

Covid-19 joint union guidance for medically higher risk staff

Spring/Summer 2022

Coronavirus crisis
Workplace checklist



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While most school and college staff have now had their double vaccination and booster, and those most at risk a further booster, rates are still high and many of those staff who have been at greater risk of adverse outcomes, should they contract Covid-19, will still be understandably anxious. The pandemic is not over, and employers will need to continue to assess the risk to them as individuals and consult on practical measures which can be adopted to reduce that risk and offer reassurance.

This revised guidance has been issued by the joint unions (NEU, GMB, UCU, Unison and Unite) for use in schools and other settings for Spring/Summer 2022. It covers the position of pregnant women, the immunosuppressed, and those who were previously defined as clinically extremely vulnerable. It:

- describes the relevant public health guidance;
- reflects what is required by health and safety law; and
- incorporates the joint unions' steer on how best to implement this in education settings.

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 local prevalence of Covid-19 and, where

necessary, medical and/or occupational health advice.

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 and/or consultant.

Pregnant women

If you are pregnant and have let your employer know in writing of your pregnancy, your employer should carry out a risk assessment to follow the [Management of Health and Safety at Work Regulations 1999](#). This may involve obtaining occupational health guidance.

According to guidance from the Royal College of Obstetricians and Gynaecologists and Royal College of Midwives, [2022-03-07-coronavirus-covid-19-infection-in-pregnancy-v15.pdf \(rcog.org.uk\)](#) risk factors associated both with being infected and hospitalised with COVID-19 include being unvaccinated, of Black, Asian and minority ethnic background, having a body-mass index above 25 kg/m², having a pre-pregnancy co-morbidity, (e.g. diabetes or hypertension), a maternal age of 35 years or older, living in increased socioeconomic deprivation, and working in healthcare or other public-facing occupations. The guidance also states that although the Omicron variant may be associated with less severe disease than the Delta variant, it is more infectious, and it is still likely to be associated with adverse maternal and neonatal outcomes, especially in pregnant women who are unvaccinated.

Vaccination is the best way to protect from the known risks of Covid-19 in pregnancy for both women and babies, including admission of the woman to intensive care and premature birth of the baby. See [COVID-19 vaccination: a guide on pregnancy and breastfeeding - GOV.UK \(www.gov.uk\)](#). which describes how UK data has shown that almost every pregnant woman with Covid-19 who needed hospital treatment or intensive care, had not been vaccinated. Having a vaccination does

not, however, remove the requirement for employers to carry out, and regularly review, risk assessments for pregnant employees.

Pregnancy risk assessments should be carried out at the start of the pregnancy and kept under regular review throughout, with a pivotal review taking place at 26 weeks, since it is in the third trimester that the risk of complications increases.

- Pregnant women of any gestation should only continue working if this is supported by the risk assessment that employers are legally required to undertake.
- Whatever the stage of gestation, where a significant health and safety risk is identified for pregnant workers, employers should adjust the working conditions or hours to remove the risk, where reasonably practicable to do so, or offer alternative work on the same terms and conditions. If this cannot be done, a medical suspension on full pay should be given.
- The joint unions 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).
- Where a pregnant woman employee has received medical advice that it would be safer for her to work from home this should be fully supported by her employer.

Staff who are immunosuppressed

Although the Government's shielding advice was withdrawn in September 2021, Government guidance aimed specifically at those whose immune system means they are at greater risk [COVID-19: guidance for people whose immune system means they are at higher risk - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/covid-19-guidance-for-people-whose-immune-system-means-they-are-at-higher-risk) recommends individual measures which this group are advised to follow to protect themselves, focusing on matters such as avoiding crowded places, asking visitors

to their home to wear face coverings and working from home if possible, and this is what feels right, and if not, speaking to their employer about measures to limit risk. These principles can, and should, also be adopted in workplaces, for these particularly vulnerable employees.

The Government guidance sets out what conditions contribute to immunosuppression. You are likely to have received a letter in 2021 informing you if you are considered immunosuppressed, likely to have been offered a third primary vaccine dose (prior to booster) and may have been informed of treatment options for Covid-19. A further jab will have been offered in Spring 2022.

Taking account of the guidance that the immunosuppressed should work from home, if possible, and if this feels right to them, the joint unions urge that home working should be fully supported in all cases for this relatively small category of staff. Where this is not possible, or the individual does not wish to work from home, the risk assessment questions described below to assist in risk assessments for those previously in the clinically extremely vulnerable category will be relevant.

Staff previously considered to be clinically extremely vulnerable (CEV)

Government guidance sets out that the success of the vaccination programme has meant that the requirement for shielding and identifying people as CEV is no longer necessary. However, we recognise that, for many people previously defined as CEV, working in education settings can understandably cause anxiety.

We advise that individual risk assessments should be kept under review for these staff. The risk assessment should be the subject of consultation between the member of staff and management. The member of staff may wish to regularly consult their GP or consultant about any measures which could reduce the risk at work. Where they have received medical advice that it would be safer for them to work from home, this should

be fully supported by their employer. The situation is dynamic and medical advice may change according to local prevalence of the virus.

Key questions to be addressed as part of the risk assessment process for such staff, as well as for the immunosuppressed who cannot, or do not want to, work from home include:

- Will working arrangements be adapted so that, where possible, they are based in less crowded locations where the risk is lower?
- 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 FFP2 face masks, which provide protection for the wearer as well as others, be made available to them?
- Does the employer have contingency plans in place to act swiftly to temporarily reintroduce the wearing of face coverings, or other additional measures, where appropriate?

Long Covid

Both employers and trade unions recognise the impact that Long Covid can have on employees. This is a new and debilitating condition for which treatments are still emerging. Employers and trade unions wish to support affected individuals as best they can whilst further research is undertaken. ASCL, GMB, NAHT, NASUWT, NEU, UNISON, UNITE and Voice/Community have therefore produced a model '[Long Covid Protocol](#)' that we are asking employers to sign up to. This protocol represents good practice and, where adopted, will provide reassurance and confidence that Long Covid is being managed in a fair, sympathetic and supportive way.