



COVID-19: Occupational Health and Safety of Health Workers WHO/ILO interim guidance from 2 February 2021

Key recommendations, resources and tools for implementation

Online seminar for Ukraine, 16 April 2021

Supported also by:



Key messages

- Health workers should continue to enjoy their right to decent, healthy and safe working conditions in the context of COVID-19.
- Primary prevention of COVID-19 among health workers should be based on risk assessment and introduction of appropriate measures.
- Other occupational risks amplified by the COVID-19 pandemic,, including , violence, harassment, stigma, discrimination, heavy workload and prolonged use of personal protective equipment (PPE) should be addressed.
- Occupational health services, mental health and psychosocial support, adequate sanitation, hygiene and rest facilities should be provided to all health workers.
- Health-care facilities should have occupational health programmes in conjunction with programmes for infection prevention and control.
- Employers have the overall responsibility to ensure that all necessary preventive and protective measures are taken to minimize occupational risks to health workers.
- Health workers are responsible for following established rules for the protection of their health and safety at work.

About this presentation

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Content



1. Prevention of occupational exposure to SARS-CoV-2 and occupational infections
2. Prolonged use of personal protective equipment
3. Toxic effects of disinfectants
4. Workload, work time and work organization
5. Violence, harassment, discrimination and stigma
6. Mental health and psychosocial support
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9. Duties, rights and responsibilities for health and safety at work

WHO/ILO interim guidance "COVID-19: Occupational health and safety for health workers" - [English](#), [Український](#), [Русский](#)

SARS CoV-2 infections in health workers

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SARS CoV-2 infections in health workers

- Health workers* are at higher risk of being infected with SARS-CoV-2 than the general population

WHO global surveillance data* estimates that during the pandemic, health worker infections:

- slightly exceeded 10% of reported cases
- declined to less than 5% by early-June 2020
- further declined to approximately 2.5% by September 2020.

Some studies* have found:

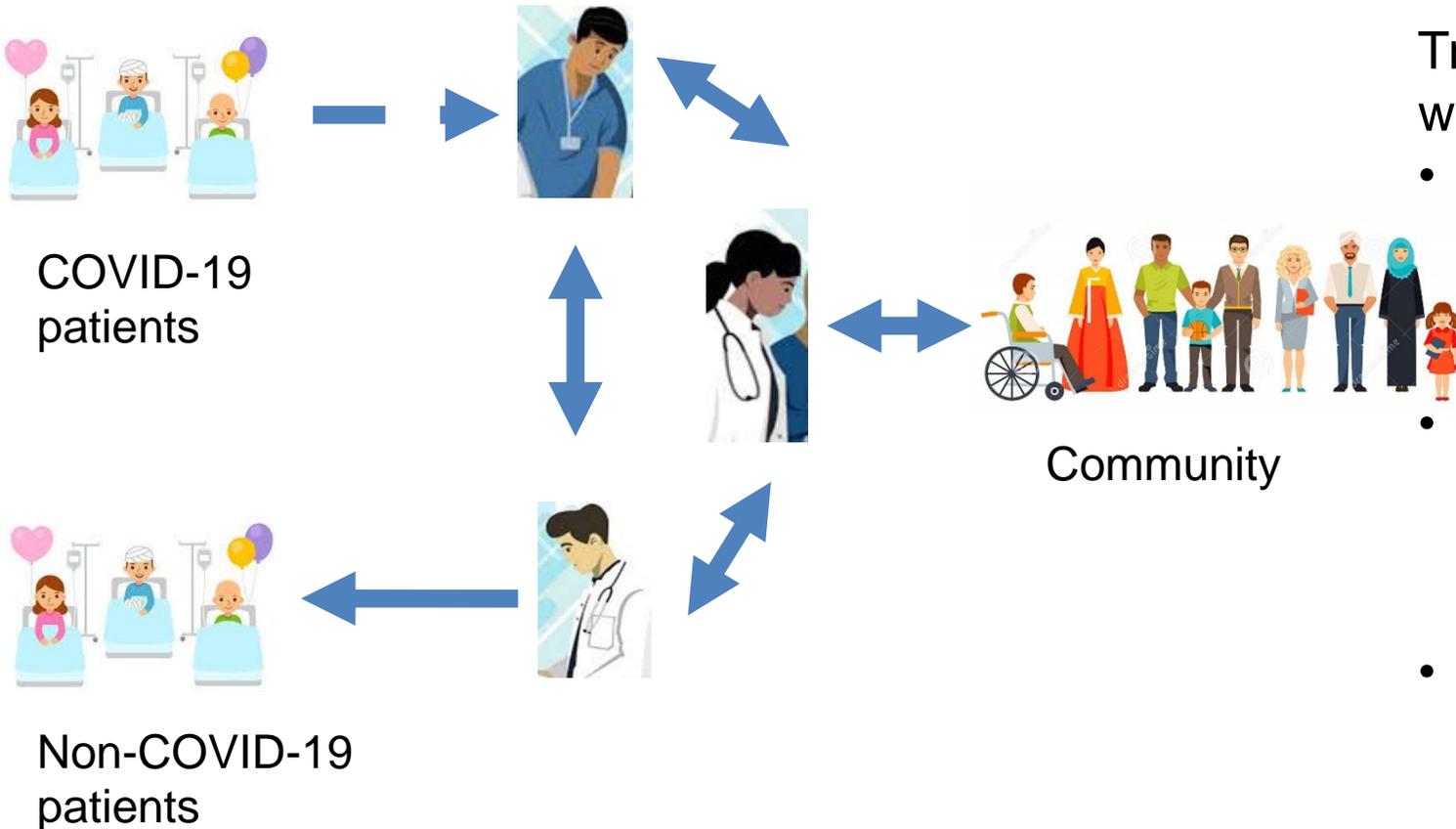
- incidence of SARS-CoV-2 infection in HW ranged from 0.4% to 49.6%
- prevalence of SARS-CoV-2 seropositivity ranged from 1.6% to 31.6%, more recent studies found 1.4% to 32.2%



WHO / Blink Media – Fabeha Monir

*This data is considered to be an under reporting as some countries do not report data to WHO and so this number may be higher in some countries or settings.

Transmission of SARS CoV-2 in health workers



Transmission of SARS CoV-2 to health workers happens

- in healthcare settings, including common spaces, break rooms and community settings, such as households and gatherings,
- from patients to health workers, residents to health workers, health workers to patients/residents and amongst health workers,
- from infected health workers transmitting virus to their households and communities.

Health worker infections lead to a depleted workforce in a time of high demand.

A living rapid review of literature commissioned by WHO has identified several factors associated with increased risk of infections in health workers.

In the health care facility:

- performing certain procedures (for example intubations)
- direct patient contact and contact with bodily secretions
- inconsistent use or incomplete /improper use of personal protective equipment
- suboptimal hand hygiene before or after patient contact
- exposures in common areas such as break rooms, cafeterias or areas where staff congregate
- Black, Hispanic or Asian race/ethnicity in the U.S and U.K has been associated with an increased risk of SARS CoV-2 infection

In the community:

