Safe working during the COVID-19 pandemic – General guidelines for organizations

August 2020 Version 3

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Advisory Group

Acknowledgement is given to the following organizations that were involved in the development of this BSI Flex as members of the Advisory Group:

Helen Hamlyn Centre for Design, Royal College of Art; Construction Products Association; Lloyd's Register; Centre for the Protection of National Infrastructure; Market Research Society; Buro Happold; E V Hoxey Ltd; UCL; Nottingham University Business School; Babcock International; Key Facilities Management; Alliance Manchester Business School; CIPD; Institute for Collaborative Working.

Acknowledgement is also given to the organizations that participated in the public review of this BSI Flex.

About BSI

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This document will be updated to reflect the dynamic situation. To comment on the document, to check for and download the latest version, and access supplementary information, go to

https://www.bsigroup.com/en-GB/topics/novel-coronavirus-covid-19/covid-19-guidelines/

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Foreword

The current COVID-19 pandemic has fundamentally shifted the way people live and work. Capturing the lessons learned as we progress through the phases of the pandemic is crucial. Whilst economic considerations are important, the fundamental principle of protecting human life underpins all economic recovery.

As the pandemic impacted different regions, many countries faced a sudden 'lockdown'. With populations confined to their own homes, organizations of all types had to change the way they operated or shut down entirely, with little or no time to prepare. Following the initial global crisis, a cycle is emerging: outbreaks are controlled and restrictions are eased, new clusters of cases emerge and restrictions need to be reintroduced.

This means a rethink of what was previously considered normal, and ensuring plans are in place to respond rapidly if restrictions are introduced, changed or eased at short notice.

All organizations face questions from their customers, suppliers, investors and the general public. The most important stakeholders for the success of an organization however, are the workers. Planning how to mitigate the effects of the pandemic is therefore crucial in order to protect workers, provide reassurance to other interested parties and to protect the organization's reputation.

Building on and complementing formal guidance issued by governments and other trusted sources such as the World Health Organization (WHO), BSI has developed this set of guidelines to assist organizations as they adjust the way they work, and to protect workers, and the people they come into contact through work, from the ongoing risks.

The third version of this document, as presented below, has been reviewed by an expert Advisory Group following a public commenting period. All comments received have been reviewed to ensure the guidelines reflect growing knowledge and emerging good practice.

Key changes in this version include the following new clauses, sub-clauses and annexes:

a) executive summary (**0.2**)

b) planning for changes to restrictions (**4.8**)

c) testing, contact tracing and quarantine (**5.4**)

d) protective security considerations (Annex A)

e) accessibility and inclusion considerations (Annex B).

These guidelines are currently under consideration for development as an international document through ISO, taking into account the dynamic circumstances across the globe.

Each version of the BSI Safe Working guidelines is available on BSI's **website** to provide ongoing guidance to business owners, managers, workers and other users as they deal with the complexities of this changing situation and adapt their own ways of working.

The information and recommendations within this document are generally applicable to any organization that needs to manage the risks related to COVID-19, regardless of the nature of their activities or geographical location.

Comments are encouraged from users.

In this document, the following verbal forms are used:

1) "should" indicates a recommendation;

2) "may" indicates a permission; and

3) "can" indicates a possibility or a capability.

Use of this document

This BSI Flex takes the form of general guidance and is derived from a variety of sources. Professional advice should be obtained before applying the information included to particular circumstances.

Please note that the content in this version is part of an iterative process and changes from time to time with subsequent iterations.

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Version Control

Version 1 published May 2020 (superseded)

Version 2 published July 2020 (superseded)

Version 3 published August 2020

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0 Introduction

0.1 General

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 whilst working and in the workplace.

Governments, regulators and other professional bodies across the world have published guidance on working safely during the COVID-19 pandemic. This document aims to provide a single generic set of guidelines that complement this information and support the principle that workers should not be required to work unless all reasonable measures have been taken to manage work-related COVID-19 risks.
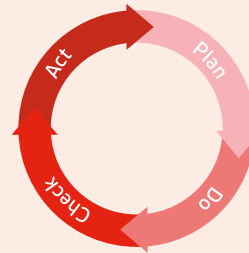
This guidance includes practical recommendations to organizations and workers on how to manage these risks and is suitable for organizations resuming operations, those that have been operational throughout the pandemic, and those that are starting operations.

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, and provides information for non-specialist workers performing these roles. More detailed information for specific functions is available from professional bodies and a wide range of national and international standards (see Further information at the end of this document, and the **BSI COVID-19 safe working guidelines** webpage).

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; and

c) put in place a framework to enable effective and timely adaptation to the changing situation.

This document uses a Plan – Do – Check – Act (PDCA) approach.

Plan: plan what needs to be done for the organization to work safely (**4** to **8**).

Do: do what the organization has planned to do (**9** to **12**).

Check: see how well it is working (**13**).

Act: fix problems and look for ways to make what the organization is doing even more effective (**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 should be repeated, with all parts active at all times, to enable ongoing continual improvement and ensure the organization responds to changes during the different phases of the pandemic.

0.2 Executive Summary

These guidelines have been produced by BSI with input from experts from a broad range of sectors. They provide a general framework for safe working during the pandemic, to protect people from work-related risks from COVID-19.

Benefits of using these guidelines

a) Provides a single source of agreed good practice and accurate advice, based on current knowledge.

b) Supports comprehensive risk assessment.

c) Provides practical examples for ways of managing risks.

d) Enables organizations to plan in a similar way across multiple sites and for multiple types of workers performing different activities and roles.

e) Helps organizations to manage the risk of communicable diseases and can reduce sickness absence due to seasonal and other illness (e.g. common colds, influenza, gastric illness).

f) Assists organizations in developing a response plan to enable rapid adjustments if risk levels or operating restrictions change at short notice.

Key points applicable to all organizations

1) Enhancing hygiene and enabling physical distancing are the most effective controls against communicable disease.

2) Minimizing the number of people in a physical workplace, and physical interaction between people, reduces the risks to workers, customers and the community.

3) Involving workers in decisions about managing risks leads to better engagement and performance.

4) Facilitating and supporting remote working enables organizations to better manage the risks to people who need to be on-site.

5) Managing the psychological health and well-being of workers is as important as protecting physical health and safety.

6) Managing the health and safety of people working remotely is critical to mitigate the impacts of ergonomic, psychosocial and other risks.

7) Providing effective and regular communication to workers and other relevant people is critical for success.

8) Ensuring ongoing planning, monitoring and adaptation of safety measures enables organizations to avoid the risk of transmission rising due to complacency or familiarity.

9) Maintaining and retaining accurate records of people who work closely together and customers in relevant sectors (e.g. restaurants, pubs) enables effective contact tracing.

10) Providing effective leadership and developing a transparent, supportive and open culture helps organizations to manage the risks related to COVID-19 and enhances an organization's ability to continue operations without severe disruption.

