Health and Safety Executive

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

A response by the Association of Personal Injury Lawyers

June 2026

Introduction

APIL welcomes the opportunity to respond to the Health and Safety Executive's consultation on proposed amendments to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR).

The main purposes of RIDDOR are to allow for effective investigation of serious incidents; to gather intelligence; and to secure statistical information regarding injuries in order to track trends and the progress of any health and safety legislation. We support any proposals which will reflect those purposes. In particular, we welcome the changes proposed to the occupational diseases and dangerous occurrences lists. This has the potential to improve monitoring of trends, early detection of issues and areas for improvement, and therefore, prevent further accidents.

Our response reflects the perspective of our members who act for injured people affected by workplace injury and occupational disease. APIL responded to the questions within our remit.

General comments

Under-reporting

HSE statistics for workplace ill health and injury in 2024 to 2025 reported:

- 1.9 million working people suffering from a work-related illness, of which
- 59,219 injuries to employees reported under RIDDOR

Put into perspective, this meant that 40.1 million working days were lost due to work-related illness and workplace injury and £22.9 billion estimated cost of injuries and ill health from current working conditions (2023/24).

While we understand that not all workplace related injuries are reportable, the data suggests that under-reporting remains an issue. APIL believes that there could be a greater level of education for employers on the subject area of RIDDOR, such as when these reports need to be submitted and what is expected to be included. Enforcement of the RIDDOR requirements must be strict to ensure compliance.

Reporting process and form

Injured people often face difficulties in identifying the insurance details of employers when harm occurs. We suggest the introduction of a requirement for employers to confirm EL

insurance details within the RIDDOR reporting form. This could also improve HSE's monitoring of compulsory employers' liability insurance.

We recommend a provision that the injured party (or next of kin in a fatal incident) should receive a copy of the RIDDOR report at the time it is submitted. It is not a privileged document, and given the difficulties of obtaining disclosure from HSE, it would help injured people to get preliminary legal advice, and put them on an equal footing with the employer, who will ordinarily have immediate access to legal advice on civil, criminal and regulatory issues.

HSE investigation

It is key to ensure that the HSE has sufficient resources and funding to conduct in-depth investigations when harm occurs to identify risks and prevent further harm. We have provided a case study below that illustrates our concerns with HSE investigation and enforcement. The HSE's approach in this case risks overlooking recent unsafe practices, which may be ongoing, and risks prejudicing claims involving cumulative occupational exposure.

Case study

The claimant worked for his employer for over five years in unsafe working conditions, which led to his diagnosis of silicosis in July 2025. He ceased working as a stone mason at that point, although he remains employed by the company in an alternative role.

Between February 2025 (first x-ray results) and July 2025, the employer undertook significant changes to the workplace, including cleaning the working environment, introducing improved working practices, providing enhanced respiratory protective equipment (RPE), and installing health and safety signage and physical cordoning around the stonemasonry workshop.

The HSE commenced an investigation into the claimant's employer following a RIDDOR notification in February 2026 and carried out a site inspection in early March 2026. The HSE declined to prosecute, relying solely on compliant conditions at the time of inspection, without a full interview with the claimant.

Our member appealed this decision on behalf of the claimant. However, this position has been upheld at the initial stage by the inspector's supervisor, who accepted that further investigation into historic exposure could have been undertaken but confirmed that no further action would be taken.

It is of significant concern that the HSE was unwilling to investigate historic unsafe practices and exposure to respirable crystalline silica where the duty holder has implemented compliant control measures by the time of inspection.

This concern is compounded by the HSE's suggestion in correspondence that, because the claimant had prior experience as a stone mason, it is not possible to determine the source of their exposure. Given that the majority of their work with high-silica-content engineered stone occurred with their current employer, this position appears speculative. Moreover, it represents an overreach into matters of medical causation, which should properly be determined by expert evidence. This approach risks unfairly disadvantaging experienced workers with cumulative exposure histories compared to those with more recent acute exposure.

Consultation questions

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

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

a) **Work-related – define in guidance:** Disagree. We believe that the definition should be set out in legislation, supported by examples in guidance.

b) **Injury vs Personal Injury – define in legislation:** We strongly agree. A clear statutory definition has the potential to improve consistency. The definition should be clear and broad.

c) **Regular and significant – define in guidance:** Agree. While we recognise that these terms are difficult to define, we believe care should be taken to avoid narrow interpretations that would lead to under-reporting. It is suggested that the words "regular" and "significant" could simply be removed to avoid any inconsistency of interpretation. The guidance should include examples of the type of exposure to facilitate interpretation.

d) **Diagnosis – define in legislation:** Agree. We suggest broadening the definition to include suspected diagnosis, for example, when a medical practitioner indicates that a work-related condition is likely but has not formally confirmed it yet.

