G20 OSH Experts Network Campaign

The Impact of the Pandemic:
Changing World of Work and OSH

2020 - 2021

Mitigating the Impacts of COVID-19 on OSH

Country Responses
Survey Report

G20 OSH Experts Network

2020 – 2021 Campaign
The Impact of the Pandemic:
Changing World of Work and OSH

Mitigating the Impacts of COVID-19 on OSH
Country Responses
Survey Report

first published February, 2021[1]

This publication was produced by G20 OSH Experts Network, in collaboration with the International Labour Organization (ILO) and co-chair Turkey. This survey collected data on good initiatives around the world and examined how countries responded to the pandemic. The survey results are included in ILO World Day for Safety and Health at Work 2021 Report, which is entitled "Anticipate, Prepare and Respond to Crisis - Invest Now in Resilient OSH Systems".

---

[1] This report was updated with the participation of one more country as of March 2021, after sharing the survey results with the ILO.

G20 Occupational Safety and Health (OSH) Experts Network

Under Australia's G20 presidency in 2014, the Melbourne Declaration committed the G20 to the implementation of G20 labour and employment minister's statement to build safer and healthier workplaces. In 2015, under Turkey's G20 presidency, an OSH expert network was established. Turkey and the United States became co-chairs of the OSH subgroup within the G20 Employment Working Group (EWG). The network focuses on three missions: facilitating exchange of knowledge and expertise among G20 countries; meeting global policy and technical challenges as well as finding solutions through coordinated G20 effort and providing others with access to the knowledge and expertise of the network.

G20 OSH Experts Network Campaign (2021) and Country Responses Survey

Turkey has been leading the first campaign of the Network. The campaign aims to raise awareness, exchanging best practices and dissemination of knowledge to mitigate the impacts of COVID-19 on OSH. "The Impact of Pandemic: The Changing World of Work and OSH" is the theme of the campaign and it is launched in September 2020.

Turkey administered a survey within the scope of the campaign to collect country responses for revealing the common problems and finding the ways of overcoming them during the pandemic. The survey was developed in collaboration with International Labour Organization (ILO)" and ILO Office for Turkey. The survey was structured around the following five main topics: National Policy, National Tripartite OSH Body, Labour Inspection on OSH, OSH Services and Data Collection and Analysis of Occupational Injuries and Diseases. The survey is available in Appendix 1.

The survey was conducted between December 2020 - January 2021 and there were responses to the survey from governments in 13 countries: Argentina, Australia, China, France, Germany, Indonesia, Italy, Japan, Russia, Saudi Arabia, Spain, Turkey and the United Kingdom. The number of employees in countries that responded to the survey represents 63 percent of total number of employees in G20 countries according to the statistics of ILOSTAT.

Some countries' responses reflected COVID-19 a public health concern that includes OSH impacts. Many measures would, therefore, be in the area of public health rather than OSH, in particular. Regrettably, we haven't been able to include all the good initiatives within the report due to limited space and had to choose between similar initiatives among countries to avoid duplications.

Key Findings of the Survey

This pandemic period has once again revealed that occupational safety and health and preventive approach play a key role in working life. In this regard, the significance of the Network's work has been emphasized in the Declaration of Labour and Employment Ministers of the G20 (September 10, 2020; paragraph 17). The Declaration stressed the importance of sharing best practices through the Network on mitigating measures to improve OSH policies and to protect all workers, especially affected by the pandemic. In this regard, the survey revealed the following key findings on G20 countries' response to COVID-19.

National Policy: Legislation and Guidance

✓ Regarding national policy, the responding countries supported their policies mostly with guidance rather than legislation. Most of the countries considered new and emerging risks, measures to be taken, health surveillance, safe return to work, classification of sectors/workplaces/job tasks, labour inspection and leave and provided strong guidance on these issues.

✓ The majority of the countries ensured Occupational COVID-19 surveillance system at national level with legislation to understand what worker populations are at risk and which work activities are most associated with contracting COVID-19.

✓ All of the responding countries provided guidance and majority of them issued specific regulation or updated their current regulation to protect vulnerable groups such as migrants and seasonal workers, the elderly and women.

✓ Countries had more qualitative goals and targets rather than quantitative ones to mitigate the impacts of COVID-19 on OSH.

✓ Some countries considered their existing legislative framework cover a range of risks and working arrangements, including the risks posed by COVID-19, while some other countries had regulatory approach adopted regarding the prevention and control of COVID-19 at workplaces.

National Tripartite OSH Body: Collaboration/Cooperation with Stakeholders

✓ More than 80 percent of countries stated that they interacted with stakeholders on national policy, legislation, guidance, labour inspection on OSH, OSH services and data collection and analysis of occupational injuries and diseases during the pandemic.

✓ It is encouraging that all the countries who responded to the survey reported that there was a coordination mechanism for cooperation between government institutions to mitigate the impacts of COVID-19 on OSH.

Labour Inspection on OSH

- ✓ Almost half of the countries reported a decrease in the number of the labour inspections on OSH while there was an increase in the number of inspections only in two countries. In some countries labour inspections on OSH were suspended for a short time due to lockdown policies and lack of knowledge regarding proper strategies for the prevention of infections.

- ✓ "Ensuring the safety and health of OSH labour inspectors when visiting workplaces" and "labor inspectorate resources, which means reduced workforce due to absences, namely when inspectorates need to stay at home because of their health condition or to comply with lockdowns" were the main challenges faced regarding OSH inspections due to COVID-19.

- ✓ These challenges were overcome by training, guidance and appropriate personnel protective equipment provided for inspectors, regulatory approach for deciding inspection priorities and procedures, regular and frequent virtual meetings among competent authorities and stakeholders and online systems for administrative authorizations and notification on violation and complaints, remote inspection for particular kind of workplaces.

OSH Services: Including Information and Advisory Services, Research, Training and Health Monitoring

- ✓ In most of the countries "continuity and sustainability of OSH trainings for employees" was the main challenge faced while providing OSH services due to COVID-19. Leadership, regulatory framework, guidance, cooperation, health monitoring, extraordinary procedures and programs on PPE played a critical role in overcoming this challenge as well as many other reported ones.

- ✓ The majority of the countries reported research topics concerning COVID-19 on OSH.

Data Collection and Analysis of Occupational Injuries and Diseases

- ✓ Recognition of COVID-19 as an occupational accident or occupational disease vary across the countries. Majority of the countries recognize COVID-19 as an occupational disease for healthcare workers or other workers in the in the same sector. Unlike the occupational disease, all sectors were covered in the countries where COVID-19 was considered as an occupational accident.

- ✓ All of the countries reported the notification of COVID-19 cases in the workplace was a requirement. However, the scope and application of this notification differ among countries.

- ✓ In most of the countries, statistics were collected on occupations/job tasks of employees who are contracted COVID-19. According to the answers, health care personnel and public health workers were among the most affected.

- ✓ The majority of countries reported lots of comprehensive best practices on all topics of the survey except data collection and analysis of occupational injuries and diseases.

A. NATIONAL POLICY: LEGISLATION AND GUIDANCE

1. Key Policies to Mitigate Impacts of COVID-19 on OSH in G20 Countries Regarding Legislation and Guidance
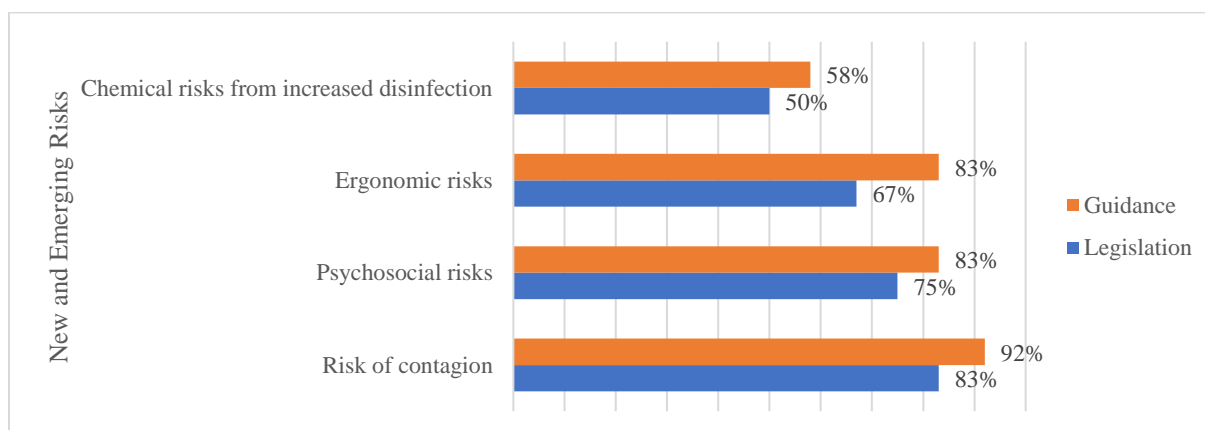
This section describes and analyses responses of the countries in terms of key policies to mitigate the impacts of COVID-19 on OSH. It offers a comparative assessment of whether each policy is supported by:

➤ Legislation: "A specific regulation or updated current related regulation that mitigates the impacts of COVID-19 on OSH" or

➤ Guidance: "Providing guidance to mitigate the impacts of COVID-19 on OSH".

