Introduction

Covid-19 restrictions have been replaced by public health advice

1 April 2022

The government has replaced guidance for workplaces produced by BEIS for England and put in place public health guidance, which set out the principles for reducing the spread of respiratory infections, including Covid-19, in the workplace.

Both the government and HSE are issuing guidance which supports the premise that every employer need not explicitly consider Covid-19 in their health and safety risk assessment. Instead advising employers that they may choose to continue to cover Covid-19 in their risk assessments.

See HSE guidance here: Coronavirus (Covid-19) – Advice for workplaces (hse.gov.uk)

Risk Assessments

Unite is advising officers and reps to engage with their organisations to ensure that risk assessments continue with the view that protective measures against Covid-19 remain in place. Infection rates and hospital admissions are rising significantly, updated figures can be accessed here. The advice may differ across the devolved nations but this risk assessment guide is universal.

Most large employers Unite is involved with are not pulling away from risk assessment, although some are starting to consider a more generic approach and assessing risks around infectious diseases in general. Particularly respiratory infection that includes Covid-19 and Influenza. This would bring risk assessment in line with the new public health guidance, and at the same time ensure retention the main raft of controls we have all been accustomed during the pandemic.

Position in all nations

Moving to public health advice in all nations will occur at different times and/or differ. The concept however is being consulted on so check the latest Covid-19 position and timescales of any changes for all nations:

- England
- Scotland
- Wales
- Northern Ireland
- ROI

Health and Safety Legal Obligations

There is a general legal duty to undertake risk assessment and put in place protective measures, where there is a risk to safety and health. This is set out in the management regulations. A regulation which HSE have been able to enforce that Covid-19 risk assessments are undertaken throughout the pandemic.
Covid-19 remains a risk to all workers' therefore Unite advises risk assessments must continue even if the assessments move to a more generic assessment form that includes all respiratory diseases. The result will be that controls will remain on very similar lines, with HSE intending to regulate the controls for Covid-19 under existing law. For example:

**Covid-19/Infection Controls**

Providing sufficient general ventilation, welfare facilities for hygiene, will be regulated under the Workplace (Health, Safety and Welfare) Regulations 1992 for most workplaces, and the Construction Design and Management Regulations 2015 for construction sites.

**People who come into contact with Covid-19 due to their work activity**

The Control of Substances Hazardous to Health Regulations COSHH Regulations, cover the duty to assess risks for biological hazards. Under this law employers must protect workers who come into contact with Covid-19, under the following circumstances:

- Directly through their work, for example in researching the virus in laboratories
- Due to their work activity, such as health and social care workers caring for infectious patients

Under this law employers must carry out COSHH risk assessments specifically for Covid-19 and implement control measures. Those working in health and social care and laboratories note this.

Under current HSE guidance on Covid-19 COSHH does not cover situations where:

1. One employee catches a respiratory infection from another
2. A member of the public has infected an employee with coronavirus through general transmission in the workplace

Of the above two clauses number 1 is contained in the COSHH guidance, whist number 2 is not set out as such. Therefore we feel that HSE’s position on COSHH in relation to COVID-19 sets out a band of sectors which is too narrow, and should include more front line workers such as those in education, transport and so on. However it is likely employers will follow the HSE line. Therefore at present outside lab work, health and social care, officers and reps are advised to negotiate Covid-19/respiratory infection risk assessments are undertaken under the management regulations.

Unite has written to HSE with the concerns as set out above, the guidance in connection with COSHH can be found on the HSE website here:

Coronavirus (Covid-19) – Advice for workplaces (hse.gov.uk)

Given current infection rates 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 continuing to advocate a risk assessment approach using a hierarchy of control common in good health and safety management and various pieces of legislation.

Consultation with the union and our representatives will continue to 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.

