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Consultation on proposals for The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

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Thompsons Solicitors' Response

29 June 2026

Introduction

Thompsons Solicitors is the UK's largest and most experienced trade union and personal injury law firm. We specialise in personal injury and employment law for trade union members and their families, as well as providing services to non-union clients.

At any one time, Thompsons, as a firm, will be handling over 20,000 personal injury cases in England and Wales, the majority of which are employer liability claims involving accidents and disease. The firm participates regularly in government consultations on various issues relevant to our clients.

It is within this context, rather than as employers, that we are responding to the consultation.

Purpose of the consultation

We strongly agree that work-related ill-health can have serious effects on individuals and their families – we see it every day - and can have a significant cost to the wider economy – £22.9 billion in 2023/24[1] . HSE statistics for 2024/25 show 1.9 million workers suffering from work-related ill-health including 124 fatal accidents and a staggering 11,000 lung disease deaths a year; yet Hazards Campaign believes this to be a significant underestimate of the true figures[2].

We therefore welcome the review of RIDDOR 2013 considering the extent of the amendments made following Lord Young's report[3] in 2010 and the Lofstedt review in 2011[4], which mischaracterised regulation of health and safety at work as a burden on business rather than an imperative to ensure that workers are protected.

In particular, we welcome the proposal to increase the number of reportable diseases (slashed from 47 to 6 in 2013) including silicosis, bearing in mind the rising number of workers diagnosed with this potentially terminal disease.

[1] Cost to Great Britain of workplace injuries HSE 2034/24
[2] The Whole Story 2025 The Hazards Campaign
[3] Common Sense Common Safety 2010
[4] Reclaiming health and safety for all Professor Lofstedt 2011

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Responses

Proposal 1: Clarification of definitions in Regulation 2 of RIDDOR and associated guidance

Question 14: To what extent do you agree or disagree with the way HSE proposes to make amendments to certain terms, as set out in Table 1, to clarify definitions within RIDDOR.

Table 1 - Unclear or undefined terms identified in RIDDOR and proposals

	Terms and issues identified	Proposal	Response
1	"Work-related" • Defined as "an accident arising out of or in connection with work," but still widely misunderstood. • Stakeholders consistently reported confusion about whether incidents qualify as work-related.	"Work-related" is already defined in the Regulations. HSE proposes providing further clarification and examples in HSE guidance.	The definition provided is for "work-related accident"[5] not "work-related" which is an important distinction as of course, diseases can also be work-related. It may be that this is a typographical error. On that basis we agree that further examples of what a "work-related accident" is would be helpful. If a wider definition of "work-related" is being suggested, we

[5] RIDDOR Regulation 2(1) *"work-related accident" means an accident arising out of or in connection with work*

			strongly recommend that it should be legislative and part of the Regulations
2	"Injury" vs "Personal Injury" • Not defined in RIDDOR or HSE guidance. • Mixed use of the terms in Schedule 2 (Dangerous Occurrences) adds to confusion.	HSE proposes including a definition in Regulation 2 to provide clarity and ensure only one term is used consistently. Guidance will also be amended to reflect this change.	Strongly agree and that the term used should have as wide a definition as possible
3	Qualifying terms in Occupational Disease Reporting • Terms like "regular" and "significant" are used to describe work	The meaning of the terms is context dependent and therefore needs the flexibility to apply it properly; providing a	We suggest that the simplest solution would be to remove the terms altogether to avoid any inconsistency in interpretation by

	activities but are not defined in RIDDOR. • This leads to inconsistent reporting and uncertainty for duty holders.	fixed definition would be unhelpful. HSE proposes providing further clarification and examples in HSE guidance.	employers and risk under-reporting.
4	"Diagnosis" • In RIDDOR "diagnosis" is defined as a registered medical practitioner's identification (in writing, where it pertains to an employee) of (a) new symptoms; or (b) symptoms which have significantly worsened. • Whilst stakeholders feel the term is clearly defined in the Regulations, they feel HSE guidance lacks clarity.	HSE proposes broadening the scope of who may reasonably be able to diagnose some of the occupational diseases stated in RIDDOR by amending Regulation 2 (refer to proposal 3 for further details). HSE will provide examples in HSE guidance to help duty holders understand what constitutes a valid diagnosis.	Agree

