
**Occupational health and safety
management — Guidelines for
organizations on preventing,
controlling and managing infectious
diseases**

*Management de la santé et de la sécurité au travail — Lignes
directrices sur la prévention, le contrôle et la prise en charge des
maladies infectieuses destinées aux organismes*

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Contents

	Page
Foreword	v
Introduction	vi
1 Scope	1
2 Normative references	1
3 Terms and definitions	1
4 Context of the organization	4
4.1 General.....	4
4.2 External issues.....	4
4.3 Internal issues.....	5
4.3.1 General.....	5
4.3.2 Diversity of workers and other relevant interested parties.....	5
5 Characteristics of infectious diseases	6
6 Leadership and worker participation	7
6.1 Leadership.....	7
6.2 Consultation and participation of workers.....	7
6.3 Roles, responsibilities and competence.....	8
7 Communication	8
7.1 General.....	8
7.2 Methods of communication.....	9
7.3 Communication with and reporting to external interested parties.....	9
8 Hazards, risks and controls	9
8.1 Identification of hazards.....	9
8.2 Assessment of risks.....	10
8.3 Determination of controls.....	11
8.3.1 Selection of controls.....	11
8.3.2 Hierarchy of controls.....	11
8.3.3 Additional considerations for controls.....	12
8.4 Planning of changes to controls.....	12
9 Psychological health and well-being	13
9.1 Psychosocial hazards and risks.....	13
9.2 Controls to manage psychosocial risks.....	13
10 Resources	14
11 Implementation of controls for infectious diseases	15
11.1 General.....	15
11.2 Personal hygiene.....	15
11.3 Work-related travel.....	16
12 Implementation of controls for contagious diseases	16
12.1 General.....	16
12.2 Workplaces under the control of the organization.....	17
12.2.1 General workplace infection controls.....	17
12.2.2 Use of common areas.....	18
12.2.3 Meetings and visits to workplaces.....	19
12.2.4 Deliveries.....	19
12.3 Working from home.....	20
12.4 Working in other people's homes.....	20
12.5 Working in multiple locations.....	21
12.6 Working with the public.....	22
13 Implementation of controls for non-contagious infectious diseases	22

14	Implementation of controls for endemic diseases	23
15	Use of personal protective equipment and face coverings	23
15.1	General.....	23
15.2	Selection of appropriate protection.....	24
15.2.1	General.....	24
15.2.2	Protective gloves.....	24
15.2.3	Face and respiratory protection.....	25
16	Emergency preparedness and response	26
17	Management of suspected or confirmed cases of a relevant infectious disease	27
17.1	General.....	27
17.2	Managing illness in a workplace.....	27
17.2.1	General.....	27
17.2.2	Occurrence of contagious disease.....	28
17.3	Screening, testing, contact tracing, quarantine and vaccination.....	28
18	Performance evaluation	28
18.1	General.....	28
18.2	Monitoring and measurement.....	29
18.3	Analysis and evaluation.....	30
18.4	Management review.....	30
19	Improvement	30
Annex A (informative) Examples of risk tables		32
Bibliography		34

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Foreword

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

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

ISO draws attention to the possibility that the implementation of this document may involve the use of (a) patent(s). ISO takes no position concerning the evidence, validity or applicability of any claimed patent rights in respect thereof. As of the date of publication of this document, ISO had not received notice of (a) patent(s) which may be required to implement this document. However, implementers are cautioned that this may not represent the latest information, which may be obtained from the patent database available at www.iso.org/patents. ISO shall not be held responsible for identifying any or all such patent rights.

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

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

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

Introduction

Infectious diseases are increasingly recognized as major challenges to health, safety and well-being. Decisions and activities relating to the prevention and management of infectious diseases affect workers within the organization and other people who visit a workplace, come into contact with workers or can be affected by the organization's activities. This document is a response to the risks that infectious diseases present to workers and other relevant interested parties (e.g. customers, the public, suppliers, workers from other organizations, family members and other personal contacts).

There is a broad range of infectious diseases with potential impacts on health, safety and well-being, which can vary from very mild to very serious depending on the nature of the infectious disease. Key characteristics of infectious diseases (see [Clause 5](#)) are a major factor in the risk posed to workers and other relevant interested parties.

Some infectious diseases are non-contagious and infect only the individual who contracts the disease and do not usually transmit from human to human (e.g. *legionellosis* or malaria), while others are contagious and have the potential to spread from a single individual to infect others (e.g. influenza, COVID-19, smallpox, hepatitis, *salmonellosis*, tuberculosis, Ebola and HIV/AIDS), up to and including a pandemic spread of the disease.

The impact in terms of severity of infectious diseases can vary from person to person depending on underlying health conditions (e.g. asthma, diabetes, obesity, strength of immune system) and factors such as age, sex and socio-economic situation. Impacts can be more severe where one or more such circumstances exist.

This document provides guidelines to prevent or reduce exposure to, and transmission of, infectious agents and to manage risks to workers and other relevant interested parties from infectious diseases. It supports the principle that workers should not be required to work in settings without implementation of appropriate prevention and controls.

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 or functions such as occupational health and safety (OH&S), facilities management, human resources or infectious disease specialists. More detailed information for specific functions is available from professional bodies and a wide range of national and international standards.

Organizations using ISO 45001 can use this document to improve OH&S management by relating the relevant clauses to the PDCA cycle:

- Plan: plan what needs to be done for the organization to work safely;
- Do: do what the organization has planned to do;
- Check: see how well it is working;
- Act: take actions to improve or change controls that are not effective.

Taking a system's approach facilitates the coordination of resources and efforts and will enable organizations to better manage the risk from infectious diseases, by ensuring they are included in existing OH&S processes.

This document is not intended to be a single step-by-step set of recommendations. It provides guidelines to enable ongoing continual improvement and to ensure the organization responds to incidents of infectious diseases, including epidemics and pandemics.

This document is designed to complement ISO 45001 by providing guidelines that align with the requirements of ISO 45001. This document can be used independently, by any organization, to improve OH&S performance.

Occupational health and safety management — Guidelines for organizations on preventing, controlling and managing infectious diseases

1 Scope

This document gives guidelines for organizations on how to prevent or control exposure to infectious agents at the workplace and manage the risks associated with infectious diseases that:

- present a risk of severe ill health or death and can impact the health, safety and well-being of workers and other relevant interested parties;
- present a lower risk to health yet have a significant impact on the organization, its workers and other relevant interested parties.

This document is applicable to organizations of all sizes and sectors.

NOTE This document does not provide comprehensive guidance to those parts of an organization that implement mandated infection controls such as hospitals and medical or biological laboratories because there is an inherent potential for exposure to infectious diseases. Applicable legislation and guidance are provided by government, regulators and health authorities for specific infection controls for the protection of workers in such settings and for work activities on or with pathogenic microorganisms.

2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

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

3 Terms and definitions

For the purposes of this document, the terms and definitions given in ISO 45001 and the following apply.

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

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

3.1

workplace

place 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 be inside or outside and include the worker's own home, other people's homes, personal vehicles, vehicles provided by the organization, other organizations' facilities and public spaces.

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

3.2

legal requirements and other requirements

legal requirements that an organization has to comply with and other requirements that an organization has to or chooses to comply with

[SOURCE: ISO 45001:2018, 3.9, modified — Notes 1, 2 and 3 to entry have been deleted.]

3.3

top management

person or group of people who directs and controls an organization at the highest level

[SOURCE: ISO 45001:2018, 3.12, modified — Notes 1, 2 and 3 to entry have been deleted.]

3.4

incident

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

Note 1 to entry: In this document, “injury and ill health” refers to contracting an *infectious disease* (3.8) or any identifiable, adverse physical or psychological condition arising from or associated with an infectious disease.

[SOURCE: ISO 45001:2018, 3.35, modified — Note 1 to entry has been replaced, and Notes 2 and 3 to entry have been deleted.]

