Sheffield Teaching Hospitals
NHS Foundation Trust

Executive Summary

Report to the Board of Directors

Being Held on 26 July 2022

Subject	Covid-19: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 – Final Summary Report
Supporting TEG Member	Sandi Carman – Assistant Chief Executive
Author	Caroline Drew – Occupational Safety Manager
Status[1]	Discuss and receive

PURPOSE OF THE REPORT

To provide a final summary of the work undertaken to ensure that the Trust fulfilled its legal obligations under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) in relation to staff cases of Covid-19.

KEY POINTS

To enable the Trust to meet its legal duty under RIDDOR an expert group was set up with representation from the Assistant Chief Executive (SRO), Occupational Health, Occupational Safety, Medical Education, and administrative support.

The group developed a process for capturing and assessing the information from the affected staff members to enable an informed decision on whether the reporting criteria had been met. This involved emailing a questionnaire, created to align with all the RIDDOR requirements, to all staff testing positive for Covid-19 with returned forms being analysed to identify cases that required reporting to the HSE.

Analysis of returned questionnaires found that:

- Fifty-eight percent (n= 1,515) of staff responded to the request for information which is an excellent response rate for an optional survey
- Total number of RIDDOR reportable cases identified was 82, this is 3% of the total returned questionnaires
- Medicine and Pharmacy Services care group had the highest number of reportable cases (n=21), almost double that of any other care group. It is thought this is primarily due to the numbers of Covid-19 patients cared for in this area and the numbers of staff who would previously not have been routinely face fit tested for use of an FFP3 mask.
- Forty-nine percent of cases were reported by those in a nursing role and 33% by doctors.

IMPLICATIONS[2]

	Aim of the STHFT Corporate Strategy	✓ **Tick as appropriate**
1	Deliver the Best Clinical Outcomes	
2	Provide Patient Centred Services	
3	Employ Caring and Cared for Staff	✓
4	Spend Public Money Wisely	
5	Deliver Excellent Research, Education & Innovation	
6	Create a Sustainable Organisation	

RECOMMENDATIONS

The Board of Directors is asked to consider the analysis of the RIDDOR reports, support the next steps and receive assurance on the work undertaken to comply with the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

APPROVAL PROCESS

Meeting	**Date**	**Approved Y/N**
Trust Executive Group	13 Jul 2022	Y
Board of Directors	26 Jul 2022	

Covid-19: Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 – Final Summary Report

1.0 Introduction

This paper provides a final summary of the work undertaken to ensure that the Trust fulfilled its legal obligations under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013 (RIDDOR) in relation to staff cases of Covid-19. The Trust is required to report all cases to the Health and Safety Executive (HSE) when:

- a person at work (a worker) has been diagnosed as having COVID-19 ***attributed*** to an occupational exposure to coronavirus. This must be reported as a case of disease.
- a worker dies as a result of occupational exposure to coronavirus. This must be reported as a work-related death due to exposure to a biological agent.

2.0 Background

To enable the Trust to meet this duty a RIDDOR expert group was set up with representation from the Assistant Chief Executive (SRO), Occupational Health, Occupational Safety, Medical Education, and administrative support.

The group developed a process for capturing and assessing the information from the affected staff members to enable an informed decision on whether the reporting criteria had been met. This involved emailing a questionnaire, created to align with all the RIDDOR requirements, to all staff testing positive for Covid-19, (appendix 1) with returned forms being analysed to identify cases that required reporting to the HSE.

Advice was sought from the HSE about our plan to report under RIDDOR all cases where:

- Staff had worn an FFP3 mask that they had not been fit tested for.
- Staff had worn Tiger Eye Protectors[1] that had been distributed via the national supply chain but had been subsequently withdrawn as they did not meet the required certification standard.
- A combination of the above.

They found that our proposal and the rationale behind it was sound and supported the reporting on this basis. It should be noted that there was a national requirement for mandatory reporting for cases where staff had worn Tiger Eye Protectors.