- exposures in the community outside of work

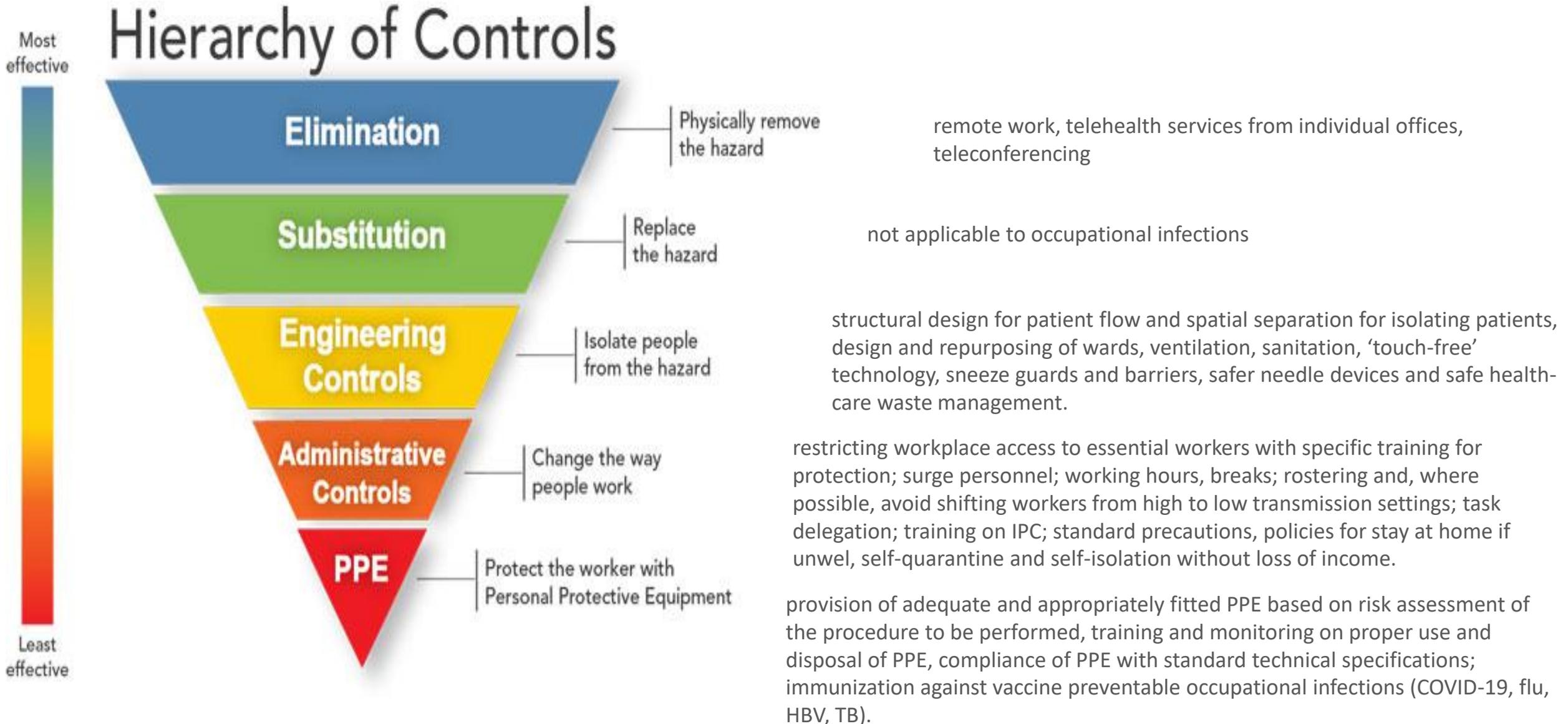
Although there are risks for health workers, there are measures that have been shown to be effective in reducing these risks.

These measures include:

- **establishing an infection prevention and control programme at the healthcare facility level**
 - appropriate PPE use, hand hygiene, implementation of universal masking policies, IPC training and education
- **establishing an occupational health and safety programme**
- **implementing surveillance of health workers for COVID-19 symptoms**
- **establishing and implementing strategies for testing of health workers for early detection of SARS CoV-2**

- **establishing a blame free process for health workers to report occupational and non-occupational exposures to COVID-19**
- **establishing a process to manage health worker exposures and infections including return to work criteria**
- **conducting surveillance activities, analysing and reporting health worker infections to improve prevention measures**

The hierarchy of hazard controls to prevent occupational infections



Workplace risk assessment for potential occupational exposure to SARS-CoV-2



- Employers, in consultation with health workers and their representatives, and with support from experts in infection prevention and control (IPC) and occupational health, should carry out and regularly update a workplace risk assessment for SARS-CoV-2.
- The potential for health workers' occupational exposure to SARS-CoV-2 can be determined by the likelihood of coming into direct, indirect or close contact with a person infected with the virus:
 - direct physical contact or care,
 - contact with contaminated surfaces and objects,
 - aerosol-generating procedures on patients with COVID-19 without adequate personal protection
 - working with infected people in indoor, crowded places with inadequate ventilation (6).
- The purpose of workplace risk assessment for SARS-CoV-2 is to:
 - determine the level of risk for potential occupational exposure related to different jobs, work tasks and work settings
 - plan and implement adequate measures for risk prevention and mitigation
 - assesses the fitness for work, and return to work, of individual health workers, such as those with pre-existing medical conditions
 - to identify priority groups for COVID-19 vaccination

Workplace risk levels

Lower risk – jobs or tasks without frequent, close contact with the public or others and that do not require contact with people known or suspected of being infected with SARS-CoV-2.

Medium risk – jobs or tasks with close frequent contact with patients, visitors, suppliers and co-workers but that do not require contact with people known or suspected of being infected with SARS-CoV-2.

High risk – jobs or tasks with high potential for close contact with people who are known to be or suspected of being infected with SARS-CoV-2 or contact with objects and surfaces possibly contaminated with the virus.

Very high risk – jobs and tasks with risk of exposure to aerosols containing SARS-CoV-2, in settings where aerosol-generating procedures are regularly performed on patients with COVID-19 or working with infected people in indoor, crowded places without adequate ventilation.

Lower risk (caution) - examples of jobs and tasks and preventive measures

Administrative tasks that do not involve contact with patients and visitors or close contact with other co-workers. For example, telehealth services, remote interviewing of suspected or confirmed COVID-19 patients or their contacts, working in individual or low-density offices.

Health facilities:

- organize remote work and teleservices, wherever possible and appropriate;
- provide natural or mechanical ventilation without recirculation;
- organize regular environmental clean-up and disinfection;
- introduce measures for avoiding crowding and social mixing and encourage workers to observe safe physical distancing;
- introduce measures preventing the sharing of workstations and equipment;
- establish flexible sick leave policies.

Workers:

- stay home if unwell;
- observe hand and respiratory hygiene;
- use fabric masks in common areas and face-to-face meetings.

Medium risk - examples of jobs and tasks and preventive measures

Jobs or tasks with close frequent contact with patients, visitors, suppliers and co-workers but that do not require contact with people known or suspected of being infected with SARS-CoV-2. In settings with known or suspected community transmission of SARS-CoV-2, this risk level may apply to workers who have frequent and close work-related contact with other people within a health-care facility or in the community where safe physical distance may be difficult to maintain

Health facilities:

- consider alternatives to face-to-face outpatient visits using telehealth services wherever feasible and appropriate;
- provide sneeze screens, barriers, workplace modifications and natural or mechanical ventilation without recirculation;
- organize screening and triage for early recognition of patients with suspected COVID-19 and rapid implementation of source control measures;
- organize regular environmental clean-up and disinfection;
- introduce measures to avoid crowding and social mixing, such as restricting visitors and designating areas where patients are not allowed;
- encourage workers to observe safe physical distancing when not wearing PPE (e.g. in break rooms and cafeterias);
- provide IPC training and adequate PPE in sufficient quantity and quality;
- establish flexible sick leave policies.

Workers:

- stay home if unwell;
- observe hand and respiratory hygiene;
- wear medical masks and other PPE according to their tasks and apply standard precautions in providing patient care.

High risk - examples of jobs and tasks and preventive measures 15

Clinical triage with in-person interviewing of patients with signs and symptoms of COVID-19; cleaning areas for screening and isolation; entering rooms or isolation areas occupied by patients with known or suspected COVID-19; conducting a physical examination and providing direct care not involving aerosol-generating procedures for patients with known or suspected COVID-19; manipulation of respiratory samples; handling respiratory secretions, saliva or waste from COVID-19 patients; transportation of people known or suspected of having COVID-19 without physical separation between the driver and the passenger; cleaning between transports of patients with suspected COVID-19.

Health facilities:

- implement engineering, environmental and administrative controls for IPC, and provide adequate PPE in sufficient quantity and quality;
- provide enhanced ventilation without recirculation, with “clean to less clean” directional design for airflows;
- organize regular environmental clean-up and disinfection;
- introduce measures for avoiding crowding and social mixing and restricting non-essential workers and visitors;
- provide regular IPC training, including on the use of PPE;
- establish flexible sick leave policies.

