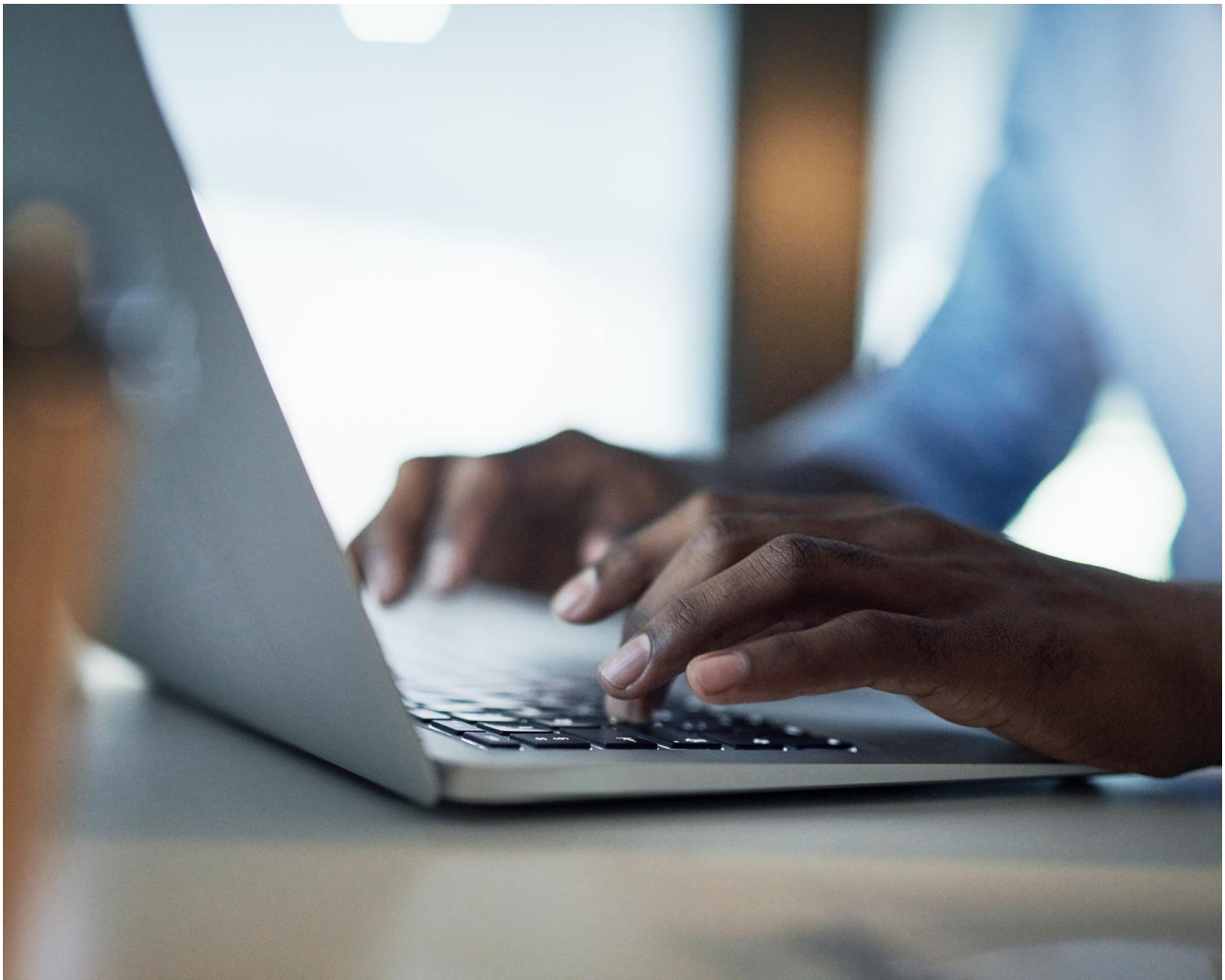
Consultation on proposals for The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

April 2026



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Consultation by the Health and Safety Executive

Overview

The Health and Safety Executive (HSE) undertakes a wide range of regulatory functions fundamental to enabling a safe and healthy workplace. We are dedicated to protecting people and places and helping everyone lead safer and healthier lives. Our role goes beyond worker protection to include public assurance. We work to ensure people feel safe where they live, where they work and, in their environment.

Great Britain (GB) has one of the best workplace health and safety performances in the world and achieves some of the lowest rates of occupational injury and fatality in Europe.

HSE's work supports innovation, productivity and economic growth in GB and businesses that adopt effective, proportionate health and safety practices increase productivity and employee engagement. HSE's strategy - Protecting people and places: HSE strategy 2022 to 2032 – also commits HSE to enabling industry to reduce workplace ill health.

This consultative document is issued by HSE in compliance with its duty to consult under section 50(3) of the Health and Safety at Work etc. Act 1974 and in line with the Government's Consultation Principles for consulting with stakeholders.

The consultation aims to seek stakeholder views on the legislative and non-legislative proposals for The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) summarised below:

Legislative

1. Clarify definitions in Regulation 2 of RIDDOR and associated guidance, where certain terms such as "work-related", "injury" and "routine work" have been identified as unclear or ambiguous.
2. Revise the list of occupational diseases in Regulation 8 of RIDDOR by reintroducing some diseases that were previously on the list and adding new diseases to ensure serious instances of ill-health are captured.
3. Broaden the scope of accepted "diagnosis" in Regulation 2 of RIDDOR to allow the diagnosis of an occupational disease by other types of registered health practitioners, not just doctors who are registered and hold a license to practice with the General Medical Council (GMC).

4. Revise the list of dangerous occurrences in Schedule 2 of RIDDOR by adding new categories and amending existing ones to reflect modern risks.

Non-legislative

5. Improve the RIDDOR reporting process by simplifying the online form to reduce both under-reporting and over-reporting and improve overall usability.

Consultees are invited to respond to a number of questions for each proposal to support policy development and cost benefit assumptions.

This consultation is relevant to all sectors and industries – in particular duty holders, self-employed people and those in control of work premises. It is also relevant to associated professions, including health care practitioners. Certain proposals, however, may apply more specifically to particular roles than to others.

Definition of terms

Duty holder

‘Duty holder’ is a broad term that describes any person or organisation with legal duties under health and safety law.

- It is not limited to a specific role — it could be an employer, contractor, self-employed person, or anyone who has control over work activities, premises, or equipment.
- The main principle is it is the person/persons who has the legal duty to manage risk and ensure safety.

Employer

An ‘employer’ is a duty holder with specific responsibilities toward their employees and others affected by their work.

- Their legal duties in relation to health and safety are mainly under the Health and Safety at Work etc. Act 1974 (HSWA) and supporting regulations.
- They must provide a safe working environment, proper training, safe systems of work, and adequate supervision.

Responsible person

A ‘responsible person’ means the person identified in accordance with regulation 3 of RIDDOR.

Responsible people will be:

- employers (in relation to workers)
- some self-employed people
- those in control of work premises when a reportable work-related accident or incident has occurred

Work-related accident or incident

'Work-related accident or incident' means an accident or incident arising out of or in connection with work. An accident taking place at work premises does not, in itself, mean that it is work-related – the work activity itself must cause the accident.

An accident is work-related if any of the following played a role:

- how the work was carried out, including how the work was organised, supervised or performed by a duty holder or any of their employees, or by a self-employed person
- any machinery, plant, substances or equipment used in connection with the workplace or work processes carried out there
- the condition of the workplace where the accident happened, including:
  - the state of the structure or fabric of a building or outside area forming part of the workplace
  - the state and design of floors, paving, stairs, lighting, etc.

An incident can include an undesired outcome, a 'near miss' or an event that, while not causing harm, has the potential to cause injury or ill health.

Reporting Procedure

RIDDOR reports should only be submitted by the responsible person.

For each type of reportable accident or incident, the 'reporting procedure' details how the responsible person must notify the relevant enforcing authority. The enforcing authority may be HSE, but it can be another regulator such as the Office for Rail and Road (ORR) or the Office for Nuclear Regulation (ONR).

The reporting procedure is listed, in relation to—

(a) an injury, death or dangerous occurrence (except at a mine or quarry), the procedure described in paragraph 1 of Part 1 of Schedule 1;
(b) an occupational disease or a disease offshore, the procedure described in paragraph 2 of Part 1 of Schedule 1;

(c) exposure to a carcinogen, mutagen or biological agent, the procedure described in paragraph 3 of Part 1 of Schedule 1; or
(d) an injury, death or dangerous occurrence at a mine or quarry, the procedure described in paragraph 4 of Part 1 of Schedule 1.

How to submit responses

Responses must be received by 30 June 2026.

The easiest way to submit responses is by using the online survey further below; or

Respond by email

Download the Word document version of this consultation and email it to: RIDDORconsultation2026@hse.gov.uk.

Respond on paper

Download the Word document version of this consultation and send it to:

RIDDOR Consultation
Health and Safety Executive
Building 2.2 Redgrave Court
Merton Road
Bootle
Merseyside L20 7HS

Once the consultation closes

When the consultation has closed, HSE will consider the views expressed to decide how best to take the proposals forward based on an interpretation and analysis of the responses. A summary of HSE's response to the views expressed by respondents will be published on the consultation webpage after the close of the consultation period.

