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Circular: **2020HOC0225AD**

Date: **13 April 2020**

To: **ALL MEMBERS**

Please note: because of temporary changes to staffing arrangements at FBU head office and our regional offices, all members' circulars are not being sent out to branches in hard copy format. Could we ask that you assist us by ensuring that is circular is provided to, or brought to the attention of, all FBU members? With our thanks in advance.

Dear Brother / Sister

COVID-19 TESTING FOR FIREFIGHTERS: FBU CORRESPONDENCE WITH MINISTERS

The Fire Brigades Union congratulates all those in the care and health sectors who are at the forefront of containing the spread of the coronavirus and treating and caring for those suffering the worst effects of this truly awful disease.

In the fire and rescue service we have been made aware of some worrying examples of shortages of certain types of PPE but it does not compare with the terrible shortages of PPE being experienced most poignantly by those working in the high dependency and intensive care units, as well as the general wards set aside for those suffering or recovering from COVID-19.

With the number of nurses and doctors becoming both infected and dying from the disease the dreadful state of unpreparedness for a pandemic disease in the UK is now becoming exacerbated by a continuing failure by governments to get a grip on the situation and supply the resources and measures necessary to deal with this crisis. This failure extends beyond PPE and other physical resources such as ventilators.

A primary urgent necessity is for mass-testing of everyone in the UK in order to ensure that those who are infected can be identified and treated, and isolated from those not infected.

Risk assessment is based on the principle of a hierarchy of controls. The purpose of risk-assessment is safety and health with ***the highest objective being to prevent loss of life***. With a pandemic the scenario is ***minimising the effects of an infectious disease that spreads quickly***. The hierarchy of controls in this scenario - with an immediate measure to *"eliminate the hazard"* (such as by vaccination) not being possible - the next highest applicable measure to be taken is to *"isolate people from the hazard".*

Whilst technically the hazard is the virus itself, in practical terms the hazard is an infected person. The most at risk group therefore are those in the NHS who treat and transport people who are infected. Other cohorts of the population assessed through the application of matrices such as: recent contact with infected people; profession; age; gender and so on leads to the creation of order of prioritisation.

With *the objective being to prevent loss of life*, a parallel process that has to be undertaken is that of impact-assessment. Arguably, the highest priority arising from an impact-assessment would be to give the highest priority to those who are directly involved in creating the ability to eliminate the hazard i.e. the relatively small number of people creating a vaccine.

An impact-assessment would also give high priority to those delivering front-line medical treatment to people suffering from immediately life-threating medical conditions such as, but not exclusively, COVID-19 infection. The impact assessment would take into account the vulnerability of the services which are preserving life. Again, those health service workers who are providing the most essential immediate medical services are, in relative terms, small in number and – taking into account the time required to acquire the skills and training and other factors required to achieve excellence – are not quickly replaceable.

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The prime, albeit not sole, purpose of firefighters is to save lives at fires and other emergencies identified in the relevant fire service-related legislation across the UK. Recently, with the agreement of the Fire Brigades Union the scope of the emergencies that firefighters can attend during this health crisis has been extended and is likely to extend even further. The nature of firefighters' work – attending emergencies and engaging directly with the public in their homes makes firefighters susceptible to infection.

In addition, the fire and rescue service is extremely vulnerable as a consequence of the number of firefighters across the UK being decimated over the last decade or more which has taken place at the same time as the introduction of short-sighted measures such as the introduction of lean-staffing arrangements (common examples are: a. self-rostered crewing and b. reduced watch sizes); day crewing plus/ close proximity crewing duty systems.

Without measures to minimise the likelihood of firefighters contracting the disease the fire and rescue service is susceptible to falling down if firefighters are not afforded the protection of early isolation from those suffering with the disease. Firefighters' skills and training in order to save lives in often horrific working environments are not quickly replaced if firefighters were to fall victim to infection resulting in chronic ill-health and long recovery - or worse.