3.0 Findings

3.1 Questionnaire responses and cases identified

The table below shows the total number of questionnaires sent up to 31 December 2021 and responses received by 30 May 2022. It was agreed that the end of December would be the cut-off date for sending out further questionnaires as the number of cases increased

[1] Tiger Eye Protector Product – removed from the supply chain in respect of Covid-19 use. Product was supplied from the Pandemic Influenza Preparedness Programme (PIPP) Stock purchased in 2009, recalled by the HSE as it did not meet requirement for splash protection required in BSN166

significantly after this date due to the Omicron variant and the staff resource required to process this information was not a valuable use of time as there had been no reportable cases found since the 7 March 2021.

TABLE 1.0: Numbers of questionnaires sent and responses

	Number	% of responses
Questionnaires sent	2,602	
Questionnaires received	1,515	58%
Total number of RIDDOR cases identified	82	3%

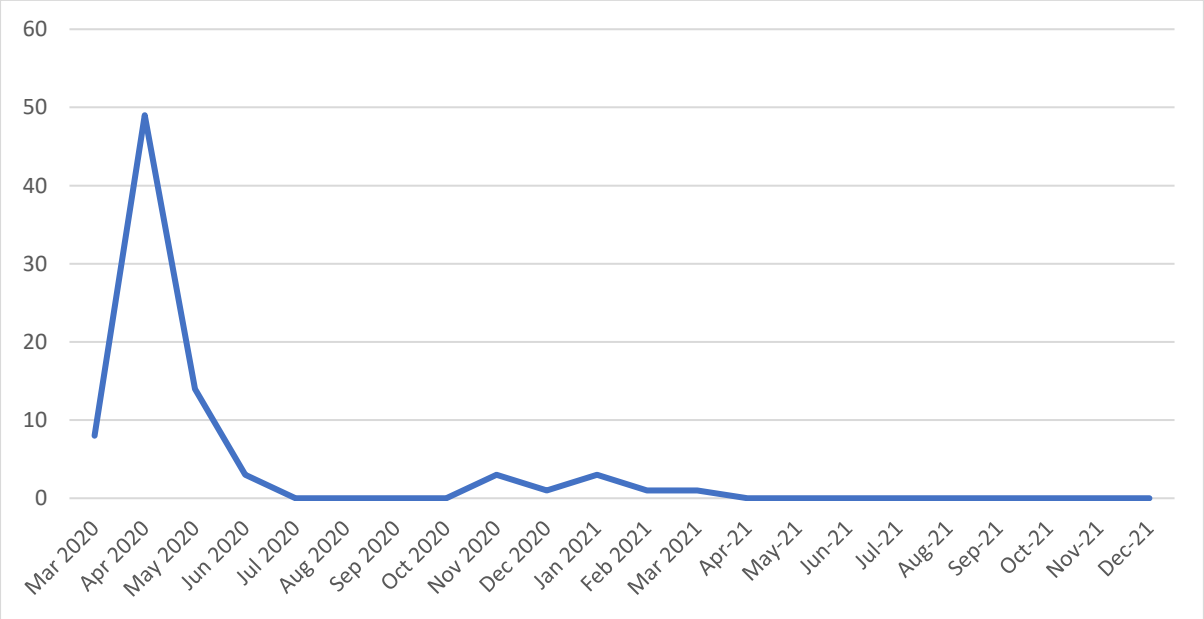
The overall response rate of 58% is very good and shows that staff are engaged and responsive to our request for support in identifying cases of Covid-19 that meet the RIDDOR reporting criteria.

3.2 Timeframe of reportable cases

Graph 1.0 below shows that most cases were identified within the first two months of the outbreak. This was due to the unpredictable nature of the supply of Personal Protective Equipment, especially FFP3 masks. Once the supply became consistent there were no reportable cases from 15 June 2020 to 26 October 2020. There were three cases identified in November 2020, on investigation it was found these were due to a number of Tiger Eye Protectors that had been stored in a cupboard and not returned during the initial recall and subsequently used during the second wave. Further checks were undertaken to ensure all remaining stock was returned to stores.

There were also five further cases identified between January and March 2021 where staff undertook care for patients while wearing FFP3 masks they had not been face-fit tested for. The Trust implemented a robust centrally managed fit-testing programme to ensure that all staff who are required to wear an FFP3 mask had the opportunity to be tested and implemented a central recording system on PALMS, this will enable reminders to be sent to staff when they are due for re-testing and provides managers with useful compliance reports. There have been no RIDDOR reportable cases identified since 7 March 2021.

