

HAZARDS CAMPAIGN



The campaign to beat the pandemic.

Resisting Unsafe Work

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FIGHTING OUR CORNER



We deserve better.

Fight back now before it's too late!

UNIONS organising for a healthier future
www.hazards.org/organise

Trade Unions and Safety Reps Save Lives



- Twice as safe before the pandemic

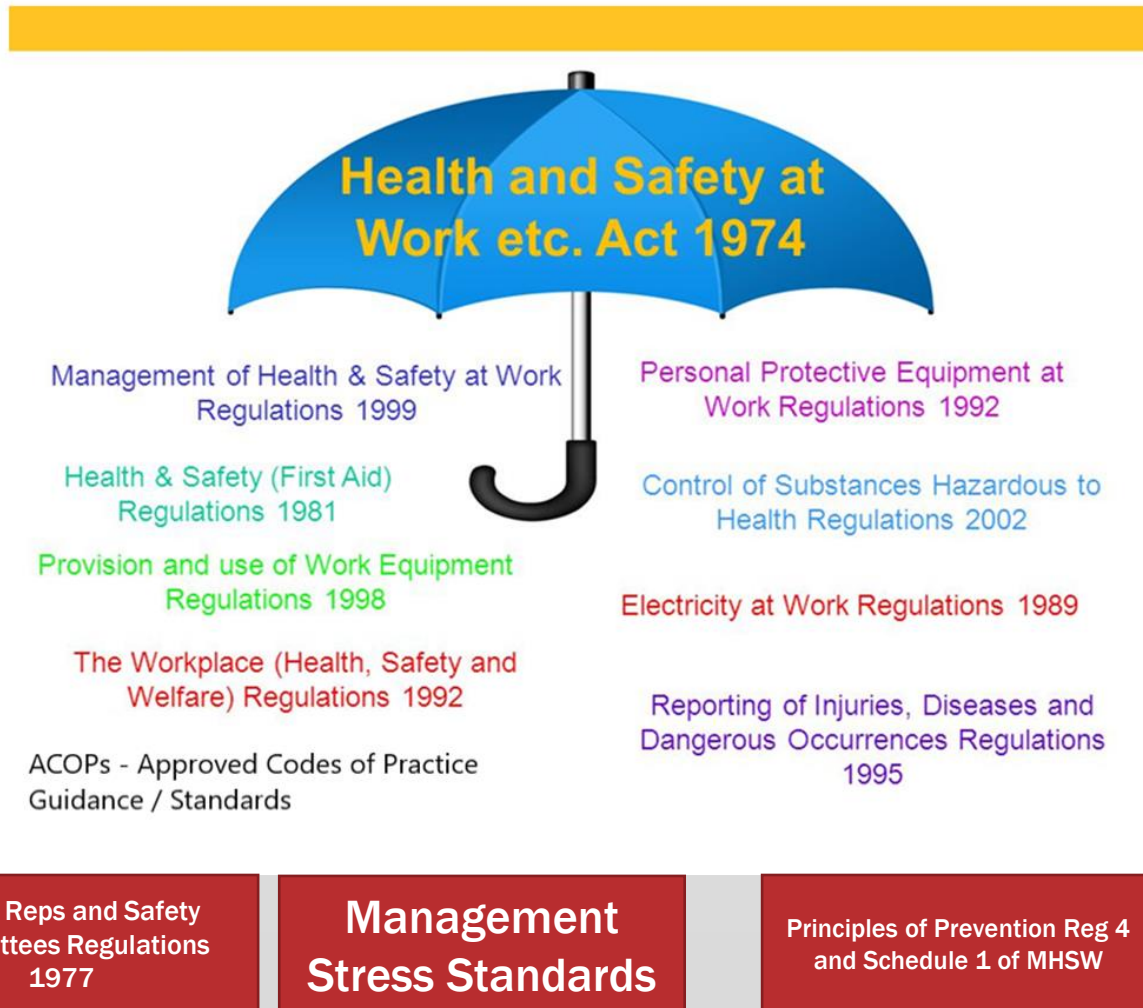
What has happened to workers?

- 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 protects us when.....

