



► Research Brief

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Protecting the life and health of workers during the COVID-19 pandemic:

Overview of national legislative and policy responses

Key points

- The COVID-19 crisis has highlighted the cardinal importance of protecting health in the workplace.
- Not only does the general principle of achieving “adequate protection for the life and health of workers in all occupations”, as enshrined in the ILO Constitution, remain valid throughout the crisis: that principle has also become a cornerstone of national policy responses.
- Faced with a global pandemic, ILO Member States are responding, through legislative and policy measures in the world of work, to the occupational health and safety issues raised by this extraordinary situation.
- This Brief provides examples of regulatory interventions from 35 countries and territories that are relevant to understanding how workers’ safety and health have been upheld during the pandemic.

Introduction

The sixth edition of the *ILO Monitor: COVID-19 and the World of Work*, issued on 23 September 2020, estimated that 94 per cent of the global workforce were living in countries with workplace closure measures of some sort of in force.¹ In other words, the COVID-19 pandemic impinges on the health and safety of a majority of workers worldwide² even as millions of them – notably those employed in health and social care, emergency services, agriculture, food and retail, transport, education, infrastructure operations and maintenance, and other

public services – continue to go to work to keep societies functioning. There remains considerable uncertainty as to when life will return to normal.

The challenges posed by the COVID-19 pandemic are common to all ILO Member States, as are the general measures they have taken to curb its spread, such as full or partial lockdowns, quarantining, physical distancing and hygiene measures. Yet, each government has been introducing specific policies and programmes in an attempt to strike a balance between protecting public health and keeping the economy afloat. Faced with a global pandemic, countries rapidly enacted new labour

¹ ILO, *ILO Monitor: COVID-19 and the World of Work – Sixth Edition*, 23 September 2020.

² As at 8 January 2021, the total number of COVID-19 cases was approaching 90 million, of which around 2 million have been fatal.

Protecting the life and health of workers during the COVID-19 pandemic:

laws and policies and adapted existing ones, the emphasis being on control and prevention of COVID-19 in workplaces. Despite the time-limited nature of these regulations, it has been suggested by some that they should not be treated simply as ad hoc emergency measures but as part of an emerging new body of labour legislation.³

This information brief is meant to contribute to the ongoing discussion on legislative and policy developments in the wake of the COVID-19 pandemic, particularly on such developments as pertain to protecting the life and health of workers.⁴ It presents examples of laws and policies adopted by ILO Member States, the aim being to identify common trends and diverging approaches. In line with the human-centred approach to the future of work, which puts workers' rights at the heart of economic and social policies, there is first a general discussion of the importance of safety and health in the workplace⁵ (see [Section 1](#)) This sets the context for the subsequent review of legislative and policy developments at the national level (see [Section 2](#)).

International legal and normative framework for protecting the life and health of workers

International legal framework

Over the past twelve months, the COVID-19 pandemic has drastically changed the way in which we all live and work. It has presented many challenges in terms of how to protect workers' life and health, but at the same time it has heightened awareness of the importance of safe and

healthy working conditions. In keeping with the principle of "protection for the life and health of workers in all occupations", as enunciated by the ILO Constitution, the pandemic has underscored the need to ensure health and safety at work. Indeed, the ILO Constitution singles out "protection of the worker against sickness, disease and injury arising out of his employment" as one of the pillars of social justice.⁶

Protecting the life and health of all workers is a particularly urgent task in our times because, in addition to COVID-19, other major workplace hazards of a chemical and biological nature are on the rise as a result of environmental degradation. On top of this, the world of work is undergoing a number of transformational changes. New technologies, in particular, are causing boundaries of space and time to be blurred when going about one's professional activities. People's health must inevitably acquire a central role in such a society.⁷

These challenges call for a comprehensive evaluation of the policies that countries use to regulate occupational safety and health – policies that are key to the public health response to, and long-term recovery from, the current pandemic. Significantly, in the ILO Centenary Declaration for the Future of Work, adopted in June 2019, the International Labour Conference declared safe and healthy working conditions to be fundamental to decent work.⁸ Although not part of the four fundamental principles and rights at work laid down by the ILO in 1998,⁹ the incorporation of protection of the life and health of workers into that framework is being considered.¹⁰ As mentioned above, both the ILO Constitution and the Declaration of Philadelphia annexed to it emphasize "the fundamental importance of safe and

³ See the various contributions in the special issue of the *Italian Labour Law e-Journal* entitled "Covid-19 and Labour Law. A Global Review" (Vol. 13, No. 1S, August 2020).

⁴ For a discussion of workers' right to health where this issue is considered more broadly than just in terms of health at work, see also ILO, [Towards Universal Health Coverage: Social Health Protection Principles](#), 2020.

⁵ The [ILO Centenary Declaration for the Future of Work](#) (2019) states: "All workers should enjoy adequate protection in accordance with the Decent Work Agenda, taking into account ... *safety and health at work*" (emphasis added). The expression also appears in the report [Work for a Brighter Future](#), issued in January 2019 by the Global Commission on the Future of Work, which stresses that "it is time for safety and health at work to be recognized as a fundamental principle and right at work" – as had already been urged by the [ILO Declaration of Philadelphia](#) (1944).

⁶ The two quotations from the [ILO Constitution](#) are, respectively, from Part III of the Annex (Declaration concerning the aims and purposes of the International Labour Organisation, or Philadelphia Declaration) and the Preamble.

⁷ María Luz Vega Ruiz, "[La salud y el trabajo, los derechos fundamentales del futuro](#)", *Revista jurídica del trabajo* 1 (January–April 2020), 27–55 (34).

⁸ The International Labour Conference also requested the Governing Body "to consider, as soon as possible, proposals for including safe and healthy working conditions in the ILO's framework of fundamental principles and rights at work". [Resolution on the ILO Centenary Declaration for the Future of Work](#) (adopted on 21 June 2019), International Labour Conference, 108th Session, para. 1.

⁹ [ILO Declaration on Fundamental Principles and Rights at Work](#) (1998).