1.1. Reviewing and Updating Risk Assessment According to "New and Emerging Risks" due to COVID-19

Prevention and mitigation of COVID-19 in workplaces requires effective processes of risk assessment and risk management. Risk of contagion, chemical risks from increased disinfection, ergonomic risks and psychosocial risks (mental health problems) were considered as new and emerging risks due to COVID-19 within the survey.

Figure 1. Percentage of countries supporting key policy 1.1. by legislation and guidance

The most common policy supported by legislation and guidance across countries is about risk of contagion. 83 percent of countries supported their policy on risk of contagion with legislation and 92 percent of countries provided guidance on this issue (Figure 1).
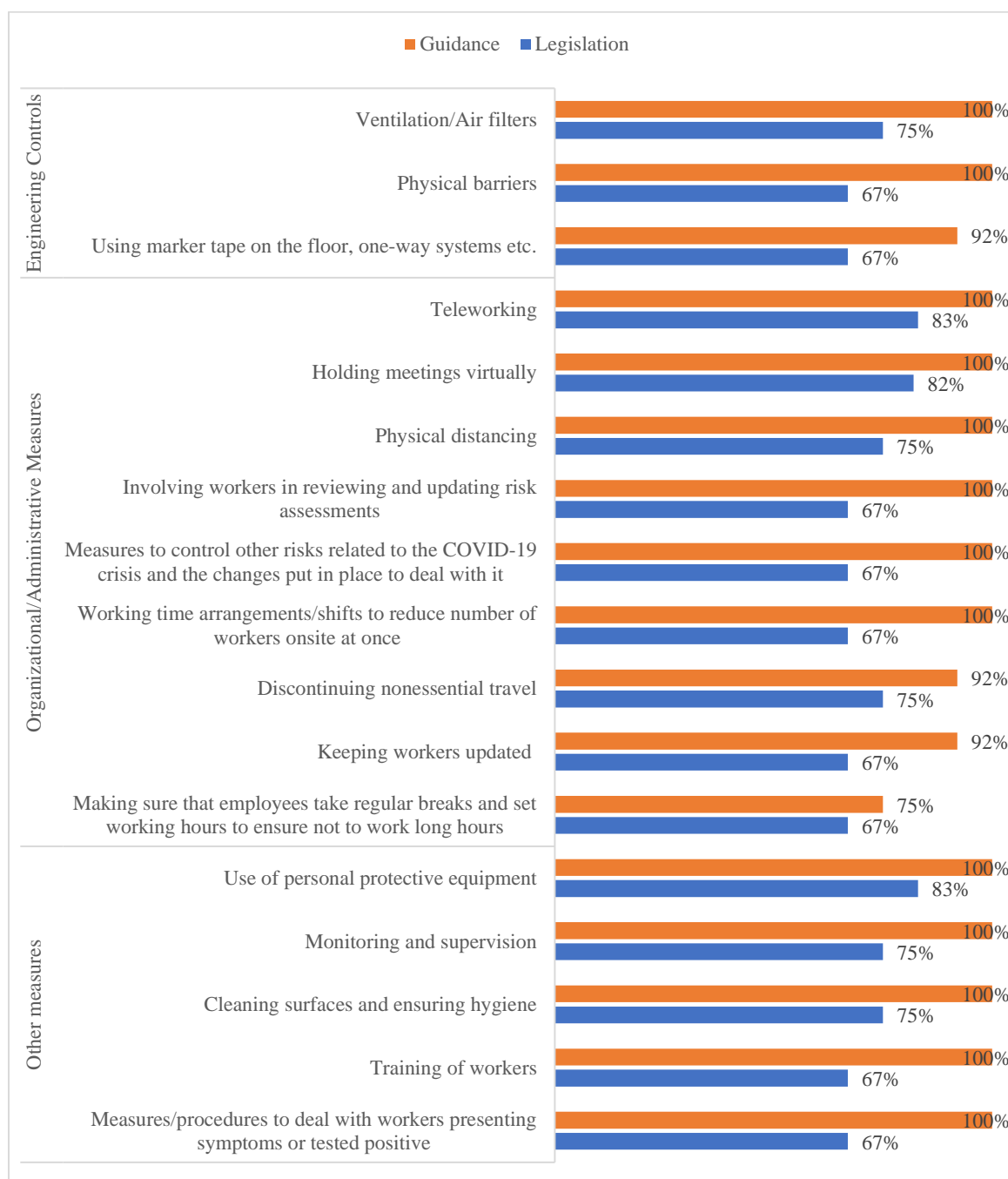
The risk of contagion is followed by psychosocial risks and ergonomic risks. 83 percent of countries provided guidance on these risks. The percentage of the countries supported their policy on psychosocial risks and ergonomic risks with legislation are 75 and 67 respectively.

Chemical risks from increased disinfection were the least considered new and emerging risks across the countries. Only 58 percent of the countries supported their policy with guidance and 50 percent with legislation on this issue (Figure 1).

1.2. Taking Measures

The measures to protect the safety and health of workers during COVID-19 were classified into three groups within the survey; "Engineering Controls", "Organizational/Administrative Measures" and "Other Measures to Limit Contagion".
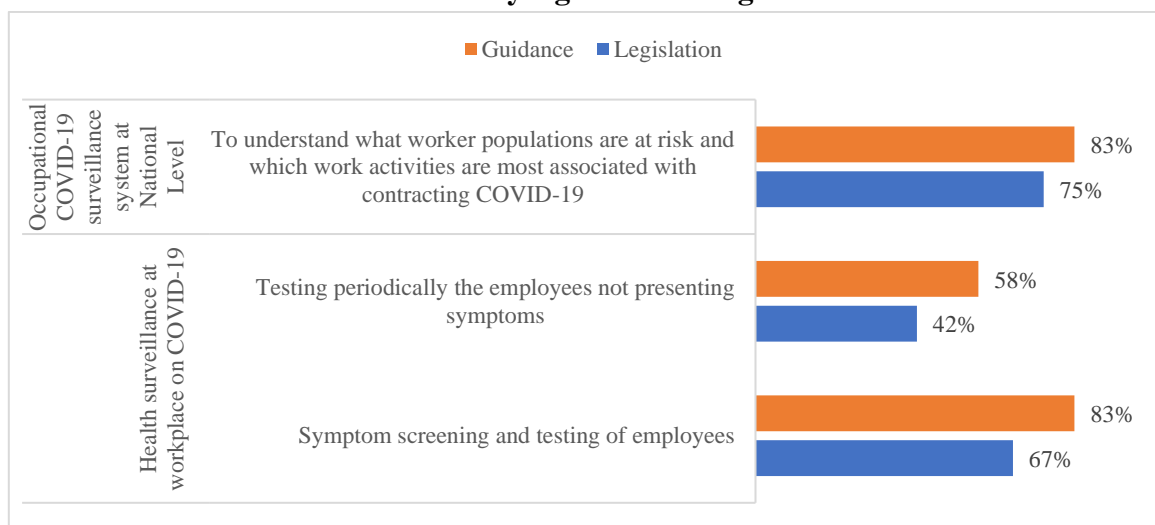
Figure 2. Percentage of countries supporting key policy 1.2. by legislation and guidance

- **1.2.1. Engineering controls:** Almost all countries provided guidance on these controls. It was observed that while 75 percent of countries supported their policy on ventilation/air filters with legislation, 67 percent supported their policy on "physical barriers, such as clear plastic, when appropriate" and "using marker tape on the floor, one-way systems" with legislation (Figure 2).

7

- **1.2.2. Organizational/Administrative measures:** The majority of the countries provided guidance on all of the organizational/administrative measures. The most common two policies supported with legislation were about teleworking (83%) and holding meetings virtually rather than face to-face (82%) (Figure 2).
- **1.2.3. Other measures to limit contagion:** All countries provided guidance on all of these measures. While 83 percent of countries supported their policy on "use of personal protective equipment", 75 percent or fewer countries (67%) supported their policies on other measures with legislation (Figure 2).

