



International
Labour
Organization

▶ Anticipate, prepare and respond to crises

INVEST NOW IN RESILIENT OSH SYSTEMS



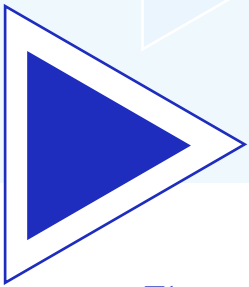
World Day for Safety
and Health at Work 2021

Report Summary



The COVID-19 pandemic has had a profound impact on nearly every aspect of the world of work - from the immediate threat of acquiring the virus to widespread job losses in key sectors, the closure of businesses, restrictions on mobility and air travel, lockdowns, school closures and impacts on global supply chains. These rapid changes in response to the pandemic have resulted in high levels of unemployment, a loss in working hours and business closures, and precarious employment for many workers. Informal workers and enterprises have been particularly vulnerable during the crisis to occupational safety and health (OSH) risks as they lack sufficient protections.

The COVID-19 pandemic: A global challenge for safety and health at work



The pandemic has exposed all workers and people in the world of work to the risk of infection with the novel coronavirus. Some workers have been especially exposed to this risk, such as emergency, healthcare and social workers. Workplaces in which workers spend time indoors in close proximity to one another, including during work interactions, shared accommodations and transport have, in some cases, become sources of outbreaks of the virus. This may be attributed to the difficulty of practising physical distancing indoors and poor ventilation.

In addition to the risk of acquiring the novel coronavirus, workers in all sectors have faced other hazards that have emerged during the pandemic, including increased work-related stress and violence and harassment. New work practices and procedures adopted to mitigate the spread of the virus can also create new OSH risks, including chemical, ergonomic and psychosocial hazards.

Occupational Safety and Health Statistics during the COVID-19 pandemic

Closed work environments pose

18.7

GREATER ODDS OF TRANSMISSION

compared to open air environments
(Nishiura et al., 2020)

65% OF ENTERPRISES SURVEYED

reported that worker morale has been difficult to sustain while teleworking
(ILO, 2020)

136 MILLION

healthcare and social workers are at serious risk of contracting COVID-19 at work²

7,000 healthcare workers' deaths³

globally may be attributed to COVID-19

14% OF ALL INFECTIONS

occurred among healthcare workers⁴

1 in 5 HEALTHCARE WORKERS

have reported depression and anxiety symptoms during the pandemic⁵



▶ The crucial role of international labour standards in responding to the COVID-19 crisis

International labour standards (ILS) contain specific guidance for safeguarding decent work and protecting workers' safety and health in the context of crisis response.⁶

The **Employment and Decent Work for Peace and Resilience Recommendation, 2017 (No. 205)**, outlines a strategic approach to crisis response, based on **social dialogue**. It highlights the importance of promoting **safe and decent working conditions** and calls for building resilience to prevent, mitigate and prepare for crises, through risk identification and evaluation, risk management, and the prevention and mitigation of adverse effects.

In the context of COVID-19, there are a number of relevant provisions in ILS to protect the safety and health of workers across a wide range of sectors and occupations.

The **Occupational Safety and Health Convention, 1981 (No. 155)** and its accompanying **Recommendation (No. 164)**, call for the adoption of a coherent national OSH policy, as well as action to be taken both at the national and enterprise level to promote safety and health and to improve working conditions. They also define **basic rights and responsibilities** for employers and workers in the field of OSH, all of which are also essential for the prevention and mitigation of the negative safety and health effects of pandemics such as COVID-19 in the world of work.

Basic OSH rights and responsibilities applicable in the context of COVID-19

EMPLOYERS	WORKERS AND THEIR REPRESENTATIVES
<ul style="list-style-type: none"> ▶ Ensuring, so far as is reasonably practicable, that the workplaces, machinery, equipment, processes and agents under their control are without risk to health (C. 155, Art. 16(1,2)) ▶ Providing, where necessary, adequate protective equipment (C. 155, Art. 16(3)), without any cost to the worker (R. 164, Para. 10(e)); ▶ Providing, where necessary, for measures to deal with emergencies and accidents (C. 155, Art. 18) ▶ Ensuring that workers and their representatives are consulted, informed, and trained on OSH (C. 155, Art. 19) 	<ul style="list-style-type: none"> ▶ Receiving adequate information and training on OSH (C. 155, Art. 19(c-d)) ▶ Removing themselves from a work situation which they have reasonable justification to believe presents an imminent and serious danger to their life or health, without undue consequences (C. 155, Art.13) ▶ Being consulted and co-operating with the employer in the field of OSH (C.155, Art. 19(a,b e)) ▶ Taking reasonable care for their own safety and that of others who may be affected by their acts or omissions at work (R. 164, Para.16 (a)) ▶ Complying with OSH instructions (R. 164, Para.16 (b)) ▶ Using safety devices and protective equipment correctly (R. 164, Para.16(c)) ▶ Reporting any hazardous situation, as well as any work accident or injury (R. 164, Para.16 (d,e))