¹⁰ [GB.338/INS/3/2](#), para. 9.

healthy working conditions for the principle that labour is not a commodity”.¹¹

International human rights instruments – such as the Universal Declaration of Human Rights and the International Covenant on Economic, Social and Cultural Rights – have likewise long acknowledged that the right to adequate standards of physical and mental health, not least in the world of work, is a human right. The aforementioned Covenant explicitly states that among the steps required to ensure full realization of the right to health are “[t]he improvement of all aspects of environmental and *industrial* hygiene” and “[t]he prevention, treatment and control of epidemic, endemic, *occupational* and other diseases”.¹² Similarly, the United Nations Committee on Economic, Social and Cultural Rights has observed that “[p]reventing occupational accidents and disease is a fundamental aspect of the right to just and favourable conditions of work”.¹³ The Committee has also noted how “the right to health embraces a wide range of socio-economic factors that promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health, such as food and nutrition, housing, access to safe and potable water and adequate sanitation, *safe and healthy working conditions*, and a healthy environment”.¹⁴

Just as health is “a fundamental human right indispensable for the exercise of other human rights”,¹⁵ so safe and healthy working conditions are “a precondition for all the rights embodied in the ILO Constitution”, since they are “both essential and instrumental to the realization of other labour rights”.¹⁶ As the Committee on the Application of Standards put it “[r]isking one’s life, safety or health at work jeopardizes the very ability to work”.¹⁷

The language of rights is inherent not only in human rights treaties. International labour Conventions also include a number of references to the “right” to safe and

healthy working conditions. For example, the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187), calls on ILO Member States to promote “the right of workers to a safe and healthy working environment” (Art. 3(2)).

In recent years, the ILO has increasingly integrated the human rights dimension into the standards it sets for the protection of workers. One recent example is the Domestic Workers Convention, 2011 (No. 189), which expressly refers to human rights: “Each Member shall take measures to ensure the effective promotion and protection of *the human rights of all domestic workers ...*” (Art. 3(1), emphasis added).

International labour standards on occupational safety and health

As the ILO Centenary Declaration for the Future of Work (2019) pointed out, “[s]afe and healthy working conditions are fundamental to decent work”. The legal framework governing protection of the life and health of workers and its various elements are firmly anchored in many international labour standards. These standards contain provisions covering aspects such as the protection of workers from risks to health and safety at work; personal protective equipment (PPE); the right to be consulted and to receive information and training; the right of removal from a workplace that poses an imminent and serious risk to health; and access to healthcare.¹⁸

Relevant standards include but are not limited to the Occupational Safety and Health Convention, 1981 (No. 155), and the Protocol of 2002 to Convention No. 155; the Occupational Safety and Health Recommendation, 1981 (No. 164); and the Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187). While Convention No. 155 stipulates that employers should ensure that workplaces are “safe and without risk to health” (Art. 16(1)), Convention No. 187 requires each

¹¹ GB.338/INS/3/2, para. 9.

¹² [International Covenant on Economic, Social and Cultural Rights](#) (ICESCR), Art. 12 (2).

¹³ UN Economic and Social Council, [General comment No. 23 \(2016\) on the right to just and favourable conditions of work \(article 7 of the ICESCR\)](#), E/C.12/GC/23, para. 25.

¹⁴ UN Economic and Social Council, [General comment No. 14 \(2000\) on the right to the highest attainable standard of health \(article 12 of the ICESCR\)](#), E/C.12/2000/4, para 4.

¹⁵ UN Economic and Social Council, General comment No. 14 (2000), para. 1.

¹⁶ GB.338/INS/3/2, para. 11.

¹⁷ [GB.340/INS/4](#), para. 11.

¹⁸ See table 1 further down for specific examples.

Protecting the life and health of workers during the COVID-19 pandemic:

Member State to “promote and advance, at all relevant levels, *the right of workers to a safe and healthy working environment*” (Art. 3(2), emphasis added). Moreover, Article 1(d) of Convention No. 187 introduces the term “national preventative safety and health culture”, which it defines as “a culture in which the right to a safe and healthy working environment is respected at all levels, where government, employers and workers actively participate in securing a safe and healthy working environment through a system of defined rights, responsibilities and duties, and where the principle of prevention is accorded the highest priority”.

The provisions laid down in these standards envisage both workers’ and employers’ rights and duties as part of the occupational safety and health (OSH) framework. In addition to rights, such as the right to receive adequate information and training on OSH, or the right to refuse unsafe work, workers also have the obligation to cooperate with their employer on OSH-related matters. Employers for their part are expected “to ensure that, so far as is reasonably practicable, the workplaces, machinery, equipment and processes under their control are safe and without risk to health” and “to provide, where necessary, adequate protective clothing and protective equipment to prevent ... risk of accidents or of adverse effects on health” (Convention No. 155, Art. 16).

► **Table 1: Relevant international labour standards at a glance**

Summary of relevant provisions		
Protection from risks to health	Employers are required to ensure that, so far as is reasonably practicable, the workplaces under their control are safe and without risk to health.	C.155 (Art. 16(1))
Personal protective equipment	Employers are responsible for providing, where necessary, adequate protective clothing and protective equipment, at no cost to the worker.	C.155 (Arts 16(3) and 21)
Training and information	Adequate information and appropriate training on occupational safety and health (OSH) are meant to be provided.	C.155 (Art. 19)
	Each worker should be informed, in an adequate and appropriate manner, of the health hazards involved in his or her work.	R.171 (Para. 22)
Obligation to consult workers	Workers are entitled to enquire into, and to be consulted by employers on, all OSH aspects associated with their work.	C.155 (Art. 19(e))
Expenditures related to OSH obligations	OSH measures should not entail any expenditure for the workers.	C.155 (Art. 21)
Management of emergencies	Employers are required to provide, where necessary, for measures to deal with emergencies and accidents, including adequate first-aid arrangements.	C.155 (Art. 18)
Obligation of workers to comply with OSH measures	Workers, in the course of performing their work, should cooperate in the fulfilment by their employer of his or her obligations. The same applies to representatives of workers, who should cooperate with the employer in the field of OSH.	C.155 (Art. 19(a) and (b))

