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The Independent Scientific Advisory Group for Emergencies (SAGE)

The Independent SAGE Workplace charter 2021 redux

September 2021: Protecting People at Work: The COVID-19 Safe Workplace Charter

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Submitted to The UK Government and the People of Great Britain & Northern Ireland by Sir David King, former Chief Scientific Adviser, UK Government, Chair of Independent SAGE

September 2021: Protecting People at Work: The COVID-19 Safe Workplace Charter

Just over a year ago, on 27th August 2020, Independent SAGE, in conjunction with The Hazards Campaign, published our 'COVID-19 Safe Workplace Carter and Briefing Document'. We started by stressing that "a safe return to the workplace is essential for the economy, the health of the community and of the wider community. It must therefore be at the core of any effective strategy to deal with COVID-19". Such is the importance of ensuring that workplaces are organized in ways that minimize the transmission of the virus, we argued, that it "cannot be taken for granted or left to the discretion of individual enterprises. It must be guaranteed by robust principles, policies and procedures".

The Charter document is underpinned by two general principles that have been, and remain, central to the approach of Independent SAGE. The first is that a successful pandemic response depends upon robust measures to suppress infection. The second is that infection control should start with measures that protect people and support them in being able to stay safe. Creating safe environments that limit transmission and making it possible for people to isolate should they become infected lies at the heart of this approach. It is the failure to implement such protective measure that allows infection to run out of control and makes restrictive measures a necessity.

Accordingly, the Charter is organized around the idea of a 'COVID-19 Safe Workplace Plan' (CSP). In each workplace, employers should work with employees and their organizations to identify the specific risks of transmission and develop effective mitigations. These plans should be scrutinized by Health and Safety regulators as a condition of reopening and adherence to the plans should be scrutinized by regular inspections. As well as defining the specific responsibilities of employers in this regard, the Charter document and briefing also addresses the responsibilities of the Health and Safety Executive, Local Authorities and other regulators, and also of central government. In particular, the government need to address the sharp decline of regulators in recent years (cuts in funding led to a decrease of full time equivalent local authority health and safety inspectors from 1020 in 2010 to 543 in 2017).

Over the year since the report was published, much has changed of course, most obviously the roll-out of vaccines and the emergence of new and more infectious variants such as the Delta variant, now dominant in the UK. Many now argue that the vaccine has 'broken' the link between infection even further and more serious outcomes such as hospitalization and death. We therefore no longer need lay the emphasis on avoiding infection as long as people are fully vaccinated. It is certainly true that vaccination massively improves attempts to control COVID and that improving vaccine take-up is a major priority. At the same time, especially in the context of the new variants, it is increasingly clear that vaccines, while a necessary part of pandemic control strategies, are not sufficient. Vaccination needs to be complemented by infection reduction measures. Indeed without such measures we are in danger of squandering the opportunity that the vaccines have provided us with.

Consequently, as many national public health measures have been eased, we believe that the COVID-19 Safe Workplace Charter is, if anything, more relevant than when it was originally written. Having said that, given what we have learnt over the last 12 months, there are certainly some things that we would change, or upon which we would lay more emphasis.

The first of these concerns the need for employers to encourage vaccination as strongly as possible. As well as messaging, this should include a number of supportive measures such as organizing workplace vaccination (particularly in larger workplaces), giving paid time off for people to get their

injections and guaranteeing a full wage if employees are unwell after vaccination and need to stay at home.

The second concern flows from our increasing appreciation of aerosol transmission of Covid-19 and hence the importance of ventilation. All workplaces need to have adequate means of monitoring ventilation levels (e.g. through installing CO_2 meters) and to install adequate ventilation and/or air filters. This needs to be part of the Covid-Safe Plan and there needs to be government funding to support necessary changes to workplaces in order to meet safety standards.