To take account of the responses received to this consultation HSE may further refine the proposals, and any potential legislative changes are subject to agreement from the wider Government. Further communications will be issued for interested parties in advance of any regulatory changes coming into force.

Confidentiality and GDPR

HSE tries to make its consultation procedure as thorough and open as possible. Information provided in response to this consultation may be subject to publication or disclosure in accordance with the access to information regimes (these are primarily the

Freedom of Information Act 2000 (FOIA), the UK General Data Protection Regulation (GDPR) and the Environmental Information Regulations 2004 (EIR)). Statutory Codes of Practice under the FOIA and EIR also deal with confidentiality obligations, among other things.

If you would like us to treat any of the information you provide as confidential, please make this clear in your response. If we receive a request under FOIA or EIR for the information you have provided, we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances.

Any automatic confidentiality disclaimer generated by your IT system will be disregarded for these purposes. Requests for confidentiality should be made explicit within the body of the response.

HSE will process all personal data in accordance with the GDPR. This means that personal data will not normally be disclosed to third parties and any such disclosures will only be made in accordance with the Regulations. See HSE's Privacy Policy Statement.

Quality assurance and complaints

If you have any complaints about the consultation process (as opposed to comments about the proposals which are the subject of the consultation) please send an email outlining your concern to RIDDORconsultation2026@hse.gov.uk. HSE aims to reply to all complaints within 10 working days.

Introduction

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR)

1.1. 'Reclaiming health and safety for all: An independent review of health and safety legislation' was published on 28 November 2011 and identified a number of issues associated with the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 (RIDDOR 1995), particularly that the categories of incidents that were required to be reported were unnecessarily complicated.

1.2. The review included a recommendation that RIDDOR 1995 and its associated guidance be amended to provide clarity for businesses on what to report and how to comply. Following stakeholder consultation and an amendment via the Reporting of Injuries, Diseases and Dangerous Occurrences (Amendment) Regulations 2012, the current RIDDOR revoked and replaced RIDDOR 1995, with the aim of simplifying the reporting requirements for informing enforcing authorities about serious work-related accidents and incidents.

1.3. RIDDOR, made under the Health and Safety at Work Act etc.1974, requires that employers, and other people in charge of work premises, report and keep records of:

- all work-related fatalities;
- certain work-related injuries;
- diagnosed cases of reportable occupational diseases; and
- certain 'dangerous occurrences' (incidents with potential to cause harm).

1.4. RIDDOR requires that the responsible person must notify, and subsequently send a report to, the relevant enforcing authority by phone or using the online forms on the HSE website. This ensures that the enforcing authority can identify work-related accidents or incidents which may need to be followed up to ensure workplace risks are being adequately controlled. The relevant enforcing authorities for RIDDOR are the HSE, Local Authorities (LA), Office for Rail and Road (ORR) and Office for Nuclear Regulation (ONR), depending on the workplace.

1.5. Not all accidents or incidents need to be reported; the requirement to send a RIDDOR report depends on the type of accident or incident.

- **Reportable injuries** – work-related incidents (excluding suicide) which result in a death, specified reportable injuries to workers, over 7-day incapacitation of a worker and non-fatal accidents to people other than workers.
- **Occupational diseases** – diagnoses of certain occupational diseases, occupational cancer (caused by significant exposure to hazardous substances such as wood dust over a prolonged period) and occupational exposure to a biological agent such as legionella.
- **Dangerous occurrences (DOs)** – certain incidents with a high potential to cause death or serious injury, which arise out of or in connection with work and could risk harm to others.
- **Gas incidents** – incidents in connection with gas, where someone has died, lost consciousness or been taken to hospital for treatment.

1.6. When a RIDDOR report is sent by the responsible person, HSE will assess the report on risk and the potential for regulatory impact and triage the information to the appropriate enforcing authority. Inspectors use various techniques, including enforcement, to deal with risks and secure compliance with the law, ranging from the provision of advice to enforcement notices. They can initiate or recommend prosecution where the circumstances warrant punitive action.

1.7. Data provided under RIDDOR, particularly in relation to work-related injuries, also contributes to HSE's evidence base. Aggregated RIDDOR data is used alongside a range of other sources to provide important insight into existing and emerging risk factors.

1.8. RIDDOR applies to Great Britain (GB) and extends to premises and activities specified in the Health and Safety at Work etc. Act 1974 (Application Outside GB) Order 2013; Northern Ireland has similar but separate legislation.

Purpose of the consultation

1.9. Work-related ill health can have serious effects on individuals and their families, as well as employers, Government and wider society. Regulation underpins and impacts almost all areas of the UK economy and can protect individuals from public health risks. When used effectively, regulations safeguard employees from harm at work, enabling a healthy and productive workforce.

1.10. In Great Britain (GB), 1.9 million workers suffered from work-related ill health (new or long-standing) in 2024/25, and it is estimated that 11,000 lung disease deaths each year are linked to past exposures at work as detailed in 'Work-related ill health and occupational disease in GB'.

1.11. The latest RIDDOR statistics show that there have been 124 fatal injuries (employees and self-employed) as a result of work-related accidents in 2024/25 as detailed in Fatal injuries - HSE, with a further 59,219 employee non-fatal injuries reported by the responsible person in 2024/25, detailed in Non-fatal injuries at work in Great Britain - HSE.

1.12. The latest HSE estimates show that, based on data from 2022/23 to 2024/25, an average of 623,000 workers were injured in workplace accidents each year and a further 679,000 workers each year suffered a new case of ill health which they believe to be caused or made worse by their work, as detailed in Costs to Great Britain of workplace injuries and new cases of work-related Ill Health – 2023 to 2024 - HSE.

1.13. Cases of work-related ill health are often the result of duty holders or employees not using adequate controls to prevent exposure or not fully understanding the risks and how to prevent them. This can create a ripple effect where exposure controls are not then asked for by employees as part of work activities. Businesses may also be deterred from reporting ill health cases to HSE to maintain their reputation as a prospective employer. It is also recognised that long-term work-related ill health can occur only after a long latency period and be hard to attribute to any one exposure if it emerges years later.

1.14. It is important for HSE as the regulator of these risks (alongside other regulators) to have up-to-date information on individual instances of death, injury, ill health or other incidents. This data can be broken down into different categories such as industry, age and location, which allows HSE to target specific incidents for further investigation.

1.15. The consultation welcomes views on whether the regulatory and non-regulatory proposals will help support HSE's work to tackle work related ill health by expanding

the data available to us. Equally, whether we can reduce the burden on businesses, in making these reports to the regulator, through simplification of the reporting process.

Government 'Regulation Action Plan' commitments

1.16. In March 2025, the Government published the 'New approach to ensure regulators and regulation support growth' paper, referred to as the Regulation Action Plan ('RAP'). The RAP recognises the vital role that regulation plays in safeguarding employees and the wider public from harm and, when designed and implemented well, regulations can be an essential tool to promote growth and investment.

1.17. However, the RAP also recognises that regulations can be too complex, and businesses can suffer from a lack of certainty which can stifle progress and innovation. There can also be high associated administrative costs for businesses arising from activities such as filling out forms or from overly onerous and disproportionate reporting requirements.

1.18. HSE are dedicated to protecting people and places, and helping everyone lead safer and healthier lives, however its role goes beyond worker protection to include public assurance. For regulation to function effectively, it needs to account for modern-day working practices and reduce any barriers to compliance, such as unnecessary administrative burdens within its system, both for businesses and HSE.

1.19. In support of the RAP, HSE provided a specific commitment to *"initiate work in 2025 to consult on potential changes to RIDDOR and consider improvements to the reporting process to ensure business can comply in the most efficient way possible"*. This consultation seeks views on whether the regulatory and non-regulatory proposals set out will improve HSE's regulatory approach and whether we can simplify the reporting process to reduce administrative burdens on business.

Post Implementation Review Recommendations

1.20. RIDDOR contains a statutory review clause which requires HSE to assess whether the objectives remain appropriate and whether RIDDOR achieves the intended outcomes. HSE must publish a post implementation review (PIR) every five years from the date that the regulations came into force (1 October 2013).

1.21. To support the information gathered in the PIRs, HSE used evidence from a range of sources, including:

- administrative and operational data from HSE including analysis of a sample selection of RIDDOR reports;
- qualitative interviews with internal and external stakeholders; and
- surveys sent to Local Authority representatives.

First Post Implementation Review (October 2018)

1.22. The 2018 PIR made three recommendations:

- **Recommendation 1:** To narrow the scope of Regulation 5 (non-fatal injuries to non-workers) by amending it to align with the reporting criteria under regulation 4(1) of RIDDOR 2013 (non-fatal injuries to workers).

- **Recommendation 2:** To expand the list of occupational diseases required to be reported under Regulation 8 to appropriately reflect the breadth of occupational diseases of interest to HSE.

- **Recommendation 3:** To review and amend the existing guidance to further clarify the RIDDOR reporting requirements.

1.23. Recommendations 1 and 2 were carried forward and addressed in the 2023 PIR. In response to Recommendation 3, HSE made improvements to guidance and terminology to reduce over-reporting.

Second Post Implementation Review (October 2023)

1.24. Recommendation 1 of the 2018 PIR was considered in this review, which concluded that, while implementing recommendation 1 would reduce the overall number of reports submitted, it would not tackle the issues which drive over-reporting. It was therefore recommended that no change is made to regulation 5 and instead, the concerns should be addressed by improving the clarity of terms used in RIDDOR, the guidance and the RIDDOR reporting form. This helped form the basis of recommendation 1, 4 and 5 in the 2023 PIR.