	Workers should comply with instructions given for their own safety and health and those of others, and with safety and health procedures.	R.164 (Para. 16(b))
	Workers should use safety devices and protective equipment correctly and not render them inoperative.	R.164 (Para. 16(c))
Reporting of situations posing imminent and serious danger	Workers should report at once to their immediate supervisor any situation which they have reasonable justification to believe presents an imminent and serious danger to their life or health. Until the employer has taken remedial action, if necessary, the employer cannot require workers to return to a work situation where there is continuing imminent and serious danger to life or health.	C.155 (Art. 19(f))
Removal from work	Employers cannot require workers to return to a work situation where there is continuing imminent and serious danger to life or health. Workers who have removed themselves from a work situation which they have reasonable justification to believe presents an imminent and serious danger to their life or health should be protected from undue consequences in accordance with national conditions and practice.	C.155 (Arts 19(f) and 13)
Medical care and employment injury benefits	Workers are entitled to the provision of medical care and allied benefits in respect of a morbid condition and to cash benefits in respect of (a) incapacity for work resulting from such a condition and involving suspension of earnings, as defined by national legislation; (b) total loss of earning capacity or partial loss thereof in excess of a prescribed degree, likely to be permanent, or corresponding loss of faculty; and (c) the loss of support suffered as the result of the death of the breadwinner.	C.121 (Arts 9 and 10); see also R.121
Access to healthcare	Workers are entitled to access healthcare and services of a preventive and curative nature, including general practitioner care; specialist care (at hospitals and other facilities); the necessary pharmaceutical supplies; hospitalization where necessary; and medical rehabilitation. They are also entitled to financial protection to prevent them from suffering hardship and increased risk of poverty due to the financial consequences of accessing healthcare.	R.202 (Paras 4, 5 and 8), C.102, C.130 (Part II) and R.134

With regard to the development of future labour standards, it has been acknowledged that there is a need to strengthen the protection of workers against biological hazards at work. There is currently no dedicated international instrument dealing specifically and comprehensively with biological agents in the workplace. Nevertheless, international labour standards dealing with OSH in general do cover this gap to some extent.

Convention No. 155, for example, calls for “the introduction or extension of systems ... to examine ... biological agents in respect of the risk to the health of

workers”.¹⁹ Biological agents or hazards commonly include bacteria, viruses, fungi and other microorganisms, or parts thereof and their associated toxins, which are potentially hazardous to human health.²⁰ Workers may be exposed to biological agents in a number of ways, such as through “contact with infected individuals, infected animals, body fluids, exposure to contaminated water or air, and through a work activity that involves the use of human pathogens, for instance laboratory work involving infectious diseases”.²¹

In a compilation of answers to frequently asked questions related to international labour standards and the evolving COVID-19 outbreak, published in May 2020, the ILO stated: “Where a direct link is established scientifically ... between the exposure to biological agents arising from work activities and a disease contracted by workers, it is recommended that such disease be recognized as an occupational disease for the purposes of prevention, recording, notification and compensation”.²² Proposals have been made for a new ILO instrument on biological hazards, and technical guidelines are currently being developed to address the potential exposure of workers to biological agents as a result of their work activities.²³ Once validated, these guidelines, together with other work carried out by the ILO in this field, are expected to facilitate the process for drawing up a new international standard.

Legislative and policy responses at the national level to protect the life and health of workers

General overview

Since the beginning of the COVID-19 pandemic, virtually all countries have adopted health protection measures in response to the evolving situation. Among the strategies introduced to protect health and ensure safety in the workplace are mandatory or voluntary isolation, hygiene measures and physical distancing.

Governments have, moreover, undertaken various regulatory interventions not only to mitigate the employment crisis caused by the pandemic, but also to respond to the immediate needs of workers. Social protection measures have been swiftly implemented (including sickness and unemployment benefits, and measures to facilitate access to those benefits) and teleworking regulations urgently adapted to enable the use of this mode of work on a large scale.²⁴ The aim of these interventions has been to protect workers from exposure to COVID-19, but at the same time to strike a balance, where possible, between public health concerns and economic imperatives.

The regulatory activity of all countries has been very dynamic on the whole, not least with regard to ensuring the health and safety of workers. This brief presents a compilation of examples of regulatory interventions from 35 countries and territories²⁵ (see *Annex*) that are relevant to understanding how the right of workers to safe and healthy working conditions has been upheld during the pandemic.

¹⁹ Convention No. 155, Art. 11(f).

²⁰ Based on the definition of biological agents given in WHO, *International Minimum Requirements for Health Protection in the Workplace*, 2017, p. 12.

²¹ WHO, *International Minimum Requirements for Health Protection in the Workplace*, 2017, p. 12.

²² ILO, “ILO Standards and COVID-19 (Coronavirus): FAQ”, Version 2, 29 May 2020, p. 19.

²³ A standard-setting item on protection against biological hazards has long been on the ILO’s agenda. For a summary of developments on this issue since 1993, see *GB.338/INS/2/1*, paras 34 ff.

²⁴ See ILO, *Social Protection Responses to the COVID-19 Pandemic in Developing Countries: Strengthening Resilience by Building Universal Social Protection*, May 2020. Further information and tools on the social protection response to the COVID-19 crisis are available at: <https://www.social-protection.org/gimi/ShowWiki.action?id=62&lang=EN>.

²⁵ These are Argentina, Austria, Belarus, Belgium, Bulgaria, Denmark, Chile, China, Croatia, Cyprus, France, Germany, Georgia, Greece, Hungary, Indonesia, Ireland, Italy, Kosovo (as defined in UN Security Council resolution 1244 of 1999), Lebanon, Mexico, Panama, Poland, Portugal, the Republic of Korea, Romania, the Russian Federation, San Marino, Serbia, South Africa, Spain, Sweden, Switzerland, Taiwan Province of China and the United States of America.

