

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







### **1. SURGICAL BOOMS**

Long reach (16 feet) and modular design make it easier to add equipment quickly during a procedure.

### **2. LED SURGICAL LIGHT**

Better light and shadow control, less heat, more accurate color recognition. Aerodynamic design helps minimize airborne micro-organisms.

### **3. STAINLESS-STEEL WALL SYSTEM**

Walls can be moved to accommodate new equipment. Hygienic and durable surface.

### **4. VIDEO INTEGRATION SYSTEM**

Shows multiple systems such as vital signs, field of surgery and radiological studies. Movable monitors around room let everyone on the team see what's going on.

### **5. ELECTRO SURGICAL UNIT**

Cuts and cauterizes tissue safely. Now mounted on boom to take up less space.

### **6. ANESTHESIA MACHINE**

Mixes inhaled agents more efficiently.

### **7. SURGICAL TABLE**

Accessories for positioning the patient are lighter and more easily attached; easier access to patient placement, resulting in less strain for surgeons.

### **8. TERRAZZO FLOOR**

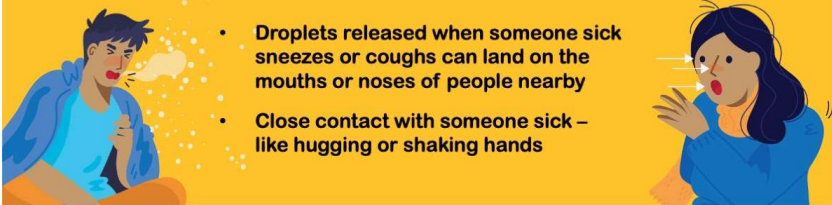
Durable, nonporous, does not support microbial growth.

# How COVID-19 transmits in non-healthcare workplaces?

## COVID-19 Know The Facts



### COVID-19 spreads primarily from person to person



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



- 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

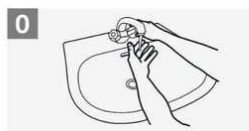


- Regular and thorough handwashing with soap and water or hand hygiene with alcohol-based hand-rub
  - before starting work, before eating, frequently during the work shift, especially after contact with co-workers or customers,
  - after going to the bathroom, after contact with secretions, excretions 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.

# How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

Duration of the entire procedure: 40-60 seconds



Wet hands with water;



Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



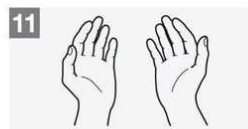
Rinse hands with water;



Dry hands thoroughly with a single use towel;



Use towel to turn off faucet;



Your hands are now safe.



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Clean Your Hands

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May 2009

# How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

Duration of the entire procedure: 20-30 seconds



Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.



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# Respiratory hygiene

## COUGH & SNEEZE ETIQUETTE



COVER WITH  
TISSUE

WEARING  
A MASK

COVER WITH  
YOUR ELBOW

- 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.**



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programme

# 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.

\*or more as required by national regulations



## 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 outdoors is not generally recommended.
- **Spraying and fogging of people** with disinfectants (such as in a tunnel, cabinet, or chamber) **should not be carried out** under any circumstances.

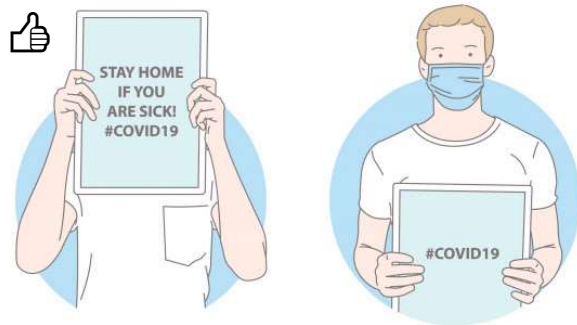
## Risk communication, training, and education



- 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**.

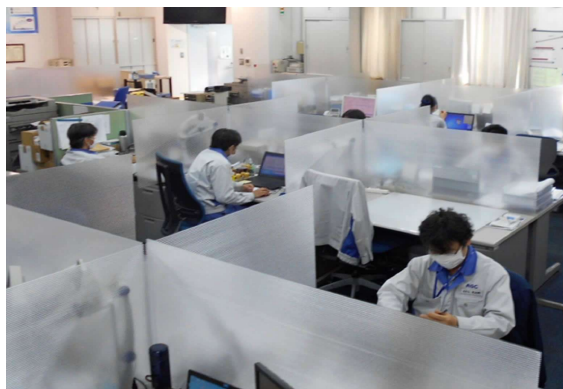


## Management of people with COVID-19 or their contacts



- 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.