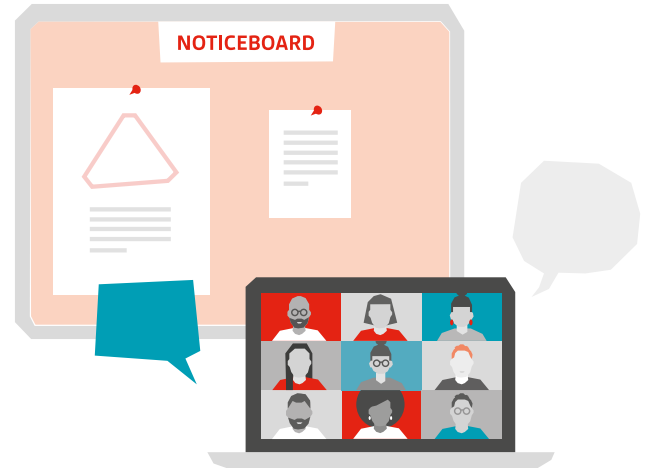*This page is deliberately left blank.*

1 Scope

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

This document is intended for use by 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; and

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, including employees, volunteers, contractors, those on zero-hours contracts, freelancers and the self-employed, and other relevant interested parties (e.g. visitors to a workplace, including members of the public).

This document does not provide specific guidance for workers in high-risk clinical roles. Organizations operating in clinical, healthcare and other settings required to implement specific infection control protocols should refer to the relevant legislation and guidance provided by the applicable government, regulators and health authorities.

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.

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: BS EN ISO 9000:2015, 3.2.1, modified]

3.2 worker

person performing work or work-related activities under the control of the organization

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: BS ISO 45001:2018, 3.3]

3.3 workplace

place under the control of the organization 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 own home, other people's homes, personal vehicles, vehicles provided by the organization, other organization's facilities and public spaces.

[SOURCE: BS ISO 45001:2018, 3.6, modified]

3.4 pandemic

worldwide spread of a disease

[SOURCE: World Health Organization, modified]

3.5 COVID-19

infectious disease caused by the new coronavirus discovered in 2019

[SOURCE: World Health Organization, modified]

3.6 PPE (personal protective equipment)

device or appliance designed to be worn or held 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, masks, respirators, safety glasses, helmets and goggles.

[SOURCE: BS EN ISO 15384:2020, 3.12, modified]

3.7 well-being

fulfilment of the physical, mental and cognitive needs and expectations of a worker 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/DIS 45003:2020, 3.2, modified]

3.8 common areas

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

NOTE 1 to entry: Examples of common areas include canteens, lifts, reception areas, meeting rooms, areas of worship, toilets, gardens, fire escapes, kitchens, fitness facilities, store rooms and laundry facilities.

[SOURCE: https://www.gov.uk/coronavirus, modified]

3.9 clinically vulnerable

people who can be at increased risk of contracting COVID-19

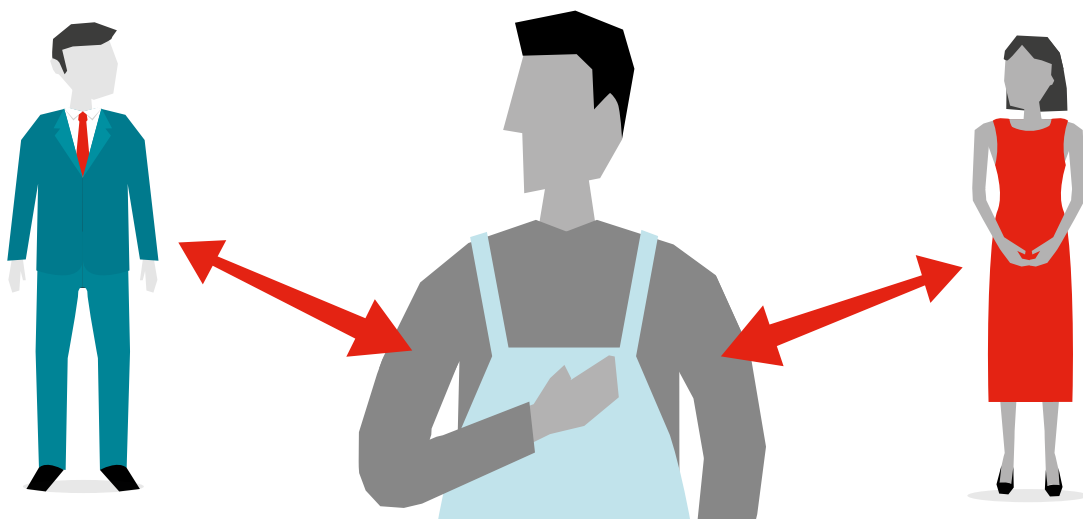*NOTE 1 to entry: Clinically vulnerable people can include those aged 70 or over, those with some underlying health conditions.*

[SOURCE: https://www.gov.uk/coronavirus, modified]

3.10 clinically extremely vulnerable

people with specific underlying health conditions that increase the risk of severe illness if they contract COVID-19

[SOURCE: https://www.gov.uk/coronavirus, modified]

4 Planning and assessment of risks

4.1 Understanding the context of the organization

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 what can affect the ability of individuals to work safely during the COVID-19 pandemic. How organizations should operate has changed and there is currently an 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 its ability to work safely and how these issues have been impacted by the pandemic.

External issues can include, but are not limited to:

a) prevalence of COVID-19 within the organization and local community;

b) local, regional, national and international circumstances and related legal requirements and guidance;

c) how workers travel to work (e.g. public transport, car, bicycle, walking);

d) workers' access to childcare and schooling;

e) workers' domestic situations (e.g. suitability of worker's home for remote working, living with the clinically vulnerable);

f) changes or problems in the supply chain;

g) changes in customer needs and expectations, or behaviours; and

h) increased or decreased demand for products/services.

Internal issues can include, but are not limited to:

1) the number and types of workplaces (e.g. offices, factories, workshops, warehouses, vehicles, retail outlets, workers' own/other people's homes);

2) the type of work and related activities (e.g. manufacturing, services, retail, social care, training or other education, delivery or distribution);

3) the type of workers in the organization (e.g. employed, contractors, volunteers, freelance, part-time, shift workers, remote workers);

4) the degree to which it is possible to change a workplace to implement physical distancing measures;

5) individual needs of workers (e.g. the clinically vulnerable, workers with caring responsibilities, disabled workers, pregnant women and new mothers, older workers);

6) increased worker absence (e.g. due to sickness, self-isolation or quarantine requirements, bereavement);

7) resource availability, including adequate provision of toilet and handwashing facilities; and

8) 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.

The organization should take these issues into account when assessing risk and planning to begin, resume or modify operations.

4.2 Leadership and worker participation

To assist effective management of the risks arising from COVID-19 relating to work, owners, managers and other decision makers in the organization should:

a) demonstrate leadership and commitment to collective responsibility and safe working practices, through effective communication and by complying with internal policy, and legal and other requirements at all times;

b) promote a culture of transparency and support in relation to reporting and managing suspected and confirmed cases of COVID-19 (see **5**);

c) ensure adequate resources are provided (see **8**) and make them available to all relevant workers in a timely and effective manner;

d) ensure consultation and participation of workers, worker representatives and relevant trade unions in making decisions that affect work-related health, safety and well-being;

e) communicate how workers and other relevant interested parties should report incidents or raise concerns and how these will be addressed and communicated; and

f) protect workers from reprisals when reporting incidents or if workers remove themselves from unsafe work situations.

