

Guidance on COVID-19 reporting to the Health and Safety Executive under RIDDOR (Reporting of Injuries, Diseases and Dangerous Occurrences Regulations) Updated June 2020

Chief Constables as an employer are ultimately legally responsible for ensuring compliance with the Health and Safety at Work etc. Act 1974 and associated legislation.

The document 'Striking the Balance between operational and health and safety duties in the Police Service' (<https://www.hse.gov.uk/services/police/assets/docs/duties.pdf>) clearly sets out HSE's position in respect of how the Police can sensibly meet their responsibilities to safeguard the health and safety of the public and their own staff yet still provide an effective emergency service. The challenges presented by COVID-19 for policing are unprecedented. It is recognised that, in pursuance of providing the policing service to our communities, officers and staff may need to respond to situations in a way that may present a risk to themselves despite all reasonable efforts to remain safe and keep others safe.

In all cases it is important for each and every force to ensure it has suitable and sufficient health and safety risk assessments in place and that these now consider the risk posed by COVID-19. In some circumstance's accidents, incidents and near misses will happen which will require an effective internal investigation to identify the root causes and enable changes to be made to prevent a reoccurrence, whenever possible. On less frequent occasions some of these will be reportable to the Health and Safety Executive (HSE).

This document has been produced by APhSA (Association of Police Health and Safety Advisers) in conjunction with the NPCC. It has been informed by updated HSE information and advice and HSE have been consulted during its production. This document aims to provide clarity and promote a cohesive approach between all forces, on when a COVID-19 related dangerous occurrence, case of disease through exposure to a biological agent and/or a work-related fatality may need reporting to the HSE. Due to the constantly evolving nature of our understanding of COVID-19 and its methods of transmission, this guidance will be kept under review to ensure we continue to provide balanced and where possible evidence-based information to assist Chief Constables fulfil their responsibilities to protect their own staff as they continue to protect others.

What is meant by 'work-related'?

RIDDOR only requires you to report accidents if they happen 'out of or in connection with work'. The fact that there is an accident at work premises does not, in itself, mean that the accident is work-related – the work activity itself must contribute to the accident. An accident is 'work-related' if any of the following played a significant role:

- the way the work was carried out
- any machinery, plant, substances or equipment used for the work
- the condition of the site or premises where the accident happened

Local Reporting Arrangements and Advice

In all cases forces should seek the advice of their own health and safety professional(s) who will typically manage the accident, incident and near miss reporting system and onward reporting to the HSE under RIDDOR.

Members of the public and non-work-related cases

There is no requirement under RIDDOR (The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013) 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.

What to report:

You should only make a report under RIDDOR when one of the following circumstances applies:

- an accident or incident at work has, or could have, led to the release or escape of coronavirus (SARS-CoV-2). This must be reported as a dangerous occurrence
- a person at work (a worker) has been diagnosed as having COVID-19 attributed to an occupational exposure to coronavirus. This must be reported as a case of disease
- a worker dies as a result of occupational exposure to coronavirus. This must be reported as a work-related death due to exposure to a biological agent

DANGEROUS OCCURRENCE

These are certain, specified events, which may not result in a reportable injury, but which do have the potential to cause significant harm.

For an incident to be reportable as a dangerous occurrence, the incident must have resulted (or could have resulted) in the release or escape of coronavirus, that is, led to a possible or actual exposure to coronavirus.

The assessment does not require any complex analysis, measurement or test, but rather for a reasonable judgement to be made as to whether the circumstances gave rise to a real risk or had the potential to cause significant harm.

Dangerous Occurrence: What the law says

The list of dangerous occurrences in [regulation 7, Schedule 2 – Section 10 on legislation.gov.uk](#) includes the requirement for the responsible person (usually employers) to report any accident or incident which results, or could have resulted, in the release or escape of a biological agent likely to cause severe human infection or illness including coronavirus.

A dangerous occurrence means an occurrence which arises out of or in connection with work and includes an occurrence attributable to:

- the manner of conducting an undertaking
- the plant or substances used for the purposes of an undertaking, or;
- the condition of the premises used for the purpose of an undertaking or any part of them

The responsible person should notify the enforcing authority by the quickest practicable means, without delay, and send a report within 10 days. RIDDOR reporting of COVID-19.

Is the incident reportable as a dangerous occurrence?

