



COVID-19 at the workplace; public health and social measures for prevention and mitigation

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How COVID-19 transmits in non-healthcare workplaces?

COVID-19 Know The Facts

World Health Organization
Western Pacific Region

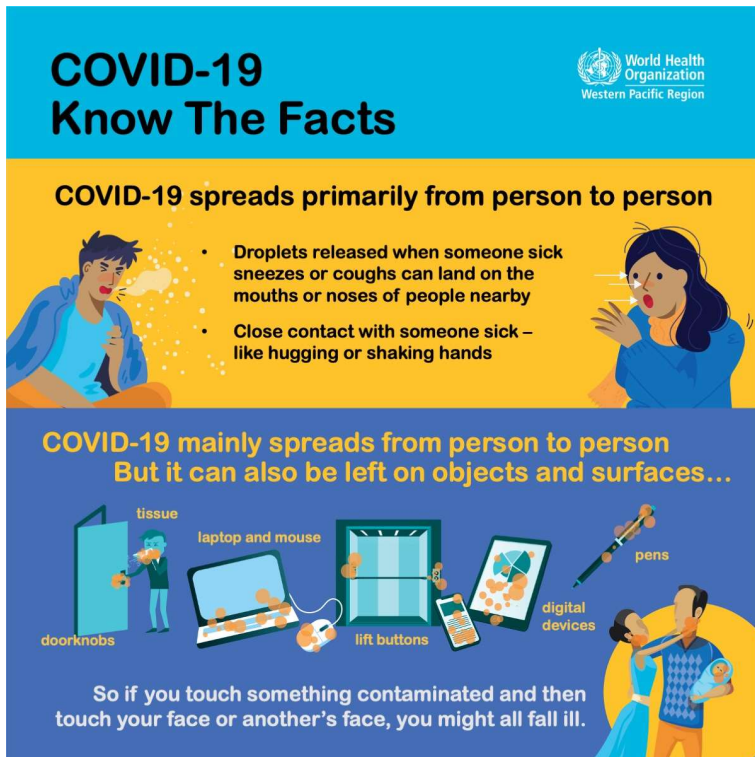
COVID-19 spreads primarily from person to person

- Droplets released when someone sick sneezes or coughs can land on the mouths or noses of people nearby
- Close contact with someone sick – like hugging or shaking hands

**COVID-19 mainly spreads from person to person
But it can also be left on objects and surfaces...**

doorknobs, tissue, laptop and mouse, lift buttons, digital devices, pens

So if you touch something contaminated and then touch your face or another's face, you might all fall ill.

The infographic is divided into three horizontal sections. The top section has a blue background and features the WHO logo and the title 'COVID-19 Know The Facts'. Below the title, it states 'COVID-19 spreads primarily from person to person' and lists two bullet points: 'Droplets released when someone sick sneezes or coughs can land on the mouths or noses of people nearby' and 'Close contact with someone sick – like hugging or shaking hands'. This section includes illustrations of a man coughing and a woman sneezing. The middle section has a yellow background and states 'COVID-19 mainly spreads from person to person But it can also be left on objects and surfaces...'. Below this, it lists various objects: 'doorknobs', 'tissue', 'laptop and mouse', 'lift buttons', 'digital devices', and 'pens'. The bottom section has a blue background and contains the text 'So if you touch something contaminated and then touch your face or another's face, you might all fall ill.' and an illustration of a man and a woman hugging.

- Respiratory droplets - close (less than 1 meter) contact with a person who has COVID-19, including asymptomatic and pre-symptomatic cases)
- Contact and subsequently touching nose, eyes, or mouth
 - ✓ physical contact (hand shaking, hugging, touching) with persons who have COVID-19, including asymptomatic and pre-symptomatic cases)
 - ✓ contact with objects contaminated with respiratory droplets from persons with COVID-19 (the virus can remain viable up to 72 hours on plastic and stainless steel, up to four hours on copper, and up to 24 hours on cardboard).

Workplace risk assessment

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.

Medium exposure risk

jobs or work tasks with close (< 1 m) 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.

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.

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.

Respiratory hygiene

COUGH & SNEEZE ETIQUETTE



- 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.
- 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.
- 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



- Keep a distance of at least 1 meter 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), physical spacing at least 1 meter 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
- 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 (soap, water, and mechanical action) to remove dirt, debris, and other materials from surfaces. Disinfection of dirty surfaces and objects only after cleaning
- Most common disinfectants – sodium hypochlorite (bleach) of surface at concentration 0.1% or alcohol at least 70% concentration for surfaces which can be damaged by sodium hypochlorite.
- Priority disinfection of high-touch surfaces - 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.
- Spraying or fogging of disinfectants in indoor workplaces and large-scale spraying or fumigation I outdoors is not generally recommended.
- Spraying and fogging of people with disinfectants (such as in a tunnel, cabinet, or chamber) is not recommended under any circumstances.