The **Occupational Health Services Convention, 1985 (No. 161)** and its accompanying **Recommendation (No. 171)**, provide for the establishment of occupational health services which are entrusted with essentially preventive functions and are responsible for advising employers, workers and their representatives at the enterprise level on maintaining a safe and healthy working environment. In times of crisis such as the COVID-19 pandemic, these services help ensure the continuity of businesses while protecting workers' health, as they understand the unique needs and risks that workers face.

The **Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)** and its accompanying **Recommendation (No. 197)** aim at promoting a national preventive safety and health culture, through the **establishment of a sound national OSH system**. Building up resilient OSH national systems is essential to deal with crises such as COVID-19, which occur without warning, create new risks for the workforce, and exacerbate existing ones.

Investment in OSH, both programmatically and financially, contributes to a strong OSH system at the national level; a system that is prepared to respond to crises such as COVID-19, major industrial accidents - like the Beirut explosion - natural disasters and other unforeseen challenges.

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▶ Strengthening national OSH systems to better respond to crises and emergencies

Faced with an unprecedented public health emergency, governments have had to take rapid measures to curb the spread of the virus, adopting new regulations, managing information on the pandemic and protection measures, and organizing urgent action through social dialogue with employers and workers. While the broader public health systems have borne the ultimate responsibility for preventing the spread of the COVID-19 virus or other public health crises, the action of the actors in the world of work, and particularly in the field of OSH, has been crucial in the emergency response. This crisis has highlighted the need for having a sound and resilient OSH system in place, which can build capacity to face future emergencies and their related challenges and protect workers' safety and health - while supporting the survival and business continuity of enterprises.

The key elements of a national OSH system are grouped into six main areas: national OSH regulatory frameworks; national OSH institutional frameworks; occupational health services; information, advisory services and training on OSH; data collection and research on OSH; and mechanisms for strengthening OSH management systems at the enterprise level to prevent and respond to OSH risks.

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National OSH policy and regulatory frameworks

Sound OSH policies and regulations, complemented by consistent and timely guidance, can help roll out an effective and efficient preparedness and response strategy that will protect workers' safety and health and increase the chance of business recovery or continuity.

The COVID-19 pandemic has emphasized the need for an OSH regulatory framework that is comprehensive, defines basic rights and responsibilities, covers all workers and addresses all OSH-related risks. It should also be functional and responsive, allowing for the adoption of rapid and appropriate measures to face unforeseen contexts and mitigate both new, emerging and existing OSH risks.

In many countries, new regulations have been adopted to reduce the spread of the virus in the workplace, addressing the specific needs and conditions of different sectors, with detailed procedures and protocols to prevent and deal with COVID-19 in the workplace – including temporary workplace closures, requirements on physical distancing, working from home arrangements, safe commuting to and from the workplace, personal protective equipment (PPE), etc.



Implementation of workplace guidelines in the Republic of Korea

Data issued early on in the COVID-19 pandemic in the Republic of Korea suggested that approximately 15.7 per cent of COVID-19 cases occurred in relation to work. The government responded to this unprecedented public health crisis by developing workplace guidelines including stipulations on physical distancing, flexible scheduling, early testing of workers and disinfection of workplaces. These comprehensive guidelines drew from lessons learned during the 2015 MERS outbreak and included elements of isolation and quarantine, social distancing, community containment, hygiene, sick leave and flexible working arrangements. The implementation of these guidelines resulted in very few reported infections in workplaces - even in sectors such as manufacturing.⁷

Recognition of COVID-19 as an occupational accident and/or disease

The national legal framework determines whether COVID-19 can be recognized as an occupational injury (disease or accident) and the way to prove it.ⁱ Furthermore, as COVID-19 is often transmitted via community spread, it is particularly important to establish clear criteria for assessing whether or not a case of COVID-19 may be considered an occupational disease.ⁱⁱ