GRAPH 1.0: Time frame of RIDDOR reportable incidents



3.1 Staff location and reason for reporting

Chart 1.0 below shows the number of reportable cases by care group with Medicine and Pharmacy (MAPS) having almost double the number of cases than other care groups. It is thought this is primarily due to the numbers of Covid-19 patients cared for in this area and the numbers of staff who would previously not have been routinely face fit tested for use of an FFP3 mask. (NB – It is not possible to identify care group for two cases).

In the Acute and Emergency Medicine care group the use of the Tiger Eye Protectors accounted for seven out of the eight cases as this area was using large numbers of Personal Protective Equipment (PPE) and would have been one of the first to be replenished with this centrally supplied PPE.

CHART 1.0: Care group and reason for reporting

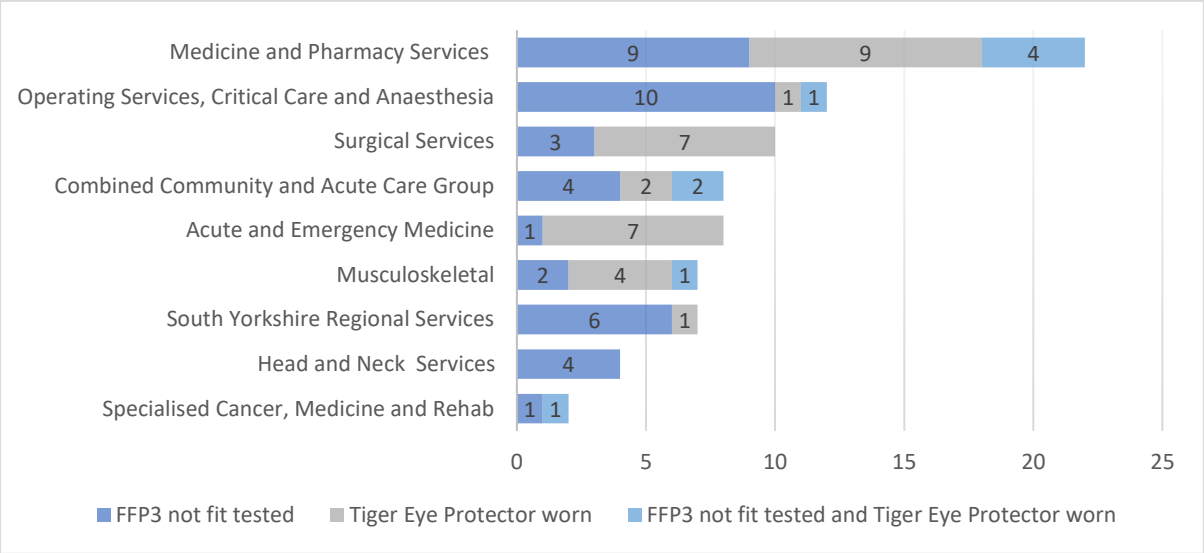
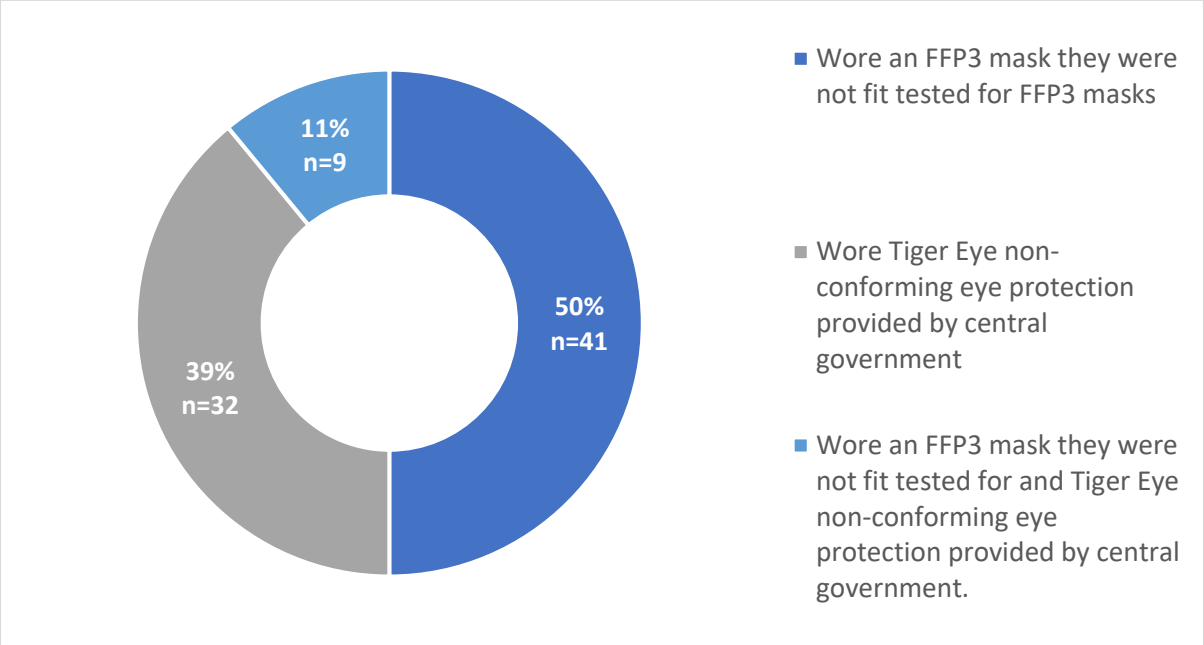


