



BSI Standards Publication

**Occupational health and safety management —
General guidelines for safe working
during the COVID-19 pandemic**

National foreword

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**Occupational health and safety
management — General guidelines
for safe working during the COVID-19
pandemic**



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Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see www.iso.org/directives).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see www.iso.org/patents).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see www.iso.org/iso/foreword.html.

This document was prepared by Technical Committee ISO/TC 283, *Occupational health and safety management*.

Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at www.iso.org/members.html.

Introduction

This document is a response to the COVID-19 pandemic and the increased risk this disease presents to the health, safety and well-being of people in all settings, including those working at home or in mobile settings, and workers and other interested parties in physical workplaces.

Governments, regulators and other professional bodies across the world have published guidance on working safely during the COVID-19 pandemic. This document provides a single generic set of guidelines that complements this information and supports the principles that:

- reasonable measures to manage the risks arising from COVID-19 are, or will be, implemented to protect the health and safety of workers and other relevant interested parties;
- workers should not be required to work unless these measures have been implemented.

This guidance includes practical recommendations to organizations and workers on how to manage these risks and is suitable for organizations resuming operations, those that have been operational throughout the pandemic, and those that are starting operations.

The guidance is generic and applicable to organizations regardless of the nature of business, service provision, size or complexity. It recognizes that many smaller organizations do not have dedicated departments for functions such as occupational health and safety (OH&S), facilities management or human resources. More detailed information for specific functions is available from professional bodies and a wide range of national and international standards.

By implementing the guidance in this document, the organization will be able to:

- a) take effective action to protect workers and other relevant interested parties from the risks related to COVID-19;
- b) demonstrate that it is addressing risks related to COVID-19 using a systematic approach;
- c) put in place a framework to enable effective and timely adaptation to the changing situation.

Organizations using ISO 45001 can use this document to inform their OH&S management system by relating the relevant clauses to the Plan-Do-Check-Act (PDCA) cycle, as outlined below. Taking a systems approach facilitates the coordination of resources and efforts that is so important in managing COVID-19.

- Plan: Plan what needs to be done for the organization to work safely (see [Clauses 4 to 8](#)).
- Do: Do what the organization has planned to do (see [Clauses 9 to 12](#)).
- Check: See how well it is working (see [Clause 13](#)).
- Act: Fix problems and look for ways to make what the organization is doing even more effective (see [Clause 14](#)).

This document is not intended to be a single step-by-step set of recommendations. It provides a framework in which the PDCA cycle outlined above should be repeated, with all parts active at all times, to enable ongoing continual improvement and to ensure the organization responds to changes during the different phases of the pandemic.

Occupational health and safety management — General guidelines for safe working during the COVID-19 pandemic

1 Scope

This document gives guidelines for organizations on how to manage the risks arising from COVID-19 to protect work-related health, safety and well-being.

This document is applicable to organizations of all sizes and sectors, including those that:

- a) have been operating throughout the pandemic;
- b) are resuming or planning to resume operations following full or partial closure;
- c) are re-occupying workplaces that have been fully or partially closed;
- d) are new and planning to operate for the first time.

This document also provides guidance relating to the protection of workers of all types (e.g. workers employed by the organization, workers of external providers, contractors, self-employed individuals, agency workers, older workers, workers with a disability and first responders), and other relevant interested parties (e.g. visitors to a workplace, including members of the public).

This document is not intended to provide guidance on how to implement specific infection control protocols in clinical, healthcare and other settings.

NOTE Applicable legislation and guidance is provided by government, regulators and health authorities for workers in these settings or in related roles.

2 Normative references

There are no normative references in this document.

3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <https://www.iso.org/obp>
- IEC Electropedia: available at <http://www.electropedia.org/>

3.1

organization

person or group of people that has its own functions with responsibilities, authorities and relationships to achieve its objectives

Note 1 to entry: The concept of organization includes, but is not limited to sole-trader, company, corporation, firm, enterprise, authority, partnership, association, charity or institution, or part or combination thereof, whether incorporated or not, public or private.

[SOURCE: ISO 45001:2018, 3.1, modified — The word “association” has been deleted from Note 1 to entry and Note 2 to entry has been removed.]

3.2 worker

person performing work or work-related activities that are under the control of the *organization* (3.1)

Note 1 to entry: Persons perform work or work-related activities under various arrangements, paid or unpaid, such as regularly or temporarily, intermittently or seasonally, casually or on a part-time basis.

Note 2 to entry: Workers include top management, managerial and non-managerial persons.

Note 3 to entry: The work or work-related activities performed under the control of the organization may be performed by workers employed by the organization, workers of external providers, contractors, individuals, agency workers, and by other persons to the extent the organization shares control over their work or work-related activities, according to the context of the organization.

[SOURCE: ISO 45001:2018, 3.3]

3.3 workplace

place under the control of the *organization* (3.1) where a person needs to be or to go for work purposes

Note 1 to entry: The organization's responsibilities for the workplace depend on the degree of control over the workplace.

Note 2 to entry: Workplaces can include the *worker's* (3.2) own home, other people's homes, personal vehicles, vehicles provided by the organization, another organization's facilities and public spaces.

[SOURCE: ISO 45001:2018, 3.6, modified — The words “under the OH&S management system” have been deleted from Note 1 to entry and Note 2 to entry has been added.]

3.4 risk effect of uncertainty

Note 1 to entry: In this document, the term “risk” refers to risks related to *COVID-19* (3.6), unless otherwise stated.

[SOURCE: ISO 45001:2018, 3.20, modified — The original notes to entry have been deleted and a new Note 1 to entry has added.]

3.5 pandemic worldwide spread of a disease

[SOURCE: World Health Organization^[9], modified — The word “new” has been removed.]

3.6 COVID-19 infectious disease caused by the new coronavirus SARS-CoV-2 discovered in 2019

[SOURCE: World Health Organization^[10], modified — The words “SARS-CoV-2 discovered in 2019” have been added.]

3.7 incident occurrence arising out of, or in the course of, work that could or does result in injury and ill health

Note 1 to entry: In this document, “injury and ill health” refers to a direct infection with *COVID-19* (3.6) or any physical or psychological injury and ill health that is a consequence of COVID-19.

[SOURCE: ISO 45001:2018, 3.35, modified — The original notes to entry have been deleted and a new Note 1 to entry has added.]

3.8 personal protective equipment PPE

device or appliance designed to be worn by an individual for protection against one or more health and safety hazards

Note 1 to entry: PPE includes, but is not limited to, gowns, gloves, respirators, safety glasses, helmets and goggles.

Note 2 to entry: While generally not considered PPE, masks [and *face coverings* (3.9)] can provide a level of protection for the user, in addition to their primary purpose as a public health measure to control the spread of transmission and infection.

Note 3 to entry: In many countries, PPE is required to conform to national regulations.

[SOURCE: ISO 15384:2018, 3.12, modified — The words “or held” have been removed from the definition and the notes to entry have been added.]

3.9 face covering

facepiece that covers the mouth, nose and chin

Note 1 to entry: Face coverings are also known as community masks, hygiene mask, barrier masks, comfort masks and other local terms.

Note 2 to entry: Face coverings in the context of this document are not considered to be *personal protective equipment* (3.8) or a medical device.

[SOURCE: CWA 17553:2020, 2.3, modified — The word “community” has been deleted from the term, the words “fitted with the head harness which can be head or ears attachment” has been deleted from the definition, and the notes to entry have been added.]

3.10 well-being

fulfilment of the physical, mental and cognitive needs and expectations of a *worker* (3.2) related to their work

Note 1 to entry: Well-being can also contribute to the quality of life outside of work.

Note 2 to entry: Well-being relates to all aspects of working life, including work organization, social factors at work, work environment, equipment and hazardous tasks.

[SOURCE: ISO 45003:—¹), 3.2, modified — The words “at work” has been deleted from the term and from the notes to entry.]

3.11 common areas

spaces and amenities provided for the use of more than one person

EXAMPLE Canteens, lifts/elevators, stairs, reception areas, meeting rooms, areas of worship, toilets, gardens, fire escapes, kitchens, fitness facilities, store rooms, laundry facilities.

1) Under preparation. Stage at the time of publication: ISO/DIS 45003:2020.

4 Planning and assessment of risks

4.1 Understanding the context of the organization

4.1.1 To understand the specific risks to workers and other people who can be affected by the organization's activities (e.g. visitors, customers, service users, the general public), the organization should consider:

- a) what can affect the ability of individuals to work safely during the COVID-19 pandemic;
- b) how its operations should change to address the increased risk to work-related health, safety and well-being.

Before assessing risks related to COVID-19, the organization should consider the specific external and internal issues that can affect the health and safety of workers and how these issues are impacted by the pandemic. The organization should take these issues into account when assessing risk and planning to begin, resume or modify operations, and ensure risks are assessed on an ongoing basis.

4.1.2 External issues can include, but are not limited to:

- a) the prevalence of COVID-19 within the local community (including in other organizations and other workplaces);
- b) local, regional, national and international circumstances, and related legal requirements and guidance;
- c) the availability of clinical services, testing, treatments and vaccines;
- d) the availability of health and safety and other supplies (e.g. PPE, masks, hand sanitizer, thermometers, cleaning and disinfection materials);
- e) how workers travel to and from work (e.g. public transport, car, bicycle, walking);
- f) workers' access to childcare and schooling for their children;
- g) the suitability of a worker's home for remote working;
- h) workers' domestic situations (e.g. living with someone who is considered to be at higher risk of contracting COVID-19 or getting severe illness from COVID-19);
- i) changes or problems in the supply chain;
- j) the continuity of essential services (e.g. food provision, domestic infrastructure, utilities);
- k) changes in customer needs and expectations, or behaviours;
- l) local culture and cultural behaviours (e.g. kissing, hugging, shaking hands);
- m) increased or decreased demand for products/services.

