Unite submission to the Department for Business, Energy & Industrial Strategy review of COVID-secure Guidance.

This submission is made by Unite, Britain and Ireland's largest union with over 1.3 million members across all sectors of the economy including manufacturing, financial services, transport, food and agriculture, construction, energy and utilities, information technology, service industries, health, local government and the not for profit sector. Unite also organises in the community, enabling those who are not in employment to be part of our union.

General

Unite wants information sharing between Unions, the TUC and BEIS / PHE / HSE to enable unions and employers to understand the latest information on infections and enforcement activity.

The extent to which safety guidance differs between UK-level and among devolved nations is causing further confusion and creates difficulties for employers for whom services cross borders. A greater level of co-ordination in agreeing to UK-wide safety measures would aid communication and compliance.

Some employers are not allowing safety reps to carry out inspections using COVID 19 as an excuse. Guidance should include information specifically on reps functions and how these can be accommodated safety.

Social distancing:
The current guidance states that where 2m distancing is not possible at workstations, working side-by-side is preferable to face-to-face. This needs revising based on new understandings of airborne transmission
- The relaxation of 2m social distancing down to 1m plus, following the reduction in infection rates in 2020, must be reverted. Too many employers are following 1m where 2m is possible.
- In a lot of workplace situations the additional controls required when working 1m plus are being ignored.
- 2m will bring England in line with other devolved nations.
- There needs to be an introduction of maximum occupancy in order to reduce the numbers of people coming into premises.

Additionally, it would be helpful if guidance could emphasise the importance of distancing by time as well as distancing by space. The longer employees work together in an enclosed space and share the same air, the higher the risk. Having more regular breaks away from the workstation can help to reduce the overall exposure to the virus.

Test and trace

- Unite has had reports from members that some employers are telling workers to turn off the NHS Test and Trace app while at work because their workplace is "COVID Secure". Other than for a few exceptions which are set out in NHS guidance, this should not happen and Government guidance needs to make this clear to employers.

  Whilst we understand there has been a roll out of schemes involving Lateral Flow testing, these have been fraught with issues particularly on reliability.
  We would very much support regular testing however there has to be confidence that the system is reliable. Specifically tailored guidance needs to be produced for employers, unions and our reps.

- However our main concern is the current drive to use the test as a substitute for self-isolation. Pilot schemes are being run with various organisations, with those organisations running them alongside asymptomatic testing. These pilots are causing distress and confusion for workers, and a more reliable test is needed for this element.

Financial support when sick or self-isolating

- A robust system that provides financial support for all workers who are required to self-isolate needs to run alongside this system if there is to be satisfactory uptake. Workers will be tempted to come into work if they are financially disadvantaged, particularly those that are lower paid. This is very relevant in circumstances where the person has been in contact and has no symptoms.

- Some employers are refusing to pay occupational sick pay for periods of self-isolation (as opposed to sickness), forcing workers to apply for the much lower-rate SSP, which is putting people off from doing the right thing.

- For those without occupational sick pay, the rate of SSP remains a big issue, especially in sectors such as care and manufacturing where multiple exposures requires workers to self-isolate repeatedly and lose a lot of pay. There remains a high level of non-compliance due to hardship.

- Most working people are not eligible for the additional self-isolation payment, and some local authorities are now closing the scheme.

PPE

- Unite wants an independent revision of the Personal Protective Equipment (PPE) COVID-19 strategy for the UK. It has become clear from concerns our members are expressing that PPE needs to be made available to sectors outside those listed in current guidance. Whilst we are aware of the issues around this matter, our neighbours in the EU are now providing PPE to their workers in most sectors.

  In occupations where certain control measures cannot be met - for example in construction and some health settings - or where facing the public such as transport, then face coverings or surgical masks are no longer sufficient as a means of preventing transmission. FFP 2/3 standard face masks should be recommended in these instances.