Workers and caregivers:

- use PPE based on transmission-based precautions (medical mask, gown, gloves, eye protection) and apply standard precautions in providing patient care;
- stay home if unwell;
- observe hand and respiratory hygiene.

Patients, visitors and suppliers:

- wear medical or fabric masks;
- observe hand and respiratory hygiene.

Very high risk - examples of jobs and tasks and preventive measures

Work with COVID-19 patients where aerosol-generating procedures (e.g. tracheal intubation, non-invasive ventilation, tracheotomy, cardiopulmonary resuscitation, manual ventilation before intubation, sputum induction, bronchoscopy, autopsy procedures, dental procedures that use spray-generating equipment) are frequently performed; work with infected people in indoor, crowded places without adequate ventilation.

Health facilities:

- implement engineering, environmental and administrative controls for IPC and provide adequate PPE in sufficient quantity and quality;
- provide mechanical ventilation with high efficiency particulate air (HEPA) filters without recirculation;
- introduce measures for avoiding crowding and social mixing and for restricting access of non-essential workers and visitors;
- provide regular IPC training, and training in donning and doffing PPE;
- establish flexible sick leave policies.

Workers:

- stay home if unwell;
- observe hand and respiratory hygiene;
- use PPE (respirator N95 or FFP2 or FFP3, gown, gloves, eye protection, apron) and apply standard precautions in providing patient care.

Management of occupational COVID-19 infections among health workers

- Early detection of SARS-CoV-2 infections in health workers to prevent further transmission
 - Perform syndromic surveillance of health workers for COVID-19 symptoms should be performed before they enter the workplace
 - Develop and implement national and sub-national testing strategies for health workers for detection of SARS-CoV-2 infections:
 - Testing health workers following exposure to SARSCoV-2
 - Routine testing of health workers for COVID-19 surveillance
 - Testing health workers in long-term care facilities
- Managing health worker exposures, infections and safe return to work
 - Health workers should be encouraged to report both occupational and non-occupational exposures to COVID-19
 - Managing health worker infections
 - Health worker return-to-work advice

- Monitoring, studying and reporting health worker infections
 - Protocol for assessment of potential risk factors for COVID-19 among health workers in a health care setting
 - Assessment of risk factors for coronavirus disease 2019 (COVID-19) in health workers: protocol for a case-control study
 - Surveillance protocol for SARS-CoV-2 infection among health workers

Resources:

[Prevention, identification and management of health worker infection in the context of COVID-19](#), WHO interim guidance, 30 October 2020

WHO [Protocol for assessment of potential risk factors for 2019-novel coronavirus \(COVID-19\) infection among health care workers in a health care setting](#), 25 January 2020

[Risk assessment and management of exposure of health care workers in the context of COVID-19](#): WHO interim guidance, 19 March 2020

[Assessment of risk factors for coronavirus disease 2019 \(COVID-19\) in health workers: protocol for a case-control study](#),

WHO [Surveillance protocol for SARS-CoV-2 infection among health workers](#): 28 May 2020, version 1

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Alcohol rub dermatitis,
DOI
<http://dx.doi.org/10.7196/samj.2020.v110i12.15354>



PPE is intended to be used for short periods of time when the exposure to hazard cannot be avoided or otherwise controlled. In the context of COVID-19, heavy workload, patient flows and shortages of PPE may require health workers to wear PPE for extended periods of time.

Prolonged use of gloves and frequent hand hygiene may cause or aggravate existing hand eczema, prolonged use of masks, respirators and goggles can also cause skin damage: itching, rash, acne, pressure injury, contact dermatitis, urticaria and aggravation of pre-existing skin diseases

Advice

- If a health worker has a latex allergy, use non-latex or nitrile gloves.
- Provide health workers with properly fitted PPE.
- Apply moisturizers or gel before wearing gloves and facial protective equipment.
- Avoid using over-tight goggles, which can damage the skin and generate fogging.
- Refer health to medical care workers with sustained rashes or inflammatory skin symptoms



Medical Device-Related Pressure ,
DOI: 10.30886/estima.v18.867_IN

Prolonged use of PPE – heat stress



The Straight Times, <https://www.straitstimes.com/singapore/health/spore-healthcare-workers-get-dizzy-headache-thirsty-from-heat-while-wearing-ppe>



Scroll.in <https://scroll.in/article/959764/coronavirus-delays-why-indias-health-workers-are-still-facing-shortages-of-safety-gear>

Prolonged use of full PPE (gowns, masks, head coverings, coveralls) traps heat and sweat, limits evaporative cooling of the body and can lead to heat stress (heat rash, muscle cramps, fainting, exhaustion, breakdown of skeletal muscle and heat stroke).

WHO and ILO recommendations:

- Advise health workers at risk of heat stress to monitor for symptoms of heat-related illness, including monitoring the colour and volume of urine output
- Limit the time spent in full PPE and arrange rest in a cool area.
- Provide sufficient safe and cool drinking-water to all health workers.
- When caring for patients with COVID-19, avoid using coveralls, double layering of gowns, shoe protection, or hoods that cover the head and neck such as those used in filovirus disease outbreaks (e.g. Ebola).

Adverse effects of the use of disinfectants

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The increased use of disinfectants in health facilities and in public places may harm the health of healthcare, cleaning and sanitation workers.



<https://jakartaglobe.id/news/disinfectant-ineffective-to-prevent-covid19-transmission-govt-task-force>

Resource: [Cleaning and disinfection of environmental surfaces in the context of COVID-19.](#)

Interim guidance, 16 May 2020. Geneva: WHO

Disinfectants may cause nasal and eye irritation, chest tightness, wheezing, difficulty breathing, and skin irritation.

Health effects can occur in relation to:

- unsafe preparation of disinfectant solution
- improper use or lack of personal protective equipment (PPE)
- unsafe storage
- mixing products
- overuse of disinfectants
- misuse of cleaning products (leading to chlorine production)

WHO guidance on cleaning and disinfections of environmental surfaces

Relevant for the development and implementation of policies and standard operating procedures (SOP) on the cleaning and disinfection of environmental surfaces

Practical issues addressed:

- cleaning and disinfection techniques and supplies
- products for environmental cleaning and disinfection
- spraying disinfectants and other no-touch methods

Health-care setting:

- recommended frequency of cleaning of environmental surfaces in risky areas

Cleaning and disinfection of environmental surfaces in the context of COVID-19

Interim guidance
15 May 2020



Background

Coronavirus disease 2019 (COVID-19) is a respiratory infection caused by SARS-CoV-2 (COVID-19 virus). The COVID-19 virus is transmitted mainly through close physical contact and respiratory droplets, while airborne transmission is possible during aerosol-generating medical procedures.¹ At time of publication, transmission of the COVID-19 virus had not been conclusively linked to contaminated environmental surfaces in available studies. However, this interim guidance document has been informed by evidence of surface contamination in health-care settings² and past experiences with surface contamination that was linked to subsequent infection transmission in other coronaviruses. Therefore, this guidance aims to reduce any role that fomites might play in the transmission of COVID-19 in health-care³ and non-health care settings.⁴

Environmental surfaces in health-care settings include furniture and other fixed items inside and outside of patient rooms and bathrooms, such as tables, chairs, walls, light switches and computer peripherals, electronic equipment, sinks, toilets as well as the surfaces of non-critical medical equipment, such as blood pressure cuffs, stethoscopes, wheelchairs and incubators.⁵ In non-healthcare settings, environmental surfaces include sinks and toilets, electronics (touch screens and controls), furniture and other fixed items, such as counter tops, stairway rails, floors and walls.