Although this compilation is far from exhaustive, it does give a useful snapshot of the legislative and policy solutions that have been devised to cope with the various challenges raised by this extraordinary situation. New rules and regulations have been adopted, some of which may remain in place even after the current health crisis is over. Policymakers have focused on such issues as: designating COVID-19 as an employment injury or occupational disease (and the related issue of classifying occupations according to the level of risk of exposure); COVID-19-specific OSH regulations (including regulations on the use of PPE); regulations to ensure a controlled and safe reopening of workplaces and return to work; medical care; sickness benefits for workers affected by COVID-19; benefits during mandated quarantine; leave entitlements and special working arrangements; short-time benefits and unemployment benefits; and the protection of workers who are at highest risk of contracting COVID-19.

Under international law, “the right to health embraces a wide range of socio-economic factors that promote conditions in which people can lead a healthy life, and extends to the underlying determinants of health”.²⁶ In that sense, state measures to protect the livelihoods of workers, to prevent termination of employment or a reduction in wages, and to provide employers with tax relief as an incentive to maintain jobs all clearly facilitate protection of the right to health. However, despite their importance, these measures and the corresponding regulatory approaches fall outside the scope of this brief, which has a very specific focus on health and safety in the workplace.

An important point that emerges from a review of state measures to address health and safety at work is that these normally form part of broader public health strategies and action plans at the national level. Accordingly, a labour law expert has noted how “occupational health nowadays appears to be closely linked to public health, since environmental standards on

air pollution, for example, have a direct impact on safety and production standards in an enterprise”.²⁷ The connection between the working environment and the general environment (that is, the world outside the workplace) was already made in a number of sector-specific international labour standards dealing with OSH,²⁸ but the national regulations adopted during the COVID-19 pandemic have highlighted the close link between occupational and public health even further.

Examples of national regulatory practices

At this time of crisis, the ILO Member States have been very active on the regulatory front to tackle the challenges posed by COVID-19 with regard to health and safety at work. The following summary presents, in thematic groups, some of the national practices in this field.

a. Designating COVID-19 as an occupational disease

It is national legislation that determines whether or not COVID-19 can be regarded as an occupational disease in individual countries.²⁹ Given the rapid spread of the pandemic, many countries are now having urgently to decide how to deal with that question.³⁰ In order to ensure that workers, particularly those in the most exposed sectors, are covered by social insurance, measures to facilitate the recognition of COVID-19 as an occupational disease have been adopted in a number of countries. In Italy, for example, the National Institute for Insurance against Accidents at Work considers coronavirus infections of doctors, nurses and other employees of any public or private health facility to be cases of occupational disease. A causal link between the work performed and the infection is assumed to exist by default.³¹ Similarly, the Chinese Government has broadened the scope of occupational injury insurance to cover medical workers

²⁶ UN Economic and Social Council, General comment No. 14 (2000), para. 4.

²⁷ Vega Ruiz, “La salud y el trabajo”, p. 33 (translated from the Spanish).

²⁸ For an overview of relevant standards, see ILO, *World Employment and Social Outlook 2018: Greening with jobs*, 2018, Ch. 3.

²⁹ In accordance with the Employment Injury Benefits Convention, 1964 (No. 121), infectious diseases can be regarded as occupational when contracted in an occupation where there is a particular risk of contamination, such as in healthcare or laboratory work. In addition, the List of Occupational Diseases Recommendation, 2002 (No. 194), states that diseases caused by biological agents at work not explicitly mentioned in the list (as is the case for COVID-19) can be recognized as occupational if a direct link is established scientifically, or determined by methods appropriate to national conditions and practice, between the exposure to the biological agents arising from work activities and the disease(s) contracted by the worker.

³⁰ For examples of national practices, see the ILO compilation entitled “[State practice to address COVID-19 infection as a work-related injury](#)”, last updated on 12 May 2020.

³¹ International Social Security Association, “[Can COVID-19 Be Considered an Occupational Disease?](#)”, 2 April 2020.

Protecting the life and health of workers during the COVID-19 pandemic:

who contract COVID-19 while carrying out their work.³² In Argentina, a decree adopted in April 2020 stipulates that COVID-19 is to be presumed to be an occupational disease in respect of all essential workers.

South Africa has also developed guidelines on COVID-19 for the purposes of determining the coverage of employment injury benefits. Within its four-level classification of occupations according to the risk of exposure, the Department of Employment and Labour defines a medium exposure risk occupation as one that requires frequent and/or close contact with (that is, within 2 metres of) people who may be infected, but who are not known or suspected COVID-19 patients. It further specifies that in areas with ongoing community transmission, workers in this category include those who have contact with the general public – for example, in schools and work environments with a high population-density, such as labour centres, consulting rooms, points of entry at borders and some high-volume retail settings. Coverage is thus not limited to essential workers (see [Annex](#)).³³

b. COVID-19-specific occupational safety and health regulations

Countries have adopted various OSH measures in response to the COVID-19 pandemic. One of these was the introduction of PPE for a broad range of workers, as was done in Kosovo,³⁴ Poland, Serbia and Lebanon, among others. In Serbia, PPE was prescribed for employees who are in direct contact with customers or share a workspace with several other people. Indonesia has adopted a policy aimed at integrating COVID-19 prevention into workplace health and safety programmes and at empowering OSH committees to promote health in the workplace.