3.5

personal protective equipment

PPE

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

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

Note 2 to entry: While generally not considered PPE, masks, and other *face coverings* (3.6) can provide a level of protection for the user in addition to their primary purpose as a public health measure to control the spread of transmission and infection.

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

[SOURCE: ISO 15384:2018, 3.12, modified — “or held” have been deleted after “worn” and “their” has been added before “protection” in the definition, and Notes 1, 2 and 3 to entry have been added.]

3.6

face covering

facepiece that covers the mouth, nose and chin

EXAMPLE ‘community masks’, ‘hygiene masks’, ‘barrier masks’, and ‘comfort masks’ are all examples of face coverings.

Note 1 to entry: Face coverings in the context of this document are not considered to be *personal protective equipment (PPE)* (3.5) or a medical device.

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 45003:2021, 3.2, modified — “at work” has been deleted after “well-being” from the term and Notes 1 and 2 to entry have been added.]

3.8**common area**

space and amenity provided for the use of more than one person

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

Note 1 to entry: Common areas can include spaces and amenities used by more than one organization.

Note 2 to entry: Common areas can include spaces and amenities where people are working.

[SOURCE: ISO/PAS 45005:2020, 3.11, modified — the term "common areas" has been changed to "common area", "spaces and amenities" has been changed to "space and amenity" in the definition, and Notes 1 and 2 to entry have been added.]

3.9**infectious disease**

condition caused by agents such as bacteria, viruses, prion, parasites or fungi that can spread, directly or indirectly, and that can result in ill-health

Note 1 to entry: In this document, "infectious disease" refers to a disease that:

- presents a risk of severe ill health or death and can impact the health, safety and *well-being* (3.7) of workers and other relevant interested parties;
- presents a lower risk of ill health yet has a significant impact on the organization, its workers and other relevant interested parties.

3.10**contagious disease**

infectious disease (3.9) that can be transmitted from person to person

EXAMPLE Influenza, Ebola, hepatitis.

3.11**outbreak**

increase in cases of an *infectious disease* (3.9) in excess of what is normally expected in a particular location, community or geographical region in a specified time period

Note 1 to entry: An outbreak can affect a small and localized group or multiple groups and places and can result in an *epidemic* (3.12) or *pandemic* (3.13).

Note 2 to entry: Two linked cases of an infectious disease can be sufficient to constitute an outbreak.

3.12**epidemic**

large number of cases of a particular *infectious disease* (3.9), occurring at the same time in a community or geographic region

[SOURCE: ISO 28901:2011, 3.6 modified — "infectious" has been added before "disease", "usually infectious" has been deleted, "particular community" has been replaced with "community or geographic region" in the definition.]

3.13**pandemic**

worldwide spread of an *infectious disease* (3.9)

Note 1 to entry: A pandemic is declared by the World Health Organization (WHO).

[SOURCE: ISO/PAS 45005:2020, 3.5, modified — "infectious" added before "disease" and Note 1 to entry has been added.]

3.14

endemic infectious disease

infectious disease (3.9) either constantly present or usually prevalent in a particular geographic region

4 Context of the organization

4.1 General

The organization should obtain and maintain awareness of known and emerging infectious diseases that can, or are likely to, significantly affect the organization or its activities.

The organization should determine external and internal issues and consider:

- a) the specific hazards and related risks from infectious diseases to workers and other interested parties who can be affected by the organization's activities (e.g. visitors, customers, clients, service users, the public) (see 8.1, 8.2 and 8.3);
- b) if changes should be made to its operations to address the risks (see 8.4);
- c) how workers can be supported to work safely (see Clauses 11 to 17).

NOTE 1 Infectious diseases can vary in occurrence, impact and severity depending on country or region.

NOTE 2 Appropriate controls can vary depending on country or region.

4.2 External issues

When determining external issues, the organization should consider:

- a) emergence and/or prevalence of infectious disease within the local community (including in other organizations and other workplaces);
- b) local, regional, national and international circumstances and related legal requirements and other requirements, and guidance (e.g. likelihood of infectious diseases being transmitted through people, products or services moving from one place to another);
- c) availability of clinical services, testing, treatments and vaccines;
- d) availability of health, safety and other supplies (e.g. PPE, face coverings, hand sanitizers, thermometers, cleaning and disinfection materials);
- e) potential changes or problems in the supply chain;
- f) the modes of transport workers use to travel to and from work (e.g. public transport, car, bicycle, walking, shared transport);
- g) workers travelling into regions with an endemic infectious disease or an outbreak of an infectious disease;
- h) workers' access to childcare and schooling for their children;
- i) suitability of worker's home for remote working;
- j) workers' domestic situations (e.g. living with someone who is at higher risk of contracting or getting severely ill from infectious diseases);
- k) continuity of essential services (e.g. food provision, domestic infrastructure, utilities);
- l) changes in the needs and expectations, or behaviours of relevant interested parties;
- m) local culture and cultural behaviours (e.g. kissing, hugging, shaking hands);

n) increased or decreased demand for the organization's products/services.

4.3 Internal issues

4.3.1 General

When determining internal issues, the organization should consider:

- a) prevalence or likelihood of an infectious disease in the organization;
- b) sources of infectious agents in the workplace that can result in an infectious disease
- c) ability of the organization to gain up-to-date knowledge about infectious diseases;
- d) type of organization and related activities (e.g. primary production, processing, manufacturing, services, retail, social care, training or other education, delivery or distribution);
- e) number, locations and types of workplaces potentially affected (e.g. offices, factories, workshops, warehouses, water treatment plants, vehicles, retail outlets, workers' own homes or other people's homes);
- f) how work is organized (e.g. changed work demands, pace of work, time pressure, shift work, travel requirements) and how this impacts workers' health, safety and well-being;
- g) resource availability (e.g. operational, health and safety, hygiene);
- h) cultural values within the organization that can affect risk controls;
- i) the relationship between workers and the organization (e.g. employed, contractors, volunteers, freelance, part-time, shift workers, remote workers);
- j) specific needs of workers considered to be at higher risk for contracting or getting severely ill from an infectious disease (e.g. workers with underlying health conditions);
- k) specific needs of diverse workers (see [4.3.2](#));
- l) language barriers and communication issues;
- m) the extent to which it is possible to implement specific infection controls in a workplace or in relation to work activities or ways of working;
- n) increased worker absence (e.g. due to illness, self-isolation or quarantine requirements, bereavement)

4.3.2 Diversity of workers and other relevant interested parties

The organization should take into account the full diversity of its workers and other relevant interested parties when determining internal issues (see [4.3.1](#)) relating to preventing and managing infectious diseases. The organization should consider that individual workers and other relevant interested parties have different needs, based on their characteristics and personal circumstances, such as:

- a) gender-specific needs;
- b) pregnancy or recently given birth;
- c) those caring for or living with vulnerable individuals (e.g. infants, immunocompromised family members);
- d) age, taking into account both older and younger workers;
- e) disabilities;

- f) ethnicity, culture and faith;
- g) those with underlying health conditions (e.g. immunocompromised, asthmatics).

NOTE 1 Disabilities can affect the suitability of controls for infectious diseases, including accessibility to buildings, facilities, equipment or services. Disabilities include physical and mental impairment. People with a disability can include wheelchair users, those with mobility, hearing or sight impairment, or with a condition or illness that has an impact on their mental capacity.

NOTE 2 Many people have disabilities or vulnerabilities to infectious diseases, or specific needs which are not immediately apparent (e.g. people with diabetes, respiratory conditions, heart conditions, hearing impairment).