Environmental surfaces are more likely to be contaminated with the COVID-19 virus in health-care settings where certain medical procedures are performed.^{6,8} Therefore, these surfaces, especially where patients with COVID-19 are being cared for, must be properly cleaned and disinfected to prevent further transmission. Similarly, this advice applies to alternative settings for isolation of persons with COVID-19 experiencing uncomplicated and mild illness, including households and non-traditional facilities.⁷

Transmission of the COVID-19 virus has been linked to close contact between individuals within closed settings, such as households, health facilities, assisted living and residential institution environments.¹⁰ In addition, community settings outside of health-care settings have been found vulnerable to COVID-19 transmission events including publicly accessible

buildings, faith-based community centres, markets, transportation, and business settings.^{10,11} Although the precise role of fomite transmission and necessity for disinfection practices outside of health-care environments is currently unknown, infection prevention and control principles designed to mitigate the spread of pathogens in health-care settings, including cleaning and disinfection practices, have been adapted in this guidance document so that they can be applied in non-health care setting environments.¹ In all settings, including those where cleaning and disinfection are not possible on a regular basis due to resource limitations, frequent hand washing and avoiding touching the face should be the primary prevention approaches to reduce any potential transmission associated with surface contamination.²¹

Like other coronaviruses, SARS-CoV-2 is an enveloped virus with a fragile outer lipid envelope that makes it more susceptible to disinfectants compared to non-enveloped viruses such as rotavirus, norovirus and poliovirus.²² Studies have evaluated the persistence of the COVID-19 virus on different surfaces. One study found that the COVID-19 virus remained viable up to 1 day on cloth and wood, up to 2 days on glass, 4 days on stainless steel and plastic, and up to 7 days on the outer layer of a medical mask.²³ Another study found that the COVID-19 virus survived 4 hours on copper, 24 hours on cardboard and up to 72 hours on plastic and stainless steel.²⁴ The COVID-19 virus also survives in a wide range of pH values and ambient temperatures but is susceptible to heat and standard disinfection methods.²⁵ These studies, however, were conducted under laboratory conditions in absence of cleaning and disinfection practices and should be interpreted with caution in the real-world environment.

The purpose of this document is to provide guidance on the cleaning and disinfection of environmental surfaces in the context of COVID-19.

This guidance is intended for health-care professionals, public health professionals and health authorities that are developing and implementing policies and standard operating procedures (SOP) on the cleaning and disinfection of environmental surfaces in the context of COVID-19.¹

¹ The topics of current WHO interim guidance documents for non health care setting environments, including environmental cleaning and disinfection recommendations, include faith-based community settings,¹² funerary services,¹³ workplaces,¹⁴ food sector,¹⁵ accommodation

sector,¹⁶ aviation sector,¹⁷ maritime sector,¹⁸ schools,¹⁹ prisons and other places of detention.²⁰

²¹ This document is not intended to be comprehensive guidance on the practice of environmental cleaning and disinfection, which is covered in other relevant guidelines

WHO guidance on cleaning and disinfections of environmental surfaces

Practical considerations when preparing and using disinfectants:

- application of a chemical disinfectant after cleaning
- the disinfectant concentration and contact time are critical for effective surface disinfection
- disinfectant solutions must be prepared and used according to the manufacturer's recommendations for volume and contact time
- disinfectants should be prepared in well-ventilated areas
- combining disinfectants should be avoided, both during preparation and usage

Health workers involved in the preparation and application of disinfectants should be:

- trained in the safe use of disinfectants
- provided with adequate PPE and instructed in its proper use
- evaluated for medical contraindications

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WHO guidance on cleaning and disinfections of environmental surfaces

- WHO does **NOT** recommend spraying individuals with disinfectants (such as in a tunnel, cabinet, or chamber) **under any circumstances**
- Could be physically and psychologically harmful and would not reduce an infected person's ability to spread the virus through droplets or contact
- Spraying with chlorine and other toxic chemicals could result in eye and skin irritation, bronchospasm ...
- Spraying or fumigation of outdoor spaces, such as streets or marketplaces, is also not recommended to kill the COVID-19 virus ... disinfectant is inactivated by dirt and debris and it is not feasible to manually clean and remove all organic matter from such spaces



Open WHO course: Standard precautions: Environmental cleaning and disinfection

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Routine Cleaning

Assessment Supplies Hand Hygiene Patient Area

Disposal Hand Hygiene

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The health care environment contains a diverse population of microorganisms and can be a reservoir for potential pathogens. If environmental cleaning is not performed correctly, then environmental contamination can contribute to the spread of multidrug-resistant organisms and health care-associated infections. Collaboration between infection prevention and control (IPC) and environmental services (EVS) staff limits the role of the health care environment in disease transmission.

Self-paced
Language: English
COVID-19

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Covers:

- areas of collaboration between IPC and environmental services
- the health care environment and purpose of environmental cleaning
- standard precautions to keep environmental services workers safe
- the function of cleaning agents and disinfectants
- uses of environmental monitoring in the health care setting.

Adverse effects of the use of disinfectants - key recommendations



<https://jakartaglobe.id/news/disinfectant-ineffective-to-prevent-covid19-transmission-govt-task-force>

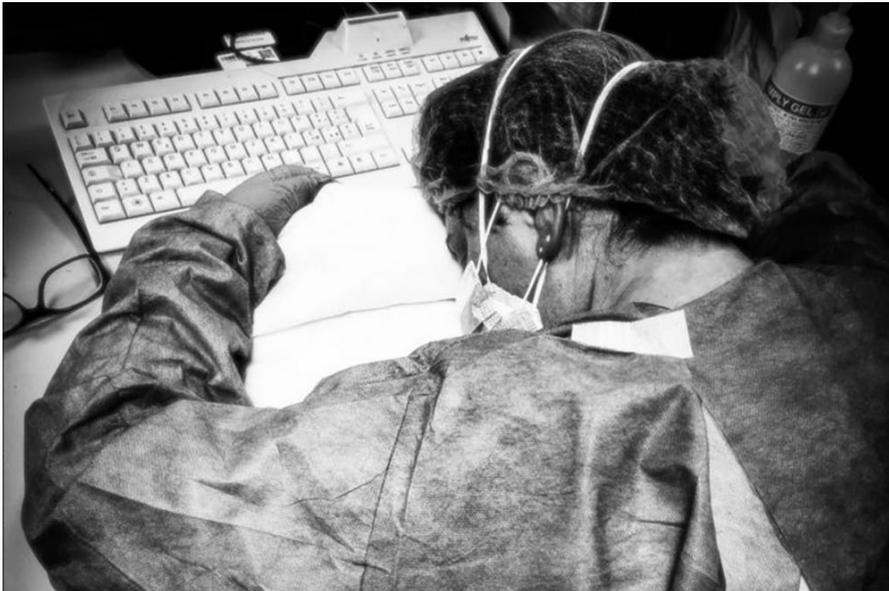
- Prepare and use disinfectant solutions according to the manufacturer's recommendations in well-ventilated areas, avoid mixing of different disinfectants.
- Health workers involved in the preparation and application of disinfectants should be evaluated for medical contraindications, trained in the safe use of disinfectants, provided with adequate PPE and instructed in its proper use.
- Do not spray individuals with disinfectants (such as in a tunnel, cabinet or chamber) under any circumstances.

Workload, work time and work organization

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International Council of Nurses, <https://www.icn.ch/news/high-proportion-healthcare-workers-covid-19-italy-stark-warning-world-protecting-nurses-and>

During the COVID-19 pandemic, health workers may be working long hours with heavier workloads and insufficient time for rest and recuperation.

These demands can result in chronic fatigue and lack of energy, with decreased alertness, coordination and efficiency; increased reaction time; impaired cognition and emotional blunting or mood changes.

Recommendations:

- Strategic health-workforce planning, support and capacity-building to ensure safe staffing levels, fair allocation of workloads, and management of working time and work organization
- Exceptions to the provisions on normal working hours in the case of a declared public emergency should be authorized only temporarily
- Take measures for the optimal organization of working hours, shifts and rests, as practically feasible, based on the local situation.

Resources:

WHO, [Health workforce policy and management in the context of the COVID-19 pandemic response](#), interim guidance from 3 December 2020

ILO, [Guidelines on decent work in public emergency services](#), 2019

WHO and ILO advice for prevention of fatigue during an emergency situation

Shift lengths



- Five 8-hour shifts, or four 10-hour shifts, per week are usually tolerable. Longer shifts represent a risk factor for fatigue.
- Depending on the workload, 12-hour days may require more frequent interspersed rest days.
- During the evening and night, shorter shifts (e.g. 8 hours) are better tolerated than longer shifts.



