



Health & Safety Handbook for the Workplace

**An employers guide for
post-lockdown operations
in non-healthcare settings**



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About GLOBAL

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About PHFI

Public Health Foundation of India (PHFI) is a public private partnership initiated by the Ministry of Health and Family Welfare (MoHFW) in 2006 to develop public health expertise in many areas vital to India's health and development. It brought together government, academia, private sector and civil society to provide a collective thrust to capacity building in public health. Since then, PHFI has established 5 Indian Institutes of Public Health (IIPHS) in Gandhinagar, Hyderabad, Delhi NCR, Bhubaneswar and Shillong. Over the past 11 years, PHFI has educated more than 3000 public health professionals, trained more than 22000 primary care physicians, assembled a multi- disciplinary technical talent pool (faculty and researchers) of over 700 professionals, including diaspora who were attracted back by this vibrant institution. MoHFW in Gol as well several state Health Ministries draw technical support from PHFI and its IIPHS. Routine Immunisation Programme (especially Mission Indradhanush), National AIDS Control Programme, National Tobacco Control Programme, National Vector Borne Disease Control Programme (especially Kala-azar elimination) are among those assisted by PHFI, alongside several components of the National Health Mission.

The technical leadership at PHFI is part of the various national and state level COVID Response committees – helping both the Central and State Governments in risk mapping, planning and mitigation.

For any further assistance or a customised evaluation of your operations with respect to COVID19, please email us on contact@phfi.org

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1. Context

About COVID-19

Coronavirus Diseases-19 (CoVID-19) is a highly contagious respiratory illness caused by the SARS-CoV2 virus. The impact of this pandemic is likely to be very high, not only from a public health perspective, but also because COVID-19 outbreak has caused huge economic and societal disruptions.

COVID-19 spreads mainly by droplets produced as a result of coughing or sneezing by a COVID-19 infected person. This can happen either through direct close contact which is usually within 3 feet of an infected person, or through indirect contact, by touching any coronavirus infected surface (fomites) and then touching one's mouth, nose or eyes, which can transmit the disease. In the absence of a specific vaccine or treatments, the best prevention strategy is to mitigate the transmission of the virus through non – pharmaceutical interventions. These include social distancing (maintaining a minimum distance of 3 feet from others), use of a mask, regular hand washing for 20 seconds with soap and water, avoiding touching one's face, mouth, nose and eyes and practising respiratory hygiene. These key strategies will need to be incorporated in our daily lives, both at home and in our workplace, to reduce the possibility of spread of COVID 19, post lockdown.

Challenges for India Inc.

India has been in a lockdown since March 24th,2020 leading to significant disruptions in local and global business environments. It is well understood that even when the lockdown ends, business is going to be far from usual. Financing, employee benefits, office administration, health and safety, office engineering, insurance programs, leave management, manpower planning- will all have to be relooked at. As we gear up to open workplaces to employees, ensuring health and safety of our workforce is going to be a foremost priority. With hundreds and thousands of people expected to resume work in the coming weeks, it will require meticulous planning and preparedness. We will also have to bear in mind that our workplace COVID strategies will need to be flexible and responsive to the guidelines issued periodically by the Ministry of Home Affairs, on conduct of business in hotspots, containment zones, and other zones, demarcated by the Ministry of Health and Family Welfare, which will continue to change over time.

This handbook has been prepared as a guidance tool for employers, to generate awareness and enable them to implement risk mitigation measures at their workplace, in order to provide a safe and healthy environment for their employees. Currently, there are many gaps in our understanding of the pandemic and there is an urgent need to develop safe and effective counter measures to tackle COVID-19 at the community, workplace and society level. This handbook has been designed to help businesses respond to COVID-19 and to help in their preparedness for the post Lockdown scenario, with the best available information available currently.

2. Creating a site infection control plan

Under the directions of the Ministry of Home Affairs through enforcement of the Disaster Management Act 2005, all businesses are expected to draw up preparatory plans for putting in place SOPs on infection control before they start functioning¹. A plan may contain SOPs for effective Prevention, Identification, and Isolation of COVID-19. The purpose of this document is to guide organisations in the development of their own Health and Safety Plan, based on their internal risk assessment as well as an assessment of the environment within which they operate.

