UNISON is concerned about the disproportionate impact of COVID-19 on Black workers. And our concerns have been borne out by the publication of the the Public Health report “Disparities in the risk and outcomes of COVID-19.”

This report proves that Black workers are much more likely to suffer worse outcomes, including serious illness and death, from being infected by COVID-19 than their white colleagues. The report says that Black men are 3.9 times more likely to die than white men, while Black women are 3.3 times more likely to die than white women. These risks are especially acute for older Black men and women, or those with underlying health conditions.

This guidance focuses on staff at higher risk and UNISON has already published sector-based advice for members which contain best practice examples of how some employers have taken into account the increased risks to Black staff. In this guidance you will find a template your employer may use when doing risk assessments for Black, disabled and other vulnerable members of staff. It covers:

1. Black employees (referred to by government as BAME)*
2. Clinically extremely vulnerable employees (people at high risk)
3. Clinically vulnerable employees (people at moderate risk)
4. Employees living with/caring for the vulnerable or extremely vulnerable
5. Older employees (over 60)
6. Gender
7. Travel

**Keeping staff safe at work**

The first thing employers should do is make every reasonable effort to make it possible for staff to work from home. If this is not possible, then before workers can return to their normal workplace, employers should undertake a risk assessment to make it ‘COVID-secure’.

As COVID-19 may cause staff harm, employers must put in place measures to prevent its spread. A risk assessment is the process of identifying what hazards currently exist or may appear in the workplace. A risk assessment defines which workplace hazards are likely to cause harm to employees and visitors.

Employers must identify all those for whom they have a duty of care, whether they are staff or service-users who are classed as being either at most or moderate risk from COVID-19.

Employers should consider all groups at risk through COVID-19. However, research has shown that Black workers are at increased risk of infection, serious illness and death through COVID-19.

It is important that employers consider all these factors and how they relate to one another. For example a Black man is more at risk than a white man. However, the older you get the more important these risks become in terms of how likely you are to die from the disease.

**Black employees**

Evidence from the Office for National Statistics shows a greater impact of Covid-19 on Black communities with a disproportionate number of deaths being recorded. The exact reasons for these differences are not yet known. However, whatever those reasons may be, this statistical fact must be taken into account when employers are conducting their risk assessments. Failure to do so is a failure to carry out a complete and sufficient risk assessment.

UNISON’s advice is that a risk assessment should be carried out for Black staff, and staff who live with a Black person, based on ethnicity, and taking into account other factors such as what work they do, age and other medical conditions.

All redeployment options should be considered to minimise risk, including working from home if deemed appropriate by the risk assessment, or if the staff member is not assured by the measures in the risk assessment. You should encourage members to discuss personal concerns with the employer.

*In UNISON, Black is used to indicate people with a shared history and is used in a broad political and inclusive sense.*
However, when considering the different outcomes between Black and white workers it is important that all other risk factors are taken into account, as this will impact on the actual risks.

**Clinically extremely vulnerable employees (people at high risk)**

The government says that all people with serious health conditions which place them in the **clinically extremely vulnerable category** (“shielding”) must not attend work. Members in this category should have received a letter from the NHS informing them of this. If they haven’t received a letter they should contact their GP or hospital consultant.

UNISON’s advice is that members should inform their employer if they are in this category. It would be a breach of government advice if a member was to consider working, or if they were asked to attend the workplace. Even if their role cannot be carried out from home, they must stay at home on full pay.

**Clinically vulnerable employees (people at moderate risk)**

The government recognises clinically vulnerable employees as those who are 70 or older, pregnant or have a specified condition.

**UNISON**’s position is that anyone in the clinically vulnerable category should work from home. Members should inform their employer if they are in this category. They should say that they cannot attend work but are available to work from home. Even if their role cannot be carried out from home, they should stay at home on full pay. Also branches should note that refusal of home working for a disabled person might amount to unlawful discrimination under the Equality Act.

UNISON has been able to agree this for many staff including for example local government and schools staff employed under NJC Green Book terms.

