16.04.2020

SARS-CoV-2 Occupational Safety and Health Standard (SARS-CoV-2-Arbeitsschutzstandard)

I. Working during the pandemic: focus on occupational safety and health

The corona (SARS-CoV-2) pandemic affects both social and economic life, both the working and the non-working population. This pandemic is a threat to the health of untold numbers of people and also to public safety and order. It has a major impact on the life of every individual. It also affects all economic activity and therefore the entire world of work. The reopening of the economy must go hand in hand with occupational safety and health measures if a stop-and-go effect is to be avoided.

The special occupational safety and health measures described in the following aim to protect the population by breaking infection chains, safeguarding the health of employees and restoring economic activity while continuously flattening the infection curve over the medium term. An order of priority must be observed in the process, from technical to organisational to personal safety and health measures.

Two clear principles apply:

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- Irrespective of the company policy on temporary additional measures, in case of doubt where the minimum distance cannot be reliably maintained, mouth-and-nose covering must be provided and worn.
- Persons with respiratory symptoms (other than, for example, a cold that has been diagnosed by a doctor) or with fever should not be on plant premises at all (exception: critical infrastructure employees; see RKI recommendations). Employers must establish a procedure (such as in an infection emergency plan) for dealing with suspected cases (such as if an employee has fever; see RKI recommendations).

II. Company policy on temporary additional measures to protect against infection with SARS-CoV-2 (SARS-CoV-2 Occupational Safety and Health Standard)

The employer is responsible for implementing necessary infection control measures according to the outcome of the risk assessment. To this end, the employer must seek advice from occupational safety and health specialists and occupational physicians and must coordinate with employee representatives.

If the company has an occupational safety and health committee, this must coordinate the implementation of the additional infection control measures in a timely manner and assist in monitoring their effectiveness. Alternatively, a coordinating/crisis unit can be established under the direction of the employer or a person appointed under section 13 of the Safety and Health at Work Act (*Arbeitsschutzgesetz*)/ Regulation 1 of the German Statutory Accident Insurance [DGUV], with the involvement of the works council, occupational safety and health specialist and occupational physician.

Special technical measures

1. Arrangement of the workplace

Employees must keep a safe distance (at least 1.5 m) from other persons. If this is not possible, including where it cannot be ensured by organisational means, alternative protective measures must be taken. Transparent partitions must be installed in places frequented by the public and, if possible, between workstations wherever a safe distance cannot otherwise be maintained. Office work should be carried out at home where possible. Otherwise, for office workers, free office capacity must be used and work organised in such a way that multiple occupancy of office premises can be avoided or safe distances are maintained.

2. Washroom facilities, canteens and break rooms

Skin-friendly liquid soap and towel dispensers must be made available for hand cleaning. Sufficient room cleaning and hygiene must be provided for, if necessary with modified cleaning intervals. This applies especially for washroom facilities and communal spaces. Regular cleaning of door handles and handrails also helps prevent infection. Sufficient distancing must be ensured in break rooms and canteens, for example by placing tables and chairs far enough apart. Care should be taken to avoid queues at food counters, tray return points and checkouts. If necessary, canteen and serving times should be extended. Canteen closures should be considered as a last resort.

3. Ventilation

Regular ventilation improves hygiene and air quality, as the number of pathogens in the air can increase in enclosed spaces. Ventilating reduces the number of very fine droplets containing pathogens that may be present in the air.

Special notes on air conditioning:

The risk of infection via air conditioning is considered low overall. Switching off air conditioning is not recommended, particularly in rooms where infected persons are treated or where infectious material is handled, as doing so can lead to an increased airborne aerosol concentration and thus greater risk of infection.