4.1.3 Internal issues can include, but are not limited to:

- a) the prevalence of COVID-19 in the organization;
- b) the number and types of workplaces (e.g. offices, factories, workshops, warehouses, vehicles, retail outlets, workers' own homes, other people's homes);
- c) cultural values within the organization that can affect risk control measures;
- d) the ability of the organization to gain up-to-date knowledge about COVID-19;

- e) the type of organization and related activities (e.g. manufacturing, services, retail, social care, training or other education, delivery, distribution);
- f) the type of workers in the organization (e.g. employed, contractors, volunteers, freelance, part-time, shift workers, remote workers);
- g) the extent to which it is possible to implement physical distancing measures;
- h) specific needs of workers (e.g. workers considered to be at higher risk of contracting COVID-19 or getting severe illness from COVID-19);
- i) workers with caring responsibilities, disabled workers, pregnant women, new mothers and older workers;
- j) increased worker absence (e.g. due to sickness, self-isolation or quarantine requirements, bereavement);
- k) resource availability, including adequate provision of toilet and handwashing facilities;
- l) how work is organized (e.g. changed work demands, pace of work, time pressure, shift work) and supported, and how this impacts work-related health, safety and well-being.

4.2 Leadership and worker participation

4.2.1 To assist effective management of the risks arising from COVID-19 relating to work, the organization should:

- a) demonstrate leadership and commitment to collective responsibility and safe working practices;
- b) communicate about, and consistently comply with, internal policy at all times;
NOTE Local, regional or national guidelines can also apply.
- c) commit to transparency when reporting and managing suspected and confirmed cases of COVID-19, ensuring that personal health information is kept confidential (see [Clause 5](#));
- d) ensure adequate resources are provided (see [Clause 8](#)) and make them available to workers in a timely and effective manner;
- e) ensure consultation and encourage participation of workers and worker representatives, where they exist, in making decisions that affect work-related health, safety and well-being;
- f) provide a clear policy on the financial implications for workers unable to work due to operational restrictions, or who are required to self-isolate or quarantine;
- g) provide appropriate support for workers unable to work due to operational restrictions, or who are required to self-isolate or quarantine, including provision of appropriate leave from work and paid sick pay if possible (so that workers do not come to a workplace when they should not because of concerns about pay);
- h) communicate how workers and other relevant interested parties should report incidents or raise concerns, and how these will be addressed and responses communicated;
- i) protect workers from reprisals when reporting potential illness or incidents, or if workers remove themselves from work situations which they believe to be unhealthy or unsafe;
- j) ensure coordination across all parts of the organization when implementing measures to manage the risks related to COVID-19;
- k) seek competent advice and information on managing risks related to COVID-19, if necessary.

4.2.2 The organization has a duty of care to workers and other interested parties who can be affected by their activities, including customers, service users and the general public. By encouraging wide input, the organization can have a better overview of risks to work-related health, safety and well-being during the pandemic. Active and ongoing engagement with workers and worker representatives, where they exist, is likely to result in better outcomes when managing the risks related to COVID-19.

The organization should:

- a) encourage participation and involve workers and worker representatives, where they exist, in assessing risks related to COVID-19 and making decisions on how to manage them;
- b) communicate to workers and other relevant interested parties (e.g. the public, customers, suppliers, visitors, students, investors, shareholders, regulators, unions) how the organization is managing risks from COVID-19 (communication can be through any appropriate method, see [Clause 9](#));
- c) provide one or more ways for workers and other interested parties to give feedback on actions taken to manage work-related health, safety and well-being (e.g. through virtual meetings, collaboration tools, online surveys, emails);
- d) take timely and appropriate action to address concerns raised by workers and other interested parties and communicate these actions to them.

The organization should ensure that decision-makers and worker representatives, where they exist, take into account the full diversity of the workforce and the specific experiences, views and needs of, for example, workers with disabilities, women, workers from different ethnic and faith groups, and workers of different ages.

4.3 General planning

4.3.1 Planning enables the organization to identify and prioritize risks arising from the pandemic that can affect work-related health, safety and well-being.

Although it is not possible to eliminate the risks related to COVID-19 entirely, planning should identify and prioritize the risks to workers in order to reduce those risks.

When planning, the organization should consider the issues determined in [4.1](#) and take into account:

- a) practical changes that should be made to how work is organized and where work takes place;
- b) interaction between workers;
- c) interaction between workers and other people, including visitors, customers and members of the public;
- d) how to maintain complete and accurate contact information on people who interact closely (e.g. workers in shifts, customers in pubs and restaurants, clients in gyms) for the purpose of contact tracing, respecting the need for confidentiality;
- e) the safe use of common areas and shared equipment;
- f) the impact of the pandemic on psychological health and well-being (see [Clause 6](#)).

4.3.2 The organization should take a systematic approach to determining and addressing risks related to COVID-19 and identify work activities that:

- a) can be done from home;
- b) cannot be done from home, but can comply with physical distancing guidelines in the workplace, if practical adjustments are made;
- c) cannot be done from home and cannot comply with physical distancing guidelines in the workplace.

For many organizations, the best way to mitigate work-related risks from COVID-19 is to enable and support workers to work from home, including in organizations that have fully implemented controls to protect against transmission of the disease. The organization should minimize the number of workers in a physical workplace, where this is possible, to provide enhanced protection through reduced contact with other people. The organization should take into account the needs of service users, clients and customers, as well as the workers performing the work, when determining the numbers of workers in a physical workplace.

The organization should ensure that additional support measures are implemented to protect the physical and psychological health and the well-being of workers who are working from home. The organization should consider if it is possible to enable a safe return to the physical workplace for individual workers if the home is not suitable, or if home working has a significant negative impact on their psychological health and well-being.

Work activities that cannot be done from home and cannot comply with physical distancing guidelines should only take place if the activities are essential and additional controls are implemented to mitigate the risks.

4.3.3 When planning to address risks related to COVID-19, the organization should take into account existing OH&S risks and measures already in place to manage these. The organization should:

- a) assess if existing OH&S measures and controls need to be adjusted, taking into account any changes to work processes;
- b) consider new OH&S risks (e.g. impact on fire safety arrangements) and other risks (e.g. security risks) that can be introduced by implementing additional safety measures to manage the risks related to COVID-19 (see [Annex A](#) on protective security considerations);
- c) plan actions to address new risks;
- d) plan for changes in restrictions at short notice, whether at local, regional, national or international level, to minimize operational disruption (see [4.8](#)).

4.4 Workplaces

4.4.1 Physical workplaces

4.4.1.1 The organization should ensure that workplaces (including all premises, sites and other locations where work takes place, including outside of a building) and facilities within those workplaces are clean and safe to use.

To prepare for safe operation, the organization should, as a minimum:

- a) assess all premises, sites or parts of sites, including those that have been closed or partially operating;
- b) establish arrangements to prevent potentially infectious people from entering the workplace (e.g. by providing information prior to visit or posters stating the people should not enter the workplace with COVID-19 symptoms);
- c) perform maintenance checks and activities on equipment and systems;
- d) assess and control risks related to *Legionella* and other water-related diseases, in order not to introduce other health risks, particularly if water-based systems (including some types of air conditioning) have not been used for a period of time or if use has been reduced;
- e) establish enhanced and/or more frequent cleaning and disinfection schedules, (e.g. by increasing the working hours and/or numbers of workers in cleaning roles, and encouraging other workers to clean and disinfect their own work zones and equipment regularly);

- f) provide enhanced personal hygiene facilities, including additional handwashing stations where possible and hand sanitizer points where this is not possible (including outdoor areas used for work or breaks), ensuring these facilities are accessible to workers with disabilities;
- g) coordinate and cooperate with other organizations on shared sites, including with contractors, managing agents, landlords and other tenants, ensuring both routine operations and emergency plans are taken into account.

4.4.1.2 The organization should also take further actions, as applicable, including but not limited to:

- a) deep cleaning and disinfection of workplaces and equipment;
- b) disinfecting taps, showers and other sources of water with products that meet official requirements for use against COVID-19, and flush through before use;
- c) maximizing the amount of outdoor air and room air changes through ventilation systems (with appropriate filtration and duration of operation), turning off air recirculation systems, and keeping doors and windows open to the extent possible;
- d) ensuring toilet facilities are managed to facilitate safe use (see [12.6.2](#));
- e) restarting and testing specialist equipment that has been unused for longer than usual;
- f) testing fire safety systems, including battery-powered units such as emergency lighting and alarms;
- g) putting in place signs and floor and/or wall markings to indicate recommended physical distancing, ensuring markings are simple, clear and large enough to be seen by visually impaired people;
- h) putting in place physical barriers to enforce physical distancing to the extent possible, where it is safe to do so without introducing new OH&S or other risks or negatively impacting people with disabilities;
- i) creating work zones to limit the number of people in any one area (see [12.5](#));
- j) limiting the number of people using shared equipment by creating working teams or pairs and assigning them to designated shared equipment;
- k) establishing cleaning and disinfection points to enable workers to wipe surfaces and equipment throughout working hours;
- l) reorganizing moveable equipment, desks and workstations to enable physical distancing;
- m) fixing doors open to reduce touching of door handles (excluding doors required for fire safety, security or privacy);
- n) establishing processes for safe entry and exit from workplaces;
- o) establishing one-way systems in corridors, stairways and other common areas, putting in place signs and floor or wall markings, and taking other actions to mitigate the risks where this is not possible;
- p) determining safe ways of using lifts/elevators, including limiting capacity, and ensuring guidance for safe use is communicated both inside and outside of lifts/elevators;
- q) providing additional outside spaces for workers to use for routine work, meetings and breaks, where possible.

