

Considerations for public health and social measures in the workplace in the context of COVID-19

Annex to Considerations in adjusting public health and social measures in the context of COVID-19

10 May 2020



Background

In response to COVID-19, countries across the globe have implemented a range of public health and social measures, including movement restrictions, partial closure or closure of schools and businesses, quarantine in specific geographic areas and international travel restrictions. As the local epidemiology of the disease changes, countries will adjust (i.e. loosen or reinstate) these measures accordingly. As transmission intensity declines, some countries will begin to gradually re-open workplaces to maintain economic activity. This requires establishing protective measures, including directives and capacity to promote and enable standard COVID-19 prevention in terms of physical distancing, hand washing, respiratory etiquette and, potentially, thermal monitoring, as well as monitoring compliance with these measures.ⁱ

On 16 April 2020, WHO published interim guidance that provides advice on adjusting PHSM,ⁱ while managing the risk of resurgence of cases. A series of annexes was developed to help guide countries through adjusting various public health measures in different contexts. This annex is for those involved in developing policies and standard operating procedures to prevent the transmission of COVID-19 in the workplace, including employers, workers and their representatives, labour unions and business associations, local public health and labour authorities, and occupational safety and health practitioners. This document offers general guidance for non-healthcare workplaces and workers in those settings.ⁱⁱ Additional protective measures may be necessary for specialized workplaces. Specific recommendations for protection of the health and safety of some frontline public workers are also included in the existing WHO guidance for the accommodation sector,² detention centers,³ schools,⁴ food businesses,⁵ aviation sector,⁶ water, sanitation, and waste management,⁷ camps,⁸ and construction.⁹

Workplace risk assessment

COVID-19 is transmitted primarily through respiratory droplets or contact with contaminated surfaces.¹⁰ Work-related exposure can occur anytime at the workplace, during work-related travel to an area with local community transmission, as well as on the way to and from the workplace.¹¹

The risk of work-related exposure to COVID-19 depends on the probability of coming into close (less than 1 metre) or frequent contact with people who may be infected with COVID-19 and through contact with contaminated surfaces and objects. The following risk levels may be useful in carrying out a workplace risk assessment for exposure to COVID-19 and planning for preventive measures in non-healthcare workplaces. In these risk categories, persons referred to as 'known to be or suspected of being infected with COVID-19' generally refers to persons who have already had a positive test or diagnosis.ⁱⁱⁱ Although such persons should be cared for in isolation, some occupations may still have a higher risk of exposure (e.g. home care workers, personal service providers where necessary, pharmacy front-line staff).

Low exposure risk – jobs or work tasks without frequent, close contact with the general public and other co-workers, visitors, clients or customers, or contractors, and that do not require contact with people known to be or suspected of being infected with COVID-19. Workers in this category have minimal occupational contact with the public and other co-workers.

Medium exposure risk – jobs or work tasks with close, frequent contact with the general public, or other co-workers, visitors, clients or customers, or contractors, but that do not require contact with people known to be or suspected of being infected with COVID-19. In areas where COVID-19 cases continue to be reported, this risk level may be applicable to workers who have work-related frequent and close contact with the general public, visitors, or customers in high-population-density work environments (e.g. food markets, bus stations, public transport, and other work activities where physical distancing of at least 1 metre may be difficult to observe), or work tasks that require close and frequent contact between co-workers. In areas without community transmission of COVID-19, this scenario may include frequent contact with persons returning from areas with community transmission.

High exposure risk – jobs or work tasks with high potential for close contact with people who are known or suspected of having COVID-19, as well as contact with objects and surfaces possibly contaminated with the virus. Examples of such

ⁱ [Considerations in adjusting public health and social measures in the context of COVID-19 \(Interim Guidance\) \(WHO 2020\)](#).

ⁱⁱⁱ For the purposes of this guidance the term “workplace” covers all places where workers need to be or to go by reason of their work.

ⁱⁱⁱ While the general public may include pre-symptomatic or asymptomatic persons who may be infected but have not (yet) developed obvious signs or symptoms. In this case, the likelihood of exposure of a worker will very much depend on the local COVID-19 situation. Physical distancing measures in the workplace therefore protect workers from direct contact any person who may or may not have COVID-19, whether they are aware of it or not.

exposure scenarios outside of health facilities include the transportation of persons known or suspected to have COVID-19 in enclosed vehicles without separation between the driver and the passenger, providing domestic services or home care for people with COVID-19, and contact with dead bodies of persons who were known or suspected of having COVID-19 at the time of their death.