Each situation has to be assessed on a case by case basis, and the following provides some generic examples:

Reportable

- a laboratory worker accidentally smashes a vial containing coronavirus on the floor (i.e. outside of a microbiological safety cabinet), leading to people being exposed
- a sample from a COVID-19 patient breaks in transit leading to spillage

Not reportable

- a worker, for example a police officer, is deliberately coughed on or spat at by a person of unknown COVID-19 status

- a health or social care worker is providing treatment or care to a patient or service user who is not known to be COVID-19 positive, but the patient or service user subsequently tests positive.

HSE have advised that unless you are involved in work directly with the pathogen or biological samples that may contain the pathogen then you are unlikely to experience a dangerous occurrence. The incident must result (or could have resulted) in the release or escape of the COVID-19 virus.¹

CASES OF DISEASE: EXPOSURE TO A BIOLOGICAL AGENT

When deciding if a report is required, the responsible person (usually the health and safety professionals in your force) must make a judgement, based on the information available, as to whether or not a confirmed diagnosis of COVID-19 is likely to have been caused by an occupational exposure, that is, whether or not there is reasonable evidence that a work-related exposure is the likely cause of the disease.

The report should specify a disease due to exposure to a biological agent and use the case of disease report form.

What the law says

RIDDOR [regulation 9 \(b\)](#) says where, in relation to a person at work, the responsible person (usually an employer) receives a diagnosis of any disease attributed to an occupational exposure to a biological agent, the responsible person must follow the reporting procedure.

Reasonable evidence of occupational exposure

When deciding if a report is required, the responsible person must make a judgement, based on the information available, as to whether or not a confirmed diagnosis of COVID-19 is likely to have been caused by an occupational exposure, i.e. whether or not there is reasonable evidence that a work-related exposure is the likely cause of the disease. Whilst this should be considered on a case by case basis, there are some general principles which can assist in making this judgement.

There must be reasonable evidence linking the nature of the person's work with an increased risk of becoming exposed to coronavirus.

Factors to take into account when making this decision could include:

- whether or not the nature of the person's work activities increased the risk of them becoming exposed to coronavirus?
- whether or not there was any specific, identifiable incident that led to an increased risk of exposure?
- whether or not the person's work directly brought them into contact with a known coronavirus hazard without effective control measures, as set out in the relevant PHE guidance, in place such as personal protective equipment (PPE) or social distancing

This is not intended to be an exhaustive list.

There may also be cases where a registered medical practitioner has highlighted the significance of work-related factors when communicating a diagnosis of COVID-19 - these cases would also be reportable.

Additionally, for an occupational exposure to be judged as the likely cause of the disease, it should be more likely than not that the person's work was the source of exposure to coronavirus as opposed to general societal exposure. Such cases may not be easy to identify when COVID-19 is prevalent in the general population.

¹ Source: Email from Concerns and Advice Team, Operational Services Division, Health and Safety Executive, Redgrave Court, Merton Road, Bootle, L20 7HS 14/04/2020

Work with the general public, as opposed to work with persons known to be infected, is not considered sufficient evidence to indicate that a COVID-19 diagnosis is likely to be attributable to occupational exposure. Such cases do not require a report.

Responsible persons do not need to conduct extensive enquiries in seeking to determine whether a COVID-19 infection is work-related. The judgement should be made on the basis of the information available. There is no requirement for RIDDOR reports to be submitted on a precautionary basis, where there is no evidence to suggest that occupational exposure was the likely cause of an infection.

Diagnosis

A diagnosis normally means a registered medical practitioner's identification (in writing, where in relation to an employee) of new or worsening symptoms.

Unlike with usual diagnosis of occupational disease, many cases of COVID-19 are currently being confirmed without a registered medical practitioner's written diagnosis, for example, on the basis of laboratory test results. HSE has decided to adopt a pragmatic approach in the current highly unusual circumstances and not require those results to be confirmed by a registered medical practitioner before a report is made under RIDDOR.

Responsible persons 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.

WORK RELATED DEATH DUE TO EXPOSURE TO A BIOLOGICAL AGENT

For an incident to be reportable as a death due to occupational exposure to coronavirus there must be reasonable evidence that a work-related exposure caused the worker's death.

The responsible person should notify the enforcing authority 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.

Work-related deaths due to occupational exposure to a biological agent: What the law says

RIDDOR [regulation 6 \(2\)](#) requires responsible persons (usually the Health and Safety Professional(s) within the your force) to report the death of any worker as a result of occupational exposure to a biological agent.

Reasonable evidence of occupational exposure

For a death to be reportable under RIDDOR there must be reasonable evidence that the death was caused by an occupational exposure to coronavirus.