Chart 2.0 shows that in 11% of cases staff unfortunately wore the Tiger Eye Protector and a FFP3 face mask that they had not been face fit tested for.

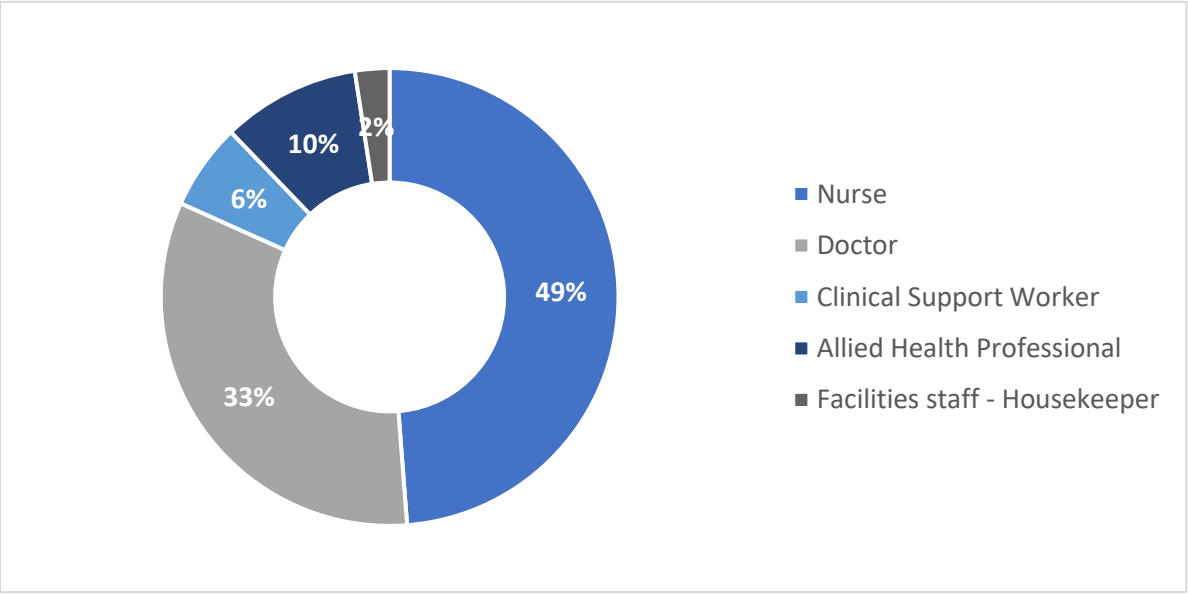
CHART 2.0: Reason for reporting



3.2 Job role

Chart 3.0 shows the job role of staff where a RIDDOR report has been made with nurses and doctors making up 82% of cases. This is expected as they would be more likely to be in close contact when delivering care and involved in aerosol generating procedures that are known to generate a higher level of risk.

