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Background and scope of guidelines

These non-binding guidelines aim to help employers and workers to stay safe and healthy in a working environment that has changed significantly because of the COVID-19 pandemic. They give advice on:

- Risk assessment and appropriate measures
  - minimising exposure to COVID-19
  - resuming work after a period of closure
  - coping with a high rate of absence
  - managing workers working from home

- Involving workers

- Taking care of workers who have been ill

- Planning and learning for the future

- Staying well informed

Information for sectors and occupations

The guidelines include examples of general measures, which depending on the particular work situation, can help employers achieve an appropriate safe and healthy work environment when resuming activities.

This document provides links to relevant information from EU-OSHA and includes a list of resources from various providers that target different industries and jobs at the end. Please note that the information in this guidance does not cover the healthcare setting, for which specific advice is available (e.g. from ECDC, WHO, CDC).

For any specific questions or worries not addressed in this document, refer to information from the local authorities, such as the health service or the labour inspectorate.

Introduction

Following the novel coronavirus disease 2019 (COVID-2019) pandemic, most of the Member States of the European Union (EU) have put in place a number of measures, including those affecting workplaces, to fight the spread of the disease. The world of work is severely affected during this crisis, therefore, all sections of society – including businesses, employers and social partners – must play a role in order to protect workers, their families and society at large.

The nature and extent of the restrictions, such as on suspension of non-essential activities, differ between Member States and sectors, but a substantial proportion of workers either have to work from home, or if their work cannot be performed at a distance, they stay at home often under an income replacement arrangement.

Once the physical distancing measures achieve a sufficient reduction in COVID-19 transmission rates, national administrations are authorising a gradual resumption of work activities. This is being done stepwise, with work that is considered essential for health protection and the economy authorised first and work that can be done effectively while working from home last. However, regardless of how and to what extent normal work activities resume, it is highly likely that some measures will remain in place for some time to avoid a steep increase in infection rates (COVID-19: guidance for the workplace). Furthermore, it is also possible that an increase in infections at some point in the future will require a reintroduction of restrictive measures in some cases.

The COVID-19 crisis is putting pressure on employers and workers, whether they had to implement new procedures and practices in a very short time, or to suspend their work and business activities. Occupational safety and health offers practical support for returning to the workplace: appropriate preventive measures will help to achieve a safe and healthy return to work following relaxation of physical distancing measures, and also contribute to suppressing transmission of COVID-19.
Update your risk assessment and take appropriate measures

Just as under normal working conditions, the identification and assessment of risks in both physical and psychosocial working environments is the starting point for managing occupational safety and health (OSH) under COVID-19 measures. Employers are obliged to revise their risk assessment when there is a change to the work process and to consider all risks, including those affecting mental health. When revising the risk assessment, attention should be given to any anomalies or situations that cause problems and to how these can help the organisation become more resilient in the long term. Remember the importance of involving workers and their representatives in the risk assessment revision and call on your risk prevention or occupational health provider if you have one. As input to your assessment, obtain up to date information from the public authorities on the prevalence of COVID-19 in your area. Once the risk assessment is updated, the next step is to make an action plan with appropriate measures. Below are some examples of COVID-19 related issues to consider when drawing up such an action plan.

Minimising exposure to COVID-19 at work

The implementation of safe work practices to limit exposure to COVID-19 at work requires first assessing the risks, and then implementing the hierarchy of controls. This means putting in place control measures to first eliminate the risk and if this is not possible, minimise worker exposure. Start first with collective measures and if necessary supplement them with individual measures, such as personal protective equipment (PPE). Below are some examples of control measures, however, not all of them will be applicable to all workplaces or jobs due to their nature.