Face coverings

- Government guidance need to provide a clear standard for face coverings. There are too many instances of sub-standard materials being used and government advice still suggests cutting up a T-shirt. The World Health Organisation has produced guidance which should be adopted into government guidance that states three protective layers for face coverings is most effective:

- **Have 3 layers but ensure the finished product is breathable, constructed of:**
    - Outer layer of hydrophobic material (fluid resistant) such as polypropylene, polyester, or their blends;
    - Middle hydrophobic layer of synthetic non-woven material such as polypropylene;
    - Inner layer of a hydrophilic material such a cotton or cotton blends.

Face shields

Some employers are allowing workers to wear a face shield instead of a face covering (rather than in addition to), even in cases where face coverings are required. Guidance is needed to explain how this is not a safe alternative and should only be used in instances where people are exempt from wearing face coverings. Evidence shows that face shields create a 'funnel' of air downwards, increasing the likelihood of virus spread to people or products, rather than preventing it.

Ventilation

- Existing guidance is vague and does not emphasise the importance of effective ventilation in limiting exposure. There needs to be clear guidance on how to assess the adequacy of ventilation and air flow; practical steps they can take to improve ventilation, and warning of the risk of recirculating systems.

- Guidance is also needed on which additional measures should be implemented in instances where effective ventilation is not possible to achieve. Employers also need reminding of their responsibility to adhere to a minimum working temperature (16 degrees Celsius) to ensure thermal comfort – for example, where it is required to open windows they may need to consider additional heating.

- Links to professional bodies' guidance (such as CIBSE) would be very useful.

- The ability of most organisations to finance improvements to ventilation systems is proving an issue. We suggest a scheme which offers financial support to organisations to enhance and adapt their ventilation systems. This will also assist in creating manufacturing and construction jobs.

Airborne transmission:

- New scientific studies have shown the significance of airborne transmission, with Covid-19 aerosols remaining suspended in the air for quite some time.
- We are particularly concerned about the risk this poses in workplaces. Whilst there is a debate around viral load and the ability of these smaller droplets to cause infection, this debate should not hinder applying adequate controls. The guidance requires updating to acknowledge this risk and support employers in mitigating it.

Risk Assessments

- Research undertaken by the TUC shows that just two-fifths (38%) of workers say they know their employers have carried out COVID-19 risk assessment. Despite this being a legal requirement, some employers are not fulfilling this basic duty. Many more are not following existing advice for RAs to be published. The publication of RAs should be made a legal requirement for businesses with more than 50 staff to help support awareness and compliance of safety measures.

Workplace temperature:

- Studies show that COVID-19 thrives in cooler temperatures, and a large number of outbreaks have occurred in meat factories where cooling systems operate. Advice is needed for employers on how this additional risk can be mitigated.

Disabled workers

- Social distancing is not possible for workers with certain disabilities and advising employers to consider equalities duties is not specific enough – clear guidance is needed which offers practical advice on which additional measures should be considered. Instances of wheelchair users being 'penned in', surrounded by screens, has caused other health and safety hazards.

- **Pregnant workers**: Advice from the Royal College of Midwives and Royal College of Obstetricians and Gynaecologists states that pregnant women should be considered as part of the Clinically Extremely Vulnerable (CEV) category of patients.
- https://www.rcog.org.uk/coronavirus-pregnancy
- All employers must assess COVID 19 workplace risks specifically to pregnant women (whatever gestation) and new mothers.
- Assessment to take into account any other co existing health issues
- If there are workplace risk:
    - alter working conditions or hours of work,
    - provide suitable alternative work or
    - Suspending on full pay.

Under 28 weeks: Women should only continue working if the risk assessment advises that it is safe to do so.

More than 28 weeks: Not to be in work and suspended on full pay. The majority of women who did become severely ill were in their third trimester of pregnancy.

*The g*uidance on pregnancy and coronavirus should include advice around antenatal care, the birth and what to do if you have Covid-19 symptoms during pregnancy or after the birth.