2.1. Prevention

While 'stay at home' policies during the lockdown period have played an important role in reducing transmission and in reducing new infections, the phasing out period, post lockdown, may see an increase in transmission. In order to address this, effective strategies for minimizing transmission and running business enterprises in a challenging environment of temporary closures and reinstatement of lockdowns, will need to be designed. In order to manage and mitigate risk, it is important for us to first fully understand it- what it is, who is at risk, how it can be prevented and addressed. Individuals, spaces, occupations and behaviours, that commonly form part of the workplace culture and the larger environment in which they function, all pose certain health risks which need to be identified and mitigated.

Know your risk. It is essential that each business assesses its health risk exposure, based on which it can develop a response plan to identify and mitigate situations in the workplace which may introduce, expose or spread COVID-19. It is also important to realise that these plans will need to be updated at regular frequency, based on how the pandemic and the interventions evolve over a period of time.

¹ Ministry of Home Affairs (MHA) Order no. 40-3/2020-DM-1 (A)

2.1.1. Workforce Assessment: Identify individuals who carry non-occupational health risk

The first step for the organisation is to determine the high at-risk individuals. COVID-19 is a new disease and there is limited information regarding risk factors for severe illness. Based on currently available information and clinical expertise, older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19, due to their reduced ability to fight infections.

As per guidelines, it is best that such individuals be asked to Work From Home (WFH). It is important to know who they are so they can be protected. Such data will have to be collected while maintaining utmost confidentiality along with a declaration of voluntary release of health information by the employee, or utilization of third parties for the same.

Box1: Individuals with the below co-morbidities (pre-existing conditions) may be at greater risk from COVID-19²³:

<ul style="list-style-type: none"> ● Asthma ● Chronic lung disease ● Diabetes ● Serious heart conditions ● Cancer ● People Living with HIV (PHIV) 	<ul style="list-style-type: none"> ● Chronic kidney disease ● Severe obesity ● Liver disease ● Immunocompromised persons ● Over 65 years of age
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Pregnant women and parents with children under 5 years of age are advised to work from home.

² Centre for Disease Control

³ Indian Council of Medical Research

2.1.2. Mitigating occupational risk

In the workplace context, over and above the above risks from co-morbidities, individuals in certain job profiles and work sites may carry additional risk due to the nature of their work. For example:

- Sales force due to their increased contact with clients and greater use of public transportation
- Receptionists/ Entry point staff who come face to face with a high number of individuals
- Associates involved with packaging or manufacturing where there is greater physical contact with other individuals, surfaces and objects
- People who have undertaken international or domestic travel to regions with sustained COVID transmission.

Below are some examples of individuals who may be at increased risk (outlined in Box 2) along with few examples to help mitigate them.

Box 2: Individual job profiles that may be at higher risk from COVID-19

Worker type	Risk	Sample Action
Sales force	Meeting a high number of clients face to face Greater travel undertaken for meetings	Video Conference meetings wherever possible Private transportation where required International travel to remain suspended
Security personnel	Face to face interaction with all employees and visitors all day long	Use of mask Contactless entry procedure for all staff coming through Biometric attendance to cease Frequent sanitation of entryways
Housekeeping staff	Touching mugs/ glasses/ surfaces that may be contaminated	Bring-your-own-mug/ water-bottle policies to reduce the two-way exposure between housekeeping staff and others Protective gear like masks/gloves to be provided, where needed Training for frequent handwashing and sanitising
Manufacturing/ packing workers	Touching several surfaces that may be contaminated	Workers to wear mask and gloves and stringent handwashing protocols to be implemented through training and monitoring Daily sanitation of premises Evolve Innovative ways to ensure minimum 3 feet distance between co-workers on machinery

2.1.3. Identify hotspots where employees could be exposed to SARS-CoV2 in the workplace

Identification of spaces where social distancing may be compromised or where there is increased risk of contact with SARS-CoV2. Below are few examples and measures:

Box 3: Common hotspots for transmission and mitigation

Hotspots	Risk	Sample Action
Biometric pads for entry	Fomites on surface	Suspend biometric entry/exit
Meeting rooms	Social distancing compromised	MHA limits meetings to no more than 10 people with alternate seating to maintain social distancing
Door knobs/ handles	Fomites on surface	Door knobs/ handles to be sanitised every 2 hours. Remove handles, wherever possible.
Desk neighbours	Social distancing compromised	Alternate seating where workspaces are tight to ensure 3 feet distance can be maintained on all sides
Cabin meetings	Social distancing compromised	Suspended unless 3 feet distance can be maintained, doors to remain open to allow ventilation
Tea/coffee mugs and water bottles	Fomites	Bring and rinse-your-own mugs and bottle policy to prevent contamination
Cafeteria	Social distancing compromised	Staggered shifts to ensure alternate seating (front and side vacant) at all times. Restrict gathering of workers at water cooler/ tea, coffee dispensing points.
Washrooms	Fomites	Hourly sanitisation of washrooms Handwashing communication inside each unit door