4.4.2 Working from home

4.4.2.1 The organization should enable workers to work from their own home wherever possible, as this is one of the most effective ways of managing the risks related to the pandemic. The organization has

the same responsibility for the health and safety of workers who are working from home as it does for those in a fixed physical workplace. The organization should take all practical steps to remove barriers to working from home.

In determining which workers should work from home, the organization should ask workers the following questions:

- a) Can you effectively perform your role from home?
- b) Is your home situation suitable for home working?
- c) Do you want to return to a physical workplace?
- d) Are you confident that you can travel safely to and from a physical workplace without significant exposure to COVID-19?

4.4.2.2 The organization should consult with the worker to systematically assess the risks related to working from home and the actions needed to address the risks, as far as practicable, taking into account factors such as:

- a) the domestic circumstances of the worker (e.g. childcare or other caring responsibilities, domestic abuse, household members considered to be at higher risk of contracting COVID-19 or getting severe illness from COVID-19);
- b) the physical suitability of the home (e.g. size, other people sharing the space, noise levels, suitable lighting, ergonomic issues);
- c) if the worker has access to relevant systems and information (e.g. email, shared electronic drives, databases, enhanced security on relevant systems and guidance on operating securely while at home);
- d) the need for ongoing support for the use of IT equipment and software (e.g. online conference tools);
- e) the potential need to allow workers to take equipment that they use at work home on a temporary basis or to provide additional equipment (e.g. computer, computer monitor, keyboard, mouse, ergonomically suitable chair, footrest, lamp, printer, headset);
- f) the need for guidance on setting up an ergonomically suitable home workstation (e.g. enabling good posture and encouraging frequent movement);
- g) psychosocial risks (see [Clause 6](#));
- h) impacts on personal or home insurance and tax liabilities.

The organization should provide workers with guidelines on what to do if the worker or any member of the worker's household is exposed to or contracts COVID-19 and is required to self-isolate or quarantine.

4.4.3 Working in other people's homes

4.4.3.1 Workers should not perform work activities in other people's homes if someone in that household has symptoms of COVID-19 (or is self-isolating or in quarantine) or is considered to be at higher risk of contracting COVID-19 or getting severe illness from COVID-19, except:

- a) to provide essential health and personal care (e.g. medical or social care workers);
- b) to remedy a direct risk to safety or security (e.g. emergency repairs by a plumber, construction worker, electrician, gas engineer);
- c) to address an issue in the home where this can be performed with additional social distancing or other measures to protect the vulnerable person.

4.4.3.2 When preparing for workers to perform activities in other people's homes, the organization should:

- a) check if anyone in the household has symptoms of COVID-19, is self-isolating or in quarantine, or has been advised to isolate from other people to protect themselves because they are considered to be at higher risk from COVID-19;
- b) consider if the work can be performed using digital or remote alternatives (e.g. video or phone consultations);
- c) communicate with households prior to work commencing, to discuss and agree how work will be carried out and general practices to minimize risk (e.g. how to enter the building without face-to-face contact, sanitizing hands before entering the household and washing hands before exiting, maintaining physical distancing while in the home, leaving internal doors open to minimize contact with door handles);
- d) assign workers to work in households local to them, wherever possible, to minimize travel and use of public transport;
- e) ensure workers have access to adequate PPE, masks or face coverings, hand sanitizer, cleaning and disinfection materials;
- f) allocate the same individual, pair or small team of workers to a household if repeat visits are necessary or the work is ongoing (e.g. the same carers or cleaners), taking into account the type of work activities and the amount of contact those workers have with other people outside of the household.

4.4.3.3 The organization should establish and communicate a clear policy and process to manage situations where workers are required to self-isolate or quarantine due to one or more individuals contracting COVID-19 or being exposed to someone with COVID-19 (see [Clause 9](#)).

4.4.4 Working in multiple locations or mobile workplaces

The organization should ensure that workers with roles that cannot be performed at home or in a fixed physical workplace (e.g. drivers, social and personal care providers, cleaners, postal workers, delivery workers, traffic wardens, repair and maintenance workers) are given support, guidance and adequate resources to work safely and to avoid transmission of the disease through travel and interaction with other people.

The organization should consult with workers and worker representatives, where they exist, to ensure that workers with mobile roles are fully informed and confident to use their own discretion to act appropriately in different situations. The organization should provide guidance and encourage workers in mobile roles to:

- a) follow the guidance on physical distancing and hygiene (see [Clause 10](#));
- b) follow guidance on how to act in situations where physical distance cannot be maintained, or is not maintained by other people;
- c) follow guidance on how to act if other organizations require the removal of PPE, masks or face coverings for security or other reasons;
- d) ensure they have access to sufficient PPE, masks, face coverings, hand sanitizer, cleaning and disinfection materials, as appropriate;
- e) follow guidance on how to access and safely use resources such as public toilets, and how to safely procure and consume food and drink;
- f) retain documented information to support contact tracing, if necessary, about the places they go to in the course of their work;

- g) retain details of the people they have prolonged interaction or close contact with, where possible, to support effective contact tracing if a worker or other relevant interested party contracts COVID-19 (personal data should be kept confidential and retained for a minimum of 14 days, or as determined by official guidance).

4.5 Roles

4.5.1 In assessing roles, activities and where a worker should work, the organization should take into account workers who:

- a) are considered to be at higher risk of contracting COVID-19 or getting severe illness from COVID-19;
- b) are caring for someone who is considered to be at higher risk of contracting COVID-19 or getting severe illness from COVID-19;
- c) are in a household with someone who is considered to be at higher risk of contracting COVID-19 or getting severe illness from COVID-19;
- d) are entitled to, request or need additional reasonable adjustments due to disability or other individual circumstances (e.g. neurodiverse conditions such as autism, pregnancy, disproportionately affected minority groups);
- e) need additional support to protect their psychological health and well-being.

The organization should support workers with roles that can be performed effectively at home to work from home. To ensure this is effective, the organization should take actions determined by the consideration of issues in [4.4.2](#) and establish regular virtual or phone meetings to provide support, monitor well-being and ensure workers are connected to other workers, including those working on-site. The organization should ensure that there is clarity about what is and what is not expected of workers working at home and accommodate individual worker needs as far as possible.

4.5.2 For workers who need to be in a physical workplace, the organization should:

- a) determine which roles are critical for operational continuity, safe facility management or regulatory requirements and cannot be performed from home;
- b) identify workers in critical roles who are unable to work from home due to home circumstances or the unavailability of specialist equipment;
- c) determine the minimum number of workers needed in a physical workplace at any one time to operate safely and effectively;
- d) determine how activities are organized (e.g. reducing job rotation, requiring workers to perform one activity with one set of equipment throughout the shift, enabling flexible working hours).

The organization should offer workers considered to be at higher risk of contracting COVID-19 or getting severe illness from COVID-19, and who cannot work from home, the option of the safest available roles in the physical workplace. Such roles should allow workers to maintain physical distancing guidelines at all times. If workers considered to be at higher risk of contracting COVID-19 or getting severe illness from COVID-19 cannot comply with physical distancing guidelines, the organization should consult with the worker and worker representatives, where they exist, to assess if there is an acceptable level of risk if additional safety measures and controls are implemented.

The organization should consider assigning specific workers (or a single worker, in a small organization) the responsibility for ensuring COVID-19 safety measures and controls are implemented and maintained and for reporting issues to top management.

If workers are allocated new roles or tasks, the organization should provide adequate training and support to ensure workers are competent to perform those roles.

The organization should monitor the introduction of safety measures or controls for any unjustifiable negative impact on some groups compared with others (e.g. workers with caring responsibilities, workers with religious commitments, workers with disabilities, pregnant workers).

4.6 Activities

If physical distancing guidelines cannot be complied with for a critical activity, the organization should take all possible further mitigating actions to reduce the risk of transmission of COVID-19 between workers and through interaction with other people in the workplace.

Before resuming work, the organization should take mitigating actions, such as:

- a) establishing fixed small teams or pairs of workers to limit the number of people in close contact; teams or pairs should be treated as a unit if any worker develops COVID-19 symptoms and all members of the unit should self-isolate or quarantine according to official guidance;
- b) revising work instructions to enable safe operation of activities (e.g. keeping activity times as short as possible, using screens or barriers to separate people, using back-to-back or side-to-side working instead of face-to-face);
- c) establishing distinct zones for work activities that cannot comply with physical distancing guidelines;
- d) using isolated spaces to enable physical distancing for workers who can safely work alone;
- e) identifying activities where workers directly pass objects (e.g. job information, spare parts, samples, purchased items) to each other or to other people, including the public, and establish processes to remove direct contact if possible (e.g. drop-off or transfer zones);
- f) providing appropriate PPE and guidance on how it should be used.

4.7 Emergency preparedness and response

The organization should prepare for foreseeable emergencies and assess and revise existing processes as necessary.

The organization should consider, for example:

- a) emergency processes (e.g. guidance on evacuating in teams to limit close contact with others, adjusting how workers and other relevant interested parties are required to assemble to increase physical distancing between teams);
- b) reviewing personal emergency evacuation plans for people with assisted or facilitated evacuation needs (including provision of additional PPE as necessary);
- c) training additional people to respond in emergencies, in case illness, self-isolation or quarantine results in a shortage of trained workers in the workplace;
- d) providing first aiders with personal first aid resources, including appropriate PPE, in case of medical emergency or accidents;
- e) providing clear guidance on processes for dealing with aggressive or violent people.