- We are at work
- We use public transport
- Our houses are built
- We go out shopping
- We visit the pictures or go to the fun fair
- We travel on roads
- We go out for a meal
- We go to school
- etc etc etc

Health and Safety Law



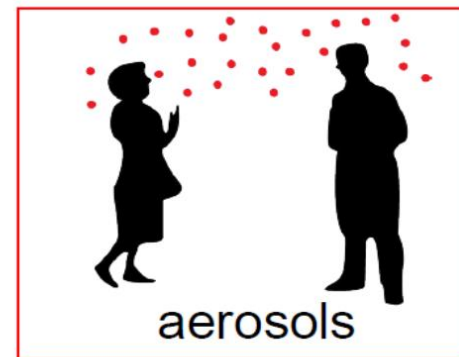
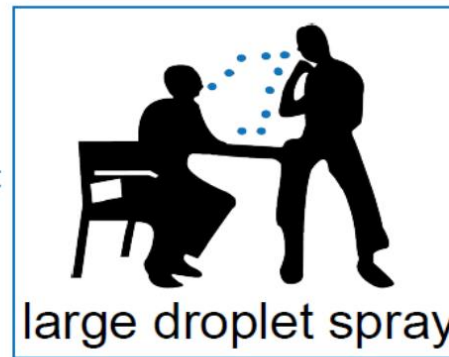
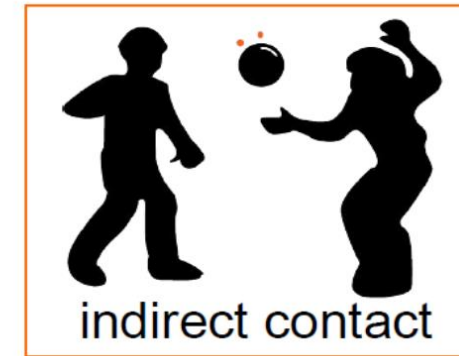
- H&S law not changed – Govt guidance weaker than law
- Ask for copies of RA and review them - Absolute duty - Suitable and sufficient risk assessment (MHSWR – Reg 3)
- Control Hierarchy
- Ask who is carrying out RA and their competences -Carried out by a ‘competent’ person (MHSWR – Reg 7)
- Ask for: 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 – This has been accepted by WHO, SAGE, HSE although some Govt Guidance still doesn't mention it.

Transmission Routes



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

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

The origin of the 5- μm 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
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						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.

Ventilation

- https://www.fastcompany.com/90584350/german-aerosol-scientists-say-these-6-indoor-air-guidelines-will-reduce-covid-19-spread?partner=rss&utm_source=rss&utm_medium=feed&utm_campaign=rss+fastcompany&utm_content=rss
- REHVA: Federation of European Heating, Ventilation and Air Conditioning Associations <https://www.rehva.eu/activities/covid-19-guidance>
- **Window ventilation.** The more, the better. It's effective and cheap. – switch ventilation to outdoor air
- **Exhaust ventilation systems.** The air must be extracted *upwards* through an overhead exhaust suction, and appropriately filtered if recirculated. The group advises that these ventilation systems be installed immediately in places like classrooms, restaurants, hospitals, buses, and trains. Switch on at least 2 hours before occupation to nominal speed and to lower speed 2 hours after building usage – do not switch off
- **Air purification systems.** The use of appropriate purifiers for the size and space are critical. Portable is fine.
- **CO2 monitoring.** The results are proxy for how well ventilation is working. If CO2 levels are extremely low in buildings like museums, for example, reopening could be reasonable.
- **No fans.** Ceiling fans recirculate air, likely keeping virus particles in the air for longer.
- If all guidelines are employed simultaneously, together they would remove about 90% of all viral aerosols, say the scientists.
- A key detail: Small aerosol particles rise with the warm air we breathe out, and eventually float below the ceiling. This means that ceiling ventilation systems that supply fresh air from the top-down are potentially recirculating virus particles. Think about airplane seats, with the air blowing down from above your head: not good. (The scientists note that some of these extraction systems could eventually be reversed.)
- Avoid open windows in toilets – keep toilet ventilation 24/7 in operation and flush toilets with lid down
- Regular filter and maintenance works performed but do not plan duct leaning
- <https://apps.who.int/iris/handle/10665/339857#.YDznd3JqYS8.twitter>
- <https://www.hazards.org/infections/venting.htm>