Currently, several countries allow for the recognition of COVID-19 as an occupational accident or disease for healthcare workers or emergency personnel,ⁱⁱⁱ and in some other countries this also holds true for those working in services deemed essential workplaces.^{iv} Some other countries have chosen to expand such recognition, without limiting it to specific sectors or occupations.^v

- i Examples of different approaches are available in the ILO database: [National Qualification of a work-related infection of COVID-19 and the ISSA webpage: Can COVID-19 be considered an occupational disease.](#)
- ii Several ILO standards provide member States with grounds for COVID-19 to be considered an occupational injury. The Protocol of 2002 to the Occupational Safety and Health Convention, 1981 (P155) defines "occupational disease" as any disease contracted as a result of an exposure to risk factors arising from work activity. The ILO Employment Injury Benefits Convention, 1964 (No. 121) [Schedule I amended in 1980], states that infectious diseases can be considered as occupational when contracted in an occupation where there is a particular risk of contamination (e.g., health or laboratory work or other work carrying a particular risk of contamination). The List of Occupational Diseases Recommendation, 2002 (No. 194) (updated 2010) allows for the recognition of diseases caused by biological agents at work as well as general respiratory diseases not directly mentioned in the list (which is the case for COVID-19), where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to the biological agents arising from work activities and the disease(s) contracted by the worker.
- iii In some cases, healthcare workers or emergency personnel who contracted COVID-19 in the workplace were already covered under existing legislation – for example, Turkey (see Government of Turkey: Social Insurance and General Health Insurance Act No. 5510 of 31 May 2006) and Belgium (FEDRIS: Maladies professionnelles. FAQ COVID-19, available at: <https://www.fedris.be/fr/FAQ-Covid-19>); in other countries, new regulations have been adopted to include it – for example, in Colombia (see Ministerio del Trabajo, Decreto 676 de 2020, 19 May 2020).
- iv For example, Argentina (see Government of Argentina, Decree 367/2020).
- v For example, Italy allows for the recognition of COVID-19 as an occupational injury for all workers (see Decreto legge of 17 March 2020); Spain for any person affected in the course of work, in respect to temporary incapacity to work (see Real Decreto-ley 6/2020, de 10 de marzo, por el que se adoptan determinadas medidas urgentes en el ámbito económico y para la protección de la salud pública); and Denmark for any worker who contracts COVID-19 in such a way that constitutes a probable likelihood of exposure in connection with work (see [Ius Laboris](#), 14 May 2020).

G20 OSH Experts Network Survey: Key Measures Adopted to Protect OSH of Workers during COVID-19

The G20 OSH Experts Network^{vi} in collaboration with the ILO, conducted a survey in 12 countries, including Argentina, Australia, China, France, Germany, Indonesia, Italy, Japan, Russia, Spain, Turkey and the United Kingdom (G20 OSH Experts Network, 2021). The survey examined how countries responded to the pandemic and the types of measures they took to slow the spread of the virus at work.

ENGINEERING CONROLS



73%

Ventilation/
air filters



64%

Physical
barriers



64%

Using marker tape on the floor,
one-way systems, etc.

ORGANIZATIONAL/ ADMINISTRATIVE MEASURES



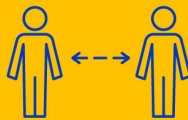
82%

Teleworking



80%

Holding
meetings virtually



73%

Physical
distancing



64%

Involving workers in
reviewing and updating
risk assessments



64%

Measures to control other
risks related to the COVID-19
crisis and the changes put in
place to deal with it



64%

Training of workers



63%

Working time
arrangements/shifts to
reduce number of workers
onsite at once



73%

Discontinuing
nonessential travel



64%

Keeping workers
updated



64%

Making sure that employees
take regular breaks and
set working hours to ensure
not to work long hours

OTHER MEASURES



82%

Use of personal
protective equipment



73%

Monitoring and
supervision



73%

Cleaning surfaces
and ensuring hygiene



64%

Measures/procedures
to deal with workers
presenting symptoms
or tested positive

vi The G20 OSH experts network was established in 2015 with the mission of facilitating the exchange of knowledge and expertise among G20 countries, addressing global policy and technical challenges as well as finding solutions based on collaboration and providing access to the information and expertise of the network. The full publication examining these survey results can be accessed at the following link: <https://www.ailevecalisma.gov.tr/media/74298/g20-osh-experts-network-campaign-survey-report.pdf>



