

# Information from NHS trade unions

## **Trade union principles on health and safety risk assessment and vulnerable workers (including Black, Asian and minority ethnic (BAME) staff)**

Research shows that BAME staff are more at risk from COVID-19 infection than white staff (The Faculty of Occupational Medicine led by Professor Kamlesh Khunti and commissioned by NHS England '[Risk Reduction Framework for NHS Staff at risk of COVID-19 infection](#)'). A further analysis on the [Disparities in the risk and outcomes from COVID-19](#) (PHE 2020) found that death rates from Covid-19 were highest among people of black and Asian ethnic groups. This joint trade union guidance sets out the principles of risk assessment for vulnerable workers, including how increased understanding of risk factors and safer working benefits all workers.

Trade union representatives play a vital role in working with employers to look at workplace culture and the experience of staff in vulnerable groups. There is plenty of evidence from local staff survey and equality monitoring data (for example, the Workforce Race Equality Standard (WRES) in England) showing that there is disproportionate experience of bullying and harassment, discrimination and disciplinary proceedings in certain staff groups. Furthermore evidence from the WRES in England indicates that the problem is growing. All this can lead to staff not having the confidence to raise concerns. There are also some staff who are not on secure contracts due to their immigration status who will have additional fears of speaking out. This all needs to be taken into account when support programmes and communication plans are put in place around risk assessments.

It's never OK for any staff member to be bullied or harassed at work. In the interests of patients and staff, NHS organisations should work in partnership with trade unions to create a culture of zero tolerance to bullying and harassment. Cases of bullying and harassment should be reported in line

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with organisational policies and relevant policies should be monitored and reviewed in partnership and clearly communicated to staff.

NHS staff must feel able to raise concerns without fear of detriment and those concerns should be listened to.

An equality impact assessment (EqIA) is a vital tool to ensure new policies and practices are fair and don't have unintended consequences for some groups. NHS Trade Unions believe that an EqIA must be carried out ahead of the introduction of any new COVID-19-related practices and policies, with the results shared and analysed in partnership with local trade unions. Continuous monitoring, evaluation and updating in light of experience must be done in partnership. Practical support to reduce stress and infection risk should be communicated to staff, for example employee assistance programmes, childcare and transport.

## **Health and safety risk assessment – principles**

### **Prevention Measures**

1. Information on how to raise concerns about issues such as PPE, lack of rest breaks should be available to staff
2. The employer must facilitate the ability for existing staff networks to meet and discuss concerns in a safe space
3. Close monitoring of patterns of self-isolation and sickness to identify potential higher risk areas with oversight from the Board

### **Access to risk assessment**

4. Workers with concerns should be able to ask for an individual risk assessment or risk assessment review should their circumstances change

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5. Consideration must be given to the assessment of bank and agency staff and, where necessary liaison with and assurances from agency employers on the measures necessary to keep vulnerable staff safe
6. Risk assessments in the case of an employee who is pregnant or has recently given birth or is breastfeeding must follow the existing requirements of the Management of Health and Safety at Work Regulations 1999 /Management of Health and Safety at Work Regulations Northern Ireland 2000 and the Health and Safety Executive/Health and Safety Executive Northern Ireland guidance. [Evidence](#) shows that there is a heightened risk for BAME pregnant workers
7. Workers who have concerns about the outcome of the individual risk assessment must be able to self-refer to occupational health for a further discussion. There should be no knee-jerk reactions around redeployment without careful and detailed discussion with individual staff, supported where necessary by their union reps. Any potential redeployment job/post/workplace would require its own assessment as redeployed staff may be working in unfamiliar environments which in itself may create new risks

## **Process of risk assessment**

8. The development of local policies and procedures/frameworks for carrying out risk assessments relating to the safety of vulnerable workers must be carried out in consultation with trade unions. Risk assessment should include the stress and anxiety faced by vulnerable staff. The Health, Safety and Wellbeing Partnership Group have published guidance on [Workplace health and safety standards](#)
9. Trade union safety reps must be consulted on any workplace and workforce risk assessments