The third concern has to do with changing the culture of presenteeism. One of the key determinants of infection spread is the number of contacts we have with others. While the average number of contacts is still well below pre-pandemic levels, it has recently been rising sharply. The major determinant of this is not people (especially young people) irresponsibly socialising more but rather increased mixing at work. Reducing such workplace mixing is therefore a priority. This requires employers to avoid requiring people to return the the workplace where it is not necessary and to develop flexible working schemes that facilitate home working where feasible and desired.

In conclusion, we believe that the COVID-19 Safe Workplace Carter and Briefing Document remains relevant and important. Had it been implemented a year ago, much misery might have been avoided. If implemented now, along with the vaccine roll-out and other protections, it can form part of a strategy to bring the pandemic under control and avoid the need for new restrictions. We therefore strongly recommend that the document be read and that its recommendations be implemented by all relevant parties as soon as possible.

August 2020: The COVID-19 Safe Workplace Charter and briefing document on ending work lockdowns in GB[1]

A safe return to the workplace is essential for the economy, the health of workers and of the wider community. It must therefore be at the core of any effective strategy to deal with COVID-19. However, such safety is endangered by the gig economy, precarity, structural inequalities low pay, lack of sick pay, zero hours contracts and a disregard for the law by some employers. COVID safety cannot be taken for granted or left to the discretion of individual enterprises. It must be guaranteed by robust principles, policies and procedures.

Return to work should be rooted in the precautionary principle for all workers, including those not directly employed. That is, reopening must be contingent upon the development of a robust and agreed COVID Safe plan that is both officially certified and regularly monitored. Central Government, Government Agencies and Employers all have responsibilities to ensure that this happens both through existing health and safety law, through enhancing regulations on employment, welfare and health and safety legislation where necessary, and through new COVID-specific information, recommendations, policies and resources.

This Charter sets out key actions required by different parties in order to ensure that all workplaces are COVID Safe.

Employers

1. Consult with workers and trade unions to develop and publish a COVID Safe Plan (CSP) on web sites where available or in documents that are available to the public.
2. Work constructively with workers and their union safety representatives who are either based in their organisation or who are roving trade union safety representatives.
3. Ensure workers with COVID symptoms, or who have contacts of those with symptoms self-isolate and get tested as advised and are paid normal wages while off work. All workers should have access to sick pay in these cases.
4. Ensure rapid reporting of any illnesses to both HSE and local public health bodies for tracing purposes.

The Health and Safety Executive, Local Authorities and other Regulators

1. Provide help and advice to employers in developing the CSP.
2. Inspect and certify workplaces as a condition of reopening.
3. Conduct regular unannounced checks of workplaces and, where they are in violation of their certified CSP close them down until the violations are rectified and they can be recertified.
4. Enforce rigorously the Safety Representatives and Safety Committee Regulations to ensure unions can effectively represent all workers and check on employers compliance with CSPs.

Central Government

1. Provide sufficient resources for employers to implement a COVID Safe Plan and universal access to sick pay for all workers who have to self-isolate, irrespective of their employment status or normal wage level.

[1] Regulation of workplaces is covered across Great Britain – England, Scotland and Wales - by laws enforced by the Health and Safety Executive and local authorities. This charter sets out principles for GB although guidance on returns to work may vary from country to country and employment sector to employment sector.

2. Legislate to ensure that effective employment rights apply so that no worker - including those employed on a contingent basis - is penalised, suffers disciplinary action, loss of pay or dismissal for self-isolating or reporting unsafe working conditions.

3. Provide sufficient powers and funding to the HSE and Local Authorities to fulfil their normal and COVID specific obligations including certification of COVID Safe plans and regular monitoring of workplaces.

4. Implement and extend rights for roving trade union representatives, including access to non-union workplaces and complementing the HSE to ensure adherence to COVID Safe standards.