1.25. Recommendation 2 of the 2018 PIR was considered and still deemed necessary; this became recommendation 4 in the 2023 PIR.

1.26. Therefore, building on the 2018 PIR, the 2023 PIR made five recommendations: 2 non-legislative and 3 legislative.

- **Recommendation 1 (non-legislative):** To review and revise RIDDOR guidance to ensure that reporting requirements are clear and unambiguous and that responsible persons are provided with sufficient information to make decisions.

- **Recommendation 2 (non-legislative):** To review and revise the RIDDOR reporting form to ensure that it is clear, easy to complete and ensures reports are made in line with the reporting criteria and submitted under the correct category.

- **Recommendation 3 (legislative):** To review the terms used throughout RIDDOR to ensure that, where necessary, definitions are provided in Regulation 2 which are clear and unambiguous. Where definitions do not provide the required clarity more information or examples should be provided in the guidance to ensure responsible persons understand the reporting requirements.

- **Recommendation 4 (legislative):** To review the list of occupational diseases with a view to expanding it to include areas where HSE regulatory intervention can add value. Consideration should be given to recording the list in a Schedule to offer more flexibility for future changes.

- **Recommendation 5 (legislative):** Consideration should be given to reviewing the list of reportable dangerous occurrences in Schedule 2 to the Regulations to ensure that all necessary dangerous occurrences are captured in order to minimise the risk of serious pre-cursor events not being brought to HSE's attention.

1.27. Recommendation 1 and 2 have been considered and a light touch review of the guidance and reporting form were undertaken, however more can be done to further simplify these processes to reduce the administrative burden of reporting on duty holders. The legislative recommendations have been considered, and this has helped to shape the policy proposals set out in this consultation.

1.28. As part of the RAP commitment, this consultation seeks stakeholder views on HSE's policy proposals in response to evidence gathered during the 2023 PIR which highlighted that the online reporting form and guidance materials were unclear and difficult to navigate, particularly for small and medium-sized enterprises (SMEs). Small businesses have 10-49 employees; medium businesses have 50-249 employees.

HSE's intelligence gathering and informal co-regulatory engagement

1.29. Alongside the evidence gathered in the 2018 and 2023 PIRs, ahead of this consultation, proactive engagement was undertaken with internal HSE specialists and HSE's key co-regulators - Office for Rail and Road, Office for Nuclear Regulation and representatives from the LAs to gather early insights, identify potential areas of concern and ensure alignment across regulatory bodies.

Objectives of the legislative and non-legislative policy proposals

1.30. The overall strategic policy objectives for potential changes to RIDDOR are to:

- Improve data and intelligence for HSE and co-regulators to account for current and emerging workplace risks.
- Better align HSE's activities with its strategic goals to reduce work-related ill health and maintain GB's record as one of the safest countries to work in.
- Reduce costs for duty holders that currently over-report and simplify the process further to improve compliance and reduce instances of under-reporting.

1.31. The intended outcome of the legislative proposals is to provide a more targeted collection of data that reflect modern workplace risks and health conditions, to reduce instances of harm and ill-health, and provide more clarity around existing definitions and terminology to avoid potential confusion for stakeholders. Reducing the number of workplace deaths, injuries and diseases would have beneficial effects for society generally and the wider economy as more people stay healthier and safer in their employment.

1.32. The intended outcome of the non-legislative proposal is to reduce any unnecessary administrative burdens on duty holders by improving the reporting process for RIDDOR with the aim of simplifying the required information and clarifying terms which lead to inconsistent reporting.

1.33. HSE has considered the recommendations from the 2023 PIR and feedback following engagement with HSE specialists and key co-regulators to develop the proposals detailed in each of the sections that follow.

1.34. Stakeholders are asked to respond to the general questions that follow; each of the proposals is then detailed and further questions are asked on both the policy proposal and the potential cost impacts.

General questions

Question 1: Who are you responding as?	Status	Please select only one response
Which of the following best describes your role? (please select only one response)	Employee	
	Employer	
	Contractor	
	Consultant	
	Health and Safety professional	
	Healthcare practitioner (GMC-registered doctor)	
	Healthcare practitioner (registered nurse)	
	Healthcare practitioner (physiotherapist)	
	Healthcare practitioner (other - please specify)	
	Self-employed	
	Member of the public	
	Local government/ local authority	
	Non-governmental organisation (NGO)	
	Safety representative	
	Trade Union	

	Other (please specify)	

Question 2: What is the size of your business or current employment?	Number of people	Please select only one response
Which of the following best describes the size of your business or employment? (please select only one response)	Self-employed	
	2 to 4	
	5 to 9	
	10 to 19	
	20 to 49	
	50 to 99	
	100 to 249	
	250+	
	N/A	
	Don’t know/ unsure	

Question 3: What is the approximate annual turnover of your business or current employment?	Approximate annual turnover	Please select only one response
Which of the following best describes the annual turnover of your business or employment? (please select only one response)	£0k to £49k	
	£50k to £99k	
	£100k to £249k	
	£250k to £499k	
	£500k to £999k	
	£1m to £1.9m	
	£2m to £4.9m	
	£5m to £9.9m	
	£10m to £49.9m	
	£50m+	
	N/A	
	Don’t know/ unsure	

Question 4: How do you find using the online RIDDOR reporting form? You may skip to Question 10 if you select 'N/A- I have never completed a RIDDOR report form'.	
Very easy	
Somewhat easy	
Neither easy nor difficult	
Somewhat difficult	
Very difficult	
Don't know/ unsure	
N/A- I have never completed a RIDDOR report form	
a) If you selected 'somewhat difficult' or 'difficult', please briefly explain your reasons why. [Free Text]	

Please do not respond to this question if you selected 'N/A- I have never completed a RIDDOR report form' in question 4. Question 5: On average, roughly how many RIDDOR reports does your organisation make per year?
[Free text]

Please do not respond to this question if you selected 'N/A- I have never completed a RIDDOR form' in question 4. Question 6: What device do you typically use to submit a RIDDOR form? Please select only one.	
Desktop computer	
Laptop	

Tablet	
Smart phone	
Other (please specify)	
Don't know/ unsure	
a) If you have selected 'other', what device do you typically use? [Free text]	

Please do not respond to this question if you selected 'N/A- I have never completed a RIDDOR form' in question 4. Question 7: What browser do you typically use to submit a RIDDOR form? Please select only one.	
Android Open Source Project	
Apple Safari	
Google Chrome	
Firefox	
Microsoft Edge	
Opera	
Samsung Internet	
UC	
Other (please specify)	

Don't know/ unsure	
a) If you have selected ‘other’, what browser do you typically use? [Free text]	

Please do not respond to this question if you selected 'N/A- I have never completed a RIDDOR form' in question 4. Question 8: Have you ever submitted a RIDDOR report when you were unsure it was required?		
Yes	No	Don't know/ unsure

Please do not respond to this question if you selected 'N/A- I have never completed a RIDDOR form' in question 4. Question 8a: If 'yes' was selected at question 8, if you have submitted a RIDDOR report when you were unsure, why did you submit it? Please select all that apply.	
To create an audit trail for organisational/ business purposes	
Re-assurance for company or third-party policy e.g. insurers	
Worried about legal consequences of failing to comply with RIDDOR	
Worried about other legal consequences e.g. civil litigation	
Other	
If you have selected 'other', please briefly explain your reasons why. [Free text]	

Please do not respond to this question if you selected 'N/A- I have never completed a RIDDOR form' in question 4. Question 9: What do you think are the top three reasons that may prevent someone from reporting? Please rank your responses, 1 being the most applicable and 3 being the least.	
Finding the process unclear	
Finding the process burdensome	

Uncertainty as to whether the injury/ illness/ incident was classified as significant enough to report	
Thinking too much time had passed	
Being concerned about being blamed for the incident/ accident and being involved in civil/ criminal litigation	
Other	
a) If you have selected 'other', please briefly explain your reasons why. [Free text]	

Time to complete and submit a RIDDOR form

To understand the overall costs to business, HSE has produced estimates for key areas of the RIDDOR reporting process. To test these estimates, we need to ask some questions of you to further develop the costings throughout this document.

HSE estimates that the time it takes to complete a RIDDOR form is typically around 23.5 minutes. This comprises:

- Around 10 minutes to gather the relevant material
- Around 11 minutes to fill the form in
- Around 2.5 minutes to print off a copy and file it for internal records

This time is over-and-above the time you would spend investigating and documenting the incident; and filling in the Accident Book (if relevant), both of which you would do anyway.

Question 10: Do you think the period of around 10 minutes to gather the relevant material to complete a RIDDOR form is about right? Note: this is in addition to any time you have spent investigating and documenting the incident and filling in the Accident Book.