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.

The people who do the work are often more aware of risks related to their role, including the risks to other interested parties, and understand them better than the people at the highest levels of the organization. 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 is likely to result in better outcomes when managing the risks related to COVID-19.

The organization should:

1) involve workers, worker representatives and relevant trade unions in assessing risks related to COVID-19 and making decisions on how to manage them;

2) 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 **9**);

3) 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); and

4) 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 worker representatives reflect the full diversity of the workforce and take into account 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

Planning for safe working 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 aim to ensure the risk to workers is reduced to the lowest reasonably practicable level.

When planning for safe working, 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 and between workers and other people, including visitors, customers and members of the public;

c) how to maintain complete and accurate contact information for 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;

d) the safe use of common areas and shared equipment; and

e) the impact of the pandemic on psychological health and well-being.

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

1) can be done from home;

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

3) cannot be done from home and cannot comply with physical distancing guidelines in the workplace.

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 continue to minimize the number of workers in a physical workplace to provide enhanced protection through reduced contact with other people.

The organization should ensure additional support measures are implemented to protect the psychological health and 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 with practical adjustments may only take place if they are essential for the operation of the organization and additional controls are implemented to mitigate the risks.

Safe working during the COVID-19 pandemic

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:

- assess if existing OH&S measures and controls need to be adjusted;

- consider new OH&S risks and other risks, including 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);

- plan actions to address new risks; and

- plan for the introduction of new restrictions at short notice, whether at local, regional, national or international level, to minimize operational disruption (see **4.8**).
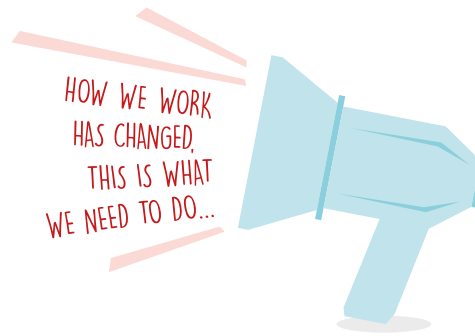
4.4 Workplaces

4.4.1 Physical workplaces

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) perform maintenance checks and activities on equipment and systems;

c) assess and control risks related to Legionella, particularly if water-based systems (including some types of air conditioning) have not been used or if use has been reduced;

d) establish enhanced and/or more frequent cleaning schedules, (e.g. by increasing the working hours and/or numbers of workers in cleaning roles, and encouraging workers to clean their own work zones and equipment regularly);

e) 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; and

f) coordinate and cooperate with other organizations on shared sites, including with contractors, managing agents, landlords and other tenants, ensuring both day to day operations and emergency plans are taken into account.

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

1) deep cleaning of workplaces and equipment;

2) disinfecting taps, showers and other sources of water and flush through before use;

3) maximizing fresh air ventilation by keeping windows open if this is an option, turning off air recirculation systems and increasing the use of exhaust ventilation;

4) ensuring toilet facilities are managed to facilitate safe use (see **12.6.2**);

5) restarting and testing specialist equipment which has been unused for longer than usual;

6) testing fire safety systems, including battery-powered units such as emergency lighting and alarms;

7) 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;

8) creating work zones to limit the number of people in any one area (see **12.5**);

9) limiting the number of people using shared equipment by creating working teams or pairs and assigning them to designated shared equipment;

10) establishing cleaning stations to enable workers to wipe surfaces and equipment throughout working hours;

11) reorganizing moveable equipment, desks and workstations to enable physical distancing;

12) fixing doors open to reduce touching of door handles (excluding doors required for fire safety, security or privacy);

13) establishing processes for safe entry and exit from workplaces;

14) establishing one-way systems in corridors, stairways and other common areas and taking other actions to mitigate the risks where this is not possible;

15) determining safe ways of using lifts/elevators, including limiting capacity and providing hand sanitizer, ensuring guidance for safe use is communicated both inside and outside of lifts/elevators; and

16) providing additional outside spaces for workers to use for routine work, meetings and breaks, where possible.

WASH YOUR HANDS

4.4.2 Working from home

The organization should enable workers to work from their own home wherever possible as this is the most effective way of managing the risks related to the pandemic. The organization has the same duty of care to workers who are working from home as it does to 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 remotely?

b) Is your home situation suitable for remote 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?

The organization should assess the risks related to working from home and plan to take actions to address them, taking into account factors such as:

1) the domestic circumstances of the worker (e.g. childcare or other caring responsibilities, domestic abuse, household members considered to be clinically vulnerable);

2) the physical suitability of the home (e.g. size, other people sharing the space, noise levels, suitable lighting);

3) 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 whilst at home);

4) if the worker requires additional equipment (e.g. computer screens or keyboards, ergonomically suitable chairs, head-sets);

5) psychosocial risks (e.g. unsupervised working hours, isolation, lack of support, lack of clarity on roles, responsibilities or deadlines); and

6) impacts on personal or home insurance and tax liabilities.

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

4.4.3 Working in other people's homes

Workers should not perform work activities in other people's homes where someone has symptoms of COVID-19 (or is in quarantine, or self-isolating after being exposed to someone with COVID-19) or is considered clinically vulnerable or clinically extremely vulnerable, except:

a) to provide essential health and personal care (e.g. medical or social care workers); or

b) to remedy a direct risk to safety (e.g. emergency repairs by a plumber, electrician, gas engineer).

THE SAFEST WAY TO WORK IS TO WORK FROM HOME

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

1) check if anyone in the household has symptoms of COVID-19, is in quarantine, or has been advised to stay in longer-term isolation to protect themselves from exposure;

2) consider if the work can be performed using digital or remote alternatives (e.g. video or phone consultations);

3) 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 whilst in the home, leaving internal doors open to minimize contact with door handles);

4) assign workers to work in households local to them, wherever possible, to minimize travel and use of public transport; and

5) 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, cleaners), taking into account the type of work activities and the amount of contact those workers have with other people outside of the household.

The organization should establish and communicate a clear policy and process to manage situations where workers are required to self-isolate due to one or more individuals contracting COVID-19 or being exposed to someone with COVID-19 (see **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, worker representatives and unions to ensure that workers with mobile roles are fully informed and confident to use their own discretion to act appropriately in different situations. Workers in mobile roles should:

a) follow the guidance on physical distancing and hygiene;

b) understand how they should act in situations where physical distance cannot be maintained, or is not maintained by other people;

c) understand how to act if other organizations require the removal of face coverings or PPE for security or other reasons;

d) have access to sufficient hand sanitizer, face coverings, PPE and cleaning materials, as appropriate;

e) understand how to access and use resources such as public toilets safely, and how to procure and consume food and drink safely;

f) retain documented information about the places they go to in the course of their work; and

g) retain details of the people they have prolonged interaction or close contact with, where possible, to ensure contact tracing is effective 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.