Specific regulations and guidance have also been developed to **prevent and minimize any other associated risks**, such as **ergonomic, chemical, or psychosocial risks**, which may arise due to OSH measures and new work processes and arrangements adopted to prevent contagion. For example, the COVID-19 management guidelines adopted by the Government of Malaysia emphasize the need to conduct mental health assessments for workers alongside proper mitigation strategies⁹. The Government of Chile, in its legislation on teleworking adopted in response to the pandemic, includes a reference to workers' rights, stress and mental health, working time arrangements and the right to disconnect⁹.

Due to the increased risk of both physical and psychological **violence and harassment** – and particularly against healthcare workers – many countries have implemented policies and regulations to prevent such behaviours. For example, India has introduced a new legal ordinance making physical violence against healthcare and frontline workers an offense punishable by up to seven years' imprisonment¹⁰. Algeria amended its penal code in July, providing protection for healthcare workers from verbal and physical attacks, with penalties of five to ten years' imprisonment for offenders¹¹.

Finally, it is important to **ensure compliance** with all these OSH regulations. The COVID-19 crisis has highlighted the need to reinforce and strengthen labour inspection systems so that they may adapt to meet these new challenges. For example, in March 2020, the Spanish Labour Inspection department created a specific Management Unit to deal with the impact of COVID-19 on the world of work, aimed at strengthening preventative actions and protecting workers' individual and collective rights that may be ignored or limited in times of a pandemic.¹²

In addition to labour inspection, **other mechanisms** - such as advisory services, codes of conduct, contractual requirements, awareness raising and incentives - can also contribute to compliance with OSH standards¹³. For example, in the Philippines, the government has created a "COVID-19 Response Award", which will be granted to employers who successfully stop the spread of the virus in their workplaces through the adoption of OSH policies and programmes.¹⁴ The criteria for this award were drawn from the Prevention and Mitigation of COVID-19 at Work Action Checklist¹⁵, developed by the ILO.



National OSH institutional frameworks

The COVID-19 crisis has clearly demonstrated the need for strong national OSH frameworks.

Since workplaces may become the source of an outbreak of the virus, OSH concerns should be addressed as part of the crisis response at the national level - and consequently the **competent authority on OSH** should be proactively involved in the discussion. Having a competent OSH authority at the national level, which provides trusted leadership at a time of crisis, is key to enabling a more coordinated and rapid response in a situation that is rapidly changing and evolving.

The national OSH framework should include mechanisms to ensure **social dialogue** on OSH, as building consensus through a tripartite approach allows for a better implementation of measures, even when these are complex. A common mechanism developed by countries to guarantee workers' and employers' participation in OSH governance is **the OSH national tripartite advisory body** on which all or most of the ministries, institutions and social partners involved are represented. Such a body should be involved in decision-making at the national level, including in the issuance of instructions or guidance to mitigate the impact of COVID-19.

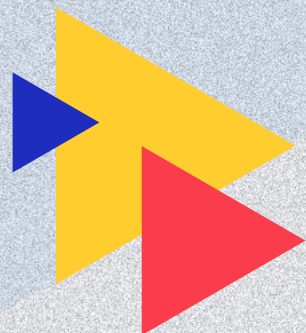


Australia National COVID-19 Coordination Commission, Industrial Relations Working Group

In Australia, the National COVID-19 Coordination Commission established an Industrial Relations Working Group in April 2020 with a view to supporting safe and healthy working environments during the pandemic¹⁶. The IR Working Group brought together experts from health and labour along with employers' and workers' representatives. The core focal points included Safe Work Australia, the Department of Health, the national Workplace Relations, Employment and Safety team and the Fair Work Commission.

The group works in coordination with Safe Work Australia and local governments to develop guidelines for safe workplaces in a range of industries, to ensure workers and employers are informed of health and safety risks and to formulate safe working practices as new health issues arise¹⁷.

A national OSH system is mainly aimed at promoting continuous improvement of OSH in the workplace to prevent occupational injuries, diseases and deaths. However, it also needs to **collaborate with relevant insurance or social security schemes** that manage accidents and illnesses when they do occur, providing for cash benefits or compensation.