Much too high	Too high	About right	Too low	Much too low	Don't know/ unsure

a) If you disagree with this estimate, what would be a better estimate and why? [Free Text]

Question 11: Do you think the period of around 11 minutes to fill the RIDDOR form in is about right?					
Much too high	Too high	About right	Too low	Much too low	Don't know/ unsure
a) If you disagree with this estimate, what would be a better estimate and why? [Free Text]					

Question 12: Do you think the period of around 2.5 minutes to print (or otherwise digitally save) the RIDDOR form for internal record-keeping is about right?					
Much too high	Too high	About right	Too low	Much too low	Don't know/ unsure
a) If you disagree with this estimate, what would be a better estimate and why? [Free Text]					

Question 13: HSE anticipates that a RIDDOR form will typically be filled in by a specialised person, like a health and safety manager. Is this right for your organisation?	
Yes	
No, it's typically someone more senior, like a director	
No, it's typically someone less senior i.e., a worker who is not a health and safety specialist or manager	
No, it's typically an administrative worker	
No, it's typically someone else [specify below]	
Don't know/ unsure	
a) If you have selected 'No, it's typically someone else', what role would that person have? [Free text]	

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

Background

2023 PIR Recommendation

To review the terms used throughout RIDDOR to ensure that, where necessary, definitions are provided in Regulation 2 which are clear and unambiguous. Where definitions do not provide the required clarity, more information or examples should be provided in the guidance to ensure responsible persons understand the reporting requirements.

2.1. Anecdotal evidence gathered from stakeholder interviews and a local authority survey for the 2023 PIR highlighted a need for clarity in the existing definitions in RIDDOR, with frequent queries being raised about what constitutes a reportable incident.

2.2. Inconsistent reporting for RIDDOR typically arises from varied interpretations of key terms such as “work-related”, “significant” or “routine work”. Information submitted by the responsible person which results in inconsistent data makes it difficult for HSE and other regulators to identify patterns, assess the risk accurately and allocate resources effectively.

2.3. Misinterpretation of the terms defined (or currently undefined) in Regulation 2 of RIDDOR can have significant consequences for both compliance and regulatory outcomes. Of these consequences, over-reporting (where incidents that do not meet the criteria are submitted) presents a significant challenge, particularly for SMEs. In 2024/25, 8.2% or 7,742 reports of all RIDDOR reports did not qualify as reportable.

2.4. This is a consequence of businesses submitting reports for incidents that do not meet the RIDDOR criteria. This not only consumes valuable time and resources for the duty holder but also results in an unnecessary administrative burden for the regulator.

2.5. HSE is particularly aware of incidents of falls or minor injuries involving members of the public that are being reported unnecessarily due to uncertainty about whether they meet the criteria.

2.6. Conversely, misinterpretation of the definitions may lead to the under-reporting of incidents (where significant events are missed entirely) that are legally required to be reported. This can also have serious implications. Failure to comply with statutory duties may expose businesses to legal liability and enforcement action.

2.7. Moreover, under-reporting prevents regulatory bodies from identifying and addressing risks, thereby missing opportunities for intervention that could prevent future harm.

HSE's proposal

2.8. HSE proposes to clarify definitions in RIDDOR, where necessary, and definitions in the associated guidance to aid consistent and accurate interpretation of terms by duty holders. HSE will also update its guidance with examples. Some of the definitions identified in the 2023 PIR can only be amended by legislation.

2.9. The 2023 PIR identified most of the areas listed in Table 1 as contributing to a high level of misunderstanding of the requirements. HSE's proposal to improve these terms, and any guidance associated, should decrease both under and over reporting within RIDDOR and provide more accurate data for operational teams, sector leads and HSE statisticians. This option is also in line with the commitment in the RAP, to reduce complexities within the existing system and remove the uncertainty businesses may currently be facing when deciding whether or not to submit a RIDDOR report.

2.10. Since RIDDOR was introduced, many sectors have evolved and new technologies and working environments have emerged, providing new or slightly different interpretations of these definitions. Table 1 also acknowledges and accounts for this.

2.11. Informal engagement with external stakeholders and co-regulators to explore the practical implications of proposed changes to RIDDOR provided valuable feedback on sector-specific challenges, such as the interpretation of reporting thresholds and the impact of emerging technologies. Co-regulators contributed constructive suggestions to improve clarity and reduce administrative burden, while maintaining the integrity of data collection.

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

	Terms and issues identified	Proposal
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.
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.
3	Qualifying terms in Occupational Disease Reporting • Terms like "regular" and "significant" are used to describe work activities but are not defined in RIDDOR. • This leads to inconsistent reporting and uncertainty for duty holders.	The meaning of the terms is context dependent and therefore needs the flexibility to apply it properly; providing a fixed definition would be unhelpful. HSE proposes providing further clarification and examples in HSE guidance.
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.	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.

	• Whilst stakeholders feel the term is clearly defined in the Regulations, they feel HSE guidance lacks clarity.	
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.
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 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.	"Routine work" is already defined in RIDDOR. HSE proposes providing further clarification and examples in HSE guidance.
7	"Diver" • Not defined though related terms are defined in the Diving at Work Regulations 1997 (DWR). • Unclear whether incidents involving non-working	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

	divers (e.g., public) are reportable.	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.
8	"Hospital" and "Treatment" • 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.	HSE already has guidance on "hospital" and "treatment" 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.

Policy questions

2.12. The following questions are relevant to all - in particular those identified as the responsible person under RIDDOR.

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.						
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Don't know/ unsure
Work-related – define in guidance						
Injury vs Personal Injury – define in legislation						
Regular and significant – define in guidance						
Diagnosis – define in legislation						
Crush injury – define in guidance						
Scalping – define in guidance						
Enclosed Space – define in legislation						
Routine Work – define in guidance						
Diver – define in guidance						
Hospital – define in guidance						
Treatment – define in guidance						
Approved manner – define in legislation						
a) If you have selected 'disagree' or 'strongly disagree', please briefly explain the reason for your response. [Free text]						

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?		
Yes	No	Don't know/ unsure
a) If yes, what is the definition and briefly explain why it is unclear. [Free Text]		

Question 16: What effect would extra RIDDOR guidance have upon your organisation's degree of uncertainty around compliance?	
It would significantly reduce uncertainty	
It would reduce uncertainty	
It would have no effect	
It would increase uncertainty	
It would significantly increase uncertainty	
N/A – my organisation is not uncertain with how to comply with RIDDOR	
Don't know/ unsure	
a) Please briefly explain your reasons why. If possible, please describe the effects that uncertainty with how to comply with RIDDOR currently has on your organisation, including any costs that this generates for you. [Free Text]	

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

Background

2018 and 2023 PIR recommendation

To review the list of occupational diseases with a view to expanding it to include areas where HSE regulatory intervention can add value.

3.1. Regulation 8 of RIDDOR requires employers and self-employed people to report cases of certain diseases which occur when exposed to specified hazards at work.

3.2. Evidence gathered from the 2018 and 2023 PIRs indicated there should be a broadening to the scope of RIDDOR-reportable occupational diseases in areas where regulatory action can provide meaningful benefits, based on the following criteria:

- there is a known risk/causal link arising between the diagnosed medical condition and a specific work activity or activities;
- there are clear benchmark standards to prevent, control or mitigate that risk outlined in HSE or industry guidance;
- regulatory intervention may be required to ensure risk is adequately controlled.

3.3. Following the Löfstedt Review in 2011, the list of reportable occupational diseases was reduced in 2013 from 47 reportable occupational diseases to six, with additional categories for those diseases attributable to occupational exposure to carcinogens, mutagens and biological agents. Whilst the change in 2013 was successful in removing many categories where reporting numbers were low, both internal and external stakeholders have raised concerns that some cases of serious ill-health no longer come to the attention of the enforcing authority. The current list is outlined below:

- **Carpal Tunnel Syndrome**, where the person's work involves regular use of percussive or vibrating tools;

- **cramp in the hand or forearm**, where the person's work involves prolonged periods of repetitive movement of the fingers, hand or arm;

- **occupational dermatitis**, where the person's work involves significant or regular exposure to a known skin sensitizer or irritant;

- **Hand Arm Vibration Syndrome**, where the person's work involves regular use of percussive or vibrating tools, or the holding of materials which are subject to percussive processes, or processes causing vibration;

- **occupational asthma**, where the person's work involves significant or regular exposure to a known respiratory sensitizer; or

- **tendonitis or tenosynovitis in the hand or forearm**, where the person's work is physically demanding and involves frequent, repetitive movements.

3.4. These reportable occupational diseases must be diagnosed by a doctor and employees must provide the diagnosis in writing to their employer. Diagnosis includes:
- identifying any new symptoms, or
- any significant worsening of existing symptoms.

3.5. Once a report is received, HSE uses the information to:
- assess individual cases to determine whether they need investigating and, where appropriate, take enforcement action.
- determine causes and identify what actions a duty holder needs to take to prevent any recurrence.
- share lessons with industry and co-regulators.
- inform future areas for research.
- consider any emerging areas of concern in relation to industries, processes and materials.

3.6. Alongside the information gained through RIDDOR reports, HSE also uses a range of other data sources such as the Labour Force Survey (LFS) and reporting schemes available by The Health and Occupational Research (THOR) Network, to inform its work planning and research into occupational ill-health. The LFS provides valuable statistics on self-reported work-related ill health in the UK and is conducted by Office for National Statistics (ONS), the Government's largest producer of statistics. The THOR network uses voluntary data submitted by physicians to

measure the incidence and trends in incidence of occupational diseases in the UK, helping to identify at-risk sectors of the workforce.

3.7. However, whilst these sources are vital for providing an overarching view of occupational ill-health, the data is collected solely for the purpose of statistics and research. The data is therefore unsuitable for regulatory and operational purposes as it would undermine the confidentiality guarantee provided to respondents.