In the same work setting there may be jobs with different levels of risk, and different jobs or work tasks may have similar levels of exposure. Therefore, the risk assessment should be carried out for each specific work setting and each job or group of jobs. For each risk assessment, it is prudent to consider the environment, the task, the threat, if any (e.g. for frontline staff), and resources available, such as personal protective equipment.

Some workers may be at higher risk of developing severe COVID-19 illness because of age or pre-existing medical conditions; this should be considered in the risk assessment for individuals. Essential public services, such as security and police, food retail, accommodation, public transport, deliveries, water and sanitation, and frontline workers may be at an increased risk of exposure to occupational hazards for health and safety.

Employers and managers, in consultation with workers, should carry out and regularly update the risk assessment for work-related exposure to COVID-19, preferably with support of occupational health services.

Preventive measures

Decisions on closing or re-opening of workplaces and suspension or downscaling of work activities should be made in light of the risk assessment, the capacity to implement preventive measures, and recommendations of national authorities for adjusting public health and social measures in the context of COVID-19.

Measures for all workplaces

Universal measures for preventing transmission of COVID-19 that apply to all workplaces and all people at the workplace, such as employers, managers, workers, contractors, customers and visitors, include the following:

Hand hygiene

- Regular and thorough handwashing with soap and water or hand hygiene with alcohol-based hand-rub before starting work, before eating, frequently during the work shift, especially after contact with co-workers or customers, after going to the bathroom, after contact with secretions, excretions and body fluids, after contact with potentially contaminated objects (gloves, clothing, masks, used tissues, waste), and immediately after removing gloves and other protective equipment but before touching eyes, nose, or mouth.
- Hand hygiene stations, such as hand washing and hand rub dispensers, should be put in prominent places around the workplace and be made accessible to all staff, contractors, clients or customers, and visitors along with communication materials to promote hand hygiene.¹²

Respiratory hygiene

- Promote respiratory etiquette by all people at the workplace. Ensure that medical face masks and paper tissues are available at the workplace, for those who develop a runny nose or cough at work, along with bins with lids for hygienic disposal.¹³
- Develop a policy on wearing a mask or a face covering in line with national or local guidance. Masks may carry some risks if not used properly.¹⁴ If a worker is sick, they should not come to work. If a member of staff or a worker feels unwell while at work, provide a medical mask so that they may get home safely. Where masks are used, whether in line with government policy or by personal choice, it is very important to ensure safe and proper use, care and disposal.

Physical distancing

- Introduce measures to keep a distance of at least 1 metre between people and avoid direct physical contact with other persons (i.e. hugging, touching, shaking hands), strict control over external access, queue management (marking on the floor, barriers)
- Reduce density of people in the building (no more than 1 person per every 10 square metres),^{15,iv} physical spacing at least 1 metre apart for work stations and common spaces, such as entrances/exits, lifts, pantries/canteens, stairs, where congregation or queuing of employees or visitors/clients might occur.
- Minimize the need for physical meetings, e.g. by using teleconferencing facilities
- Avoid crowding by staggering working hours to reduce congregation of employees at common spaces such as entrances or exits
- Implement or enhance shift or split-team arrangements, or teleworking

^{iv} If a person observes the WHO recommended at least 1-meter physical distance from others, this converts to approximately 10 square meter area around them.

- Defer or suspend workplace events that involve close and prolonged contact among participants, including social gatherings.

Reduce and manage work-related travels

- Cancel or postpone non-essential travel to areas with community transmission of COVID-19, provide hand sanitizer to workers who must travel, advise workers to comply with instructions from local authorities where they are travelling, as well as information on whom to contact if they feel ill while travelling.
- Workers returning from an area where COVID-19 transmission is occurring should monitor themselves for symptoms for 14 days and take their temperature twice a day; if they are feeling unwell, they should stay at home, self-isolate, and contact a medical professional.

Regular environmental cleaning and disinfection

- Cleaning, using soap or a neutral detergent, water, and mechanical action (brushing, scrubbing) removes dirt, debris, and other materials from surfaces. After the cleaning process is completed, disinfection is used to inactivate (i.e. kill) pathogens and other microorganisms on surfaces.
- Selection of disinfectants^v should align with the local authorities' requirements for market approval, including any regulations applicable to specific sectors.
- High-touch surfaces should be identified for priority disinfection (commonly used areas, door and window handles, light switches, kitchen and food preparation areas, bathroom surfaces, toilets and taps, touchscreen personal devices, personal computer keyboards, and work surfaces).
- Disinfectant solutions must always be prepared and used according to the manufacturer's instructions, including instructions to protect the safety and health of disinfection workers, use of personal protective equipment, and avoiding mixing different chemical disinfectants.
- In indoor workplaces, routine application of disinfectants to environmental surfaces via spraying or fogging is generally not recommended because it is ineffective at removing contaminants outside of direct spray zones and can cause eye, respiratory, and skin irritation and other toxic effects.
- In outdoor workplaces, there is currently insufficient evidence to support recommendations for large-scale spraying or fumigation.
- Spraying of people with disinfectants (such as in a tunnel, cabinet, or chamber) is not recommended under any circumstances.¹⁶