In an emergency where there is immediate danger (e.g. chemical spill, fire, break-in), complying with physical distancing guidelines can be challenging. Immediate preservation of life should be prioritized; however, the organization should also amend emergency plans to mitigate the risk of transmission of COVID-19 in emergency situations, as far as reasonably practicable.

The organization should assess additional risks that can arise from challenges to physical distancing during fire drills, simulations or other practice exercises and raise awareness of amended emergency plans. When planning for these exercises, the organization should ensure that additional safety controls

and measures are in place if physical distancing guidelines cannot be maintained during, for example, evacuation from the workplace.

The organization should require workers who provide assistance to others in emergency situations to take additional and immediate hygiene measures following the emergency event, including handwashing or sanitizing.

4.8 Planning for changes to restrictions

4.8.1 The organization should ensure that current and emerging risks related to COVID-19 are monitored and plan for occasions when restrictions are likely to be changed at short notice (restrictions can be influenced by local, regional, national or international events).

The organization should determine actions it can take to enable a rapid and effective response to changes in restrictions to continue operations as far as possible. Planning should take into account different potential situations, including increased or different restrictions, or the lifting of restrictions. Planning should be undertaken in consultation with workers and worker representatives, where they exist (see 4.2).

When planning, the organization should consider:

- a) reducing operations to core activities that can be carried out with full physical distancing by a minimum number of workers in the physical workplace or by home-based workers;
- b) whether operations can be modified to enable the organization to continue to work during periods of restriction;
- c) whether full or partial suspension of operations is needed to consider the correct actions to take (e.g. pause operations to put in place additional measures or to reorganize work activities);
- d) whether alternative operations can be implemented;
- e) the potential impacts on workers, taking into account workers with specific needs and circumstances;
- f) how individual workers can be impacted by different locational restrictions (e.g. workers who need to cross local, regional, national or international boundaries);
- g) the potential impacts on the supply chain and actions necessary to manage these;
- h) the need for cooperation and communication with partner organizations, organizations sharing facilities and other relevant interested parties.

4.8.2 The plans for different types of restrictions should address how to:

- a) agree and communicate which workers:
 - 1) will be required to be on-site;
 - 2) will be required to work from home;
 - 3) will not be able to work at all;
- b) communicate the likely impact on working hours, pay and other conditions;
- c) communicate to customers and other interested parties how changes to restrictions will affect operations (e.g. through social media, apps, signage, websites).

The organization should take into account the individual impact on workers who are unlikely to be able to work at all if certain restrictions are imposed (e.g. by the closure of hospitality organizations or close contact services) and inform them of the possible or likely impact on pay or employment conditions.

The impact on workers of a sudden easing of restrictions should also be taken into account (e.g. ability to return to work at short notice due to childcare responsibilities, workers considered to be at higher risk of contracting COVID-19 or getting severe illness from COVID-19, or living in households with higher risk people, workers self-isolating or under quarantine at that time).

Plans should be communicated to workers and other relevant interested parties at the earliest opportunity.

5 Suspected or confirmed cases of COVID-19

5.1 General

The organization should establish and communicate processes to manage suspected and confirmed cases of COVID-19.

To limit possible introduction of COVID-19 into the workplace, the organization should implement measures to assess people entering the building and prevent entry by those who have symptoms, who have recently travelled to or from areas with significant community spread of the disease, or who have been exposed to individuals infected with COVID-19.

Top management and managers at all levels should support workers to take immediate action to self-isolate if they develop symptoms of COVID-19, or quarantine if required to do so, and understand the processes in place and what is expected of them in relation to reporting, self-isolation or quarantine, and return to work.

Outbreaks of COVID-19 in the organization should be notified to relevant regulators and health authorities (see [13.2.2](#)).

5.2 Managing illness in a physical workplace

To minimize transmission of COVID-19 and to protect first responders, including first aiders, and the person they are treating, any person who becomes unwell in the workplace should be treated as a potential COVID-19 case.

The organization should consult workers with first aid responsibilities to determine if they are willing and able to continue to perform this role, taking into account individual circumstances (e.g. if the worker is considered to be at higher risk of contracting COVID-19 or getting severe illness from COVID-19, is living in a household with someone at higher risk, or if the worker has anxiety about increased exposure).

The organization should:

- a) provide suitable PPE (e.g. face shields, gloves, gowns) and masks and give guidance on how these should be used by first aiders (consideration should be given to people who need to lip read and, when this is the situation, transparent face shields should be used together with physical distancing; other forms of communication, such as writing, should be used if use of transparent face shields and physical distancing is not possible);
- b) isolate the person who is unwell while first aid is provided or if transport from the workplace needs to be arranged (e.g. transport can be provided by a member of the same household);
- c) provide the affected person with a mask (consideration should be given to people with underlying health conditions that affect breathing) and ask them to wash or sanitize their hands;
- d) require the affected person to leave the workplace, using a safe method of transport (e.g. avoiding public transport if possible), to a suitable safe place (e.g. home or a medical facility);

NOTE 1 This can be required by local, regional or national guidelines.

- e) advise the affected person to request a COVID-19 test if they have recognized symptoms and to inform the organization of the result;
- f) establish if an affected worker has been in close contact with other workers or clients (e.g. performing work activities without physical distancing in a team or pair, performing close contact services) and inform those workers or clients of possible exposure to COVID-19, maintaining confidentiality as to the source of the potential exposure, and support affected workers to self-isolate or quarantine immediately;
- g) retain details of other workers who have been in contact with affected workers in case COVID-19 is confirmed and there is a wider requirement to self-isolate;
- h) ensure the areas the affected person has been in are either isolated or cleaned and disinfected as soon as possible, giving particular attention to equipment, frequently touched surfaces (e.g. door handles, buttons for lifts) and common areas such as toilets;
- i) ensure that workers performing the cleaning or disinfection of affected areas are using appropriate PPE and following agreed safe working operating practices, based on assessment of the risks;
- j) inform health authorities, e.g. if two or more confirmed cases of COVID-19 are connected to the workplace;

NOTE 2 This can be required by local, regional or national guidelines.
- k) provide clear guidance on when it is safe for a worker who has had COVID-19 to return to the workplace;
- l) provide information on measures that can be taken to facilitate return to work, ongoing support and rehabilitation, as appropriate.

5.3 Managing illness of workers at home or in mobile settings

The organization should establish a process for managing workers who develop symptoms of COVID-19 while working at home or in a mobile role. The organization should ensure that:

- a) workers are encouraged to report symptoms to the organization immediately;
- b) the affected person leaves the workplace, if this outside of their own home, using a safe method of transport (e.g. avoiding public transport if possible), to a suitable safe place (e.g. home or a medical facility);

NOTE This can be required by local, regional or national guidelines.
- c) workers are aware of, and directed to follow, regulations relating to self-isolation or quarantine (including if workers have been in close or prolonged contact with someone who has COVID-19);
- d) there is regular communication with the affected worker, to determine if symptoms develop further and/or the worker becomes seriously unwell;
- e) workers understand whether they should continue to perform work activities from home, if they are well enough, or if the time should be taken as sick leave;
- f) workers understand the process for returning to work activities following self-isolation or recovering from COVID-19;
- g) reasonable adjustments are made, if necessary, to support a worker returning to work activities after contracting COVID-19, taking into account both physical and psychological needs.

5.4 Testing, contact tracing and quarantine

The organization should take action to ensure it is fully aware of current legislation or guidance from relevant regulators and health authorities on testing, contact tracing and quarantine.

NOTE Local, regional or national guidelines can apply.

In addition, the organizations should:

- a) encourage workers with symptoms to request a test at the earliest opportunity;
- b) encourage regular testing for workers who have extended interaction with other people as a result of their role, including workers with no symptoms;
- c) encourage the use of apps and research sites which monitor health and symptoms;
- d) support contact tracing by ensuring details of workers or people visiting the organization are maintained, as far as is practicable, and confidentiality is respected;
- e) require workers and other relevant interested parties to quarantine where this is required, due to:
 - 1) travel restrictions;
 - 2) advice from contact tracers, health authorities, or information received through apps or other communications;
- f) consider individual needs and circumstances if work-related activities can lead to the need to quarantine, whether at home or in another location, and support the cost of quarantine where appropriate;
- g) make reasonable adjustments for workers required to quarantine due to non-work-related activities (e.g. quarantine required on returning from personal travel) and enable workers to take annual, special or unpaid leave, if appropriate;
- h) make its personal travel policy during the pandemic clear to all workers.

6 Psychological health and well-being

6.1 The organization should establish processes to manage the impact of the pandemic on workers' psychological health and well-being.

Psychological health and well-being can be affected by psychosocial hazards such as:

- a) uncertainty (e.g. about what is expected, how long arrangements can last, impact on pay or working hours);
- b) workload and work pace (e.g. too much or too little work, expectations of meeting short deadlines even if activities take longer due to amended ways of working);
- c) working hours (e.g. unpredictable hours, reduced or extended hours, new shift patterns);
- d) role ambiguity (e.g. changes to what is expected from a role, new roles, lack of clarity);
- e) lack of control (e.g. rapid changes in risk levels, leading to sudden enforcement or easing of restrictions or amended ways of working);
- f) lack of social support (e.g. loneliness, physical isolation, communication issues);
- g) impacts of prolonged isolation and remote working (e.g. overexposure to screens, tiredness, boredom, lack of concentration, insomnia);
- h) job insecurity (e.g. concern about possible job loss, domestic financial issues);

- i) difficulty in balancing work and home life (e.g. caring responsibilities, family emergencies, needing to work outside of normal working hours);
- j) specific roles that are higher risk due to frequent, close or prolonged interaction with other people (e.g. front-line, public facing, mobile working);
- k) worker's specific circumstances (e.g. belonging to a vulnerable group, bereavement or serious illness in the family).