Reps checklist

☐ Set up an infection control working group of trade union reps and management.
  ☐ Are Covid-19/respiratory disease risk assessments in place and being reviewed?
  ☐ Have ventilation systems been checked and are they adequate?
  ☐ Is CO2 monitoring in place, have reps been involved?
  ☐ Are layouts in place to accommodate people keeping a safe distance with signs?
  ☐ Have assessments been undertaken for PPE/RPE protection where these are required/needed?
  ☐ Have certain areas to assess where face coverings are needed such as common areas/lifts?
  ☐ Are face coverings to World Health Organisation standard? Unite branded FC’s are compliant.
  ☐ Mental health issues: Are procedures in place that signpost workers to the right support?
  ☐ Take into account disabilities, gender differences, BAEM, pregnant women, maternity issues.
  ☐ Are inductions in place when returning to the workplace?
  ☐ Are there procedures for travel such as parking, using public transport, car sharing?
  ☐ Have assessments been undertaken to include maintenance work
  ☐ Is there enhanced cleaning of workplaces?
  ☐ Are there regular team talks to discuss any changes and updates to protection measures?
  ☐ Are there clear policies in place that instruct workers who are have symptoms to stay home?
  ☐ Is there adequate sick pay to enable workers to remain at home when they have symptoms?
  ☐ Is there system/form in place to check/advise visitors on arrival e.g. symptoms, site procedures?
  ☐ Do indoor facilities such as canteens have sufficient ventilation?
  ☐ 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 to 2 metres, while small droplets (“aerosols”) are suspended in the air and can travel several metres. Breathing in these aerosols can result in clinical infection, the risk is especially high in poorly ventilated indoor spaces, and outdoors is much safer. Aerosol related infection risks are significant and controls such as adequate ventilation and wearing of masks is essential.

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. Good hygiene therefore is very important combined with controls for airborne spread such as good ventilation in indoor workplaces: 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 support of our health services is essential in order not only Covid-19 patients are treated, but that all medical conditions are treated and monitored. They are also responsible for running the vaccine programme that prevents serious illness from Covid-19 and other serious infections.

Covid-19 Infection Prevention and Control (IPC) is guidance intended to help prevent transmission of seasonal respiratory viral infections focussing on influenza, SARS-CoV-2, and respiratory syncytial virus in health care settings. This guidance has been very slow in recognising airborne transmission and appropriate PPE for front line staff, including FFP3 masks. Thanks to our activists has this been corrected, reps in health care should check appropriate measures are being implemented.
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/respiratory Infection * associated stress
- 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>Who may be harmed and how</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/Respiratory Infection via persons or objects</td>
<td>Staff Visitors Cleaners Contractors Drivers Breathing in virus Touching infected surfaces</td>
<td>High or 3 x 4 = 12 See matrix below</td>
<td>Adequate ventilation and welfare facilities Face coverings in high risk area FFP3 in health care setting</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>
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. Appendix 5 shows an example of an assessment used in the health sector to assess risks of these groups. Guidance is changing around these groups so look at the information in the links below this box.

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)

Protecting those who may be at higher risk

There is guidance from the Department of Health and Social Care (DHSC) on protecting immunosuppressed people.

You can also find DHSC guidance for people previously considered clinically extremely vulnerable from Covid-19.

Other nations have separate advice for groups of workers who may be at higher risk.

- Scotland
- Wales
- Northern Ireland
- ROI

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/Respiratory Infections 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.

*HSE Guidance on the hierarchy of risk controls*  

**Vaccination**

The vaccination programme is essential to protecting people from serious illness connected to Covid-19 and other diseases. It is difficult to select concisely where to place this important protection measure in the hierarchy.

Vaccination can be listed as a means of reducing risk or as a procedural control, but equally we know that some vaccines have totally eradicated particular virus’s, small pox virus is a good example so therefore eliminated. The principle is that viruses are denied access to host cells so are unable to replicate, in practice that ability is reduced. Clinical infection is still possible and this virus as with influenza has a good ability to mutate, presenting itself in different sub lineages and new variants.

Vaccines therefore may be left weakened or ineffective, with continuous work needed to develop new vaccine ranges.