Risk communication, training, and education

- Provide posters, videos, and electronic message boards to increase awareness of COVID-19 among workers and promote safe individual practices at the workplace, engage workers in providing feedback on the preventive measures and their effectiveness.
- Provide regular information about the risk of COVID-19 using official sources, such as government agencies and WHO, and emphasize the effectiveness of adopting protective measures and counteracting rumours and misinformation.¹⁷
- Special attention should be given to reaching out to and engaging vulnerable and marginalized groups of workers, such as those in the informal economy and migrant workers, domestic workers, subcontracted and self-employed workers, and those working under digital labour platforms.¹⁸

Management of people with COVID-19 or their contacts

- Workers who are unwell or who develop symptoms consistent with COVID-19 should be urged to stay at home, self-isolate, and contact a medical professional or the local COVID-19 information line for advice on testing and referral.¹⁹
- Where local community transmission is high, and work continues, allow for a telemedicine consultation where available, or consider waiving the requirement for a medical note for workers who are sick so that they may stay home.
- All workers should be urged to self-monitor their health, possibly with the use of questionnaires, and take their body temperature regularly.
- Thermal screening at the workplace should be considered only in the context of a combination of measures for prevention and control of COVID-19 at the workplace and along with risk communication.
- Standard operating procedures should be prepared to manage a person who becomes sick at the workplace and is suspected of having COVID-19, including placing the person in an isolation room, limiting the number of people in contact, using personal protective equipment, and performing follow-up cleaning and disinfection.
- It is important to contact the local health authorities and to keep attendance and meeting records in order to facilitate or undertake contact-tracing.

^v For example, sodium hypochlorite (bleach) may be used for disinfection of surfaces in workplaces at concentration 0.1% (1,000 ppm) and alcohol with at least 70% concentration for surfaces which can be damaged by sodium hypochlorite.

- People who were in close contact at the workplace with persons with laboratory-confirmed COVID-19 should be quarantined for 14 days from the last time of the contact in accordance with WHO recommendations.²⁰

Specific measures for workplaces and jobs at medium risk

In addition to the above measures, for workplaces and jobs assessed to be at medium risk, the following measures should be put in place:

- Enhanced cleaning and disinfection of objects and surfaces that are touched regularly, including all shared rooms, surfaces, floors, bathrooms, and changing rooms;
- Where the physical distancing of at least 1 metre cannot be implemented in full in relation to a particular activity, workplaces should consider whether that activity needs to continue, and if so, take all the mitigating actions possible to reduce the risk of transmission between workers, clients or customers, contractors, and visitors; such as staggered activities, minimizing face-to-face and skin-to-skin contacts, placing workers to work side-by-side or facing away from each other rather than face-to-face, assign staff to the same shift teams to limit social interaction, installing plexiglass barriers at all points of regular interaction and cleaning them regularly;
- Enhanced hand hygiene – regular hand washing with soap and water or use of alcohol-based hand rub, including before entering and after leaving enclosed machinery, vehicles, confined spaces, and before putting on and after taking off personal protective equipment;
- Provide personal protective equipment and training on its proper use – e.g. masks, disposable gowns, disposable gloves or heavy-duty gloves that can be disinfected. Provide face or eye protection (medical mask, face shields, or goggles) during cleaning procedures that generate splashes (e.g. washing surfaces).
- Increased ventilation rate, through natural aeration or artificial ventilation, preferably without re-circulation of the air.

Specific measures for workplaces and jobs at high risk

In addition to the measures above, for high-risk work activities and jobs, the following measures should be implemented:

- Assess the possibility of suspending the activity;
- Adherence to hygiene before and after contact with any known or suspected case of COVID-19, before and after using PPE;
- Use of medical mask, disposable gown, gloves, and eye protection for workers who must work in the homes of people who are suspected or known to have COVID-19. Use the protective equipment when in contact with the sick person, or respiratory secretions, body fluids, and potentially contaminated waste;
- Training of workers in infection prevention and control practices and use of personal protective equipment;
- Avoid assigning tasks with high risk to workers who have pre-existing medical conditions, are pregnant, or older than 60 years of age.