INTRODUCTION

One of the key priorities in the current COVID-19 pandemic is to make sure that workers are kept safe. Where possible, we advocate that people should be allowed to work from home during the pandemic. But we recognise that this is not always possible and so it is imperative that workplaces are organised so as to prevent transmission of infection and that they are only allowed to open when this has been demonstrably achieved . Meeting this imperative presents major challenges in terms of workplace health and safety (Hazards Campaign 2020a; Hazards Magazine nd). On the one hand foreseeable problems have cost workers their health and sometimes their lives. On the other hand, the workplace is a key route through which infection can reach communities. Hence control of worker transmission of COVID-19 is a public health issue (Berkowitz 2020) and a necessary component of any overall strategy to control and eliminate the pandemic. Accordingly, the Society of Occupational Medicine (SOM) has been critical of the UK Government for not making prevention of work-related COVID-19 a priority (SOM 2020a, Watterson 2020a).

What is more, the costs of COVID-19 in the workplace are not just health related, they are economic as well. Overall the economic costs of workplace injuries and illnesses in Great Britain are enormous. The Health and Safety Executive (HSE) found most injury and ill-health economic costs fell on individuals and totalled £8.5 billion a year. For employers, costs totalled £3.0 billion a year. For government and taxpayers the costs were £3.4 billion (HSE 2019 pp2,14). While we lack detailed economic costings for UK work-related COVID-19 mortality and morbidity we already know they will be considerable. Investing now in effective and long-term prevention measures and improved regulation of occupational diseases including COVID-19 will bring significant human and economic benefits. Failure to do so could cripple our economy. Prevention is the not only the just option, it is the cheap option as well.

While the focus has often been on COVID-19 transmission amongst specific groups such as healthcare workers, it is important to stress that a wide range of occupations are at heightened risk (see table 1 below for a listing). Thus, a study in South Korea showed that 540,000 healthcare workers were exposed to higher COVID-19 risks, but 1.02 million people were exposed to similar risks in other occupational sectors (Lee and Kim 2020). Studies. In China and `Vietnam point to a similarly wide range of workers exposed to infection ((Lan et al 2020; Lee and Kim 2020; Tran et al 2020).

- **Very High Risk**: Health care workers, paramedics, police, firefighters, airline personnel, transport workers, drivers, sales and service personnel, cleaners, mortuary workers, migrant workers, volunteers, and religious professionals.
- **High Risk**: Security service workers; hotel and food service workers; cruise industry workers; and military personnel pressed into pandemic service; workers in infrastructure, manufacturing, meatpacking, construction, mining and other occupations with crammed workplaces and poor provision of occupational and personal hygiene measures.

- **Workers at Increased Vulnerability:** Older workers, workers with underlying medical conditions, such as hypertension, obesity, heart disease and cancer; workers occupationally exposed to dusts, gases and fumes; workers of low socio-economic status; workers exposed to high levels of ambient air pollution; and workers in developing countries.

Table 1: A list of occupations at high risk of COVID-19 transmission

[Source: Landrigan 2020]

In the UK too, many and varied workplaces have had COVID-19 infections – many more than have been reported by the regulators. By mid-June the number stood at 180 (PHE 2020: p8). However, identification of exactly where outbreaks have occurred is problematic. Major problems with find, test, trace, isolate and support systems across the UK have meant that it has not been possible to identify accurately what, if any, occupationally caused or occupationally related COVID-19 cases occurred during the lockdown (Vize 2020). Equally, reporting of COVID-19 cases to the Health and Safety Executive (HSE) remain problematic (Hazards Campaign 2020b, Watterson 2020b, Watterson 2020c) and problems with the legal investigation of COVID-related deaths have also emerged (Dyer 2020).

Nonetheless, there are some pointers. The Office for National Statistics (ONS) found those working in jobs involving close proximity with others, and those where there is regular and high exposure to disease, are most likely to be exposed specifically to COVID-19 (ONS 2020). Clusters have occurred including such groups as manufacturing workers, meat packers, workers living on farms and engaged in fruit and vegetable packing, textile workers and call centre workers (Drury 2020; BBC Leeds 2020, Bland 2020, BBC Leicestershire 2020; BBC Hereford and Worcester 15 July 2020). Equally, those in vulnerable positions (often migrants and members of minorities), those working across multiple sites (such as cleaners) are often at greater risk. They appear to be neglected and even ignored in much of the UK guidance on returning to COVID-safe workplaces, they are excluded from risk assessments and are even denied unions (Watterson 2020b, United Voices of the World 2020).