28 weeks of pregnancy.
- Furlough could cover the cost of maternity suspension – absence from week 36 will trigger maternity leave/pay.
- Speak to Midwife/GP if concerned about H & S at work during pregnancy – fit note could ask for adjustments.

Vulnerable workers
- Evidence suggests that Black workers, those of Asian descent, and other ethnic minority workers, as well as pregnant women and those with certain underlying health concerns, are at greater risk of experiencing complications and death from COVID-19. Many of these fall outside of the CEV category. Employers should be encouraged to undertake risk assessments on an individual basis for these employees and advised to involve occupational health.

Hygiene
- Is one of the main controls advocated for breaking the chain of infection, therefore products that are used to disinfect workplaces and clean hands such as hand sanitisers have an important function. There is very little information in current government guidance on this particularly around product selection, use and training.

- Guidance should be clearer and be updated to be more in line with HSE guidance. It is really important that employers are selecting the correct products that kill the virus tested to the EN 14476 standard for veridical efficacy as a minimum.

- It is important that employers take into account safe use of all products and undertake training so staff are deploying the right products in the right way safely. Therefore, risk assessments need to be undertaken in line with the Control of Substances Hazardous to Health Regulations (COSHH).

Vaccination

- Unite is very much supporting and encouraging take-up of the vaccine programme. However Unite also recognises there can be genuine reasons why employees are not able to take the vaccine, and is concerned that they could unfairly face refusal of work or dismissal." For example, they may have been advised that they have a pre-existing health reason or disability, there may be mental health reasons or the prospect of taking it may be having a negative effect on their mental health.

- We would want clear guidance for employers and others around carrying out individual assessments on those employees affected to see if they need additional support and protective measures, or to work from home and so on. As well as ensuring no discrimination

Sector Specific comments

Food Drink and Agriculture

- Generally maintained 2m social distancing in food and beverages manufacturing - want to see greater emphasis on this rather than 1m+
- Need more emphasis in guidance on sick pay and self-isolation issues. Low paid workers can't afford. Lateral flow testing leading to reluctance to take part in these circumstances
- Some survey work carried out in FDA large companies - our reps stressed importance of consistency site by site and within sites - some reported that different managers interpreting guidance differently can cause both confusion and increased risk

Passenger / Docks

- Sick pay needs enhancing when self-isolating
- Would want any company with more than 50 workers having access to testing in the workplace on a regular basis
- Ongoing issues about access to safe hygiene sanitation facilities
- Toilet and wash facilities are an issue, clear guidance needed

Civil Air Transport

- Test and trace at workplace needs more detailed guidance
- Wearing of masks and PPE is inconsistent for cabin crew across different airlines.
- Providing evidence regards derogations for not wearing masks for passengers on board is not clear and is currently abused, need adequate guidance on this.
- Self-isolation and sick pay - unless right is a real problem. Had outbreaks because people can't afford not to be paid - real issue

Road Transport & Logistics

- While welcoming access to testing at workplace, one serious caveat: for drivers currently, pressure if test negative, will then have two people in the cab
- Need to stress testing is not an alternative to social distancing
- Ongoing issues about access to safe hygiene accessible sanitation facilities

Hospitality Sector

Roving safety reps: For sectors like hospitality where there are no collective bargaining arrangements, the Government must legislate to allow for roving safety union reps to have access to workplaces in order to carry out inspections.

Workers 'policing' COVID rules: Unite is concerned that those working in customer facing roles, for example bus drivers, shop assistants and hospitality workers are having to police their workplaces in relation to COVID rules such as the wearing of masks. This exposes workers to verbal and potentially physical abuse. Government must put in place measures to adequately police its own rules.

Weakness in enforcement: In hospitality employers have told us that they are not legally obliged to check whether guests are travelling for business purposes, as per the current guidance from the Government. This means that people can break COVID rules by booking into a hotel for leisure rather than business purposes without any checks and enforcement of the rules. This is putting the health of hospitality workers and the general public at risk. Unite calls for a legal requirement for anyone who is claiming right to travel for business purposes to provide written evidence for this.