4.5 Roles

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

a) are considered clinically vulnerable or clinically extremely vulnerable;

b) are caring for someone who is clinically vulnerable or clinically extremely vulnerable;

c) are in a household with someone who is clinically vulnerable or clinically extremely vulnerable;

d) are entitled to, request, or need additional reasonable adjustments due to disability or other individual circumstances (e.g. neurodiverse conditions, pregnancy, higher risk ethnic groups); and

e) need additional support to protect their psychological health and well-being.

REPORT ISSUES

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

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

1) determine which roles are critical for operational continuity, safe facility management or regulatory requirements and cannot be performed remotely;

2) identify workers in critical roles who are unable to work remotely due to home circumstances or the unavailability of specialist equipment;

3) determine the minimum number of workers needed in a physical workplace at any one time to operate safely and effectively; and

4) 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 clinically vulnerable workers who cannot work from home the option of the safest available roles in the workplace. Such roles should allow workers to maintain physical distancing guidelines at all times. If clinically vulnerable workers cannot comply with physical distancing guidelines, the organization should consult with the worker, worker representatives and relevant trade unions 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 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 ensure that safety measures or controls introduced do not have an unjustifiable negative impact on some groups compared to others (e.g. workers with caring responsibilities, workers with religious commitments, workers with disabilities, pregnant workers).

The organization should determine if workers with first aid responsibilities are able to continue to perform this role, taking into account individual circumstances (e.g. if the worker is clinically vulnerable or living in a household with someone who is clinically vulnerable, or if the worker has anxiety about increased exposure).

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 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 which cannot comply with physical distancing guidelines;

d) 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); and

e) 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) providing first aiders with personal first aid resources, including appropriate PPE in case of medical emergency or accidents; and

d) 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 ensure that workers who provide assistance to others in emergency situations take additional and immediate hygiene measures following the emergency event, including handwashing or sanitizing.

4.8 Planning for changes to restrictions

The organization should ensure 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 lifting of restrictions. Planning should be undertaken in consultation with workers, worker representatives and relevant trade unions (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 remote 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; and

h) the need for cooperation and communication with partner organizations, organizations sharing facilities and other relevant interested parties.

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

1) agree and communicate which workers:
   i) will be required to be on-site;
   ii) will be required to work remotely; and
   iii) will not be able to work at all;

2) communicate the likely impact on working hours, pay and other conditions; and

3) 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 ensure they are fully informed of the possible or likely impact on pay or employment conditions.

The impact of sudden easing of restrictions should also be taken into account (e.g. ability to return to work at short notice due to childcare responsibilities, households with clinically extremely vulnerable people, workers under quarantine at that time).

The plan 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. Top management and managers at all levels should ensure that workers are supported and confident 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 and return to work.

Outbreaks of COVID-19 in the organization should be notified to relevant authorities (see **13.2.2**).

> MASKS AREN'T AS SAFE AS SOCIAL DISTANCING

5.2 Managing illness in a physical workplace

To minimize transmission of COVID-19, and to protect 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:

a) ensure suitable PPE (e.g. transparent face visors, face masks, gloves, gowns) is provided for and used appropriately by first aiders (consideration should be given to people who need to lip read and transparent masks/visors used if possible, with physical distancing or other forms of communication, such as writing, used if this is not practical);

b) isolate the person who is unwell whilst 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 face 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 go home (or to a medical facility) immediately, avoiding the use of public transport if possible;

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 those workers to self-isolate 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 immediately, with particular attention to equipment, frequently touched surfaces such as door handles and buttons for lifts, and common areas such as toilets;

i) inform local health authorities if two or more confirmed cases of COVID-19 are connected to the workplace;

j) provide clear guidance on when it is safe for a worker who has had COVID-19 to return to the workplace; and

k) provide information on measures that can be taken to facilitate return-to-work, ongoing support and rehabilitation, as appropriate.

> REPORT ISSUES

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 whilst working at home or in a mobile role. The organization should ensure:

a) workers are encouraged to report symptoms to the organization immediately;

b) workers are aware of, and directed to follow, regulations relating to self-isolation (including if workers have been in close or prolonged contact with someone who has COVID-19);

c) there is regular communication with the affected worker, to determine if symptoms develop further and/or the worker becomes seriously unwell;

d) 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;

e) workers understand the process for returning to work activities following self-isolation or recovering from COVID-19; and

f) 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:

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 mandated due to:

   1) travel restrictions; and

   2) advice from contact tracers, 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; and

h) make its personal travel policy during the pandemic clear to all workers.

6 Psychological health and well-being

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 risks 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. remote working, physical isolation, communication issues);

g) job insecurity (e.g. concern about possible job loss, domestic financial issues);

h) balancing work and home life (e.g. caring responsibilities, family emergencies, needing to work outside of normal working hours);

i) specific roles (e.g. front-line, public facing, mobile working); and

j) worker's specific circumstances (e.g. belonging to a vulnerable group, bereavement or serious illness in the family).

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

1) 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;

2) enable regular confidential meetings (remote or physical, as appropriate) to discuss issues and anxieties and to agree ways to support the worker;

3) allow flexible work hours and time off;

4) allow workers more control over work pace and deadlines, if possible;

5) give regular, clear and accurate information about the current situation in the organization and planned changes that can affect workers; and

6) provide appropriate PPE to workers with concerns about being in the physical workplace, even if it is not required by the organization.
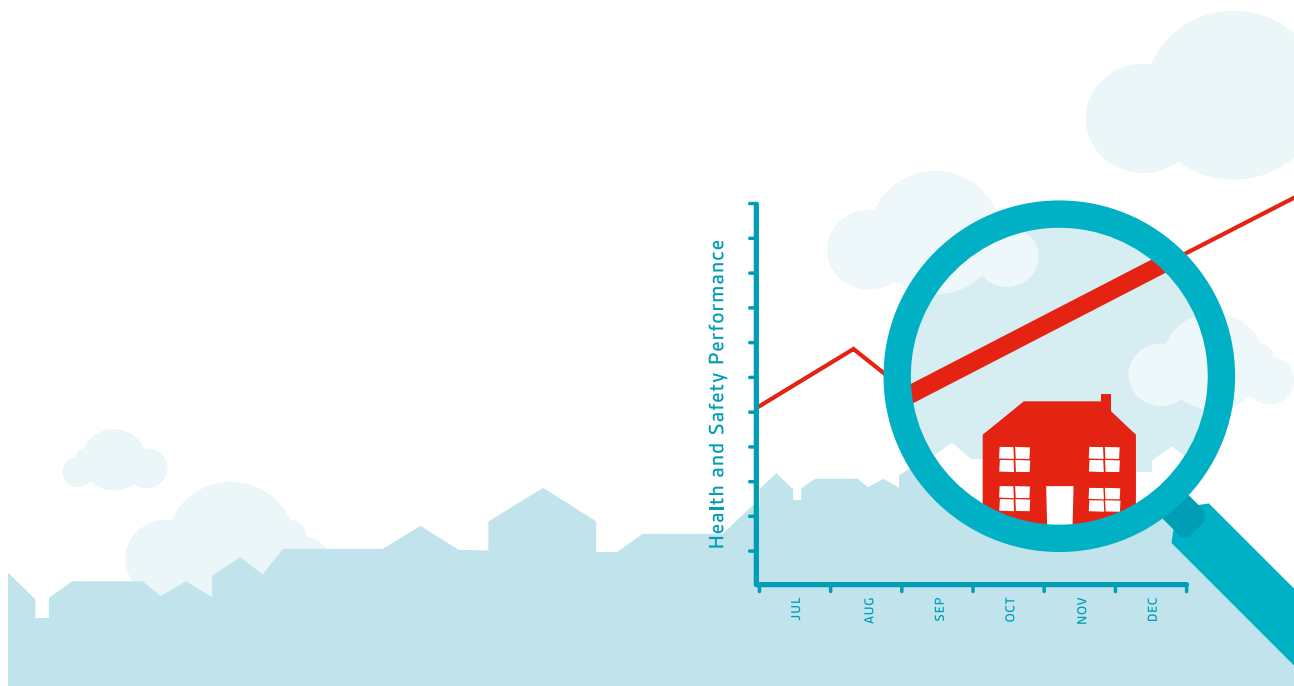
7 Inclusivity