## Additional measures for workplaces and jobs at high risk



- Assess the possibility of suspending the activity;
- Adherence to hand 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.



## 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 risks - 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.

## The approach

- Follow MDA government guidelines and WHO recommendations
- Use a staggered approach (see example below):
  - ✓ Phase 1: from 11 May to end June up to 25%
  - ✓ Phase 2: from early July to end August up to 40%
  - ✓ Phase 3: from early September until the end of the year up to 65%
  - ✓ Phase 4: 2021

## Who should come back to work ?

- Priority will be given to:
  - ✓ Staff who have difficult working conditions when working from home;
  - ✓ Essential staff from the support services who cannot perform their duties remotely
  - ✓ Staff who volunteer to return to work on premises
  - ✓ Availability of single use enclosed office and reduced occupancy in shared offices for safe distancing
- Return to office will be on a voluntary, at least during the early phases of the return.
- If seating space is limited due to distancing requirements
  - ✓ Consider to allow staff return before non-staff
  - ✓ Consider rotational shifts (weekly, same staff in same office)



## Flexibility for continued teleworking

- Allow staff who are part of the at-risk group to continue teleworking
  - ✓ Those with pre-existing medical conditions that put them at higher risk
  - ✓ Older than 65
  - ✓ Pregnant women
- Flexibility for staff who have no childcare options due to school closure and/or who are taking care of an elderly or sick person
- Consideration for part-time or full-time teleworking when functions do not require daily physical presence on-site



## Before returning

- Display visuals and reminders throughout the workplace
- Raise awareness among staff on hygiene practices and physical distancing
- Ensure staff to monitor and report on their condition

## Commuting to/from the office



- Consider allowing staff to commute outside rush hours if they have no other choice than using public transport.
- Remind staff to follow physical distancing during commuting time
- Consider shifts or staggered arrival/departure to/from office





## Reorganize traffic in the workplace



- To the extent possible:
  - ✓ designate separate entrances/exit or divide into one-way passages
  - ✓ designate corridors and staircases for uni-directional circulation
  - ✓ minimize the use of elevators; limit to 1-2 persons per elevator
- Display visuals and signage on walls/floors to guide personnel on the 'traffic' flow
- Remind staff not to stand halfway or walk in groups

## Redesign seating arrangement



- Spacing out (min. 2 meters between) for seating arrangement
- Mark out desks that should not be used to ensure spacing out
- Make use of dividers/barriers in shared spaces
- See examples of closed office and open spaces below: **Red**: phase 1; **Blue**: phase 2

## Use of common areas



- To the extent possible, encourage packed lunch or pre-ordered meals to be delivered;
- Allow shifts for lunch break to avoid “traffic jams”
- Avoid gathering in kitchen/lunch corners
- Discourage gathering in public areas



# For further information – [www.who.int](http://www.who.int)

The screenshot shows the WHO website's dedicated page for the COVID-19 pandemic. The page is titled "Coronavirus disease (COVID-19) pandemic" and features a navigation bar with links to Health Topics, Countries, Newsroom, Emergencies, Data, and About Us. The main content area includes a search bar for COVID-19 questions, a video player for a press conference, and a list of resources. The resources are organized into two columns: a left column with "Public advice", "Country and technical guidance", "Rolling updates on coronavirus disease (COVID-19)", and "COVID-19 and other health issues"; and a right column with "Donate", "Your questions answered", "Travel advice", "Situation reports", "Media resources", "Research and development", "Strategies and plans", "Operations", and "Mythbusters". The page is displayed in a web browser window with multiple tabs open, including "who.int/emergencies/diseases/novel-coronavirus-2019".

Coronavirus disease (COVID-19) pandemic

Public advice

Country and technical guidance

Donate

Your questions answered

Travel advice

Situation reports

Media resources

Research and development

Strategies and plans

Operations

Mythbusters

Type here your question on COVID-19.

UPCOMING Press Conference, Wednesday 20 05 2020 5:00 p.m. - 6:30 p.m. (Geneva Time - CEST)

WHO - Press Conference 17:30-18:30 15/05/2020

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WHO - Press Conference 17:30-18:30 20/05/2020

Available languages: العربية 中文 English Français Русский Español Português हिन्दी Deutsch

15 May 2020

WHO Director-General's opening remarks at the media briefing on COVID-19 - 15 May 2020

Rolling updates on coronavirus disease (COVID-19)

COVID-19 and other health issues

# Q&A