5 Characteristics of infectious diseases

As part of the assessment of risks, the organization should take into account the characteristics of infectious diseases that are likely to impact workers and other interested parties, so that suitable controls can be determined (see [Clause 8](#)). Characteristics of an infectious disease include:

- a) virulence of the infectious agent causing the disease;
- b) likelihood of transmission;
- c) incubation period;
- d) time frame during which people can transmit a contagious disease;
- e) length of time an infectious agent remains infectious on contaminated objects or materials;
- f) symptoms related to the infectious disease;
- g) potential severity of illnesses (see [Table A.1](#));
- h) sources and modes of transmission, including:
 - 1) an infectious agent carried by another person that is spread through skin-to-skin contact, biological waste or exchange of bodily fluids (e.g. personal care hazards, sexual interaction);
 - 2) animals or insects that are infected with or carry an infectious agent (e.g. through touch, stings or bites);
 - 3) contaminated environmental sources (e.g. through water or air);
 - 4) inhalation (e.g. mould spores, inhalation of bodily fluids from coughing);
 - 5) ingestion (e.g. through eating contaminated food);
 - 6) skin puncture (e.g. injections, wounds);
 - 7) contact with a contaminated surface or object (e.g. used needles, door handles).

The organization should seek advice from:

- trusted bodies (e.g. public health authorities, disease control centres, the World Health Organization, the International Labour Organization);
- specialists (e.g. epidemiologists, infectious disease physicians, occupational health specialists and hygienists, public health practitioners, other infectious disease experts).

The organization should be aware that information about emerging diseases changes over time.

NOTE Some people who are infected do not show symptoms but can transmit the disease.

6 Leadership and worker participation

6.1 Leadership

Top management, and managers at all levels should demonstrate leadership to effectively manage risks to workers and other relevant interested parties arising from infectious diseases that are, or can be, in the workplace.

Top management should communicate to workers and other interested parties:

- how concerns about, or incidences of, infectious diseases should be reported;
- the organization's commitment to transparency when managing infectious diseases;
- actions to take if a person has, or suspects they have, contracted an infectious disease;
- actions the organization will take to support workers and other relevant interested parties when there is an outbreak of an infectious disease or an infectious disease incident;
- support for workers to remove themselves from work situations believed to present an imminent or serious risk to life or health.

When an infectious disease is known to be, or can be, an issue, top management should:

- a) provide adequate resources (see [Clause 10](#)) and make them available in a timely and effective manner;
- b) consult with, and encourage, participation of workers and worker representatives, where they exist, in making decisions that affect work-related health, safety and well-being (see [6.2](#));
- c) provide appropriate support for workers unable to work, including provision of appropriate leave from work, paid if possible (so that concerns about pay do not lead to workers coming to a workplace when they are unwell or potentially contagious);
- d) protect workers from reprisals when reporting potential cases of illness or incidents;
- e) coordinate across all parts of the organization when implementing measures to manage the risks to workers and other relevant interested parties related to infectious diseases;
- f) ensure the health and safety of workers in workplaces not under the control of the organization (e.g. at home, in other people's homes, workers in a mobile role, other locations) are taken into account;
- g) seek advice and information from competent and trusted bodies, specialists and sources on managing risks to workers and other relevant interested parties, when necessary;
- h) implement processes for returning to work and rehabilitation.

Managers at all levels should ensure workers have been instructed on what to do in relation to exposure to an infectious agent (e.g. seeking medical or psychological advice) and support workers to take appropriate actions.

6.2 Consultation and participation of workers

The organization should consult workers and encourage their participation as appropriate to facilitate better understanding of infectious agents that can impact the organization as well as hazards and risks related to infectious diseases and health outcomes.

Taking into account the full diversity of the workforce (see [4.3.2](#)), the organization should:

- a) promote and support participation of workers, including those with specific OH&S responsibilities, worker representatives and subject-matter experts, where they exist, in assessing risks related to infectious diseases and making decisions on how to manage them;
- b) provide ways for workers, worker representatives, where they exist, and other relevant interested parties to suggest improvements, including anonymously to give feedback;
- c) seek feedback from workers and worker representatives, where they exist, on actions taken to manage health, safety and well-being (e.g. meetings collaboration tools, online surveys, emails);
- d) address concerns raised by workers and other relevant interested parties (including health professionals and other experts) and provide feedback on action taken.

6.3 Roles, responsibilities and competence

While top management has ultimate accountability, top management should consider assigning specific workers (or a single worker in a small organization) the role of implementing, maintaining, activating or increasing health and safety controls associated with infectious diseases, assessing effectiveness, and reporting issues.

The organization can also consider establishing an advisory group, including a top management representative, to determine a plan for preventing and/or managing infectious diseases that can significantly affect the organization and its activities. The advisory group can include, for example, infectious disease experts, health and safety committee members, crisis management experts, business continuity experts and workers or workers' representatives where they exist.

The organization should ensure that workers are competent to perform any roles or activities relating to infectious diseases that they are assigned. 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.

7 Communication

7.1 General

The organization should communicate with workers and other relevant interested parties on controls for preventing exposure to and transmission of infectious agents and managing the risks related to an infectious disease. When an infectious disease is known to be of concern, the organization should provide information and guidance on:

- a) the characteristics of a relevant infectious disease of current concern, including potential severity, symptoms and how it is transmitted (see [Clause 5](#));
- b) changes relating to entering or moving around a workplace;
- c) changes to work times, locations, activities and work tasks;
- d) changes in processes, policies, equipment and facilities that have been made or are likely to be made;
- e) changes in the availability of, or access to, facilities or functions [e.g. use of rest areas, shared equipment, human resources (HR), information technology (IT) support].

The organization should establish who is responsible for communicating health and safety information and guidance:

- externally, for example to suppliers, visitors, customers, workers from other organizations and other interested parties;

- internally, to all types of workers, including new, temporary, remote and shift workers.

Communication with workers and other relevant interested parties should be two-way and encourage ongoing conversation as well as more formal participation (see [6.2](#)).

The organization should consider when communications about workplace changes in relation to an incident or outbreak of infectious disease should occur. These can include:

- before first arrival at the workplace (e.g. by phone, website, intranet, email);
- on first and subsequent arrivals at the workplace (e.g. signs, posters, screens, announcements);
- when work is being performed (e.g. signs, posters, screens, announcements);
- when infectious disease control measures are no longer necessary or can be relaxed.

7.2 Methods of communication

The organization should:

- use a combination of formal and informal communication methods (e.g. intranet, website, email, social media, signs, images, symbols, phone calls, text messages, audio announcements, video) so messages are accessible and can be understood by all relevant interested parties, including customers, clients and the public, taking into account the needs of people with disabilities, non-native speakers and people with differing levels of literacy;
- ensure standardized symbols are used in visual communications, including signs, wherever possible, to avoid misinterpretation;
- communicate relevant information about operational changes, health and safety measures, and controls to workers and other relevant interested parties, including the public (see [12.6](#));
- review communications frequently to ensure they are updated, clear and effective, and take action if issues are identified;
- respond to external communications as appropriate.

7.3 Communication with and reporting to external interested parties

The organization should ensure that it is aware of requirements for reporting occurrences of infectious diseases to regulators or health authorities.

The organization should regularly review reporting requirements and ensure information is up to date. The organization should communicate with relevant authorities and other external interested parties to prevent further transmission of disease.

8 Hazards, risks and controls

8.1 Identification of hazards

The organization should have processes to identify infectious agents and other hazards related to infectious diseases, and to assess the risks (see [8.2](#)) to the health, safety, and well-being of workers and other interested parties.

The organization should consider the internal and external issues determined in [Clause 4](#) and take into account:

- hazards-relating to infectious diseases, including community outbreaks, likely to impact the organization;

- b) how infectious diseases are transmitted and how workers and other interested parties can be exposed to infectious agents (see [Clause 5](#));
- c) potential impacts on workers and other interested parties, and activities; including potential impacts on psychological health and well-being (see [Clause 9](#));
- d) diversity of workers and other relevant interested parties (see [4.3.2](#));
- e) how hazards related to infectious diseases can affect workers and other interested parties who are more vulnerable (see [4.3.1](#));
- f) how workers can be impacted by local restrictions affecting different places (e.g. workers who need to move within and between areas, or cross local, regional, national or international boundaries);
- g) interaction between workers;
- h) interaction between workers and other people, including visitors, customers, clients, service users, members of the public (see [12.6](#)) or workers from other organizations;
- i) the safe use of common areas and shared facilities and equipment (see [12.2.2](#));
- j) current information (external and internal) relating to infectious diseases.