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 perform work activities remotely and are anxious about returning to the physical workplace;

c) raise awareness and provide training to workers in order to meet the needs of disabled people (e.g. providing access to suitable toilets, understanding how support animals operate, taking action to reduce communication difficulties caused by face coverings);

d) ensure facilities for faith groups are safely accessible;

e) adapt roles and activities to reduce risks to vulnerable workers, if possible; and

f) ensure electronic communications are accessible (e.g. websites, online appointment or ordering systems).

Further information on accessibility and inclusion considerations is given in Annex B.

DIFFERENT WORKERS HAVE DIFFERENT NEEDS

Health and Safety Performance

JUL AUG SEP OCT NOV DEC

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 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 communicated to workers and other relevant interested parties. The organization should ensure 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 roles;

d) handwashing, hand sanitizing, and cleaning 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 **9**); and

i) the need for and availability of additional expertise and training.

9 Communication

9.1 General

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; and

e) how to report concerns or safety incidents.

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

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

REPORT
ISSUES

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 before arrival at the workplace (e.g. by phone, website, intranet, email); on arrival at the workplace (e.g. signs, posters, screens, announcements); induction (see **12.2**); and 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).

COMMUNICATION
SHOULD BE TWO—WAY

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

The organization should:

1) establish who is responsible for communicating safety guidance to visitors, delivery workers, customers and other people (ensuring more than one person can perform this role and providing training as necessary);

2) provide necessary training to workers who act as hosts for visitors, or need to interact with delivery workers, customers, the public, etc.;

3) communicate relevant information about operational changes, safety measures and controls to suppliers, customers and other relevant interested parties; and

4) review communications frequently to ensure they are up to date and effective and take action if issues are identified.

9.2 Communication for first return to a workplace

The organization should take all reasonable measures to ensure workers understand the behaviours, processes and working practices required to manage the risk of transmission of COVID-19 before returning to a 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 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; and

g) communicate changes to emergency procedures (see **4.7).**

9.3 Ongoing communication

The organization should ensure all workers are regularly reminded of safety measures and controls and 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, worker representatives and relevant trade unions to monitor and understand any unforeseen impacts of changes to ways of working, how work is organized and workplaces (see **4.4**); and

b) communicate regularly with workers, including those working remotely, to check psychological health and well-being and to give clear information on issues that are known to negatively affect psychological health (see **6**).

10 Hygiene

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

Frequent handwashing with hot water and soap is recommended to limit transmission of COVID-19. When handwashing is not possible, hands should be sanitized with a suitable, preferably alcohol-based, sanitizer.

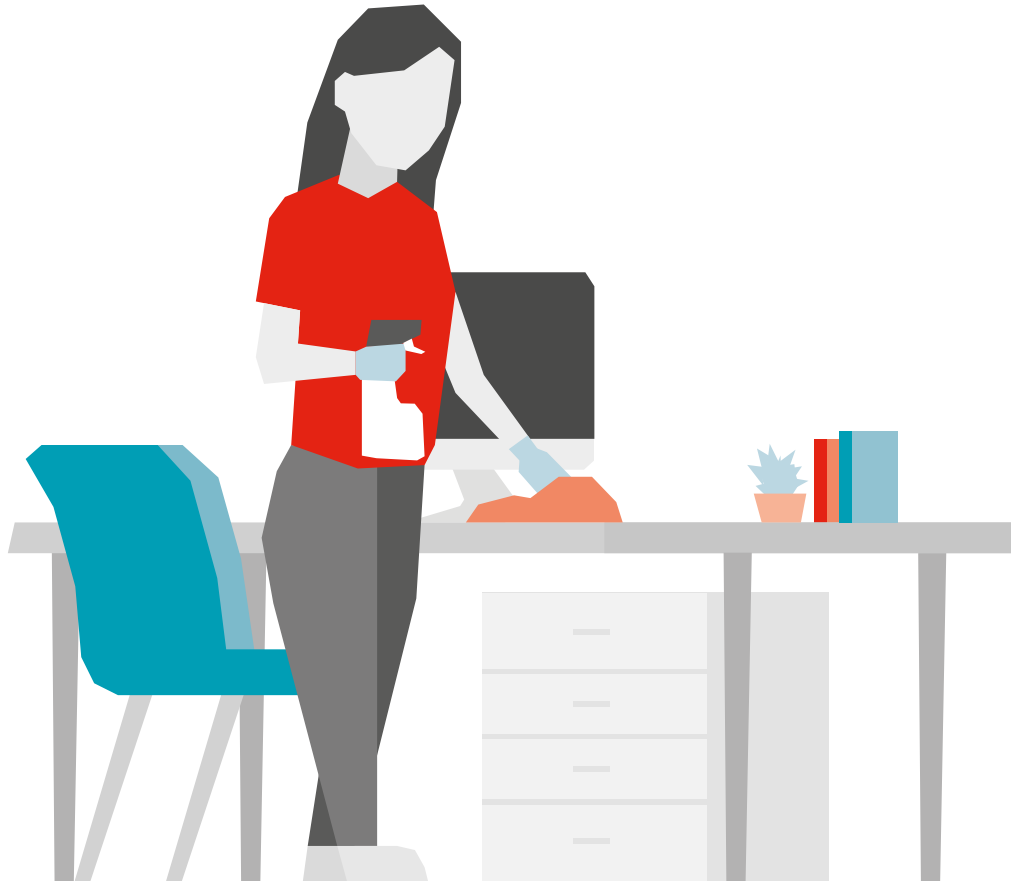The organization should implement processes to ensure:

a) workers 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, using common areas);

b) additional handwashing and/or hand sanitizing facilities are available in all workplaces;

c) additional cleaning materials are available to workers to enable frequent cleaning of workstations and equipment, including between use by different workers;

d) frequent cleaning 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 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, encouraging use of paper towels or electric hand dryers, and managing use to reduce crowding (see **12.6.2**); and

h) safe use of showers and changing rooms, designating specific facilities for small groups where this is possible.