Controlling the risks of transmission

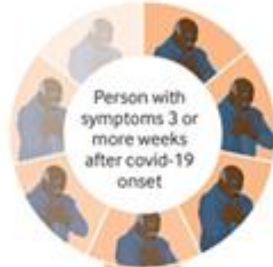
<https://www.hse.gov.uk/coronavirus/assets/docs/risk-assessment.pdf>

What are the hazards?	Who might be harmed and how?	Controls	What further action do you need to consider to control the risks?	Who needs to carry out the action?	When is the action needed by?
		<ul style="list-style-type: none"> - For people working at home longer term complete a DSE assessment with them and identify what equipment is needed to allow them to work safely at home 			
Poor workplace ventilation leading to risks of coronavirus spreading	Workers Customers Contractors	<p>Follow our guidance on heating ventilation and air conditioning (HVAC)</p> <ul style="list-style-type: none"> - Identify if you need additional ventilation to increase air flow in all or parts of your workplace - Fresh air is the preferred way of ventilating your workplace so opening windows and doors (that are not fire doors) can help - If you need additional ventilation provide it, eg mechanical ventilation, desk fans, air movers etc - Switch heating ventilation and air conditioning (HVAC) systems to drawing in fresh air where they can be, rather than recirculating air 	<ul style="list-style-type: none"> - maintain air circulation systems in line with manufacturers' recommendations 		
Increased risk of infection and complications for vulnerable workers	Workers	<ul style="list-style-type: none"> - Identify who in your work force fall into one of the following categories: <ul style="list-style-type: none"> ➢ Clinically extremely vulnerable ➢ People self-isolating ➢ People with symptoms of coronavirus 	<ul style="list-style-type: none"> - Put systems in place so people know when to notify you that they fall into one of these categories, eg they start chemotherapy or are pregnant 		

"Long covid" in primary care

Assessment and initial management of patients with continuing symptoms

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.

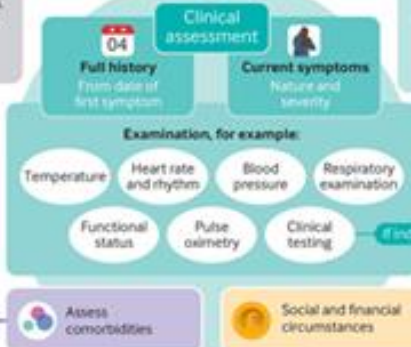


An uncertain picture

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.



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.

Safety netting and referral

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

- Worsening breathlessness
- PaO₂ < 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.



Mental health

In the consultation:

- Continuity of care
- Avoid inappropriate medication
- 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

thebmj Read the full article online <https://bit.ly/BMJlong>

See more visual summaries <http://www.bmj.com/infographics>

Long-Covid

Not tested, not hospitalized

Reasonable adjustments

Training and support

What to do if your employer is not controlling the risks?

- Join a trade union and elect a safety rep and contact your trade union
- Safety reps have the right to be consulted
- If the employer refuses to consult on risk assessments or refuses to share the risk assessments or refuses to update them then escalate:
- Put in a collective grievance
- If that doesn't resolve it escalate to HSE / LA
- **Safety reps can register a concern using their online form:**
<https://extranet.hse.gov.uk/lfserver/external/turep1>
- **Or register a concern individually at:**
<https://webcommunities.hse.gov.uk/connect.ti/concernsform/answerQuestionnaire?qid=594147>
- S44/s100 – Right to remove yourself from 'serious and imminent' danger