CHART 3.0: Job role of staff where RIDDOR cases have been reported



4.0 Staff Covid-19 related deaths

There were unfortunately two staff deaths from Covid-19 where the Trust agreed that there was potential that these may have been due to a work-related exposure and reports were made to the HSE under RIDDOR.

Following a full investigation by the Trust and after addressing requests for further information the HSE they found in both cases that:

The information you provided in response to our enquiries has been reviewed by one of HSE's Principal Inspectors, who concludes that there is no reasonable evidence to indicate that his work increased the risk of him becoming exposed to Coronavirus, nor is there reasonable evidence that his work directly brought him into contact with a known Coronavirus hazard.

This response provides assurance that the measures the Trust put in place to manage and mitigate the risks to staff from exposure to Covid-19 were effective and in line with best practice.

4.0 Next steps

The work of the RIDDOR expert group has come to an end with a final review meeting set for the end of August 2022.

It is expected that moving forward any further cases of staff Covid-19 where there has been a failure to provide appropriate PPE including FFP3 masks that the wearer was not fit tested for will be picked up by a directorate investigation. Due to the extensive testing regime that has been put in place and improvements in recording and managing the fit testing requirements of staff it is unlikely that this will occur. The Occupational Safety Manager will outline the process for managing this within the 'business as usual' activity of directorate governance leads at the July 2022 Safety and Risk Forum.

5.0 Conclusion

This report provides assurance that the Trust has undertaken a systematic and robust process to assess and identify RIDDOR reportable cases of Occupationally Acquired Covid-19 and outlines the steps that have been implemented to manage and reduce the likelihood of further RIDDOR reportable cases.

These steps include:

- Central procurement and supply of PPE, working with national supply chain, and stock replenishment tailored to the needs of staff in each clinical area.
- Extensive staff face-fit testing programme identifying where possible two different makes and models of FFP3 masks for each staff member, this is to provide some resilience should one make, and model become unavailable.
- Improved recording and management oversight of staff fit-testing records with staff and their managers reminded when fit-testing is due for refreshing.

The Board of Directors is asked to consider the analysis of the RIDDOR reports, support the next steps and receive assurance on the work undertaken to comply with the requirements of the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013.

Appendix 1 - Staff Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) – Covid-19 Questionnaire

Name		Date of Birth	
Completed by (if different from above)		Date form completed	
Date of onset of symptoms		Date of positive test	
1. In the 14 days before the start of your symptoms, did you carry out any higher risk activities?			Y / N
If yes, please state how:			
2. In the 14 days before the start of your symptoms, did anyone in your household have Covid-19 symptoms?			Y / N
3. In the 14 days before the start of your symptoms, did you come into contact with a patient with Covid-19 symptoms?			Y / N
If yes, give a short description of the work you were doing or explain how you came into contact with a patient with Covid-19 symptoms.			
4. In the 14 days before the start of your symptoms, did you come into contact with a member of staff with Covid-19 symptoms?			Y / N
If yes, give a short description of the work you were doing or explain how you came into contact with the member of staff with Covid-19 symptoms:			
5. Were you following the guidance in place for your work area such as using personal protective equipment (PPE) or social distancing?			Y / N
If no, please provide details			
6. In the 14 days before the start of your symptoms did you wear a make or model of an FFP3 mask that you had not been fit tested for?			Y/ N
If yes, please give details of the activities you carried out whilst wearing an FFP3 mask you had not been fit tested for.			
7. Did you use the Tiger Eye protectors (as seen in the photograph in the guidance) in the 14 days before the start of your symptoms?			Y/N
Tiger Eye Protectors were taken out of use as they did not meet CE standards. If you wore the Tiger Eye Protector, please provide details of when and how it was used.			
8. Did you have any other work-related exposure to Covid-19, for example has your GP told you that work-related exposure was a factor in your illness?			Y/N
If yes, and you were diagnosed by your GP, please provide details of a letter or other communication that was received:			
9. Was there a specific, identifiable incident that led to an increased risk of exposure to Covid-19?			Y/N
If yes, please give details of the incident that led to exposure to Covid-19.			
10. If reported as an incident, please provide the Datix Reference Number.			