The vaccination programme is absolutely essential in fighting this pandemic, Unite supports this programme where uptake is voluntary, but encourages members to take up the offer when presented. Access [Unite Stay safe and get the jab campaign](https://www.unite.org.uk/)

Other protection measures are also essential that run alongside the vaccination programme that greatly reduce the risk of respiratory viruses entering the body, set out below in the Hierarchy

**ELIMINATION**

Denying the virus access to the person and thus preventing it entering the body can be effective such as Isolating people completely against exposure. An example of this is shielding where people were being advised to stay home, this is a way in which harm from the virus is eliminated.

However guidance to these groups has changed and therefore it is unlikely they will be advised to remain at home going forward. Whilst most of this group is now being advised they can go to work, there is still a need to address those who are vulnerable through an assessment. More guidance is given on this further into this document.
SUBSTITUTION/REDUCTION

Ensuring workers are not in work when ill is essential to reducing risk of transmission of Covid-19/Respiratory diseases. With testing being phased out it is important that adequate sick pay is provided to workers when they have symptoms. Unless this is addressed workers will attend work in order to put food on the table or pay high energy bills, and current inflation crisis. Reducing risk will also be achieved using a combination of a vaccination programme and the following:

ENGINEERING CONTROLS

Ventilation

We now know that becoming infected from airborne droplets in aerosol form that can travel much further than previously thought, is a very high risk feature of contracting Covid-19 and potentially other respiratory diseases.

There is particularly high risk within badly ventilated indoor spaces, 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. There is an important aspect of servicing, maintenance and monitoring using CO2 monitors, or more comprehensive multi meters which measure other aspects such as PM10 etc.

Guidance can be obtained from various professional bodies, which offer extremely good advice.

- CIBSE guide: Coronavirus, SARS-COV-2, Covid-19 and HVAC systems
- HSE guide: HSE Guide on Ventilation
- BESA an organisation that have agreements with Unite offer guidance for beginners and that which is more comprehensive
- Unite guidance on Ventilation and CO2 monitoring can be found on the Unite Covid-19 web site

![Diagram of Respiratory pathogen transmission routes](image-url)
Identifying poorly ventilated areas by using CO2 monitors

Carbon dioxide (CO2) monitors help employers identify poor ventilation so they can improve it and reduce the risk of spreading Covid-19.

How CO2 monitors help identify poor ventilation
The priority for your risk assessment is to identify areas of your workplace that are usually occupied and poorly ventilated. CO2 monitors can help you do this. People breathe out CO2. If there is a build-up of CO2 in an area it can indicate that ventilation needs improving. CO2 monitors don’t measure levels of coronavirus but using them can tell you if an area needs improved ventilation.

Types of monitor to use: The most appropriate portable devices to use in the workplace are non-dispersive infrared (NDIR) CO2 monitors.

How to use a monitor to measure CO2: Follow the manufacturer’s instructions to understand how to use your monitor correctly.

Where to place them
CO2 levels vary within an indoor space. Place them at head height and keep them away from:
- Windows
- Doors
- Air supply openings

Position the monitors over 50cm away from people as their exhaled breath contains CO2. If your monitor is too close it may give a misleadingly high reading. Try out several locations to find the most representative position for the monitor in the space. In larger spaces more than one sampling location will usually be required.

How to get accurate measurements
- Follow the manufacturer’s instructions, including those on calibrating your monitor
- Single or ‘snapshot’ readings can be misleading. Take several measurements throughout the day, when the room is occupied, to represent changes in activities, the number of people using it and ventilation rates
- As weather changes you may need to repeat monitoring due to differences in ventilation, for example from opening windows and doors
- Record CO2 readings, number of occupants and the type of ventilation you’re using at the time. This information will help you decide if an area is poorly ventilated

Understanding the numbers and when to take action
The amount of CO2 in the air is measured in parts per million (ppm). A consistent CO2 value below 800ppm is likely to indicate that an indoor space is well ventilated. CO2 levels consistently higher than 1500ppm in an occupied room indicate poor ventilation and you should take action.

CO2 levels below 800ppm are recommended for areas with continuous:
- Talking
- Singing
- High levels of physical activity such as sport or dancing.