The organization should identify new hazards that can be introduced by controls (see [8.3](#)) implemented to manage risks related to an infectious disease (e.g. increased use of chemicals for disinfection, handling waste containing used PPE).

8.2 Assessment of risks

The organization should have processes to assess the risks associated with the identified hazards (see [8.1](#)) to identify the need for controls (see [8.3](#)).

The risk assessment process should include criteria to determine the level of the risk to prioritize and determine controls through consideration of the combination of the infectious disease transmission likelihood and the severity of the condition (see [Table A.1](#)).

The assessment should take into account:

- a) infectious agents and other hazards related to infectious diseases in the workplace, including those arising from its activities;
- b) those infectious diseases most likely to impact workers, the organization and its operations;
- c) new and emerging diseases;
- d) relevant information on infectious diseases;
- e) people in the workplace (e.g. people with vulnerabilities or specific needs) (see [4.3.2](#));
- f) existing controls;
- g) conditions in the workplace (e.g. air quality, temperature, ventilation-affecting potential exposure).

The results of the assessment of risks should be updated as information emerges on an infectious disease, or an infectious agent in the workplace, that is likely to impact the organization, its workers or its activities.

8.3 Determination of controls

8.3.1 Selection of controls

The organization should have processes to determine controls to address identified hazards and risks related to infectious diseases (see [8.1](#), [8.2](#) and [9.1](#)).

The selection of controls should take into account the characteristics of the disease (see [Clause 5](#)) and factors related to the vulnerability of workers and other interested parties and the organization's activities as well as the control's effectiveness. Controls should be implemented for the various sources of infectious agents, based on the circumstances and the identification of hazards and assessment of associated risks and consideration of issues determined in [Clause 4](#).

When there is an elevated level of risk, controls should include the determination of which activities can be performed safely, which activities should be modified to carry out work more safely, or if alternative work locations (e.g. working from home) should be used to reduce risk of exposure. [Table 1](#) shows three examples of routine controls for some sources of infectious agent and what additional controls can be considered.

NOTE 1 Examples of infectious disease controls are provided in [Table A.2](#).

NOTE 2 [Clauses 11](#) to [16](#) provide guidance on the processes needed to implement the controls determined in [Clause 8](#) and [9.2](#).

Table 1 — Examples of routine and additional controls to manage risks

Source of infectious agent	Routine controls	Additional controls
Surfaces or objects	General cleaning and disinfection	<ul style="list-style-type: none"> — Enhanced cleaning and disinfection — More frequent cleaning and disinfection — Reduced access to surfaces
Food (preparation and storage)	<ul style="list-style-type: none"> — Ingredient checks — Temperature control — Cleaning/disinfection — Sneeze guards, gloves, face coverings, hand hygiene to prevent contamination — Health surveillance 	<ul style="list-style-type: none"> — Enhanced screening of food handlers and people with symptoms — Reviewing and reinforcing food safety controls if a food-borne illness suspected
Pests	<ul style="list-style-type: none"> — Awareness of hazards from transmission of infectious agents by pests e.g. ticks, mosquito — Use of appropriate clothing and PPE 	<ul style="list-style-type: none"> — Reviewing travel/work history of infectious disease cases — Avoiding risk areas — Providing occupational health follow up

8.3.2 Hierarchy of controls

The organization should prioritize the selection of controls (including work re-organization) appropriate to the hazards identified, taking into account the following hierarchy of controls:

- a) seek to eliminate situations that can lead to exposure to an infectious agent and, if possible, prevent the infectious agent from getting into the workplace;
- b) change any processes or materials in order to reduce exposure to infectious agents;

- c) implement engineering controls to prevent or reduce exposure to, or transmission of, an infectious agent (e.g. by separating workers from an infectious agent, improving ventilation, installing air purifiers);
- d) establish processes that reduce exposure to, or transmission of, an infectious agent by implementing administrative controls such as training and procedures;
- e) provide PPE to prevent or reduce exposure to an infectious agent (see [Clause 15](#)).

NOTE 1 In the hierarchy of controls each control is considered less effective than the one before it. It is usual to combine several controls to succeed in reducing the OH&S risks to a level that is as low as reasonably practicable.

NOTE 2 It is important to prioritize and reduce risks through a range of controls, taking into account the characteristics of the infectious disease (see [Clause 5](#)).

NOTE 3 Examples of infectious disease controls are provided in [Table A.2](#).

8.3.3 Additional considerations for controls

When determining controls related to infectious diseases, the organization should take into account:

- a) the impact on other OH&S hazards and controls already in place;
- b) new hazards generated by infectious disease controls and implement actions to address these;
- c) evolving/changing risk exposures;
- d) how selected controls can affect workers and other interested parties who are more vulnerable or have specific needs;
- e) identification of applicable legal requirements and other requirements, and planning actions to respond to relevant changes;
- f) guidance in place for public health.

8.4 Planning of changes to controls

The organization should ensure current and emerging hazards and risks related to infectious diseases are monitored, and plan for occasions when changes to controls are necessary. This can happen at short notice and be influenced by workplace, local, regional, national or international events, depending on the controls necessary for a specific infectious disease.

The organization should determine actions it can take to enable a rapid and effective response to changes in controls, to ensure operations are disrupted as little as possible. Planning should take into account different potential situations, including the need to increase or change controls, and situations where restrictions are likely to be eased. Planning should be undertaken in consultation with workers and worker representatives, where they exist, and other relevant interested parties such as public health authorities.

The organization should consider practical changes that should be made to how work is organized and where work takes place.

Plans and changes to plans should be communicated to workers and other relevant interested parties immediately if possible or at the earliest opportunity (see [Clause 7](#)).

9 Psychological health and well-being

9.1 Psychosocial hazards and risks

The organization should take into account the impact of infectious diseases on workers' psychological health and wellbeing, and have processes to prevent and manage these impacts. Organizations should consider:

- the direct impact of the disease (e.g. impairments to psychological health resulting from the illness), and
- the indirect impact of the disease (e.g. fear of contagion, anxiety related to the use of respiratory protection and social isolation).

Psychosocial hazards arising from infectious diseases can include:

- a) increased workload and reduced support or supervision (e.g. due to worker absence caused by infectious diseases);
- b) social isolation (e.g. if working from home, or working away from home and family for extended periods of time);
- c) financial issues (e.g. caused by being unable to work or being in quarantine, medical costs or job insecurity);
- d) change, uncertainty and lack of control (e.g. anxiety about the potential impact of a disease, anxiety about the side effects of vaccination, changes in workload, travel, work patterns or responsibilities);
- e) fear of contracting a disease and the impact on the well-being of workers and other relevant interested parties;
- f) insufficient or unsuitable PPE, or being required to wear PPE or face coverings for extended periods;
- g) bullying, harassment or discrimination (e.g. against infected people and their family, or people who cannot be vaccinated for certain reasons);
- h) concerns about childcare or caring for family members.

The organization should also take into account the potential impact of psychosocial hazards on:

- workers at higher risk of contracting a contagious disease due to frequent, close or prolonged interaction with other people (e.g. front-line, public facing, mobile working);
- workers who belong to a vulnerable group or who are experiencing bereavement or serious illness in their family.

NOTE 1 The processes to identify psychosocial hazards and assess related risks can be the same processes used to identify other hazards and assess other risks.

NOTE 2 Guidance on recognizing and managing psychosocial risks is provided in ISO 45003.