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:

1) restrict non-essential deliveries, including personal deliveries to workers;

2) ensure materials, equipment and other objects entering the workplace are cleaned;

3) clean touch points of shared equipment after each use;

4) regularly clean vehicles used for work activities, including vehicles workers drive home; and

5) increase frequency of handwashing for workers handling deliveries or provide hand sanitizer where this is not practical.

11 Use of personal protective equipment and face coverings

Personal protective equipment (PPE) protects the user against health or safety risks at work. It can include items such as safety helmets, gloves, eye protection, high-visibility clothing, safety footwear and safety harnesses. It also includes medical devices, such as respiratory protective equipment. 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 face coverings, including homemade textile face coverings, provides protection against transmission of COVID-19 through breathing, coughing, sneezing, and talking. Face coverings and PPE are not as effective in reducing the risks related to COVID-19 as working from home, physical distancing, handwashing and other hygiene measures and should be used in addition to these measures. 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.

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

a) temporary removal of face coverings for identification or other security purposes; and

b) interaction with workers and other interested parties with hearing impairments who lip read.

If temporary removal of PPE is necessary, physical distancing should be ensured. In organizations with workers or customers who lip read, the organization should facilitate use of transparent visors and/or face masks where possible.

If face coverings or other additional PPE is required to manage the risks related to COVID-19, the organization should:

1) establish guidelines for when and how face coverings or PPE should be used;

2) provide suitable PPE free of charge;

3) ensure PPE is used appropriately, correctly fitted and disposed of safely after use; and

4) ensure workers take regular breaks to minimize fatigue caused by using PPE, which can lead to reduced compliance to safety measures and unsafe use of equipment.

The organization should support workers who choose to use a face covering not required by the organization (e.g. homemade face coverings or other face coverings not provided by the organization), unless this is prohibited by legal or other requirements in a specific setting, and advise workers to:

- wash their hands or use hand sanitizer before putting the face covering on and after removing it;
- continue to regularly wash hands, or sanitize hands if this is not possible;
- avoid touching their face or face covering, to avoid contamination;
- change the face covering if it becomes damp or if it has been touched;
- change the face covering each day, as a minimum, and more often if necessary;
- dispose of or store face coverings in a sealed container if removed, to avoid contamination of other surfaces;
- wash the face covering at a high temperature before/after each use if the material is washable;
- securely dispose of the face covering after single use if it is not washable; and
- continue to comply with physical distancing guidelines, wherever possible.

12 Operations

12.1 General

The organization should ensure processes are in place to address the risks identified in **4**, including implementing measures to enable home working, and physical distancing and other safety measures and controls in the workplace.

The organization should assess if measures introduced negatively impact existing security measures or introduce new security risks and take actions to address these risks.

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 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 face masks, 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, 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 safely go ahead.

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

12.2 First return to a workplace

The organization should ensure an induction process is implemented and maintained to ensure changes to the workplace and ways of working are communicated to all workers on first arrival or return to a workplace. 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 all workers returning to the workplace, or attending a different workplace or site, are provided with full induction;

b) ensure all workers understand changes that have been made to the workplace and ways of working and are aware of potential hazards that can arise if there are reduced numbers of workers;

c) limit the number of workers being inducted at one time to enable physical distancing; and

d) consider using outside spaces for induction 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 physical distancing guidelines are maintained wherever possible and require handwashing (or hand sanitizing if this is not possible) on arrival and departure.

USE ONE—WAY SYSTEMS

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 labs);

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;

i) provide storage for workers' and service users' clothes and bags;

j) provide facilities for workers to change into work clothing and equipment on-site, where physical distancing and hygiene guidelines can be met; and

k) wash or clean work clothing and equipment (e.g. uniforms, hard hats, goggles, gloves) on-site if possible.

KEEP YOUR DISTANCE

12.4 Moving around and between workplaces

The organization should ensure 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 only to workers who need to be there, encourage use of radios or telephones, where permitted, cleaning them between use if these are shared);

b) removing access controls (e.g. electronic barriers, keypads) in low-risk areas to reduce surface contamination;

c) using teams/pairs or timed booking processes to reduce the number of people in a work area at one time;

d) introducing one-way systems through buildings, paying particular attention to long or narrow corridors, stairways, walkways and turnstiles;

e) encouraging the use of stairways and reducing maximum occupancy for lifts/elevators, providing hand sanitizer for their operation; and

f) enabling disabled people to safely access and use lifts/elevators.

MAXIMUM 2 PEOPLE ALLOWED!

12.5 Work zones and workstations

The organization should ensure 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) reduce the number of workers in a work zone to enable physical distancing in restricted spaces; and

g) limit the use of high-touch items and shared equipment and enable frequent cleaning.
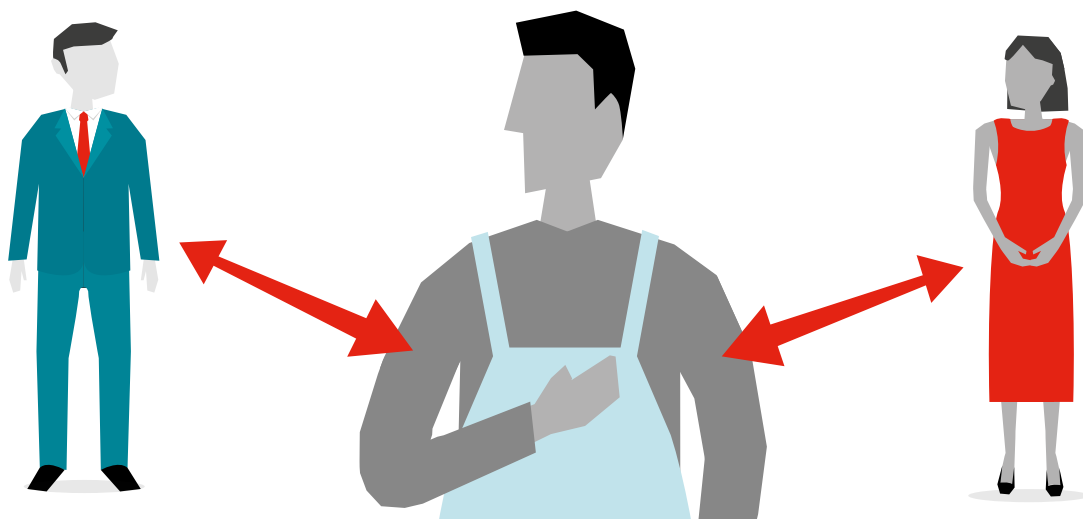
12.6 Use of common areas

12.6.1 General

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

a) frequent cleaning;

b) limiting the number of people in common areas at one time;

c) limiting how long people can be in common areas; and

d) physical distancing.