In some countries, the reopening of the economy after a lockdown was accompanied by the issuing of specific protocols for the return to work in order to help employers to ensure the safety and health of workers. In Ireland, for example, the Return to Work Safely Protocol was designed to support employers and workers to put measures in place with a view to preventing the spread of COVID-19 in the workplace. This protocol is meant to be

used by all enterprises when adapting their workplace procedures and practices to comply with COVID-19 public health measures.³⁵

Similarly, the protocol signed by the Italian Government and the national trade unions on 24 April 2020 contains detailed provisions on such matters as the provision of COVID-19-related information in the workplace; temperature checks for employees before they enter the workplace (including relevant confidentiality measures); the precautions to be taken by those conducting temperature checks; the wearing of PPE, masks and other protective devices; hand hygiene; the sanitation procedures to be followed if an employee tests positive; the extension of these precautions to third parties entering a company's premises; physical distancing during the delivery of supplies; cleaning and ventilation of common areas; tax credits to encourage the improvement of workplace hygiene; and compliance with physical distancing by all individuals in the workplace.³⁶

On the whole, regulatory interventions in the field of OSH have sought to strengthen the protection of workers' health and safety during the pandemic, in line with the evolving health situation and following the recommendations issued by the ILO and the World Health Organization (WHO). As will be seen further down, the protection of health has not been limited to physical protection alone: various aspects of mental health and well-being have also been taken into account.

c. Medical care and sickness benefits for workers affected by COVID-19

A number of regulatory actions have been taken by countries to ensure that medical care and sickness benefits are available to workers affected by COVID-19. This is particularly important given that quarantine is one of the methods used to curb the spread of the novel coronavirus. The Chinese Government, for example, has laid down that workers who are or might be affected by COVID-19 should be protected, and it has directed employers to continue paying these workers their regular wages, even when they are unable to work owing to mandatory quarantine or other measures imposed by the

³² Wenwen Ding, "COVID-19 and Labour Law: China", *Italian Labour Law e-Journal* 13, No. 1S (2020).

³³ South Africa, Department of Employment and Labour, [Workplace Preparedness: COVID-19 \(SARS-CoV-19 Virus\)](#), 2020, p. 6.

³⁴ As defined in UN Security Council resolution 1244 of 1999.

³⁵ Ireland, Department of Business, Enterprise and Innovation and Department of Health, [Return to Work Safely Protocol: COVID-19 Specific National Protocol for Employers and Workers](#), 8 May 2020.

³⁶ The protocol is contained in Annex 6 to the Prime Ministerial Decree of 26 April 2020.

authorities. Dismissals and suspensions have been temporarily prohibited. Similarly, regulations were put in place in Indonesia to guarantee full pay to workers affected by COVID-19 (see *Annex*).

Some countries have simplified the procedure for obtaining medical leave, and have promoted self-reporting. In France, for example, it is now easier for employees who have children to look after to obtain medical leave. Employers are responsible for submitting a medical leave declaration (*déclaration de maintien à domicile*) on behalf of their employees via a dedicated web portal. Such a declaration serves as a notice of leave, replacing the medical leave certificate issued by a healthcare professional. Similarly, in Sweden the requirement to present a doctor's certificate after one week of illness-related absence from work in order to qualify for sickness benefits has been rescinded (see *Annex*).

d. Protection of workers belonging to the risk group

Several countries have undertaken regulatory interventions affording specific protection to workers who are at high risk of contracting COVID-19. In Argentina, the obligation to attend one's workplace has been suspended for certain groups of workers, namely those who are over 60 years of age, pregnant workers and workers included in the risk group as defined by the health authorities. These workers are also excluded from the "essential services" category (see *Annex*). Special provisions for workers who are most vulnerable to COVID-19 have been enacted in Denmark, Greece, Mexico and Switzerland as well.

In Switzerland, workers in the COVID-19 risk group are allowed to fulfil their duties remotely, while employers are required to adopt the necessary organizational and technical measures to facilitate such an arrangement. If an employee is unable to perform his or her professional obligations from home, the employer assigns equivalent substitute tasks that can be performed remotely and pays the employee the same wages. Further specific protective measures have been introduced under Swiss legislation to address situations where the presence of vulnerable employees on site (in whole or in part) is indispensable. One of these measures is setting up the workplace so as to exclude the possibility of close contact with other people, in particular by providing an individual office or a

clearly delimited area where a minimum distance of 2 metres can be kept. In situations where close contact is sometimes unavoidable, appropriate protective measures are taken, in accordance with the STOP principle ("substitution, technical measures, organizational measures, personal protective equipment").

e. Leave entitlements and special working arrangements (flexible working hours, short working hours and special care leave)

In Sweden, workers who need to care for their spouse or partner, or for relatives up to the second degree of consanguinity, are entitled to adjust and/or reduce their working hours where exceptional circumstances exist as a result of the steps taken to prevent the community transmission of COVID-19 (see *Annex*). If the municipal authorities decide to close schools and send schoolchildren into quarantine, parents will receive a parental allowance for as long as the schools are closed (without needing to provide a doctor's certificate). Similarly, special care leave is available to workers who are unable to work because they have to look after their children following the official closure of the day care centre or school that these are attending. In Germany, special care leave has been introduced for such workers and also those who have experienced a drop in earnings. These workers are entitled to compensation amounting to 67 per cent of their monthly net income for a period of up to six weeks (see *Annex*). In Italy, the right to work from home is recognized for all disabled workers, those who have a family member suffering from a serious disability, immunosuppressed workers and the family members of immunosuppressed people as long as such working arrangements are compatible with the nature of the work to be performed. Spanish legislation, too, provides for the conciliation of work and family life, allowing those who have relatives to care for to reduce their working hours (see *Annex*).

In the Russian Federation, the Government issued a decree proclaiming the periods from 30 March to 3 April and from 4 to 30 April 2020 to be "paid non-working days". According to analysts, the concept of a "paid non-working day" (not the same as a day off or a holiday) was previously unknown in Russian labour law.³⁷ From 30 March to 30 April 2020, all entities thus had to suspend or restrict their activities.

³⁷ Iuliia Ostrovskaiia, "COVID-19 and Labour Law: Russian Federation", *Italian Labour Law e-Journal* 13, No. 1S.

Protecting the life and health of workers during the COVID-19 pandemic:

f. Mental health and well-being of workers

As has rightly been pointed out, the inclusion of mental and behavioural disorders in the ILO list of occupational diseases “confirms the fact that in the twenty-first century, workers’ health faces invisible challenges that go beyond what is known and can be anticipated and prevented using available means”.³⁸ Rapid changes in working conditions and arrangements during the pandemic have given rise to new psychosocial problems threatening the health and well-being of workers – whether on the front line, in essential services, working from home, or having lost their job or, if self-employed, their business.³⁹ The Occupational Safety and Health Convention, 1981 (No. 155), clearly stipulates that the term “health” (in relation to work) also includes mental elements affecting health which are directly related to safety and hygiene at work.