9.2 Controls to manage psychosocial risks

In addition to the controls described in [8.3](#), the organization should have processes to determine controls to prevent and manage psychosocial risks relating to infectious diseases. The organization should consider implementing controls, such as:

- a) allowing flexible work hours, hybrid work and time off as appropriate;
- b) assisting workers in setting boundaries between work and non-work activities by communicating when they are expected to be working, taking into account the need for flexibility;

- c) allowing workers more control over work pace, schedule and deadlines, if possible;
- d) giving regular, clear and accurate information about the impact of infectious disease in the organization and planned changes that can affect workers;
- e) providing appropriate PPE, face coverings and other controls for workers with concerns about being in the physical workplace, even if it is not required by the organization;
- f) providing additional resources to assist workers with managing their own psychological health and well-being (e.g. access to counselling, support programmes);
- g) facilitating social interaction between workers who are dispersed due to controls (e.g. isolated or working remotely);
- h) adapting policies and procedures for changed work tasks, roles and outputs (e.g. performance monitoring and management, reward and recognition programmes).

The organization should evaluate any potential work changes, take actions to minimize additional workload and ensure that any additional workload does not create a psychosocial hazard for workers. Line managers should monitor workload and the impact on affected workers, so that individual workers do not work beyond agreed working hours and are able to take rest periods and time off. The organization should review and revise assessments of OH&S risks as appropriate.

10 Resources

The organization should determine what resources are needed to effectively prevent exposure to and transmission of an infectious agent and manage the risks related to an infectious disease.

The organization should ensure sufficient resources are in place, taking into account factors such as:

- a) access to information on potential sources of infectious agents that can impact the workplace;
- b) number of workers needed for roles and functions necessary to maintain operations;
- c) number of workers necessary for the provision of practical and psychological support, and to enable workers to take the necessary time for medical appointments such as vaccinations;
- d) managing operations with reduced numbers of workers (e.g. due to illness or self-isolation, or to minimize worker proximity or face-to face work);
- e) adapting operations (e.g. amending working times, location or schedules for production or delivery; improving air quality) and financial resources including those for additional risk controls;
- f) providing training to workers at all levels to raise competence and their ability to take on additional roles or activities if this becomes necessary due to worker shortages related to infectious disease;
- g) arrangements necessary for effective infection control;
- h) the need to provide additional facilities, materials or equipment (e.g. ventilation, water treatment or waste disposal, toilets and welfare facilities, cleaning and disinfecting supplies, PPE);
- i) the need to modify or redesign the workplace and related equipment (e.g. changing the layout, installing protective barriers, reducing touch points).

The organization should identify workers with the responsibility for managing resources to mitigate the risks related to an infectious disease. The organization should communicate the names of these workers and their responsibilities to other workers and other relevant interested parties.

The organization should have processes to enable ongoing participation of workers and worker representatives, where they exist, regarding specific needs for resources to prevent exposure to and transmission of infectious agents and to manage risks related to an infectious disease, and how workers can escalate resource issues.

If an occurrence or outbreak of an infectious disease causes disruption to operations, the organization should consider if additional resources or actions are necessary.

The organization should reduce the adverse impacts that a reduced number of workers causes (including additional workload) when there is temporary, prolonged or permanent absence of workers (e.g. through sickness, self-isolation or quarantine, job losses), in order to avoid putting the physical or psychological health or safety of the available workers at risk.

NOTE Relevant standards and legislation set out requirements for some resources, including respirators, other PPE and hand sanitizers, to enable organizations to identify and avoid counterfeit or unsuitable products.

11 Implementation of controls for infectious diseases

11.1 General

The implementation of controls should be systematic and take into account how different parts of the organization work together and how different processes interact. The organization should ensure that the implementation of controls to prevent and manage infectious diseases takes into account the needs of, and does not negatively impact, people with disabilities, underlying health conditions or other individual characteristics (see [4.3](#)).

NOTE 1 Not all people with a disability are more vulnerable to infectious diseases.

NOTE 2 Some disabilities are not always visible or apparent (e.g. hearing impairment, neurodiversity such as dyslexia, autism) and adjustments can be necessary to meet individual needs.

11.2 Personal hygiene

The organization should ensure workers are made aware of the importance of personal hygiene, including frequent and effective handwashing, to limit transmission of an infectious disease and to prevent cross-contamination.

Depending on the potential spread and the characteristics of the infectious disease (see [Clause 5](#)), the organization should consider targeted communications that promote good hygiene practices, to remind workers that:

- a) hands should be washed with clean water and soap for 20 s to 40 s and fully dried;
- b) if hand washing is not possible, hands should be sanitized with a hand sanitizer suitable for safe and effective use against viruses/bacteria;
- c) soiled hands should always be washed with soap and water, if possible, rather than using hand sanitizer.

The organization should ensure that personal hygiene products such as soap, shampoo, wipes and hand sanitizer conform to relevant standards, and are effective and suitable for users (e.g. containing acceptable levels of alcohol, non-allergenic, fragrance free). The organization should ensure that hand washing facilities and hand sanitizers are accessible.

The organization should require workers to keep personal belongings in personal spaces, such as personal lockers or bags, if appropriate to the characteristics of the disease and its mode of transmission, to avoid contamination.

The organization should, where relevant, provide showers, soaps and other amenities, as appropriate, for its workers.

NOTE 1 Persons with disability can experience issues with accessing facilities provided for personal hygiene (e.g. due to unsuitable positioning of washing facilities or hand sanitizers, or the lack of equipment that assists with access or their individual needs).

NOTE 2 Hygiene instructions or checklists can be used to help prevent the transmission of infectious agents or the spread of disease by reminding workers and other relevant interested parties of what needs to be done and when it needs to be done, e.g. in relation to handwashing.

11.3 Work-related travel

The organization should consider the presence of infectious diseases associated with work-related travel and determine the controls required to limit potential exposure.

If work-related travel is necessary, the organization should take into account the different modes of travel required to complete a journey and the places workers are required to transit through (e.g. railway stations, airports, hotels), the place they are travelling to and the type of infectious diseases they can be exposed to. The organization should consider the characteristics of those diseases (see [Clause 5](#)) and, as appropriate:

- a) take into account health guidance (e.g. immunization, preventive medication – see [Clause 14](#)) relating to the destination and areas travelled through to reach the destination;
- b) take into account varying requirements of different travel organizations and hubs (e.g. airline or ferry restrictions, specific requirements for train stations or ports, waiting areas and times);
- c) determine availability of essential facilities (e.g. toilets, food and drink) and give guidance on safe use;
- d) retain documented information of when and where a worker is staying when travelling for work;
- e) establish a plan to evacuate or transport ill workers to receive medical care.

12 Implementation of controls for contagious diseases

12.1 General

The organization should have processes to prevent and manage the transmission of contagious diseases, taking into account the identified hazards (see [8.1](#) and [9.1](#)), the assessment of the associated risks (see [8.2](#) and [9.2](#)) and the determined controls (see [8.3](#)) which include:

- a) staying aware of up-to-date public health information and guidance in relation to existing and emerging contagious diseases and take action when necessary;
- b) provision of suitable information, training and guidance, including on how to self-screen, and when to self-isolate or quarantine (see [17.3](#)), or refrain from work or a particular work activity;
- c) communication of appropriate knowledge of vaccines, their availability and effectiveness (including potential side effects), and preventive medicines to workers and other relevant interested parties to reduce the risk of contagious diseases;
- d) enhanced hygiene, cleaning and disinfection, especially of high touch items, shared resources and common areas, including toilets and shared lockers (see [12.2.3](#));
- e) provision of sufficient personal hygiene facilities, including handwashing stations, hand sanitizer points, portable hand sanitizers (e.g. for workers in multiple locations) and toilets, including temporary/portable toilets (using signage to direct users to the nearest available toilets if facilities are temporarily closed for in-depth cleaning);
- f) frequent and safe disposal of potentially contaminated waste;

NOTE Further information on management of potentially contaminated items and waste is provided in ISO 35001.

- g) provision of suitable PPE (see [Clause 15](#));

- h) flexible procedures for work related travel to minimize potential exposure such as travel during non-peak times, providing masks when travelling with others, and cleaning and disinfection of shared company vehicles between shifts.

