RISK ASSESSMENTS AND PROCEDURES COVID-19

by Rob Miguel, Unite national health and safety advisor

Introduction

The UK government has of 30 November increased current restrictions for Covid-19 protection in England in response to the latest Omicron variant circulating, the devolved countries and ROI already have certain restrictions in place and will review protections accordingly. Regularly updated information for England and all the devolved countries here.

Government guidance is continually being updated including information on how to reduce the risk of Covid-19 spreading in workplaces. See below:

- England
- Wales
- Scotland
- Northern Ireland
- ROI

Covid restrictions will continue to be updated in line with current situations, however health and safety law will always apply as will the central principal of risk assessment. This document takes our officers, reps and activists through the process, setting out protective measures set against risk.

Health and safety law and management practice is consistent across all nations that includes the duty to carry out risk assessments, and put in place adequate control measures to protect workers form Covid-19. The workplace guidance from governments stipulates risk assessment is a legal duty, as is consulting with union reps. the guidance advocates protection measures such as ventilation, PPE where identified by the assessment, masks in crowded places and hygiene measures.

Given the concerns regarding workers’ protection against the more transmissible Covid-19 variants that our now circulating in the UK, compounded by the fact there is now strong evidence that the virus can be transmitted via airborne particles particularly in indoor workplaces, the status quo should continue.

Employers must continue to follow statutory health and safety requirements, conduct a risk assessment, and take reasonable steps to manage risks in their workplace.

Unite’s position is that risk assessments which are associated with the hazard of Covid-19 transmission should be immediately reviewed. This needs to be undertaken in consultation with unions and their representatives, especially where the change to the governments’ guidelines and legislation removes and/or modifies Covid-19 controls.

Given current infection there needs to be particular emphasis around vaccine progression, testing, adequate ventilation, and use of masks and face coverings. Additional assessments are needed for vulnerable/disabled workers, BAEM workers and pregnant women with additional control measures implemented for these groups.
Risk assessment approach

Unite is advocating a risk assessment approach using a hierarchy of control common in good health and safety management and various pieces of legislation. We are advising no work should start without an up-to-date risk assessment in place.

Consultation with the union and our representatives will be the key to formulating best practice, this will include full meaningful discussions around creating and implementing risk assessments and health and safety management systems to protect workers. See reps check list in appendix 4.

Reps Checklist

☐ Set up a ‘Covid-19 Task Group’ made up of trade union reps and management.
☐ Are Covid-19 specific risk assessments in place and reviewed?
☐ Do reps / workers to have access to risk assessments and are able to challenge and question?
☐ Mental health issues: Are procedures in place that signpost workers to the right support?
☐ Consider BAEM groups who are adversely effected by COVID 19, Unite BAEM COVID 19 guide.
☐ Take into account disabilities, gender differences, effects on pregnant women, maternity issues.
☐ Are layouts in place to accommodate social distancing: Barriers, Signs, Floor markings etc.?
☐ Are Covid-19 related inductions and training in place?
☐ Have revised timings and staggering of shifts and breaks been considered to control space?
☐ Are there procedures for travel such as parking, using public transport, car sharing?
☐ Have procedures been put in place to have social distancing during maintenance?
☐ Is PPE adequate and arrangements and cleaning in place including overalls?
☐ Is there enhanced cleaning of workplaces?
☐ Are there daily talks to encourage and enforce hygiene and social distancing?
☐ Are there arrangements for screening out workers exhibiting symptoms of the virus?
☐ Is there a system to carry out temperature checks at entry points?
☐ Do indoor facilities such as canteens have sufficient ventilation?
☐ Are face coverings to World Health Organisation standard or FFP2/3 masks supplied by employer?
☐ Are there sufficient welfare facilities /fully stocked to accommodate the necessary hygiene?
☐ Are there sufficient sanitiser stations around site and at entrances?
☐ Are there arrangements in place to accommodate welfare facilities for visiting delivery drivers?
☐ Has the employer considered how workers will travel to work such as using public transport?
HOW THE VIRUS IS SPREAD

Respiratory infections can be transmitted by airborne and contact spread. Airborne spread occurs through droplets of different sizes. Larger droplets fall to the ground and on surfaces at around 1 metre, while small droplets (“aerosols”) are suspended in the air and can travel several metres. Breathing in these aerosols can result in clinical infection depending on the viral load (amount of virus), especially in poorly ventilated indoor spaces. Outdoors is much safer, but distancing is still important.