But, as experience during, as well as since, lockdown shows the bottom line seems to be that clusters of infection can occur in almost any workplace that is open (see for example Herefordshire 2020). Many workplace problems were reported during lockdown. They are still being reported now as employers prepare to start or have already started phased returns to workplaces (Asquith 2020; STUC 2020a, Taylor 2020). Bad employers continue to put employees at risk by ignoring or treating risk assessments as a paper exercise, lacking detailed planning and failing to operationalise and manage procedures and safe practices (Hazards Campaign 2020 a-c). From case files of Hazard Advice groups, we know of cleaners told to share a mask, failures to protect workers with COPD in return to work plans, problems with holidays, transport, and home working arrangements. For

instance, at the Greencore sandwich-making site, where 300 workers tested positive for coronavirus, workers were told they faced a pay dock for self-isolating (Guardian, 2020).

In sum, the creation of COVID safe workplaces (and hence safe communities) cannot simply be left to the discretion of employers because, while many employers are acting responsibly and effectively, some are not both in terms of forcing employees back to work when this is not strictly necessary and in failing to ensure that the workplace is safe for those who have to return. Moreover, if nothing is done, vulnerable workers will be left at particular risk, thus exacerbating existing problems of inequality.

This report focuses on the responsibilities of government, the duties of employers and the risks to workers and the rights they need to tackle COVD-19 transmission. It is based on the precautionary principle which is defined by the European Parliament as follows: '*The precautionary principle enables decision-makers to adopt precautionary measures when scientific evidence about an environmental or human health hazard is uncertain and the stakes are high*.' (European Parliament, 2015). It draws primarily on peer reviewed published reports, a review of a variety of policy and guidance documents produced by the UK Government for England and the Scottish Government as well as case reports from UK-wide occupational health and safety Hazards Groups. It is intended as a key link in a chain of policies – alongside other measures to force infection levels down and a properly organised and funded Find, Test, Trace, Isolate and support system – that together will serve to eliminate COVID-19 in the UK.

EMPLOYERS

1. All employers should draw up and implement a comprehensive COVID Safe Plan (CSP) – rooted in a COVID-19 risk assessment. This must be openly available (ideally on a website or, if not, in documents that are openly available to the public) in order to be transparent about what measures have been taken, to facilitate monitoring to ensure that these measures have been fully implemented, and thereby to inspire confidence amongst employees and the wider public.

There are a number of key resources to assist in the task of creating a CSP. The first is from the Health and Safety Executive (HSE) Their generic Guidance looks at likely transmission routes, those at risk and likely to be exposed, and the action needed to remove or, if that is not possible, to control the risk (Health and Safety Executive nd). Risks for workers, customers, contractors, visitors and drivers are all listed. In addition, the HSE also highlights both the need for protecting vulnerable workers and the importance of cleaning, hygiene and hand sanitisers. Detailed information is provided on social distancing, cleaning, travel to work, vulnerable workers and mental health of workers if isolated or anxious.

The hierarchy of control principles used by HSE and bodies such as the British Occupational Hygiene Society (BOHS) in May 2020 for working during the COVID-19 lockdown offer an excellent generic framework for ensuring a safer return to work for most employees (BOHS 2020). These principles focus on eliminating risks, reducing risks, isolating risks and continuous review of risks. They require setting up appropriate managerial and work practices. They address the use of PPE. They look at behaviour in terms of training, trial interventions, effective consultation and cooperation between employers and employees. At each step (such as cleaning and use of PPE) detailed information with checklists is provided. The Society of Occupational Medicine (SOM) has provided another useful COVID-19 Return To Work guide for both employers and patients geared to individuals with health conditions and vulnerable group employees (SOM 2020b). Finally, the generic guidance on COVID-19 may be complemented by more specific guidance from industry bodies although these need to be

treated with some caution since they may lack the focus on and engagement with the workforce that a more independent regulatory body would bring.