12.2 Workplaces under the control of the organization

12.2.1 General workplace infection controls

When implementing the controls selected (see [8.3](#) and [9.2](#)) to prevent and manage the transmission of contagious diseases, the organization should take into account the characteristics of the disease (see [Clause 5](#)) and, as appropriate:

- assess all premises, sites or parts of sites, including any that have been closed or partially operating;
- establish arrangements to prevent potentially contagious people from entering the workplace or areas of the workplace, when access creates a risk of transmission (e.g. by providing information prior to visit, or posters stating the people should not enter the workplace with symptoms of an infectious disease or pre-work infection screening, if appropriate);
- coordinate and cooperate with other organizations on shared sites, including with contractors, managing agents, landlords and other tenants, ensuring both routine operations and emergency plans are taken into account;
- retain documented information of facilities, sites or common areas (e.g. cleaning records, worker movement records, visitors' lists).

To control the spread of a disease when there is an occurrence, or to prevent an outbreak of contagious disease in a workplace, the organization should consider the characteristics of the disease (see [Clause 5](#)), and, if applicable, the organization should:

- a) establish processes for safe entry and exit from workplaces, buildings and sites (e.g. stagger arrival and departure times or specify doorways for entry or exit only);
- b) perform health screening of workers and other interested parties to establish potential cases according to public health guidance;
- c) adapt processes for moving within and between workplaces, buildings and sites (e.g. one-way routes in corridors, walkways and stairways, with appropriate signage), recognizing that one-way systems can create longer or unfamiliar routes;
- d) limit movement around and between workplaces, buildings and sites, and retain documented information of the movement of workers;
- e) isolate infected water sources and disinfect water systems to eliminate infectious agents or reduce them to acceptable levels;
- f) disinfect taps and showers with products that meet official requirements for use against contagious diseases, and flush through before use;
- g) ensure toilets, including portable/temporary toilets, and hand washing facilities, including hand sanitization and disinfection, are managed to enable safe use (see [12.2.2.2](#));
- h) ensure air quality is maintained, through appropriate use of ventilation, filtration, air changes and clean air from outside (e.g. monitor CO₂ to assess and improve ventilation conditions);
- i) put in place signs, and floor and/or wall markings to indicate recommended physical distancing, if appropriate, ensuring markings are simple, clear and large enough to be seen by people with visual impairments;
- j) put in place physical barriers and/or reorganize equipment, desks and workstations to enable physical separation;

- k) create work zones to limit the number of people in any one area and limit the number of people using shared equipment;
- l) limit the use of high-touch items, cleaning and disinfecting shared equipment before and after use;
- m) reduce touching of door handles (e.g. fixing doors open or using automatic doors, excluding doors required for fire safety, security or privacy, equipping doors with footholds to open or close);
- n) provide additional outside spaces for workers to use for routine work, meetings and breaks, where possible;
- o) assess whether an activity can safely proceed if close contact is required for sustained periods;
- p) assign workstations and equipment to individual workers, wherever possible, or teams/pairs where this is not possible (e.g. call centres, training facilities) to prevent cross-contamination;
- q) restrict the use of unassigned workstations and other forms of agile working to essential activities;
- r) consider the need for enhanced cleaning and disinfection of facilities and equipment.

12.2.2 Use of common areas

12.2.2.1 General

The organization should implement processes to facilitate the safe use of common areas to prevent or reduce transmission of a contagious disease, including, as appropriate:

- a) limiting the number of people in common areas at one time and the time people spend in these areas;
- b) enabling physical separation;
- c) staggering the time when workers and other interested parties arrive or leave, particularly when working with other organizations in shared spaces, to reduce crowding in common areas such as reception, corridors and security points;
- d) determining safe ways of using lifts/elevators, including limiting capacity, and ensuring guidance for safe use is communicated both inside and outside of lifts/elevators;
- e) avoiding the use of shared resources, such as cups, plates and spoons, and providing water and detergent to wash non-disposable items, ensuring water taps and drink dispensers are cleaned or disinfected by the user after each use; encouraging workers to bring in their own food or providing packaged meals to avoid opening canteens during a significant outbreak.

12.2.2.2 Use of toilets and hand washing facilities

The organization should ensure actions are taken to facilitate the safe use of toilets and hand washing facilities by workers and other interested parties, including those provided for people with disabilities, and portable/temporary toilets, ensuring there are enough facilities for the number of people likely to be using them.

Actions can include:

- a) managing the use of facilities to avoid crowding and close contact to avoid the risk of transmission of the disease (e.g. queues at the facilities);
- b) establishing frequent and enhanced monitoring, cleaning and disinfection (including touch points such as toilet seats, locks, flushes, grab rails, hoists) and waste disposal, including provision for frequent cleaning and disinfection of portable/temporary toilets;

- c) monitoring and maintaining adequate levels of paper towels, soap, sanitizer and toilet paper, and ensuring frequent and safe disposal of waste;
- d) using signage to encourage safe use of toilets, including encouraging users to close toilet lids before flushing, where lids are fitted;
- e) using automatic or foot-operated equipment, rather than manual equipment (e.g. taps, flushes, bins).

Under some circumstances, use of electronic hand driers can lead to transmission of an infectious agent, e.g. coronavirus. If transmission through movement of air is a concern, paper towels are recommended.

NOTE If the workplace is a public place, appropriate measures can be required to protect visitors, customers and others.

12.2.3 Meetings and visits to workplaces

During an outbreak or, depending on the characteristics of the disease (see [Clause 5](#)), the organization should determine whether to limit visits to workplaces under the control of the organization and/or use remote working technology to minimize both external and internal face-to-face meetings. If face-to-face meetings or visitors to a workplace are required, the organization should communicate in advance of the visit any expected behaviours and processes for health and safety within the workplace, including any circumstances in which the visit should not proceed or requirements for health screening and self-reporting of health status.

Depending on the characteristics of the infectious disease (see [Clause 5](#)), the organization should consider:

- a) restricting access to the required visitors only and limiting visits to specific times;
- b) taking into account where visitors are travelling from and if additional safety measures are needed;
- c) revising schedules for essential service and other contractor visits to reduce interaction (e.g. outside of normal hours to limit interaction with workers or customers);
- d) making changes to the layout of meeting rooms to enable physical distancing.

12.2.4 Deliveries

The organization should have processes to ensure deliveries (including postal deliveries) can be made and received safely.

Depending on the characteristics of the disease (see [Clause 5](#)), the organization should, as appropriate:

- 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, installing physical barriers between workers making and receiving deliveries);
- b) provide guidance to workers taking deliveries at home, or in another location not controlled by the organization, on safe handling and distribution;
- c) provide controlled and safe access to welfare facilities (e.g. toilets) for delivery drivers;
- d) ensure regular cleaning and disinfection of reusable delivery boxes, loading equipment, etc.;
- e) consider revising pick-up and drop-off collection points (e.g. no-contact drop-offs to customers and other work sites);
- f) consider reducing the frequency of incoming deliveries (e.g. establishing central procurement processes to avoid external deliveries to different sites, ordering larger quantities less often);
- g) consider using single workers or fixed pairs to load or unload vehicles;

- h) consider cleaning or disinfection of delivered items, or isolating items that cannot be disinfected, following official guidance for different materials, to allow for natural decay of infectious agents on surfaces.

12.3 Working from home

The organization should consider enabling workers to work from their own home, if appropriate and consult with them. The organization should take all practical steps to remove barriers to working from home.

To determine which workers should work from home, the organization should consider:

- if the worker can effectively perform the work from home;
- if the home situation is suitable for home working;
- if the worker wishes to continue to work in their normal place(s) of work;
- if the worker is confident that they can travel safely to and from the normal place(s) of work without significant exposure to a contagious disease.