Contact spread can occur when people touch each other and then touch their eyes, nose or mouth with their hands which contains virus. Contact spread can also occur by touching contaminated surfaces and then your face. It is not yet clear which route of spread predominates, but the emerging evidence points clearly to the importance of airborne spread and the need for additional controls such as good ventilation in indoor workplaces: Useful Guide by Doctors in Unite union. CO2 monitoring is a useful method of measuring whether air changes are up to standard in occupied buildings, see Unite guidance on CO2 monitoring on the Unite COVID 19 web site.

The transmission of Covid-19 can occur when the respiratory droplets fall on surfaces or from mouth to hands to materials, surfaces and any touch points. In lab conditions depending on surface type human coronaviruses can survive on inanimate objects for up to five days at temperatures of 22 to 25°C. Note: In normal conditions the virus will be subject to varying temperature and conditions, making survival times far less. Handling post or newspapers for example poses very little risk. The government advice on social distancing and other measures to workplaces and business is continually being challenged by Unite to ensure that workers remain safe, and is therefore an ever evolving issue. Regularly updated here. General information see the Unite Covid 19 website.
RISK ASSESSMENT PROCESS

There are general duties to carry out risk assessments in order to control the ‘risks’ around Covid-19 found in the Management of Health and Safety at Work Regulations 1999. Specific legislation applying to infectious micro-organisms/biological agents, of which coronavirus is a group, comes under the auspices of the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

See Managing risk assessments at work - Covid-19 HSE guidance

Check list for risk assessment:
- Identify Hazard: Contraction of Covid-19 Infection * Stress connected to Covid 19
- What workers will be harmed?
- How will they be exposed for example breathing in the virus from an infected person, or touching a person, surface or object which has the virus present?
- Rate the risk of infection occurring during undertaking the task, schedule, job etc.
- Select appropriate controls to protect workers using a hierarchy of control

Example:

<table>
<thead>
<tr>
<th>Hazard</th>
<th>Risk including who may be harmed</th>
<th>Pre control Risk Rating Severity x likelihood</th>
<th>Control Measures In brief for illustration</th>
<th>Post control Risk rating Severity x likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contraction of Covid-19 via persons or contact with objects</td>
<td>Use of welfare facilities Maintaining 2 metre separation &amp; hygiene. All staff</td>
<td>High or 3 x 4 = 12 See matrix below</td>
<td>Restrict access. Barriers. Markings. Washing hands Reg’ Cleaning</td>
<td>Low or 1 x 4 = 4 See matrix below</td>
</tr>
</tbody>
</table>

Matrix

<table>
<thead>
<tr>
<th>Severity</th>
<th>Extremely unlikely to occur</th>
<th>Unlikely (U)</th>
<th>Likely (L)</th>
<th>Very Likely (VL)</th>
<th>Highly Likely (Almost certain)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No injury or trivial (Minor injury) no time lost</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Minor injury (MI) lost time less than three days</td>
<td>2</td>
<td>4</td>
<td>6</td>
<td>8</td>
<td>10</td>
</tr>
<tr>
<td>Serious injury (SI) lost time greater than three days</td>
<td>3</td>
<td>6</td>
<td>9</td>
<td>12</td>
<td>15</td>
</tr>
<tr>
<td>Major injury (MAI) lost time greater than seven days</td>
<td>4</td>
<td>8</td>
<td>12</td>
<td>16</td>
<td>20</td>
</tr>
<tr>
<td>Almost certain death. Disabling injury or fatality (DIF)</td>
<td>5</td>
<td>10</td>
<td>15</td>
<td>20</td>
<td>25</td>
</tr>
</tbody>
</table>

Covid-19: Risk assessments and procedures
Those workers that are at higher risk of being adversely affected by Covid-19

Risk assessments should consider and support those who are at a higher risk of infection and/or an adverse outcome if infected. The Public Health England report - 'Disparities in the risk and outcomes of Covid-19' - shows that some groups of people may be at more risk of being infected and/or an adverse outcome if infected. See appendix 5 for the Unite risk assessment example template.