2.1.4. Identify risky behaviours that can lead to SARS-CoV2 exposure

Whilst organisations will provide for environmental, occupational and other measures to create safe and healthy workspaces, certain behaviors can significantly compromise efforts. Such behaviors need to be identified and addressed through aggressive behavior change communication, training and monitoring for adherence.

Box 4: Safe and Unsafe behavior in the workplace

Unsafe behavior ❌	Safe behavior ✅
Standing and talking in bays/ hallways	Maintain social distancing of 3 feet at all times
Entering elevator with more than 4 persons	No more than 2-4 persons in the elevator facing the wall. Take the stairs whenever possible
Sharing mobiles/ laptops/ devices	Strictly no sharing/ touching others devices
Sharing food	Strictly no sharing food with others
Shaking hands	Greeting with Namaste
Sitting in closed cabin within 6 feet	Discourage cabin meetings; only in rooms where 3 feet distance can be maintained with alternate seating (leaving side and front vacant)
Calling a large meeting	Explore if it can suffice to do it virtually. If not, limit it to 5 persons maximum (with alternate seating in a large room)
Coughing/ sneezing in open or in hands or tissue/ Coming to work when sick	Maintaining respiratory etiquette by sneezing/ coughing in elbow or tissue, followed by prompt disposal of tissue in bin. Daily self-health assessment and staying home if sick Use of Aarogya Setu App
Frequently touching nose, mouth and eyes	Washing/ sanitising hands <i>2 hourly</i>
Use of public transport	Travel to work by car/ carpool with maximum of 2 persons in sedan or 3 in SUV
Spitting Gutka or edible tobacco	Strictly penalising such behavior

2.1.5. Identify Environmental Risks in the workplace

a) Air conditioning:

There are no conclusive studies that rule out airborne transmission⁴. SARS CoV2 was isolated from swabs taken from exhaust vents of rooms with COVID-19 patients. The Central Public Works Department (CPWD) recommends proper attention to air-conditioning and ventilation systems in commercial spaces to prevent the spread of COVID-19. Specifically, since most air-conditioning systems have been off during the lockdown, it is possible that ducts may have moulds or fungal growth, or bird droppings, which require sanitizing. In addition, there are guidelines for adequate fresh air and exhaust capacity for air-conditioners, and modification may be required for the same. These guidelines can be accessed in the 'Useful Links' section.

b) Cleanliness:

MHA guidelines suggest that a 1 hour gap be maintained between shifts for cleaning and sanitizing, with no overlap of any sort. In addition to 2 hourly cleaning of door knobs and handles, removing door knobs/ handles, where possible, or leaving open frequently used doors to minimize fomite transmission has also been recommended. Hourly cleaning of washrooms, including taps and frequently touched surfaces is recommended.

c) Visitors:

At this time, any unnecessary visitors to the office premises may be discouraged. Deliveries too must be done with full precaution.

d) Food:

MHA guidelines discourage canteen services for now. Employees must be encouraged to bring meals from home or make provision for them to purchase safe meals

e) Elevator:

MHA clearly states that no more than 2/4 persons per elevator are to be allowed at once (depending on elevator size), and employees must be asked to stand facing the walls. Wherever possible, avoiding elevators and taking the staircase must be encouraged. Spitting gutka, chewable tobacco in stairwells must be strictly prohibited and enforced.

⁴ COVID-19 guidance document for airconditioning and ventilation, ISHRAE, April 2020

2.2. Identification

Early identification of suspected cases is critical to containing the spread. These are some ways to identify symptoms early on:

- Daily mandatory temperature testing for fever at entry points
- Regular self-declaration of good health
- Early self-reporting by employees on any Covid symptoms- fever, cough, shortness of breath or difficulty breathing
- Reporting of any members of the household testing positive for COVID-19
- Reporting of any contact with a COVID-19 diagnosed patient/ body

However, it is possible that despite screenings, individuals can be asymptomatic for days, which is why 'prevention' is extremely critical to minimise exposure.

