for diagnosis, due to lockdowns or ‘stay at home’ government guidance.</p>
11	<p>See HSE letter section 4 and sections 5.1 to 5.3, in particular the first paragraph on page 13.</p>
12	<p>In the current HSE guidance the term used is “being incidentally exposed” to the virus. The word “incidentally” is not defined in the guidance so I am referring to an online dictionary. If you receive push-back from your employer that “incidentally” should be interpreted in a different way, then take a different approach:</p> <p>Any failure of PPE to protect you against the hazard it is intended for would count as an ‘incident’.</p> <p>Most HCWs wear given a Fluid Resistant Surgical Mask to wear whilst working with infectious patients. They were assured that an FRSM is “Personal Protective Equipment” and would keep them safe from contracting the virus from the patients they were caring for.</p>

If you were one of these HCWs then, each and every single time you wore such a mask in close proximity to an infectious patient, that was a “failure of PPE” because FRSMs are not Personal Protective Equipment and never have been. This point is covered later in the ‘template letter’.

You will have no problem evidencing this – remember the posters displayed everywhere...

Public Health England

COVID-19 Safe ways of working
A visual guide to safe PPE

General contact with confirmed or suspected COVID-19 cases

Aerosol Generating Procedures

Fluid resistant surgical mask

Eye protection to be worn on risk assessment

Eye protection eye shield, goggles or visor

FFP3 or FFP2 respirator

Fluid Resistant Surgical Masks
Actually not PPE at all:
Do not protect against inhalation of
airborne virus

Official guidance produced by HM Government : April 2020

Source : www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control

12a	<p>The significance of this sentence (about community transmission) is that it pre-empts the excuse which is usually offered by HSE for not enforcing RIDDOR i.e. “as community transmission increased it became increasingly difficult to prove where the disease was acquired (at work or in community)”. Anyone watching the recent Panorama documentary programme ‘Forgotten Heroes of the Covid Front Line’ will have seen them using exactly this excuse, so we need to have an argument which defeats that excuse. There are actually two such arguments:</p> <ol style="list-style-type: none"> 1) They left the first edition of their RIDDOR guidance (<i>which gave HCWs as an example of ‘occupational exposure’</i>) in place, more or less right through to the end of the first wave, during which time there had been a high rate of community transmission. 2) They have reintroduced this same example (<i>HCWs as an example of ‘occupational exposure’</i>) in their current guidance at a time when community transmission is still extremely high i.e. in the final weekly report from the Office of National Statistics on 23th March 2023: 1 in 40 people across the UK are still testing positive for COVID-19 (apart from Northern Ireland, which is 1 in 70).
13	<p>A number of bullet points are given here which you will need to adapt to suit your own circumstances. Select items that are true for you, delete those that are not and add other circumstances that may be relevant.</p>
14	<p>If a ‘lockdown’ was in force at the time, then mention this, perhaps saying that you diligently followed the prevailing legislation at the time and associated Government guidance to minimise contact with other persons.</p> <p>You might also say that you were very mindful of your responsibility as a healthcare worker not to pass any virus that you might be unknowingly carrying on your person from the hospital and infect others.</p> <p>If you had seen the devastating effects of the disease on people at your place of work (seriously ill or dying), you might also say that, because of this, you were even more cautious and took even more care about hygiene and ‘obeying the rules’ than most citizens.</p> <p>You should be aware that if someone else residing in your home had COVID-19 before you, then it would be very difficult to claim ‘occupational exposure’ was the cause of your disease.</p> <p>An exception to this might be if that ‘someone’ was also a health or social care worker caring for Covid-19 patients and whose disease, using the principles explained here, constituted ‘occupational exposure’. That might be a bit tenuous, but the logic is sound.</p>
15	<p>3 reasons are given as to why you believe that you interacted with more infectious people inside work as opposed to outside work...</p> <p>Select which of them seems more relevant to your circumstances. If you don’t believe that this bullet point adds weight to your argument then just leave it out.</p>

16	State name of hospital, care home etc
17	If your work involved spending time in offices, vehicles (e.g. ambulances), computer rooms or other similar areas with poor ventilation then state it here.
18	Clearly you can only make this statement if you were, in fact, provided with FRSMs whilst providing close-quarter care to infectious patients - which most HCWs were.
19	<p><i>There is a considerable weight of expert professional opinion which directly opposes the views of the people appointed by the Government as experts in Aerosol Generating Procedures.</i></p> <p><i>HCWs carrying these out should have been (and should still be) properly protected from aerosols coughed, sneezed or otherwise expelled from the patient. These were summarised in this letter to the Prime Minister:</i></p> <ul style="list-style-type: none"> • <i>Fitting naso-gastric tubes;</i> • <i>Fitting retention devices for drainage or feeding;</i> • <i>Assessment of safe swallowing;</i> • <i>Chest physiotherapy</i> • <i>Procedures linked to advanced airway management;</i> • <i>Gastrointestinal physiology investigations</i> <p><i>If you recall C-19+ve patients actually coughing or sneezing during these procedures then say so.</i></p> <p><i>Similarly if you were involved with lung-function testing or other activities for which the excellent guidance by ARTP (Association for Respiratory Technology and Physiology) pertains BUT, contrary to ARTP guidance, were not provided with FFP3 (or equivalent) by your employer, then you could mention these occurrences as “incidents” and quote the appropriate ARTP guidance which are listed on page: https://www.artp.org.uk/COVID19</i></p>