- Preference should be given to shift rotation in a forward direction (morning to afternoon to night), bearing in mind workers' preferences and local conditions.

Workload

- Balance shifts of lighter and heavier work tasks.
- Examine work demands with respect to shift length.
- Twelve-hour shifts are more tolerable for 'lighter' tasks (e.g. desk work).
- Shorter work shifts help counteract fatigue from highly intense work, physical exertion, extreme environments or exposure to other health or safety hazards.



Rest and recuperation

WHO and ILO advice for prevention of fatigue during an emergency situation

- At least 10 consecutive hours per day of protected time off to obtain 7-8 hours of sleep, and 48 hours off after 14 consecutive days of work.
- frequent brief rest breaks (e.g. every 1-2 hours) during demanding work is more effective against fatigue than a few longer breaks. Longer breaks for meals.
- One or two full days of rest to follow 5 consecutive 8-hour shifts or four 10-hour shifts; 2 rest days after three consecutive 12-hour shifts .
- Consider accommodation for health workers during emergency operations with access to food services or ready-to-eat meals, sanitary facilities and recreational opportunities, while maintaining physical distancing and other public health measures.

Resources

WHO and ILO, [Occupational safety and health in public health emergencies: a manual for protecting health workers and responders](#). Geneva, 2018

ILO, [Decent working time for nursing personnel: Critical for worker well-being and quality care](#). Geneva, 2018

Violence, harassment, discrimination and stigma



Jim Varney/Science Photo Library

Incidents of violence, harassment and stigma against health workers have been increasing during the COVID-19 pandemic.

Most **common risk factors**: stress and fatigue, long patient waiting times, crowding, the burden of transmitting negative prognoses, COVID-19-specific prevention and control measures, contact tracing, restricted access to patients, wearing work attire in public places. Health workers are at risk of violence and harassment at the workplace as well as on their way to and from work and in the community.

High **risk groups**: service delivery roles (nurses, first responders, emergency room staff and physicians), long working long hours or night shifts, males (physical violence), females (sexual harassment and sexual violence), ethnic minorities and other minority groups.

Policies for prevention:

- Establishment of specific legislation and regulations to protect health workers against violence and harassment and retaliation
- Adoption of community-engagement and communication initiatives and behavioural standards, to prevent stigmatization of health workers at the workplace and in the community thereby promoting public respect and recognition of the role of health workers
- Policies for prevention of workplace violence in the health sector

The ILO [Violence and Harassment Convention](#), 2019 (No. 190) defines "violence and harassment" in the world of work as "a range of unacceptable behaviours and practices, or threats thereof, whether a single occurrence or repeated, that aim at, result in, or are likely to result in physical, psychological, sexual or economic harm, and includes gender-based violence and harassment". The Convention also establishes the responsibilities of national authorities and employers. (ILO [Violence and Harassment Convention](#), 2019 (No. 190))

International recommendations for addressing violence and harassment at work in the health sector (ILO, ICN, WHO, PSI)

- Design, implement and monitor a **workplace policy** to prevent and combat violence, harassment, discrimination and stigma **with the participation of workers and their representatives**, and ensure that all staff, including management, are aware of it and abide by it.
- Establish **procedures to prohibit discrimination** and harassment and promote **fair treatment** of workers.
- Provide **security** briefings and personnel in high-risk areas.
- Undertake initiatives to **raise awareness** and provide **training** on violence and harassment.
- Provide **timely and accurate information** to staff and patients to reduce uncertainty and distress.
- Streamline **patient flow** and avoid crowding and waiting times.
- Ensure **safe access** to and from the workplace and easily-identified **emergency exits**.
- Provide **alarm systems** (e.g. panic buttons, telephone, beeper, short-wave radio) where risk is anticipated.
- Have protocols in place for **reporting**, investigating and responding to incidents of violence, stigma and discrimination in a **blame-free environment**.
- Introduce measures to **protect** complainants, victims, witnesses and whistle-blowers **against victimization or retaliation** and ensure confidentiality is protected.
- Provide confidential assistance, counselling and **support to victims** of violence, harassment and stigma.
- **Regularly assess the risk of violence and harassment** in consultation with workers and their representatives.
- Avoid wearing uniforms or other clinical attire while commuting to work and when visiting public places, households or the community for non-professional reasons.

Resources:

ILO, ICN, WHO, PSI [Framework guidelines for addressing workplace violence in the health sector](#). 2002

ILO, [Violence and Harassment Convention](#), 2019

Mental health and psychosocial support

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Mental health and psychosocial support



OpenAccess Government,
<https://www.openaccessgovernment.org/healthcare-workers-struggling-with-mental-health/91618/>

- Occupational risk factors:
 - high workload, forced redeployment to jobs with higher levels of risk, insufficient organizational support, perceived impediments to doing the job
 - violence, harassment, stigma
 - contact with affected patients
 - lack of confidence in protective measures
 - working as a nurse
- Personal risk factors:
 - lower levels of education, inadequate training, less clinical experience, lower perceived personal self-efficacy
 - working as a part-time employee, younger age, female sex
 - increased time in quarantine, social isolation
 - having children at home
 - lower household income
 - comorbid physical health conditions and the impact of the pandemic on personal lifestyle
 - history of psychological distress, mental health disorders or substance abuse
- Effects:
 - common mental health conditions (anxiety, depression and insomnia, substance abuse), burnout, stress
 - absenteeism, staff resignations or higher turnover,
 - reduced performance, and efficiency and increased possibility of human error.

WHO recommendations for mental health and psychosocial support

- Assess and minimize additional COVID-19-related occupational psychosocial risks.
- Ensure that quality communication and accurate information updates are provided to all health workers, and rotate workers from higher-stress to lower-stress functions.
- Partner inexperienced workers with experienced colleagues and ensure that outreach personnel enter the community in pairs.
- Train health leads in basic psychosocial skills and regular supportive monitoring of staff mental wellbeing, including protection from COVID-19-related stress.
- Establish approaches to discuss challenges and dilemmas, organize schedules to include breaks, minimize other work-related stress and activate peer support.
- Promote a mental health prevention culture among health workers and health managers, promote help-seeking.
- Implement surveillance measures to detect critical incidents and mitigate their impact on the mental health of health workers.
- Provide mechanisms for early and confidential identification and management of anxiety, depression and other mental health conditions, and initiate psychosocial support strategies and first-line interventions,
- Provide at least one mental health and psychosocial support worker for every health facility,
- Ensure availability of and facilitate access to confidential mental health and psychosocial support services for health workers (remotely-provided or on-site services).
- Ensure access to and provision of mental health and psychosocial support services, including suicide prevention and basic psychosocial support for first-line distress care.
- Ensure health workers who develop mental health conditions and seek help can return to their work without stigma or discrimination.

Resources:

WHO/EURO, [Supporting the mental health and well-being of the health and care workforce](#), 2021

WHO, [Mental health and psychosocial considerations during the COVID-19 outbreak](#), 2020

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Sanitation, hygiene and rest facilities

- Provide hand hygiene facilities at all points of care, in designated areas where PPE is put on or taken off, in toilets and rooms for personal and menstrual hygiene, and where health-care waste is handled:
 - hand-washing facilities with clean running water and hand hygiene products (soap, single-use clean towels)
 - alcohol-based hand rubs containing 60-80% alcohol should be available at all points of care.
- Ensure access to rest and relaxation rooms, safe drinking-water, toilets, supplies for personal and menstrual hygiene, and food and rest opportunities should all be available during work shifts. These areas should allow for safe physical distancing and adequate ventilation (3).
- Designate toilets and space for personal and menstrual hygiene for health workers providing, separate from those used by patients and visitors, with a bin for disposal of waste products and a space for women to wash themselves with privacy.
- Establish daily cleaning protocols to ensure workplace, workstations, equipment and facilities are clean and tidy and a system for disposing of bin contents and disinfecting the bins.
- Provide facilities should be provided at the workplace for health workers to change into and out of work clothing, so they do not need to wear it when commuting.
- Organize in the health facility professional laundering of work clothes worn at the bedside, that come into contact with the patient or patient environment.
- If possible, provide temporary accommodation (hotels/motels, trailers or tents) for rest and hygiene between shifts as well as food service, childcare and recreational opportunities.

