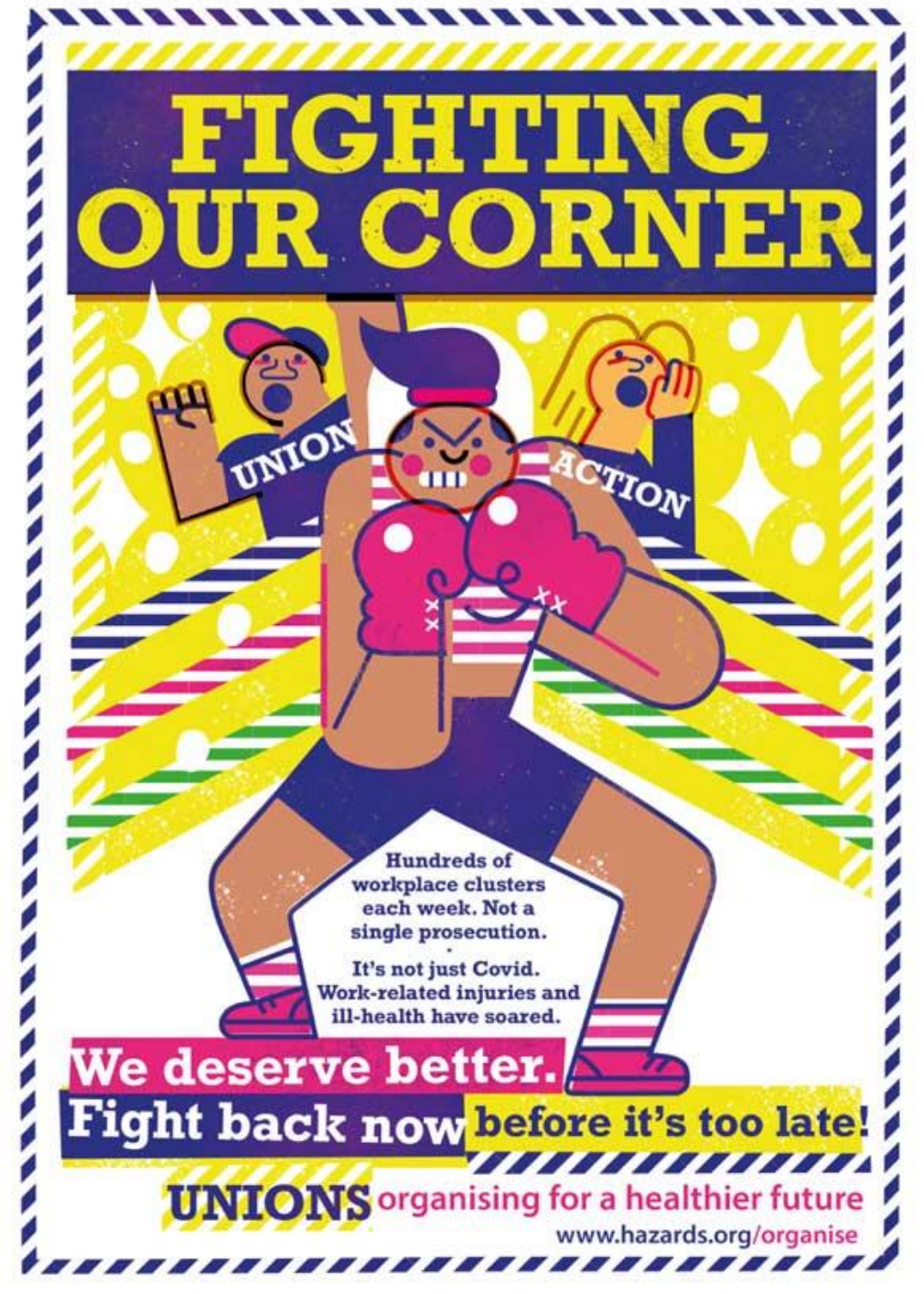


HAZARDS CAMPAIGN

Precaution, Prevention and Controlling the Risks

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What are the most important functions of a safety rep?