Reps quick checklist of higher-risk groups:
- Older workers
- Older males which are in high proportion in some sectors such as construction
- Have health conditions such as diabetes, more severe the condition the more vulnerability *
- Are from Black, Asian or minority ethnicity (BAEM)
- Pregnant especially after 26 weeks, and particularly if in a BAEM group
- Have a high body mass index (BMI)
  
*Two levels of risk: High risk (clinically extremely vulnerable) & moderate risk (clinically vulnerable)

Clinically extremely vulnerable individuals (those that have been shielding) are strongly advised to work from home. When additional restrictions are in place such as national or local lockdowns. If they cannot work from home, they should not attend work for this period of restrictions. Clinically extremely vulnerable individuals who cannot attend work for this reason may be eligible for support.

Clinically vulnerable includes those over 70 and those with a BMI of over 40. The advice is that this group can still attend work, however this and any additional controls needed should be adequately assessed taking into account all the factors, see below. Mental health and wellbeing are extremely important and appropriate procedures will be need to be put in place to support for workers.

**HIERARCHY OF CONTROLS**
Hierarchy of control is an essential element within the risk assessment process, and is a feature in several pieces of legislation around risk assessment. In particular for Covid-19 the Management of Health and Safety at Work Regulations (MHSWR) and particular to biological hazards the Control of Substances Hazardous the Health Regulations (COSHH).

The significance of this process is that employers need to follow a line of controls, which chooses the most effective and efficient method to prevent exposure and infection from Covid-19. Risks should be reduced by taking preventative measures in order of priority, employers should not just jump to the easiest control measure to put in place. See below with some examples related to Covid-19. See also the HSE Guidance on the hierarchy of risk controls https://www.hse.gov.uk/risk/faq.htm#hierarchy.

ELIMINATION
Whilst vaccination can be listed as a procedural control, vaccination or immunity after infection could be a way of eliminating harm from Covid-19, however it is not clear whether either would offer life time immunity. Some viruses are known to only accommodate limited immunity, most viruses can mutate. Not enough is known about the immune response to the virus as yet: Regular updates on Covid-19 vaccines found here.

Isolating people completely against exposure, is a way in which harm from the virus is eliminated. Examples of this is shielding where people are being advised to stay home for 12 weeks, and working from home. Both prevent becoming infected and infecting others, care must be taken to ensure a safe working environment and assess mental health issues.

SUBSTITUTION/REDUCTION
Ensuring workers are not in work when ill is essential to reducing risk of transmission of Covid 19. One of the elements to achieving this is full sick pay from day 1, with information to employees on symptoms and instruction to remain home no matter how mild the symptoms. The government has introduced a test and trace system, run by the NHS. The system is initiated in the first instance by requiring those with symptoms to self-isolate and have a test as soon as possible. If positive the person is required to provide details of close contacts who in turn need to self-isolate. GO: NHS test and trace: how it works - GOV.UK.

Social distancing: While governments are starting to wind back on controls such as social distancing, employers still have a duty to continue with this measure if an assessment dictates keeping apart protects workers. This control needs to be implemented using prompts such as signs etc. In order to be effective, together with good hygiene practices, both personal and in the workplace. See appendix 1 for hygiene controls. Steps to support and compliment, social distancing and good hygiene need a collective approach:

ENGINEERING CONTROLS
Barriers
- Place a physical barrier such as a Perspex screen, flexible polyethylene sheet, welding blanket for example, could be deployed to mitigate the potential for droplets reaching personnel working in proximity.
• These can be temporary or permanent, some screens can be deployed by pulling down from a roller, or clipped on.
• However bear in mind that Perspex shields will not protect against aerosol spread, other protection measures such as ventilation will also be required.

• The use of screens would need to consider factors including (but not limited to) fixing points, weight, wind direction, portability, access, fire risk and chemical incompatibilities. Any controls need to be risk assessed for the specific application.

• One of the most common problems is workers traveling in vehicles with more than one person, specialised companies are now undertaking barrier fixing in vehicles. Remember, vehicles are small enclosed spaces, so windows should be kept open, at least partially if it is raining or very cold, on either side of the vehicle to ensure good ventilation. The vehicle air-con system should be adjusted for maximum outside air intake, and not recirculation of the air in the vehicle.
Demarcation lines 2 metres or more will assist the workers in keeping within social distancing requirements. Demarcation areas combined with physical barriers where they can be applied can help when re enforced with appropriate messages and training. Note that good ventilation is required in addition to barriers.