The review of state practices conducted for this brief shows that some countries have indeed taken measures to support workers’ mental health (see [Annex](#)). In Ireland, the Return to Work Safely Protocol recommends that employers put in place support for those workers who may be suffering from anxiety or stress (for example, those who may have gone through traumatic events such as the serious illness or death of a relative or friend, or who may be experiencing financial difficulties or problems in their personal relationships). In Taiwan, China, the Ministry of Labor issued a set of guidelines for subsidizing business entities that take measures to improve workplace environments and workers’ physical and mental health.⁴⁰

g. Teleworking and associated occupational safety and health measures

Humanity is in the midst of the first worldwide experiment with mass teleworking, based on the intensive use of new technologies. Before the COVID-19 pandemic, teleworking was used as a means to improve the work–life balance and, in some countries, also to reduce the environmental footprint of people and businesses. During the pandemic, teleworking became one of the preventive measures most

frequently used across all regions to protect the health of workers. Most countries have allowed employers to impose teleworking unilaterally, also known as compulsory teleworking, so that they are able to comply with their OSH-related obligations and the recommendations of public authorities. Such regulatory measures were introduced in Belgium, Bulgaria, Croatia, Georgia, Hungary, Italy, Indonesia, Panama, Portugal, Romania, San Marino and Spain, among others.⁴¹

Nevertheless, the review of national regulations and policies undertaken for this brief reveals that there is no generally accepted approach yet for ensuring health and safety during teleworking. In Argentina, for instance, because of the need to adapt urgently, employers were exempted from their obligation to provide specific OSH-related items to workers engaged in teleworking.⁴² In Chile, in contrast, new teleworking legislation was approved that requires employers to respect workers’ right to disconnect during at least 12 consecutive hours in any given 24-hour period. During that “disconnection” slot, teleworkers are not obliged to respond to any communications, orders or other requirements issued by their employer (see [Annex](#)).

In Austria, the definition of a work-related accident has been expanded to include accidents that occur when working from home. According to the new definition used by the country’s social security system, a “work-related accident” is one that has a temporal and causal connection to the insured person’s occupation, and happens at their place of work (that is, at home in the case of teleworking).

Issues warranting further investigation

Among the issues that require further investigation is how to ensure the health and safety of workers in occupations with a very high risk of exposure to COVID-19. These include, in particular, healthcare staff and front-line workers.⁴³ Limited information is available to date on the regulatory interventions undertaken by ILO Member States to protect healthcare staff and other essential workers. The known examples have to do with various amendments made to existing laws in order to ensure

³⁸ Vega Ruiz, “La salud y el trabajo”, pp. 32–33 (translated from the Spanish).

³⁹ For a comprehensive treatment of this topic, see ILO, *Managing Work-related Psychosocial Risks during the COVID-19 Pandemic*, 2020.

⁴⁰ Wanning Hsu, “COVID-19 and Labour Law: Taiwan”, *Italian Labour Law e-Journal* 13, No. 1S.

⁴¹ ILO, *Teleworking during the COVID-19 Pandemic and Beyond: A Practical Guide*, 2020.

⁴² Facundo Martin Chiuffo, “COVID-19 and Labour Law: Argentina”, *Italian Labour Law e-Journal* 13, No. 1S.

⁴³ ILO, *COVID-19 and the Health Sector*, 11 April 2020.

Protecting the life and health of workers during the COVID-19 pandemic:

that healthcare and other essential services remain available.⁴⁴ For the time being, some of these issues have been resolved through collective agreements. In Italy, for example, the three main trade union confederations signed an agreement on health workers' safety with the Ministry of Health. The agreement covers essential preventive measures to protect workers at all health facilities and provides for the establishment of a national committee involving trade union representatives to monitor the situation. It also sets standards of protection for all health staff, including the use of appropriate PPE, repeated testing for personnel exposed to the virus, ensuring a clean work environment, and emergency measures to maintain and increase the level of staffing.⁴⁵ Similarly, in Finland, workers in the municipal sector, including teachers, nurses and other healthcare workers, are now covered by a new collective agreement, negotiated during the pandemic, that provides for a total pay increase of 3.04 per cent over a 23-month period.⁴⁶

Conclusion

The COVID-19 crisis has highlighted the cardinal importance of protecting health in the workplace. It has

also revealed the strong interdependence between occupational health, public health and social protection policies. Protecting the life and health of workers is fundamental to the public health response to, and the long-term recovery from, the pandemic. The examples discussed in this brief provide a glimpse of how ILO Member States are responding, through legislative and policy measures in the world of work, to the occupational health and safety issues raised by this extraordinary situation.⁴⁷ Not only does the general principle of achieving "adequate protection for the life and health of workers in all occupations", as enshrined in the ILO Constitution, remain valid throughout the crisis: that principle has also become a cornerstone of national policy responses. Moreover, the new, special regulations implemented by ILO Member States to protect workers' health and safety, as summarized in the Annex, have the potential to be extended or adapted for application beyond the current crisis. They are also relevant to the ongoing international discussion on the fundamental role of safe and healthy working conditions in achieving decent work for all.

⁴⁴ In Finland, for example, there have been derogations from the provisions of the Working Hours Act and the Annual Holidays Act in both the private and public sectors to enable trained professionals in healthcare, social care and internal security to perform work as and when required. In particular, the provisions concerning overtime work, weekly rest periods, breaks and annual leave are not applied where this is inevitable and as long as it does not jeopardize the health and safety of the employee. In Slovakia, the declaration of a state of emergency on 11 March 2020 imposed an obligation on healthcare personnel to come to work. Moreover, exercising the right to strike was prohibited in certain professions.

⁴⁵ European Public Service Union, "[COVID-19: Italian Unions Sign Vital New Agreement on Safety of Health Workers](#)", March 2020.