3.8. A current example of this challenge is associated with reports of a rise in accelerated silicosis cases, and deaths, being attributed to workers manufacturing kitchen and bathroom worktops made using engineered stone.

Silicosis is a debilitating disease caused by inhalation of silica dust from stone working processes, resulting in a loss of lung function. It can also be fatal. Sufferers can develop severe shortness of breath and may find it difficult or impossible to walk even short distances or up stairs. The disease may continue to progress after exposure has stopped and is irreversible. Sufferers can become house or bed-bound and can die prematurely.

3.9. Silicosis is preventable if the right control measures are used in the workplace. However, as silicosis is not currently a reportable occupational disease, HSE primarily receives information on these cases by data gathered using the Surveillance of Work-related and Occupational Respiratory Disease (SWORD) system (part of the THOR network) or ‘a Regulation 28 report’, also known as a ‘Prevention of Future Deaths’ report, issued under The Coroners (Investigations) Regulations 2013.

3.10. SWORD is a voluntary anonymised scheme where reports are submitted by respiratory specialists. Whilst the system helps identify trends in cases of occupational ill-health, anonymised data does not allow HSE to find the workplaces where workers have been exposed. A Regulation 28 report is sent by the Coroner to HSE after the death of a worker, which allows HSE to open an investigation into the circumstances of the death. However, by the time HSE receives a Regulation 28 report, it is too late.

3.11. The overarching data set helps identify high-risk sectors, emerging risks and trends, however without detailed information, it can make it difficult for HSE to accurately identify specific cases requiring further investigation. This can impact on operational activity, affecting the ability to target inspections and enforce as appropriate.

HSE's proposal

3.12. HSE proposes to update the current list of six reportable occupational diseases by reintroducing nine conditions from RIDDOR 1995 and expanding the list to include four new diseases where HSE intervention can add strategic value.

3.13. Following internal review, HSE proposes the list detailed in Table 2. All the conditions are recognised as work-related occupational diseases and a diagnosis can represent a potential failure to control workplace risks.

3.14. 'Existing' diseases in the current RIDDOR regulations will continue to be reportable. These diseases remain significant in terms of occupational health risk, and keeping these diseases on the list ensures that HSE can continue to monitor and respond to the established risks effectively.

3.15. 'Reintroduced' diseases are those that were previously reportable under RIDDOR 1995 but removed following the Löfstedt review. The decision to bring these diseases back is based on evidence from the LFS and through THOR that non-compliance persists in certain sectors, and these conditions remain relevant and prevalent. By re-establishing these diseases as reportable, HSE aims to create a more accurate baseline for occupational ill-health. This will enable better targeting of interventions in industries where these conditions are still prevalent.

3.16. 'New' diseases are being proposed for inclusion to address emerging risks in the modern workplace. These additions reflect the severity of the condition, alongside the need to capture health issues associated with new technologies and evolving work environments, such as bronchiolitis obliterans, which is a permanent narrowing of the small airways and can arise from work processes involving exposure to diacetyl. One source of exposure to this chemical is certain food flavourings, and as the first cases were identified in popcorn production workers, the condition also has been known as 'popcorn lung'.

3.17. The inclusion of new diseases is also in line with the commitment made in the RAP by ensuring RIDDOR remains relevant and effective towards modern-day challenges, identifying and managing risks that may not have been significant in the past. By expanding the list, HSE can add regulatory value and futureproof the reporting system against changing occupational hazards.

3.18. Work-related stress (WRS) and suicide were considered in the internal review for inclusion however, at this time, is not being proposed. While WRS is a serious workplace issue, its exclusion from RIDDOR is based on wider organisational considerations. It is difficult to define WRS in a way that allows for consistent and reliable reporting across sectors. HSE will continue to monitor and address WRS through other regulatory and policy tools.

3.19. Decisions about the causes of death in GB are made by Coroners in England and Wales, and the Procurator Fiscal (and, where applicable, the Sheriff Court through a Fatal Accident Inquiry) in Scotland. Only these authorities can decide whether the cause of death was suicide. Introducing a legal requirement for an employer to attribute a suicide to work related factors and report it through RIDDOR would pre-empt these established investigative processes and require employers to make determinations about causative factors which would involve multiple strands of inquiry, some of which are unavailable to the employer, for example, access to the deceased's medical records. As such, suicide is not included in the proposals as HSE considers that the existing statutory investigation systems remains the most effective and accurate way of considering such deaths.

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
9	Asbestosis *A chronic lung disease caused by inhaling asbestos fibres.*	Reintroduced
10	Hypersensitivity pneumonitis (e.g. farmers lung)	Reintroduced

	Occupational Disease	Status
	A lung disease triggered by an allergic reaction to inhaled substances.	
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
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

Policy questions

3.20. The following questions are relevant to all - especially high-risk sectors where the proposed occupational diseases are more prevalent.

Question 17: To what extent do you agree or disagree with the proposed occupational diseases for inclusion on the occupational diseases list.						
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Don't know/ unsure
Pneumoconiosis (including silicosis but excluding asbestosis)						
Decompression illness, pulmonary barotrauma and dysbaric osteonecrosis (DON)						
Asbestosis						
Hypersensitivity pneumonitis (e.g. farmers lung)						
Cadmium related emphysema						
Beryllium disease (skin and respiratory)						
Chromium related ulceration						
Knee and elbow bursitis						

Oil folliculitis						
Noise induced hearing loss						
Bronchiolitis obliterans						
Occupational allergic rhinitis						
Occupational contact urticaria						
a) If you have selected ‘disagree’ or ‘strongly disagree’, please briefly explain the reason for your response. [Free text]						

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?

Yes	No	Don’t know/ unsure
a) If yes, which occupational disease(s) and why should it/they be included? Please provide any data or evidence to support this, where available. [Free Text]		

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?

Yes	No	Don’t know/ unsure
a) If no, please provide a brief explanation for this response. [Free Text]		

Question 20: Do you foresee any unintended consequences as a result of the proposal to revise the list of occupational diseases?		
Yes	No	Don't know/ unsure
a) If yes, please briefly explain your reasons why. [Free Text]		

Cost benefit analysis

3.21. The number of additional reports has been estimated based on past RIDDOR data for those conditions that were previously reportable; The THOR network, which gathers data from participating physicians; and the Industrial Injuries Disablement Benefit (IIDB) scheme, which is a state benefit for people injured or made ill through their occupation and includes physician assessment of potential beneficiaries. Estimated mid-point numbers of additional reports per annum are:

a) Pneumoconiosis: around 102 per annum
b) Decompression illness, pulmonary barotrauma and dysbaric osteonecrosis: around 5 per annum
c) Asbestosis: around 505 per annum
d) Hypersensitivity pneumonitis: around 14 per annum
e) Cadmium-related emphysema: around 1 per annum
f) Beryllium disease: around 1 per annum
g) Chromium-related ulceration: fewer than 3 per annum
h) Knee and elbow bursitis: around 23 per annum
i) Oil folliculitis: fewer than 5 per annum
j) Noise-induced hearing-loss: around 100 per annum
k) Allergic rhinitis: around 10 per annum
l) Occupational contact urticaria: around 29 per annum
m) Bronchitis obliterans: cannot currently be estimated
n) TOTAL: around 797 per annum

3.22. The cost per report has been estimated based on time required for duty holders to report; and for HSE or LAs to process and review. The average cost per report is:

a) To business, around £12.16
b) To HSE, around £16.19
c) To LAs, around £2.52
d) TOTAL: around £30.86

3.23. The total reporting costs of the proposals are estimated below in Table 3. The mid-point estimate total cost to society of additional ill health reporting comes to around £25,000 per annum, or about £210,000 in present values over ten years.

Table 3: Estimated reporting costs for additional reportable ill health conditions (£thousands)

	Mid estimates (£thousands)	
	Ten-year present value	**Equivalent annual**
Business	-£83	-£9.7
HSE	-£110	-£13
LAs	-£17	-£2.0
TOTAL	**-£210**	**-£25**

Totals may appear not to sum due to rounding. Positives indicate a benefit or saving; negatives indicate a cost.

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

Background

4.1. One of the key requirements of RIDDOR is for the responsible person to follow the appropriate reporting procedure and notify HSE when a diagnosis of one of the prescribed occupational diseases, required under Regulation 8, is reported to them.

4.2. Under Regulation 2 of RIDDOR, “diagnosis” means ‘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.’

4.3. Currently a diagnosis of an occupational disease can only be reported to HSE under RIDDOR if it is made in writing by a 'medical practitioner', defined as a doctor who is registered and holds a license to practice with the General Medical Council (GMC).

4.4. Recommendation 3 of the 2023 PIR identified the term “diagnosis” as needing consideration. When reviewing the term, HSE identified that the definition in RIDDOR may be too narrow in its application, as there are other types of healthcare practitioners who could legally diagnose an occupational disease.