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10. Workplace risk assessments must consider all potential risks including and beyond SARS-COV2 exposure, e.g. shift patterns/working hours, fatigue, lone working and violence. Risk reduction measures should follow the principles within the hierarchy of controls
11. The provision of suitable and sufficient Personal Protective Equipment (PPE) must be part of a risk assessment. Where vulnerable staff are required to wear FFP3/P2 masks, they are subject to fit testing by a competent person. There needs to be a process in place for checking and acting on current advice regarding the risk. Advice changes frequently and may result in a revision to the risk assessment
12. Training needs including infection control training and wearing of PPE must be readily accessible to all staff
13. Line managers must receive information and training to enable them to carry out individual worker risk assessments and have sensitive conversations
14. In cases where there is any doubt over the safety of an individual who is to be redeployed, or where there is a disagreement between line managers and occupational health or the person's GP/consultant/midwife, clinical advice must always be followed

## **Risk reduction measures**

15. Where redeployment is agreed there should be no detriment to the individual's pay, conditions or status. Additional support should be given to facilitate homeworking where appropriate
16. Staff in a vulnerable group and their families/households should have priority access to regular testing and tailored support/follow up for those testing positive
17. Employers must ensure that they follow the requirements of the Reporting of Injuries, Dangerous Occurrences and Disease Regulations



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- 2013 and Reporting of Injuries, Dangerous Occurrences and Disease Regulations Northern Ireland 1997 (RIDDOR) and report cases of occupationally acquired Covid-19 in line with guidance.
18. Vulnerable workers in self-isolation due to their own or household member symptoms should be offered remote support to ensure their health and wellbeing needs are being met
  19. The ability to safely wear PPE for the duration of a shift must also be considered. Consideration should be given to the adjustment of shift lengths, extra breaks, access to nutrition and hydration. Some staff with underlying conditions such as respiratory problems, heart conditions, diabetes and those who are pregnant or those with hearing difficulties may be at more risk
  20. Counselling support should be available, culturally appropriate and accessible for all staff. National programmes of mental health support and how to access them must be suitably promoted. NHS organisations should work in partnership with trade unions and staff networks to consult vulnerable workers about any particular or additional needs and consider targeted/segmented communications to promote health and well-being support.

## **Tips and sign posts for Safety Reps**

- What the safety rep regulations say on consultation, [HSE guidance](#)
- What a good risk assessment looks like [HSE guidance](#)
- Where it is safe to do so, conduct a joint workplace inspection [HSE guidance](#)
- Check that where a new model/design of FFP3/2 PPE is being used that it is fit tested prior to use, and that staff are trained how to fit check when putting on a FFP3/2 mask

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- Work with learning reps on what good training on PPE/donning and doffing looks like
- Work with your occupational health provider
- Work with other trade union reps where there are difficulties around redeployment/decisions made by manager/bullying cases
- Check what your employer is doing to promote mental health
- Check what your employer is doing to promote practical support e.g. employee assistance programmes, childcare and transport
- Ask for data on incidents and numbers of RIDDOR reports
- Consider surveying members to establish areas of most concern.

## **Tips and sign posts for staff side**

- Work with relevant staff networks
- Work with employers to look at evidence (staff survey data, equality monitoring data e.g. WRES and WDES scores in England) to identify areas of concern
- Work with EDI leads and ensure that an EqIA is carried out on all new policies/processes before implementation with an agreed review period and monitoring which should include the impact of the policy on protected characteristics as part of an ongoing EqIA
- Promote mental health support for members and the employer's offer
- Review the practical support offered by the employer e.g. employee assistance programmes, childcare and transport
- Discussion on training and support offered to line managers to have sensitive conversations with their staff
- Discussion on no detriment in terms of earnings, status and other terms and conditions to staff who are redeployed

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- Work in partnership to improve workplace culture and minimise levels of bullying and harassment to ensure staff feel safe to raise concerns early
- Ensure that the raising concerns', whistleblowing or freedom to speak up policy is current and fit for purpose
- Ensure a process is in place so that staff have access to training including infection control, wearing PPE and for line managers to conduct individual risk assessments and have sensitive conversations during work time.