2.3. Isolation

In the event of an identified case, it is essential that the individual be isolated immediately in an isolation room, contact tracing be exercised, and authorities be informed. There also needs to be a protocol in place to isolate and safely send back home any individuals presenting symptoms at the time of entering office. Individuals identified through contact tracing also need to be appropriately isolated if required (detailed in section 5)

3. Manpower planning

While most organisations already have in place a Business Continuity Plan (BCP), as was exercised during the lockdown, it may be wise to have a people plan ready that involves operating with the bare minimum number of required employees as per most recent government guidelines, which is sustainable for a longer period of time. The Ministry of Health and Family Welfare recommends that the overlapping of shifts be strictly avoided, with a minimum 1 hour gap in between shifts, for cleaning. The International Labour Organisation has set out some guidelines around the same, categorising employees into **three** buckets, divided by how essential it is for which employees to be physically present in the workplace for business continuity⁵:

Category A- Essential Workforce who must come to the workplace for business continuity (minimum)

Category B- Workforce who are physically required to come to work 2-3 days per week

Category C- Those who are less essential on-site and can easily work from home (majority)

For Category A and B employees, it is essential that supporting infrastructure is made available as per MHA guidelines.

⁵ Risk categorization in the workplace, International Labour Organization

3.4. HR Policies to be considered

- 1) Strictly no sick employees to be allowed to come to work. Flexible sick leave policies may be considered to encourage sick employees to stay home.
- 2) Associates above 65 years of age and those with children below 5 years of age be encouraged to work from home
- 3) Revisit risk posed by any contractual workers and ensure that risk is managed by their employer as well
- 4) Work from Home for all physically non-essential workers
- 5) Private transport mandatory for employees attending office
- 6) ID cards mandatory at all times (as masks may pose identity fraud / security risk)

4. Communication Plan

Trust

Frequent communication is vital at this time to maintain an environment of mutual trust. It would be a good idea to constantly communicate with employees, through the lockdown, and even share with them your bounce-back plan to gain trust. The truth is, even after the lockdown is lifted, people may be afraid to come to work, and may have many lingering doubts- If i declare my health information, will my employer keep it confidential? Is my workspace safe to return to? Is my employer doing enough to provide a safe working environment for me? It is important to address these concerns. Constantly communicating with them will help build trust and show genuine care and concern, and help alleviate anxiety about coming back to work. Informed workers who feel safe will be more cooperative and resilient to the new way of working.

Especially in an environment where penalties for employers are very high (as per section 58 of the Disaster Management Act, 2005), employers too may have many concerns- is it safe to let employees back into the workplace? Will employees diligently follow safety rules when they come back to work? Will employees be honest about health status when they return? It is important to communicate constantly to build a culture of transparency where mutual trust is strengthened.

Care

In the meanwhile, through the lockdown, it is a good idea to demonstrate care by making available online wellness programs, online doctor consultations, and constantly communicating with preventive and promotive health information for employees and their families.

When an employee reports a COVID-19 diagnosis, it is important to respond with empathy and genuine care for their wellbeing, rather than alarm, and reflect the same with other colleagues when they must be informed.

Communication check-list:

Below are some common communications that may come handy and can be prepared for use in days to come.

Note: Ensure and verify information and communication channels in advance with key partners such as public health and health care authorities (useful links provided in Annexure 2).

Health newsletters

Updates to ensure employees receive the right information from the right sources, including precautionary measures to be taken, and developments on the spread of COVID-19 in surrounding areas

Company efforts

Information about Safety measures taken by the organisation towards employee health and safety

Posters on safe and healthy behaviors in the workplace/ washrooms

Hand hygiene, cough etiquette, social distancing (links for printables in Annexure 2)

Safety rules/ Do's & Don'ts

Cafeteria schedules, meeting rules, general and employee group-specific guidelines specific to their occupational health risk (eg. sales, front-line staff etc.)

Wellness programs

Information about wellness programs available onsite and online

Insurance and employee benefits

Information about employee benefits and insurance covers for covid-19 and online webinars to demystify coverages so that there is no ambiguity if/ when there is a claim. Ministry guidelines also now require mandatory health insurance coverage for workers if not already in place.

HR Policy

Any considerations around COVID-19 and flexible leave, sick leave etc. including how emerging COVID-19 cases will be handled in the workplace

Updates on COVID-19 cases in the workplace & Caution to high/low risk contacts

An employee has a right to know if he/she may have come into contact with a COVID patient and must be informed (while maintaining patient confidentiality).