2. Employers should ensure the full involvement of employees and union health and safety representatives in the formulation, implementation and monitoring of the CSP. Hazard Campaign case files document multiple examples of a lack of consultation with trade unions on return to work plans and of workers threatened with dismissal for raising COVID-19-related concerns. This is unacceptable. The involvement of the workforce and unions has been shown to be highly effective in improving workplace health and safety across a wide range of sectors from call centres and schools (Walters, 2005, Taylor, 2020) The value of consulting with the unions and members to use this knowledge has already been shown in call centre guidance in Scotland (Taylor 2020). Their input is essential to making the plans effective, to ensuring full awareness of safety measures, of securing buy-in, inspiring confidence and mitigating against anxieties. Moreover, employees and unions are best placed to identify failures of the plan either in its design or implementation. Accordingly, they should be encouraged to report any failures. In cases where there is insufficient health and safety expertise in the local workforce/union, there should (as in Scotland) be a right for roving trades union health and safety representatives to be involved in the CSP process.

3. Employers have a responsibility to ensure that any employee who is unwell does not come to work but immediately gets tested and self-isolates. Equally, anyone who is a contact of someone who has tested positive should be required not to come to work and to self-isolate. It should be an offence to exert any pressure on employees to avoid self-isolation (say by the threat of dismissal or lack of career progress). Indeed, prompt self-isolation should be promoted as a sign of loyalty and collective responsibility. In addition, full pay should be provided during periods of isolation.

4. In order to prevent transmission of infection, employers need to be in close contact with local public health and local government bodies. It should be a duty to give prompt information about any infections in their workplace and also to retain information that will allow tracing of those who have been in close contact with infected individuals.

THE HEALTH AND SAFETY EXECUTIVE AND LOCAL AUTHORITIES

1. Health and safety officers from both the HSE and from local authorities need to play a central role in guiding and advising all employers on developing and implementing comprehensive COVID safety Plans (CSP). However, there have been major concerns about the effectiveness of the HSE in protecting workers during the pandemic – both specific groups such as health care workers (Godlee 2020) and more generally (House of Commons Department of Work and Pensions Select Committee 2020).

This failure flows from a number of systemic problems which need to be addressed. The first is historic underfunding and a declining number of inspectors. In July 2020, there were just 390 Band 3 full time equivalent HSE inspectors for the UK (Timms 2020). The number of full-time equivalent local authority health and safety inspectors fell from 1,020 in 2010 to 543 in 2017 (All-Party Parliamentary Group on Occupational Safety and Health 2018) and will almost certainly have dropped even further by 2020. They have responsibility to inspect and enforce health and safety law in for example warehouses, some call centres and nursing homes as well as shops and restaurants. So local authorities with no substantial occupational health and safety enforcement capacity now cover some of the highest COVID-19 risk workplaces too (Coyne 2019).

The second problem is a narrowness of remit and the lack of coordination between agencies. In undertaking a COVID risk assessment the linkages need to be made between hazardous conditions,

low pay, long hours, precarious work and job insecurity especially for migrant and gig economy workers. Action on just one of these problems may not stop occupational COVID- 19 transmission; action on all will. Equally there needs to be coordination at the level of enforcement. The Gangmasters and Labour Abuse Authority (GLAA) with no safety expertise or enforcement function goes into some of the highest risk workplaces.

Equally, risk assessments at work must be tied to risks outside the workplace. Thus HSE has declared that many cases (such as Rowan Foods), particularly in food processing, resulted from factors such as shared transport to work and crowded housing specifically amongst workers. This must be taken into account both when assessing risk and designing mitigations.