4.5. HSE has identified the following list of registered health practitioners who may reasonably be able to diagnose some of the occupational diseases listed in proposal 2:

- doctors
- registered nurses
- physiotherapists

4.6. Other types of legislation have acknowledged that “diagnosis” only by a ‘medical practitioner’ does not reflect modern-day practices. The Social Security (Medical Evidence) and Statutory Sick Pay (Medical Evidence) (Amendment) (No.2)

Regulations 2022 relating to the Fit Note (a commonly used form of medical evidence) was amended to allow for a fit note to be issued by a broader category of healthcare professionals, in addition to doctors. This includes:

- occupational therapists
- registered nurses
- pharmacists
- physiotherapists

HSE's proposal

4.7. HSE proposes to broaden the scope of accepted "diagnosis" for RIDDOR reporting purposes in Regulation 2 of RIDDOR.

4.8. While adding examples may help duty holders understand what constitutes a valid diagnosis, in practice, it would not change the fact that a diagnosis is only valid and accepted under RIDDOR if it is one of the reportable occupational diseases and given by a GMC registered and licensed doctor.

4.9. Broadening the scope of diagnosis could reduce the burden on doctors, such as GPs, by avoiding new or follow up appointments where other health care practitioners may be better placed, due to their specialism or accessibility, to diagnose certain diseases. It could also potentially improve the advice on fitness for work and adjustments by better utilising, for example, occupational health nurses/specialists' expertise.

4.10. Employees may also benefit from this proposal. Currently, for a diagnosis to be reported under RIDDOR, an employer requires the employee to seek a further opinion by a doctor even if they have already been diagnosed by another health care practitioner. Broadening the scope will prevent the need for them to go to their doctor to validate their existing diagnosis for RIDDOR purposes.

4.11. If HSE proceeds with this proposal, further information and examples would be made available to stakeholders as part of any communications and updates to existing guidance on this legal change.

Policy questions

4.12. The following questions are relevant to all – in particular the responsible person and healthcare practitioners who could legally diagnose an occupational disease.

Question 21: To what extent do you agree or disagree with the proposal to broaden the accepted definition of “diagnosis”.					
Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	Don’t know/ unsure
a) Please briefly explain the reason for your response. [Free text]					

Question 22: Do these professions, in your experience, currently diagnose occupational diseases? Please select all that apply.	
GMC-registered doctor	
Registered nurse	
Physiotherapist	
Don’t know/ unsure	
Other	
a) If you have selected ‘other’, please detail the profession and briefly explain why they should be included. [Free text]	

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?			
Yes	No	Don’t know/ unsure	N/A- I am not the responsible person
a) If yes, who did you receive this information from? Does this happen more frequently with certain conditions and, if so, approximately how many times does this happen each year? [Free Text]			

Please only respond to this question if you selected 'employee' in question 1.

Question 24: As an employee, have you ever had to get an additional diagnosis from a doctor after having received a diagnosis from another type of healthcare practitioner, to allow the responsible person to report this to HSE?

Yes	No	Don't know/ unsure

Please only respond to this question if you selected any type of 'healthcare practitioner' in question 1.

Question 25: As a healthcare practitioner, do you think broadening the definition of accepted "diagnosis" for RIDDOR reporting purposes would impact on your day to day working practices?

Yes	No	Don't know/ unsure
a) If yes, please briefly explain how and your reasons why. [Free Text]		

Please only respond to this question if you selected any type of 'healthcare practitioner' in question 1.

Question 26: If HSE were to broaden the definition of accepted "diagnosis" for RIDDOR reporting purposes, as a healthcare practitioner, would you feel like you need any additional support or guidance to help understand this change?

Yes	No	Don't know/ unsure
a) If yes, what guidance/ support would you value most? [Free Text]		

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?		
Yes	No	Don’t know/ unsure
a) If yes, please briefly explain your reasons why. [Free Text]		

Cost benefit analysis

4.13. The extent of the impact that this proposal could have on report numbers is unclear. Data from the Department of Work and Pensions on fit note certification indicates that in 2024/25, around 8.3% were certified by the new professions (nurses 7.4% and physiotherapists 0.9%). It is not clear whether these are additional fit notes that would not have been certified, but for these new professions; or if they are merely displacing fit notes that would have been certified by a GP anyway. Other changes made to the fit note system around this time (as well as the COVID-19 pandemic) make comparison of fit notes numbers difficult.

4.14. For current purposes, HSE analysis assumes that the experience of the fit note system provides a reasonable proxy for what could happen in RIDDOR under this proposal; and that all 8.3% are additional as this tends to over-estimate additional costs rather than risk under-estimating them.

4.15. There are currently around 1,500 ill health RIDDOR reports each year. The proposal on additional occupational disease reporting are estimated to add an additional 797 per annum (see paragraph 3.21), giving a total of around 2,300 per annum. An additional 8.3% would give around 190 additional reports each year. These could cost the same per report as set out in paragraph 3.22.

4.16. Total additional reporting costs are summarised below in Table 4. Total societal costs come to around £5,900 per annum, or around £50,000 in present values over ten years.

Table 4: Estimated additional reporting costs from changes to diagnoses (£thousands)

	Mid-estimates (£thousands)	
	Ten-year present value	**Equivalent annual**
Business	-£20	-£2.3
HSE	-£26	-£3.1
LAs	-£4.1	-£0.5
TOTAL	**-£50**	**-£5.9**

Totals may appear not to sum due to rounding. Positives indicate a benefit or saving; negatives indicate a cost.

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

Background

2023 PIR recommendation

Consideration should be given to reviewing the list of reportable dangerous occurrences in Schedule 2 of the regulations to ensure that all necessary dangerous occurrences are captured in order to minimise the risk of serious pre-cursor events not being brought to HSE's attention.

5.1. Dangerous occurrences (DOs) are certain incidents with a high potential to cause death or serious injury. Incidents which must be reported are listed in Schedule 2 of RIDDOR.

5.2. The Schedule contains six parts:

- **Part 1** General, including lifting equipment, explosives and biological agents.
- **Part 2** DOs reportable except in relation to an offshore workplace.
- **Part 3** DOs reportable in relation to a mine.
- **Part 4** DOs which are reportable in relation to a quarry.
- **Part 5** DOs which are reportable in respect of a relevant transport system.
- **Part 6** DOs which are reportable in respect of an offshore workplace.

5.3. Reporting these occurrences allows enforcing authorities to understand what happened and why. It also helps regulators and businesses to prevent similar accidents from occurring in the future.

5.4. Reporting a DO does not require complex analysis. It is more about making a reasonable judgement on whether the incident caused a real risk of harm. This allows for quick reporting and ensures valuable information is not lost.

Case Study

Tunnelling is a high-risk activity that can quickly lead to health and safety issues if the right control measures are not in place. Even when the controls are there, incidents can still occur.

A UK tunnelling project was carrying out maintenance on a tunnel boring machine cutterhead. The work was being carried out in the cutterhead chamber underground, with operatives working in compressed air. During the course of the work a sudden influx of water (known as a water inrush) occurred, inundating the workers in the small, confined space. The workers had to carry out an emergency decompression in order to escape.

Both the emergency decompression and inundation had a serious risk of harm to the workers, but this type of incident is not currently reportable to HSE under RIDDOR.

5.5. Since RIDDOR came into force in 2013, there have been significant changes in the way that some industries work. The current list of reportable DOs is largely focused on traditional high-risk sectors such as offshore oil and gas installations, mines, and quarries. The existing terminology and definitions within RIDDOR therefore no longer cover some key areas of emerging risk.

5.6. An example of this is the current definition of “wells” in RIDDOR which only applies to those drilled for oil or gas and not wells for geothermal energy, even though this presents a similar hazard. This means that significant incidents in emerging sectors may not be reported, creating regulatory blind spots. This could result in serious health and safety breaches being hidden and it has the potential to limit the ability to learn from these incidents to prevent recurrence.

5.7. Engagement with HSE specialists and co-regulators found that they agree that regulators are missing the opportunity to capture important data on significant precursor events which are not currently captured by RIDDOR.

5.8. Further engagement was also undertaken with LA representatives, facilitated through a national committee meeting, where the proposals were presented and discussed in detail. Officers shared frontline perspectives, particularly around the complexities of reporting in sectors with high levels of freelance and agency employment. Their input highlighted the need for clearer guidance on duty holder responsibilities.

HSE's proposal

5.9. HSE proposes to revise the list of DOs in RIDDOR to futureproof HSE's regulatory intelligence by ensuring serious precursor events are captured through the RIDDOR reporting process. As stated in the RAP, regulators must be attuned to the challenges facing businesses and be able to adapt to new industries and the challenges posed by new technologies.

5.10. Whilst the current list of DOs remains necessary, it does not adequately cover new types of workplaces and risks, such as offshore windfarms, hydrogen generation or the use of new explosives and chemicals.

5.11. Table 5 highlights proposed new additions to Schedule 2, which have been chosen to reflect emerging risks, such as those associated with Net Zero technologies.

Table 5 - Proposed New additions to Schedule 2 – Part 1

	Dangerous Occurrence	Proposal
1	Tunnels *(includes the excavation, boring or maintenance of any tunnel 1.2 metres in diameter or greater)*	Tunnels and tunnelling activities are not currently included in Schedule 2 although similar risks exist in mining activities (which are included). Adding a section on tunnels will ensure consistency in these high-risk sectors.
2	Dropping objects *(the unintentional fall or dropping of any object from a building or structure under demolition or construction which could cause a specified injury to, or the death of, any person)*	To capture falling objects not associated with failed lifting equipment. This has the potential to generate large numbers of reports so HSE propose qualifying the provision with 'could cause the death of a person'.
3	Overturning of construction plant *(includes the overturn of any excavator, mobile plant, drill rig or pilling rig which could cause a specified injury to, or the death of, any person)*	Indicative of high risk particularly when associated with large or heavy plant e.g. drill rig or piling rig. Mobile plant is very broad and so HSE propose qualifying the provision with 'could cause the death of a person'.