The organization should consult workers on the following factors:

- a) the domestic circumstances disclosed by the worker (e.g. childcare or other caring responsibilities, domestic abuse, household members considered to be at higher risk of contracting an infectious disease or getting severe illness from an infectious disease);
- b) the physical suitability of the home (e.g. size, other people sharing the space, noise levels, suitable lighting, adequate ventilation, ergonomic issues);
- c) if the worker has access to relevant systems and information (e.g. adequate internet connectivity, email, shared electronic drives, databases, enhanced security on relevant systems and guidance on operating securely while at home);
- d) the need for training and ongoing support for the use of IT equipment and software (e.g. online conference tools);
- e) the potential need to allow workers to take equipment that they use at work home on a temporary basis or to provide additional equipment (e.g. desk, computer, computer monitor, keyboard, mouse, ergonomically suitable chair, footrest, lamp, printer, headset);
- f) the need for guidance on setting up an ergonomically suitable home workstation (e.g. enabling good posture and encouraging frequent movement);
- g) psychosocial risks (see [Clause 9](#));
- h) impacts on personal or home insurance and tax liabilities.

12.4 Working in other people's homes

When work takes place in other people's homes, the organization should consider the risks from workers to occupants and from occupants to workers within the general assessment of risks for the activities to be undertaken, taking into account the specific risks of the contagious disease.

The organization should endeavour to ensure that workers do not perform work activities in other people's homes if someone in that household has symptoms of a contagious disease that presents a severe risk of ill-health (or is self-isolating or in quarantine) or is considered to be at higher risk of contracting or getting severe illness from the contagious disease, except when:

- providing essential health support or personal care (e.g. medical or social care workers);

- remedying a direct hazard to safety or security (e.g. repairs by a plumber, construction worker, electrician, gas engineer);
- addressing an issue in the home where this can be performed in a safe way that protects both the worker and the vulnerable person.

The organization should consider how workers who work in other people's homes will review the working environment to identify specific risks that become apparent so that controls can be customized to suit the situation.

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

- a) inquire if anyone in the household has symptoms of a severe contagious disease, is self-isolating or in quarantine, or has been advised to isolate from other people to protect themselves because they are considered to be at higher risk from disease;
- b) consider if the work can be performed using digital or remote alternatives (e.g. video or phone consultations);
- c) communicate with households prior to work commencing, to discuss and agree how work will be carried out and general practices to minimize risk from contagious disease;
- d) consider assigning workers to work in households local to them, if appropriate, to minimize travel and use of public transport;
- e) ensure workers have sufficient appropriate PPE, masks or face-coverings, hand-sanitizer, and cleaning and disinfection materials;
- f) ensure any reusable PPE or other shared equipment is cleaned, disinfected or washed, as appropriate, before and after use;
- g) ensure workers are trained in how to work safely to avoid becoming infected and prevent transmission of infectious agents;
- h) consider allocating 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.

NOTE Regulations can apply to some aspects of working in other people's homes, such as providing healthcare.

12.5 Working in multiple locations

The organization should ensure that workers who work in multiple locations (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, including appropriate PPE and cleaning and disinfection materials, to work safely and to avoid transmission of infectious agents through travel and interaction with other people.

The organization should ensure that workers who work in multiple locations are fully informed and can use their own discretion to act appropriately in different situations.

Guidance for working in multiple locations should include how to access and safely use resources such as public, portable or temporary toilets, and how to safely procure and consume food and drink.

The organization should have a process for workers to retain documented information to support contact tracing, if appropriate, about the places they go to in the course of their work and people they have prolonged interaction or close contact with, if this is possible.

12.6 Working with the public

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

In addition to the measures recommended in [12.1](#) and [12.2](#), the organization should consider actions appropriate to the contagious disease and how it is transmitted, such as:

- a) training workers with public facing roles to be aware of how to communicate health and safety measures to members of the public, including people with disabilities and others who have individual needs;
- b) limiting the number of members of the public in a building or confined outdoor space to reduce the risk of transmission;
- c) 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);
- d) reducing non-essential public facilities if controls cannot be applied or complied with (e.g. closing fitting rooms);
- e) limiting time spent in close contact with customers or service users, adapting services as necessary;
- f) providing well-signed toilet and hand washing facilities, regulating entry and ensuring enhanced cleaning and disinfection, waste disposal and replenishment of supplies (see [12.2.2.2](#));
- g) encouraging contactless payment and refunds;
- h) establishing no-contact collection and return points;
- i) varying or staggering the times of collections;
- j) establishing a booking system, if appropriate (e.g. restaurants, beauty services, tattoo parlours, gyms).

13 Implementation of controls for non-contagious infectious diseases

The organization should have processes to prevent and manage non-contagious infectious diseases, taking into account the identified hazards and assessment of associated risks (see [8.1](#) and [8.2](#)). In addition to the general controls in [Clause 11](#), the organization should implement controls such as:

- a) staying aware of up-to-date public health information and guidance in relation to existing and emerging noncontagious infectious diseases and take action when necessary;
- b) maintenance checks and activities on equipment and systems (e.g. building ventilation);
- c) maintenance of water systems, to mitigate risk from water-borne infectious agents by preventing conditions that can support their growth (e.g. stagnant water);
- d) regular inspection and management of buildings for dampness and humidity levels to eliminate or manage mould growth;
- e) prevention of mosquitos, rodents and other pests that carry infectious agents from entering buildings, and taking action to eliminate or control those that are inside (e.g. mosquito nets);
- f) shutdown or closure of contaminated installations;
- g) enhanced cleaning and disinfection;
- h) use of containment systems;

- i) safe handling of contaminated and biological wastes;
- j) enhanced personal hygiene, including handwashing;
- k) appropriate storage, handling and preparation of food and beverages (e.g. appropriate storage and cooking temperatures, use of hair coverings, sneeze guards);
- l) appropriate use of PPE (see [Clause 15](#));
- m) appropriate use of fresh air and ventilation systems to maintain adequate air quality;
- n) facilitation and support for vaccination and preventive medication;
- o) travel restrictions and other travel-related controls (see [Clause 11](#)).

14 Implementation of controls for endemic diseases

To manage the risks relating to infectious diseases that are endemic to a place where a worker lives and operates, the recommendations throughout this document apply.

To manage the hazards from endemic diseases in places a worker needs to travel to or through, the organization should also:

- a) inform workers of appropriate controls and facilitate their implementation, including vaccines and preventive medication, to protect against infection in the locations travelled to and through, taking into account the prevalence of infectious disease and the mode of transmission (e.g. contact with insects or animals);
- b) provide workers with sufficient rest time to recover from travel to prevent fatigue that can compromise immunity to infectious disease;
- c) inform workers about possible hazards relating to food safety and drinking water, according to the location;
- d) inform workers about possible hazards relating to insects or animals;
- e) remind workers of the importance of good hygiene to prevent infection;
- f) inform workers about possible hazards and prevention relating to bloodborne infections.

15 Use of personal protective equipment and face coverings

15.1 General

The organization should consider the use of PPE with other appropriate higher-level controls for preventing and managing infectious disease.

In the context of infectious diseases, PPE (e.g. respiratory equipment, gloves, protective clothing and face shields), should be utilized, along with face coverings, as appropriate.

When selecting PPE, the organization should take into account the characteristics of the infectious disease (see [Clause 5](#)) and ensure that the PPE or other protection provided is suitable, appropriate and meets required national, regional or international standards or guidance. The use of PPE should be prioritized by the organization based on assessment of risk.

The organization should ensure that workers who normally use PPE to protect against risks unrelated to transmission of an infectious disease, continue to use it. When the use of PPE or face coverings are among the controls implemented to manage risks related to an infectious disease, the organization should:

- a) establish guidelines for when and how it should be used and provide training;

- b) provide an adequate supply of appropriate PPE and face coverings;
- c) ensure appropriate PPE, masks and face coverings are suitable for the individual and provided free of charge;
- d) ensure PPE is the correct size for the wearer and properly fitted (e.g. respiratory equipment provides a seal to the wearer's face);
- e) instruct workers on the proper use, limitations and maintenance of PPE;
- f) ensure the appropriate use and disposal of disposable PPE, masks and face coverings;
- g) encourage workers to take regular breaks to minimize fatigue caused by using PPE, which can lead to reduced compliance with safety measures and unsafe use of equipment;
- h) ensure contaminated reusable PPE is cleaned, disinfected or washed regularly.