Engineering controls

Ventilation

We now know the potential from becoming infected from airborne droplets that can travel beyond 2 metres is a real risk. There is high risk within badly ventilated indoor spaces which has occurred in meat factories for example. Frequent exchanges of internal air will reduce the risk of potential airborne viral transmission, and also reduce the chances of these aerosols settling on surfaces. Unites position is that professional advice is needed in order to assess ventilation needs. CIBSE guide: Coronavirus, SARS-COV-2, Covid-19 and HVAC systems. HSE guide: HSE Guide on Ventilation.

CO2 monitoring is an important tool see Unite guidance on the COVID site: Unite COVID 19 web site
ADMINISTRATIVE CONTROLS: SYSTEMS OF WORK AND PROCEDURES

Note: The following measures will need to be applied collectively, together with engineering controls when needed, and PPE provision when the assessment advises as such.

Reducing time spent performing an activity

- Limit time in close proximity to other personnel to limit the potential risk, this will be to ensure PPE is not worn for extensive periods
- A task which requires close proximity for multiple episodes of sustained time in a shift, consider a different pair/team for each episode which reduces contact.
- Consideration should be given to workforce planning to limit the potential contamination within the remaining workforce.

Workforce planning

- Personnel could be paired or buddied to compartmentalise potential infection within the work teams.
- Consider segregating teams (i.e. Red & Blue teams) to maintain operational capacity if personnel become infected or enter into self-isolation.
- In the event that one person becomes symptomatic, placing their team-mate or pair into isolation will be good practice for any responsible employer. See test and trace

Cleaning

- Undertake enhanced cleaning in line with Unite guidance such as touchpoints in the work area.
- Ensure that cleaning chemicals do not introduce a product safety hazard.
- Deep clean the workplace prior to ramping up production or reopening.

Personal Hygiene

- Maintain high levels of personal hygiene wash hands regularly for 20 seconds.


Please refer to Appendix 1 for suggested list of Procedural Infection Controls
**Personal Protective Equipment (PPE)**

Current advice from all health authorities is that PPE should only be used in a healthcare setting and within a narrow group of sectors, this may change and is a fluid situation. Please refer to the government [PPE guidance hub](https://www.gov.uk/government-guidance) to keep updated.

**Note:** Unite has concerns regarding workers’ protection against the more transmissible Covid-19 variants that our now circulating in the UK, in addition airborne transmission particularly indoors is now accepted. Therefore Unite is currently canvassing the government to update its PPE policy:

1. We want an independent revision of the Personal Protective Equipment (PPE) Covid 19 strategy for the UK. It has become clear from concerns our members are expressing that PPE needs to be made available to sectors outside those listed in current guidance.

2. Pending a review, we have a clear expectation that health workers will be offered a higher level of personal protective equipment (PPE) as a precautionary measure in all health care settings pending clarity on transmission aspects of recent variants of the virus.

**Face masks** HSE web page on RPE [here](https://www.hse.gov.uk/respiratory-protective-equipment/)

![FFP3](image1.png) ![FFP2](image2.png) ![N95](image3.png)

Where the existing operational risk assessment requires RPE such as FFP2 or FFP3 respirator to be worn to protect against contaminants and particulates, this must be adhered to regardless of level of protection offered for Covid-19. In circumstances where workers are at risk of “Working in close proximity” we are advising a minimum of FFP2 or N95. As above Unite wants these type of masks to be available for certain work including workers in public facing jobs, such as bus drivers, cabin crew etc...

**NOTE:** N95 is a USA standard which is equivalent to FFP2. KN95 is a standard in China, HSE have stated that many of these coming onto market are fake and to be avoided.

![mask](image4.png)

**DO NOT wear a mask for Covid-19 purposes that has a valve**, if worn by anyone infected they will be breathing out infected air through the valve.
Surgical Masks

A surgical mask is a loose-fitting, disposable device that is intended to be worn to catch the microorganisms shed in liquid drops and aerosols from the wearer’s mouth and nose. Fluid resistant type IIR, BS EN 46838 offers better protection to the wearer, as they are designed to provide a barrier to the user from fluid contamination such as droplets and blood. Although usually worn in health care settings, some employers are choosing to use these as opposed to either face coverings (due to lack of standards) or FFP 2/3 masks (due to current government advice).