The organization should also consider, as appropriate:

1) staggering 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, security points;

2) staggering break times and encouraging the use of safe outside areas if possible;

3) creating additional common spaces in other parts of the workplace;

4) installing screens to protect workers in reception or similar areas;

5) encouraging workers to bring in their own food or providing packaged meals to avoid opening canteens where appropriate;

6) avoiding the use of shared resources, such as cups, cutlery, crockery, and ensuring water taps and drinks dispensers are sanitized by the user after each use;

7) moving seating and tables to enable physical distancing and reduce face-to-face interaction;

8) encouraging workers to remain in the workplace (including designated outdoor space) throughout working hours and requiring compliance to physical distancing guidelines if leaving the workplace;

9) 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); and

10) 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 (including Changing Places toilets used by disabled people) by workers and other interested parties. Actions can include:

a) managing the use of toilet facilities to avoid crowding;

b) establishing more frequent and enhanced cleaning (including touch points such as toilet seats, locks, flushes, grab rails, 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 who cannot comply with this;

h) providing paper towels or electric hand dryers, 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); and

j) increased monitoring and replenishment of supplies (e.g. soap, sanitizer, paper towels, toilet paper).

12.7 Meetings and visits to the workplace

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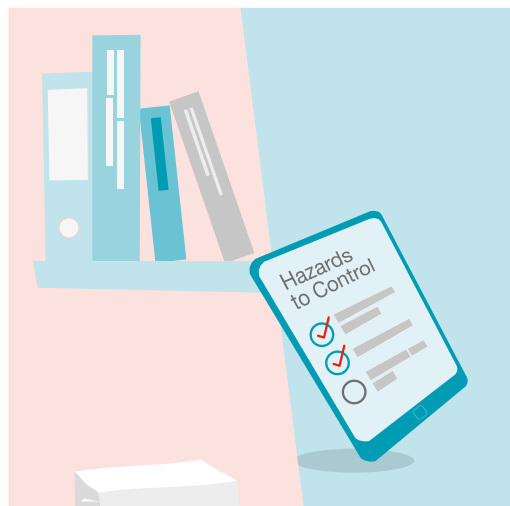
If face-to-face meetings or visitors to the workplace are essential, the organization should communicate expected behaviours and processes for safely entering the building in advance of the visit, including health screening and self-reporting health status.

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) ensure visitor details are recorded 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 this data is protected and destroyed after an agreed period of time, not less than 14 days;

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) ensure visitors understand and comply with physical distancing guidelines and other safety measures and controls; and

j) ensure reasonable adjustments are made for disabled people with access requirements who are attending meetings.

If physical meetings are essential, the organization should:

1) limit participation to the minimum number of essential people and maintain physical distancing guidelines;

2) avoid shared resources (e.g. pens, water or coffee jugs);

3) provide hand sanitizers in the meeting room;

4) hold meetings outside or in well-ventilated rooms, if possible; and

5) use floor or wall marking to indicate acceptable physical distancing guidelines.

12.8 Working with the public

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

The organization should take actions such as:

a) ensuring workers with public facing roles are trained and aware of how to communicate safety measures to members of the public, including disabled people with communication requirements, and how to accommodate individual needs (see **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 space 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 for more considerations on protective security);

f) providing hand sanitizers at entrances and exits to buildings and outdoor spaces;

g) ensuring cleaning 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);

h) limiting handling of products (e.g. through different display methods, signs, rotation of high-touch items);

i) 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);

j) reducing non-essential public facilities if physical distancing cannot be complied with (e.g. closing fitting rooms);

k) 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);

l) providing well-signed 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;

m) encouraging contactless payment and refunds;

n) establishing no-contact collection and return points;

o) staggering collection times; and

p) establishing a booking system, if appropriate (e.g. restaurants, beauty services, tattoo parlours, gyms).

12.9 Work-related travel

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 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; and

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.

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

1) minimize the number of people travelling together in any one vehicle;

2) use fixed teams or pairs whilst travelling;

3) open windows to increase ventilation in motor vehicles, where practicable;

4) ensure vehicles are cleaned between shifts and before use by other workers;

5) ensure workers avoid sitting face-to-face; and

6) encourage the use of 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.

CREATE FIXED WORK TEAMS

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 of reusable delivery boxes, loading equipment, etc.; and

i) consider using extended time frames following delivery before goods or equipment is used to allow for natural sterilization of surfaces.

COLLECTION POINT

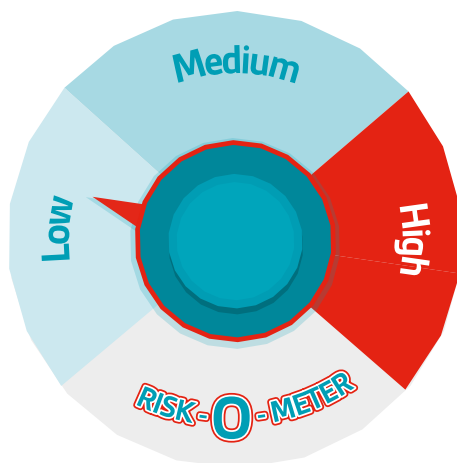# 13 Performance evaluation

13.1 Monitoring and evaluation

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

a) how effective safety measures and controls to protect workers are;

b) how the work is being done;

c) behaviours of workers and other people in the workplace; and

d) changes in community risk levels or other external issues (see **4.1**).

Monitoring and evaluation activities should:

1) determine the extent to which the guidance is being complied with;

2) determine if processes for ongoing risk assessments are in place and operating effectively;

3) determine the extent to which controls are working and if these need to be changed, enhanced or enforced more actively;

4) determine if the use of controls is creating new risks that need to be addressed; and

5) take into account feedback from workers, worker representatives, relevant trade unions 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 people's level of compliance to safety measures and controls put in place;

b) incidents reported by workers and other relevant interested parties;

c) root cause(s) of incidents; and

d) effectiveness of actions taken to deal with incidents, including actions taken at the time of the incident and actions to address the root causes 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 **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 authority, according to relevant legal and other requirements. 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.

14 Improvement

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; and

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).