If a staff member who is clinically vulnerable chooses to return to the workplace, they should only be asked to work in roles where strict social distancing can be applied. [https://www.unison.org.uk/coronavirus-rights-work/#heading-10](https://www.unison.org.uk/coronavirus-rights-work/#heading-10)

**Employees living with/caring for the vulnerable or extremely vulnerable**

UNISON’s position is that anyone living with or caring for someone in a clinically vulnerable or extremely clinically vulnerable category should not be expected to attend work but allowed to work from home.

Members should inform their employer if they are in this category. They should say that they have a household member who is clinically vulnerable or extremely clinically vulnerable, they don’t want to put them at increased risk and would like to discuss working from home.

If their role can’t be carried out from home, they should have a discussion with their employer about redeployment. Ultimately, this may not be possible and we would expect that the employer accepts that some employees may need to stay at home on full pay.

This provision has been agreed for staff under NJC Green Book terms.

If a staff member who lives with someone clinically vulnerable chooses to return to the work place, they should only be asked to work in roles where strict social distancing can be applied.

**Older employees**

The PHE report shows that compared with people under 40, the probability of death was about three times higher among those aged 40 to 49, nine times higher among those aged 50 to 59 and 27 times higher among those aged 60 to 69. The World Health Organisation says the highest risk is in over-60s. For Black staff these risks are even higher.

UNISON’s advice is that a risk assessment should be carried out for all staff over 60 based on age, and taking into account other factors such as ethnicity, other medical conditions and the sort of work carried out. Members should discuss their personal concerns with their employer.

**Gender**

According to the PHE report men between the ages of 40 and 79 were twice as likely to die as women, whereas men under the age of 40 were 1.5 times as likely to die. The reasons for this difference are unclear and does not diminish in any way the risks faced by women, as Black women are 3.3 times more likely to die than white women. However, the risks faced by Black men, especially older Black men, are even greater.

**Travel**

Although employers’ mandatory duty to manage the health and safety of staff does not extend to travel to and from work (they are responsible for travel between work places), UNISON believes it is good practice to take this into account especially with regard to staff who are already at increased risk.

**Risk assessment template for vulnerable workers**

Your employer should already be using a risk assessment matrix to calculate the level of risk for a particular task or roles. UNISON recommends that your employer should also develop a matrix that calculates the excess risks for individual members of staff taking into account all the risk factors listed above. What method your employer uses - and how the risk factors are scored - should be decided in partnership with trade unions. There are some good practice examples out there, such as that used by NHS & Social Care staff in Wales [https://gov.wales/sites/default/files/publications/2020-05/covid-19-workforce-risk-assessment-tool.pdf](https://gov.wales/sites/default/files/publications/2020-05/covid-19-workforce-risk-assessment-tool.pdf).
Below you will find a matrix and flowchart to help your branch in negotiations with your employer around risk assessments for Black, disabled and other vulnerable staff.

<table>
<thead>
<tr>
<th>RISK</th>
<th>EXCESS RISK SCORE 1-5</th>
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<tbody>
<tr>
<td>RACE</td>
<td></td>
</tr>
<tr>
<td>CLINICALLY EXTREMELY VULNERABLE EMPLOYEES (note all staff in this category, regardless of other risk factors MUST not attend work)</td>
<td></td>
</tr>
<tr>
<td>CLINICALLY VULNERABLE EMPLOYEES (PEOPLE AT MODERATE RISK)</td>
<td></td>
</tr>
<tr>
<td>EMPLOYEES LIVING WITH/CARING FOR THE VULNERABLE OR EXTREMELY VULNERABLE</td>
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<td>AGE</td>
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<td>GENDER</td>
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<td>TRAVEL</td>
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<tr>
<td>TOTAL RISK SCORE</td>
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</tbody>
</table>

This flow chart will help you see the steps your employer should be taking to reduce the risk of COVID-19 for Black, disabled and other vulnerable workers.

Employers to assess the risk of spread of COVID-19

Workplace assessment

Workforce assessment

Race
Clinically extremely vulnerable
Clinically vulnerable
Living with/caring for extremely vulnerable/vulnerable
Age
Gender
Travel

Employers to agree measures with trade unions to reduce risk of spread of COVID-19 infection