- Spend a couple of minutes typing your answers in the chat

What has happened to workers?

- Precarious workers forced into and out of work – not able to object raise h&s issues
- Thousands have died – including bus drivers, cleaners, care workers, health workers, construction workers, school staff, factory workers
<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/coronaviruscovid19relateddeathsbyoccupationenglandandwales/previousReleases>
- PPE not precautionary standard
- Non essential workplaces open – shut the sites etc
- HSE locked down, discouraged reporting, too little too late, privatised call centre, no enforcement
- Most NOT Covid Safe workplaces – Independent Sage

Health and Safety Law



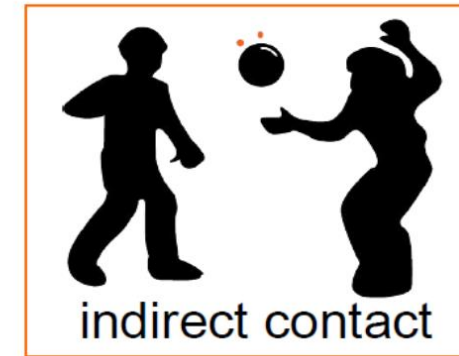
- H&S law not changed – Govt guidance weaker than law
- Ask for copies of RA and review them - Absolute duty - Suitable and sufficient risk assessment (MHSWR – Reg 3)
- Control Hierarchy
- Ask who is carrying out RA and their competences -Carried out by a 'competent' person (MHSWR – Reg 7)
- Ask for: Employers must establish emergency and 'serious and imminent danger procedure (MHSWR – Reg 8)
- Have RA been published? Employees must be told the risks (MHSWR – Reg 10)
- SRSC Regs – safety reps must be consulted
- Face coverings including surgical masks not ppe
- Ensure mental and physical health
- Ensure a paper trail

<https://www.hse.gov.uk/coronavirus/assets/docs/risk-assessment.pdf>

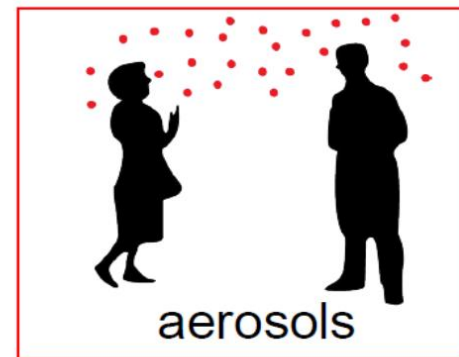
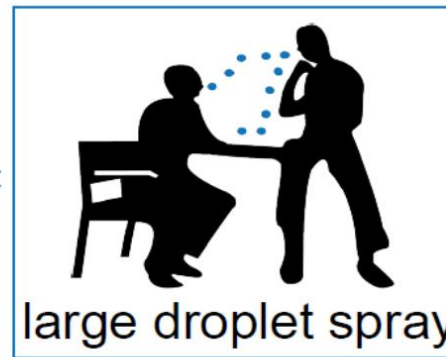
Transmission of the Virus

Aerosol transmission is proven via observation, case studies, sentinel cases, cluster outbreaks +experimental studies. WHO reluctantly forced to accept it. UK Govt SAGE accepts but Guidance from HSE absent

Transmission Routes



Traditionally defined as $>5\text{ }\mu\text{m}$ and happening at close-range only ($<2\text{ m}$)



Traditionally defined as $<5\text{ }\mu\text{m}$ and happening mainly at long-distance ($>2\text{ m}$)

The origin of the $5\text{-}\mu\text{m}$ cutoff is not clear. This cutoff is not supported by modern aerosol science. This distinction has hampered our understanding of transmission.

Risk Assessment and Covid - 19

The Health and Safety Executive's **Five steps** to risk assessment.