**Figure 3.Percentage of countries supporting key policies
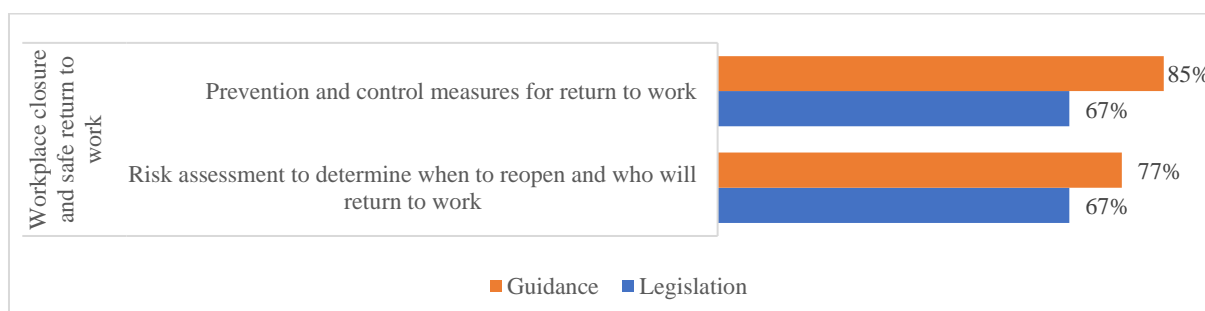1.3. and 1.4. by legislation and guidance**

1.3. Health Surveillance at Workplace

83 percent of countries provided guidance on symptom screening and testing of employees and 67 percent supported this policy with legislation. Almost half of the countries which replied to the survey provided guidance on testing periodically the employees not presenting symptoms and only France, Russia, Saudi Arabia and Spain supported this policy with legislation (Figure 3).

1.4. Occupational COVID-19 Surveillance System at National Level

83 percent of countries provided guidance and 75 percent supported their policy with legislation to understand what worker populations are at risk and which work activities are most associated with contracting COVID-19 at national level (Figure 3).
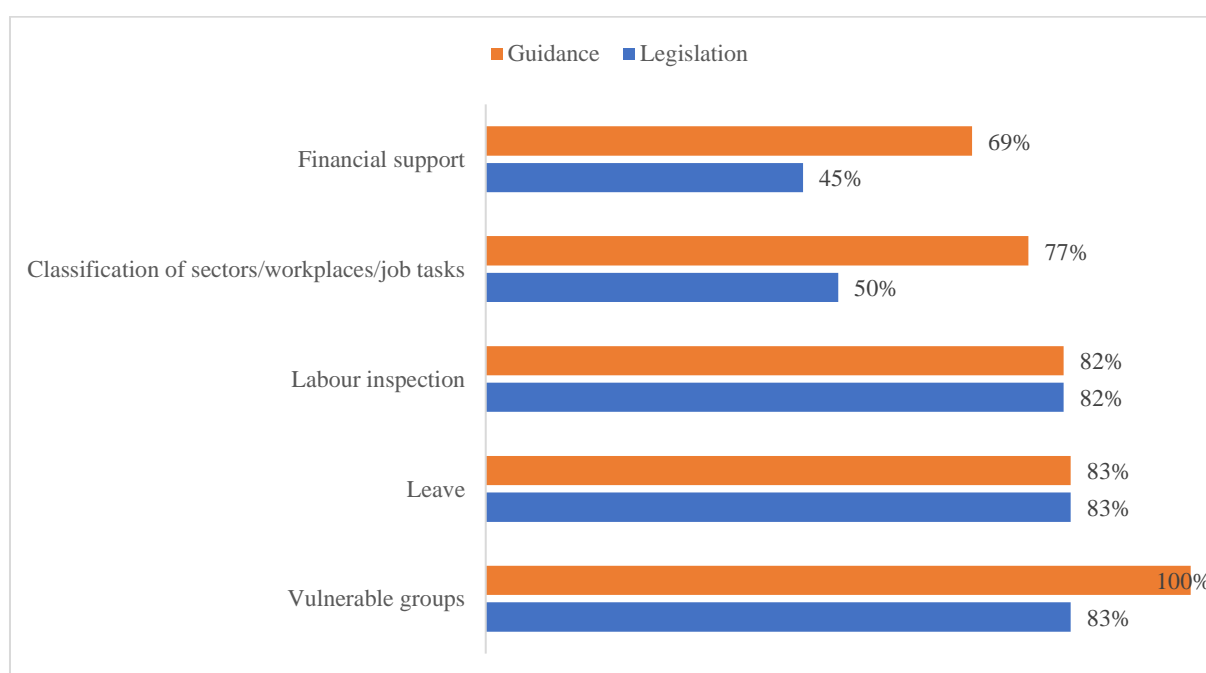
Figure 4.Percentage of countries supporting key policy 1.5. by legislation and guidance

8

1.5. Workplace Closure And Safe Return To Work

While 85 percent of the countries supported their policy on "prevention and control measures for return to work", 77 percent supported their policy on "risk assessment to determine when to reopen and who will return to work" with guidance. 67 percent of countries had a specific regulation or updated current related regulation on both of them (Figure 4).

Figure 5. Percentage of countries supporting key policies 1.6.-1.7.-1.8.-1.9.-1.10. by legislation and guidance

1.6. Financial Support

While 69 percent of the countries provided guidance on "financial support", such as supplying face masks and disinfectant products, only 45 percent supported their policy with legislation (Figure 5).

1.7. Classification of Sectors/Workplaces/Job Tasks

The percentage of the countries supporting their policy on "classification of sectors/workplaces/job tasks according to the risk of exposure to COVID-19" with guidance was 77 percent. Only 50 percent of countries had a specific regulation or updated current related regulation in this area (Figure 5).

1.8. Labour Inspection

82 percent of the countries supported their policy on labour inspection both by legislation and guidance (Figure 5).

1.9. Leave

83 percent of the countries supported their policy on leave, "accessing to holidays and paid leave including sick leave, preventive quarantine leave and/or child/elderly/special care", by legislation and guidance during COVID-19 (Figure 5).

1.10. Vulnerable Groups

All of the countries provided guidance on their policy about "vulnerable groups such as migrants and seasonal workers, the elderly and women", while 83 percent of them had a specific regulation or updated current related regulation in this area (Figure 5).

2. **Qualitative or Quantitative National Goals or Targets to Mitigate Impacts of COVID-19 on OSH**

67 percent of the countries reported that they have qualitative or quantitative national goals or targets to mitigate the impacts of COVID-19 on OSH.

- Although these goals and targets differ for each country, many of them appear to focus on healthcare workers. For example, a mobile application was developed to provide psychological support to the healthcare workers in Australia and Turkey.
- National goals were set to protect vulnerable or remote workers in France and Russia.
- In Australia, a national COVID intelligence plan provides a framework for collecting information and data to support decision making about COVID-19. And also in Italy, studies were carried out within the scope of a prevention plan.

Finally, it seems that countries had more qualitative goals and targets rather than quantitative ones to mitigate the impacts of COVID-19 on OSH.

3. **Best Practice Regarding National Policy: Legislation and Guidance**

Ten countries reported the best practices implemented in their countries regarding national policy supported by legislation and guidance during the pandemic.

3.1.Legislation

The United Kingdom and Australia stated that their existing legislative framework consider a range of risks and working arrangements, including the risks posed by COVID-19. During pandemic, duties and obligations to protect workers did not change and did not require legal changes.

- However, in Australia, COVID-19 specific legislation is implemented in the form of public health directions issued by each state or territory. These directions carry the force of law, and examples include travel restrictions, limits on the number of people in indoor and outdoor spaces, limits on the number of people in private residences, the use of masks, and physical distancing requirements. These directions cover workplaces and together with the existing model OSH laws assist to mitigate the risks posed by COVID-19[2].
- The United Kingdom stated that specific legislation on business closures, PPE conformity assessment and some public health measures such as face coverings and social distancing were implemented, however, this was public health, product safety or employment legislation to support local administrative authorities and not OSH legislation.

In France, Indonesia, Italy, Saudi Arabia and Turkey it is reported that in addition to guidance, regulatory approach adopted regarding the prevention and control of COVID-19 at workplaces. For example;

- In France, ordinances and decrees issued concerning classification of COVID-19 in group 3 of biological risks. Also, inter-ministerial instructions (labour, health, customs,

---

[2]More information can be found at this link.

competition and consumer affairs) set out the recommendations of the European Commission aimed at temporarily relaxing the conditions for placing PPE on the market while guaranteeing an adequate level of protection for the health and safety of users.