2. A key responsibility of the HSE and local government inspectors is to visit workplaces, to examine. CSPs and how they have been implemented, and should be to certify that they are adequate to ensure workplace safety. Such certification would give assurance to everyone – employees, visitors and public – that the workplace is safe and helps create confidence amongst them. No workplace should be allowed to open or reopen unless it has received COVID safety certification.

3. It is essential that all workplaces are carefully and regularly monitored – including by random and unannounced inspections – with the possibility of withdrawal of certification (and hence closure) if the CSP is not being properly implemented and until changes are made and recertification occurs. To date there has been little monitoring and even less enforcement. During the lockdown HSE had reportedly only issued one COVID-19 related improvement notice and no business was shut down (Watterson 2020c). This is despite widespread evidence of basic health and safety problems such as overcrowded workplaces, poor ventilation, lack of sanitisers, problems with social distancing and PPE, poor welfare conditions and long hours, poor sick pay and pressure to keep working when isolation should have occurred. Moreover, such problems are implicated in the occurrence of infection clusters.

As well as individual inspections, HSE and local authorities should publish weekly figures on how many inspections they have carried out, where they have issued enforcement notices and the number of reported COVID incidents, deaths, illnesses under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR) (2013). It is important that deaths are not under-reported (as seems to be the case at present), that they are broken down by sector, by workplace by occupation and by BAME/ethnicity/sex/disability and other relevant characteristics and that any case is reported to the HSE as a notifiable disease for the purpose of tracing transmission and infection mechanisms related to work. What is more, it is important to be inclusive in reporting cases, especially where there is a high risk of transmission for example in paramedics. Employers cannot be the arbiters of work-related COVID-19 illnesses.

4. HSE needs to enforce the Safety Representatives and Safety Committee Regulations 1977 to ensure unions can effectively represent all workers and check on employers compliance with CSPs. This must include safety representatives having the ability to call in the enforcement officers to intervene to ensure they can carry out their legal functions before any disciplinary actions occur. At a sectoral level, any specific advice and guidance should draw on and be agreed with sector unions whose members have in depth knowledge of workplace practice. At a workplace level, the HSE should ensure that employees and Union Safety representatives are involved in all aspects of the CSP. The HSE should also ensure that health and safety representatives and other employees should not suffer any detriment for their activities (as guaranteed under Sections 44 and 100 of Employment Rights Act 1996) including the ability to report non-implementation of CSPs and to call in the HSE without fear of retribution. Finally, where there is insufficient expertise in an individual

workplace, the HSE and local authorities should facilitate the use of roving trades union safety representatives as agreed in Scotland (STUC 2020b).

CENTRAL GOVERNMENT

1. Many of the responsibilities and actions of employers and the HSE/Local Government Inspectors as detailed in the previous two sections can only be effective if underpinned by legislation and by funding from Central Government (worker health and safety regulation across GB is reserved to the UK Government but Northern Ireland has its own HSE). First and foremost, Government needs to provide the funding necessary to support employers in implementing robust CSPs (including such elements as restructuring environments to make distancing possible, providing adequate ventilation, purchasing protective equipment, renting temporary premises etc.). There must also be universal access to sick pay as well as normal wage levels for employees who have to self-isolate. In addition to the necessary funding, legislation is needed to ensure effective employment rights apply so that all workers, including those employed on a contingent basis, are not penalised, suffer no disciplinary action, loss of pay, career prospects or dismissal for self-isolating.

2. The Government needs to support employees in playing a full part in COVID-19 return to work consultations and in monitoring the implementation of CSP measures. The participation of employees is crucial if safety standards are to be maintained, lapses identified and rectified. There are many examples of workers flagging lack of COVID-19 hazard identification and effective risk management in workplaces have been reported to advice centres. The TUC and STUC have also documented such problems (Asquith 2020). However, for this to be universally effective, the Government needs to issue clear guidelines on the importance of all employers encouraging and supporting such activities. This needs to be supported by effective whistle-blower legislation which ensures that those who identify failures of the CSP suffer no detriment for doing so.