6.2 To manage risks to psychological health and well-being related to COVID-19, the organization should:

- a) promote a culture of trust, care and support by acknowledging that individual workers experience different issues and that anxieties or difficulties are valid and respected;
- b) enable regular confidential meetings (remote or physical, as appropriate) to discuss issues and anxieties and to agree ways to support the worker;
- c) hold regular remote or physical meetings with teams of workers;
- d) allow flexible work hours and time off;
- e) assist workers in setting healthy boundaries between work and non-work time by communicating when they are expected to be working and available, taking into account the need for flexibility;
- f) allow workers more control over work pace and deadlines, if possible;
- g) give regular, clear and accurate information about the current situation in the organization and planned changes that can affect workers;
- h) consider providing appropriate PPE, masks, face coverings and other control measures for workers with concerns about being in the physical workplace, even if it is not required by the organization;
- i) offer additional resources to assist workers with managing their own psychological health and well-being (e.g. online programmes, websites, access to professionals offering bereavement and trauma counselling, financial advice).

NOTE Further guidance on managing psychological health is provided in ISO 45003 and the ISO 10075 series.

7 Inclusivity

The organization should ensure that actions taken to manage risks arising from COVID-19 to work-related health, safety and well-being take into account the impacts on different groups of workers and other relevant interested parties.

The organization should, for example:

- a) ensure issues and anxieties raised are respected and requests are accommodated as far as practicable;
- b) continue to support working from home for workers who can effectively perform work activities at home and who are anxious about returning to the physical workplace;
- c) raise awareness and provide training to workers in order to meet the needs of people with disabilities (e.g. providing access to suitable toilets, understanding how support animals operate, taking action to reduce communication difficulties caused by masks or face coverings);
- d) ensure facilities for faith groups are safely accessible;
- e) adapt roles and activities to reduce risks to vulnerable workers, if possible;
- f) ensure communications, including electronic communications, are accessible (e.g. websites, online appointments or ordering systems).

Further information on accessibility and inclusion considerations is given in [Annex B](#).

8 Resources

The organization should determine what resources are needed to effectively manage the risks related to COVID-19 and ensure sufficient resources are in place. The organization should establish processes to help ensure that essential resources are maintained, appropriately managed and can be supplied reliably as needed.

Workers with responsibility for managing resources to mitigate the risks related to COVID-19 should be clearly identified, and this should be communicated to all workers and other relevant interested parties. The organization should ensure that there is a process to enable ongoing dialogue with workers about specific needs for resources to manage risks related to COVID-19 and how workers can escalate issues.

When determining the resources needed to start, resume and maintain essential activities, the organization should consider:

- a) human resources, including practical and psychological support to workers, and processes to manage reduced human resources due to illness or self-isolation;
- b) financial resources;
- c) appropriate PPE, including specific provision for workers with cleaning and disinfection roles;
- d) handwashing, hand sanitizing, and cleaning and disinfection materials;
- e) adequate and safe provision of toilet facilities;
- f) technology;
- g) infrastructure and equipment (e.g. relating to waste, water and energy management);
- h) communication methods (see [Clause 9](#));
- i) the need for, and availability of, additional training to ensure workers are competent to take on additional roles or activities.

The organization should ensure that temporary, prolonged or permanent absence of workers (e.g. through sickness, self-isolation or quarantine, job losses) does not put the health or safety of available workers at risk. The organization should ensure that workers are competent to perform roles or activities they are required to perform, particularly if workers are expected to take on new tasks.

The organization should take actions to minimize additional workload and ensure that any additional workload is only short term. Line managers should monitor workload and the impact on affected workers so that individual workers do not work beyond agreed working hours and take rest periods and time off work.

9 Communication

9.1 General

9.1.1 The organization should communicate its commitment to managing the risks related to COVID-19 and inform workers and other relevant interested parties of:

- a) general safety measures and controls;
- b) required ways of working, taking into account the needs of individuals and groups of workers;
- c) what is expected of them;

- d) what they can expect from the organization;
- e) how to report concerns or safety incidents.

The organization should ensure that there is regular communication from top management to workers at all levels, to demonstrate commitment to policies and agreed ways of working during the pandemic.

9.1.2 The organization should use a combination of formal and informal communication methods (e.g. intranet, website, emails, signs, images, symbols, phone calls, audio announcements, videos) so messages are accessible and can be understood by all relevant interested parties, including people with disabilities, non-native speakers and people with differing levels of literacy. The organization should ensure that standardized symbols are used, wherever possible, to avoid misinterpretation.

Preferred methods of communication (e.g. emails or personal phone calls, rather than video conferences with groups) should be taken into account for workers with different needs, including making adjustments for neurodiversity (e.g. dyslexia, autism, dyspraxia).

Communication with workers and other relevant interested parties should be two-way and methods should facilitate ongoing conversation as well as more formal consultation.

Communications should provide clear and up-to-date guidance on physical distancing, hygiene and required behaviours:

- a) before arrival at the workplace (e.g. by phone, website, intranet, email);
- b) on arrival at the workplace (e.g. signs, posters, screens, announcements);
- c) at first entry into a workplace (see [9.2](#) and [12.2](#));
- d) throughout the workplace (e.g. signs, posters, screens, announcements).

Communications should also provide clear guidance on facilities and functions that are or are not available (e.g. canteens, fridges, shared equipment, first aid, HR, IT).

9.1.3 Regular communications should be provided on changes to processes, guidance and the levels of risk related to COVID-19.

The organization should:

- a) establish who is responsible for communicating safety guidance to visitors, delivery workers, customers and other people (ensuring more than one person is trained to perform this role);
- b) ensure communications are accessible and useable by all workers and relevant interested parties, including contractors and agency workers;
- c) provide necessary training to workers who act as hosts for visitors, or who need to interact with delivery workers, customers, the public, etc.;
- d) communicate relevant information about operational changes, safety measures and controls to suppliers, customers and other relevant interested parties;
- e) review communications frequently to ensure they are current and effective and take action if issues are identified;
- f) establish effective day-to-day communication mechanisms in workplaces to enable compliance with physical distance requirements, including where noise levels are high and cannot be reduced.

9.2 For first entry into a workplace

The organization should take all reasonable measures so that workers and other relevant interested parties understand the behaviours, processes and working practices required to manage the risk of

transmission of COVID-19 before entering a workplace for the first time or returning from absence from the workplace.

In addition to the actions recommended in [9.1](#), the organization should:

- a) develop communication and training materials and deliver training as required (e.g. through video training or electronic methods);
- b) provide guidance on safe travel to and from work (e.g. encouraging walking, cycling and personal vehicles where possible, and physical distancing and masks or face coverings if workers need to use public transport);
- c) provide clear guidance on staggered start and finish times, flexible working hours, shifts or any other altered working patterns or schedules;
- d) provide guidance on physical distancing, hygiene and general ways of working;
- e) communicate new processes for entering the workplace, beginning work and the use of common areas (e.g. lifts/elevators, stairways, toilets, kitchens, corridors);
- f) communicate guidance on safe interaction with visitors, customers, service users and other people;
- g) communicate changes to emergency procedures (see [4.7](#)).

9.3 Ongoing communication

The organization should ensure that all workers are regularly reminded of safety measures and controls and that they are kept up to date if these are changed or additional safety measures or controls are implemented.

The organization should:

- a) ensure ongoing engagement with workers and worker representatives, where they exist, and take actions to understand any unforeseen impacts of changes to ways of working, how work is organized and workplaces (see [4.4](#));
- b) communicate regularly with workers, including those working remotely, to check physical and psychological health and well-being, and to give clear information on issues that are known to negatively affect psychological health (see [Clause 6](#)).

10 Hygiene

10.1 The organization should implement processes to keep the workplace clean, to reduce the risk of transmission of COVID-19 from contaminated surfaces, and to enable good hygiene throughout working hours and at the end of each working shift.

The organization should ensure that workers are made aware of the importance of frequent and effective handwashing to limit transmission of COVID-19. The organization should communicate to workers that:

- a) hands should be washed with clean (preferably hot) water and soap for 20 s to 40 s;
- b) hands should be sanitized with a hand sanitizer suitable for safe and effective use against COVID-19 (e.g. containing a minimum of 60 % ethanol or 70 % isopropyl alcohol), if hand washing is not possible;
- c) visibly soiled hands should be washed before using hand sanitizer, if possible.

The organization should ensure that hand sanitizers conform to relevant standards (e.g. checking the type and concentration of alcohol on labels) and be aware of the possibility of counterfeit, low quality or incorrectly formulated products on the market.

10.2 The organization should implement processes to ensure:

- a) workers are encouraged to wash their hands (or sanitize if this is not possible) at frequent intervals, and communicate when this should be done (e.g. before entering or leaving an area of the workplace, before and after breaks, before and after handling shared resources such as telephones, computers, tools, drink dispensers, before and after using common areas);
- b) additional handwashing and/or hand sanitizing facilities are available in places where workers are present or move through (e.g. entrances, exits, near elevators, common areas, operational areas);
- c) additional materials are available to workers to enable frequent cleaning and disinfection of workstations and equipment, including between use by different workers;
- d) frequent cleaning and disinfection of surfaces that are touched regularly (e.g. door handles, light switches, counters, pay points, testing surfaces, lift/elevator controls, shared resources);
- e) effective, adequate and frequent waste disposal, including separate, secure waste disposal for single-use PPE and disposable masks and face coverings;
- f) promotion of good hygiene practices, including posters and signs to remind workers of required handwashing techniques and frequency, the need to avoid touching faces, and to cough or sneeze into a disposable tissue or into their elbow;
- g) safe use of toilets, including increased ventilation, enhanced and more frequent cleaning and disinfection, encouraging use of paper towels and managing use to reduce crowding (see [12.6.2](#));
- h) safe use of showers and changing rooms, designating specific facilities for small groups where this is possible.