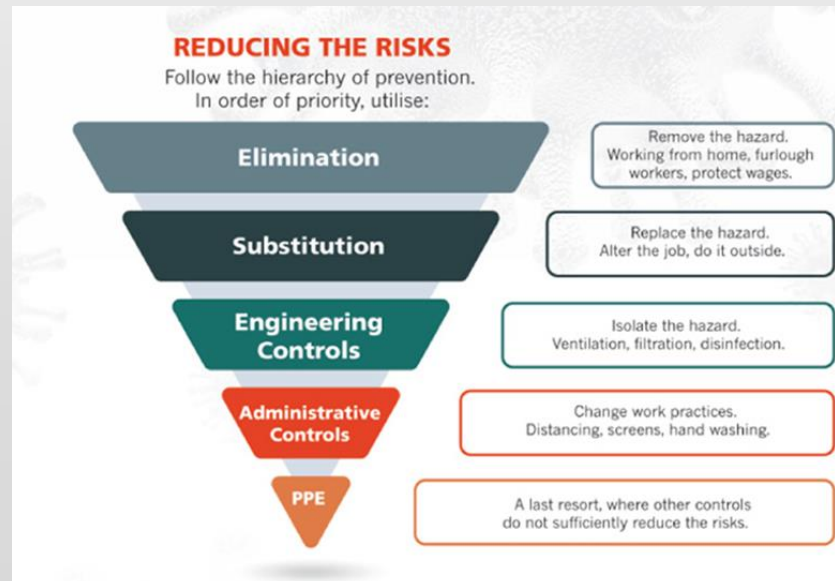
Step 1: Identify the hazards.

Step 2: Decide who might be harmed and how.

Step 3: Evaluate the risks and decide on precautions.

Step 4: Record your findings and implement them.

Step 5: Review your risk assessment and update if necessary



Risk assessment

All employers must conduct a risk assessment. If you have fewer than five employees you don't have to write anything down.

We have started off the risk assessment for you by including a sample entry for a common hazard to illustrate what is expected (the sample entry is taken from an office-based business). Look at how this might apply to your business, continue by identifying the hazards that are the real priorities in your case and complete the table to suit. You can print and save this template so you can easily review and update the information as and when required. You may find our example risk assessments a useful guide (<http://www.hse.gov.uk/risk/casestudies/>). Simply choose the example closest to your business.

Company name:

Date of risk assessment:

What are the hazards?	Who might be harmed and how?	What are you already doing?	Do you need to do anything else to control this risk?	Action by who?	Action by when?	Done
Slips and trips	Staff and visitors may be injured if they trip over objects or slip on spillages.	General good housekeeping is carried out. All areas well lit, including stairs. No trailing leads or cables. Staff keep work areas clear, eg no boxes left in walkways, deliveries stored immediately.	Better housekeeping in staff kitchen needed, eg on spills. Arrange for loose carpet tile on second floor to be repaired/replaced	All staff, supervisor to monitor Manager	From now on xx/xx/xx	xx/xx/xx xx/xx/xx
						"Hint, tab here for new row"

You should review your risk assessment if you think it might no longer be valid (eg following an accident in the workplace or if there are any significant changes to hazards, such as new work equipment or work activities)

For information specific to your industry please go to <http://www.hse.gov.uk/>

For further information and to view our example risk assessments go to <http://www.hse.gov.uk/risk/casestudies/>

Combined risk assessment and policy template published by the Health and Safety Executive 08/14

Controlling COVID-19 in the Workplace

Apply the Hierarchy of Controls

Focus on the most effective methods first and then move on to the next level of control. **In all cases practice physical distancing, hand hygiene, and respiratory etiquette.**

Most effective

ELIMINATION

SUBSTITUTION

ENGINEERING
CONTROLS

ADMINISTRATIVE
CONTROLS

PPE &
NMM

Least effective

Elimination and Substitution

- Allow workers to work remotely where and if possible.
- Assess the need to report to the workplace in person on an individual or job role basis.
- People with immunocompromising health conditions (including chronic conditions such as diabetes, heart and lung issues, or cancer) or who live with immunocompromised individuals may need to continue to work remotely.
- Use technologies to facilitate working remotely, such as teleconferencing.