5	Specified Injuries – Undefined terms • Terms such as **"**crush injury", "scalping", and "enclosed space" are not defined, often resulting in over-reporting. • For example: "Enclosed space" is often misinterpreted to include small offices or rooms.	HSE already has guidance on "crush injury" and "scalping" available on the HSE webpages, and therefore proposes providing further clarification and examples in HSE guidance. HSE proposes including a definition of "enclosed space" in Regulation 2, to provide clarity on the interpretation of this term and align it to the definition given under The Confined Spaces Regulations 1997.	Agree that these terms need clarifying: see our response to Question 18 regarding heat-induced illness
6	"Routine Work" • In RIDDOR "Routine work" is defined as work which a person might reasonably be expected to do, either under that person's contract of employment, or, if	"Routine work" is already defined in RIDDOR. HSE proposes providing further clarification and examples in HSE guidance.	Agree

	there is no such contract, in the normal course of that person's work • "Routine work" is used in the context of over-7-day incapacitation and stakeholders report confusion in applying the term.		
7	"Diver" • Not defined though related terms are defined in the Diving at Work Regulations 1997 (DWR). • Unclear whether incidents involving non-working divers (e.g., public) are reportable.	Using the definition from DWR would be too restrictive for RIDDOR as it only covers divers who dive as part of their work. There may be other divers e.g. volunteers or members of the public, who may be affected from the diving activities from others at work. This is likely to be limited to a few defined scenarios and therefore is best addressed through guidance and examples.	Agree
8	"Hospital" and "Treatment"	HSE already has guidance on "hospital" and "treatment"	Agree

	• Neither term is defined but are critical for determining reportability of non-fatal injuries to non-workers under Regulation 5 of RIDDOR. • Leads to confusion about whether visits to walk-in centres or GP surgeries would be reportable.	available on the HSE webpages, and therefore proposes providing further clarification and examples in HSE guidance.	
9	"Approved Manner" • "approved manner" means published in a form considered appropriate and approved for the time being for the purposes of these Regulations— (a) by the Executive; or (b) in relation to activities covered by regulation 3 of the Health and Safety (Enforcing Authority for Railways and Other Guided Transport Systems) Regulations 2006, by the ORR;	Currently "approved manner" applies to HSE and ORR. HSE proposes amending the definition of "approved manner" in Regulation 2 to ensure it applies to all relevant enforcing authorities.	Agree

Question 15: Are there any other definitions in the Regulations or associated guidance which are not included in the proposed list that you think could be made clearer?

We suggest that the Guidance be amended in relation to amputations to include "partial" amputations. For example, a partial amputation of a finger can have significant effects on an individual's employment if it involves fine motor skills.

Proposal 2: Revise the list of occupational diseases in Regulation 8 of RIDDOR

Table 2 - Proposed revised list for Occupational Diseases

	Occupational Disease	Status
1	Carpal Tunnel Syndrome	Existing
2	Cramp in the hand or forearm	Existing
3	Occupational Dermatitis	Existing
4	Hand Arm Vibration Syndrome	Existing
5	Occupational Asthma	Existing
6	Tendonitis/tenosynovitis of hand or forearm	Existing
7	Pneumoconiosis (including silicosis but excluding asbestosis) *A lung disease caused by inhaling certain types of dust particles, such as respirable crystalline silica.*	Reintroduced
8	Decompression illness, pulmonary barotrauma and dysbaric osteonecrosis (DON) *Caused by a reduction in the pressure surrounding workers, e.g. when diving or in compressed air tunnelling.*	Reintroduced

	Occupational Disease	Status
9	Asbestosis *A chronic lung disease caused by inhaling asbestos fibres.*	Reintroduced
10	Hypersensitivity pneumonitis (e.g. farmers lung) *A lung disease triggered by an allergic reaction to inhaled substances.*	Reintroduced
11	Cadmium related emphysema *A progressive lung disease caused by inhalation of cadmium.*	Reintroduced
12	Beryllium disease (skin and respiratory) *A chronic inflammation of the lungs due to inhaling fumes or dust containing beryllium.*	Reintroduced
13	Chromium related ulceration *Skin, throat and nose ulcers resulting from exposure to chromium.*	Reintroduced
14	Knee and elbow bursitis *Painful swelling around joints.*	Reintroduced
15	Oil folliculitis *Inflammation of hair follicles due to exposure to various oils in the workplace.*	Reintroduced

	Occupational Disease	Status
16	Noise induced hearing loss *Hearing loss caused by loud sounds*	New
17	Bronchiolitis obliterans *A condition that causes permanent narrowing of the small airways in the lungs*	New
18	Occupational allergic rhinitis *Allergic reaction caused by specific substances at work.*	New
19	Occupational contact urticaria *A localised rash characterised by wheals and redness.*	New

Question 17: To what extent do you agree or disagree with the proposed occupational diseases for inclusion on the occupational diseases list.