10.3 To avoid transmission from contamination of surfaces, the organization should implement fixed workstations, zones, desks and/or equipment, and require workers to keep personal belongings in personal spaces, such as lockers or bags, ensuring belongings are removed from the workplace at the end of each shift.

The organization should take action to reduce the risk of transmission of COVID-19 through contact with objects that come into the workplace and vehicles used by the organization. The organization should:

- a) restrict non-essential deliveries, including personal deliveries to workers;
- b) clean and disinfect materials, equipment and other objects entering the workplace;
- c) clean and disinfect touch points of shared equipment after each use;
- d) regularly clean and disinfect vehicles used for work activities, including vehicles workers drive home;
- e) increase frequency of handwashing for workers handling deliveries or provide hand sanitizer where this is not practical.

11 Use of personal protective equipment, masks and face coverings

11.1 PPE protects the user against health or safety risks at work. In the context of COVID-19, PPE such as respiratory equipment and face shields (when used with a mask) can be used. If workers are required to use PPE to protect against risks unrelated to transmission of COVID-19 they should continue to do so.

There is increasing evidence that masks and face coverings, including homemade textile face coverings, provide some protection against the transmission of COVID-19 by capturing droplets released through breathing, coughing, sneezing and talking. Face coverings, used in conjunction with physical distancing, handwashing and other hygiene measures (see [Clause 10](#)) are an effective measure in reducing the risks related to COVID-19.

Specialist PPE and medical devices (e.g. respirators, masks to protect workers from dust and other industrial airborne hazards) should be reserved for those who need them to perform their roles.

11.2 The organization should take into account situations where temporary removal of PPE, masks and/or face coverings can be required or where workers or other interested parties have specific needs. These can include:

- a) temporary removal of masks or face coverings for identification or other security purposes;
- b) interaction with workers and other interested parties with hearing impairments who lip read.

If temporary removal of PPE, masks and/or face coverings is necessary, physical distancing should be ensured. Hand washing (or sanitization) should also be ensured to avoid cross-contamination when putting on or taking off PPE, masks or face coverings. To improve communication for people who lip read and for other interested parties, the organization should facilitate use of appropriate transparent face shields, if this is possible.

11.3 If additional PPE, masks or face coverings are required to manage the risks related to COVID-19, the organization should:

- a) establish guidelines for when and how PPE, masks and/or face coverings should be used and provide training if necessary;
- b) provide suitable PPE and/or masks free of charge;
- c) ensure PPE and masks are correctly fitted, and instruct workers on appropriate use and safe disposal after use;
- d) encourage workers to take regular breaks to minimize fatigue caused by using PPE, which can lead to reduced compliance with safety measures and unsafe use of equipment;
- e) clean, disinfect or launder contaminated reusable PPE.

The organization should support workers who choose to use a mask or face covering not required by the organization (e.g. homemade face coverings or other face coverings not provided by the organization).

NOTE In specific settings, this can be prohibited by legal requirements or other requirements.

11.4 The organization should advise workers to:

- a) wash their hands or use hand sanitizer before putting the mask or face covering on and after removing it (washing visibly soiled or greasy hands before using hand sanitizer, if possible);
- b) continue to regularly wash hands, or sanitize hands if this is not possible;
- c) avoid touching their face or mask/face covering, to avoid contamination;
- d) change their mask or face covering if it becomes damp, or if it has been touched with dirty or potentially contaminated hands;
- e) change their mask or face covering each day, as a minimum (the recommended time for use of some types of mask or face covering is 4 h), and more often if necessary;
- f) dispose of or store masks or face coverings in a sealed container if removed, to avoid contamination of other surfaces;
- g) wash reusable masks or face coverings at a high temperature before/after each use if the material is washable;
- h) securely dispose of masks or face coverings after single use if the material is not washable;
- i) continue to comply with physical distancing guidelines, wherever possible.

12 Operations

12.1 General

The organization should ensure that processes are in place to address the risks identified in [Clause 4](#), including implementing measures to enable home working, physical distancing, and other safety measures and controls in the workplace.

The organization should assess if the measures introduced negatively impact existing security measures or introduce new security risks, and take actions to address these risks (see [Annex A](#)).

The organization should take measures to reduce background noise in the workplace as far as practicable (e.g. lowering music, reducing the time that devices such as hairdryers are used) to reduce the need for people to raise their voices. Raised voices, including shouting, singing and other types of voice projection, can increase the range of droplet transmission. Noise reduction, where practicable, is therefore important both in places where people are using masks or face coverings, which can muffle sound, and in situations where physical distancing is difficult or impossible (e.g. close contact roles, such as hairdressers, tattooists, physical therapists, or social settings, such as pubs and restaurants).

In activities and situations where it is impossible to fully comply with physical distancing guidelines, the organization should implement the actions outlined in [4.6](#) and ensure that activity times involved are kept as short as possible.

If an activity requires close contact work for a sustained period without being able to comply with physical distancing guidelines or bringing workers into contact with people other than their assigned team or pair, the organization should assess if the activity can go ahead safely.

No worker should be obliged to work in an unsafe work environment.

12.2 First return to a workplace

The organization should develop a process to communicate changes to the workplace and ways of working to all workers on first arrival or return to a workplace and it should ensure that this is regularly reviewed and updated as circumstances change. This should be in addition to communications provided before the return to work and should include guidance for specific roles or activities.

The organization should:

- a) ensure that all workers returning to the workplace, or attending a different workplace or site, are provided with full instructions and information on arrival;
- b) communicate information about potential hazards that can arise if there are reduced numbers of workers;
- c) limit the number of workers being given instruction about first entry to the workplace at one time to enable physical distancing;
- d) consider using outside spaces for instructions on first entry, where safe and possible.

The organization should raise awareness of COVID-19 symptoms and establish appropriate processes for health screening of workers and other people (e.g. visitors, service users) prior to anyone entering the workplace. This can include self-reporting and/or temperature checks.

Advice and recommendations can be provided by occupational health professionals, either through the organization's internal resources or through consultation with external services or professional bodies.

12.3 Entering and leaving the workplace

The organization should ensure that physical distancing guidelines are maintained wherever possible and require handwashing (or hand sanitizing if this is not possible) on arrival and departure.

The organization should also:

- a) stagger arrival and departure times to reduce crowding at entry and exit points;
- b) provide additional entry and exit points if possible;
- c) provide additional parking or facilities, such as bike racks, where possible;
- d) limit the number of passengers in vehicles used by the organization, such as minibuses (this can include leaving seats empty);
- e) use physical distancing indicators on the floors or walls and introduce one-way systems at entry and exit points, if possible;
- f) create separate entry and exit points for high-risk work areas or sites (e.g. mechanical test sites, wet laboratories);
- g) ensure touch-based security devices, such as keypads, biometric readers and electronic pass points, are regularly sanitized and raise awareness that no physical contact is needed between access cards and readers;
- h) ensure safety measures introduced to manage the risks related to COVID-19 do not unintentionally create security risks (see [Annex A](#));
- i) provide storage for workers' and service users' clothes and bags, preferably storage dedicated to single-person use;
- j) provide facilities for workers to change into work clothing and equipment on-site, where physical distancing and hygiene guidelines can be met;
- k) clean, disinfect or wash clothing and equipment (e.g. uniforms, hard hats, goggles, gloves) on-site if possible.

12.4 Moving around and between workplaces

The organization should ensure that processes are in place to maintain physical distancing guidelines wherever possible, while people move through the workplace and between workplaces.

To enable safer movement, the organization should consider measures including:

- a) reducing movement within buildings and sites (e.g. restrict access to specific work areas to workers who need to be there, encourage use of radios or telephones, where permitted, cleaning them between use if these are shared);
- b) enabling no-contact access controls in areas where controlled entry is necessary (e.g. automated doors);
- c) removing access controls that need to be touched (e.g. electronic barriers, keypads) in low-risk areas, to reduce surface contamination;
- d) installing barriers to avoid contact between workers performing health screening and the person who is being screened (e.g. at entrances, between workplaces and in any other location where health screening takes place);
- e) using teams/pairs or timed booking processes to reduce the number of people in a work area at one time;
- f) introducing one-way systems through buildings, paying particular attention to long or narrow corridors, stairways, walkways and turnstiles;

- g) encouraging the use of stairways and reducing maximum occupancy for lifts/elevators, providing hand sanitizers for their operation, and ensuring regular cleaning and disinfection of commonly touched areas (e.g. handrails, buttons);
- h) enabling people with disabilities to safely access and use lifts/elevators.

12.5 Work zones and workstations

The organization should ensure that physical distancing guidelines can be maintained between individual workers in work zones and at workstations, wherever possible.