- Indonesia has issued comprehensive and applicable legislation and policies to support business sustainability towards economic crisis due to the pandemic.
- In Italy, one of the main innovations of the regulatory framework on agile work concerns the introduction of the "Organizational plan for smart work" (POLA). The POLA identifies the methods of implementing agile work by providing, for activities that can be carried out remotely, that at least 60 percent of employees can make use of them, ensuring that they are not penalized for the purposes of recognition of professionalism and career progression. In order to promote the implementation of agile work, the POLA defines the organizational measures, the technological requirements, the training courses of the personnel, including managerial ones, and the tools for detecting and periodically verifying the results achieved. In the event of non-adoption of the POLA, agile work applies to at least 30 percent of employees, if they so request.
- Turkey made temporary changes in the on-site inspection processes in the applications for the external OSH services and OSH professional training institutions authorization certificate. Basic training programs in educational institutions, which are authorized to provide training of OSH professionals, was stopped and distance education was ensured during the pandemic. Exemption of OSH Professionals from travel bans and curfews was also ensured.
- A Ministerial Decision has been issued to force companies to access OSH website and make self-assessment regarding COVID-19 in Saudi Arabia.

3.2. Guidance

The focus of the national policy body in Australia was to be proactive from the outset of the pandemic to ensure employers understood their work, health and safety duties in relation to COVID-19 - first publishing guidance about managing the risk of COVID-19 in workplaces in January 2020. Australia reported that there are steps Australian employers must take to meet their duties under work health and safety laws during COVID-19. Australia provides national guidance on these measures, for example, employers must keep up to date on the COVID-19 situation and ensure that processes and procedures are in place to manage work health and safety risks arising from COVID-19, and they must consult with workers about implementation and compliance of COVID-19 policies and procedures. They must also ensure that the workplace is resourced properly to manage these, and other, work health and safety risks.

France and Turkey published numerous sector-specific informative documents such as guides, checklists, leaflets, posters and videos for employers and employees. In Turkey, in cooperation with the ILO (ILO office in Turkey), Arabic translation of the guidelines was carried out for migrant workers. Turkey also reported that an online platform was launched in order to make the prepared informative documents easily accessible to all parties. Through this platform, current news and frequently asked questions was also provided.
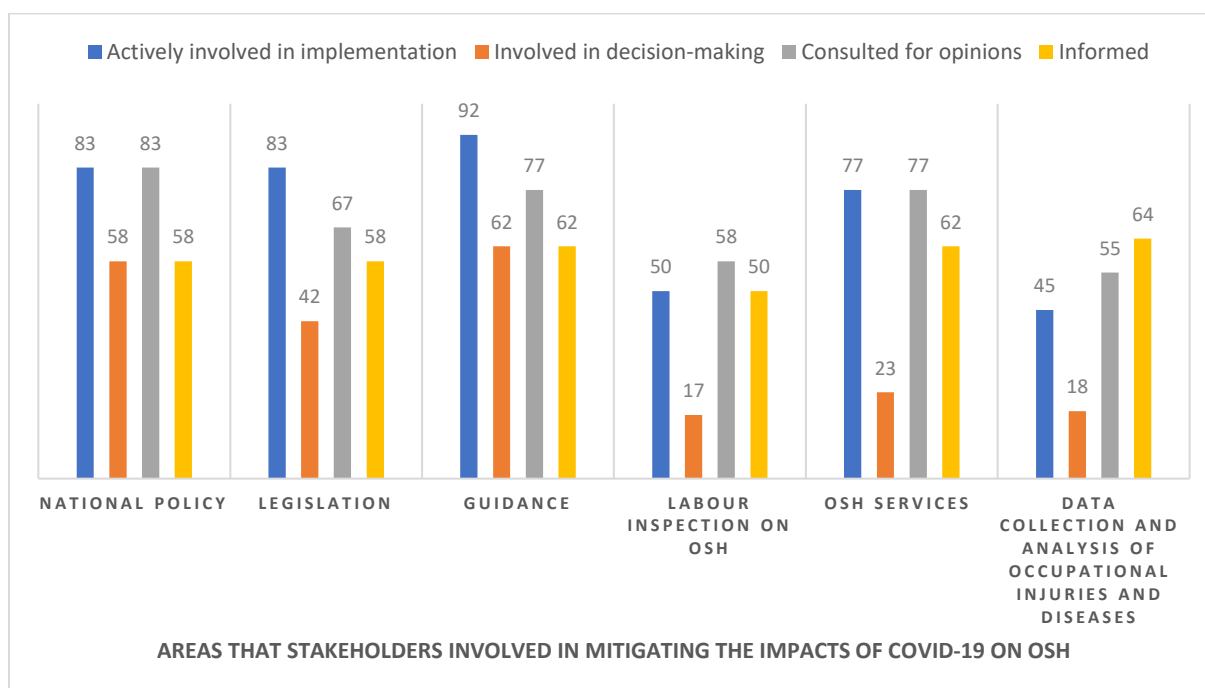
It is reported that the United Kingdom was able to adopt guidance to support systems and processes already in place. The national policy was that the use of personal protective equipment for COVID-19 control was only required in high-risk professions such as healthcare. Other engineered controls (such as distancing, ventilation and hygiene) were sufficient to reduce the risk of transmission in most workplaces. The benefit of this policy was that it required employers to engage with and consider all the controls needed to manage the risks and not simply rely on PPE only to the detriment of employees. The national OSH regulator assembled a team of specialists to provide technical advice on protection of healthcare and other workers to ensure that personal protective equipment and respiratory protective equipment were used appropriately. The team evaluated materials and specifications against relevant PPE requirements to rapidly provide agreement that new and novel sources of supply had been properly assessed and could be deployed to workers without unnecessary delay, undertaking specific research work and collaborating with international partners.

Within the scope of the survey, Argentina[3], Germany[4] and Russia[5] shared the links including best practices for national policy supported by legislation and guidance during the pandemic.

B. NATIONAL TRIPARTITE OSH BODY

1. Interaction Between Governments and Stakeholders on OSH During COVID-19

Figure 6. Percentage of countries by areas and types of interaction

The survey results reveal diversity in the way how the government and stakeholders interact to mitigate the impacts of COVID-19 on different aspects of OSH in the countries.

---

[3] Argentina: More information can be found at this link.

[4] Germany: Specific COVID-19 recommendations on this link

[5] Russia: More information can be found at this link.

- For national policy and OSH services, most of the governments both actively involved the stakeholders in the implementation and consulted them for opinions.
- When it comes to legislation and guidance, more countries reported that they actively involved the stakeholders in implementation.
- For labour inspection on OSH, countries mostly preferred consulting the stakeholders for opinions.
- Regarding data collection and analysis of occupational injuries and diseases, it is noticed that the stakeholders were preferably informed by the governments.

All countries reported that they interacted with stakeholders on guidance and OSH services. The least reported interaction is on data collection and analysis of occupational injuries and diseases with 85 percent of countries.

2. Mechanism Used for Interaction between Government and Stakeholders

According to the results, across the countries, the most common mechanism developed by the governments to collaborate with stakeholders to mitigate the impacts of COVID-19 on OSH was "individual interactions" (75%) such as sector-specific meetings. The second one is reported as "tripartite national OSH Council meetings with the agenda of COVID-19" (58%). While the "tripartite committees established to work on certain specific COVID-19 issues" (33%) is seen as the least preferred mechanism.

3. Coordination Mechanism for Cooperation between Government Institutions

It is encouraging that all the countries who responded to the survey reported that there was a coordination mechanism for cooperation between government institutions to mitigate the impacts of COVID-19 on OSH. Regarding the answers of the countries including detailed information on the mechanism used, either there were coordination committee structures in which each state government and all ministries being represented; or there were only regular meetings between interested parties.

4. Best Practice Regarding the National Tripartite OSH Body During Pandemic

Eight countries reported the best practices implemented in their countries regarding the national tripartite OSH body or collaboration and consultation with stakeholders during the pandemic. Although the scope of reported best practices varies slightly, it is observed that fundamentally many of them include the following issues to mitigate the impacts of COVID-19 on OSH.