Personal Protective Equipment



Respirators



Face Shields



Gowns

Engineering Controls

- Physical barriers.
- Increased ventilation and high efficiency filters.
- Sensors or no- or low-touch controls for water taps, doors, and garbage lids.

Administrative Controls

- Communicate risks and rules.
- Limit occupancy, stagger shifts/teams.
- Use electronic communications for sign-ins and administrative work.
- Screen workers and/or customers.
- Clean and sanitize frequently.
- Practice physical distancing, hand hygiene, and respiratory etiquette.
- Change work practices to encourage physical distancing.

Non-Medical MASKS

- Non-medical masks are NOT personal protective equipment.
- Follow advice from your public health agency about when to use a non-medical mask.
- If your mask becomes damaged, wet or dirty, replace it with a fresh one.
- Wearing a non-medical mask or face covering is recommended when you cannot consistently keep 2 metres away from others, especially in crowded settings.
- Wearing a mask alone will not prevent the spread of COVID-19, but it can help. Continue to practice physical distancing and good hygiene.

Duty to control the risks to mental as well as physical health – what are the risks?

- Mental Health Risks



- Physical Health Risks



Coronavirus and mental health at work

1. A strategy for preventing work related, stress and mental ill health
2. A strategy to support individuals at work with mental ill health
3. A strategy to provide a positive mental health work environment

All this will be a challenge across the different places employees work.

Consideration must be to develop strategies for those working at home, in the workplace and in other work environments.

Also those working on full time, part time, agency, temporary or casual contracts.

And finally physical ill health, caring responsibilities and other family ill health impact on an individuals mental health and support must be in place such as signposting to appropriate agencies, encouraging flexible working,etc.

1. Prevent work related stress and the consequential development mental ill health:
 1. Stress Risk Assessments
2. Support individuals with mental ill health at work:
 - a. Use the Disability passport to establish reasonable adjustments with the support of occupational health and UCU reps supporting the individual
 - b. No pressure periodic reviews should be conducted by occupational health, rep and the individual
 - c. Introduce Mental Health first aiders
3. Establish a positive mental health work environment:
 - a. Mental health awareness training should be available to all staff
 - b. Encourage open conversations on mental ill health without reprisals
 - c. Ensure victimisation of or inappropriate behaviour on mental illness is stopped
 - d. Ensure that the Management Stress standards Risk assessments are discussed and implemented
 - e. Management need to be trained in effective and supportive people management
 - f. There needs to be sign posting and access to suicide information and organisations and urgent and consistent support is available
 - g. Ensure all incidents of stress are recorded in the Accident book, investigates and findings shared with employees and their representatives
 - h. Improve communications

Post-acute covid-19 appears to be a multi-system disease, sometimes occurring after a relatively mild acute illness. Clinical management requires a whole-patient perspective. This graphic summarises the assessment and initial management of patients with delayed recovery from an episode of covid-19 that was managed in the community or in a standard hospital ward.

An uncertain picture

The long term course of covid-19 is unknown. This graphic presents an approach based on evidence available at the time of publication. However, caution is advised, as patients may present atypically, and new treatments are likely to emerge.

Managing comorbidities

Many patients have comorbidities including diabetes, hypertension, kidney disease or ischaemic heart disease. These need to be managed in conjunction with covid-19 treatment. Refer to condition specific guidance, available in the associated article by Greenhalgh and colleagues.