Occupational Health Services

The COVID-19 pandemic has brought to light, more than ever, the need for occupational health services^{vii} to act as a bridge between public health and workplaces. They have been particularly key in the health sector, where maintaining workers' health and safety has been critical to the continuity of services for the public.

vii Occupational health services can be defined as services dedicated to essentially preventive functions and responsible for advising employers, workers and their representatives at the enterprise on: (a) the requirements for establishing and maintaining a safe and healthy working environment that will facilitate optimal physical and mental health in relation to work; (b) the adaptation of work to the capabilities of workers, taking into consideration their state of physical and mental health (see Occupational Health Services Convention, 1985 (No. 161), Art. 1(a)).

Such services may be set up by enterprises themselves, by public authorities, by social security institutions, by any other authorized bodies or, indeed, by a combination of any of these. They may be established for a single enterprise or as a common service for a number of enterprises.

Occupational health services play a vital role in advising and supporting employers to conduct risk assessments and adopt preventive measures, informing workplace policy and action, monitoring the work environment, assessing and monitoring workers' health, and providing first-aid services. They are thus well positioned to respond to health threats in the workplace, as they are already well informed of the specific risks of workers in their sector and of any new risks that might emerge due to the crisis.

In the context of the COVID-19 pandemic, occupational health services have - as part of their role to monitor workers' health and provide first aid and an emergency response - often been responsible for tracking confirmed and suspected cases, tracing any potential contagion, instructing workers to quarantine, and notifying public health and social security authorities of their findings. For example, the occupational health services in the United Arab Emirates have provided a comprehensive surveillance system during the pandemic, which has included ongoing health monitoring, testing, telehealth consultations and advice on appropriate quarantine timelines. They have also efficiently monitored the status of the entire workforce to aid management¹⁸.

Occupational health services are also responsible for making recommendations that facilitate the adaptation of work to the workers and protect vulnerable groups of workers. In the context of the COVID-19 pandemic, this has been to optimize work in accordance with a worker's state of health and all other known risk factors (i.e. age, ethnicity, body mass index). For example, in the United Kingdom¹⁹, France²⁰ and New Zealand²¹, occupational physicians have worked with employers to assess the susceptibility of workers to COVID-19 - either on account of their jobs or pre-existing conditions. They have sought to find solutions to mitigate risk when necessary, such as isolated offices, teleworking arrangements and PPE.

Occupational health services can also provide general preventive and curative healthcare services, which include the prevention and treatment of non-occupational illnesses and other relevant primary health care services.^{viii} This supplementary general healthcare in hard-to-reach areas and populations can be particularly critical during emergencies, such as the COVID-19 crisis, when many public health entities have been under tremendous pressure.

viii The ILO Occupational Health Services Recommendation, 1985 (No. 171) promotes the provision of curative and general healthcare services as functions of occupational health services, which might, where possible and appropriate, also carry out immunizations in respect to biological hazards in the working environment; take part in campaigns aimed at the protection of workers' health; and collaborate with the health authorities within the framework of public health programmes.



Information, advisory services and training on OSH

Information and advisory services on OSH are prerequisites for functional OSH systems, as they provide vital, updated information on existing and newly introduced OSH requirements to workers and employers during their routine work and in emergency situations.



OSH national authorities and bodies have played a leading role in the dissemination of information on the pandemic, creating ad hoc sites and producing materials for different sectors that are easily reproducible for distribution to workers or to be posted at the workplace. Such initiatives are even more important for micro-, small- and medium- sized enterprises that do not have the necessary in-house expertise and capacity to design these materials themselves. For example, the Colombian Safety Council (*Consejo Colombiano de Seguridad, CCS*) produced a variety of technical reference documents on OSH and COVID-19 focusing on topics such as sectoral recommendations and containment of COVID-19 in the workplace²².

The social partners in many countries have also been very active in collaborating with governments and supporting their members to take action in the workplace for preventing and mitigating the spread of COVID-19. For example, the General Confederation of Enterprises in Cote d'Ivoire produced posters with symbols and facts about preventing COVID-19 transmission in the workplace²³. The Building and Wood Workers' International (BWI) union has produced a health and safety guidebook for trade unions during the pandemic, including processes for assessing risk and detailed information on COVID-19, PPE use, and cleaning and disinfection practices²⁴.