- A national advisory body in Australia, Germany, Spain and Turkey
- COVID-19 specific OSH guidance, including tailored guidelines and specific web pages prepared "by/in collaboration with" national tripartite OSH body or stakeholders in Australia, France, Indonesia, Turkey and UK
- COVID-19 protocols on procedures prepared "by/in collaboration with" national tripartite OSH body or stake holders in France and Italy
- Strengthening the implementation of COVID-19 publications prepared by/in collaboration with" national tripartite OSH body or stakeholders in Australia and Turkey

- Joint webinars and activities for raising awareness in collaboration with stakeholders in Indonesia
- Regular meetings with stakeholders in France and Germany

C.LABOUR INSPECTION ON OSH

1. The Change in Labour Inspection on OSH during Pandemic

45 percent of the countries stated that the number of the inspections on OSH decreased while 18 percent reported an increase on the number of inspections. 27 percent of the countries stated that the inspections were suspended for a short time due to lockdown policies and lack of knowledge regarding proper strategies for the prevention of infections. Saudi Arabia and Russia (18%) stated that there has been no change in the number of inspections. Also, Italy stated the normal activity of inspections was maintained after the suspension period finished while Germany indicated that the number of inspections increased after the suspension period was over. Besides, Spain reported that although the number of actions in OSH decreased, the number of actions on surveillance and enforcement of compliance with public health regulations increased. Lastly, the United Kingdom is the only country that the number of inspections on OSH directly without suspension.

2. The Change in Priority Areas and Criteria for Selecting Workplaces during Pandemic

As for the priority areas and criteria for selecting the workplaces for labour inspection on OSH during the pandemic, 45 percent of the countries reported that a change had occurred. Regarding the countries where changes were experienced, it is understood that Italy focused on auditing workplaces that continue to work during pandemic, while Australia prefer remote communication methods instead of performing face-to-face audits in sectors with high contamination risk. Another important issue is that in Australia and Spain, support was received from public health powers for COVID-19 compliance inspections. In Indonesia, it was reported that there were specific criteria for determining the priority of labor inspection during pandemic via a self-assessment form. Accordingly, after knowing in detail the priorities of the company to be visited, the labour inspectors conduct the inspection. And also, labour inspectors could conduct special inspections if there are certain cases related to COVID-19 in workplaces.
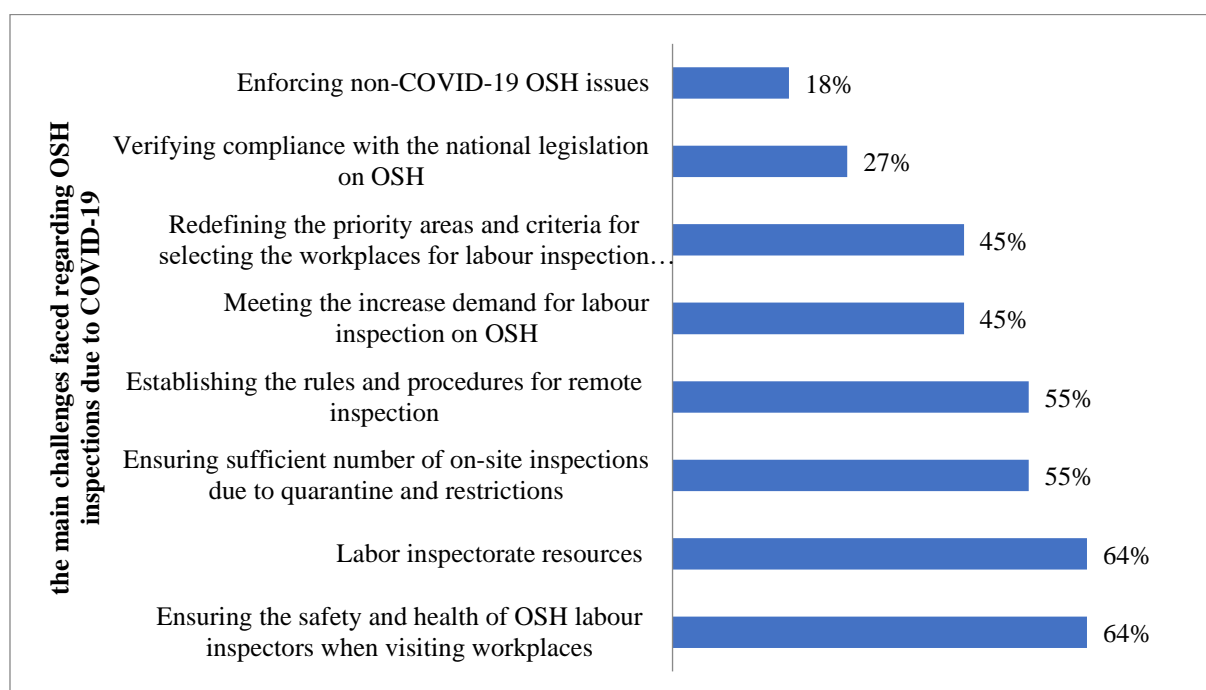
3. The Main Challenges Faced Regarding OSH Inspections due to COVID-19

64 percent of the countries stated that "ensuring the safety and health of OSH labour inspectors when visiting workplaces" and "labor inspectorate resources, which means reduced workforce due to absences, namely when inspectorates need to stay home because of their health condition or to comply with lockdowns", were the main challenges faced regarding OSH inspections due to COVID-19. The other main challenges reported are shown in the Figure 7. Within the scope of the survey, the countries were asked how these challenges were overcome. Regarding the answers, one or more of the following actions were reported by countries.

- Providing training, guidance and appropriate personnel protective equipment for inspectors
- Regulatory approach for deciding; in which sectors and how face to face inspection was maintained and how to ensure compliance in major non-COVID-19 hazard sectors

- Regular and frequent virtual meetings among competent authorities and stakeholders
- Online systems for administrative authorizations and notification on violation and complaints
- Remote inspection for particular kind of workplaces such as less than 5 workers

Figure 7. Percentage of countries by the main challenges reported

4. **Best Practice Regarding the Labour Inspection on OSH during Pandemic**

Seven countries reported best practices implemented in their countries regarding the labour inspection on OSH during the pandemic. Some of the respondents stated that the actions they reported to overcome the challenges of OSH inspection are also best practices. For this reason, in addition to these actions;

Australia expressed that in the scope of the regulatory approach, teleconference meetings were held to discuss the impacts COVID-19 had on the various jurisdictions and to share information to encourage consistent approaches where possible to operational matters. It is also reported that inspectors were identified in the high-risk groups and their field activities were minimized by providing office-based work. Field inspections were also minimized with "non-field response", and virtual meetings were used for presentations and advisory visits. Field visits were only done where the non-field response is not practical.

Similarly, in the United Kingdom, inspections were arranged as stages from phone calls through to on-site visits, which permitted a broad coverage of workplaces while maximizing resources on those areas where interventions were most urgently required. It was also reported that by linking local and regional activity to dedicated communication messages, key OSH messages were able to reach a wider range of employers and employees than by inspection alone.

In Italy, it is stated that a check-list for COVID-19 inspections was designed for inspectors in order to standardize the inspection and guarantee it was completed in a short time. Besides,

Germany reported that sector-specific advice for infection prevention measures was provided by OSH insurances. Moreover, the "Online Inspection" system is reported by Russia. It is indicated that everyone could notify of violation of their rights via this system. Accordingly, the cases are distributed among inspectors and this allows reacting efficiently. It is also expressed that this system was used for sharing actual information, instructions, and advice for both employees and employers.

Indonesia reported that the use of digitalization was encouraged on labour inspection system. In addition to organizing webinars for giving technical advice related to COVID-19 for employers and employees, it is observed that a guideline for labour inspection was developed.

Lastly, the protection standards were developed and a Ministerial Decision was issued to obligate the workplaces on the safety precautions to limit the spread of COVID-19 in Saudi Arabia. Accordingly, the inspectors were directed to ensure that the employers were committed to the safety precautions regarding COVID-19. Also, Saudi Arabia reported that a self-assessment platform was developed for workplaces to review the safety precautions for COVID-19.