Safety netting and referral

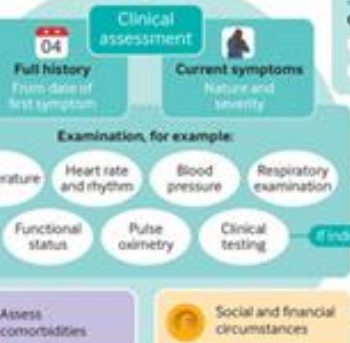
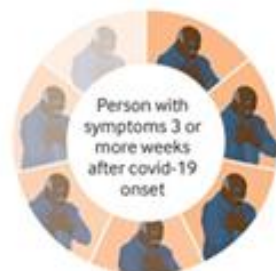
The patient should seek medical advice if concerned, for example:

- Worsening breathlessness
- $\text{PaO}_2 < 96\%$
- Unexplained chest pain
- New confusion
- Focal weakness

Specialist referral may be indicated, based on clinical findings, for example:

- Respiratory** if suspected pulmonary embolism, severe pneumonia
- Cardiology** if suspected myocardial infarction, pericarditis, myocarditis or new heart failure
- Neurology** if suspected neurovascular or acute neurological event

Pulmonary rehabilitation may be indicated if patient has persistent breathlessness following review.



Investigations

Clinical testing is not always needed, but can help to pinpoint causes of continuing symptoms, and to exclude conditions like pulmonary embolism or myocarditis. Examples are provided below.

Blood tests

- Full blood count
- Electrolytes
- Liver and renal function
- Troponin
- C reactive protein
- Creatine kinase
- D-dimer
- Brain natriuretic peptides
- Ferritin — to assess inflammatory and prothrombotic states

Other investigations

- Chest x ray
- Urine tests
- 12 lead electrocardiogram

Social, financial, and cultural support

Prolonged covid-19 may limit the ability to engage in work and family activities. Patients may have experienced family bereavements as well as job losses and consequent financial stress and food poverty. See the associated article by Greenhalgh and colleagues for a list of external resources to help with these problems.

Medical management

- Symptomatic, such as treating fever with paracetamol
- Optimise control of long term conditions
- Listening and empathy
- Consider antibiotics for secondary infection
- Treat specific complications as indicated

Self management

- Daily pulse oximetry
- Attention to general health
- Rest and relaxation
- Self pacing and gradual increase in exercise if tolerated
- Set achievable targets

- Diet
- Sleep
- Quitting smoking
- Limiting alcohol
- Limiting caffeine

Mental health

- In the consultation:**
 - Continuity of care
 - Avoid inappropriate medicalisation
 - Longer appointments for patients with complex needs (face to face if needed)
- In the community:**
 - Community linkworker
 - Patient peer support groups
 - Attached mental health support service
 - Cross-sector partnerships with social care, community services, faith groups