- Carry out only essential work for the time being; it may be possible to postpone some work to when the risk is lower. If possible, deliver services remotely (phone or video) instead of in person. Ensure that only workers who are essential to the job are present at the workplace and minimise the presence of third parties.
- Reduce, as far as possible, physical contact between workers (e.g. during meetings or during breaks). Isolate workers who can carry out their tasks alone safely and who do not require specialised equipment or machinery that cannot be moved. For example, whenever possible, arrange for them to work alone in a spare office, staff room, canteen, or meeting room. If possible, ask vulnerable workers to work from home (older people and those with chronic conditions (including hypertension, lung or heart problems, diabetes, or who are undergoing cancer treatment or some other immunosuppression) and pregnant workers. Workers with close family members who are at high risk may also need to telework.
- Eliminate, and if not possible limit, physical interaction with and between customers. For example, through online or phone orders, contactless delivery or managed entry (while also avoiding crowding outside), and physical distancing both inside and outside the premises.
- When delivering goods, do so through pick-up or delivery outside the premises. Advise drivers on good hygiene in the cab and provide them with appropriate sanitation gel and wipes. Delivery workers must be allowed to use facilities such as toilets, cafeterias, changing rooms and showers, albeit with the appropriate precautions (such as allowing only one user at a time and regular cleaning).
- Place an impervious barrier between workers, especially if they are not able to keep a two-metre distance from each other. Barriers can be purpose-made or improvised using items such as plastic sheeting, partitions, mobile drawers, or storage units. Things that are not solid or that have gaps, like pot plants or trolleys, or that create a new risk, such as from tripping or falling objects are to be avoided. If a barrier cannot be used, additional space between workers should be created by, for example, ensuring they have at least two empty desks either side of them.
- If close contact is unavoidable, keep it to less than 15 minutes. Reduce contact between different parts of your business at the start and end of shifts. Arrange the timing of meal breaks to reduce the number of people sharing a cafeteria, staff room, or kitchen. Ensure there is only one worker at a time in bathrooms and changing rooms. Place a sign on the main door indicating
when one of the toilets is in use to ensure that only one person at a time enters. Organise shifts to take account of cleaning and sanitation tasks.

- Supply soap and water or appropriate hand sanitiser at convenient places and advise workers to wash their hands frequently. Clean your premises frequently, especially counters, door handles, tools and other surfaces that people touch often and provide good ventilation if possible.
- Avoid excessive workload on cleaning staff by taking appropriate measures, such as assigning additional staff to the tasks and asking workers to leave their workspace tidy. Provide workers with tissues and waste bins lined with a plastic bag so that they can be emptied without contacting the contents.
- If you have identified a risk of infection despite having applied all feasible safety measures, then provide all necessary PPE. It is important to train workers in correct use of PPE, ensuring that they follow the guidance available on use of facemasks and gloves.
- Place posters that encourage staying home when sick, cough and sneeze etiquette, and hand hygiene at the entrance to the workplace and in other areas where they will be seen.
- Facilitate workers’ use of individual rather than collective transport, for example by making available car parking or a place for storing bicycles securely, and encouraging workers to walk to work, if possible.
- Put in place policies on flexible leave and remote working to limit presence at the workplace, when needed.

Refer to COVID-19: guidance for the workplace for further information on preparing your workplace for COVID-19, including what to do if someone infected with COVID-19 has been in the workplace and advice on travel and meetings. Information is available for ‘frontier and posted workers’ (persons who work in one country and return regularly to the country where they reside).

Resuming work after a period of closure

If your workplace has been closed for a period for reasons related to COVID-19, make a plan for when work resumes that takes account of health and safety. You should consider the following in your plan:

- Update your risk assessment as described above and refer to COVID-19: guidance for the workplace.
- Carry out adaptations to the layout of the workplace and the organisation of work that will reduce COVID-19 transmission before resuming work fully and before all workers return to the workplace. Consider resuming work in stages to allow adaptations to be carried out. Be sure to inform workers about the changes and provide them with new procedures and training, if necessary, before they resume work.
- Contact your occupational health service and health and safety advisor if you have access to one and discuss your plan with them.
- Pay special attention to workers who are at high risk and be prepared to protect the most vulnerable, including older people and those with chronic conditions (including hypertension, lung or heart problems, diabetes, or who are undergoing cancer treatment or some other immunosuppression) and pregnant workers. Pay attention also to workers with close family members who are at high risk.
- Consider putting in place support for workers who may be suffering from anxiety or stress. This could range from managers asking workers more often how they are, facilitating exchanges or buddying between colleagues, changes in work organisation and work tasks, to an employee assistance programme or coaching service, as well as offering contact with an occupational health service. Be aware that workers may have gone through traumatic events such as the serious illness or death of a relative or friend, or be experiencing financial difficulties or problems with their personal relationships.
- Workers who are returning to the workplace after a period of isolation, whether as an individual measure or as part of a collective isolation, are likely to have worries, particularly about the risk
of infection. These worries – especially if there have been changes to the job – may well result in stress and mental health problems. When physical distancing measures are in place, these problems are not only more likely, but the usual coping mechanisms, such as personal space, or sharing problems with others, are not available (see Return to work after sick leave due to mental health problems). Provide workers with information on publicly available sources of support and advice. Mental Health Europe has information on how to look after your mental health and cope with the COVID-19 threat.