We welcome the reintroduction of all the diseases in Table 2 as they are significant and debilitating conditions. We believe that their removal in 2013 is likely to have led to under-reporting.

In particular, we welcome the reintroduction of silicosis (originally recommended in the Post Implementation Review (PIR) in 2018).

The dangers of working with silica dust, in particular the dry cutting of engineered stone, was highlighted in the recent All Party Parliamentary (APPG) report[6] which estimated that 600,000 workers in the UK are at risk.

[6] Report on APPG meeting 3 November 2025 on Silicosis

The report referred to the removal of silicosis from the list in 2013, being responsible for the under reporting of the disease, an underestimate of the number of workers affected, and therefore a lack of investigation and enforcement of preventative measures by the HSE.

The recent updated HSE Guidance on Silicosis is welcomed and along with the reintroduction of silicosis as a reportable disease will be an important step in combating this disease.

We make the following additional points:

Pneumoconiosis (including silicosis but excluding asbestosis)

We disagree that silicosis should be included under this umbrella term as it potentially lessens the significance of this disease.

We strongly recommend that there should be a separate category for silicosis.

Asbestosis

Asbestosis and mesothelioma were removed from RIDDOR 1995 despite the prevalence of the diseases and the continued presence of asbestos in workplaces. 2700 people a year are diagnosed with mesothelioma and it is estimated that 80% of UK schools, for example, contain asbestos[7].

It is therefore unclear why it is proposed that only *asbestosis* is reintroduced. Whilst mesothelioma would be covered by Regulation 9 (carcinogens), some employers may not be aware of that and therefore we strongly suggest that it is reintroduced in addition to asbestosis, so that the risk of under-reporting is reduced.

[7] Clearing the Air Mesothelioma UK report 2023

Alternatively, the category could be renamed "Asbestos related conditions" within which asbestosis, mesothelioma and asbestos-related lung cancer should be specifically referred to.

Noise induced hearing loss (NIHL)

We strongly suggest that separate categories for tinnitus and hyperacusis are included, or at the very least there is reference to these conditions in NIHL. Neither of these conditions invariably include hearing loss but can be incredibly debilitating and if not included, risk being under-reported.

Question 18: HSE does not propose including work-related stress and suicide, for the reasons given in the HSE proposal section. Aside from those, are there any other occupational diseases which should be included in RIDDOR?

Heat-induced illness

There is no maximum workplace temperature in the UK yet average temperatures are increasing annually with the effect of excessive heat in the workplace. This is causing significant, often acute, health issues. However, the only reference in RIDDOR 2013 to heat-induced illness is in Regulation 4 and in the context of enclosed spaces. Bus drivers for example, often experience temperatures exceeding 40 degrees Celsius in the summer[8] with potentially devastating consequences if they become ill or fatigued. Whilst the HSE issues guidance on workplace temperatures, the lack of reportability of heat-induced illness underestimates the extent of the problem and limits any investigation or enforcement powers.

We strongly recommend that "Work-related heat induced illness" is introduced as a reportable disease.

[8] Unite the Union https://www.unitetheunion.org/news-events/news/2026/june/urgent-action-needed-for-bus-drivers-as-red-weather-warning-hits-uk

Work-related stress

The HSE recognises in their 10 year strategy document *Protecting people and places: HSE strategy 2022 to 2032* that the "most commonly reported causes [of work-related ill health] in Great Britain are now stress, depression, or anxiety" and they commit to focusing on mental health and stress in their first strategic objective using their "collective resource". It is difficult to see how this can be achieved unless work-related mental health conditions are reportable.

Work-related recognised psychiatric disorder

If "work-related stress" is to remain excluded on the grounds that 'stress' is too vague a term for these purposes, we strongly recommend that a category of 'work-related recognised psychiatric disorder including anxiety, depression and PTSD" is introduced. This would meet Regulation 8 requirements of a diagnosis and address the consistency and reliability of reporting concerns set out in paragraph 3.18 of the Consultation document.

Furthermore, this would address the rise of violence at work across many sectors with HSE's own figures estimating 689,000 incidents in 2024/25[9] across sectors including health, education, transport, retail, and the prison service. The TUC[10] reported in April 2026 that 80% of workers have experienced abuse in the workplace including physical assault, sexual harassment, and threats of physical harm. Numerous reports and campaigns by trade unions highlight this growing crisis for their members, for example, UNISON[11], RMT[12], POA[13], NEU[14] and USDAW[15].