Working with the general public, as opposed to work with people known to be infected by COVID-19, is not considered evidence that a COVID-19 diagnosis has been caused by occupational exposure.
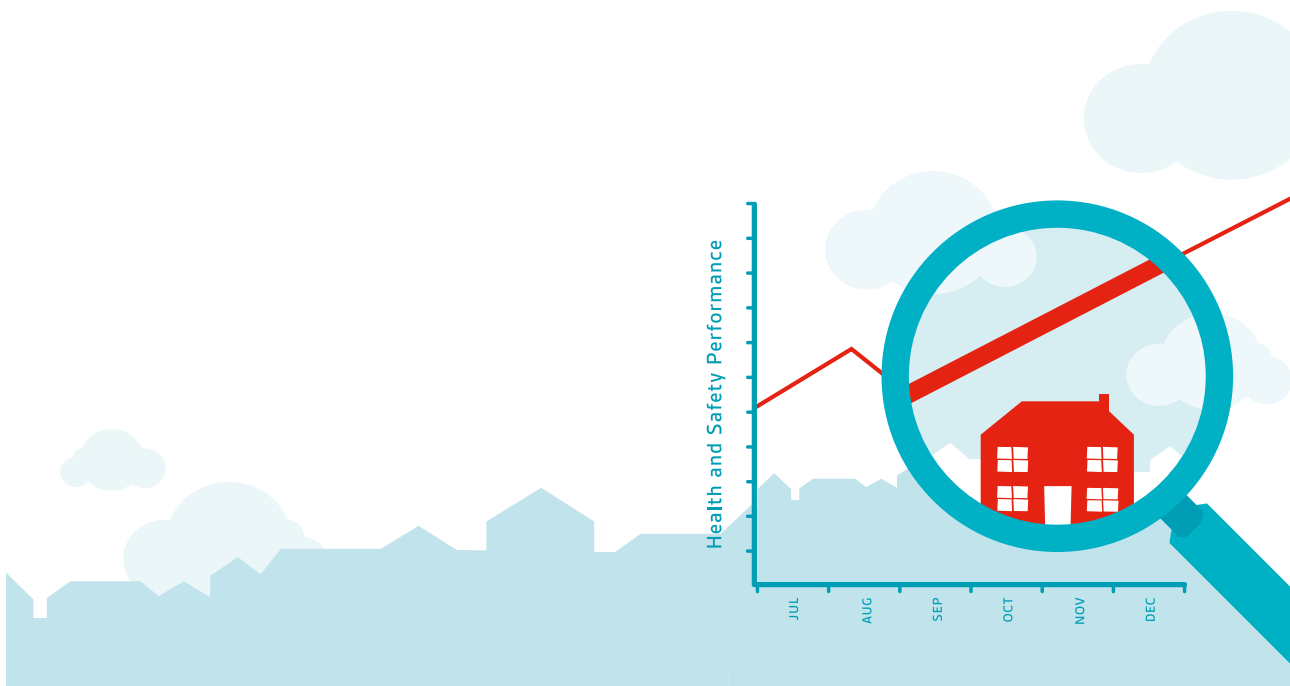
If multiple workers in an organization contract COVID-19, the organization should report this to relevant authorities which might implement additional actions as determined by local, regional or national legislation.

The organization should determine opportunities for improving how it manages risks related to COVID-19 and implement necessary actions.

The organization should take into account the results of monitoring, evaluation and review (see **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 security implications of any new measures introduced; and

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, legal requirements or official guidance.

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: Protective security considerations

A.1 Background

This annex is issued by the Centre for Protection of National Infrastructure (CPNI) and has been jointly written by a selection of UK Government and police organizations with a protective security remit. Organizations inputting to this document:

a) the Centre for the Protection of National Infrastructure (CPNI – The National Technical Authority for physical and personnel protective security);

b) Counter Terrorism Policing's National Counter Terrorism Security Office (NaCTSO); and

c) Home Office – Office for Security & Counter Terrorism (OSCT).

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

A.2 Purpose

Whilst the risk to health from COVID-19 is a current priority, the threat of terrorism and activity by hostile state actors (i.e. 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 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, whilst maintaining effective security. It includes links to relevant security advice to assist organizations with considering and implementing effective security mitigations.

A.3 Key protective security considerations

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; and

c) take security into account throughout all revised risk assessments.

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 Technical Authority/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:

1) ensure that security workers remain focused on security duties;

2) ensure additional resource is provided if COVID-19 safety measures create the need for additional workers for supervision or other activities (e.g. managing queues);

3) ensure security workers feel safe to perform their duties (e.g. have access to appropriate PPE and hand-washing facilities);

4) 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 face coverings for identification purposes); and

5) that there is an agreed method for security workers to raise concerns.

A.4 Further advice and guidance

[1] CPNI: **www.cpni.gov.uk**. The National Technical Authority - Physical & Personnel Security. For specific advice on protective security and CV-19 see: **https://www.cpni.gov.uk/staying-secure-during-covid-19-0**

[2] NaCTSO: **https://www.gov.uk/government/organisations/national-counter-terrorism-security-office**

[3] The National Cyber Security Centre (NCSC): **www.ncsc.gov.uk**. The National Technical Authority – Cyber Security

NCSC has produced a **guide to working from home** which gives information and guidance around the challenges of an increase in home working. They have also produced guidance on **mitigating malware and ransomware attacks** which provides information on steps to take before a malware infection has occurred and **guidance to help** organizations to select, configure and securely implement video conferencing services.

Annex B: Accessibility and inclusion considerations

B.1 Background

This annex has been produced with input from:

a) Buro Happold;

b) Helen Hamlyn Centre for Design, Royal College of Art in London; and

c) University College London.

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

B.2 Purpose

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

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

B.3 Key accessibility and inclusion considerations

The organization should encourage discussion and engagement with workers to ensure individual needs are understood. The organization should take into account that:

a) not all disabled people are more vulnerable to COVID-19;

b) many people have vulnerabilities to COVID-19 which are not visibly apparent (e.g. diabetes, respiratory conditions, heart conditions); and

c) many other disabilities are also not visibly apparent and adjustments might be necessary to meet their needs.

In addition to the general measures mentioned in the main body of 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.

The organization should also take into account:

1) factors affecting the outside of a workplace, including:

   i) maintaining existing parking facilities for disabled people and not reducing these (e.g. when creating additional space for customers to queue);

   ii) creating safe 'drop off' zones for people who are clinically vulnerable;

   iii) ensuring there is sufficient space for wheelchair and other mobility aid users when creating new, one way or split routes around workplaces;

   iv) ensuring alternative routes are provided if new routes are not step-free; and

   v) ensuring a detectable warning surface is provided when changes such as the removal of kerbs or creation of additional cycle stands are implemented;

2) factors affecting the inside of a workplace, including:

   i) ensuring hand sanitizers are accessible to all (e.g. taking height into consideration);

   ii) 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);

   iii) ensuring there is sufficient space for wheelchair and other mobility aid users when creating new, one way or split routes;

   iv) enabling workers who require a carer or assistant to book side-by-side workstations or desks;

   v) designating specific accessible toilet facilities for clinically vulnerable people and implementing additional and more frequent cleaning to ensure required hygiene standards are consistently met; and

   vi) enabling clinically vulnerable workers to work together, to facilitate higher levels of physical distancing and hygiene and limit interaction with other people;

3) factors relating to communication, including:

   i) ensuring signs and notices use clear, consistent and simple language, and recognized symbols, and are large enough;

   ii) considering the use of closed caption subtitles on videos;

   iii) 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;

   iv) recognizing that 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 masks or face visors, physical distancing to enable face coverings to be removed for direct communication); and

   v) ensuring websites meet the **Web Content Accessibility Guidelines** (WCAG) to at least level 2, ideally level 3.

B.4 Further advice and guidance

[1] ACTIVITY ALLIANCE. Reopening activity: An inclusive response – Considerations for community sport and leisure providers on including disabled people and people with long-term health conditions. June 2020.

THE SAFEST WAY TO WORK IS TO WORK FROM HOME

Further information

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[11] WALES. Coronavirus (COVID-19) advice for Wales. Available from: **https://gov.wales/coronavirus**

[12] WALES. Providing safer toilets for public use. Available from: **https://gov.wales/providing-safer-toilets-public-use-coronavirus-html**

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BS EN ISO 15384:2020, *Protective clothing for firefighters – Laboratory test methods and performance requirements for wildland firefighting clothing*

BS ISO 45001:2018, *Occupational health and safety management systems – Requirements with guidance for use*

ISO/DIS 45003:2020, *Occupational health and safety management – Psychological health and safety in the workplace: managing psychosocial risks – Guidelines*