D.OSH SERVICES INCLUDING INFORMATION AND ADVISORY SERVICES, RESEARCH, TRAINING AND HEALTH MONITORING

1. The Change in Roles and Responsibilities of OSH Professionals and OSH Services during the Pandemic

67 percent of countries reported that there was not any change in the roles and responsibilities of OSH Professionals and OSH Services during the pandemic. Considering the countries that experienced a change in this regard, it is seen that studies were mainly carried out to rearrange the occupational health services according to COVID-19. For example, in France, it is reported that some ordinances adapted the conditions for exercising the missions of the occupational health services to the health emergency. Accordingly, OSH Professionals participated in the fight against the spread of COVID-19. In this context, France indicated that the occupational physician may prescribe and renew a work stoppage in the event of infection or suspicion of infection with COVID-19and issue a medical certificate for vulnerable employees with a view to placing them in partial employment. Also, it is reported that the occupational physician and, under his supervision, other OSH health professionals may prescribe and perform tests for the detection of COVID-19. Lastly, "the visits planned as part of the monitoring of workers' state of health may be postponed, except when the occupational physician deems them essential" was reported.
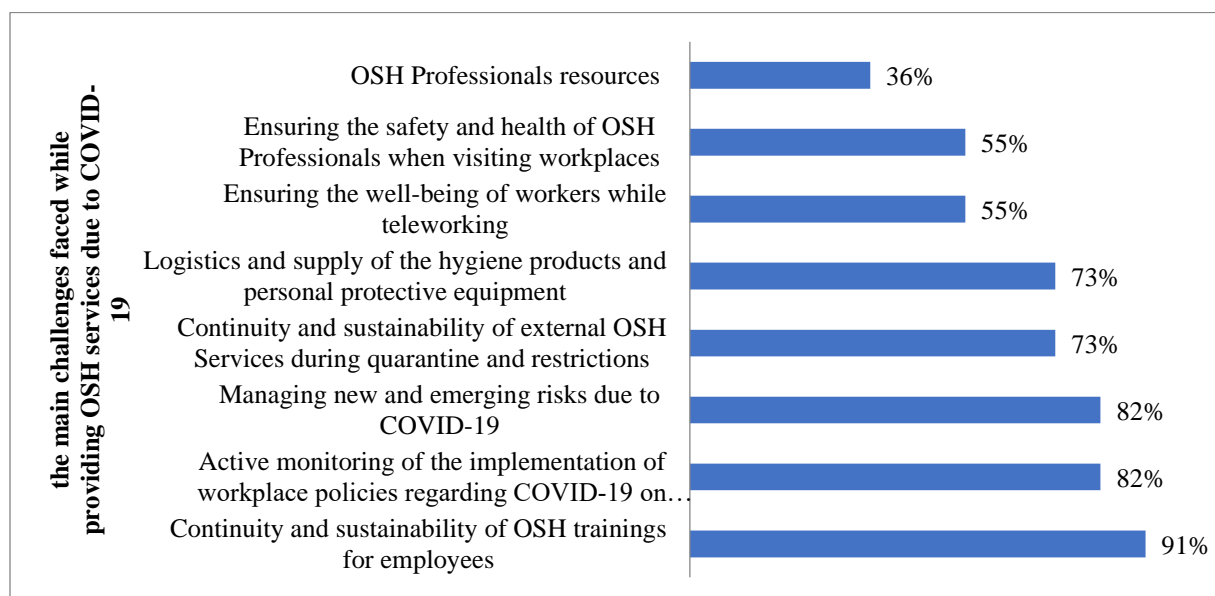
2. The Main Challenges Faced while Providing OSH Services due to COVID-19

Most countries reported that "continuity and sustainability of OSH trainings for employees" was the main challenge faced while providing OSH services due to COVID-19 in their countries. The other main challenges reported are shown in Figure 8.

Within the scope of the survey, the countries were asked how these challenges were overcome. Regarding the answers, one or more of the following actions were reported by countries.

- Leadership: formally recognized an authority or body responsible for mitigating the impacts of COVID-19 on OSH
- Regulatory Framework: temporary changes were issued by elaborating circulars and instructions or amendments in regulations for the operational management of OSH services, such as distance education on OSH trainings for employees and OSH Professionals, remote authorization process for external OSH services, and exemption of OSH Professionals from travel bans and curfews
- Guidance: launching specific web-sites including frequently asked questions and answers, and the informative documents prepared by the authorities; providing specific guides for high-risk industries, PPE, safe return to work; performing thematic webinars on managing new and emerging risks due to COVID-19
- Cooperation: strengthening the commitment of stakeholders, collaborating with stakeholders for developing and disseminating guidelines
- Health monitoring: providing specific advice and guidance on the continuation of health monitoring
- Extraordinary Procedures and Programs: change in the process of import, buying and certification of PPE, redirecting other business for production of masks, medical clothing and hygiene products

Figure 8. Percentage of countries by the main challenges reported

3. The Research Topics Concerning COVID-19 on OSH

Seven countries reported research topics concerning COVID-19 on OSH.

- Prevention of the spread of COVID-19 among health workers (Argentina)
- Pathologies related to COVID-19 and their evolution (France)
- Other risks related to the COVID-19 such as ergonomic risks, psychosocial risks (Spain)
- Prevention strategies to stop spreading of COVID-19 such as use of PPE and physical distancing; effectiveness of protective measures (France, Germany, Spain)

17

- Impacts of COVID-19 on collective and individual work relations (France)
- Difficulties in recovering completely after the infection (Spain)
- Testing, manufacturing and supply of Personnel Protective Equipment (Turkey, the United Kingdom)
- Transmission of COVID-19 in workplaces including high-risk workplaces (the United Kingdom)

The links regarding additional research topics are available in Appendix 2.

4. Best Practice Regarding OSH Services Including Information and Advisory Services, Research, Training and Health Monitoring

Nine countries reported best practices implemented in their countries regarding OSH services including information and advisory services, research, training and health monitoring during the pandemic.

Australia reported that developing national guidance supported the commitment to a consistent national approach to work health and safety guidance for COVID-19.Proactively engaging with relevant government bodies including the Australian Government Department of Health, WHS Regulators and relevant industry stakeholders ensured the national guidance catered for the diverse range of workplaces and addressed new and emerging COVID-19 related risks as the pandemic continued. This included guidance on the transition back to the workplace in the 'new normal'.

France stated that OSH was integrated to National Public Health Strategy such as prescription by occupational physicians of a work stoppage in case of infection or suspicion of infection with covid-19; drawing up a medical certificate for vulnerable employees with a view to placing them in partial activity; and prescribing and carrying out screening tests for SARS-CoV-2. Besides, it is reported that information webinars for companies were organized.

Indonesia provided guidelines for the implementation of advisory services, training, research and health monitoring during pandemic.

In Italy, continuity and sustainability of medical surveillance for workers provided by a protocol during lockdown. The protocol also required the occupational physician to support employer in the classification of "fragile workers" who are more in danger in case of COVID-19 infection.
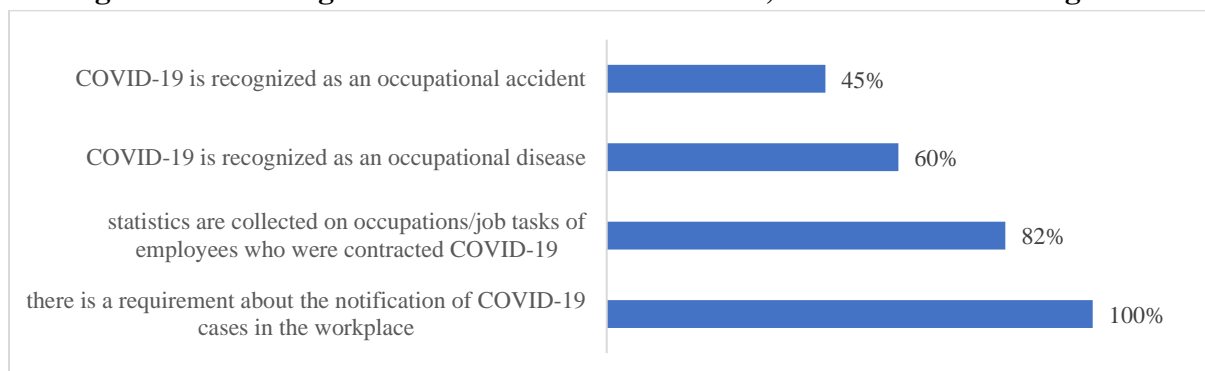
In Turkey, an online event was organized during the European OSH Week with the participation of OSH Professionals, academicians, physiotherapists and experts on MSDs, which are one of the most common work-related health problems. Also 1-minute desk exercise video was released for remote workers.

UK reported that research was nationally coordinated through the scientific advisory group for emergencies to ensure resources are effectively and efficiently allocated in priority areas.

Within the scope of the survey, Germany, Spain and Russia shared the links including best practices for OSH services during the pandemic. The links regarding additional best practices are available in Appendix 2.

E. DATA COLLECTION AND ANALYSIS OF OCCUPATIONAL INJURIES AND DISEASES

Figure 9. Percentage of countries on data collection, notification and recognition

1. Recognition of COVID-19 as an Occupational Disease

60 percent of the countries reported that COVID-19 is recognized as an occupational disease in their countries. Regarding these countries, it is noticed that 86 percent of them consider COVID-19 only as an occupational disease for healthcare workers or other workers in the health care sector. Germany stated that also workers of emergency services (e.g., police and fire personnel) were evaluated within this scope; while Japan and Saudi Arabia expressed that all sectors were covered. In Australia, some jurisdictions have introduced presumptive legislation related to COVID-19, for certain industries. The effect of this legislation is that any worker who is diagnosed with COVID-19 are automatically assumed to have contracted the disease in the course of their employment (unless the contrary is established), making them eligible for workers' compensation. The United Kingdom expressed that under the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR), diagnosed cases of COVID-19 due to occupational exposure were reported to the OSH regulator, including fatalities due to occupational exposure to coronavirus; although COVID-19 was not recognized as an occupational disease under RIDDOR.