Please see appendix 1 below which is an additional report from Unites hospitality sector. The report raises a number of additional concerns that Unite would like taken into account when the guidance is revised for that sector.

11/03/2021

Submitted on behalf of Unite the Union by:

Rob Miguel
National Health and Safety Advisor, Unite the Union

Bud Hudspith
National Health and Safety Advisor, Unite the Union

Appendix below

APPENDIX 1

Unite Hospitality sector feedback to BEIS

On 25th January, UK Government figures[1] released by the Office for National Statistics showed that hotel workers were among the most at-risk of dying from Covid-19 in comparison to those occupations which have much more direct contact with those infected with the virus such as health and social care professionals.

Among the broadest occupational categories, male leisure and accommodation workers had the second highest mortality rate (64.1 per 100,000) topped only by so-called "elementary occupations" (66.3 deaths per 100,000) which including security guards.

When you breakdown the sub-categories into individual occupations you see some of the highest death rates were among those roles found in hotels:

- Security guards - 100.7 deaths per 100,000
- Chefs - 103 deaths per 100,000
- Restaurant Workers - 119 deaths per 100,000

These are compared to an average death rate among all occupations of 24.1 per 100,000.

Given the age demographics of what is a relatively young workforce[2], as well as the fact that the hotels sector has been largely closed for a large proportion of last year, these figures suggest that the provisions currently in place to protect the occupational safety and health of workers in the industry are either insufficient or not being adhered to.

Following the announcement by the UK Government that from 15th February all inbound travelers arriving from 'red list' countries will be required to isolate for 10 days in so-called 'quarantine hotels'

In Scotland, these restrictions are even stricter with all inbound passengers arriving from outside the UK being made to isolate in quarantine hotels.

Given the increased risk of infection in quarantine hotels, this must be where we seek urgent reassessment of COVID guidelines first and this is the lens through which we shall view the need for enhanced protocols for hotels in general.

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[1] See Coronavirus (COVID-19) related deaths by occupation, England and Wales - Office for National Statistics (ons.gov.uk)

[2] Hospitality workers tend to be substantially younger than the national average of 41 years old and younger than workers in most other sectors Statistics on older workers by sector: March 2015 (publishing.service.gov.uk)

Where we need enhancement

PPE

Guidance issued by the UK Government for quarantine hotels only requires residents arriving from other countries, including those on the 'red list' where infection rates are highest, to wear a face covering. As the guidance states such face covering can be a "scarf, bandana, religious garment or hand-made cloth"[3] which is "largely intended to protect others, not the wearer"[4] and is explicitly distinct from PPE which is intended to protect the wearer.

Right now, there is no requirement or even guidance from the UK Government on quarantine hotels as to what PPE should be provided to workers who are expected to come into close contact with isolating residents. Unlike in Australia, where residents are not allowed to leave their room, those staying in quarantine hotels will be able to leave their room for fresh air, having to be accompanied by a member of staff. Those poses a significant risk to those workers who are only having to wear paper masks as standard.

Recommendation:

That all quarantine hotels mandate the use of FFP2[5] masks - as per WHO recommendations[6] - as well as aprons and gloves to those having to come-into contact with residents or their belongings.

Ventilation

Given the growing scientific evidence, including from the World Health Organisation itself, that "airborne transmission in public settings – especially in very specific conditions, crowded, closed, poorly ventilated settings"[7], the importance of ensuring adequate ventilation is vital in reducing transmission rates in quarantine hotels.

Following an investigation[8] by engineers expert in hotel ventilation systems it was found that the quarantine hotels being used by the UK Government around the country's biggest airport – Heathrow – were wholly inadequate and may actually risk causing outbreak clusters like that seen in Melbourne. This investigation found that almost all of these hotels chosen do not allow guests to open the windows and that the majority use ventilation systems that deploy a heat exchange flow system which allows warm air from inside to mix with cool air outside. This would allow potentially contaminated air to be circulated throughout the hotel.