Resources

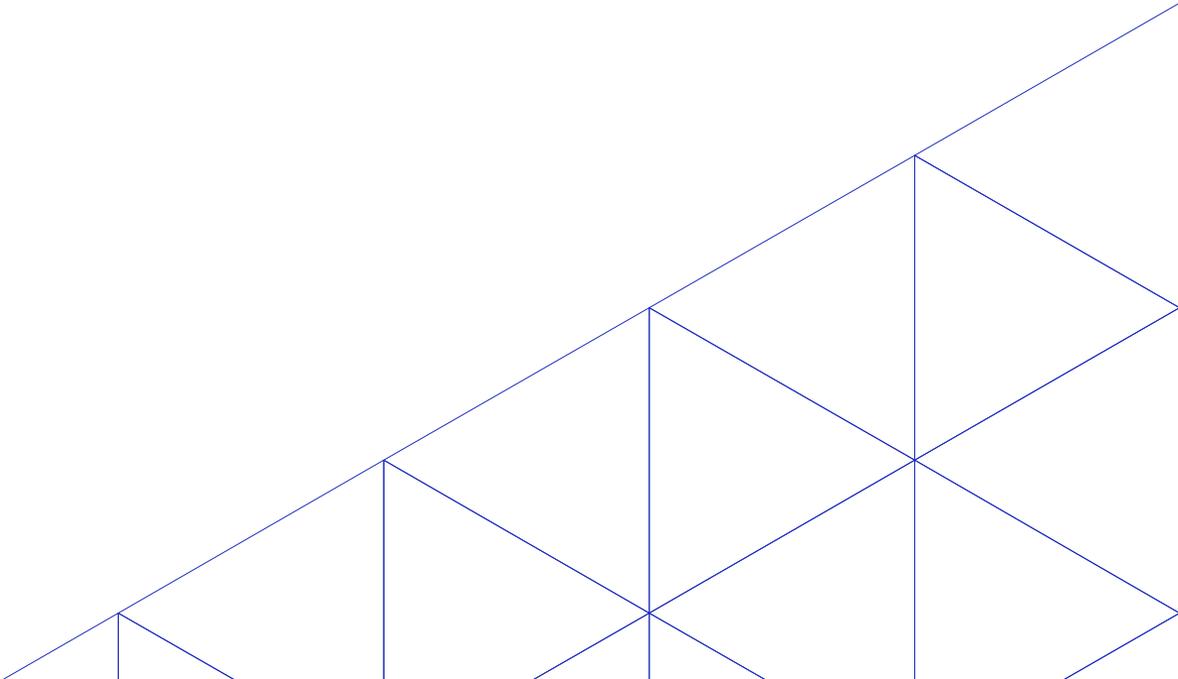
WHO/UNICEF, [Water, sanitation, hygiene, and waste management for SARS-CoV-2](#), 29 July 2020

WHO/UNICEF, [WASH in health care facilities: Practical steps to achieve universal access to quality care](#), 2019

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International Labour Standards

- Convention n. 161 on occupational health services (1985)
 - Recommendation n. 171 on occupational health services (1985)
 - Other conventions and recommendations
- 

Definition

- Essentially preventive functions
- Advise the employers, the workers and their representatives in the enterprise:
 - The requirements for establishing and maintaining a safe and healthy work environment
 - The adaptation of work to the physical and mental capabilities of workers

Functions

- Identification and assessment of occupational risks
- Surveillance of the factors in the working environment and working practices
- Advice on planning and organisation of work
- Participation in the development of programmes for the improvement of working practices
- Advice on occupational health, safety and hygiene, on ergonomics and individual and collective protective equipment;
- Surveillance of workers' health in relation to work;
- Promoting the adaptation of work to the worker;
- Contribution to measures of vocational rehabilitation;
- Collaboration in providing information, training and education
- Organising of first aid and emergency treatment;
- Participation in analysis of occupational accidents and occupational diseases.

Organization - conditions of operation

- A service within a single undertaking or as a service common to a number of undertakings, as appropriate.
- Multidisciplinary team according to the duties to be performed
- Professional independence of the personnel
- Professional secrecy as regards both medical and technical information

Interaction OH services - primary care

- Integrated approach
- Holistic approach, looking at individuals in the context of their life
- Access of all workers to essential interventions and basic health services
- Focus on improving individuals functioning (in work and other aspects of life) and not only on disease outcomes.

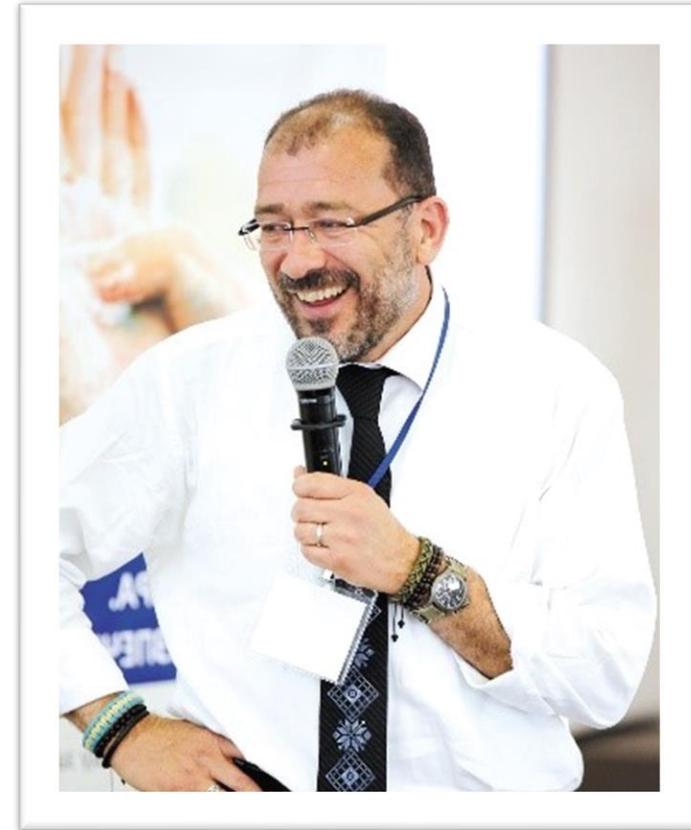
OH services and covid-19 response

- Health assessment of workers
- Regular workplace risk assessment
- Instructions and training
- Reporting and investigation of cases of exposure to SARS-CoV-2 and other accidents and incidents including violence and harassment
- Advise on the procurement of safer technical devices and adequate PPE
- Organize the monitoring of health workers for COVID-19 symptoms, testing