4. Infection control measures for building sites, farms, field service staff, delivery services, haulage and on-site vehicle movements

Distances of at least 1.5 m must also be observed during any work-related (customer) contact outside the plant. The arrangements for such work are to be assessed to see if it can be performed singly provided that this does not create additional hazards. Otherwise, fixed teams must be deployed that are as small as feasible (such as two to three employees) in order to reduce the number of different contacts among employees during travel and deployments away from the plant. Also for such work, facilities for frequent hand hygiene must also be provided closed to where employees are deployed. Company vehicles must additionally be equipped with hand hygiene and disinfection products, paper towels and waste bags. For necessary work-related trips, wherever possible, the same vehicles should not be used by multiple employees. The group of employees who share a vehicle – simultaneously or consecutively – must also be kept as small as possible, for example by assigning a vehicle to

a fixed team. The interiors of company vehicles must be regularly cleaned, especially if they are used by multiple employees. Trips to obtain supplies or make deliveries are to be reduced as much as possible and route planning is to be optimised accordingly.

In the case of haulage and delivery services, opportunities to visit washroom facilities must be incorporated into route planning, because the fact that many public toilet and washroom facilities are currently closed limits the ability to practice hand hygiene.

5. Infection control measures for collective accommodation

Employees sharing collective accommodation should be grouped in fixed teams that are as small as possible and consist of individuals who also work together. As far as is possible, each team should be provided with their own communal facilities (washrooms, kitchens and communal rooms) in order to avoid the additional burden of shift-wise use and the necessity to clean between occupancy by different teams. Sleeping accommodation must normally be occupied singly. Multiple occupancy of sleeping accommodation is normally only allowed for partners or close family members. Additional rooms must be provided for early isolation of infected persons. Accommodation must be regularly and frequently ventilated and cleaned. Kitchens must have dishwashers as disinfecting cutlery and crockery requires temperatures above 60 °C. Washing machines or a regular laundry service must also be provided.

6. Working from home

Office work should be performed if possible at home, especially if office premises would otherwise have to be used by multiple people with insufficient distancing. Home working can also help enable employees reconcile work with care needs (childcare or nursing care for relatives). The Initiative New Quality of Work (INQA) website (www.inqa.de) has a 'Home Office' section with recommendations for employers and employees on the use of working from home.

7. Business trips and meetings

Business trips and face-to-face interactions such as meetings should be reduced to the absolute minimum and, as far as possible, technical alternatives made available such as telephone or video conferencing. If face-to-face meetings are absolutely necessary, participants must maintain safe distancing.

Special organisational measures

8. Ensuring safe distancing

The use of means of access (such as stairs, doors and lifts) must be adapted so that safe distancing can be maintained. At points where people tend to gather (time recording terminals, canteens, tool and material stores, lifts, etc.), safe distances must be marked out in queuing areas, for example with adhesive tape. A minimum distance of 1.5 m must also be maintained between employees in situations where several employees work together, such as in assembly work. Where this cannot be ensured by technical or organisational means, alternative measures must be taken (such as wearing mouth-and-nose coverings).

9. Work equipment and tools

If possible, tools and work equipment must be individually assigned. Where that is not possible, regular cleaning must be provided for, especially before handing over to another employee. Otherwise, suitable protective gloves must be worn when using tools unless this creates an additional hazard (such as of gloves getting caught in rotating parts). Limitations on wearing

time and employees' individual susceptibilities (allergies, etc.) are also to be taken into account.

10. Organisation of working times and breaks

Occupancy of work areas and communal facilities must be reduced by measures to spread utilisation over time (staggered working and break times; if necessary, shift working).

When creating shift schedules, care must be taken to assign the same employees to shared shifts where possible in order to reduce the number of different contacts at work. Suitable organisational measures must be taken to prevent gatherings of employees at the beginning and end of working hours (such as at time recording terminals and in changing rooms, washrooms and showers).

11. Storage and cleaning of work clothing and PPE

Particularly strict care must be taken to ensure that personal protective equipment of any kind and work clothing are individually assigned. Provision must be made for employees to store their individual work clothing and PPE separately from their everyday clothing. Regular washing of work clothing must be ensured. If additional infection risks and/or hygiene deficiencies (such as due to dirt) can be ruled out and personal contacts within the plant can be avoided as a result, then employees are to be allowed to put on and take off their work clothing at home.

12. Access to plants and premises by outside individuals

Access by outside individuals is to be reduced to a minimum. Where possible, the contact data of outside individuals and the time and date of their arrival at and departure from the plant or premises must be recorded. Outside individuals must also be informed about the SARS-CoV-2 infection control measures that currently apply in the company.