To facilitate safe working practices, the organization should:

- a) review work zones and, where possible, move workstations to enable physical distancing between each station, paying attention to the space needed to safely move to and from workstations, if this involves passing other workers;
- b) arrange workstations so that workers are side-by-side, back-to-back or diagonal to each other, rather than face-to-face;
- c) consider blocking the use of some workstations, or use screens to separate workers if workstations are fixed at less than the recommended distance;
- d) assign workstations and equipment to individual workers, wherever possible, or teams/pairs where this is not possible (e.g. call centres, training facilities), and restrict “hot desking” and other forms of agile working to essential activities;
- e) use floor or wall markers to indicate recommended physical distancing guidelines;
- f) put in place physical barriers to enforce physical distancing to the extent possible, where it is safe to do so without introducing new OH&S or other risks or negatively impacting people with disabilities;
- g) reduce the number of workers in a work zone to enable physical distancing in restricted spaces;
- h) limit the use of high-touch items and shared equipment, and enable frequent cleaning and disinfection.

12.6 Use of common areas

12.6.1 General

12.6.1.1 The organization should implement processes to facilitate the safe use of essential common areas, including, as a minimum:

- a) frequent cleaning and disinfection, including between uses by different groups of people;
- b) limiting the number of people in common areas at one time;
- c) limiting how long people can be in common areas;
- d) physical distancing.

12.6.1.2 The organization should also consider, as appropriate:

- a) staggering the times when workers arrive or leave when working with other organizations in shared spaces, to reduce crowding in common areas such as lifts/elevators, reception, corridors and security points;
- b) staggering break times and encouraging the use of safe outside areas, if possible;

- c) encouraging the use of outdoor spaces for work activities, where practical;
- d) creating additional common spaces in other parts of the workplace;
- e) installing screens to protect workers in reception or similar areas;
- f) encouraging workers to bring in their own food, or providing packaged meals to avoid opening canteens, where appropriate;
- g) avoiding the use of shared resources, such as cups, plates and spoons, and ensuring water taps and drinks dispensers are cleaned or disinfected by the user after each use;
- h) moving seating and tables to enable physical distancing and reduce face-to-face interaction;
- i) encouraging workers to remain in the workplace (including designated outdoor space) throughout working hours, and requiring compliance with physical distancing guidelines if leaving the workplace;
- j) regulating the use of locker or changing rooms, showers and other common facilities (e.g. baby and family rooms, faith rooms and associated foot-wash facilities);
- k) encouraging storage of personal items in personal spaces, e.g. lockers, during working hours.

12.6.2 Use of toilets

The organization should consider additional measures to facilitate the safe use of toilet facilities by workers and other interested parties, including those provided for people with disabilities. Actions can include:

- a) managing the use of toilet facilities to avoid crowding;
- b) establishing more frequent and enhanced cleaning and disinfection (including touch points such as toilet seats, locks, flushes, grab rails and hoists) and waste disposal;
- c) using signage to direct users to the nearest available toilet, if toilets are temporarily closed for in-depth cleaning;
- d) limiting the number of cubicles and urinals available in a block of toilets, to promote physical distancing;
- e) using signage to encourage users to close toilet lids before flushing, where lids are fitted;
- f) ensuring a system is in place to allow queues for toilets to form outside of the facility, rather than in the confined space;
- g) requesting workers or visitors to use a single designated set of facilities within a workplace, taking into account users with special needs;
- h) providing paper towels, and ensuring levels of paper towels are monitored and maintained and that there is frequent, safe disposal of waste;
- i) using automatic and foot-operated equipment, rather than manual equipment (e.g. sensor operated taps, soap dispensers, flushes, foot-operated bins);
- j) increasing the monitoring and replenishment of supplies (e.g. soap, sanitizer, paper towels, toilet paper).

12.7 Meetings and visits to the workplace

12.7.1 The organization should limit visits to the physical workplace and use remote working technology to minimize both external and internal face-to-face meetings, particularly while restrictions are in place.

12.7.2 If face-to-face meetings or visitors to the workplace are essential, the organization should communicate expected behaviours and processes for safely entering the building in advance of the visit, including health screening and self-reporting health status.

The organization should:

- a) restrict access to required visitors only;
- b) take into account where visitors are travelling from and if additional safety measures are needed;
- c) limit the number of visitors in the workplace at any one time;
- d) limit visits to specific times;
- e) provide separate toilet facilities for visitors, if possible;
- f) revise schedules for essential service and other contractor visits to reduce interaction (e.g. outside of normal hours to limit interaction with workers or customers);
- g) record visitor details to enable contact tracing (e.g. names, dates, who is hosting the visit, names of other people in the workplace or through work activities the visitor has close or prolonged contact with), taking measures to ensure these data are protected and destroyed after an agreed period of time (not less than 14 days or following official guidance);
- h) revise how visitor details are recorded and how visitors enter and exit the workplace (e.g. details recorded by a receptionist to avoid shared pens, using one-way systems to enter and exit, using disposable visitor badges);
- i) require visitors to comply with physical distancing guidelines and other safety measures and controls;
- j) ensure reasonable adjustments are made for people with disabilities who have access requirements and are attending meetings.

12.7.3 If physical meetings are essential, the organization should:

- a) limit participation to the minimum number of essential people and maintain physical distancing guidelines;
- b) avoid shared resources (e.g. pens, water or coffee jugs);
- c) provide hand sanitizer in the meeting room;
- d) hold meetings outside or in well-ventilated rooms, if possible;
- e) use floor or wall markings to indicate acceptable physical distancing guidelines.

12.8 Working with the public

The organization should ensure that controls are in place to maintain physical distancing and to minimize risks of infection to and from workers through interaction with the public (including customers, clients, service users and other people), in both indoor and outdoor workplaces.

The organization should take actions such as:

- a) training workers with public facing roles to be aware of how to communicate safety measures to members of the public, including people with disabilities who have individual needs (see [Clause 7](#));
- b) using posters, signs, marketing emails and other communications to inform members of the public of safety measures and controls and how to maintain physical distancing;

- c) making regular announcements to remind members of the public to maintain physical distancing and follow other safety measures;
- d) limiting the number of members of the public in a building or confined outdoor space so that physical distancing can be maintained;
- e) using safe outdoor spaces for queuing, where possible, using floor or wall markings to indicate physical distancing intervals, ensuring queues do not cause additional safety hazards and that street furniture is not removed, causing additional security risks (see [Annex A](#));
- f) providing hand sanitizer at entrances and exits to buildings and outdoor spaces, and other areas of outdoor spaces where there is potential risk of transmission;
- g) monitoring the use of masks or face coverings where this is mandatory;
- h) considering provision of disposable masks for customers, clients or service users, and other members of the public who do not have their own or who are wearing unsuitable masks or face coverings;
- i) ensuring cleaning and disinfection of frequently touched areas and shared resources, (e.g. card payment and cash machine keypads, sales counters and bars, handles of baskets and trolleys, treatment beds or chairs, gym equipment);
- j) limiting handling of products (e.g. through different display methods, signs, rotation of high-touch items);
- k) providing physical barriers, such as screens, in places where interaction between workers and members of the public is frequent (e.g. pay points, customer service desks);
- l) reducing non-essential public facilities if physical distancing cannot be complied with (e.g. closing fitting rooms);
- m) limiting time spent in close contact with customers or service users, adapting services as necessary (e.g. ensuring hair and beauty treatments are time-limited; using electronic devices for ordering food and drink; using designated pairs of workers to carry heavy items to customers' vehicles, rather than a single worker assisting a customer to carry the item);
- n) providing well-indicated toilet facilities, with physical distancing marked for queues and a suitably trained worker in attendance in busy facilities to regulate entry and ensure enhanced cleaning, waste disposal and replenishment of supplies;
- o) encouraging contactless payment and refunds;
- p) establishing no-contact collection and return points;
- q) staggering collection times;
- r) establishing a booking system, if appropriate (e.g. restaurants, beauty services, tattoo parlours, gyms).

12.9 Work-related travel

12.9.1 The organization should avoid all unnecessary work travel and ensure controls are in place to keep workers safe when they do need to travel or when making or receiving deliveries.

If work-related travel is necessary, the organization should:

- a) take into account the different forms of travel required to complete a journey and the places workers are required to transit through (e.g. railway stations, airports, hotels);
- b) take into account the varying requirements of different travel organizations and hubs (e.g. airline or ferry restrictions, specific requirements for airports or ports);

- c) encourage flexibility of travel times to avoid peak times on public transport;
- d) encourage people to cycle, use electric bicycles or scooters, or their own vehicle, where practicable;
- e) determine locations of essential facilities (e.g. toilets, food and drink) and give guidance on safe use;
- f) centrally log if a worker is required to stay away from home overnight, and ensure overnight accommodation complies with physical distancing and hygiene guidelines.

12.9.2 For road travel, other than on mass public transport, the organization should:

- a) minimize the number of people travelling together in any one vehicle;
- b) use fixed teams or pairs while travelling;
- c) open windows to increase ventilation in motor vehicles, where practicable;
- d) ensure vehicles are cleaned and disinfected between shifts and before use by other workers;
- e) require workers to avoid sitting face-to-face;
- f) encourage the use of masks or face coverings if more than one person is in a vehicle, including in taxis.

12.10 Deliveries

The organization should take action to ensure deliveries (including postal deliveries of letters and packages) can be made and received safely.

The organization should:

- a) minimize person-to-person contact during deliveries, including during payment and exchange of documentation (e.g. electronic tools for payment, signing and document exchange);
- b) provide guidance to workers taking deliveries at home, or in another location not controlled by the organization, on safe handling and distribution;
- c) revise pick-up and drop-off collection points (e.g. zones with physical distancing markings, no-contact drop-offs to customers and other work sites);
- d) reduce the frequency of incoming deliveries (e.g. establishing central procurement processes to avoid external deliveries to different sites, ordering larger quantities less often);
- e) use single workers or fixed pairs to load or unload vehicles;
- f) provide controlled, safe access to welfare facilities (e.g. toilets) for delivery drivers;
- g) encourage drivers to stay in their vehicles where this does not compromise safe working practice;
- h) ensure regular cleaning and disinfection of reusable delivery boxes, loading equipment, etc.;
- i) consider cleaning or disinfection of delivered items, or isolate items that cannot be disinfected, following official guidance for different materials, to allow for natural decay of the COVID-19 virus on surfaces.