OH services and covid-19 vaccination

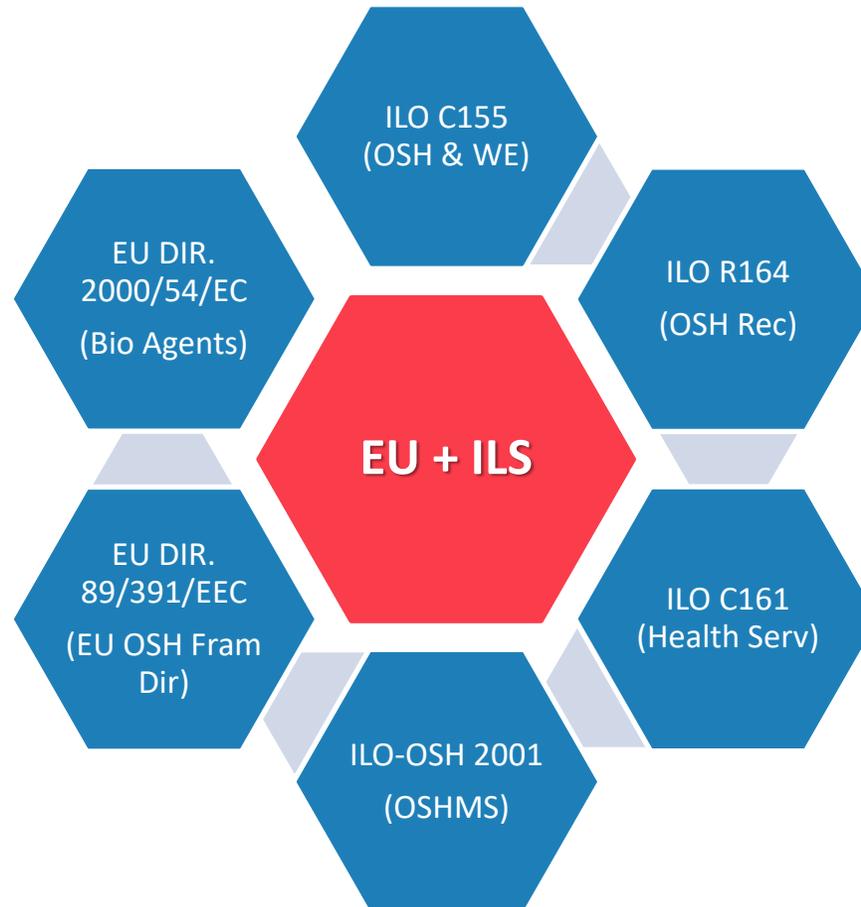
- Identify priority groups based on workplace risk assessment and medical conditions
- Information- advocacy- orientation
- Organize immunization campaigns and recording of vaccination status
- Provide vaccines under specific conditions

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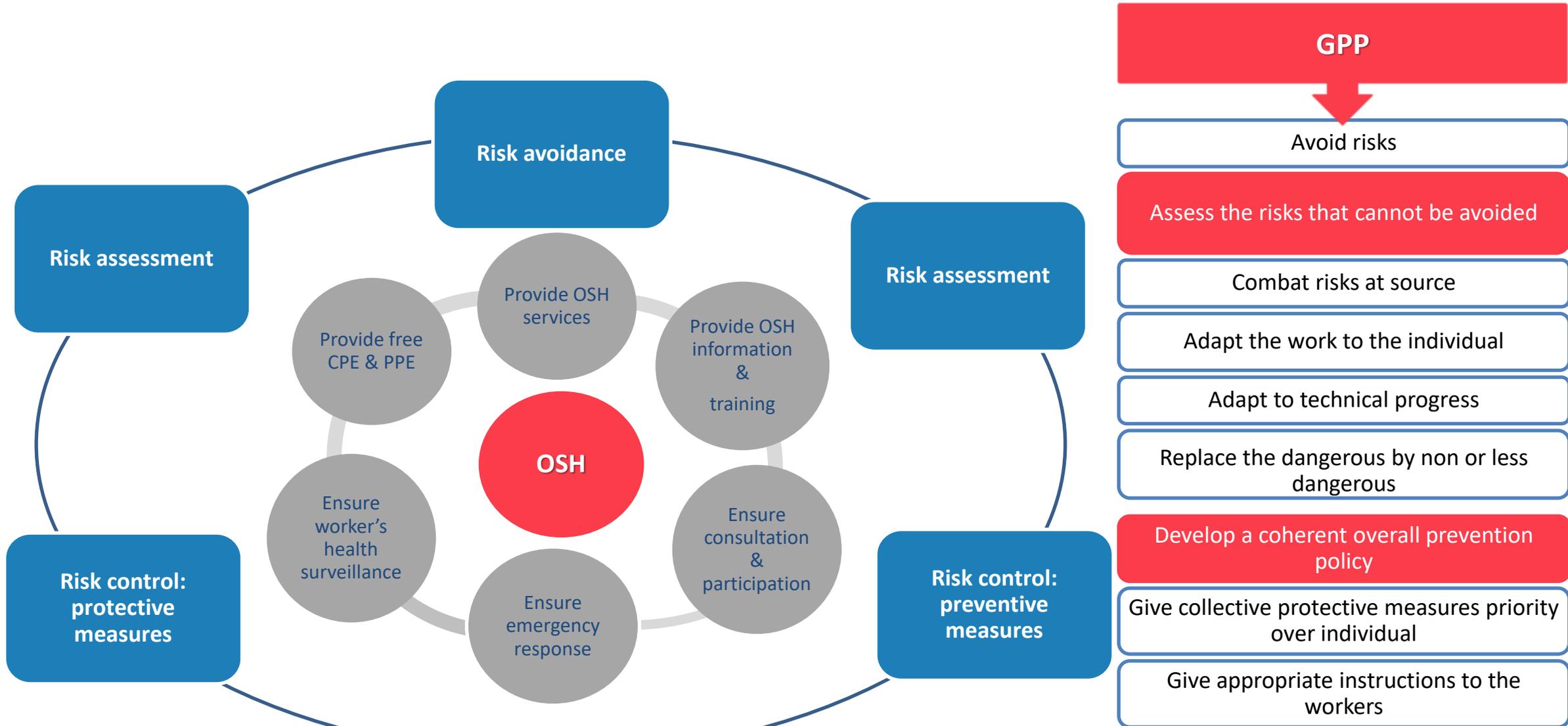


- Main applicable International and EU Labour Standards
- Employers' main responsibilities
- Workers' rights and responsibilities
- Responsibilities of the State

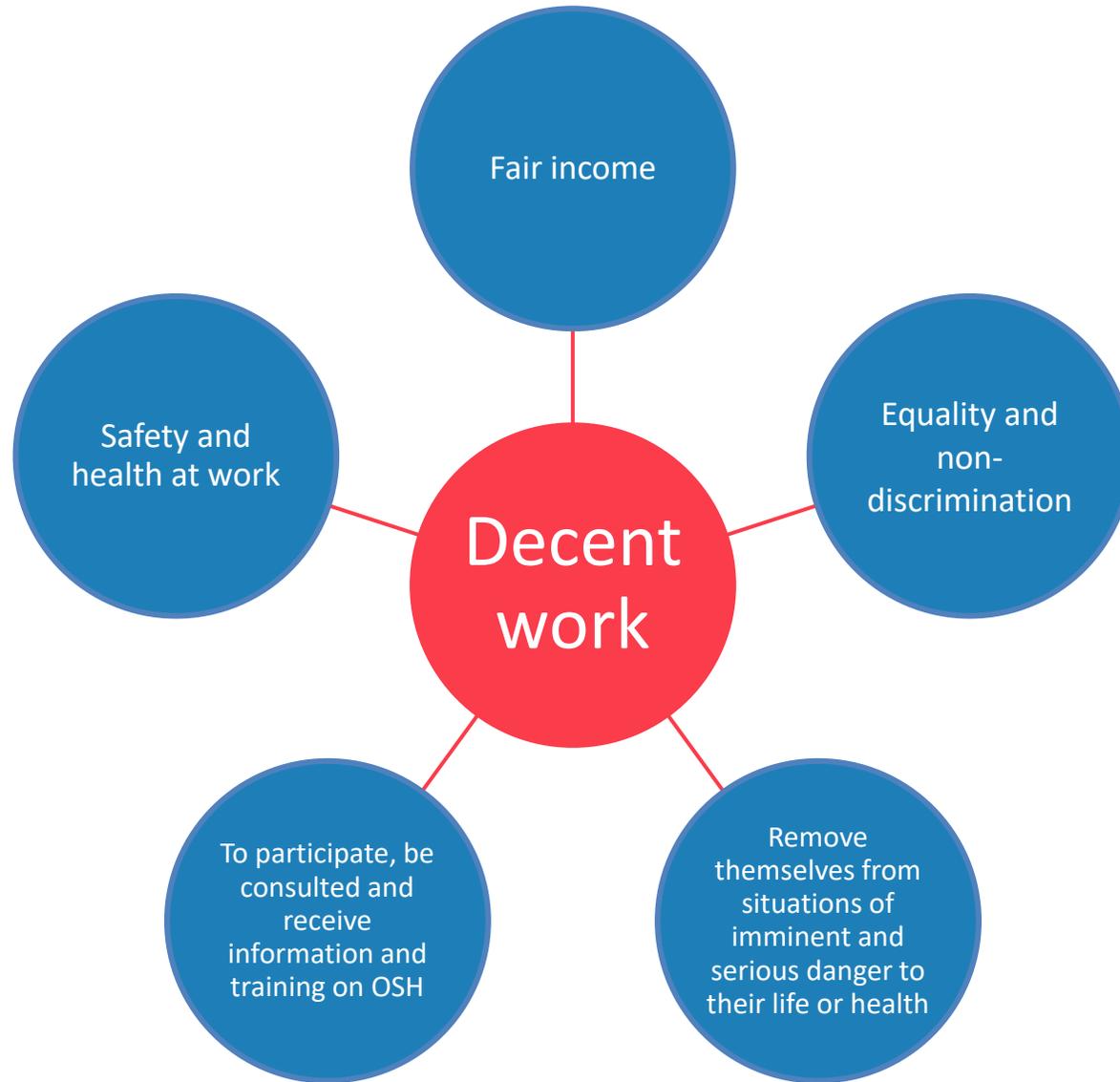
Main applicable International and EU Labour Standards and Guidelines