2. Recognition of COVID-19 as an Occupational Accident

The survey found that COVID-19 was recognized as an occupational accident in 45 percent of the countries. However, unlike the occupational disease, all sectors were covered in the countries where COVID-19 was considered as an occupational accident, which were Germany, Italy, Japan, Saudi Arabia and Spain. In the United Kingdom, within the framework of RIDDOR, an accident or incident at work which has, or could have, led to the release or escape of coronavirus is reportable to the OSH regulator as a "dangerous occurrence". "Dangerous occurrences" are certain unintended, specified events, which may not result in a reportable injury, but which have the potential to cause significant harm.

3. Notification of COVID-19 Cases in the Workplace

All of the countries reported that there was a requirement for the notification of COVID-19 cases in the workplace. However, the scope and application of this notification differ among countries. For example, in Italy, in the case of a worker contracted to COVID-19, the employer,

or the hospital doctor, or the treating general practitioner sends the report to INAIL[6] checking the specific box in the online form. In Germany and Turkey, there was a sector-specific notification only for the healthcare workers. Infections in all other sectors were surveyed by regional health authorities, supported by OSH and health insurances in Germany. And in Australia, it is reported that different jurisdictions had varying requirements for the notification of COVID-19 cases to OSH authorities.

4. Occupations and Job Tasks Statistics of Employees Who Were Contracted COVID-19

In 82 percent of the countries, statistics were collected on occupations/job tasks of employees who were contracted COVID-19. And according to the answers, health care and public health workers was the main affected occupation. Other most affected occupations were reported as emergency services (e.g., police and fire personnel), food and agriculture, public administration and defense, compulsory social security, administrative and support service activities, housing and public utilities, human health and social work activity, education and personal services (for example beauty).

Figure 10. List of Countries on Data Collection, Notification and Recognition

COVID-19 is recognized as an occupational disease
•France, Germany, Indonesia, Japan, Saudi Arabia, Spain, Turkey

COVID-19 is recognized as an occupational accident
•Germany, Italy, Japan, Saudi Arabia, Spain

There is a requirement about the notification of COVID-19 cases in the workplace
•Argentina, Australia, France, Germany, Indonesia, Italy, Japan, Russia, Saudi Arabia, Spain, Turkey, UK

Statistics are collected on occupations/job tasks of employees who were contracted COVID-19
•Argentina, France, Italy, Japan, Russia, Saudi Arabia, Spain, Turkey, UK

5. Best Practice Regarding Data Collection and Analysis of Occupational Injuries and Diseases during Pandemic

Three countries reported best practices implemented in their countries regarding data collection and analysis of occupational injuries and diseases during pandemic. France stated that a national protocol was signed between the Ministry of Labour and the Ministry of Health so that their local administrations shared encrypted data relating to clusters in the private sector. Accordingly, at the level of the Ministry of Labour, their decentralized services (regional level) reported weekly encrypted data on the controls carried out on COVID-19 and on clusters.

Saudi Arabia reported that there was a specific mechanism in the Ministry of Health to collect data for healthcare workers who were contracted COVID-19, which includes their personal data, the source of infection and causes. Accordingly, periodical analysis and protocols were issued to limit the spread of infection.

---

[6] the National Institute for Insurance Against Accidents at Work in Italy

The United Kingdom expressed that the reporting of cases of COVID-19 was contingent on the case being directly as a result of that person's work and not simply that an employee had COVID-19. It was indicated that reporting is only required when one of the following circumstances applies: a) an accident or incident at work has, or could have, led to the release or escape of coronavirus. This must be reported as a dangerous occurrence, b) a person at work (a worker) has been diagnosed as having COVID-19 attributed to an occupational exposure to coronavirus. This must be reported as a case of disease, c) a worker dies as a result of occupational exposure to coronavirus. This must be reported as a work-related death due to exposure to a biological agent. The United Kingdom also expressed that guidance was provided for employers to ensure that reporting only includes cases of COVID-19 where there was reasonable evidence that the cause of infection was due to an occupational exposure to coronavirus.

APPENDIX-1) SURVEY

A. NATIONAL POLICY: LEGISLATION AND GUIDANCE

1. Please specify the key policies that mitigate the impacts of COVID-19 on OSH in your country regarding the legislation and guidance:

Key policies that mitigate the impacts of COVID-19 on OSH	**Legislation:** In which areas does your country have a specific regulation or updated current related regulation that mitigates the impacts of COVID-19 on OSH?	**Guidance:** In which areas does your country provide guidance that mitigates the impacts of COVID-19 on OSH?
	to choose which of the following areas it covers, please check all that apply:(you may choose both legislation and guidance for the same policy)	
Reviewing and updating risk assessment according to "new and emerging risks" below due to COVID-19:		
o Risk of contagion	☐Yes ☐No ☐In progress	☐Yes ☐No
o Chemical risks from increased disinfection	☐Yes ☐No ☐In progress	☐Yes ☐No
o Ergonomic risks	☐Yes ☐No ☐In progress	☐Yes ☐No
o Psychosocial risks (Mental health problems)	☐Yes ☐No ☐In progress	☐Yes ☐No
Taking measures:		
o Engineering controls:		
▪ Ventilation/Air filters	☐Yes ☐No ☐In progress	☐Yes ☐No
▪ Physical barriers, such as clear plastic, when appropriate	☐Yes ☐No ☐In progress	☐Yes ☐No
▪ Using marker tape on the floor, one-way systems etc.	☐Yes ☐No ☐In progress	☐Yes ☐No
o Organizational/Administrative measures:	**Legislation**	**Guidance**
▪ Teleworking	☐Yes ☐No ☐In progress	☐Yes ☐No
▪ Holding meetings virtually rather than face to-face	☐Yes ☐No ☐In progress	☐Yes ☐No
▪ Working time arrangements, reducing number of workers onsite at once, through working time arrangements/shifts	☐Yes ☐No ☐In progress	☐Yes ☐No
▪ Discontinuing nonessential travel	☐Yes ☐No ☐In progress	☐Yes ☐No
▪ Physical distancing(e.g.,2meters)	☐Yes ☐No ☐In progress	☐Yes ☐No

▪ Involving workers in reviewing and updating risk assessments (to get their help on identifying potential problems and solutions)	☐Yes ☐No ☐In progress	☐Yes ☐No
▪ Keep workers updated on what is happening so they feel involved and reassured	☐Yes ☐No ☐In progress	☐Yes ☐No
▪ Making sure that employees take regular breaks and set working hours to ensure not to work long hours	☐Yes ☐No ☐In progress	☐Yes ☐No
▪ Measures to control other risks related to the COVID-19 crisis and the changes put in place to deal with it	☐Yes ☐No ☐In progress	☐Yes ☐No
o Other measures to limit contagion	**Legislation**	**Guidance**
▪ Training of workers	☐Yes ☐No ☐In progress	☐Yes ☐No
▪ Cleaning surfaces (often common areas) and ensuring hygiene	☐Yes ☐No ☐In progress	☐Yes ☐No
▪ Put in place monitoring and supervision to make sure people are following controls	☐Yes ☐No ☐In progress	☐Yes ☐No
▪ Measures/procedures to deal with workers presenting symptoms or tested positive	☐Yes ☐No ☐In progress	☐Yes ☐No
▪ Use of personal protective equipment	☐Yes ☐No ☐In progress	☐Yes ☐No
Health surveillance at workplace:		
o Symptom screening and testing of employees	☐Yes ☐No ☐In progress	☐Yes ☐No
o Testing periodically the employees not presenting symptoms	☐Yes ☐No ☐In progress	☐Yes ☐No
Occupational COVID-19 surveillance system at National Level (to understand what worker populations are at risk and which work activities are most associated with contracting COVID-19)	☐Yes ☐No ☐In progress	☐Yes ☐No
Labour inspection	☐Yes ☐No ☐In progress	☐Yes ☐No
Workplace closure and safe return to work:	**Legislation**	**Guidance**
o Risk assessment to determine when to reopen who will return to work	☐Yes ☐No ☐In progress	☐Yes ☐No
o Prevention and control measures for return to work	☐Yes ☐No ☐In progress	☐Yes ☐No
Financial support (supplying face masks and disinfectant products etc.)	☐Yes ☐No ☐In progress	☐Yes ☐No

Vulnerable groups (such as migrants and seasonal workers, the elderly, women etc.)	☐Yes ☐No ☐In progress	☐Yes ☐No
Leave (accessing to holidays and paid leave including sick leave, preventive quarantine leave and/or child/elderly/special care)	☐Yes ☐No ☐In progress	☐Yes ☐No
Classification of sectors/workplaces/job tasks according to the risk of exposure toCOVID-19	☐Yes ☐No ☐In progress	☐Yes ☐No
Other	*Please describe briefly and specify whether it is "in progress" or "in force" for each area described*	*Please describe briefly*

2. Is there any best practice from your country regarding this section (national policy: legislation and guidance) and the areas that you marked above?
   ☐Yes*   ☐No

*If "Yes", please specify:

3. Does your country have any qualitative *(e.g., establishing a support line to eliminate psychosocial risks in the health sector)* or quantitative *(e.g., reducing the number of cases among those working in the service sector)* national goals or targets that mitigate the impacts of COVID-19 on OSH?
   ☐Yes*   ☐No

*If "Yes", please describe the scope or summarize it shortly:

B. NATIONAL TRIPARTITE OSH BODY(COLLABORATION/CONSULTATION WITH STAKEHOLDERS)
4. Please specify how the government and stakeholders interact to mitigate the impacts of COVID-19 on OSH in your country?