Rights, duties, and responsibilities of workers and employers

Employers, workers, and their organizations should collaborate with health authorities in the prevention and control of COVID-19. The employers, in consultation with workers and their representatives, should take preventive and protective measures, such as engineering and administrative controls and provision of personal protective equipment and clothing for occupational safety and health and infection prevention and control. Such measures at the workplace must not involve any expenditure on the part of workers.

Workers shall follow established occupational safety and health and infection prevention and control procedures, avoid exposing others to health and safety risks, participate in related training provided by the employer and report immediately to their supervisor any situation which they have reasonable justification to believe presents an imminent and serious danger to their life or health.²¹

Co-operation between management and workers and their representatives must be an essential element of workplace-related prevention measures (such as through workers' safety delegates, safety and health committees, and collaboration with providing information and training) and respecting the right and duties of workers and employers in occupational safety and health.²²

COVID-19 and other diseases, if contracted through occupational exposure,²³ could be considered as occupational diseases.²³

Plan of action

Workplaces should develop action plans for prevention and mitigation of COVID-19 as part of the business continuity plan and according to the results of the risks assessment and the epidemiological situation.²⁴ The plan should also include measures for protecting health, safety, and security in re-opening, closing, and modifying workplaces and work arrangements. Re-opening of workplaces should be carefully planned in advance and all possible risks for health and safety should be properly assessed and controlled.

The action plan and preventive measures put in place should be monitored and updated in case of changes in local epidemiological trends, new cases of COVID-19 at the workplace, or lack of compliance by workers, visitors, and clients or customers.

The large-scale public health and social measures introduced by countries in response to COVID-19 may also amplify some other risks for health, safety, and wellbeing at work due to alternative work arrangements, job insecurity, sudden loss of income, social isolation, and fear of contagion. Actions on prevention and mitigation of COVID-19 should be implemented together with actions for addressing other occupational safety and health risks such as ergonomic problems, heavy workloads and long working hours, remote working, psychosocial risks, poisonings, and others.²⁵ Occupational health services should strengthen their capacity to carry out risk assessment, infection prevention and control, and medical surveillance and organize mental health and psychosocial support in the context of COVID-19.

In developing and implementing action plans for prevention and mitigation of COVID-19 workers and their representatives should be properly consulted and all workers should be informed about the measures introduced, using specific risk communication and community engagement approaches.

Local authorities and local public health authorities can provide up to date information and facts, support community engagement activities, and offer specific recommendations on the prevention of COVID-19 among other groups of workers, such as domestic workers, workers in the informal economy, digital labour platforms, or others.

There must be no discrimination in the access of workers to protective measures for prevention of COVID-19. Refugee and migrant workers should have equal access to personal protective equipment as well as to COVID-19 prevention, treatment and care, referral, rehabilitation, social protection, and occupational health services, including mental health and psychosocial support.²⁶ Special efforts should be taken to prevent social stigma of workers suspected of being infected, infected with, or recovered from COVID-19.²⁷