The responsible person must make a judgement, based on the information available, as to whether a confirmed COVID-19 death has been caused by an occupational exposure to coronavirus resulting from the person's work. The factors that should be considered when assessing reasonable evidence of occupational exposure as are the same for work-related deaths as for disease reporting.

Cause of death

To require a RIDDOR report, the death must be caused by an occupational exposure to coronavirus, that is, for COVID-19 reported deaths, the disease must have been a significant cause of the person's death.

Medical evidence such as death certificates are likely to be an important consideration when determining whether a report is required. This judgement should be made on the basis of the evidence available.

Deaths following an existing case of disease report

Where a worker dies from COVID-19 and a RIDDOR report has already been submitted for a case of disease, this can be amended by submitting a duplicate form. All relevant information should be resubmitted, with any changes. Within the 'Describe what happened' box, the phrase 'Amendment to

Incident Reference Number {Original Notification No.} should be inserted, followed by confirmation that the infection has resulted in death.

Guidance from the HSE

The 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.

Advice request from a UK Police Force with HSE response

Advice Needed:

With regards to the RIDDOR reporting requirements for CoVID-19, we have already had officers spat at /coughed at by suspects who then claim to have CoVID-19, would this become reportable as 'an unintended incident at work has led to someone's possible or actual exposure to coronavirus'? Whilst it is possible, it is not likely and would be difficult to prove where the exposure had originated, as we cannot test suspects for the virus. The officers may / may not have had PPE on at the time, as it can be a spontaneous incident.

Dear [REDACTED]

HEALTH AND SAFETY AT WORK ETC ACT 1974

Thank you for contacting the Health and Safety Executive (HSE) regarding Coronavirus and RIDDOR reporting.

In general, Covid 19 is a public health issue and the Department of Health & Social Care (DHSC), working closely with Public Health England (PHE) and the devolved administrations, is the lead Government department for the UK response.

In a work situation, it will be very difficult, if not impossible, 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 a very clear work related link is established.

In some very limited circumstances, where an individual has either been exposed to or contracted Covid 19 as a direct result of their work, those instances could become reportable under RIDDOR either as a Dangerous Occurrence (under Regulation 7 and Schedule 2, paragraph 10) or as a disease attribute 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 hazard group 3 Covid 19 virus. An example could include a phial known to contain the Covid 19 virus being smashed in a laboratory, leading to people being exposed.

For an incident to be reportable as an occupational exposure to a biological agent, the diagnosis of Covid 19 must be directly attributed to an occupational exposure. 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 this is reliably attributed to their work and verified by a registered medical practitioner's statement.

For an incident to be reportable as a death due to occupational exposure to a biological agent, there 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.

Coronavirus has been listed as a notifiable disease under the Health Protection (Notification) Regulations 2010. This change in law requires GPs to report all cases of COVID 19 to Public Health England (<https://www.gov.uk/government/news/coronavirus-covid-19-listed-as-a-notifiable-disease>).

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.

Health and Safety specific information is available from the HSE [here](#).

Yours sincerely

[REDACTED] | Advice Officer

Concerns and Advice Team | Operational Services Division

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Making a RIDDOR report

Your health and safety professional in your own force will normally manage and oversee the reporting of an accident, incident or near miss to the HSE. You should have clear internal arrangements for reporting and investigating such incidents in place. All officers and staff are required to comply with such arrangements.

Find out more about [what you must report](#).

Make a report online:

- [Report a dangerous occurrence](#)
- [Report a case of disease: exposure to a biological agent](#)
- [Report a work-related fatality due to exposure to a biological agent](#)

Reporting under RIDDOR does not suggest the acceptance of responsibility or liability. It is simply informing the enforcing authority that an incident has occurred. Under RIDDOR, it is an offence not to report.

Northern Ireland

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 apply. A copy of the legislation can be found [here](#). The key principles are broadly the same.

Notifiable Disease Requirements

Coronavirus has been listed as a notifiable disease under the Health Protection (Notification) Regulations 2010; the Public Health Act (Northern Ireland) 1967, the Public Health (Scotland) Act 2008; and the Health Protection (Notification) (Wales) (Amendment) Regulations 2020. This change in law requires medical practitioners to report all cases of COVID 19 to the Public Health body for the respective country. This does not change the requirements of RIDDOR and should not be confused.

Scenarios

Scenarios are included to help with understanding and aid local decision making. There is no one-size-fits-all that can be properly applied to every instance. The outcomes cited in these scenarios relate to the specific circumstances contained within the scenarios as written. There are many variables that could be applied to these scenarios and a measured and evidence-based approach is essential in deciding whether a COVID-19 related accident, incident or near miss is reportable to the HSE.