- Workers might be worried about an increased chance of infection at the workplace and may not want to return. It is important to understand their concerns, provide information about the measures taken and the support available to them.

Coping with a high rate of absence

Depending on the infection rates in your local area and the protocols in effect, many of your workers may be absent because of COVID-19. If a worker is in isolation at home as a precaution, they may be able to continue their work remotely (see below), or if this is not the case, the worker will not be able to work for a period.

Workers who are confirmed as having COVID-19 will be absent and unable to work for significantly longer and those who become seriously ill may require a further period of rehabilitation once cured of the infection. In addition, some workers may be absent because they have to take care of a relative.

- The absence of a substantial number of workers, even if only temporary, may cause a strain on continuing activities. While the available workers should be flexible, it is important that they do not find themselves in a situation that will endanger their health or safety. Keep any additional workload as low as possible and ensure that it does not last too long. Line managers have an important role in monitoring the situation and ensuring that individual workers are not overburdened. Respect the rules and agreements on working hours and rest periods and allow the workers the right to disconnect when off work.

- When adapting work to cope with a reduced workforce, for example by putting in place new methods and procedures and changing roles and responsibilities, consider whether staff need additional training and support, and make sure that all workers are competent to carry out the task they are required to perform.

- Cross-train workers to perform essential functions so the workplace can operate even if key workers are absent.

- If relying on interim staff, it is important to inform them about workplace risks and provide them with training if necessary.

Managing workers working from home

As part of the physical distancing measures taken in most Member States, workers are encouraged or obliged to work from home if the nature of their job allows it. For most of these workers, it is their first time as ‘teleworkers’ and their working environment is likely to be deficient in many aspects compared to their workplace. The extent to which the home environment can be adapted will vary according to the situation of the worker and the time and resources available for adaptations.

Advice on staying safe and healthy while working from home is available here, but is largely directed at those who telework regularly or long-term. Below are some suggestions to minimise the risks to workers who have not been able to prepare their home workplace properly.

- Carry out a risk assessment involving workers who telework and their representatives.

- Allow workers to take equipment that they use at work home on a temporary basis (if they cannot fetch it themselves, consider arranging its delivery). This could include items such as computer, monitor, keyboard, mouse, printer, chair, footrest, or lamp. Keep a record of who takes what items to avoid confusion when normal work resumes.
- Provide teleworkers with guidance on setting up a workstation at home that applies good ergonomics, such as good posture and frequent movement, as far as possible.
- Encourage workers to take regular breaks (around every 30 minutes) to stand up, move and stretch.
- Give teleworkers support in the use of IT equipment and software. Tele and video conferencing tools may become essential for work, but may be problematic for workers not used to them.
- Ensure that there is good communication at all levels that includes those working from home. This ranges from the strategic information provided by top-level management to line managers’ duties, without forgetting the importance of routine social interaction among colleagues. While the former can be addressed in scheduled online meetings, the latter can be encouraged through online chats or ‘virtual coffee’ meetings.
- Do not underestimate the risk of workers feeling isolated and under pressure, which in the absence of support can lead to mental health problems. Effective communication and support from the manager and colleagues and being able to maintain informal contact with colleagues is important. Consider having regular staff or team meetings held online or rotate which employees can be present at the workplace, if a gradual return to work has been initiated.
- Be aware that your employee may have a partner who is also teleworking or children who may need care as they are not at school, or who need to connect remotely to continue their schoolwork. Others may need to care for elderly or chronically ill people and those that are in confinement. In these circumstances, managers will need to be flexible in terms of working hours and productivity of their staff and will need to make the workers aware of their understanding and flexibility.
- Assist workers in setting healthy boundaries between work and free time by communicating clearly when they are expected to be working and available.