⁴⁶ European Public Service Union, "[Agreement in State Sector as Local Government Negotiations Continue](#)", April 2020.

⁴⁷ The selection of issues under the broader theme of workers' health and safety was done on the basis of the information available and taking into account developments at the national level.

Annex:

► Summary of legislative and policy responses at the national level

Issue of relevance	Country	Provision/measure	Source
<i>Designation of COVID-19 as an occupational disease</i>	Argentina	COVID-19 is presumptively considered an occupational disease (not listed) with respect to workers carrying out activities declared to be essential. Occupational risk insurers must adapt their coverage so that workers affected by COVID-19 immediately receive the corresponding benefits.	Arts. 1 and 2 of Decree No. 367/2020, 13 April 2020 [link]
	Belgium	COVID-19 is an occupational disease for workers in the healthcare sector. Workers from other sectors or services who are active during periods when containment measures are in force, such as food store personnel, the police, volunteer firefighters and paramedics in rescue zones, are also covered.	Federal Agency for Occupational Risks
	Italy	COVID-19 infections contracted in the workplace are recognized as an occupational injury and, as such, covered by employment injury insurance.	Art. 42 of Decree Law No. 18 of 17 March 2020 [link]
	Lebanon	Healthcare workers who contract COVID-19 are covered by the same benefits that apply in the case of work-related accidents.	Decree No. 136 of 16 September 1983
<i>Classification of occupations according to the risk of exposure to COVID-19</i>	Mexico	Four-tier classification of occupations according to level of risk; guidelines for determining workers vulnerability to COVID-19.	Action Guide for Workplaces against COVID-19, issued on 24 April 2020 by the Ministry of Labour
	South Africa	Four-tier classification of occupations according to level of risk; guidelines for identifying workers' level of exposure risk.	Notice on Compensation for Occupationally-Acquired Novel Corona Virus Disease (COVID-19) under the Compensation for Occupational Injuries and Diseases Act (Act No. 130 of 1993) as amended on 23 March 2020 [link]
<i>Domestic violence</i>	Lebanon	Hotline for workers to report problems at work, specifically for domestic workers, who are most at risk of suffering domestic violence.	National Commission for Lebanese Women [link]
<i>Definition of work-related accident</i>	Austria	The definition of a work-related accident was expanded to include accidents that occur while working from home.	

Protecting the life and health of workers during the COVID-19 pandemic:

<i>Reorganizing working hours</i>	Sweden	Workers needing to care for family members are entitled to adjust and/or reduce their working hours where circumstances exist that are related to the steps necessary to prevent the community transmission of COVID-19.	Regulation No. 2020:244 on specific temporary parental allowance because of COVID-19
<i>Special care leave</i>	Germany	Employees who are unable to work because they need to look after their children following the official closure of a day care centre or school, and who experience a drop in earnings, are entitled to compensation amounting to 67% of their monthly net income for up to six weeks.	Section 56 (1a), Infection Protection Act
	Italy	The right to work from home is recognized for all disabled workers, those who have a family member suffering from a serious disability, immunosuppressed workers and the family members of immunosuppressed people as long as such working arrangements are compatible with the nature of the work to be performed.	Art. 90 of Decree Law No. 34 of 19 May 2020
	Spain	Measures for reconciling work and family life have been introduced (timetable and reduction of working hours so as to be able to care for relatives).	Art. 6 of Royal Decree No. 8/2020 of 17 March 2020
	Sweden	If the authorities at the municipal level decide to close schools and send schoolchildren into quarantine, parents receive parental allowance for as long as the schools are closed (without needing to provide a doctor's certificate).	Regulation No. 2020:244 on specific temporary parental allowance because of COVID-19
<i>Workers who are affected or might be affected by COVID-19</i>	China	Such workers (a) continue receiving their wages at the regular level, even when they are unable to work owing to mandatory quarantine or other compulsory measures imposed by the Government; (b) are protected from dismissal and suspension; (c) benefit from automatic extension of their employment contract if that is set to expire during the compulsory quarantine period (the extension is until the end of that period).	Notice on Properly Handling Labour Relations during the Prevention and Control of Coronavirus Infection Period, issued by the Ministry of Human Resources and Social Security on 24 January 2020
	Indonesia	Workers who are under observation for COVID-19 or otherwise required to be in quarantine or isolation should continue to receive full pay.	Circular Letter of the Minister of Manpower No. M/3/HK.04/III/2020 on Worker Protection and Business Continuity for the Prevention and Management of the Spread of COVID-19
<i>Occupational safety and health (OSH)</i>	Indonesia	Integration of COVID-19 prevention into workplace health and safety programmes and empowerment of OSH committees at workplaces.	Circular Letter of the Minister of Manpower No. M/3/HK.04/III/2020 on Worker Protection and Business Continuity for the Prevention and Management of the Spread of COVID-19

Protecting the life and health of workers during the COVID-19 pandemic:

