



# A safe and healthy return to work during the COVID-19 pandemic

Policy Brief

Labour Administration, Labour Inspection and  
Occupational Safety and Health Branch (LABADMIN/OSH)

Governance and Tripartism Department

Copyright © 2020  
International Labour Organization

Date: May 2020

## I. Introduction

1. The COVID-19 pandemic has transformed the world of work. While infections are continuing to rise in many parts of the world, some countries are now working to sustain declining rates and reactivating their economies. Governments, employers and workers and their respective organizations have a key role to play in reinforcing the progress made in stemming infection rates by ensuring a safe return to work. This requires cooperation and coordinated action, as unsafe work practices anywhere pose a threat to health everywhere.

Safe and healthy working conditions are fundamental for decent work and are the foundation upon which policy guidance for the return to work must be based. This guidance note aims to: (1) assist governments and employers' and workers' organizations in developing national policy guidance for a phased and safe return to work, and (2) provide guidelines for workplace-level risk assessments and implementation of preventive and protective measures according to a hierarchy of controls.<sup>1</sup>

<sup>1</sup> For practical guidance at the workplace level, see: ILO, [Safe Return to Work: Ten Action Points](#), see also: [Safe Return to Work: Guide for Employers on COVID-19 Prevention](#), in addition to: [Prevention and Mitigation of COVID-19 at Work: Action Checklist](#).

## ▶ II. Formulating effective policy guidance for a safe return to work

2. Some countries have issued national policies and guidance for a safe return to work, and others plan to do so as the situation unfolds. The formulation of any policy guidance needs to be informed by a human-centred approach to the future of work which puts workers' rights and the needs, aspirations and rights of all people at the heart of economic, social and environmental policies.<sup>2</sup> The determining factors in any decision to return to work must be considerations of life and health and the anticipation and mitigation of risks. For the reactivation of economies to be sustainable, workers need to feel safe at their workplaces and reassured that they will not be exposed to unnecessary risks directly related to the new coronavirus. They also need to know that action is being taken to mitigate other risks, including psychosocial risks, chemical hazards resulting from increased use of cleaning and disinfectant agents, and ergonomic risks from awkward postures due to inadequate facilities and equipment, among many others. Furthermore, after a phase of lockdown and stopping work operations, careful attention should be given to other sources of hazard as activities resume.
3. **International labour standards provide a normative framework for the return to work.** In particular, the Occupational Safety and Health Convention, 1981 (No. 155), the Occupational Health Services Convention, 1985 (No. 161), the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187), and their corresponding Recommendations offer a reference point from which countries can develop policies and programmes to address COVID-19, adapted to their own circumstances.
4. These include a clearly established system of rights and responsibilities. Article 16 of Convention No. 155 states that employers must ensure that, so far as is reasonably practicable, the workplaces, machinery, equipment and work processes under their control are safe and without risk to health. This entails a risk assessment and the adoption of a hierarchy of controls to prevent and mitigate risks, as set out in the ILO's [Guidelines on occupational safety and health management systems](#). Employers are required to provide adequate protective equipment to workers, without cost to the workers themselves. Employers are also responsible for consulting workers and their representatives on occupational safety and health (OSH), providing adequate OSH information and training, and notifying the competent authority (such as the labour inspectorate or social security agency) of cases of occupational diseases and injuries.<sup>3</sup>
5. Workers are responsible for following established OSH procedures and participating in OSH training organized by the employer. Under Convention No. 155, workers should report to their immediate supervisor any situation which they have reasonable justification to believe presents an imminent and serious danger to their life or health. They have the right to remove themselves from any such situation and cannot be required to return until the employer has taken remedial action, as reasonably practicable. According to Articles 13 and 19(f) of Convention No. 155, when workers exercise this right, they are protected from any undue consequences. For workers to enjoy these rights, the provisions have to be reflected in national legislation.
6. The ILO Employment and Decent Work for Peace and Resilience Recommendation, 2017 (No. 205), advises that in recovering from crisis situations, governments should review, establish, re-establish or reinforce labour legislation, if necessary, including provisions on occupational safety and health, and reinforce, as necessary, the system of labour administration, including labour inspection. Labour inspectors, for example, play a key role in providing technical information and advice to employers and workers to support compliance, and in enforcing the law. Under the Labour Inspection Convention, 1947 (No. 81), they are empowered to take steps with a view to remedying any situation they have cause to believe constitutes a threat to workers' health or safety.