Therefore revision of government guidance is needed on RPE (respiratory protective equipment), masks and face coverings. See face coverings later and Unite’s position.

Gloves

Use glove protection as per standard operations, or use disposable gloves such as Nitrile single use, avoid touching face

- If gloves are reusable, wipe down the outside with alcohol wipes before removing and remove gloves without touching the outside of the gloves
- Wash Hands before and after removing

Eye Protection

Use eye protection as per standard operations /disposable or visor to limit the potential for Covid-19 transmission via mucus membrane including the eye.

- Ensure that eye protection is compatible with RPE
- Clean with alcohol-based wipes
- Visors can offer fair protection from COVID19 droplets but masks are superior.

Coveralls: Disposable coveralls are available, however if reusable normal overalls are being used ensure regular laundering is maintained
FACE COVERINGS

Cloth face coverings are only intended to help contain the wearer’s respiratory droplets from being spread. A face covering helps contain small droplets that come out of your mouth and/or nose when you talk, sneeze or cough. Designed primarily to protect those around us, however studies show they can also protect the wearer.

Face coverings are not the same as face masks and are not CE marked. Unite only recommends face coverings made to World Health Organisation standards:

- Have three layers but ensure the finished product is breathable, constructed of:
  - Outer layer of hydrophobic material such as polypropylene, polyester, or their blends
  - Middle hydrophobic layer of synthetic non-woven material such as polypropylene
  - Inner layer of a hydrophilic material such a cotton or cotton blends.

When to wear a face covering (see appendix 6 on how to wear)

- Mandatory on public transport, shops, most public indoor places and hospitals.
- See the following links for the latest information in England, Scotland, Wales, Northern Ireland & Republic of Ireland.
- This is in line with new World Health Organisation (WHO) advice that states non-medical face coverings should be worn in public.
- Face coverings are now being legally mandated gradually in certain workplaces and areas across the UK, for example in Scotland: Workplaces in communal areas
- In absence of legislation some employers are choosing to mandate face coverings
- Where a risk assessment identifies the use of face coverings in workplaces, communal areas for example, they must be supplied and paid for by employers to WHO standard and must be worn collectively in those areas to be effective.

Breaks: Where workers are required to use face coverings for long periods, their working hours should reflect the discomfort and fatigue issues associated with this. Employers should factor in breaks to allow workers time away from the workplace without a mask.

Visors/shields are not generally considered face coverings as they do not provide adequate protection. They could be worn in addition to a mask but not instead. However in circumstances someone is exempt from wearing a mask but able to wear a visor, it is advisable to do so.

- Regulatory status and differences between surgical face masks, PPE, and face coverings

Covid-19: Risk assessments and procedures
The Unite position: RPE medical masks face coverings

In light of new variants and Airborne transmission, and where the risk from COVID 19 in the workplace cannot be fully controlled by other means further up the hierarchy.

**FFP2/3:** Made available to public facing workers and front line health workers. Those workers who are at risk of working in close proximity.

**Medical Masks:** Reserved for healthcare settings. Those in or visiting healthcare facilities.

**Face Coverings:** Use in communal areas within workplaces, indoors where ventilation is inadequate, where poor supplies of FFP2/3 prevent their use in workplaces. WHO standard needs to be applied and provided free of charge.

**Visor:** Only worn with a face covering or mask. In some circumstances in low risk settings can be worn if there are medical reasons for not wearing a face covering.

**Breaks:** HSE advise regular breaks, this needs to be factored in no matter which is worn.

**ABILITY TO STOP WORK ON HEALTH AND SAFETY GROUNDS: AGREEMENT**

Union reps should seek to agree with their organisations an agreed procedure whereby the worker can stop work on health and safety grounds. As follows

- Create a safety check list that the worker can fill out prior to start of a job/process
- Part of the document to contain a stop work element that employee can sign off
- Supervisor is informed and discusses resolution if not resolved supervisor signs off
- Task/job is halted
- Task is reviewed by management and union reps

If such a procedure cannot be agreed, please refer to advice from legal department around stopping work on health and safety grounds. See appendix 3, contact regional officer for advice.