13 Performance evaluation

13.1 Monitoring and evaluation

13.1.1 The organization should use a systematic approach to monitor and evaluate:

- a) how effectively safety measures and controls protect workers;

- b) how the work is being done;
- c) compliance with safety measures in the workplace;
- d) the rate of infection among workers;
- e) levels of worker absence and the impact on available workers;
- f) changes in community risk levels or other external issues (see [4.1](#)).

13.1.2 Monitoring and evaluation activities should:

- a) determine the extent to which the guidance is being complied with;
- b) determine if processes for ongoing assessments of risks are in place and operating effectively;
- c) determine the extent to which controls are working and if these need to be changed, enhanced or enforced more actively;
- d) determine if the use of controls is creating new risks (of any type) that need to be addressed;
- e) take into account feedback from workers and worker representatives, where they exist, and other interested parties (e.g. customers, service users).

The organization should consider implementing increased supervision of activities to ensure safety measures are complied with.

13.2 Management review, incidents and reporting

13.2.1 General

The organization should review the outputs of monitoring and evaluation (see [13.1](#)) at regular intervals and take into account:

- a) issues identified with levels of compliance with safety measures and controls;
- b) incidents reported by workers and other relevant interested parties;
- c) the root cause(s) of incidents;
- d) the effectiveness of actions taken to deal with incidents, including actions taken at the time of the incident and actions to address the root cause(s) of the incident.

The results of the management review should be communicated to workers and other relevant interested parties, as appropriate. Communications should include actions taken and other improvement measures that are, or will be, introduced (see [Clause 14](#)).

13.2.2 Reporting to external interested parties

If a worker contracts COVID-19 due to work-related exposure to the disease, it should be reported to the appropriate regulator or health authority.

NOTE 1 This can be required by local, regional or national guidelines.

The organization should be aware that reporting requirements can change as circumstances change. The organization should regularly review reporting requirements and ensure information is up to date.

When deciding if a report is required, the organization should determine if there is reasonable evidence that work-related exposure, rather than general social exposure, is the likely cause of the disease.

Factors to take into account when determining if contracting COVID-19 has been caused by work-related exposure include:

- a) if the nature of work activities or work organization has increased the risk of workers becoming exposed;
- b) any specific, identifiable incident that led to an increased risk of exposure;
- c) if work activities directly brought a worker into contact with a known coronavirus hazard without effective control measures being used (e.g. physical distancing, PPE).

If more than one worker contracts COVID-19, regardless of whether this is caused by work-related exposure or not, the organization should report this to the relevant regulators or health authorities, so that actions can be considered or implemented to control an outbreak and prevent further COVID-19 cases in the organization or community.

NOTE 2 This can be required by local, regional or national guidelines.

14 Improvement

The organization should determine opportunities for improving how it manages risks related to COVID-19 and implement necessary actions. This includes staying informed about the status of COVID-19 cases, new information on the disease, and updates on infection controls and treatment.

The organization should take into account the results of monitoring, evaluation and review (see [Clause 13](#)) and:

- a) take immediate actions to improve or change safety measures and controls that are not effective;
- b) implement additional safety measures and controls if needed, taking into account the security implications of any new measures introduced;
- c) address changes to the external and internal issues that can affect work-related health, safety and well-being (see [4.1](#)), including changes to local, regional or national risk levels, official guidance or legal requirements;
- d) encourage ongoing consultation and participation of workers and worker representatives, where they exist, during the monitoring, evaluation and review, and address their concerns.

To ensure the organization continues to manage the risks related to COVID-19, it should review the recommendations in this document regularly, to take into account the dynamic nature of the situation.

Annex A (informative)

Protective security considerations

A.1 General

This annex provides considerations for security managers and anyone in an organization tasked with implementing COVID-19 safety measures.

While the risk to health from COVID-19 is a current priority, the threat of terrorism and activity by hostile state actors (e.g. national security threats) remains substantial. It is essential that organizations remain aware of these threats as they adjust operations, ensuring that security measures are proactively adapted to support and complement other changes, rather than being inadvertently overlooked and potentially increasing the vulnerability of the organization and/or people.

Unless security is considered when organizations plan and adapt their operations in response to COVID-19, there is a significant risk from unintended consequences of changes in working practices.

This annex explains the importance of including protective security and provides advice on how organizations can implement changes (such as physical distancing) necessitated by the COVID-19 pandemic, while maintaining effective security. It includes links to relevant security advice to assist organizations with considering and implementing effective security mitigations,

A.2 Operations and practices

Normal protective security operations and practices should be taken into account when implementing COVID-19 related measures or controls.

The organization should:

- a) consult with and involve their security department, where this exists, in the implementation of proposed safety measures;
- b) consult with security workers and take into account the security arrangements of partner organizations and organizations sharing facilities;
- c) take security into account throughout all revised risk assessments;
- d) ensure workers with responsibility for implementing measures to manage the risks from COVID-19 consult with workers in security roles, and coordinate and clarify roles and responsibilities.

A.3 Measures

Protective security measures should not be removed, altered or reduced without undertaking a security risk assessment. Where necessary, the organization should seek advice from relevant protective security experts (e.g. from the national security authority or police counter-terrorism specialists).

The organization should take into account measures not primarily intended for protective security, but which provide a security benefit (e.g. removal of street furniture can make moving or queueing pedestrians more vulnerable to vehicle-as-a-weapon attacks).

The organization should:

- a) ensure that security workers remain focused on security duties;

- b) ensure additional resources are provided if COVID-19 safety measures create the need for additional workers for supervision or other activities (e.g. managing queues);
- c) confirm that security workers feel safe to perform their duties (e.g. they have access to appropriate PPE and hand-washing facilities);
- d) provide guidance on how to perform security duties without significantly increasing risks to personal health and safety (e.g. guidance on physical distancing where people are asked to remove masks or face coverings for identification purposes);
- e) agree a method for security workers to raise concerns.

Annex B (informative)

Accessibility and inclusion considerations

B.1 General

This annex provides considerations for anyone in an organization tasked with implementing COVID-19 safety measures.

The implementation of additional measures to manage work-related risk from COVID-19 can have a disproportionately negative impact on people with a disability.

This annex provides further considerations for organizations to ensure COVID-19 measures do not exclude people or create additional unintended risks.

B.2 Individual needs to consider

The organization should encourage discussion and engagement with workers and worker representatives, where they exist, to ensure individual needs are understood. The organization should take into account that:

- a) not all people with a disability are more vulnerable to COVID-19;
- b) many people have vulnerabilities to COVID-19 that are not visibly apparent (e.g. diabetes, respiratory conditions, heart conditions);
- c) many other disabilities are also not visibly apparent, and adjustments can be necessary to meet individual needs.

In addition to the general measures mentioned in these guidelines, the organization should consider surveying all workers in order to understand recent and ongoing health, safety and well-being issues and personal circumstances.

B.3 Factors to consider

The organization should also take into account:

- a) factors affecting the outside of a workplace, including:
 - 1) maintaining existing parking facilities for people with a disability and not reducing these facilities (e.g. when creating additional space for customers to queue);
 - 2) creating safe “drop off” zones for people who are at higher risk from COVID-19 (or with underlying health conditions);
 - 3) ensuring there is sufficient space (including consideration of physical distancing requirements) for wheelchair and other mobility aid users when creating new, one-way or split routes around workplaces;
 - 4) ensuring alternative routes are provided if new routes are not step free;

- 5) ensuring a detectable warning surface is provided when changes such as the removal of kerbs or the creation of additional cycle stands are implemented;
- b) factors affecting the inside of a workplace, including:
- 1) ensuring hand sanitizer is accessible to all (e.g. taking height into consideration);
 - 2) recognizing that one-way systems can create longer routes, which affect people with mobility impairments (e.g. there can be a need for additional rest points);
 - 3) ensuring there is sufficient space (including consideration of physical distancing requirements) for wheelchair and other mobility aid users when creating new, one-way or split routes within buildings;
 - 4) enabling workers who require a carer or assistant to book side-by-side workstations or desks;
 - 5) designating specific accessible toilet facilities for people considered to be at higher risk of contracting COVID-19 or getting severe illness from COVID-19, and implementing additional and more frequent cleaning and disinfection to ensure required hygiene standards are consistently met;
 - 6) enabling workers considered to be at higher risk of contracting COVID-19 or getting severe illness from COVID-19 to work together, to facilitate higher levels of physical distancing and hygiene and limit interaction with other people;
- c) factors relating to communication, including:
- 1) the communication needs of people who are blind, visually impaired or deaf;
 - 2) ensuring signs and notices use clear, consistent and simple language and recognized symbols, and are large enough;
 - 3) considering the use of closed caption subtitles on videos;
 - 4) considering the creation of a video demonstrating changes and providing induction to the workplace that workers and other relevant interested parties can access before entering the workplace;
 - 5) recognizing that masks and face coverings create communication issues for people who rely on lip reading and perception of emotion through facial expressions, and enabling additional measures to be used if possible (e.g. transparent face shields used with physical distancing to enable masks and face coverings to be removed for direct communication);
 - 6) ensuring websites meet the Web Content Accessibility Guidelines (WCAG)^[8] to at least level 2, ideally level 3.

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