According to news reports[9], the UK Government knew that this was an issue because they included it in their own tender document asking for single-room ventilation, however they provided contracts to hotels with different systems.

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[3] See Face coverings: when to wear one, exemptions, and how to make your own - GOV.UK (www.gov.uk)
[4] Ibid, see above
[5] See https://nhsprocurement.org.uk/covid-19-a-guide-to-face-masks/
[6] See Personal protective equipment for COVID-19 (who.int)
[7] See Global report: WHO says 'evidence emerging' of airborne coronavirus spread | Coronavirus | The Guardian
[8] See Air systems in some UK quarantine hotels 'risk spreading Covid' | Transport policy | The Guardian
[9] See Experts fear rooms at quarantine hotels will become Covid hotspots due to ventilation systems | Daily Mail Online

That all quarantine hotels have single-room ventilation systems and/or allow windows to open.

Housekeeping

Before the Pandemic

Pre-Pandemic many hotels sub contracted entire housekeeping departments to third party agencies and service providers. This was on the basis of these providers being paid on an invoice for the number of rooms cleaned. These providers employed a predominantly migrant workforce who were often given unworkable productivity targets leading to ongoing minimum wage breaches and serious health and safety concerns. Post Pandemic such a business model would have serious health, safety and welfare implications if it were allowed to continue.

During the Pandemic: Perspective from the workers

We asked leading housekeeping members from 2 of the biggest hotel chains about their experience cleaning rooms through this pandemic.

Premier Inn:

"We only clean a room during a guests stay if they request it. They have to have been out of the room for 30 mins before we enter. We're not supposed to change bedding. If they want clean bedding they either do it themselves or change rooms.

Rooms are not isolated for 24 hours before reassigning but we do try to rotate rooms as much as possible to try and leave them empty. This is more due to reducing the number of water runs in vacant rooms rather than a company policy (as far as I'm aware)

Unfortunately, rooms aren't ventilated before reassigning. There is no communication between housekeeping and reception to inform them when we finish cleaning and vacate the rooms. I am not aware of this being a company policy.

Since COVID, we changed the chemicals we use in our cleaning products. We now use D10 to clean the furniture in the bedroom and high frequency touch points. In terms of PPE we have masks, gloves and aprons provided. However it is impossible to social distance from guests in the corridors."

Intercontinental Hotel Group

"Rooms are cleaned daily although there is no gap between guests. Worryingly, we are unable to fully ventilate some rooms because the windows in the rooms are not able to be opened at all. These rooms are still being given to guests. I have never been given specific training since the pandemic, about enhanced cleaning protocol, so I don't know what detergents we are using or even if they are different from what we've always used. Our PPE is completely insufficient. We only have paper masks which don't even protect from cleaning chemicals so I doubt they are protecting from the virus."

Aaron, a housekeeper from Edinburgh has a positive story about enhanced procedures at his hotel:

"Rooms are ventilated at all times and guests are asked to leave windows open when they leave. We switched all of our regular cleaners for Oxivir, as it's a one job chemical that kills everything. Active key ingredient is hydrogen peroxide, add too much to the bottle and you stain your hands so we wear

gloves. Current PPE does protect against chemicals, medical paper masks seem to be sufficient although fabric masks are encouraged to be worn on top of these too."

Recommendation:

That quarantine hotels follow a strict protocol when cleaning rooms, ensuring minimum contact with residents and their belongings. Waiting at least 24 hours after departure to clean rooms using the most effective substances which adhere to HSE guidelines.[10]

Testing & Vaccines

As part of our [Hospitality Rescue Plan](#), Unite continues to campaign for daily testing and priority vaccinations for all hospitality workers having to work through this pandemic, particularly those in quarantine hotels. Unfortunately, there was no mention in the UK Government requirements for quarantine hotels of daily testing or priority vaccinations for workers.