2 For more information on the ILO's four-pillar policy framework for tackling the socio-economic impact of the COVID-19, see: [Global Impact and Policy Recommendations](#), 18 May 2020.

3 See also sectoral standards: Safety and Health in Construction Convention, 1988 (No. 167) and Recommendation, 1988 (No. 175); Safety and Health in Mines Convention, 1995 (No. 176), and Recommendation, 1995 (No. 183); Safety and Health in Agriculture, 2001 (No. 184), and Recommendation, 2001 (No. 192).

**7. Social dialogue is critical to ensuring effective policy design and creating the trust needed to facilitate a safe return to work.** Effective national responses on the return to work depend on dialogue and the involvement of the most representative employers' and workers' organizations to develop an adequate legal and regulatory framework and ensure that all relevant policies and measures respond to the needs of sectors and all workers. Employers' organizations have a crucial role in advising and assisting enterprises in observing the guidance provided by national and local authorities. Workers' organizations can also voice the concerns of workers, help to protect their rights, and communicate and share information with workers, in particular the most vulnerable, on risk exposure and preventive action.

**8. Policy guidance should be embedded in national OSH systems.** These systems promote the continuous improvement of OSH through the development of national policies and programmes, in consultation with the most representative organizations of employers and workers. In addition, they promote a culture of respect for the right to a safe and healthy working environment at all levels, where the principle of prevention is accorded the highest priority, and where workplace hazards are addressed under a hierarchy-of-controls approach. By strengthening the institutional infrastructures for national OSH systems, including labour administration institutions, countries will be prepared to build back better.

► Elements of national OSH systems and how they help combat COVID-19

|  |   |
|--|---|
| <b>Laws and regulations, collective agreements and other relevant instruments on OSH</b>                   | National authorities should prepare COVID-19-related OSH guidance through an adequate regulatory framework consistent with the national legislative framework, by using a variety of legal and technical instruments, including laws, ministerial decrees, resolutions, guidelines and technical notes. Governments should examine the practical implementation of decisions and regulations, including by addressing information deficits, attend to the specific needs of smaller businesses and the most vulnerable workers, and implement the law as required.  |
| <b>National tripartite OSH body</b>  | This specialized tripartite body should be involved in any decision-making at the national level, including the issuance of instructions or guidance related to the fight against COVID-19 to ensure that return-to-work policies and the national OSH policy are mutually reinforcing.   |
| <b>Compliance mechanisms, including inspection systems</b>   | Labour inspectorates play a key role in disseminating reliable information on COVID-19, including on preventive and protective measures, and monitoring whether return-to-work protocols are effectively implemented and respected, including by enforcing the applicable law.  |
| <b>Workplace arrangements for cooperation between management, workers and their representatives</b>        | Joint OSH committees and workers' representatives need to participate in workplace risk assessment and the selection or development and implementation of return-to-work protocols. Workers' representatives provide valuable insights into prevention planning, support management in implementing measures and liaise with workers. Workers or their representatives should be consulted by the employer, in accordance with national law, on all aspects of occupational safety and health associated with their work. They should have reasonable time during paid working hours to exercise their safety and health functions and to receive adequate training.  |
| <b>OSH services, including information and advisory services, research, training and health monitoring</b> | Key providers of these services include national OSH research centres, agencies and institutions, OSH professionals and their associations, as well as occupational health services. Provision of these services is paramount to curb and stop the pandemic and ensure safe and healthy workplaces. Occupational health services (as defined in Convention No. 161) are in charge of monitoring workers' health at the workplace and are therefore responsible for tracking confirmed and suspected cases, tracing any potential contagion and instructing workers to quarantine, and notifying public health and social security authorities, among other functions. |
| <b>Data collection and analysis of occupational injuries and diseases</b>                                  | Taking stock of confirmed and suspected cases of COVID-19 and analysing how the virus spreads in workplaces helps to identify breaches of return-to-work protocols and deficiencies in preventive and protective measures, and allows for corrective measures. Employers should be required to keep records relevant to occupational safety and health and the working environment according to national law, and as considered necessary by the competent authorities. At the national level, the data enables public authorities to assess the situation at any given time and make informed, evidence-based decisions.   |
| <b>Employment injury insurance schemes</b>   | Employment injury insurance schemes are key actors in the fight against COVID-19, as they are responsible for compensating workers in the event of occupational diseases, including COVID-19 wherever it is recognized as such.* They can also provide invaluable support by funding or, where they have the expertise, providing OSH services.   |