**Involve workers**

The participation of workers and their representatives in OSH management is a key to success and a legal obligation. This applies also to measures undertaken at workplaces in relation to COVID-19, a time when events develop quickly, with a high level of uncertainty and anxiety among workers and the population at large.

It is important that you consult your workers and/or their representatives and the health and safety representatives in good time about planned changes and how temporary processes will work in practice. Engaging with your workers in assessing risks and developing responses is an important part of good health and safety practice. Health and safety representatives and health and safety committees are in a unique position to help design preventive measures and to ensure that they are implemented successfully.

Consider also how to ensure that agency workers and contractors have access to the same information as direct employees.

**Take care of workers who have been ill**

According to the World Health Organisation, the most common symptoms of COVID-19 are fever, tiredness, and dry cough. Some people become infected but do not develop any symptoms and do not feel unwell. Most people (about 80%) recover from the disease without needing special treatment. Around one out of every six people who gets COVID-19 becomes seriously ill and develops difficulty breathing. Older people, and those with underlying medical problems like high blood pressure, heart problems or diabetes, are more likely to develop serious illness.
Persons who have become seriously ill may require special consideration even after being declared fit for work. There are some indications that coronavirus patients may suffer from reduced lung capacity following a bout of the disease. Workers in this situation may need their work to be adapted and may need time off to undergo physiotherapy. Workers who have had to spend time in intensive care (IC) may face specific challenges. The worker’s doctor and the occupational health service, if available, should advise on the manner and timing of their return to work:

- **Muscle weakness.** This is more serious the longer someone has been in IC. The reduced muscle capacity also manifests itself, for example, in respiratory complaints. Another common but less frequently recognised phenomenon is Post Intensive Care Syndrome (PICS). This happens to an estimated 30 to 50% of people admitted to IC and is comparable to a post-traumatic stress disorder.

- **Problems with memory and concentration.** These complaints often only develop over time. Once someone has started working, this is not always recognised. The symptoms visible at work are memory and concentration problems, difficulty performing the tasks satisfactorily and poorer problem solving skills. It is therefore important to be alert to this if you know that someone has been in IC. Good guidance is very important, because it is difficult for some workers to return to their previous level of performance.

- **Long time for resuming work.** Data show that a quarter to a third of those who are in IC can develop problems, independent of their age. Approximately half of patients need a year to resume work and up to a third may never return.

Occupational physicians and health services are best placed to advise on how to take care of workers who have been ill and on any adaptations need in their work. If you do not have an occupational health service, it is important to address these issues with sensitivity and to respect workers’ privacy and confidentiality.

Be aware of the risk that workers who have been ill with COVID-19 may suffer stigma and discrimination.

**Plan and learn for the future**

It is important to draw up or update crisis contingency plans for shutdown and start-up events in the future, as described in COVID-19: guidance for the workplace. Even small businesses can make a checklist that will help prepare them should any such events occur in the future.

Enterprises that have used teleworking for the first time may consider adopting it as a modern, long-term working practice. The experience gained during the COVID-19 pandemic may feed into developing a teleworking policy and procedures or revising existing ones.

**Stay well informed**

The amount of information related to COVID-19 can be overwhelming and it can be difficult to differentiate the reliable and accurate from the vague and misleading. Always check that the original source of the information is an established and qualified provider. Official sources of information on COVID-19 include:

- [World Health Organization](http://who.int)
- [European Centre for Disease Prevention and Control](http://ecdc.europa.eu)
- [European Commission](http://ec.europa.eu)
- [European Agency for Safety and Health at Work](http://osha.europa.eu)

As physical distancing measures start to be relaxed, information may be issued that is specific to particular industries, communities, or groups, and it may be updated frequently. In your country, the ministries for health and for labour will have relevant information and may provide links to more specialised sources.
Sectors and occupations

People with jobs that put them in physical contact with many others are at the greatest risk of contracting COVID-19. Apart from workers in the healthcare, residential and home care, essential workers at increased risk include, for example, those involved in food supply and retail, waste collection, utilities, police and security, and public transport.