References

1. WHO (2020) Considerations in adjusting public health and social measures in the context of COVID-19 (Interim Guidance, 16 April 2020)(WHO 2020). <https://www.who.int/publications-detail/considerations-in-adjusting-public-health-and-social-measures-in-the-context-of-covid-19-interim-guidance>
2. WHO (2020), Operational considerations for COVID-19 management in the accommodation sector <https://apps.who.int/iris/bitstream/handle/10665/331937/WHO-2019-nCoV-Hotels-2020.2-eng.pdf>
3. WHO (2020) Preparedness, prevention and control of COVID-19 in prisons and other places of detention http://www.euro.who.int/_data/assets/pdf_file/0019/434026/Preparedness-prevention-and-control-of-COVID-19-in-prisons.pdf?ua=1
4. UNICEF, WHO, IFRC (2020) Key Messages and Actions for COVID-19 Prevention and Control in Schools, https://www.who.int/docs/default-source/coronaviruse/key-messages-and-actions-for-covid-19-prevention-and-control-in-schools-march-2020.pdf?sfvrsn=baf81d52_4
5. WHO and FAO (2020), COVID-19 and food safety: guidance for food businesses, https://apps.who.int/iris/bitstream/handle/10665/331705/WHO-2019-nCoV-Food_Safety-2020.1-eng.pdf
6. WHO (2020) Operational considerations for managing COVID-19 cases or outbreak in aviation: interim guidance, <https://apps.who.int/iris/rest/bitstreams/1272369/retrieve>
7. WHO (2020) Water, sanitation, hygiene, and waste management for the COVID-19 virus: interim guidance, 23 April 2020, <https://apps.who.int/iris/rest/bitstreams/1275547/retrieve>
8. IFRC, IOM, UNHCR and WHO (2020) Interim Guidance on Scaling-up COVID-19 Outbreak in Readiness and Response Operations in Camps and Camp-like Settings <https://interagencystandingcommittee.org/other/interim-guidance-scaling-covid-19-outbreak-readiness-and-response-operations-camps-and-camp>
9. PAHO and UNOPS, COVID-19: Measures for prevention in construction, (original in Spanish) COVID-19: Medidas de prevención in obras, <https://iris.paho.org/handle/10665.2/52057>
10. Koh, David, Occupational risks for COVID-19 infection, Occupational Medicine 2020;70:82–83
11. Michael Belingheri, Maria Emilia Paladino, Michele Augusto Riva, COVID-19: Health prevention and control in non-healthcare settings, Occupational Medicine 2020;70:82–83
12. WHO (2020) Obligatory hand hygiene against transmission of COVID-19, Interim recommendation, 1 April 2020 <https://www.who.int/docs/default-source/inaugural-who-partners-forum/who-interim-recommendation-on-obligatory-hand-hygiene-against-transmission-of-covid-19.pdf>
13. WHO (2020), Getting your workplace ready for COVID-19, 3 March 2020, https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf?sfvrsn=359a81e7_6
14. WHO (2020) Advice on the use of masks in the context of COVID-19. Interim guidance. 6 April 2020 <https://apps.who.int/iris/rest/bitstreams/1274280/retrieve>
15. Cirrincione, L. et al (2020) COVID-19 Pandemic: Prevention and Protection Measures to be Adopted at the Workplace, Sustainability 2020, 12(9), 3603; <https://doi.org/10.3390/su12093603>
16. In draft WHO (2020) Considerations for the disinfection of environmental surfaces in the context of COVID-19. Interim guidance, draft 22 April 2020
17. Social Stigma associated with COVID-19, UNICEF, WHO, IFRC <https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf>

18. WHO, IFRC, OCHA (2020). COVID-19: How to include marginalized and vulnerable people in risk communication and community engagement, update #1, <https://reliefweb.int/sites/reliefweb.int/files/resources/COVID-19-RCCE-Guidance-Update-200422.pdf>
19. WHO (2020) Operational considerations for case management of COVID-19 in health facility and community, Interim guidance 19 March 2020, <https://apps.who.int/iris/rest/bitstreams/1272399/retrieve>
20. WHO (2020) Considerations for quarantine of individuals in the context of containment for coronavirus disease (COVID-19). Interim guidance. 19 March 2020 https://apps.who.int/iris/bitstream/handle/10665/331497/WHO-2019-nCoV-IHR_Quarantine-2020.2-eng.pdf
21. Occupational safety and health in public health emergencies: a manual for protecting health workers and responders, WHO and ILO, <https://www.who.int/publications-detail/occupational-safety-and-health-in-public-health-emergencies-a-manual-for-protecting-health-workers-and-responders>
22. Occupational safety and health in public health emergencies: a manual for protecting health workers and responders, WHO and ILO, <https://www.who.int/publications-detail/occupational-safety-and-health-in-public-health-emergencies-a-manual-for-protecting-health-workers-and-responders>
23. ILO (2020) ILO Standards and COVID-19 (coronavirus) FAQ, Key provisions of international labour standards relevant to the evolving COVID19 outbreak https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---normes/documents/publication/wcms_739937.pdf
24. ILO (2020) Prevention and Mitigation of COVID-19 at Work: Action checklist, https://www.ilo.org/global/topics/safety-and-health-at-work/resources-library/publications/WCMS_741813/lang--en/index.htm
25. ILO, (2020) In the face of a pandemic: Ensuring Safety and Health at Work, https://www.ilo.org/wcmsp5/groups/public/---ed_protect/---protrav/---safework/documents/publication/wcms_742463.pdf
26. WHO (2020) Preparedness, prevention and control of coronavirus disease (COVID-19) for refugees and migrants in non-camp settings, WHO <https://apps.who.int/iris/rest/bitstreams/1275039/retrieve>
27. UNICEF, WHO, IFRC (2020) Social Stigma associated with COVID-19, <https://www.who.int/docs/default-source/coronaviruse/covid19-stigma-guide.pdf>

Acknowledgments

This document was developed in consultation with ILO's LabAdmin/OSH Branch.

WHO continues to monitor the situation closely for any changes that may affect this interim guidance. Should any factors change, WHO will issue an update. Otherwise, this interim guidance document will expire 2 years after the date of publication.

© World Health Organization 2020. Some rights reserved. This work is available under the [CC BY-NC-SA 3.0 IGO](https://creativecommons.org/licenses/by-nc-sa/3.0/) licence.