5. COVID-19 Containment Plan and Sickness Strategy

It is possible that despite best efforts, an employee who has been regularly coming in to work, interacting with other employees, eating in the cafeteria may contract COVID-19. It is essential to have a plan in place to quickly isolate such cases and protect those they may have come in contact with.

Risk classification

According to the National Centre for Disease Control (NCDC), "potential exposure" is defined as "being a household contact or having a close contact within 1 meter (3 feet) of an individual with confirmed or suspected with COVID-19 without any precautions". Individuals who were in close contact with the infected person without precautions are classified as a *high risk contact*. There may also be additional individuals who were in the same space as an infected person but without high risk contact, or been in close contact with a high risk contact, and are classified as *low risk contacts*. Individuals identified via contact tracing can be classified as follows:

Box 4: Case classification and management plan

Classification	Definition	Action	Notes
Patient Under Investigation (PUI)	Has fever > 100F and cough or shortness of breath	Sick leave	Tested for COVID if medically advised. If positive, to undergo treatment. If negative or not tested, to return to work once fully recovered with doctor's certificate.
Infected Person	Tested positive for COVID-19	Sick leave	Return to work with doctor's certificate once fully recovered
High Risk Contact	Has been in close contact with Infected person (1m proximity) within 48 hours of when the infected person became symptomatic OR Lives with an infected person OR Touched or cleaned linen, dishes etc of an infected person OR Was in a confined space with the infected person.	Work from home	Self quarantine for 14 days and return to work if no symptoms.
Low Risk Contact	Has been in close contact with a High Risk contact (1m proximity) in closed space OR Has been in the same space as an infected person, but without high risk exposure	Can work from office with mask on at all times for 14 days	Mask mandatory for 14 days. Daily health self-inspection for symptoms

Contact Tracing

Based on the above risk classification, it is essential that appropriate action is taken for those who may have been in contact with an infected person or person under investigation. Follow up and monitoring for symptoms, and adherence to preventive measures and self-quarantining where applicable must be recorded.

Conclusion

We must remind ourselves that despite recent developments, there is still currently no vaccine nor drugs for treatment of COVID-19. Non pharmaceutical interventions such as wearing a mask, physical distancing, hand washing and cough etiquette continue to be the most crucial interventions at our disposal to protect ourselves at home and in our workplaces. Employers need to be vigilant, flexible and adopt strategies to ensure safe workplaces for workers.

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Annexure 1: Printable Check-list for Resuming Operations at the Workplace

		Point of Contact	Status
During lockdown	Risk assessment- which risks is your organisation exposed to?		
	Risk mitigation plan- how can such risks be addressed?		
	Optimum manpower categorization- who is really required to come to work, and who can work from home?		
	Site infection control plan- prevention, identification, isolation of any cases that come up in the workplace		
	Case management plan- what to do if an employee tests positive		
	Transportation planning (how will necessary employees come to work)		
	Self-declaration by employees before joining (only healthy people will be allowed back)		
	Employer's communication Plan (the what, when, who and how)		
	Pre-order sufficient supplies and materials, including tissues and hand sanitizer for all. Have surgical masks available to offer anyone who develops respiratory symptoms		
Implementation	Hand sanitizer mandatory at entrance		
	Temperature check at entrance		
	Sanitizing door knobs and handles 2 hourly		
	Sanitising washrooms hourly		

	Protective gear for frontline personnel (masks, gloves where necessary)		
	COVID-19 case management (in event of an employee testing positive)		
	Training personnel requiring PPE on how to use and dispose		
	Mandatory use of Aarogya Setu App by all employees		
Administrative	<i>Documentation</i> of prevention measures taken by employer for employees coming to work including declaration of good health, provision of protective supplies, temperature screening etc. in event of an MHA enquiry		

Annexure 2: Useful Links

Printable posters

Do's and Don'ts:

<https://www.mohfw.gov.in/>

How to use a mask: <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

Air conditioning and ventilation guidelines (MHA):

https://ishrae.in/mailer/ISHRAE_COVID-19_Guidelines.pdf

Ministry of Home Affairs circulars:

<https://www.mha.gov.in/media/whats-new>

Latest dashboard of no. of cases:

India: <https://www.mohfw.gov.in/>

World: <https://covid19.who.int/>

Socio-emotional support:

Psycho-social toll-free helpline set up by the MoHFW: 08046110007

Contact tracing:

<https://ncdc.gov.in/showfile.php?lid=538>