In the same way that some countries restricted work in some sectors before others – usually suspending education, leisure and entertainment first, and industry and construction last – the return to work following relaxation of the measures may well be similarly staggered, but in reverse order. Sector-specific guidance related to COVID-19 is available from several countries and a selection is listed below. Check the websites of EU-OSHA your national OSH authority or institute for further examples.

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## Maintenance and domestic services

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- **Australia** – hairdressing (EN)

### Health and care services

- **Austria** – preparatory measures in hospitals (DE)
- **Austria** – protective measures hospitals (DE)
- **Austria** – obstetrics (DE)
- **Austria** – general practitioners (DE)
- **Austria** – vaccinations (DE)
- **Austria** – resident health care (DE)
- **Austria** – caregivers in 24-hour care (DE)
- **Austria** – PPE for care and support (DE)
- **Austria** – types of masks and nose protection (DE)
- **Austria** – blood and tissue donations (DE)
- **Austria** – mental health for health care workers (DE)
- **Austria** – mental health for general population (DE)
- **Austria** – mental health for parents and children caregivers (DE)
- **Austria** – mental health for managers and team leaders in health facilities (DE)
- **Germany** – ambulance & non-medical emergency services (DE)
- **Italy** – healthcare workers (IT)
- **Spain** – social services (ES)
- **Spain** – care homes (ES)
- **Spain** – home care (ES)
- **Spain** – home care auxiliaries (ES)
- **Spain** – nursing homes and residential social service centres (ES)
- **Spain** – health care: waste management (ES)
- **Spain** – health care (ES)
- **Spain** – health and social care professionals (ES)
- **Spain** – patient management (ES)
- **Spain** – emergencies (ES)
### Health and care services

- Spain – intensive care units (ES)
- Spain – pregnant women and new-borns (ES)
- Spain – paediatric care (ES)
- Spain – primary care (ES)
- Spain – dialysis units (ES)
- Spain – corpse handling (ES)
- Spain – health care professionals’ wellbeing (ES)
- Spain – nurses’ wellbeing (ES)
- Spain – invasive procedures in cardiology (ES)
- Spain – protection measures by type of activity (ES)
- Spain – COVID19 use of PPEs and protocol activation and deactivation (ES)
- Spain – Technical services (ES)
- Australia – Health and aged care providers (EN)
- Canada – day care (EN)
- Canada – emergency and patient intake (EN)
- Canada – first responders (EN)
- Canada – long term care (EN)
- UK – care homes (EN)
- UK – homeless shelters (EN)
- UK – health professionals (EN)
- UK – ward for intubated patients (EN)
- UK – invasive procedures in cardiology (EN)
- US – homeless shelters (EN)
- US – retirement communities (EN)
- ILO – health sector (EN)
- ILO – public emergency (EN)
- WHO – care homes (EN)
- WHO – OSH in public health (EN)

### Policing and prisons

- Belgium – police (FR)
- Spain – prisons (ES)
- UK – prisons (EN)
## Policing and prisons
- US – first responders and police (EN)
- US – prisons (EN)
- US – airport custodial staff (EN)
- WHO – prisons (EN)

## Others
- Austria – personnel training (DE)
- Belgium – schools and nurseries (FR)
- Belgium – compulsory education (FR)
- Belgium – higher education (FR)
- Belgium – social advancement education (FR)
- Belgium – funeral homes (FR)
- Belgium – veterinaries (FR)
- Belgium – pets (FR)
- Belgium – animal shelters (FR)
- Belgium – cross-border workers (FR)
- Finland – home care employees (FI)
- France – call centre (FR)
- France – funeral agents (FR)
- France – seasonal work (FR)
- France – security guard (FR)
- France – wood industry and business (FR)
- Germany – craftsmen in customer service (DE)
- Germany – funeral homes (DE)
- Germany – office work (DE)
- Italy – civil service (IT)
- Spain – funeral homes (ES)
- Spain – funeral homes: biological agents (ES)
- Spain – corpse handling (ES)
- Spain – industry (ES)
- Spain – industry (ES)
- Spain – industry (ES)
- Spain – pet owners and veterinary clinics (ES)
- Spain – veterinary clinics (ES)
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Note: all links in this article were accessible on 16 April 2020

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