**Appendices below**
APPENDIX 1

WORKPLACE PROCEDURAL INFECTION CONTROLS AND FACILITIES

Will vary depending on the workplace, some examples of workplace infection controls:

WORKPLACE ACCESS

- Visitors to sites should be curtailed unless essential and business critical such as delivery drivers, outside maintenance or repairs, welfare facilities need to be provided.
- Monitor congestion to enable social distancing of 2 metres:
- Introduce staggered start and finish times to reduce congestion and contact
- Remove or disable entry systems that require skin contact e.g. fingerprint scanners
- Promote good hygiene, wash or clean hands before entering or leaving premises
- Provide the necessary facilities to do this, warm water soap or hand sanitiser
- Regularly clean common contact surfaces in reception, office, delivery areas
- Drivers should remain in their vehicles if the load will allow it and must wash or clean their hands before unloading goods and materials.
- Access to toilets and washing facilities need to be given to delivery drivers by law [https://www.hse.gov.uk/pubns/books/l24.htm](https://www.hse.gov.uk/pubns/books/l24.htm)

TRAVEL ARRANGEMENTS

- Avoid public transport only use if there is no choice
- Car sharing would only be recommended if living in same household
- Travel alone in own transport if this is available to you
- Use a bicycle if this is feasible or walk if in walking distance
- The above may accommodate the once a day exercise, avoiding going out again.
- Every effort made to provide additional parking spaces for cars and bicycles

ENHANCED CLEANING IN THE WORKPLACE

- Enhanced and regular cleaning across all areas of the workplace utilising approved cleaning products includes all building touch points
- Enhanced and regular cleaning of escalators
- Taps and washing facilities
- Toilet flush and seats
- Door handles and push plates
- Hand rails on staircases and corridors
- Lift and hoist controls
- Machinery and equipment controls
- Food preparation and eating surfaces
- Telephone equipment
- Key boards, photocopiers and other office equipment
- Rubbish collection and storage points should be increased and emptied regularly throughout and at the end of each day.
CANTEENS, CAFES AND EATING AREAS

- Dedicated eating areas should be identified
- If required break times should be staggered to reduce congestion, 2 metre rule
- Create space and manage sitting 2 metres apart from each other whilst eating
- Hand cleaning facilities or hand sanitiser should be available at the entrance of any room where people eat and should be used by workers when entering and leaving
- Keep equipment clean between use, kettles, microwaves etc. if not practical:
  - Ask workforce to bring pre-prepared meals and refillable drinking bottles from home
  - Where catering is provided, it should be pre-prepared and wrapped food only
  - Crockery, eating utensils, cups (unless from dispenser) etc. should not be used
  - Payments should be taken by contactless card wherever possible
  - Drinking water should be provided with enhanced cleaning measures of the tap mechanism
- Tables should be cleaned between each use
- All rubbish should be put straight in the bin and not left for someone else to clear up
- All areas used for eating must be thoroughly cleaned at the end of each break and shift, including chairs, door handles, vending machines and payment devices
- Ensure adequate ventilation see section on ventilation

TOILET FACILITIES

- Restrict the number of people using toilet facilities at any one time
- Promote washing hands before and after using the facilities
- Enhance the cleaning regimes for toilet facilities particularly door handles, locks and the toilet flush
- Provide suitable and sufficient rubbish bins for hand towels with regular removal and disposal.

HAND WASHING FACILITIES

- Ensure soap and fresh water is readily available and kept topped up at all times
- Provide hand sanitiser where hand washing facilities are unavailable
- Regularly clean the hand washing facilities and check soap and sanitiser levels
- Provide suitable and sufficient rubbish bins for hand towels with regular removal and disposal
- Organisations will need extra supplies of soap, hand sanitiser and paper towels and these should be securely stored.
CHANGING FACILITIES, SHOWERS AND DRYING ROOMS

- Introduce staggered start and finish times to reduce congestion, 2 metre rule
- Enhanced cleaning of all facilities throughout the day and at the end of each day
- Based on the size of each facility, determine how many people can use it at any one time to maintain a distance of 2 metres
- Provide suitable and sufficient rubbish bins in these areas with regular removal and disposal.