e) **Crush injury and Scalping – define in guidance:** Agree.

f) **Enclosed space – define in legislation:** Agree.

g) **Routine work - define in guidance:** We agree with the proposal to further clarify the definition in guidance. However, we suggest that the over-7-day incapacitation requirement is removed as it causes confusion. There are tasks that are expected in employment that do not occur in a 7-day period. It is important that the definition of routine work does not restrict what applies and reflects the diversity of work and work patterns.

h) **Diver – define in guidance:** Agree – we support clarification in guidance. We recommend that the definition is broadened to include non-employed individuals performing equivalent roles, such as volunteer rescue divers.

i) **Hospital – define in guidance:** Strongly agree. Providing further examples in guidance will be helpful. Visits to GP surgeries and walk-in centres should be included, as individuals might opt to visit GPs or walk-in centres instead of A&E due to waiting times.

j) **Treatment – define in guidance:** Strongly agree.

k) **Approved manner – define in legislation:** Strongly agree.

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

No, we do not have other definitions to suggest.

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

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

APIL strongly supports the expansion of the list of reportable occupational diseases. We agree with the rationale in the consultation for reintroducing some diseases and including new ones. The current list is too limited and fails to identify serious conditions that should be reportable. The new list will improve the way HSE tracks trends, investigates incidents, and prevents injuries in these areas.

a) **Pneumoconiosis (including silicosis but excluding asbestosis)** – Agree. However, we believe that silicosis should be listed as a separate condition, rather than included under pneumoconiosis, to reflect both its severity and increasing prevalence.

b) **Decompression illness, pulmonary barotrauma and dysbaric osteonecrosis (DON)** – Strongly agree.

c) **Asbestosis** – Disagree. Including asbestosis only is insufficient. The list should reflect all asbestos-related diseases, including mesothelioma, asbestos-related lung cancer, and pleural thickening. We suggest including a broader category “asbestos-related disease” instead.

d) **Hypersensitivity pneumonitis (e.g. farmers lung)** – Strongly agree.

e) **Cadmium related emphysema** – Strongly agree.

f) **Beryllium disease (skin and respiratory)** – Strongly agree.

g) **Chromium related ulceration** – Strongly agree.

h) **Knee and elbow bursitis** – Agree. However, we believe that bursitis should be included as a broader category, as it can arise in different joints and should not be limited to knee and elbow.

i) **Oil folliculitis** – Strongly agree.

j) **Noise induced hearing loss including tinnitus and hyperacusis** – Strongly agree.

k) **Bronchiolitis obliterans** – Strongly agree.

l) **Occupational allergic rhinitis** – Strongly agree.

m) **Occupational contact urticaria** – Strongly agree.

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?

We disagree. We believe work-related stress and suicide should be reported where there is evidence of a link to work.

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

We believe that having a more complete list of occupational diseases and dangerous occurrences will facilitate HSE's monitoring of trends, early detection of issues and areas for improvement, and thus prevent further accidents. While data collection is important, harm will only be reduced if the investigations and enforcement carried out by HSE are thorough.

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

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

Question 22: Do these professions, in your experience, currently diagnose occupational diseases? Please select all that apply.

- **GMC-registered doctor**
- **Registered nurse**
- **Physiotherapist**

APIL supports clarifying the definition of diagnosis in legislation. We agree with the list of registered practitioners identified by the HSE that should be able to diagnose for the purposes of RIDDOR. We would also welcome recognition of diagnosis from occupational therapists, as suggested in the consultation document. Regarding pharmacists, we do not think there will be situations where pharmacist are going to diagnose or record a work-related condition.

We recommend broadening the definition to include suspected diagnosis, for example, when a medical practitioner indicates that a work-related condition is likely but has not formally confirmed it yet.

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

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

a) **Tunnels** – Strongly agree.

b) **Dropping objects** – Disagree. While we agree with the inclusion of dropping objects as a dangerous occurrence, we disagree with the proposal to limit the provision to objects which 'could cause death of a person'. Dropping objects can cause serious harm, which should also qualify as a dangerous reportable occurrence for the purposes of RIDDOR.

c) Overturning of construction plant – Same as above. This should not be limited to 'death of a person'.

d) Uncoiling and projection of material – Strongly agree.

e) Structural collapse (Part 2, paragraph 23 and 24) – Strongly agree.
f) Diving operations (Part 1, paragraph 13 to 17) – Strongly agree.
g) Mines (Part 3) – Strongly agree.
h) Quarries (Part 4) – Strongly agree.
i) Wells (paragraph 20) – Strongly agree.
j) Offshore (Part 6) – Strongly agree.

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?

Please see our response to question 19.

Any enquiries about this response should be sent to: Ana Ramos, ana.ramos@apil.org.uk