

Health and Safety Management during Covid-19 – lessons learnt to date

1. Introduction

This document aims to capture thoughts on how Covid-19 has impacted on health and safety management within the Council.

Whilst not based on objective evidence, it captures the views of safety professionals within the corporate health and safety team and maps comments against the key elements of the ISO45001 standard.

It is intended that this document will be supplementary evidence of how we adapted the corporate management system during Covid-19 and will be presented at a future ISO45001 continuing assessment audit.

2. Key findings against ISO45001 elements

2.1 Context of the organisation

ISO45001 requires consideration of stakeholders and partners and the Councils interaction regarding safety management, this period has seen additional arrangements established not mapped in the management system.

Working relationships for health and safety have proven to be in areas not previously foreseen i.e. CCG s, the private care sector, transport providers and internally with public health.

Those areas where joint working was expected have realised minimal contact i.e. district councils.

Notts risk management group other than at an early stage has had minimal contact between members.

The boundaries for providing safety advice and support was and remains unclear, particularly with private sector care.

Consideration has been given to the extent of advice that can be provided externally and clarity on professional indemnity sought from Risk and Insurance.

Partners in a specific case were unable (expired certificates) or unwilling (risk averse) to support face fit testing. This was previously an inhouse capability.

2.2 Leadership and worker participation

The framework for safety governance established under 18001 proved flexible with increased frequency of Risk, Safety and Emergency Management Board (RSEMB) and Risk, Safety and Emergency Management Groups (RSEMGs) providing an effective conduit for safety planning and communication.

During the initial stages of the response the feeling was that the health and safety team was underutilised, and key safety decisions at times being made without supporting advice, mainly related to personal protective equipment (PPE) use, storage of LRF supplies and newly developed training.

This was soon rectified as the Health and Safety team became embedded within working groups, cells and regular Covid-19 risk management meetings.

Consultation on safety matters has been maintained throughout with the Trade Unions, a key area being schools-based risk assessment and worker vulnerabilities assessment.

2.3 Planning

Government guidance issued specifically for Covid-19 was used as a benchmark for providing safety advice but at times legal status unclear - some being derived from new legislation and others only guidance status.

Health and Safety Executive (HSE) guidance on Covid-19 was not evident, with only web site additions to respiratory protection and RIDDOR reporting notable.

The HSE did not relax standards for PPE even during shortages needing a risk based approach and balance between compliance and continued PPE supply.

A specific issue with self-made, donated or non-CE marked items and pressure to issue during extreme shortages.

We noted that managers in the main focussed on the government and Public Health England guidance, often overlooking existing HSE Regulation on the same, particularly PPE. An example being trained for face fit RPE requirements.

Much of the early Covid-19 guidance was aimed at clinical settings requiring a degree of adaptation for the workplace.

Differences in procedures for clinical and non-clinical settings at times presented sites with conflicting advice.

The pace of changing guidance made it difficult to keep pace with and to ensure advice given was current, something that continues to be problematic with increasing complexity.

2.4 Risk Assessment

Much of the health and safety advice given related to risk assessment and the need to revise existing assessments adding Covid-19 controls rather than just developing new Covid-19 Risk Assessments. Important not to lose focus on existing residual risks.

Managers in some cases introduced new risks e.g. fire doors propped open to avoid touching or bulk storage of flammable materials (hand sanitiser 70% alcohol) in unsuitable areas.

Since Covid-19, an increased volume of risk assessments have been revised or produced raising awareness at all levels of benefit and practical application of risk assessment.

Whilst risk assessments have been produced in quantity, it's been evident that some managers didn't fully understand the process particularly the control hierarchy and supporting guidance has been provided including 10-point checklist.

Additionally, dynamic assessment is now better understood by all – 'when should I distance or wear a mask' at its basic level.

2.5 Support – competence and awareness

Skills required to respond to Covid-19 required new training, much delivered online. Where this is practical and skills based, online learning should be supported by supervised practice in the workplace, noted in relation to donning and doffing PPE.

Online courses rapidly developed (PPE -Social Care) did not meet the requirements set out in PPE Regulations, an example where early safety advice would have been beneficial.

The potential for 'skills fade' during lockdown and expired certification should be accounted for in risk assessment with refresher training sessions planned. Particularly first aid, fire awareness, evacuation and any complex machinery operation.

2.6 Operation

The risks of long-term building closure was something new and not previously considered, mechanisms for ensuring statutory inspection, maintenance and start up risks (legionella, lifting equipment, alarm systems etc) have proved to be effective.

Areas of difficulty remain regarding ventilation, both natural and mechanical and air recirculation systems with little existing guidance. Something more problematic as we move towards winter and have to balance with suitable workplace temperatures.

Buildings configured for smarter working – open plan, shared space and touchdown proved contrary to the requirements of segregated, distanced and a non-sharing environment.

Situations health and safety had not experienced relating to counterfeit or unregulated PPE brought the need to work with trading standards and highlighted the complexities of certification and approval processes.

Previous focus would be for that made under PPE Regulations but now includes medical devices and General Product Safety Regulations.

2.7 Performance evaluation

Early stages of Covid-19 and lockdown brought a reduction in the ability to monitor compliance and evaluate safety performance. Initially no inspection or audit activity was taking place.

Some evaluation on risk assessment suitability evolved particularly schools and reoccupation of the corporate estate.

We recognise the increasing need to focus on behavioural compliance and have accounted for this in the site monitoring SR115 process.

The new area for consideration is how to monitor compliance for home working arrangements.

2.8 Improvement

Accident and incident reporting on Wellworker has significantly reduced during Covid-19 lock down. This was expected with less exposure to workplace risks.

No homeworking incidents have been recorded, this prompts consideration of a reminder that all 'at work' accident and incidents should be reported irrespective of the location.

Additional thought is required on the management and reporting of psychological risks resulting from Covid-19 and prolonged homeworking.

3. Key points summary

- Overall there appears to be a greater recognition of the importance of good safety management and support.
- More safety advice given during Covid-19 has been operationally focussed.
- A greater emphasis on protecting health than safety (accident prevention).
- Managers should engage early with health and safety.
- Remain aware of HSE regulatory requirements and don't just focus on new guidance produced from other sources.
- Revise existing risk assessments regularly in line with new guidance.
- Control new and emerging risks but be mindful of introducing additional hazards into the process.
- Ensure training is suitable and sufficient and back up with 'on the job' practice as appropriate.

Appendix 1

- The capability of others contracted to deliver safety related support should be regularly checked.
- In addition to workplace risk, the long-term effects on health and wellbeing from homeworking including ergonomic risk needs to be accounted for.
- A clear need for regular communication between all agencies providing safety and risk management advice with known points of contact.

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