The same applies to our members in the fire service control rooms. In relative terms, the cuts in the staffing levels in the control rooms have been amongst the most the savage. With the exception of Scotland which has three (cut from 8 within a year of the creation of the Scottish Fire and Rescue Service) each FRS is dependent upon 1 control room, which in many cases, despite FBU opposition, serve more than one fire and rescue service.

Correctly, firefighters suffering symptoms typical of coronavirus infection are self-isolating at home in order not to risk cross-infecting work colleagues and/or members of the public. This has an adverse effect on the number of firefighters being able to report to work. The number is quite high, but at the moment is not critical, and is being compensated to some degree by the release of personnel from other duties as a result of the cessation / reduction of training courses and other activities. The situation is of course dynamic.

With all the above in mind, the Fire Brigades Union has been lobbying the governments across the UK to ensure that firefighters are recognised as being at serious risk of infection and that governments also are alert to the risks to service delivery arising from the impact of firefighters self-isolating on a precautionary basis which would be reduced if firefighters are tested early.

In Scotland and Northern Ireland, the governments are taking a more proactive stance but the government at Westminster is floundering on the issue.

On 30 March 2020 we reported via all members' circular 2020HOC0196MW (the contents are attached as an appendix to this circular), the General Secretary wrote on behalf of members to the relevant ministers responsible for fire, and those for health, in England, Wales, Scotland and Northern Ireland on the matter of Covid-19 testing for Fire & Rescue Service personnel on 20 March 2020. Attached to this circular is the full suite of letters sent by the FBU and the replies that have been received.

Best wishes.

Yours fraternally

ANDY DARK
Assistant General Secretary

Attach X11

AD/ad

Circular: **2020HOC0196MW**
Date: **30 March 2020**
To: **ALL MEMBERS**

Dear Brother / Sister

COVID-19 TESTING: FIRE SERVICE PERSONNEL

On 20 March 2020, I wrote on behalf of members to the relevant ministers responsible for fire, and those for health in England, Wales, Scotland and Northern Ireland, explaining the necessity to protect Fire and Fescue Service resilience by ensuring that Fire and Rescue Service personnel are amongst the higher priority groups to be provided with early Covid-19 testing. We acknowledge that critical NHS health workers have the highest priority. An example of the letters from the FBU and the replies received to date are attached to this circular.

You will note that the Welsh Government has provided a slightly-guarded but positive response, but the fire minister at Westminster has evaded the issue entirely.

What does WHO say about testing?

On 16 March 2020, Dr Tedros Adhanom Ghebreyesus, director-general of the World Health Organisation (WHO) said "the most effective way to prevent infections and save lives is breaking the chains of transmission. And to do that, you must test and isolate". He stated:

"You cannot fight a fire blindfolded. And we cannot stop this pandemic if we don't know who is infected. We have a simple message for all countries: ***test, test, test****. Test every suspected case.*

"If they test positive, isolate them and find out who they have been in close contact with up to 2 days before they developed symptoms, and test those people too."

What are the benefits of mass testing?

Health professionals have set out the arguments for mass testing:

- Large-scale testing allows **health services** to quickly identify who has the disease and arrange for care.
- Isolating known cases prevents them from coming into contact with others and slows the rate of **transmission**.
- Effective testing programmes allow governments and health authorities to understand how prevalent the disease is and how it is evolving.
- Tracking positive test results helps governments make **evidence-based decisions** to try to slow the spread of the disease.

- Identifying and isolating those with the virus also helps to avoid a **sudden spike** in new patients.
- Effective testing and quarantine measures help ease the **pressure on health services**, which can quickly become overwhelmed.

Testing regime and key/essential workers

It is also clear that any system of identifying key or essential workers should involve priority testing of such groups. Such workers are required to carry on working and, in some cases (such as Fire and Rescue), are required to continue interaction with the public even if safeguards are put in place.

Failure to test increases the risk of key workers transmitting the virus to colleagues and to members of the public. It also increases the likelihood of avoidable absences due to potentially avoidable self-isolation.

What has the UK government done about testing?