\* Note: National law determines whether COVID-19 can be considered as an occupational disease. According to the ILO Employment Injury Benefits Convention, 1964 (No. 121) [Schedule I amended in 1980], infectious diseases can be regarded as occupational when contracted in an occupation where there is a particular risk of contamination such as in health or laboratory work or other work carrying a particular risk of contamination. In addition, according to the List of Occupational Diseases Recommendation, 2002 (No. 194) (updated 2010), diseases caused by biological agents at work not directly mentioned in the list (which is the case for COVID-19) can be recognized as occupational where a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to the biological agents arising from work activities and the disease(s) contracted by the worker.

You can read the ILO report: In the Face of a Pandemic: Ensuring Safety and Health at Work [here](#)

**9. Effective national policies for the return to work require the coordinated action of government institutions.**

Responsible authorities should define coordination arrangements between relevant ministries, in particular labour and health ministries, namely for recording and notification of cases and their follow-up. The mutually reinforcing role of occupational health services and public health services should be recognized as a prerequisite for the successful prevention and mitigation of COVID-19. National policy responses should also consider the impact of the crisis on workers and their families, and support employers in implementing working time arrangements that prevent the spread of the virus. Adjusting work processes and work arrangements through measures such as remote working reduces workers' risk of contracting and spreading the virus while they continue doing their jobs and allows enterprises to remain operational. In addition, the adoption of family-friendly working arrangements to give workers greater freedom and flexibility in carrying out their work is essential during the pandemic.

**10. Special attention should be paid to ensuring that return-to-work policies do not discriminate against any workers and that they consider the needs of those in vulnerable situations.**

National return-to-work policies must be gender-sensitive: consultation with and participation of both women and men in decision-making should be ensured at the national and workplace levels.<sup>4</sup> The needs of pregnant workers should also be considered,<sup>5</sup> as should the needs of workers at higher risk of severe illness. Informal economy workers and refugee and migrant workers should have equal access to

preventive measures, including personal protective equipment, as well as to treatment and care for COVID-19, mental health and psychosocial support, referrals, rehabilitation and social protection. Special efforts should be taken to prevent social stigmatization of workers who are infected or suspected of being infected with COVID-19, or who have recovered from it.

**11.** Informal workers may not be able to comply with the precautions mandated by health authorities, such as physical distancing, handwashing or self-isolation, which increases the risk of contagion.<sup>6</sup> The protection of informal workers must focus on prevention through the timely dissemination of information on and awareness-raising of the transmission of the disease. Basic infection control measures, such as respiratory hygiene, cough etiquette and the use of personal protective equipment (PPE), are essential when other more sophisticated engineering controls may not be available.

**12. Effective and coordinated communication is essential to inform employers, workers and the larger community about policy guidance for the return to work.** Both employers and workers need to know the established requirements for the resumption of operations and return to work. Some workplaces, such as micro and small businesses, may need assistance in putting the recommended measures into practice. The coordinating or responsible authorities should provide regular and easy to understand information and support services on workplace safety and health measures, including on risk management and emergency preparedness.

<sup>4</sup> See UN Women, [Checklist for COVID-19 Response](#), 20 March 2020.

<sup>5</sup> To date, there is no evidence to support a higher risk of COVID-19 among pregnant women than among non-pregnant women. However, it is known that pregnant women have a higher risk of severe illness when infected with viruses from the same family as COVID-19 and other viral respiratory infections, such as influenza. Under the ILO Maternity Protection Convention, 2000 (No. 183), a pregnant woman must not be obliged to carry out work that is a significant risk to her or her child's health and safety. The corresponding Recommendation provides for the elimination of the risk; additional paid leave to avoid exposure if the risk cannot be eliminated, the conditions of work cannot be adapted or a transfer to another post is not possible; and the right to return to her job or an equivalent job as soon as it is safe for her to do so.