4	Uncoiling and projection of material *(including any pipework, hosing or material which could cause a specified injury to, or the death of, any person)*	To include concrete pump hose whips and blockages which have resulted in fatalities, or the release of stored energy from a pipe coil trailer.

5.12. Table 6 proposes amendments to the existing list of DOs to resolve the regulatory gaps identified in RIDDOR. For example, Part 6 of Schedule 2 covers offshore workplaces however the specific listed DOs refer to an "offshore installation". The definition of offshore installation is restricted to an offshore workplace carrying out specific work activities and therefore excludes areas such as offshore marine and wind workplaces, where similar DOs might occur.

Table 6 - Amendments to Schedule 2

	Dangerous Occurrence	Proposal
1	Structural collapse (Part 2, paragraph 23 and 24)	To clarify this includes the collapse of any roof, ceiling, temporary works and trench collapses.
2	Diving operations (Part 1, paragraph 13 to 17)	To remove the references to "which causes a significant risk of personal injury to a diver" as this is highly subjective and is often used by duty holders to avoid reporting incidents.
3	Mines (Part 3)	To consolidate, modernise and align provisions to remove duplication and better reflect current plant and processes e.g. dropping objects.
4	Quarries (Part 4)	To consolidate provisions to remove duplication and amend the qualifiers so they are consistent i.e. "could cause a specified injury to, or the death of, any person".
5	Wells (paragraph 20)	To expand the provision not only to wells drilled for the exploration or exploitation of oil or gas, to include geothermal.

6	Offshore (Part 6)	To amend the definition of “offshore installation” so the provision applies to offshore marine and wind farms.

Policy questions

5.13. The following questions are relevant to all sectors and industries, especially high-risk sectors where the proposed DOs are more prevalent.

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						
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Don’t know/ unsure
Tunnels						
Dropping objects						
Overturning of construction plant						
Uncoiling and projection of material						
Structural collapse (Part 2, paragraph 23 and 24)						
Diving operations (Part 1, paragraph 13 to 17)						
Mines (Part 3)						
Quarries (Part 4)						

Wells (paragraph 20)						
Offshore (Part 6)						
a) If you have selected 'disagree' or 'strongly disagree', please briefly explain the reason for your response. [Free text]						

Question 29: Dangerous occurrences are certain incidents with a high potential to cause death or serious injury. Are there any other dangerous occurrences which are not included, or not already proposed, that should be?

Yes	No	Don't know/ unsure
a) If yes, what is the dangerous occurrence (s) and briefly explain why should it be included? [Free Text]		

Question 30: Do you see opportunities for HSE to use this additional data from revised list of dangerous occurrences to target and reduce risks in this area?

Yes	No	Don't know/ unsure
a) If no, please briefly explain your reasons why. [Free Text]		

Question 31: Do you foresee any unintended consequences as a result of the proposal to revise the list of dangerous occurrences?		
Yes	No	Don't know/ unsure
a) If yes, please briefly explain your reasons why. [Free Text]		

Cost benefit analysis

5.14. Evidence to estimate how many additional DO reports there could be as a result of the proposals is limited. For DOs that were already reportable and being amended, previous report numbers have been used to estimate any additional reports. For new DOs being introduced, HSE has generated estimates based on intelligence from HSE sector experts. Estimated mid-range additional report figures are as follows:

a) Tunnels: around 9 per annum
b) Dropping objects: around 450 per annum
c) Overturning of construction plant: around 75 per annum
d) Uncoiling and projection of material: around 9 per annum
e) Structural collapse: around 250 per annum
f) Diving operations: around 7.5 per annum
g) Mines: around 3.5 per annum
h) Quarries: around 7.5 per annum
i) Wells: around 3 per annum
j) Offshore: around 75 per annum
k) TOTAL: around 890 per annum

5.15. The cost per report is as estimated in paragraph 3.22. Total costs of additional reporting are set out in Table 7 – they come to around £27,000 per annum, or about £240,000 in present values over ten years.

Table 7: Estimated additional reporting costs of dangerous occurrences (£thousands)

	Mid-estimates (£thousands)	
	Ten-year present value	**Equivalent annual**
Business	-£93	-£11
HSE	-£120	-£14
LAs	-£19	-£2.2
TOTAL	**-£240**	**-£27**

Totals may appear not to sum due to rounding. Positives indicate a benefit or saving; negatives indicate a cost.

Proposal 5: Improving the reporting process

Background

2023 PIR Recommendation

To review and revise the RIDDOR reporting form to ensure that it is clear, easy to complete and ensures reports are made under the correct category.

Government Regulation Action Plan

To initiate work in 2025 to consult on potential changes to RIDDOR and consider improvements to the reporting process to ensure business can comply in the most efficient way possible

6.1. RIDDOR requires the responsible person to follow the correct reporting procedure, notifying and subsequently sending a report to, the relevant enforcing authority. This ensures that the enforcing authority can identify work-related accidents or incidents which may need to be investigated further.

6.2. HSE's webpages provide detail on who should report and gives examples of what is, and is not, RIDDOR-reportable. This report can be provided using the appropriate online form or via the telephone.

6.3. HSE reviewed data between November 2024 - November 2025 of incoming RIDDOR reports which showed that they are regularly completed incorrectly. This ranges from the responsible person using the incorrect form to the incorrect categories being selected (including frequent incorrect selection of fatality/ non fatality).

6.4. Reports are also regularly received from others not identified as the responsible person, such as employees, family members or members of the public. As the reporter is not a responsible person, these reports do not meet the reporting criteria. HSE already has a process for employees, members of the public and others to raise a concern about work-related health and safety.

6.5. Stakeholder feedback from the 2023 PIR identified several areas for improvement in the reporting process, including clarity of guidance, ease of use of the online form, and the ability to accurately capture incident details. Recommendations were made to enhance usability, improve decision-making support, and ensure the form reflects modern workplace needs.

6.6. In response, HSE carried out a light-touch review of the RIDDOR reporting form and implemented the following changes in 2023:

- **Questions on injury severity moved to the start of the form** to help users quickly determine reportability.
- **Pop-up messages added** to redirect users if an incident is not reportable.
- **Improved guidance embedded within the form** to make completion easier.

6.7. However, HSE recognise that further improvements can be made. In line with the RAP, Table 8 proposes short-term amendments that HSE can make to simplify and clarify existing requirements to improve the user journey and increase user confidence in the process. It also seeks to remove any additional steps that may currently increase administrative burdens.

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.

Policy Questions

6.8. The following questions are relevant to all who have identified as having previously used the RIDDOR report form.

Please do not respond to this question if you selected 'N/A- I have never completed a RIDDOR report form' in question 4.

Question 32: Do you think the current reporting form allows you to provide a full and detailed explanation of the incident?

Yes	No	Don't know/ unsure
a) If no, please briefly explain your reason why. [Free Text]		

Please do not respond to this question if you selected 'N/A- I have never completed a RIDDOR report form' in question 4.

Question 33: Have you encountered any of the following issues when completing a RIDDOR report form?

Please select all that apply.	
Understanding what needs to be reported	
Navigating the form	
Not having enough space/ characters available in the form to provide sufficient detail	
Selecting the correct industry based on a short text description	
Other	
a) If you have selected 'other', please briefly explain further [Free text]	

Question 34: To what extent do you agree or disagree with HSE's proposed amendments to the current RIDDOR reporting form.						
	Strongly Agree	Agree	Neither agree nor disagree	Disagree	Strongly Disagree	Don't know/ unsure
Reduce the RIDDOR form questions						
Reorder the RIDDOR form question set						
Review 'additional info' boxes						
Review the questions requiring a free-text response to encourage a better explanation from users						

Introduce a flow-chart and examples of completed report forms						
a) If you have selected ‘disagree’ or ‘strongly disagree’, please briefly explain the reason for your response. [Free text]						

Feedback on System Improvements

6.9. We are also seeking your views and suggestions on the types of future changes that may enable businesses to comply with RIDDOR requirements. The following question is relevant to all.

Question 35: Are there any other features you would like to see from HSE in a future digital RIDDOR reporting service? Please rank your responses, 1 being the most applicable and 3 being the least.	
Automated reporting which links your internal systems to the RIDDOR database and avoids the needs to manually enter the same data twice	
Mobile-friendly reporting apps which enable the reporting of incidents on-site using smartphones or tablets	
Introducing a guided, step-by-step digital form (e.g. with branching logic) that redirects the user depending on drop-down selections	
Real-time validation from the reporting form which assists the user in making the correct category selection	
Guidance prompts and tool tips embedded within the report form	
Adding the option of GPS tagging to pinpoint remote locations	
a) Is there anything else you would like to see from HSE in a future digital RIDDOR reporting service? Please briefly explain your answer. [Free text]	

Cost benefit analysis

Reducing number of non-reportable reports

6.10. Each year, HSE receives reports that are not actually reportable, estimated at about 8.2% of the total received, or about 7,700 annually. How many of these could be averted through HSE intervention is unclear. For the purposes of estimating impact at this stage, HSE assume a range of reduction rates with a mid-estimate of 15%, or around 1,200 reports saved annually.