The areas that stakeholders involved in mitigating the impacts of COVID-19 on OSH	To mitigate the impacts of COVID-19 on OSH in your country, the stakeholders: **Please check all that apply** (you may choose multiple options for each area)				
	Actively involved in implementation	Involved in decision-making	Consulted for opinions	Informed	Not involved
National policy	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
Legislation	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
Guidance	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
Labour inspection on OSH	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
OSH services (including information and advisory services, research, training and health monitoring)	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes

Data collection and analysis of occupational injuries and diseases	☐ Yes	☐ Yes	☐ Yes	☐ Yes	☐ Yes
Other: *Please describe briefly*					

5. Please specify the mechanism used for the interaction between government and stakeholders to mitigate the impacts of COVID-19 on OSH in your country? Please check all that apply(you may choose multiple options)

    ☐Tripartite National OSH Council meetings with the agenda of COVID-19

    ☐Tripartite regional meetings

    ☐Tripartite sector specific meetings

    ☐Tripartite committees which are established to work on certain specific COVID-19 issues

    ☐Individual interactions between government and stakeholders

☐Other. Please describe:

6. Is there a coordination mechanism for cooperation between government institutions (Ministry of Labour, Ministry of Health, Ministry of Education, etc.) in your country to mitigate the impacts of COVID-19 on OSH?

    ☐Yes   ☐No

☐Other. Please describe:

7. Is there any best practice from your country regarding this section (the national tripartite OSH body or collaboration/consultation with stakeholders) during the pandemic?

    ☐Yes*   ☐No

*If "Yes", please specify:

C. LABOUR INSPECTION ON OSH

8. How has the labour inspection on OSH changed during the COVID-19 pandemic in your country?

    ☐There has been no change in the number of inspections

    ☐Number of the inspections increased

    ☐Number of the inspections decreased

    ☐Suspended for a while

☐Other. Please describe:

9. Have the priority areas and criteria for selecting the workplaces for labour inspection on OSH changed during pandemic in your country?

    ☐Yes*   ☐No

*If "Yes", please specify:

10. What are the main challenges faced regarding OSH inspections due to COVID-19 in your country?
    Please check all that apply (you may choose multiple options)
    ☐Verifying compliance with the national legislation on OSH
    ☐Ensuring sufficient number of on-site inspections due to quarantine and restrictions
    ☐Ensuring the safety and health of OSH labour inspectors when visiting workplaces
    ☐Labor inspectorate resources (namely when inspectors need to stay home because of their health condition or to comply with lockdowns / reduced workforce due to absences)
    ☐Enforcing non-COVID-19 OSH issues
    ☐Redefining the priority areas and criteria for selecting the workplaces for labour inspection on OSH
    ☐Meeting the increase demand for labour inspection on OSH
    ☐Establishing the rules and procedures for remote inspection (e.g., phone calls and online meetings)

    ☐Other. Please describe:

    Please specify briefly how these challenges were overcome?

    Please write here:

11. Is there any best practice from your country regarding this section (the labour inspection on OSH) during the pandemic? If "Yes", please specify:
    ☐Yes*   ☐No

    *If "Yes", please specify:

D. OSH SERVICES (Including Information and Advisory Services, Research, Training and Health Monitoring)
12. Have the roles and responsibilities of OSH Professionals and OSH Services changed during the pandemic?
    ☐Yes*   ☐No

    *If "Yes", please specify:

13. What are the main challenges faced while providing OSH services due to COVID-19 in your country?
    Please check all that apply (you may choose multiple options)
    ☐Ensuring the well-being of workers while teleworking
    ☐Active monitoring of the implementation of workplace policies regarding COVID-19 on OSH
    ☐Ensuring the safety and health of OSH Professionals when visiting workplaces (e.g., the risk of exposure to COVID-19 of OSH Professionals serving multiple workplaces)
    ☐Continuity and sustainability of external OSH Services during quarantine and restrictions

☐Continuity and sustainability of OSH trainings for employees

☐Managing new and emerging risks due to COVID-19 (risk of contagion, chemical risks from increased disinfection, ergonomic risks, psychosocial risks)

☐OSH Professionals resources (namely when inspectors need to stay home because of their health condition or to comply with lockdowns / reduced workforce due to absences)

☐Logistics and supply of the hygiene products and personal protective equipment

☐Other. Please describe:

Please specify how these challenges were overcome?

Please write here

14. What are the research topics concerning COVID-19 on OSH in your country? Please provide link if relevant.

Please write here

15. Is there any best practice from your country regarding this section (OSH services) during the pandemic?

☐Yes*　　☐No

*If "Yes", please specify:

E. DATA COLLECTION AND ANALYSIS OF OCCUPATIONAL INJURIES AND DISEASES

16. Is COVID-19 recognized as an occupational disease in your country?

☐Yes*　　☐No

☐Other. Please describe:

*If "Yes", please specify that COVID-19 is recognized as occupational disease for which sectors:

☐All sectors

☐Health care / Public health

☐Emergency services (e.g., police and fire personnel)

☐Food and agriculture

☐Energy

☐Water and wastewater

☐Transportation and logistics

☐Communications and information technology

☐Government operations and other community-based essential functions

☐Critical manufacturing

☐Financial services

☐Chemical and hazardous materials
☐Defense industrial base
☐Industrial, commercial, residential, and sheltering facilities and services

> ☐Other. Please describe:

17. Is COVID-19 recognized as an occupational accident in your country?
    ☐Yes*   ☐No

> ☐Other. Please describe:

*If "Yes", please specify that COVID-19 is recognized as occupational accident for which sectors:
☐All sectors
☐Health care / Public health
☐Emergency services (e.g., police and fire personnel)
☐Food and agriculture
☐Energy
☐Water and wastewater
☐Transportation and logistics
☐Communications and information technology
☐Government operations and other community-based essential functions
☐Critical manufacturing
☐Financial services
☐Chemical and hazardous materials
☐Defense industrial base
☐Industrial, commercial, residential, and sheltering facilities and services

> ☐Other. Please describe:

18. Is there any requirement about the notification of COVID-19 cases in the workplace in your country?
    ☐Yes   ☐No

> ☐Other. Please describe:

19. Are statistics being collected on occupations/job tasks of employees who were contracted COVID-19 in your country?
    ☐Yes*   ☐No

☐Other. Please describe:

*If "Yes", please check the three most affected occupations:

☐Health care / Public health

☐Emergency services (e.g., police and fire personnel)

☐Food and agriculture

☐Energy

☐Water and wastewater

☐Transportation and logistics

☐Communications and information technology

☐Government operations and other community-based essential functions

☐Critical manufacturing

☐Financial services

☐Chemical and hazardous materials

☐Defense industrial base

☐Industrial, commercial, residential, and sheltering facilities and services

☐Other. Please describe:

20. Is there any best practice from your country regarding data collection and analysis of occupational injuries and diseases regarding COVID-19?

☐Yes*   ☐No

*If "Yes", please specify:

APPENDIX-2) Reported Links

Links for Research Topics

France

Topic 1 link

Topic 2 link

Topic 3 link

Italy

Topic 1 link

Topic 2 link

Topic 3 link

Topic 4 link

Topic 5 link

Topic 6 link

Topic 7 link

Topic 8 link

The United Kingdom

Topic 1 link

Topic 2 link

Best practices on OSH services

Spain

Guides and best practices available in the link

Ministry of Labor and the National Institute of Safety and Health

Russia

More information could be found in the link 1, link 2 and the video

Germany

Recommendations for ventilation