13. Rules in the event of suspected cases

Company procedures must be specified for rapidly dealing with suspected cases of COVID-19. Notable symptoms of infection with coronavirus include fever, coughing and shortness of breath. For this purpose, provision must be made if possible for non-contact temperature measurement.

Employees with relevant symptoms are to be asked to leave the premises immediately or stay at home. Until the suspected infection has been assessed by a doctor, the employee must be assumed to be unfit for work. Affected individuals should contact a doctor or the public health office (*Gesundheitsamt*) for assessment without delay, initially by telephone. Employers should specify procedures in a company pandemic plan for the event of a confirmed infection for identifying and informing persons (employees and where applicable customers) who are likewise at risk of infection through contact with an infected individual.

14. Minimising psychological stress due to corona

The corona crisis is not only a threat and disruption to businesses. It is also a major source of anxiety for many employees. Other aspects to be considered with regard to psychological stress include potential conflicts with customers, long periods of high-intensity working in system-relevant sectors and social distancing requirements. These additional psychological stress factors should be taken into account in risk assessment and suitable measures taken.

Special personal measures

15. Mouth-and-nose protection and personal protective equipment (PPE)

Where contact with other persons is unavoidable or safe distances cannot be maintained, mouth-and-nose coverings and, in particularly hazardous working areas, PPE must be provided and worn.

16. Instruction and active communication

The prevention and occupational safety and health measures taken must be fully communicated within the plant. Instructing managers enables them to act with confidence. Such instruction should be provided on a centralised basis where possible. Fixed points of contact should be available and a good information flow should be ensured. Protective measures are to be explained and instructions made clear (with signs, notices, floor markings, etc.). Attention must be drawn to compliance with personal and organisational hygiene rules (distancing, coughing and sneezing etiquette, hand hygiene and PPE). Information from the Federal Centre for Health Education is also useful for providing instruction.

17. Preventive occupational health care and protection of high-risk groups

Employees must have access to or be offered preventive occupational health care. Employees can seek individual advice from the occupational physician, including on special risks due to a prior illness or individual susceptibility. They must also be able to address anxiety and psychological stress. The occupational physician knows the workplace and can suggest suitable preventive measures to the employer in instances where the normal occupational safety and health measures are not sufficient. If necessary, the occupational physician may recommend that a person move to other duties. The employer will only learn about this if the person concerned gives their express consent. Preventive occupational health care may be provided by telephone; some occupational physicians provide a hotline for employees.

III. Implementation and amendment of the joint SARS-CoV-2 Occupational Safety and Health Standard

The pandemic is expected to continue presenting challenges for workplace infection control for some time. To meet these special challenges and enable a uniform approach nationwide and across all sectors, the Federal Ministry of Labour and Social Affairs (BMAS) will establish a temporary **advisory group on measures for the prevention of SARS-CoV-2 at the workplace** in order to be able to respond quickly and in a coordinated manner to the onward development of the pandemic and make any necessary adjustments to this Occupational Safety and Health Standard.

- The group is to comprise representatives of BMAS and the Federal Institute for Occupational Safety and Health (BAuA), the Robert Koch Institute (RKI), two representatives each of the German Trade Union Confederation (DGB), the Confederation of German Employers' Associations (BDA) and statutory occupational accident insurance institutions (UVT), and experts.
- The statutory occupational accident insurance institutions and if necessary the supervisory authorities in the German states (Länder) are to supplement this SARS-

CoV-2 Occupational Safety and Health Standard with **sectoral guidance and supplementary stipulations**.

 The Federal Government will publish the SARS-CoV-2 Occupational Safety and Health Standard, making reference to the sectoral guidance and supplementary stipulations. It will request that BAuA, BDA, DGB, DGUV and the occupational safety and health administrations of the Länder likewise make use of their networks for communication purposes. The measures described contribute towards flattening the curve of (new) infections. The Joint German Occupational Safety and Health Strategy (GDA) supported by the Federal Government, the Länder and statutory occupational accident insurance institutions will also facilitate workplace dissemination and application of the SARS-CoV-2 Occupational Safety and Health Standard and of the sectoral guidance.