Awareness-raising campaigns also play an important part in promoting OSH on key topics. In the case of COVID-19, there have been campaigns to raise awareness on issues such as the risk of virus transmission among essential workers, and the increase in cases of violence and harassment that have occurred, including domestic violence, as workers are confined to their homes.

The provision of **OSH training** is also an important component of the crisis response, as workers need to know how to apply and follow the new measures and procedures they encounter. OSH training plans have been amended to cover new risks, such as preventing transmission of the virus, implementing administrative and engineering controls to curb viral spread, and averting psychosocial effects due to changing work arrangements. For example, in South Africa, the government required that all workers returning to work premises complete a training on COVID-19 and OSH²⁵.

In addition, with various sectors facing different risks and requiring different mitigation strategies, sector-specific training is also vital.



Data collection and research on OSH

Gathering OSH data and information and putting in place systems of notification allow governments and workplaces to make informed decisions on OSH policy and to respond, especially during emerging situations with unknown risks.

The collection and utilization of reliable OSH data are essential for developing informed policies, laws and regulations, strategies and other measures on OSH.

A comprehensive and effective system for gathering and analyzing information should include appropriate mechanisms and structures for the recording and notification of occupational accidents and diseases. Such systems should have the appropriate research capacity to be able to identify new and emerging risks, as well as new preventive techniques for addressing them. If countries have these capacities, they can promptly focus their studies and research on current needs. This includes guiding decision-makers through health crises, such as the COVID-19 pandemic, by collecting data and generating evidence-based information.

In most countries, the **recording and notification of occupational accidents and diseases** is an obligatory duty of enterprises. In countries where COVID-19 has been recognized as an occupational injury (accident or disease), it must be notified in accordance with these regulations. It is therefore clear that an efficient recording and notification system is particularly important and useful in such emergency situations to allow the collection of accurate data and to identify outbreaks of the virus as quickly as possible.

To promote compliance with such notification requirements, the OSH and other responsible authorities, in collaboration with the social partners, need to educate employers and workers about their responsibilities in relation to recording and notification. For example, in Northern Ireland (United Kingdom), the Health and Safety Executive provides a list of criteria to guide employers when they should report a COVID-19 case or dangerous occurrence to the government²⁶.

Labour inspection statistics can also provide reliable data on occupational accidents and diseases, compliance with OSH requirements, and other OSH related issues.^{ix}

Surveys, both general and by sector, can be carried out on critical aspects of the organization and implementation of preventive measures in enterprises.



Survey on healthcare workers knowledge and perception of COVID-19 from Afghanistan²⁷

A survey carried out in eight provinces of Afghanistan assessed 213 health professionals' perceptions, awareness and knowledge of the coronavirus; it also asked workers what types of training they had received, if any, and what types of prevention strategies were being employed in their workplaces. Notably, 55 per cent of respondents replied that they had not had any training of the use of PPE and some workers had knowledge gaps concerning COVID-19 transmission. Workers reported various prevention measures including hygiene practices, physical distancing and various types of PPE. In many cases there were shortages of N-95 masks and not enough PPE to last more than three or four weeks.

ix The ILO has published two complementary guides on the collection, interpretation and reporting of labour inspection data: the *Guide on the Harmonization of Labour Inspection Statistics* (2016), and the *Collection and Use of Labour Inspection Statistics – A short guide* (2016).

Social partners may also collect data about their members' perceptions and experiences. For example, a global survey conducted by the UNI Global Union examined COVID-19 responses and experiences of trade unions around the world, with over 60 per cent of respondents noting that they were impacted by shortages of PPE and disinfectants²⁸. Workers in the same survey also reported difficulties with the "right-to-disconnect" while teleworking or in temporary quarantine. The International Organisation of Employers (IOE) produced a joint survey with the ILO, which looked at the challenges that COVID-19 presented to enterprises, the impact it had on them, and their responses²⁹. The ITUC carried out a survey on 148 trade unions across 107 countries, collecting data on workers' experiences during the pandemic, looking at access to safe workplaces and other provisions such as PPE³⁰.

Studies and research are often necessary to better ascertain the realities of situations for which the available information sources do not provide sufficient data.

Many industrialized countries have a national institute (or a comparable structure) with research, training, information and consultation services on OSH as its main functions, which have proven beneficial for OSH performance. Where such an institute does not exist, these services may be provided by university research groups, social security institutions, national health service systems, governmental occupational health and safety authorities, or private consultants, in consultation with workers' representatives. Even when a specialized institute for OSH research does exist, collaboration between this body and other research institutions remains important.

