

Joint union advice on medically vulnerable and higher risk groups

Advice for safe opening

January 2022

Coronavirus crisis
Workplace checklist



January 2022

This joint unions' advice is for staff working in schools and colleges who are medically vulnerable – whether clinically extremely vulnerable (CEV) or clinically vulnerable (CV) – or otherwise at higher risk from Covid-19, or who live with or care for such people, and for their employers. It applies specifically to England, but its principles also apply in Wales and elsewhere.

The threat posed by the Omicron variant

While most school and college staff now have the protection from double vaccination and boosters, infection rates are extremely high due to the Omicron variant, and vaccines do not provide complete protection. At the same time, there are very few protective measures in place in education premises and the majority of pupils remain unvaccinated, or partially vaccinated. Those staff who are at greater risk of adverse outcomes, should they contract Covid-19, will understandably have concerns; and employers will, as previously, need to continue to consider and assess the risks to them as individuals and the safety measures which should be adopted.

Although the Government's shielding advice has ended, the current [Guidance for people previously considered clinically extremely vulnerable from COVID-19 - GOV.UK](#) on individual measures which those who are CEV should take to protect themselves focuses on matters such as limiting close contacts, particularly where community Covid-19 rates are high, meeting people in well-ventilated areas, and use of face coverings by others. These principles can, and should, also be adopted in workplaces, for those and other employees, without disrupting others' work or education.

The importance of individual risk assessments

Health and safety law requires employers to demonstrate that a safe work environment is in place by undertaking risk assessments, putting in place proportionate control measures and keeping them under review.

This includes assessing the individual circumstances for employees who are at known greater risk from contracting Covid-19. These circumstances include the individual's own health conditions and any factors which place them at higher risk for other reasons. The degree to which individuals are at risk is affected by their underlying health and by their age, ethnicity, sex, disability and pregnancy. Risk assessments should take account of personal and household circumstances (for example a member of staff may live with someone who is CEV), local prevalence of Covid-19 and, where necessary, medical advice.

The Local Government Association's most recent advice to local authorities and schools is clear that CEV staff in particular should be offered individual risk assessments and that their requests to continue working from home should be properly considered and granted unless there are compelling reasons not to do so.

Where there are concerns that a risk assessment does not adequately address individual risk factors, staff should seek to resolve the matter by speaking to their employer and union rep and where necessary, seeking advice from their GP. The rules around submission of fit notes/sick notes have recently been changed to state that for those who begin sick leave from 10 December, a fit note has to be provided after 28 calendar days rather than seven days. [Taking sick leave - GOV.UK](#). This is due to the focusing of many GP resources on the booster roll out.

Joint union advice for staff previously considered to be clinically extremely vulnerable (CEV) by the Government including those unable to be vaccinated for medical reasons

1. Individual risk assessments should always be carried out – and reviewed where previously carried out – for staff previously defined as clinically extremely vulnerable (CEV) or unable to be vaccinated for medical reasons.
2. Key questions to be addressed as part of the risk assessment process for such staff include:
 - ❑ Can working arrangements be adapted so that they are based in locations where the risk is lower, for example because it is easier to maintain social distancing?
 - ❑ Will they be allocated the best ventilated classrooms or other work areas, and will CO2 monitors be available so that ventilation levels can be checked during the day?
 - ❑ Will the groups of students with which they work be kept as consistent as reasonably possible, including in relation to staff movement, to minimise the extent of their exposure to students?
 - ❑ Will FFP2/FFP3 face masks, which provide protection for the wearer as well as others, be provided to them?
 - ❑ In line with Government recommendations, will students in Year 7 and above be instructed to wear a face covering in classrooms and other teaching spaces?
 - ❑ How will any concerns about working closely with staff who may not have been vaccinated be addressed?
3. Will the school encourage all staff and students to undertake at least twice weekly, and where possible daily, lateral flow testing to provide a minimum level of reassurance, as well as daily lateral flow testing for seven days when someone in their class tests positive?
3. Will household close contacts of positive cases be asked to self-isolate by the school pending a negative PCR test?
3. The risk assessment should be the subject of consultation between the member of staff and management. The member of staff should also regularly consult their GP or consultant about measures to keep them safe while working. The situation is dynamic and medical advice may change according to local prevalence of the virus.
4. Until more is known about the effects of the omicron variant the joint unions advise that, although there is no government requirement, during this period of uncertainty, all CEV staff should be permitted to work from home. **For some staff that may mean agreeing to a temporary re-deployment to other duties that can be undertaken from home.** Where this is not possible, or the CEV member of staff chooses to be in the workplace rather than working from home, consideration should be given to appropriate additional risk mitigation measures, such as implementing additional social distancing, PPE such as FFP2 or FFP3 grade masks, and safer and better-ventilated working locations in the workplace.

Joint union advice for staff previously defined as clinically vulnerable and others at significantly greater risk

Individual risk assessments should also be offered to other staff previously defined as clinically vulnerable or with characteristics that may put them at significantly greater risk, such as ethnicity, disability, being male and being aged 60 or above, and for any staff concerned about vulnerable household members. Such assessments should consider the same type of additional safety measures as set out above. Appropriate PPE should be provided for any staff within the workplace who are at significantly greater risk.

Joint union advice for pregnant staff

The [joint advice](#) summarised below, from HM Government, the Royal College of Midwives, the Royal College of Obstetricians & Gynaecologists and the Health & Safety Executive, should be followed by all education employers.

This official medical advice sets out that

- ❑ Pregnant women of any gestation should not be required to continue working if this is not supported by the risk assessment that employers are legally required to undertake.
- ❑ Although it is an individual decision, vaccination is the best way to protect from the known risks of Covid-19 in pregnancy for both women and babies, including severe illness and pre-term birth (Having a vaccination does not, however, remove the requirement for employers to carry out a risk assessment for pregnant employees).

- ❑ Pregnant women who are unvaccinated, or not fully vaccinated, are at greatest risk. Employers are urged to consider how to maximise the potential for homeworking for this category and should allow paid time off for staff to receive vaccinations and boosters where necessary.

The joint union position is that, although it is not a Government requirement, until more is known about the effects of the Omicron variant, it would be prudent for settings to permit pregnant women, of whatever gestation, and vaccination status to work from home. For some staff that may mean agreeing to a temporary re-deployment to other duties that can be undertaken from home. Where this is not feasible, or a pregnant employee chooses to be in the workplace rather than working from home the risk assessment should take account of the factors set out in point 2 above.

We also advise that all pregnant women who are working from home or are medically suspended on maternity grounds should write to their employer to confirm they intend their maternity leave to start at the Expected Week of Childbirth (EWC).