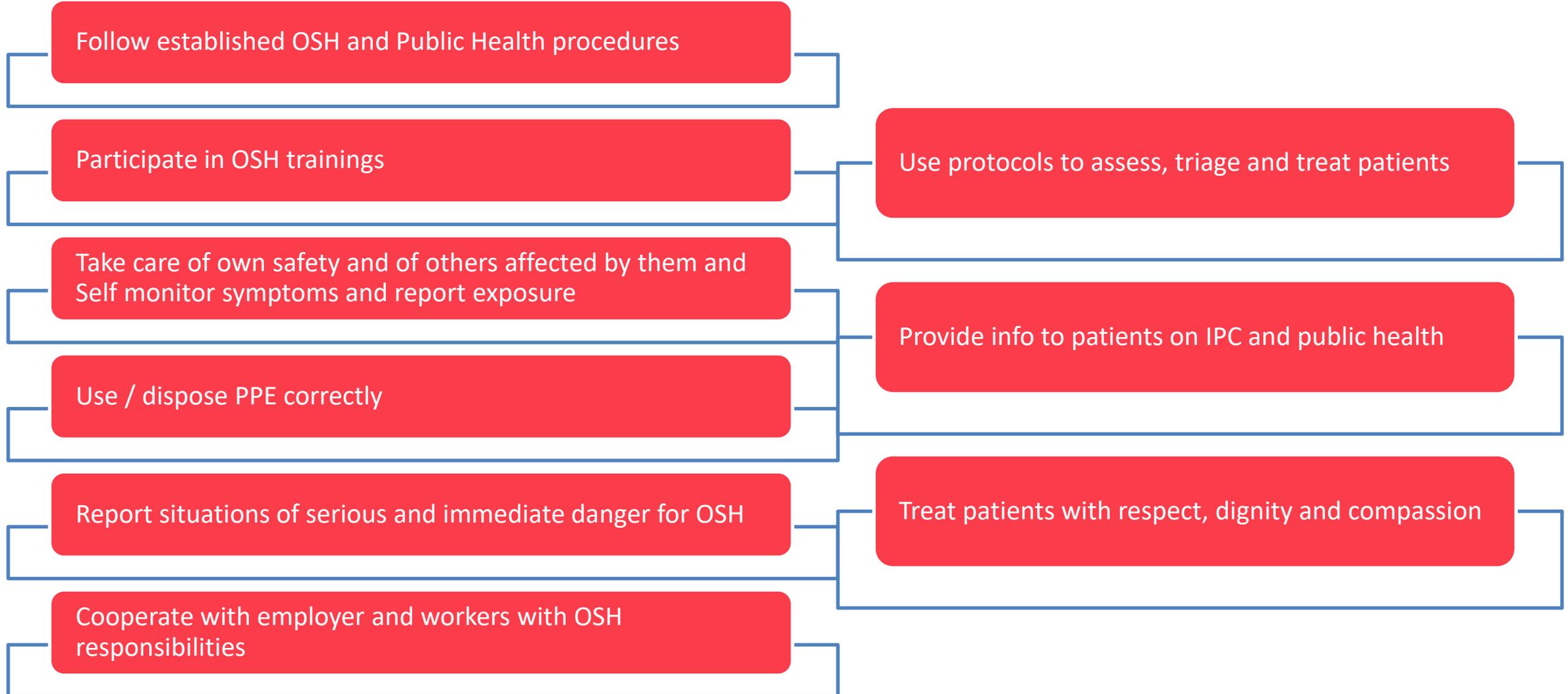
Employers' main responsibilities



- Assess occup. risks and implement appropriate preventive/protective OSH measures
- Consult and cooperate with workers and their representatives on OSH matters (occup. risks, measures to be taken, etc)
- Provide information (clinical protocols, guidelines, risks, measures), instructions and training on OSH (IPC, use of PPE, etc.)
- Provide adequate Infection Prevention Control (IPC) & PPE and ensure their availability
- Provide COVID-19 technical updates to workers and tools (to assess, triage, test and treat patients)
- Share information on IPC with patients and the public
- Ensure workers' personal safety and a work environment free of blame, violence, harassment and stigma
- Advise workers on health self-assessment, symptom reporting and policies for staying home
- Ensure appropriate management of working time, according to legislation
- Respect workers' right to avoid situations of imminent and serious danger
- Report occupational accident/diseases and ensure workers' coverage by employment injury benefits
- Ensure workers' health surveillance (including mental health and counselling)
- Collaborate with other employers with workers on its premises on OSH issues



Workers' responsibilities



Responsibilities of the State

To promote the continuous improvement of occupational safety and health to prevent occupational injuries, diseases and deaths

To formulate and implement a national policy, a national system and national programmes for the improvement of OSH (including a National programme for OSH for Health Workers)

To secure, as employer, safe and healthy working conditions to employees of public health services providers

Responsibilities of the State

To ensure that all health workers involved in the COVID-19 response are covered for medical care/sickness benefits (including testing, vaccination and treatment of COVID-19, quarantine and isolation)

To assure health workers' coverage by employment injury benefits, especially when victims of occupational injury/disease, including health care and compensation during incapacity for work and, if appropriate, to their dependent family members

To consider COVID-19 infection as a work injury if contracted in the course of work and ensure its recording, notification and investigation; and update the list of occupational diseases, exposure criteria and reporting



Online courses and training tools

- WHO, Occupational health and safety for health workers in the context of COVID-19 - [English](#)
- WHO, ePROTECT Respiratory Infections - [English](#), [Russian](#)
- WHO, COVID-19: How to put on and remove personal protective equipment (PPE) - [English](#), [Russian](#)
- WHO, Infection Prevention and Control (IPC) for COVID-19 Virus - [English](#), [Russian](#)
- WHO, Guidance on mask use in the context of COVID-19 - [English](#)
- WHO, Standard precautions: Hand hygiene - [English](#), [Russian](#)
- WHO, Standard precautions: Environmental cleaning and disinfection - [English](#)
- WHO, Standard precautions: Injection safety and needle-stick injury management - [English](#)
- ILO/WHO, Work improvement in health services (HealthWISE) - [English](#)

Checklists and decisions making tools

- WHO, Protection of health and safety of health workers: Checklist for healthcare facilities - [English](#)
- WHO, Risk assessment and management of exposure of health care workers in the context of COVID-19 – [English](#)

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Practical tools for implementation

Joaquim Pintado Nunes, Sofia Lytvyn



International
Labour
Organization

- ILO, COVID-19 and health facilities: Checklist of measures to be taken in health facilities - [English](#)
- [Hand hygiene at the workplace: an essential occupational safety and health prevention and control measure against COVID-19](#)
- [Managing work-related psychosocial risks during the COVID-19 pandemic \(ILO tool-kit on COVID-19 and OSH\) \(GOVERNANCE\) \(June 22\)](#)
- [ILO Standards and COVID-19 \(coronavirus\)](#)
- [A safe and healthy return to work during the COVID-19 pandemic](#)
- [“A Safe Return to Work: Ten Action Points”](#)

Materials of this online seminar

- [Interim Guidelines, presentations, videorecord of this online seminar](#)

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