In summary

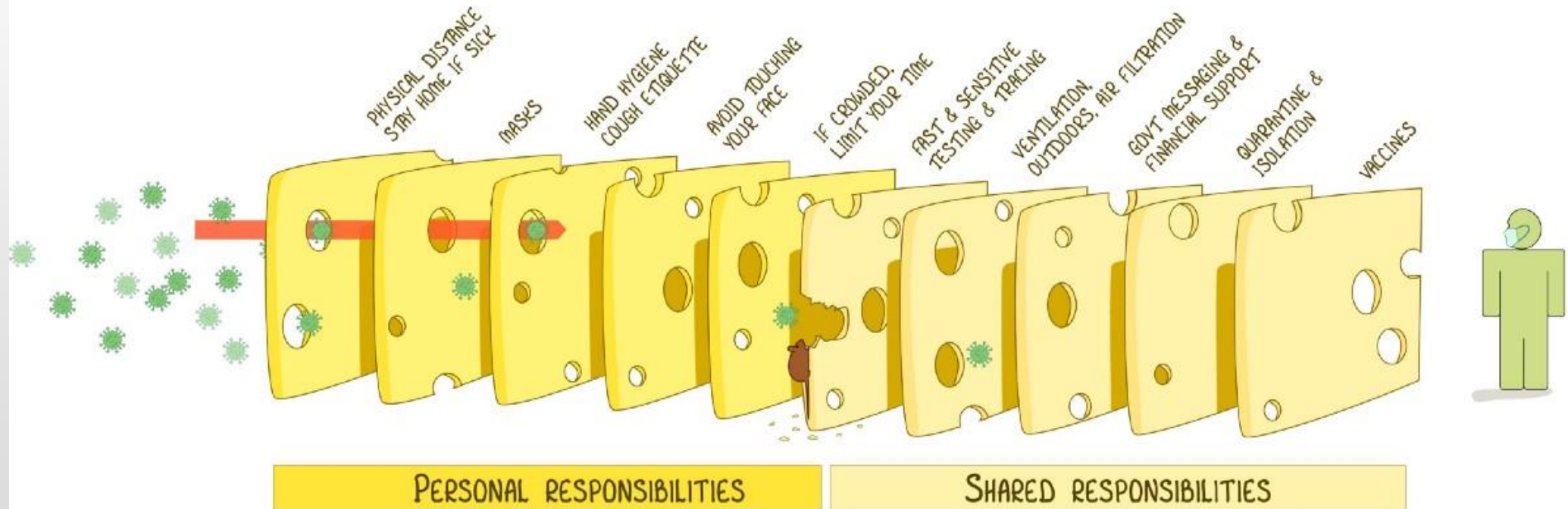
- **MORE** Trained Safety Reps
- **ACTIVE** Safety Committees working with other unions
- **SCRUTINISE** Managements actions – duty to ensure mental and physical health
- Safety reps **DO** Inspections – more organised and more active
- **IMPROVE** Ventilation
- **ESCALATE** if not getting satisfactory response from management
- Only Covid-safe workplaces should be open
- Campaign for Zero Covid
- **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.)

Five days of Action



To support this, in the week beginning 1 March we are asking people to take five days of action in the workplace:

1 March – safety measures

There is increased risk of airborne transmission with the new more deadly and transmissible variants of Covid-19. Ask your employer if they've improved safety measures in the workplace. The Greater Manchester Hazards Centre has produced a guide for reviewing risk assessments in light of Covid-19.

2 March – procedures

There should be a procedure follow if you are put at risk of infection by Covid-19. This could include a safe place to go to, who to contact etc. Ask your employer what the procedure is. The Management of Health and Safety at Work Regulations 1999 define legal obligations with regards to Health and Safety.

3 March – ventilation

Ventilation has been shown to be important in reducing the risk of airborne infection. Ask your employer how ventilation is being safely increased in all areas, including toilets. This webinar produced by the Hazards Campaign discusses ventilation.

4 March – cleaning

Cleaning by people trained in infection control is vital. Ask your employer how cleaning is being increased and who is doing the cleaning. The Health and Safety Executive has produced guidelines on cleaning and hygiene.

5 March – travel

Travel to and from your workplace is a potential risk. Ask to vary your working hours to reduce infection risk on congested rush hour public transport. This ACAS guide covers commuting.

Let us know what actions you take! Join the Zero Covid Facebook group, tell us what you've done and help inspire others to take action to protect themselves and their workmates.

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/diypressearch/>

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

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

Greater Manchester Hazards Centre

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