Daily testing has proven vital in getting ahead of potential outbreaks in countries across the World. In Australia, workers in quarantine hotels are tested at the start of their shift and they have 10 days full sick-pay if they need to self-isolate.

Currently the UK has one of the lowest Statutory Sick Pay amounts in the World, at only £95 per week. According to our members, this is discouraging workers from reporting symptoms for fear of being financially penalised after months of living on reduced wages via the furlough scheme.

Throughout this pandemic, our hospitality members have reported that their employer has failed to put in place enhanced support for those who need to self-isolate with only 6% saying their employer had introduced a company sick pay scheme which went above that offered by the UK Government. This has undoubtedly had a significant and negative effect on transmission within hotels and may go some way to explaining the aforementioned ONS figures of death rates among hotel workers.

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[10] See [RR1117 - A literature review of evidence on cleaning products and occupational risks for asthma (hse.gov.uk)](#)

Q4 What steps, if any, has your employer taken to support you in the event of illness or the need to self-isolate?

Answered: 292   Skipped: 0
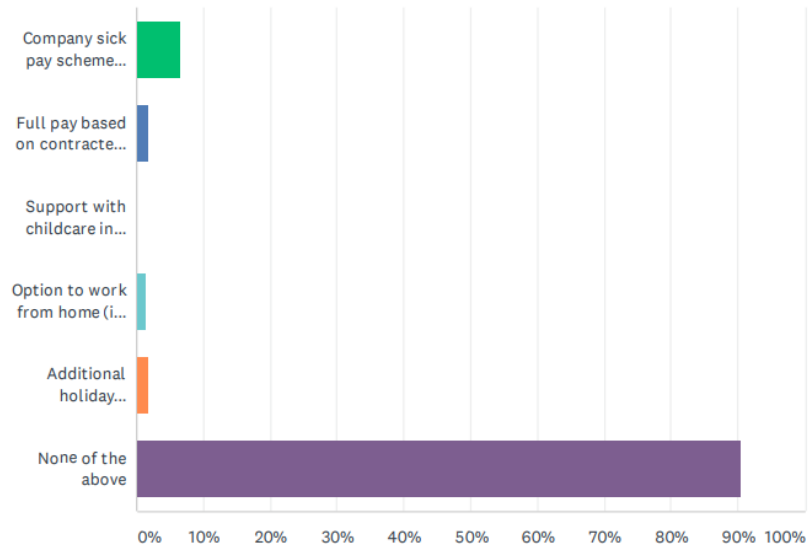
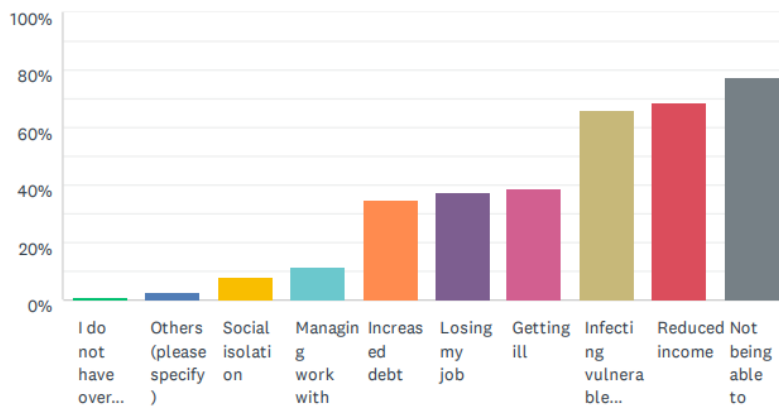| ANSWER CHOICES	RESPONSES	
Company sick pay scheme (above statutory minimum)	6.51%	19
Full pay based on contracted or average hours	1.71%	5
Support with childcare in event of school closures	0.00%	0
Option to work from home (if relevant to your job)	1.37%	4
Additional holiday leave/entitlement	1.71%	5
None of the above	90.41%	264
Total Respondents: 292		

Recommendation:

That all workers in quarantine hotels are tested daily and receive priority access to vaccinations. Full sick pay should be made available to those workers who need to self-isolate.