In the case of the COVID-19 crisis, OSH studies and research can be very relevant for the development and updating of regulations, particularly to:

- ▶ identify the specific risks in a certain **sector** or industry (including both the main sources of exposure to the virus and other associated risks), and the most common solutions applied to mitigate or eliminate them;
- ▶ gain a deeper knowledge of the situation of particular **groups of workers** who are presumed to be exposed to special or unusually severe risks;
- ▶ identify and assess the short- and long-term **health consequences**, including the effects of the novel coronavirus, but also resulting from the exposure to other related risks and working situations;
- ▶ assess **compliance** and ascertain how effective legal provisions are by sector, region and type of enterprise, with the aim of increasing adherence of duty-holders.

When crises span multiple countries, such as the COVID-19 pandemic, **international cooperation** is key to exchanging valuable insights and lessons learned, thereby saving a considerable amount of research, time and effort. In this context, the ILO is providing international guidance on the protection of workers' safety and health to identify sustainable short-, medium- and long-term solutions for individuals, workers, communities and nations.



Strengthening OSH management systems at the enterprise level

During the COVID-19 pandemic, workplaces have had to adopt adequate policies, procedures and measures to prevent contagion. In this context, **collaboration between employers, management and workers** is essential to ensure sustainability in implementing risk management measures.

Some companies already had a comprehensive workplace **emergency preparedness plan** set up to deal with health crises and pandemics, as recommended by ILO guidance. This can be very helpful when facing an unforeseen situation, including crises such as COVID-19, to organize a rapid, coordinated and effective response.

In order to adopt the necessary measures, employers, in consultation with workers and their representatives, should carry out a **comprehensive risk assessment**, which takes into consideration the work environment, the tasks at hand and the measures already available (such as engineering or administrative controls and PPE).

The risk assessment should address **all workers**, as well as **suppliers, clients** and **visitors**. It should consider the **entire working day**, including access to common areas such as dormitories, transportation, cafeterias and sanitary facilities or places where people circulate.

The risk assessment should also take into account **workers' individual characteristics**, as older adults and people of any age with serious underlying medical conditions might be at a higher risk of severe illness from COVID-19. Workers with disabilities may also be at greater risk of contracting COVID-19 because of difficulties in accessing hygiene facilities, practising social distancing, accessing information – among other reasons³¹. Similarly, migrant workers may be more vulnerable - both in general and during crises such as COVID-19. This may be attributed to a number of factors: language(s) barriers, a limited knowledge of the host community, difficulties accessing or understanding information on OSH measures or their rights as workers,³² living in shared accommodation with little to no possibility of physical distancing, or inadequate hygiene measures³³.

During the COVID-19 pandemic, many **hazards have emerged in addition to the risk of acquiring the virus**. A fair number of workplaces have had to confront psychosocial risks, including violence and harassment, along with ergonomic and chemical concerns. The risk assessment should consider all these potential hazards to ensure that the necessary measures are taken to protect both the physical and mental health of workers – who should also be armed against any risks that might arise on account of new working conditions.

Preventive measures should be implemented following the **hierarchy of controls** and established duties, as set forth in ILO standards^x and guidance^{xi}. Such measures should be adapted to the hazards and risks encountered by the enterprise; be reviewed and modified if necessary on a regular basis; comply with national laws and regulations; reflect good practice; and consider the current state of knowledge.

x See: ILO *Occupational Safety and Health Convention, 1981 (No. 155)*.

xi See: *Guidelines on occupational safety and health management systems, ILO-OSH 2001*



Applying the hierarchy of controls to COVID-19

Elimination and substitution. Since it is not yet possible to completely eliminate the hazard (novel coronavirus), it may be possible to reduce exposure and the rate of transmission by substituting old work processes for new ones (e.g., implementing working from home arrangements).

Engineering controls. These types of controls reduce exposure to hazards without relying on worker behaviour and can be the most cost-effective solutions to implement. Engineering controls include for example: improving ventilation; installing physical barriers, such as clear plastic sneeze guards; installing a drive-through window for customer service.