The approach advocated in Australia and applied in Scotland to COVID-19 transition (Scottish Government 2020a) provides an excellent model of Government action to ensure employee involvement. Scotland has a Fair Work Convention and by July 19 2020, it had produced a joint statement with the STUC on fair work expectations during the transition out of lockdown (Scottish Government 2020). This statement advocated the adoption of effective worker engagement, supporting workers to follow public health guidance, paying workers while they were sick or self-isolating or absent from work following medical advice relating to COVID-19. It also supported flexible working arrangements including homeworking which is currently the default position of the Scottish Government. This Fair Work policy provides a template for securing a safe return to work across the UK if it is fully implemented.

3. The Government needs to provide adequate support for the HSE and local government health and safety inspectors to fulfil all the duties and responsibilities outlined in the previous section. Much has been said about the lack of proper pandemic planning in terms of testing, PPE and other aspects of the health system. Equally, there has been no proper planning in terms of workplace health and safety. Understaffed and under resourced regulators meant there was no effective commitment to worker health and safety either before or during the pandemic. Yet international agencies clearly mapped out in the 2000s the type of workplace health and safety measures needed in a pandemic (ILO 2020).

Instead there has been a UK history of key agency cuts, deregulation and attacks on ‘red tape’ in a variety of forms that seriously damaged workers, communities, the health service and the economy (Watterson 2020a). What is more, the UK Government has not provided adequate guidance on the

safe functioning of workplaces (Hazards Campaign 2020; Hazards 2020, Watterson 2020a). Had there been adequate planning, the UK Government could have greatly reduced, if not avoided all together, many cases of COVID-19 occupational ill-health in the health and social care sectors (Society of Occupational Medicine 2020a).

As a matter of urgency, the Government must address this situation. To start with, cuts in the HSE and in local authority inspectors need to be reversed and there needs to be adequate funding to provide the staffing levels necessary to provide all employers with guidance on drawing up CSPs, certificating CSP, monitoring and enforcing proper implementation of CSPs and providing adequate support to employees and union representatives.

4. As well as providing support to the Health and Safety regulators, the UK Government needs to create a framework in which employees and Trades Unions are fully involved at all levels of the COVID response in the workplace. As a key part of this, there should be support for roving Trades Union Health and Safety representatives to become involved in workplaces where there is not the necessary expertise amongst existing employees. As we have previously noted, this is a position already supported by the Scottish Government which needs to be generalised across the UK.

CONCLUSIONS

There is much still unknown about COVID-19, including the long-term damage to those who recover from infection. Hence the need for great caution in the return to work and continuing support for the principle that, where possible, people should be allowed to work from home.

However we do now know enough about the transmission of the infection in various built and open environments to understand the measures that are necessary to limit its spread and the importance of proceeding on the basis of a precautionary principle based on the minimisation of risk and the implementation of mitigation measures against the possibility of infection. The use of precautionary principles to protect workers – especially vulnerable workers has proven effective in the past (Hazards Campaign 2020a,b; Watterson 2020a). Our COVID-Safe workplace charter and this accompanying document, drawing on principles, advice and guidance from NGOs, Trades Unions and Professional bodies such as. The BMA, BOHS, Royal Medical Colleges, and SOM, provides a template and a set of actions whereby this approach can be implemented in the case of COVID-19 to make workplaces safe.

Properly implemented, alongside other measures to drive infection down and a strong Find, Test, Trace, Isolate and Support (FTTIS) system, our Charter recommendations form a crucial element in an overall strategy to eliminate COVID-19, to maintain the health of workers and the wider community, to address the disproportionate effect of COVID-19 on vulnerable workers such as those from Black and Minority Ethnic communities, and to allow a full reopening of the economy.

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