<sup>6</sup> ILO, 2020, [In the Face of a Pandemic: Ensuring Safety and Health at Work](#) p. 18.

## ▶ III. Implementing national policy guidance for a safe return at the workplace level

General requirements for workplaces to reopen and stay open, are determined by national guidance, mostly from a public health perspective.<sup>7</sup> Workplaces need to make sure they adopt the right workplace policy and measures to prevent further contagion, based on thorough risk assessment, and implement OSH measures according to a hierarchy of controls, as set forth in ILO standards and guidance.

**13. Cooperation between management and workers and/or their representatives within the undertaking must be an essential element of the implementation of return-to-work measures.** To ensure sustainability, employers should collaborate with workers and workplace OSH committees, with the assistance of occupational health services, to implement public health and occupational risk management measures to prevent transmission, and to engage in early detection of cases of COVID-19. Workplaces should therefore develop action plans for prevention and mitigation of the disease, including emergency preparedness in the context

of business continuity plans and according to the results of risk assessment.<sup>8</sup>

**14. Decisions to open, close and reopen workplaces and to suspend or scale down work activities should be made on the basis of a thorough risk assessment.** This will also identify preventive measures that need to be taken, help to establish emergency preparedness procedures, and identify other actions to implement the recommendations of national authorities. In workplaces in an informal economy setting, other factors need to be considered, such as access to basic services like water and sanitation. Actions to prevent and mitigate COVID-19 in the workplace should be implemented together with measures to address other occupational safety and health risks. Due care should be taken to avoid implementing measures to prevent virus exposure that create new sources of risk. Importantly, certain factors including but not limited to safe commuting, availability of safety-critical staff and services – maintenance, first aid, emergency services, etc. – should be assessed.

### Five-step approach to workplace risk assessment

A careful examination of COVID-19 and its characteristics reveals the precautions needed to prevent harm to those at risk. A five-step approach to the assessment of risks in the workplace can be used:

- (1) identify the hazards;
- (2) identify who might be harmed and how;
- (3) evaluate the risk, and identify and decide on the safety and health risk control measures;
- (4) record who is responsible for implementing which risk control measures and the time frame; and
- (5) record the findings, monitor and review the risk assessment and update when necessary.

Source: ILO, [A 5 Step Guide for Employers, Workers and Their Representatives on Conducting Workplace Risk Assessments](#)

<sup>7</sup> For practical guidance at the workplace level, see: ILO, [Safe Return to Work: Ten Action Points](#), see also: [Safe Return to Work: Guide for Employers on COVID-19 Prevention](#), in addition to: [Prevention and Mitigation of COVID-19 at Work: Action Checklist](#).

<sup>8</sup> For more information on the participation of workers and their representatives, see [ILO Occupational Safety and Health Convention, No. 155 \(art. 19\)](#) and [Recommendation No. 164 \(para. 12\)](#).

15. The same work setting may have jobs with different levels of risk, and different jobs or work tasks may have similar levels of exposure. Therefore, the risk assessment should be carried out individually for each specific work setting and each job or group of jobs. Each risk assessment should consider the environment, the task, the threat, if any (for example for frontline staff), and the resources available, such as engineering controls and PPE. Risk assessment at the individual level should take into account the higher risk that some workers may have of developing severe illness because of their age or pre-existing medical conditions.
16. Risks should be assessed before any adjustments to existing work methods and processes or introduction of new ones, and on a continuous basis, in consultation with and involving workers and their representatives and the safety and health committee, where such a committee exists. The assessment should take into account not only all workers but also suppliers, clients and visitors. This risk assessment process should be supported by robust procedures for monitoring the evolving situation and records should be kept so that the adopted preventive measures can be periodically evaluated and reviewed.
17. Any risk assessment needs to consider the entire working day, and also the risks associated with commuting to work, access to common areas such as cafeterias and sanitary facilities, and areas of the building where workers circulate.
18. **Any strategy for a safe return to the workplace should be based on a hierarchy of controls.** This is an approach to workplace safety and health that structures protective measures in order of most effective to least effective, and includes **elimination, substitution, engineering controls, administrative controls and, finally, PPE.**

See the WHO recommendation to improve hand hygiene practices [here](#)

## ▶ Applying a hierarchy of controls to COVID-19

---

### **Elimination**

Since it is not yet possible to eliminate the occupational hazard if the workplace reopens, a combination of other preventive measures is required to protect workers from exposure to the coronavirus.