Administrative and organizational controls. These types of controls consist of changes in work policy or procedures in order to reduce or minimize exposure to a hazard. These measures may have different purposes, including ensuring physical distancing (e.g., introducing extra shifts and/or alternate days, distributing entry, exit and break times); promoting good hygiene practices, directed at both workers and the workplace; implementing infection control practices (e.g., establishing policies on health monitoring, adopting response measures for sick or potentially infected workers, etc.).

Personal protective equipment (PPE). Even if PPE is generally considered a measure of last resort, it is necessary to use them to prevent certain types of exposure during the COVID-19 pandemic. The types of PPE required during the COVID-19 pandemic are contingent upon the risk of infection while working and the tasks that may lead to exposure. Employers should regularly check national references for updates about recommended PPE.

A **continuous monitoring** of OSH conditions and regular risk assessments are required to reduce, to the extent possible, the new risks and potential negative effects resulting from control measures related to the risk of contagion.



Support mechanisms for progressive improvement of OSH conditions in MSMEs and the informal economy

Micro-, small and medium-sized enterprises (MSMEs), as well as the informal economy, have been particularly hit by the effects of the pandemic. Many of them lack the resources to invest in OSH, particularly when faced with a surge of risks due to the virus, and a fair number of their workers are already at higher risk of occupational accidents or diseases – which jeopardizes both the companies and employment.



Reaching out to employers and workers in MSMEs and in the informal economy is perhaps the most daunting challenge for OSH systems. Small and micro-sized enterprises often find it hard to meet official OSH requirements and to comply with new OSH regulations adopted to reduce the transmission of COVID-19 in the workplace.

In recent years, countries have designed special initiatives to address this situation, for example by strengthening partnerships with the social partners, supporting the building of strategic partnerships (e.g., with public health care systems, social security institutions, NGOs, education institutions, etc.), and promoting mentorship by large employers and partnerships between large companies and MSMEs.

Looking forward: Resilient OSH systems to face the next crisis

The COVID-19 pandemic has had a major impact on the world of work. Workers have not only had to run the risk of contracting the virus at the workplace, but they have also been subjected to mobility restrictions. There has been an increase in teleworking arrangements and the closure of many commercial and manufacturing activities.

While the public health system has a responsibility to prevent the spread of the COVID-19 virus and other public health threats to the entire population, strong and effective national OSH systems are essential to safeguard the life and health of workers, and for this they must be equipped with adequate human, material and financial resources. The crisis has exemplified the importance of OSH as a key actor within the broader emergency response and public health system. National emergency preparedness and response should actively integrate OSH preparedness in their national emergency plans.

Recent crises - such as the 2020 ammonium nitrate explosion in Beirut, numerous natural disasters, and public health threats such as the Ebola epidemics - have all tested the strength of crisis response systems and have had strong implications for the safety and health of workers.

While investing in the strengthening of OSH systems will not only help governments, employers and workers to respond to the current pandemic, safeguard health at the workplace and recover faster by avoiding further contagion, building up these resilient systems will also provide a foundation to respond to other unforeseen events and crises that may occur in the future.

ILO tools to protect workers' safety and health during COVID-19 crisis

- ▶ [Prevention and Mitigation of COVID-19 at Work: Action checklist \(April 2020\)](#)
- ▶ [In the face of a pandemic: Ensuring Safety and Health at Work – World Day for Safety and Health at Work Report \(April 2020\)](#)
- ▶ [A safe and healthy return to work during the COVID-19 pandemic – Policy Brief \(May 2020\)](#)
- ▶ [A Safe Return to Work: Ten Action Points \(May 2020\)](#)
- ▶ [Managing work-related psychosocial risks during the COVID-19 pandemic – Instructional Material \(June 2020\)](#)
- ▶ [Practical Guide on Teleworking during the COVID-19 pandemic and beyond \(July 2020\)](#)
- ▶ [COVID-19 and health facilities: Checklist of measures to be taken in health facilities \(July 2020\)](#)
- ▶ [Hand hygiene at the workplace: an essential occupational safety and health prevention and control measure against COVID-19 – Briefing Note \(September 2020\)](#)
- ▶ [Prevention and mitigation of COVID-19 at work for small and medium-sized enterprises: Action Checklist \(August 2020\)](#)

The ILO has also developed a range of sectoral briefs that include sections focused on OSH issues. These and other additional tools and resources developed by the ILO, other international organizations, regional and national bodies and social partners are listed in the annexes of the report.

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