Remember that CO2 measurements are only a broad guide to ventilation rather than demonstrating ‘safe levels’.”
BARRIERS

Whilst barriers will reduce the risk of droplets reaching a person at close proximity, they cannot be relied on solely, as the risk of aerosol transmission will need additional measure as set out in this document. Unite emphasises the protection measures need to be collective to achieve maximum effect.

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. The vehicle air-con system should be adjusted for maximum outside air intake, and not recirculation of the air in the vehicle. Important that barriers of this sort need to be close fitting to be effective. Barriers to protect bus drivers from passengers must follow the same principle.

Note the below also incorporates safe distance demarcation lines. Whilst restrictions are being lifted it is important where workers are exposed on a regular basis to members of the public that they continue to be protected.
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.

Keeping a reasonable distance apart: Particularly in crowded areas, good protection measure for large droplets, just remain aware aerosols travel quite a distance so ventilation indoors is essential.

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.

**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. Please refer to the government PPE guidance hub 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 other sectors may require PPE in particular settings:

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. The Covid-19 Infection Prevention and Control (IPC) guidance for the health sector in the past has failed to recommend adequate PPE particularly respiratory protection (FFP3 masks) for frontline health sector workers instead giving out medical masks. This is because they also failed to recognise airborne transmission via aerosols was an infection route. This has now changed and health care reps should ensure correct PPE is supplied by their Trusts.

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

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.

**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.

*Covid-19: Risk assessments and procedures*
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/Respiratory infection transmission via mucus membrane including the eye in appropriate settings e.g. health care.

- 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 for general risk, infections in relevant settings. 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)

- 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.
- Where respective Governments require these to be worn in public places
- This is in line with new World Health Organisation (WHO) advice that states non-medical face coverings should be worn in public
- Where sectors are requiring this, for example in aviation as a condition of travel or hospitals.

**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](#)
Unite position: RPE medical masks face coverings

RPE is required in certain sectors as above, face coverings remain an essential part of protection due to the risk of airborne transmission

- **FFP 2/3**: Made available to public facing workers and in health and social care. (best protection)
- **Medical Masks**: Healthcare settings for appropriate use, those in or visiting healthcare facilities.
- **Face Coverings**: Where required in the community by various Governments, but in any event: crowded areas both in the community and workplaces or where advised by risk assessment.
- **Visor**: Not really recommended
- **Breaks**: HSE advice 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 2, contact regional officer for advice.

APPENDIX 1

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.

Further Appendices Below
APPENDIX 2

WORKPLACE PROCEDURAL INFECTION CONTROLS AND FACILITIES

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

WORKPLACE ACCESS

- Information on site procedures including instruction not to enter with symptoms
- 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
- Access to toilets and washing facilities need to be given to delivery drivers by law https://www.hse.gov.uk/pubns/books/l24.htm
- Regularly clean common contact surfaces in reception, office, delivery areas

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 emptied regularly and at the end of each day.

WELFARE FACILITIES

- Ensure all welfare facilities are in place for eating, washing, drinking
- 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
- Dedicated eating areas should be identified
- Create space to allow reasonable distance
- If need be stagger break times
- Adhere to cleaning as above
- 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.
## APPENDIX 3

### 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 30</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.
APPENDIX 4

HOW TO WEAR A NON-MEDICAL FABRIC FACE COVERING SAFELY

1. Clean your hands before touching the mask
2. Inspect the mask for damage or dirt
3. Adjust the mask to your face without leaving gaps on the sides
4. Cover your mouth and chin, ensure you are breathing through the mask
5. Avoid touching the mask
6. Clean your hands before removing the mask
7. Remove the mask by the straps behind the ears or head
8. Pull the mask away from your face
9. Store the mask in a clean plastic, resealable bag if it is not dirty or wet and you plan to re-use it. If not retain in bag and dispose of responsibly*
10. Remove the mask by the straps when taking it out of the bag
11. Wash the mask in soap or detergent, preferably with hot water, at least once a day
12. Clean your hands after removing the mask

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


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