Long-Covid

Not tested, not hospitalized

Reasonable adjustments

Training and support

Education, Agitate and Organise, Organise, ORGANISE on H&S

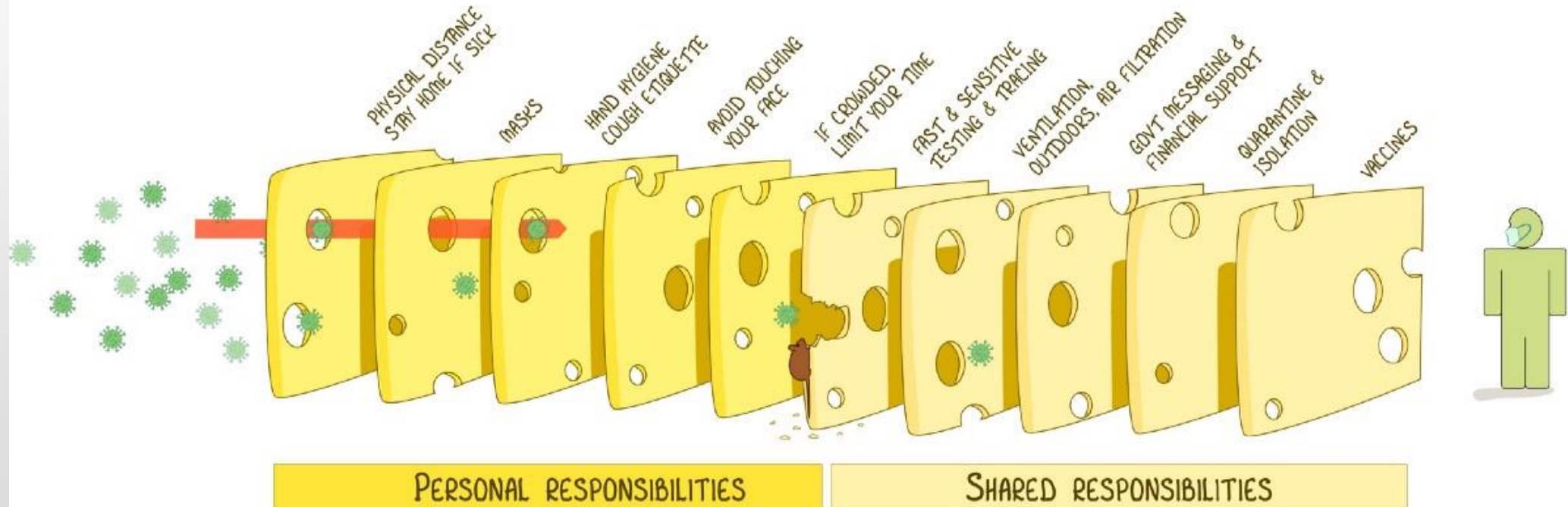
- MORE Trained Safety Reps
- ACTIVE Safety Committees working with other unions
- SCRUTINISE Managements actions – duty to ensure mental and physical health
- DO Inspections – diy research
- IMPROVE Ventilation
- MORE organised and more active
- ESCALATE if not getting satisfactory response from management
- Only Covid-safe workplaces should be open
- Campaign for Zero
- SOLIDARITY and support with other organisations involved in Health and Safety struggles



Layered approach to controlling the risks

THE SWISS CHEESE RESPIRATORY VIRUS PANDEMIC DEFENCE

RECOGNISING THAT NO SINGLE INTERVENTION IS PERFECT AT PREVENTING SPREAD



EACH INTERVENTION (LAYER) HAS IMPERFECTIONS (HOLES).
MULTIPLE LAYERS IMPROVE SUCCESS.

Any questions?



Resources

- CIBSE / HSE <https://www.hse.gov.uk/coronavirus/equipment-and-machinery/air-conditioning-and-ventilation.htm> <https://www.cibse.org/coronavirus-covid-19/emerging-from-lockdown>
- TUC webinar on ventilation - <https://youtu.be/QKntz2KsBdI>
- [Hands. Face. Space won't cut it! Ventilation. Ventilation. Ventilation!](#) – presentation slides on good workplace ventilation from Hilda Palmer, Hazards Campaign
- [Is two metre physical distancing enough? Aerosol transmission and other emerging issues](#) – video and resources from Hazards campaign.
- [Covid transmission and Killer Workplaces](#) – Reel News film with Hazards Campaign.://<http://www.eventbrite.co.uk/.../hazards-campaign...>

Hazards Campaign + Independent Sage The COVID-19 Safe Workplace Charter and briefing document on ending work lockdowns in GB

<https://www.independentsage.org/the-covid-19-safe-workplace-charter-and-briefing-document-on-ending-work-lockdowns-in-gb/>

Hazards Magazine generally : <http://www.hazards.org/index.htm> - SUBSCRIBE

<https://www.hazards.org/diysresearch/>

Keep up to date by subscribing to Hazards Magazine, and TUC Risks <https://www.tuc.org.uk/news/risks-union-health-and-safety-news-number-962-august-26-2020> and following us all on Twitter and Facebook

TWITTER: @hazardscampaign @hazardsmagazine @hazardseitor @aew1aew1 @Jnewsham @centregreater

FACEBOOK: We didn't vote to die at work - Hazards Campaign

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