6.11. The cost per non-reportable report is estimated as follows (note that this differs from the costs of other reports due to lower HSE processing costs):

a) To business, around £12.16
b) To HSE, around £11.69
c) To LAs, around £2.52
d) TOTAL: around £26.36

6.12. Total estimated savings are summarised below in Table 91. Total societal savings are estimated at around £31,000 per annum, or around £260,000 in present values over ten years.

Table 91: Estimated savings from reducing over-reporting (£thousands)

	Mid-estimates (£thousands)	
	Ten-year present value	**Equivalent annual**
Business	£120	£14
HSE	£120	£14
LAs	£25	£2.9
TOTAL	**£260**	**£31**

Totals may appear not to sum due to rounding. Positives indicate a benefit or saving; negatives indicate a cost.

Replacing HSE IT systems to enable automated RIDDOR reporting

6.13. Some larger companies have their own internal health and safety reporting systems. Some of these systems have a function that can automatically generate and submit a report to RIDDOR if the incident is RIDDOR-reportable. This means that businesses can generate reports at negligible marginal cost. Until 2022, HSE had an XML feature

that enabled businesses to make such automated reports in respect of injuries. In 2022 it was decommissioned as the system had become obsolete. Since then, HSE has no longer been receiving automated reports. HSE propose to explore re-enabling automated reporting.

6.14. At that time, around 10% of injury reports were made automatically each year. If we applied this to the latest 2024/25 report numbers of 94,632, this would come to around 9,500 reports. Costed at £12.16 to business per report (see paragraph 3.22, this would give a total saving to business of around £120,000 per annum; or around £990,000 in present values over ten years.

6.15. Evidence from the 2013 RIDDOR impact assessment indicates that businesses operating such systems had to spend on average around £2,550 (in 2024 prices) to update their systems to accommodate the changes made at that time. HSE might expect that any businesses using a new automated solution would have to incur similar costs to update their systems to integrate with HSE's new automation software. However, they would only choose to do so if they assessed that they would be made better off overall by doing so – the IT cost updates would be offset by saving the costs of 210 RIDDOR reports.

6.16. The 2013 impact assessment estimated that such IT costs might be incurred by between 30 businesses (based on the number that produce the auto-reporting software) and 280 businesses (based on the numbers of businesses actually making the reports). It is not clear how reasonable these numbers are today – probably they are now quite out of date. However, if taken as a rough guide, they would give a mid-estimate cost of around £400,000.

6.17. It is not known what it might cost HSE to re-implement the automation support system.

6.18. However, technology has advanced a great deal since the 2013 impact assessment – and even since the XML system was removed in 2022. With current artificial intelligence, it is possible that businesses could be auto-generating reports from their internal systems without the need for HSE to enable it and without HSE's knowledge. Further work with industry would be required to understand the role that HSE might play in enabling or facilitating more auto-generated reports.

Across all proposals: familiarisation

6.19. HSE expect that businesses would have to take 1 hour to familiarise with the changes to RIDDOR in order to understand the changes and how they will be affected. The

cost of this would come to around £31 per business. HSE do not anticipate that all affected businesses will familiarise and so modelled a scenario wherein between 13% and 26% of businesses go out of their way to familiarise based on evidence from the first PIR of RIDDOR.

6.20. This gives total mid-estimate one-off familiarisation costs of around £46 million. A more detailed analysis is included in Annex 1.

Cost benefit questions for improving the reporting process and form

Question 36: Does your organisation make use of internal electronic reporting systems for health and safety incidents for your own monitoring purposes?

Yes	No	Don't know/ unsure

Please only respond to this question if you selected 'yes' in question 36.

Question 37: Some businesses' internal electronic health and safety reporting systems are able to identify whether an incident is reportable under RIDDOR and automatically generate a RIDDOR report.

HSE used to have an XML feature on the RIDDOR form that allowed duty holders to submit RIDDOR forms automatically via their internal reporting systems. This was discontinued in May 2022.

Is your internal electronic health and safety reporting system capable of identifying when an incident is reportable and automatically generating and submitting a RIDDOR report?

Yes	It used to until HSE withdrew the XML support, but not now	No	Don't know/ unsure

Please only respond to this question if you selected 'yes' or 'It used to until HSE withdrew the XML support, but not now' in question 37.

Question 38: If HSE were to invest in a new software feature to re-enable automated reporting, would this be beneficial to your organisation?

Yes, our system will be able to start making and submitting reports automatically once the software support is reinstated by HSE	
No, our system can make and submit reports automatically even without support at HSE's end	
No, our system would not be able to report automatically with or without changes to HSE software	
Don't know/ unsure	

Please only respond to this question if you selected 'yes' in question 36.

Question 39: Do you expect to incur costs to update your internal reporting systems to take account of the changes proposed in this consultation?

Yes	No	Don't know/ unsure

a) If yes, which costs do you expect to incur and why?

Please tell us about the total hours spent by your own employees; and any money you would have to spend, such as on equipment, contractors or consultants.

Please indicate whether these costs would be one-off; or if there would be additional ongoing costs over and above what you are incurring already. Rough estimates are greatly appreciated – we understand that you will not have been able to fully scope out the changes yet. [Free text]

Cost benefit analysis for familiarisation

Question 40: If HSE were to update RIDDOR as proposed in this consultation document, would your organisation take efforts to seek out information and understand the changes and what they mean for you?	
Yes- so we'll be ready for the RIDDOR changes when the law changes	
Yes- once we are given a report on an incident or disease which we think might be RIDDOR-reportable	
No	
Don't know/ unsure	

Question 41: Approximately how many people in your organisation will need to be made aware of the changes to RIDDOR?					
Only 1	2-3	4-5	6-10	11-20	More than 20
a) If you have selected 'more than 20', please specify. [Free Text]					

Question 42: Of the people in your organisation that will need to be made aware of changes to RIDDOR, approximately how much time will each person typically spend familiarising with the changes in RIDDOR?	
Less than 15 minutes	
Between 15 minutes and 30 minutes	
Between 31 minutes and an hour	
More than an hour but less than half a day	
Between half a day and a day	
Longer than a day	
Don't know/ unsure	

a) If you have selected ‘longer than a day’, please specify the duration. [Free Text]

Cost-benefit summary

6.21. Total quantified costs and benefits are summarised below in Table 10. Total societal net costs are estimated at around £46 million in present values over ten years. A more detailed analysis is included in Annex 1.

Table 10: Total estimated costs and savings of all proposals (£thousands)

	£thousands							
	Ten-year present value				Equivalent annual			
	Business	**HSE**	**LAs**	**Total**	**Business**	**HSE**	**LAs**	**Total**
Additional occupational diseases								
Report costs	-£83	-£110	-£17	**-£210**	-£9.7	-£13	-£2.0	**-£25**
Additional dangerous occurrences								
Report costs	-£93	-£120	-£19	**-£240**	-£11	-£14	-£2.2	**-£27**
Diagnosis definition								
Report costs	-£20	-£26	-£4.1	**-£50**	-£2.3	-£3.1	-£0.5	**-£5.9**
Reducing non-reportable reports								
Saved report costs	£120	£120	£25	**£260**	£14	£14	£2.9	**£31**
Increased automated reports								
Saved report costs	£990	Nil	Nil	**£990**	£120	Nil	Nil	**£120**
IT investment	-£400	NQ	Nil	**-£400**	-£46	NQ	Nil	**-£46**
Total	**£600**	**NQ**	**Nil**	**£600**	**£70**	**NQ**	**Nil**	**£70**
Familiarisation	-£46,000	NQ	NQ	**-£46,000**	-£5,400	NQ	NQ	**-£5,400**
Total	**-£46,000**	**-£140**	**-£15**	**-£46,000**	**-£5,300**	**-£17**	**-£1.8**	**-£5,400**

Totals may appear not to sum due to rounding. Positives indicate a benefit or saving; negatives indicate a cost.

6. Concluding questions

Question 43: Do you have any thoughts or comments on our cost-benefit analysis of these proposals? A more detailed analysis is included in **Annex 1.** If you are suggesting alternative assumptions or metrics, please provide as much detail as possible and justify with evidence where you can.
[Free text]

Question 44: Do you foresee any unintended consequences, which have not been covered in the previous sections, that may happen because of the proposals in this consultation?		
Yes	No	Don't know/ unsure
a) If yes, please briefly explain further. [Free Text]		

Question 45: Are you aware of any impact on protected characteristics (age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex, sexual orientation) these proposals may have?		
Yes	No	Don't know/ unsure
a) If yes, please briefly explain further. [Free Text]		

Question 46: Are you aware of any impact on the environment these proposals may have?		
Yes	No	Don't know/ unsure
a) If yes, please briefly explain further. [Free Text]		

Question 47: Do you have any further comments you would like to make about the regulation of RIDDOR?	
Yes	No
a) If yes, please briefly explain further. [Free Text]	

Question 48: Are happy to be contacted by HSE for any potential follow up on your answers?	
Yes	No
a) If yes, please provide your email address here. [Free Text]	

Question 49: Please supply your email address if you are happy to be contacted about involvement in further research activity on this topic or updates to associated guidance.
[Free text]

Further information

For information about health and safety, or to report inconsistencies or inaccuracies in this guidance, visit the HSE website.

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