What our members have told us

We surveyed 292 hotel workers about their concerns with regards to COVID in the workplace. Almost two thirds (65.75%) said infecting vulnerable family/friends was their number one concern. Almost 40% (38.8%) said they were worried about getting ill themselves.

Q2 What are your main concerns in relation to the COVID-19 outbreak?

Answered: 292   Skipped: 0

ANSWER CHOICES	RESPONSES	
I do not have overwhelming concerns	1.03%	3
Others (please specify)	2.74%	8
Social isolation	8.22%	24
Managing work with childcare / other caring responsibilities	11.30%	33
Increased debt	34.59%	101
Losing my job	37.67%	110
Getting ill	38.70%	113
Infecting vulnerable family members and/or friends	65.75%	192
Reduced income	68.49%	200
Not being able to afford bills and living costs	77.74%	227
Total Respondents: 292		

We asked 292 hotel workers whether they felt that their employer was doing enough for the health of the public and/or customers. Almost 60% (57.19%) said they didn't.

Q6 Do you feel your employer is doing enough for the health of the public/customers?

Answered: 292   Skipped: 0
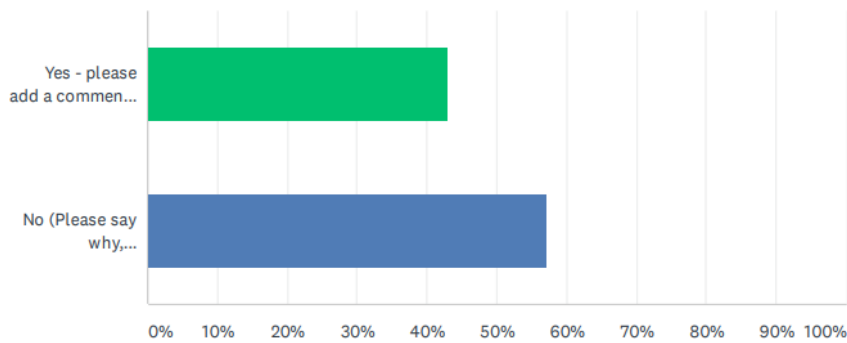
ANSWER CHOICES	RESPONSES	
Yes - please add a comment (question 9) below if you have examples of good practice	42.81%	125
No (Please say why, particularly if you have some specific examples of bad practices)	57.19%	167
TOTAL		292

Faith in employers to handle health and safety is even worse among back of house workers

In a survey of chefs, we asked has your employer taken COVID safety seriously?

- Yes 63%
- No 22%
- Other 15% (This included comments such as 'yes, procedures are in place but not enforced')

When asked what the COVID safety challenges in their workplace were:

- 73% responded – social distancing not being adhered to
- 68% said the lack of sufficient sick pay meant symptomatic workers were being encouraged to return to work before they were well enough
- 30% said there was a lack of PPE
- 30% confirmed that there had been no enhanced cleaning or sanitisation introduced since COVID
- 30% responded that COVID risk assessments had not been carried out.

Conclusion

These results from every survey we have carried out about COVID show that there is a clear and understandable fear among hotel workers that their health and safety is not being sufficiently protected by those who have a duty of care to do so. A toxic combination of inadequate or confusing guidance from the Government, lack of implementation from employers leading to lack of adherence from residents (customers) has created a potentially deadly environment for the UK hotel worker.

We only need to look at the recent [outbreak in Melbourne](#) to appreciate the potential for cluster outbreaks across UK quarantine hotels. Given the [significant differences](#) between the rules governing quarantine hotels in the UK and Australia, it is not unreasonable to assume that such cluster outbreaks may be even larger and more severe with the hotel workers being most at risk.