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.
- 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.

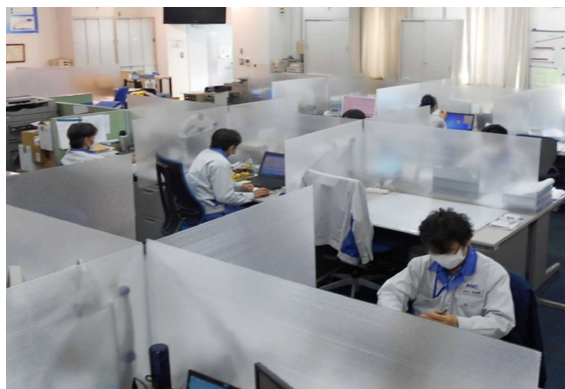
Management of people with COVID-19 or their contacts



- Workers who are unwell or who develop symptoms consistent with COVID-19 to stay at home, self-isolate, and contact a medical professional or the local COVID-19 information line for advice on testing and referral (consider telemedicine and flexible sick leave policy).
- All workers to self-monitor their health, possibly with the use of questionnaires, and take their body temperature regularly.
- Thermal screening at the workplace to 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 to be prepared to manage a person who becomes sick at the workplace and is suspected of having COVID-19, including isolation, contact tracing and disinfection.
- 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.



Additional measures for workplaces and jobs at medium risk



- 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 through work organization and engineering control
- Enhanced hand hygiene – hand washing with soap and water or use of alcohol-based hand rub
 - ✓ before entering and after leaving enclosed machinery, vehicles, confined spaces
 - ✓ before putting on and after taking off personal protective equipment;
- Personal protective equipment and training on its proper use
- Increased ventilation rate, through natural aeration or artificial ventilation, preferably without re-circulation of the air.

Additional measures for workplaces and jobs at high risk



- 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



- Collaborate with health authorities in the prevention and control of COVID-19.
- Employers to provide engineering and administrative controls and PPE for occupational safety and health and infection prevention and control at no expenditure on the part of workers.
- Workers to follow established measures for occupational safety and health and infection prevention and control procedures
- Co-operation between management and workers and their representatives is an essential element of workplace-related prevention measures
- COVID-19 and other diseases, if contracted through occupational exposure, could be considered as occupational diseases.

Plan of action



- Develop action plan for prevention and mitigation of COVID-19 as part of the business continuity plan, risks and epidemiology
- Protecting health, safety, and security in re-opening, closing, and modifying workplaces and work arrangements.
- Re-opening of workplaces to be carefully planned in advance and all possible risks for health and safety properly controlled.
- Monitor compliance and update regularly
- Address other occupational health and safety risk - ergonomic problems, heavy workloads and long working hours, remote working, psychosocial risks, poisonings, etc.
- Occupational health services to strengthen their capacity for infection prevention and control, medical surveillance, and psychosocial support.
- Consult workers and their representatives in developing and implementing action plans
- Local authorities and local public health authorities to provide risk communication and community engagement for non-organized groups of workers (domestic workers, workers in the informal economy, digital labour platforms)
- No discrimination in the access of workers to protective measures for prevention of COVID-19 - refugee and migrant workers should have equal access to PPE and support services
- Prevent social stigma of workers suspected of being infected, infected with, or recovered from COVID-19.

For further information

The screenshot shows the WHO EPI-WIN website interface. At the top, there is a navigation bar with links for Health Topics, Countries, Newsroom, Emergencies, and About Us. Below the navigation bar, the main content area is divided into two columns. The left column, titled 'Audiences', features a grid of nine resource cards, each with a representative image and a title: 'Individuals and communities', 'Travel and tourism sector', 'Health sector', 'Employers and workers', 'Faith-based organizations and faith leaders', 'Large event organizers', 'Countries', 'Food and agriculture sectors', and 'Cities and local governments'. The right column, titled 'Webinars', features a video player for 'Immunity passports, 1 May 2020'. Below the video player, there is a section titled 'Our activities' with links for 'EPI-WIN updates', 'Infodemic management', 'All visual tools', and 'About EPI-WIN'. At the bottom of the right column, there is a 'Related health topic' section with a link for 'Coronavirus'.

<https://www.who.int/teams/risk-communication>

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

<https://apps.who.int/iris/rest/bitstreams/1275007/retrieve>

Annex 1. Considerations for public health and social measures in the workplace in the context of COVID-19

<https://apps.who.int/iris/rest/bitstreams/1277575/retrieve>

Thank you