OTHER MEASURES

- Ensure ventilation is fit for purpose in the workplace, allow adequate ventilation
- Regularly clean the inside of vehicle cabs and between uses by different operators
- LGV drivers have route planning taking into account available toilet and washing facilities, this will be a unique problem to this situation as public eating places are now closed. HSE Guide here: Driver welfare and hours
- Visitors to sites should be curtailed unless essential and business critical such as delivery drivers, outside maintenance or repairs.
- Any meeting are performed via video link/ Skype/ conference call
- All non - essential staff to work remotely
- All inductions if needed undertaken with social distancing close contact protocols rigorously observed
- Observe social distancing and close contact between work colleagues
- Workplaces that are operational need to have daily communication lines

PPE PROCEDURES

- Re-usable PPE to be thoroughly cleaned after use and not shared between workers
- Single use PPE should be disposed of so that it cannot be reused

FACILITES FOR ISOLATING in the WORKPLACE

- Procedures need to be in place if a worker or visitor has been identified as possibly infected. An isolation room needs to be made available
- In large workplaces such as airports several isolation rooms need to be allocated
- Front line staff need to be identified, trained and issued with the correct PPE to deal with any identified possible cases.

There are specific guideline for health professionals in clinical settings please find here: https://www.gov.uk/government/collections/wuhan-novel-coronavirus
APPENDIX 2

Pre start checklist (not exhaustive)

- Identify those employees that can return to duty
- Deliver a Covid-19 Social Distancing briefing to employees
- Ensure office and depots pace have in place social distancing guidelines and infection control measures
- Ensure adequate work vehicles are available to maintain social distancing
- Ensure employees have adequate hygiene products and PPE
- Review safety principles with trade union representatives
- Check if returning employees have symptoms instruct to remain home on full pay
- Confirm whether they have a vulnerable person in the household and discuss whether they need to remain home
- Ensure enhanced cleaning and maintenance programmes are in place prior to ramp up and address the risk of cross contamination with Covid-19 by cleaning staff
- Check all equipment and service to ensure in safe working order
- Ensure cleaning staff have new PPE on a daily basis
- Ensure social distancing guidance and posters are in all locations and prominently displayed
- Reps and managers to conduct regular site “walkabouts” with workers to ensure employees are complying with social distancing principles

APPENDIX 3

Stopping work on Health and Safety grounds

The employer’s attention should be drawn to the existence of S.44 and S.100 of the Employment Rights Act. This prohibits individuals who have left the workplace in circumstances of danger, which they reasonably believe is imminent and cannot be averted, from being subjected to a detriment or dismissal.

Where employers are not operating safely or in accordance with government guidance including the heightened hygiene provisions, social distancing and the provision of PPE, then an individual can justify leaving the workplace, refuse to return where any danger persists or take appropriate steps to protect themselves. Any such decision would be on the basis of their own decision regarding their workplace as to whether there are “circumstances of danger” which they reasonably believe would be serious and imminent.

This does not mean returning home, but removing themselves to a place where that harm no longer exists or until such time as that danger is minimised or averted. If this situation occurs officers should revert to the Q&A materials that have been circulated and/or contact their legal officer for advice on how to proceed.

These individual rights do not apply to all categories of worker particularly those that have the status of self-employed. However the duty for employers, hirers or contractors to provide a safe working environment for all those engaged in a workplace applies consistently. Where poor safety practices are reported to the union, Unite will make the appropriate interventions with those organisations to ensure the highest standards of safety are maintained.
Appendix 4

COVID-19 CHECKLIST

General:
- COVID-19 operational risk assessment has been completed and all unintended consequences identified.
- Clear signage throughout the workplace to encourage 2m social distancing and handwashing including entrances and exits.
- Process and agreed responsibilities in place for enhanced cleaning of all touch points at the beginning of every shift.
- Cleaning stations in place to enable employees to clean, including visual aids, instructions on use and waste disposal facilities.
- Process for and location of secure storage and issue of PPE and cleaning products in place and understood.
- PPE distribution, guidance on use and disposal facilities in place.

Car parking:
- Clear signage in parking areas to maintain the social distancing standard and remind employees of the importance of not attending workplace if they are symptomatic.

Entering and moving around the building:
- Mark up the areas using tape to clearly identify 2m rules to encourage social distancing.
- At busy times (start and end of shifts) main entrances held open if possible.
- Handwashing facilities or sanitiser provided at entrances and exits.
- Internal pedestrian one-way system for any isles less than 2m with agreed flow, maintain emergency exits and fire doors (closed).
- Areas where there is likely to be a cluster of people, identify using 2m markings social distancing requirements.