The UK government has carried out fewer tests than many other states. There were some drive-through facilities for those who suspected they had the virus, but this was stopped on 12 March 2020. A week later, the prime minister announced that mass testing would take place.

What is government advice on the use of commercial testing kits?

On 15 March 2020, Public Health England (PHE) stated:

"Some manufacturers are selling products for the diagnosis of COVID-19 infection in community settings, such as pharmacies. The current view by PHE is that use of these products is ***not advised****."*

Who are 'key workers' tackling the Covid-19 crisis?

On 19 March 2020, the Westminster government published *Guidance for schools, childcare providers, colleges and local authorities in England on maintaining educational provision*. It stated:

"If your work is critical to the COVID-19 response, or you work in one of the critical sectors listed below, and you cannot keep your child safe at home then your children will be prioritised for education provision:

- *Health and social care*
- *Education and childcare*
- *Key public services*
- *Local and national government*
- *Food and other necessary goods*
- *Public safety and national security*
- *Transport*
- *Utilities, communication and financial services."*

Fire and rescue service employees (including support staff) were included under *Public safety and national security*.

No hierarchy or priority is indicated in this list.

How many key workers could need testing?

Workers in these categories account for more than a fifth (20%) of the workforce, more than 6 million workers. **The NHS has 1.5 million employees**. Across NHS hospitals, community and primary care, there are:

- 110,000 hospital doctors
- 34,000 GPs
- 320,000 nurses and midwives
- 21,000 ambulance workers

Around 1.5 million people work in **adult social care** in England alone. More than 1.2 million are classified as independent providers, ranging from charities to self-employed workers. More than 100,000 work for local authorities.

More than one million people work in state **education** in the UK. Similarly, there are more than a million workers employed in the **food sector**.

Why should the fire and rescue service be a priority for testing?

There are approximately 48,000 frontline firefighters and emergency control staff across the UK. In addition, almost 10,000 work in support roles in the Fire and Rescue Service. More than 11,000 Firefighter jobs (almost 20%) have been cut since 2010.

Government	Wholetime	RDS	Control	Support	Total
England	22,801	12,222	1,134	8,028	44,185
Northern Ireland	836	872	59	187	1,954
Wales	1,417	1,829	106	658	4,010
Scotland	3,637	2,953	207	792	7,589
UK	28,691	17,876	1,506	9,665	57,738

Due to the nature of our work, and of those additional activities which might be carried out during this crisis (subject to the national agreement), Firefighters are placed at an increased risk of contracting the virus. Additionally, Fire and Rescue Service control rooms are pivotal to operational response and as a consequence, testing is vital to maximise availability.

Those with mild potential Covid-19 symptoms - a continuous cough or fever - have been told to self-isolate for 7 days, with a 14-day isolation period for households in which someone is more seriously ill. This is already causing significant staff shortages, with much more being predicted. Some Fire and Rescue Services have already reported around 10% of their employees in self-isolation.

The argument for priority access to tests for frontline Firefighters and Control Staff is clearly a health, safety & welfare priority for FBU members, but it goes beyond this. It is a major issue of public safety - the Fire and Rescue Service must be able to continue operating. Testing will be vital to avoid exacerbating workforce shortages by forcing fire service employees to stay off work, potentially unnecessarily. Not only would our members who test negative be able to safely return to work, significantly reducing the burden on Fire and Rescue Service resources, but it would also significantly reduce the risk of any infected frontline staff potentially transmitting the virus to vulnerable members of the public. Individuals who test positive would be safe in the knowledge that they would not catch the virus again, making both negative and positive results useful in any emergency planning and resourcing to tackle this crisis.

In summary, to maintain the highest Health, Safety & Welfare standards possible for fire service staff and to maintain resilience for the core functions of the service, requires priority testing. Similarly, in order to carry out the additional work agreed with fire employers and Chief Officers, Firefighters and Control Staff need to be tested as a priority.

Best wishes.
Yours fraternally

M. Wrack

MATT WRACK
General Secretary