At all times this decision should rest with the Health and Safety Professional(s) within your force on behalf of their respective Chief Constables. They may seek support from your Occupational Health service in some instances but they are best placed to consider all of the factors of reportability.

If you're an operational supervisor or manager you should always follow your internal procedures for accident, incident and near miss reporting. Whilst this guidance and these scenarios are provided to assist your understanding, you should refer to your own Health and Safety Professional(s) for specific guidance and advice relating to any particular set of circumstances that you may be facing.

For other Non-COVID-19 related workplace accidents, incidents and near misses your internal reporting procedures must continue to be followed. In some cases, these internal reports will require onward reporting under RIDDOR to the HSE by your Health and Safety Professional. Read here for further information, <https://www.hse.gov.uk/riddor/>.

| Scenario 3 |
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| <p>Description of incident</p> |
| Scenario 1 |
| <p>Description of incident</p> <p>An officer has detained a member of the public in the street. The person coughs and sneezes over the officer who has donned a suitable mask and eye protection. A dynamic risk assessment following questioning at the time and visual observations by the officer suggests the person may have COVID-19 (Suspected). The officer completes an “Accident, Incident or Near Miss” form.</p> <p>The officer subsequently displays symptoms and is tested positive for COVID-19.</p> <p>Reportable as a dangerous occurrence? No, because whilst an unintended incident at work may have led to someone’s possible or actual exposure to coronavirus, no information exists to confirm the member of the public had the infection and therefore no reasonable evidence of a RIDDOR relevant escape or release of the virus. Being deliberately coughed or spat at is not considered a dangerous occurrence by the HSE.</p> <p>Reportable as a case of disease: exposure to a biological agent? No. There must be reasonable evidence linking the nature of the person work with an increased risk of becoming exposed to coronavirus. The officer was wearing suitable PPE. Work with the general public, as opposed to work with persons known to be infected, is not considered sufficient evidence to indicate that a COVID-19 diagnosis is likely to be attributable to occupational exposure. The infection could have been acquired as easily in the community and there is no reasonable evidence that the infection was attributed to the work activity.</p> <p>Reportable as a work-related death? No, as no death has occurred to an employee, contractor or member of the public as a result of work activities.</p> <p>Reportable under local force accident incident and near miss procedures etc? Yes, as the officer was carrying out a work-related activity resulting in an assault.</p> |
| Scenario 2 |
| <p>Description of incident</p> <p>An officer has been in the home of a person who had been confirmed as having COVID-19. The occupant is uncompliant and having dislodged the officers PPE (face mask) spits at them which enters their mouth and nose. The officer subsequently displays symptoms and is tested positive for COVID-19.</p> <p>Reportable as a dangerous occurrence? No, as whilst the officer has clearly been put in danger by the occupant’s actions there is no reasonable evidence of a RIDDOR relevant escape or release of the virus. Being deliberately coughed or spat at is not considered a dangerous occurrence by the HSE.</p> <p>Reportable as a case of disease: exposure to a biological agent? Yes, as a case of disease from biological contamination. The occupant had been confirmed as being infected with COVID-19. The officer has received a medical diagnosis that they have COVID-19 following the event. Although spitting on its own it not reportable to the HSE as a Dangerous Occurrence this scenario has seen an incident of possible occupational exposure through PPE becoming dislodged. Subject to a suitable investigation of all factors your health and safety professional may conclude that there is reasonable evidence that an employee diagnosed with COVID-19 was likely exposed because of their work as a result of an identifiable incident which posed an increased risk.</p> <p>Reportable as a work-related death? No, as no death has not occurred to an employee, contractor or member of the public as a result of our work activities.</p> <p>Reportable under local force accident incident and near miss procedures etc? Yes, as this is a work-related incident resulting in an assault and exposure to a biological agent.</p> |

A control room call handler has been working 12 hrs shifts for the last 4 days, lives alone and has only been home in that time. On day 4 of their shift they are tested positive for COVID-19. Claims the only place they could have contracted was at work but full social distancing and hygiene precautions were in place.

Reportable as a dangerous occurrence? No, because no information provided to indicate an unintended incident at work has led to someone's possible or actual exposure to coronavirus and no reasonable evidence of a RIDDOR relevant escape or release of the virus.

Reportable as a case of disease: exposure to a biological agent? No, as no reasonable evidence to suggest that the infection was contracted at work. No identifiable incidents or possible exposure.