Access points:
- Shift start and finish times staggered to reduce worker contact and any bottlenecks.
- Visitors limited access to workplace site unless essential.
- All non-essential staff working remotely.
- Process in place for the management of deliveries to minimise contact with other people whilst loading and unloading.
- Access to be given to handwashing facilities.

Unite – fighting for a safer workplace
Welfare facilities – toilets, locker rooms, rest areas, canteen:

- Provision of an isolation area where any employees showing symptoms can be directed until they are able to leave site.
- Restrict the number of people using the toilet facilities e.g. using an engaged sign.
- Canteens and rest areas - minimise the number of chairs to maintain 2m rule.
- Canteens and rest areas - staggered breaks if needed to reduce the number of people in the area.
- Where limited catering facilities are provided, food to be wrapped and only disposal cutlery provided.

Sustainment process:

- Compliance to this checklist must be reviewed at least once per week with site leadership, TU team and HSE team.

Signatures:

- Management representative:

- Trade Union representative:

- Health, Safety and Environmental Professional:
### APPENDIX 5

**Covid-19 work risk assessment tool: Example**

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong> – Covid-19 seems to have a bigger impact on people who are older.</td>
<td></td>
</tr>
<tr>
<td>• If you are aged between 50-59</td>
<td>1</td>
</tr>
<tr>
<td>• If you are aged between 60-69</td>
<td>2</td>
</tr>
<tr>
<td>• If you are aged 70-79</td>
<td>4</td>
</tr>
<tr>
<td><strong>Sex at birth</strong> – Covid-19 seems to have a bigger impact on males than females</td>
<td></td>
</tr>
<tr>
<td>• Male</td>
<td>1</td>
</tr>
<tr>
<td><strong>Ethnicity</strong> – Covid-19 seems to have a bigger impact on people from some ethnicities</td>
<td></td>
</tr>
<tr>
<td>• BAEM or mixed race groups, Scores will differ depending on specific race, various tools are used to allocate figures accordingly.</td>
<td></td>
</tr>
<tr>
<td><strong>Existing Health conditions (Comorbidity)</strong> – Covid-19 seems to have a bigger impact if you already have other pre-existing health conditions. You may want to speak to your GP if you are not sure about these questions.</td>
<td></td>
</tr>
<tr>
<td>• Cardiovascular disease</td>
<td></td>
</tr>
<tr>
<td>Are you on any treatment for Hypertension (high blood pressure), Atrial Fibrillation (Irregular heart rate), Heart Failure, Previous MI (had a heart attack), had a stroke, or Transient Ischemic Attack (mini stroke)</td>
<td>1</td>
</tr>
<tr>
<td>• Diabetes Mellitus Type 1 or 2</td>
<td>1</td>
</tr>
<tr>
<td>• Chronic lung disease (including asthma, COPD, interstitial lung disease)</td>
<td>1</td>
</tr>
<tr>
<td>• Chronic kidney disease (any stage 1-5)</td>
<td>1</td>
</tr>
<tr>
<td>• Sickle cell trait, Thalassaemia trait or other haemoglobinopathy</td>
<td>1</td>
</tr>
<tr>
<td><strong>Obesity</strong> – Covid-19 seems to have a bigger impact if you are overweight</td>
<td></td>
</tr>
<tr>
<td>BMI of approximately 3</td>
<td></td>
</tr>
<tr>
<td>This link will help you work out your BMI – if your BMI is more than 30</td>
<td>1</td>
</tr>
</tbody>
</table>

**Total**

Total scores would be added up with values of Low Risk 0-3 Medium Risk 4-6 very high risk over 7

Additional controls are put in place depending on the total score such as modified duties. In the case of this tool over seven signifies a level of risk that may result in the person either staying home, or being redeployed to another role or some different tasks in same role.

**Example Workplace assessment tool**
A fabric mask can protect others around you. To protect yourself and prevent the spread of COVID-19, remember to socially distance from others, clean your hands frequently and thoroughly, avoid touching your face and mask. Do not wear around head, neck or chin even when eating or drinking.

Based on WHO advice