NOTE Many manufacturers of PPE, masks and face coverings provide instructions for correct use and care that organizations can refer to.

15.2 Selection of appropriate protection

15.2.1 General

The organization should consider the use of appropriate PPE to protect workers from risks from infectious diseases, taking into account the characteristics of the infectious agent (see [Clause 5](#)).

Depending on exposure risks and modes of transmission, the organization should provide PPE such as gloves, protective clothing, respiratory protective equipment, eye protection or face shields.

The organization should assess the appropriateness and suitability of PPE taking into account:

- a) parts of the body that need to be protected;
- b) type of exposure (e.g. dust, aerosol, contaminated items/surfaces, needle stick);
- c) level and duration of exposure;
- d) task and physical workload.

15.2.2 Protective gloves

The organization should consider the following characteristics of protective gloves appropriate to the hazard:

- fluid-proof gloves for protection against a biological hazard;
- thin disposable gloves for work situations requiring great dexterity (e.g. laboratory work, patient care);
- thicker gloves, to protect the worker from injury (e.g. for activities in water treatment plants, industrial installations, cleaning operations);
- gloves that provide adequate protection against both infectious agents and chemical exposures, where gloves are also used for chemical protection.

The organization should provide guidance and training to workers on the effective and safe use of protective gloves, taking into account:

- a) hands should be clean and dry, with short nails, before gloves are put on;
- b) disposable gloves should be changed regularly and immediately if damaged;

- c) gloves should be removed following guidance in a precise sequence of actions to avoid contamination;
- d) hands should be washed or sanitized immediately after gloves are removed.

NOTE ISO 21420 provides further information on protective gloves for microbiological protection.

15.2.3 Face and respiratory protection

15.2.3.1 General

Depending on the hazards identified and the associated risks, the organization should consider the face protection to be used, taking into account, for example, that:

- a) glasses and goggles only protect the eyes;
- b) face shields protect the entire face and have the advantage of being removable while minimizing the risk of touching the face;
- c) respirators and some surgical masks can protect workers against droplets emitted by other people;
- d) some surgical-grade face masks are resistant to the projection of biological liquids such as blood.

15.2.3.2 Respirators and face coverings

If appropriate to the disease and the mode of transmission, including during community outbreaks, the organization should consider the use of face coverings (including masks) to capture droplets and/or aerosol particles released through breathing, coughing, sneezing and talking.

The organization should ensure that respirators and face coverings are suitable for the intended use, taking into account that:

- medical/surgical masks protect other people from secretions;
- face coverings are generally intended to protect others and prevent spread of the disease;
- respirators provide protection for the wearer in addition to helping prevent the spread of the disease.

The organization should take into account situations where temporary removal of respirators or face coverings can be necessary or permitted 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;
- b) interaction with workers and other interested parties with hearing impairments who lip read;
- c) temporary removal of face coverings for eating, drinking or exercise in common areas.

If temporary removal of respirators or face-coverings is necessary, other controls (e.g. physical distancing) should be applied where there is risk of transmission. Hand washing (or sanitization) should also be ensured to avoid cross-contamination when putting on or taking off respirators or face coverings.

To improve communication for people who rely on lip reading and facial expressions, the organization should facilitate use of other controls, for example, physical distancing, a barrier or transparent face shields or masks.

The organization should support workers who choose to use a mask not required by the organization.

NOTE Certified disposable or filtering facepiece respirators that provide stated level of protection for the wearer against particles are considered to be PPE.

16 Emergency preparedness and response

The organization should establish, implement and maintain processes to prepare for:

- emergencies relating to infectious agents in the workplace (e.g. mould in the ventilation system);
- other emergencies (e.g. fires, floods, earthquakes) that can increase spread of infectious diseases.

The organization should take into account existing processes for emergencies and the need for changes and adaptations, such as:

- a) providing guidance for emergency situations where there is an increased risk of exposure to or transmission of an infectious agent, or spread of an infectious disease (e.g. where there is a case of Legionnaires' disease and the infectious agent is identified in shower facilities or wet cooling towers, or a case of dealing with vomit in a workplace containing norovirus);
- b) changes made in the workplace, including how activities are performed, and how these changes can impact emergency response (e.g. evacuation routes modified to limit transmission of infectious agents);
- c) reviewing individual emergency evacuation plans for people with assisted or facilitated evacuation needs (including provision of additional PPE as necessary);
- d) training additional workers and providing adequate emergency response when quarantine and increases in worker illness results in a shortage of trained workers in a workplace;
- e) providing additional training to workers on processes related to infection control (e.g. measures to contain infectious agents, such as turning off air conditioning systems);
- f) providing first aiders with appropriate infectious disease training and personal first aid resources, including suitable PPE, in case of medical emergencies or accidents;
- g) applying any lessons identified into revised plans, taking into account previous emergencies, emergency tests and emergency response rehearsals;
- h) implementing preparedness and response activities (e.g. physical drills, table top exercises that support measures to contain infectious agents and their containment measures and transmission, controls such as physical distancing, remote opening and closing access to facilities including lockdown, remote start-up and shutdown of equipment, use of robots for rescue operations, use of drones for damage assessments);
- i) estimating and securing stockpiles of PPE and other resources (e.g. soap, sanitizer) and developing a maintenance plan that takes into account expiration dates;
- j) providing suitable equipment to test or monitor for levels of infectious agents where there is the risk of release of infectious agents from a contained source (e.g. *Legionella* from a wet cooling tower);
- k) establishing processes to change clothes, wash and isolate or treat workers, and contain any release of an infectious agent;
- l) establishing processes for disinfecting or decontaminating work areas for safe re-entry;
- m) reviewing and updating processes for business continuity.

The organization should ensure it is aware of requirements for communication and reporting to public health bodies, regulators and other relevant external interested parties (see [7.3](#)).

17 Management of suspected or confirmed cases of a relevant infectious disease

17.1 General

The organization should have processes to manage suspected and confirmed cases of a relevant infectious disease, and to limit exposure and transmission at work, as well as processes to:

- a) understand the characteristics of the infectious disease (e.g. transmission mode, virulence, severity of illness and duration of infectivity) so as to be able to respond appropriately (see [Clause 5](#));
- b) report to the organization possible exposure to an infectious disease, or a suspected case by workers and other interested parties;
- c) report by the organization to relevant interested parties (see [7.3](#)), including workers;
- d) determine how and where workers can seek medical care for suspected infectious diseases (e.g. hospitals, clinics, online occupational health support);
- e) verify and notify a case of an infectious disease that exists or potentially exists;
- f) confirm the potential source of the infectious disease (including environmental) and the facts about the affected person(s) and their condition (e.g. from certification by medical practitioner);
- g) protect personal privacy and maintain confidentiality;
- h) determine who is likely to be at risk of contracting the infectious disease;
- i) implement controls to prevent further transmission of the infectious disease;
- j) manage sick leave and the impact on managing potential cases of transmission in the workplace.

The organization should take action to determine if a case of an infectious disease is work-related. Factors to take into account include:

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

17.2 Managing illness in a workplace

17.2.1 General

The organization should have processes to manage illness in a workplace that is, or is suspected to be, caused by an infectious disease, including to:

- a) ensure workers offering assistance take necessary precautions (e.g. using appropriate PPE);
- b) advise those affected to seek assistance from a medical practitioner;
- c) follow public health authority guidelines, including with regard to reporting a confirmed infectious disease to the organization;
- d) review work activities and facilities to identify potential sources of the infectious disease and take action to confirm the source and prevent further transmission of the disease;
- e) have a process for assisting workers who develop symptoms of an infectious disease while working at home, or caring for a family member who is exposed to an infectious disease, or in a mobile role;