Reportable as a work-related death? No, as a death has not occurred.

Reportable under local force accident incident and near miss procedures etc? Yes, on the basis that an employee has the right to complete an internal notification if they feel that the infection was acquired at work. However, as no information or evidence has been provided to suggest that work is the actual source of infection and full control measures were being implemented it is reasonable to assume the infection may well have been community acquired. An individual can still submit a report but the data may not normally be recorded in health and safety accident, incident or near miss statistics. The latter point is subject to your local procedures and health and safety professional advice.

Scenario 4

Description of incident

Officers are flagged down in the street as a male is threatening to harm himself and others. The male is restrained, sectioned under S136 and conveyed to hospital in a response car as an ambulance is unavailable. The male informed officers that he has confirmed COVID-19, but left hospital during treatment. Once at hospital, a doctor confirmed the infection and insisted officers stayed with the male until he was placed in a secure unit. This led to a prolonged exposure without any PPE. A few days later one of the officers exhibited symptoms and subsequently tested positive for COVID and a medical practitioner stated that this incident has been the source of infection.

Reportable as a dangerous occurrence? No, as no reasonable evidence of a RIDDOR relevant escape or release of the virus.

Reportable as a case of disease: exposure to a biological agent? Yes, as a case of disease from biological contamination. The officer has been confirmed as being infected with COVID-19 with a medical diagnosis suggesting the exposure was the source of infection. There is reasonable evidence that someone diagnosed with COVID-19 was likely exposed because of their work.

Reportable as a work-related death? No, as a work-related death has not occurred.

Reportable under local force accident incident and near miss procedures etc? Yes, as this is an officer carrying out a work activity resulting in the exposure to the infection.

Scenario 5

Officers/staff are at the scene of a break-in at a research facility where live samples of SARS-COV-2 (the strain of coronavirus that causes COVID-19) are used for vaccine development. During initial examination of the scene, vials containing live samples were knocked over and smashed. The only PPE being worn at the time was gloves.

Reportable as a dangerous occurrence? Yes, as this was an unintended incident at work, which resulted in an employee's possible or actual exposure to coronavirus following a RIDDOR relevant release or escape of the virus; a biological agent likely to cause human infection or illness.

Reportable as a case of disease: exposure to a biological agent? No, as no reasonable evidence to suggest that infection has occurred based upon the information provided in the scenario. This should be reviewed if any of your employees are subsequently confirmed as being infected with COVID-19.

Reportable as a work-related fatality? No, as a fatality has not occurred.

Reportable under local force accident incident and near miss procedures etc? Yes, it should be recorded and reported in accordance with your own force accident, incident and near miss procedures.

Scenario 6

An employee who was wearing the correct PPE and maintained good hygiene was assisting with a sudden death where information indicates that the deceased was a confirmed COVID-19 case. They have reported this occasion on a near miss form. 14 days have passed with no signs of symptoms.

Reportable as a dangerous occurrence? No, as no unintended incident at work which resulted in the release or escape of coronavirus and no indication of exposure through an unintended incident.

Reportable as a case of disease: exposure to a biological agent? No, as no reasonable evidence to suggest that any infection occurred based upon the information provided in the scenario.

Reportable as a work-related death? No, as a fatality has not occurred.

Reportable under local force accident incident and near miss procedures etc? No, because they have followed their local risk assessment and procedure.

Scenario 7

Description of incident

A facilities manager is required to carry out a variety of inspections within a number of custody suites to ensure regulatory compliance. The manager subsequently dies and a medical practitioner confirms that the death was caused by COVID-19. The employee had been coming into close contact with persons in the custody suites who were themselves sufferers of COVID-19 or suspected sufferers and the areas being occupied by them.

Reportable as a dangerous occurrence? No, as no reasonable evidence of a RIDDOR relevant escape or release of the virus.

Reportable as a case of disease: exposure to a biological agent? No. Unless, prior to death a medical diagnosis had confirmed that the source of the infection was as a result of a work-related activity. No indication of an identifiable incident causing exposure.

Reportable as a work-related fatality? Yes, as the employee has died as a result of exposure to coronavirus and has been exposed to multiple sufferers whilst carrying out their work. This is confirmed as the likely cause of death by a registered medical practitioner, then you must report this using the 'Report a work-related fatality due to exposure to a biological agent' report form.

Reportable under local force accident incident and near miss procedures etc? Yes, it should be recorded and reported in accordance with your own force accident, incident and near miss procedures.