[9] HSE Violence at Work statistics 2024/25
[10] https://www.tuc.org.uk/news/8-10-workers-have-experienced-abuse-work-past-year
[11] https://unison.org.uk/key-issues/violence
[12] https://www.rmt.org.uk/campaigns/political/action-against-assaults/
[13] https://www.poauk.org.uk/support/violence-in-the-workplace/
[14] https://neu.org.uk/latest/library/violence-and-assaults-against-staff-schools-model-policy
[15] https://www.usdaw.org.uk/latest-news/freedom-from-fear-survey-2025/

Many of these violent incidents cause serious or fatal injuries but many others result in psychological symptoms without any significant physical injury and therefore are not reportable under RIDDOR. This is highly significant: for example, a 2025 report[16] estimated that 52% of UK prison officers were suffering from PTSD symptoms as a result of critical incidents including assaults or threats of violence.

Work-related suicide

Similarly, we see no reason the same approach could not be taken with respect to work-related suicide. The suicide could simply become reportable by the employer upon notification from the Coroner (Sheriff in Scotland) that it was work-related.

Alternatively, the Coroner (Sheriff) could be required to report the work-related suicide to the HSE thereby avoiding the situation which arose in the high-profile case of Ruth Perry in which the Prevention of Future Deaths report was issued but not sent to the HSE.
Either of these suggestions would address HSE's concerns set out in paragraph 3.19 of the Consultation, about pre-empting established investigative processes or requiring employers to determine causation.

Lessons learned from Covid 19 enquiry

On a more general point, lessons must be learned from the pandemic.

It is suggested that in future pandemics, all deaths of workers infected with (or suspected to be infected with, if prior to testing being widely available) a pandemic-causing disease, should automatically meet the reporting threshold. This would ensure that all deaths are promptly and formally recorded and can be investigated where necessary.

[16] Exploring Critical Incidents and Post-Traumatic Stress Among UK Prison Officers April 2025

And where a category of workers (e.g. healthcare workers) faces a substantially higher risk of infection, it should be assumed that an infection will meet the RIDDOR reporting criteria absent positive evidence to suggest that the infection was *not* acquired at work. The guidance should be formulated to require an inclusive, rather than an exclusive approach – and certainly should not be formulated to discourage reporting.

Question 19: Do you see opportunities for HSE to use this additional data from the expanded list of occupational diseases to target and reduce risks in this area?

We absolutely agree that the additional data provided by the expanded list of diseases will be crucial in targeting and reducing the risks associated with these diseases.

Question 20: Do you foresee any unintended consequences as a result of the proposal to revise the list of occupational diseases?

We are concerned that the inclusion of silicosis under pneumoconiosis and the reference only to asbestosis will lead to an under-reporting of these conditions.

Furthermore, the continued exclusion of work-related stress and suicides will detrimentally affect the HSE's ability to meet its strategic objective to reduce mental ill health in the workplace (see our response Question 18).

Proposal 3: Broaden the scope of accepted "diagnosis" for RIDDOR reporting purposes in Regulation 2 of RIDDOR

Question 21: To what extent do you agree or disagree with the proposal to broaden the accepted definition of "diagnosis".

We strongly agree with this proposal which reflects how medical services are provided in the 21st century.

Question 22: Do these professions [GMC registered doctor, registered nurse, and physiotherapist] in your experience, currently diagnose occupational diseases? Please select all that apply.

Question 23: Currently an occupational disease is only reportable if diagnosed by a GMC-registered doctor (such as a GP). Have you ever been made aware of a reportable disease diagnosed by someone other than a GMC-registered doctor?

Question 27: Do you foresee any unintended consequences as a result of the proposal to broaden the scope of accepted "diagnosis" for RIDDOR reporting purposes?

In our experience, these professions can diagnose one or more of the reportable occupational diseases. For example, a physiotherapist or registered specialist nurse, could diagnose a work-related musculoskeletal (MSK) condition.

We would suggest an additional profession of audiologist for noise induced hearing loss.

We do not see any unintended consequences as a result of the proposal but this could be reviewed as part of the 5 yearly PIR.

Proposal 4: Revise the list of dangerous occurrences in Schedule 2 of RIDDOR

Question 28: To what extent do you agree or disagree with the proposal to add or revise certain terms in the list of dangerous occurrences

We agree with the additional dangerous occurrences but disagree that the "Dropping Objects" category should be limited to occurrences that "could cause the death of a person". We recommend including "serious harm".