**Substitution** – or replacing the hazard with something less hazardous is not applicable. However, it may be possible to reduce the rate of transmission by substituting old work processes for new ones. This may include increased use of remote working and virtual meetings, as well as other organizational controls (such as physical distancing) described below.

### **Engineering controls**

However, not every workplace can substitute work processes by having employees work remotely. In this case, the next step is to implement engineering controls. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying on worker behaviour and can be the most cost-effective solution to implement. Engineering controls include:

- ▶ improving ventilation, for example by: increasing ventilation rates in the work environment; installing high-efficiency air filters when required; specialized negative pressure ventilation in some settings (such as airborne infection isolation rooms in healthcare settings and autopsy rooms in mortuary settings);
- ▶ installing physical barriers, such as clear plastic sneeze guards;
- ▶ installing a drive-through window for customer service.

**Administrative and organizational controls** are changes in work policy or procedures in order to reduce or minimize exposure to a hazard. In the context of COVID-19 return-to-work plans, these controls include, for example, introducing extra shifts or having workers present on alternate days to reduce the total number of workers in a facility at a given time, and establishing policies on health monitoring and response measures for sick or potentially infected workers.

Physical distancing should be implemented to the greatest extent possible. A distance of 2 metres between workers is suggested as adequate, unless national guidance or the results of risk assessments determine otherwise.

As appropriate, all employers should implement **good hygiene and infection control practices**, directed at both workers and the workplace:

#### *Worker hygiene*

- ▶ Promote frequent and thorough handwashing, including by providing workers, customers and worksite visitors with a place to wash their hands. If soap and running water are not immediately available, provide alcohol-based hand rubs containing between 60 and 80 per cent alcohol.
- ▶ Encourage respiratory etiquette, including covering coughs and sneezes.
- ▶ Discourage workers from using other workers' phones, desks, offices or other work tools and equipment, when possible.

---

### *Workplace hygiene*

- ▶ Implement regular housekeeping, including routine cleaning and disinfecting of surfaces, equipment and other elements of the work environment.
- ▶ Promote a culture of regularly cleaning and disinfecting the surfaces of desks and workstations, door handles, telephones, keyboards and work tools and regularly disinfect common areas such as sanitary facilities and elevators.

### **Personal protective equipment**

While engineering and administrative controls are considered more effective, PPE may also be needed to prevent certain types of exposure, in particular for the most hazardous occupations. Correct use of PPE can help prevent exposure, but it should not take the place of other prevention strategies, whenever possible. PPE should be provided by the employer at no cost to workers.

Examples of PPE include gloves, goggles, face shields, face masks, gowns, aprons, coats, overalls, hair and shoe covers and respiratory protection, when appropriate. The types of PPE required during a COVID-19 outbreak will be based on the risk of infection while working and the tasks that may lead to exposure. During an outbreak of an infectious disease such as COVID-19, recommendations for PPE specific to occupations or job tasks may vary depending on geographic location, updated risk assessments for workers and information on the effectiveness of PPE in preventing the spread of the virus. Employers should regularly check national references for updates about recommended PPE.

To be effective, PPE must be selected based upon the hazard to the worker; properly fitted and periodically refitted; worn consistently and properly when required; regularly inspected, maintained and replaced as necessary; and properly removed, cleaned and stored or disposed of, as applicable, to avoid contaminating the worker, others or the environment.

#### **Contact details**

Labour Administration, Labour Inspection and Occupational  
Safety and Health at Work Branch  
Governance and Tripartism Department  
International Labour Organization  
Route des Morillons 4  
CH-1211 Geneva 22, Switzerland

T: + 41 22 799 6715  
E: [labadmin-osh@ilo.org](mailto:labadmin-osh@ilo.org)

[www.ilo.org/labadmin-osh](http://www.ilo.org/labadmin-osh)