We make similar recommendations for the "Overturning of construction plant".

Proposal 5: Improving the reporting process

Table 8 - Proposed amendments to the RIDDOR reporting form

	Proposal	Explanation
1	Reduce the RIDDOR form questions	Removing questions from the template which have little or no impact on triaging or for intelligence purposes, for example the injured person's contact details, as this can be requested later if required.
2	Reorder the RIDDOR form question set	Reorder the existing question set on the form to improve logical progression and make the form easier to complete, for example starting with questions on reportability rather than on the organisation.

3	Review 'additional info' boxes	Information boxes are included within the RIDDOR form to alert users to relevant guidance. Further boxes could be added, where appropriate, and changes to language to improve understanding, for example guidance on what 'work-related' means, which saves the user needing to leave the form to obtain this elsewhere.
4	Review the questions requiring a free-text response to encourage a better explanation from users	Introducing prompts and open-ended questions to the free text section to guide users into providing a better explanation, for example including certain keywords when describing incidents.
5	Introduce a flow-chart and examples of completed report forms	Introduce a visual aid e.g. a flow chart, to assist users in determining whether an incident is reportable. Provide examples of well-written forms to inform users the level of detail required.

Question 34: To what extent do you agree or disagree with HSE's proposed amendments to the current RIDDOR reporting form.

Any changes that would make it easier for work-related injury to be reported are to be welcomed The proposed amendments appear sensible although we would disagree with removing the need to enter the injured person's contact details as there is a risk of being unable to locate them if they leave that employment or the employer ceases trading, for example.

We would strongly agree with the proposal to have clear links to the HSE Guidance within the form for each relevant section. We believe that the Regulations themselves should refer to the HSE Guidance and how to find it.

We also believe that RIDDOR reports should include ethnicity, age, and gender fields to provide a valuable insight into health inequalities in workplaces, sectors, and regions.

Question 35: Are there any other features you would like to see from HSE in a future digital RIDDOR reporting service?

Similarly, all the suggested digital improvements would make the reporting easier.

A wider point is the definition of "responsible person." Whilst there is provision for an employee or trade union safety representative to register a concern via the HSE website, we are not aware of any data regarding how many concerns are reported, investigated and their outcomes.

Our view is that the definition of "responsible person" should be expanded to include the injured person and a trade union safety representative and in the meantime the following annual data for the last 10 years is published: (a) number of reports/causes for concern from injured or other persons (b) number of reports/causes for concern from trade union safety representatives and (c) the percentage of these reports/causes for concern that were investigated and the outcomes of these investigations.

Concluding questions

Question 47: Do you have any further comments you would like to make about the regulation of RIDDOR?

The proposals set out in this consultation represent a valuable step in restoring RIDDOR as an effective tool for identifying, investigating, and preventing work-related injury, disease, and deaths.

We strongly support the reintroduction and expansion of the list of reportable occupational diseases, particularly in relation to silica and asbestos-related conditions.

However, if the HSE's objectives as set out in *Protecting people and places: HSE strategy 2022 to 2032* are to be met, the Regulations must go further. The continued exclusion of work-related mental ill-health and work-related suicides risks leave some of the most significant causes of modern workplace harm outside of the reporting regime. Likewise, the omission of heat-induced illness fails to reflect emerging workplace risks associated with climate change and rising temperatures.

Accurate reporting is not an end in itself; it provides the evidence base that enables the HSE and other regulators to identify trends, target interventions, undertake inspections and enforcement activity, and prevent future harm. Under-reporting obscures risks, limits learning opportunities and hinders effective prevention.

RIDDOR should be strengthened and modernised with a clear emphasis on inclusion, transparency, and prevention but effective reform will depend on meaningful and ongoing engagement with workplace stakeholders, particularly trade unions and their safety representatives. Trade unions are often the first to identify emerging risks, patterns of occupational disease and concerns about under-reporting, the FBU's DECON (carcinogenic fire contaminants) campaign[17] being a good example.

Safety representatives play a vital role in promoting compliance, supporting injured workers, and improving workplace health and safety outcomes.

[17] https://www.fbu.org.uk/campaigns/decon-fire-contaminants

A reporting system designed to prevent harm will be most effective when those with direct experience of workplace risks are actively involved in its development, implementation, and scrutiny.

We hope the HSE will adopt a broad and ambitious approach to this and future reviews and would welcome the opportunity to contribute further as the proposals develop.

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