<i>Personal protective equipment (PPE) in the workplace</i>	Kosovo⁴⁸	In order to continue their activities, business organizations must take the following measures: (a) provide their employees with PPE for the prevention of COVID-19 as guided by the National Institute of Public Health and (b) ensure that their employees and clients observe physical distancing.	Order No. 01/05 on the Performance of Economic Activities during the Public Health Emergency, issued by the Ministry of Economy, Employment, Trade, Industry, Entrepreneurship and Strategic Investments on 23 March 2020
	Poland	Employers are to ensure that all their employees, irrespective of the basis of employment, have access to disposable gloves or hand sanitizers.	Ordinance of the Council of Ministers of 31 March 2020 establishing certain restrictions, orders and prohibitions in connection with the state of the epidemic
	Serbia	The employer is obliged to take all general, special and extraordinary measures to ensure the hygienic safety of facilities and people. Safety equipment should be provided to employees who are in direct contact with customers or who share their work space with colleagues.	Decree on the Organization of Operation of Employers during the State of Emergency, issued in the Official Gazette No. 31/2020; entered into force on 16 March 2020
	Lebanon	Use of PPE by workers in essential services.	Ministry of Labour Circulars No. 25/1 and No. 26/1
<i>Safe return to work / controlled reopening</i>	Ireland	A mandatory protocol, entitled “Return to Work Safely”, lays down measures for preventing the spread of COVID-19 in the workplace. It is meant to be used at all workplaces to adapt procedures and practices so as to ensure compliance with relevant public health measures.	Return to Work Safely Protocol: COVID-19 Specific National Protocol for Employers and Workers, issued by the Government of Ireland on 9 May 2020 [link]
	Italy	The workplace protocol covers the following points, among others: information on the safety measures; any information gathered from employees on COVID-19 should be “necessary, adequate and relevant”; precautions extend to any third parties wishing to enter the premises of a business; physical distancing is mandatory during deliveries; cleaning of common areas and regular ventilation of rooms; a tax credit is available to encourage adequate cleaning and disinfection of the workplace, equal to 50% of expenses incurred, up to a maximum amount of €20,000; physical distancing measures (keeping at least 1 metre apart from others); wearing of masks and other protective equipment wherever possible; hand sanitizer should be provided at the entrance and exit of company premises.	Health protection protocol agreed between the Italian Government and trade unions on 24 April 2020, which sets out measures to control and restrict the spread of COVID-19 in the workplace; the protocol is contained in Annex 6 to the Prime Ministerial Decree of 26 April 2020

⁴⁸ As defined in UN Security Council resolution 1244 of 1999.

Protecting the life and health of workers during the COVID-19 pandemic:

<i>Protection of workers belonging to a risk group</i>	Argentina	Pregnant workers and workers included in risk groups may not be designated as essential personnel.	Resolution No. 207/2020 of the Ministry of Labour, Employment and Social Security
	Denmark	A law was adopted that allows particularly vulnerable employees and their close relatives to stay at home during the reopening of society while receiving pay or sick leave benefits	Act No. 190 of 20 May 2020 [link]
	Greece	Especially vulnerable employees who suffer from certain health problems are entitled to special absence leave.	Art. 25 of the Act of Legislative Content of 14 March 2020
	Mexico	Adults over 65 years of age and those belonging to groups who are at risk of contracting a serious disease and/or dying from it do not have to attend their workplace. They are to be placed on paid leave, which means that they continue receiving their salary and other statutory benefits.	Art. 2 of Agreement establishing preventive measures to mitigate and control the health risks arising from COVID-19, issued by the Ministry of Health on 24 March 2020 [link]
	Switzerland	The employer's obligations to protect the health of vulnerable employees are detailed in the new legislation. They include allowing employees to fulfil their tasks via teleworking (for which the employer must provide necessary support measures), or substituting tasks if it is impossible to fulfil the original tasks remotely; the same level of remuneration is to be maintained in both cases. The legislation allows employees to self-certify their vulnerability, though employers can ask for a supporting medical certificate.	Art. 10 c of Ordinance No. 2 on Measures to Combat the Coronavirus (COVID-19), 13 March 2020
<i>Right to refuse to work during COVID-19 pandemic</i>	Switzerland	An employee belonging to a risk group may refuse to perform a task assigned to him/her if the employer does not meet the conditions required or if he/she considers that the risk of infection is too high despite the measures taken by the employer. The employer may require a medical certificate. The employer continues to pay the employee's wages.	Art. 10 c of Ordinance No. 2 on Measures to Combat the Coronavirus (COVID-19), 13 March 2020
<i>Mental health and well-being</i>	Ireland	Employers should put in place support for workers who, when they return to work, may be suffering from anxiety or stress as a result of having gone through traumatic events such as the serious illness or death of a relative or friend, or because they are experiencing financial difficulties or problems with their personal relationships.	Section E, subsection 7C, of the Return to Work Safely Protocol: COVID-19 Specific National Protocol for Employers and Workers [link]
	Taiwan, China	To mitigate the impact of the pandemic on employers and encourage enterprises placing workers on unpaid leave to improve their equipment in the meantime, the Ministry of Labor issued guidelines for subsidizing business entities that take measures to improve workplace environments and promote workers' physical and mental health. Priority is given to those enterprises whose operations have been affected by COVID-19.	

Protecting the life and health of workers during the COVID-19 pandemic:

<i>Remote working</i>	Belgium	Teleworking is compulsory in all non-essential enterprises, regardless of their size, for all staff performing tasks that may be done remotely. In those cases where working from home is not possible, enterprises must take the necessary measures to ensure that the public health regulations are observed.	Art. 2 of Ministerial Decree of 18 March 2020 on emergency measures for limiting the spread of COVID-19 [link]
	Bulgaria	To protect workers from the health risks associated with COVID-19, employers may instruct them to work from home without having first to ask for their consent.	Act on Measures and Actions during a State of Emergency; entered into force on 13 March 2020
	Croatia	During the lockdown, only essential service providers are at work and only essential stores (such as grocery stores and pharmacies) are open. Their opening hours have been reduced. Employers in both the private and public sectors are required to make arrangements so that employees can work from home where possible.	Decision on Measures Limiting Social Gatherings, Work in Retail, Services and Sports and Cultural Events (Official Gazette No. 32/2020) and Decision on the Organization of Work in the State Administration Bodies during the Epidemic of the COVID-19 Disease Caused by the SARS-CoV-2 Virus (Official Gazette No. 32/2020)
	Georgia	An ordinance was issued that introduces the concept of physical distancing in the workplace and provides for remote work as an option.	Ordinance No. 181 on the Approval of Measures to be Implemented in connection with the Prevention of the Spread of the Novel Coronavirus (COVID-19) in Georgia, 23 March 2020 [link]
	Hungary	Employers can unilaterally instruct employees to work from home.	Art. 6 of Government Decree No. 47/2020 (in force since 19 March 2020)
	Italy	All working parents in the private sector with at least one child under 14 years of age are entitled to work from home, even in the absence of individual agreements, as long as there is no other parent within the same household who is receiving income support. This entitlement is conditional on an assessment of the compatibility of remote working with the nature of the work to be performed.	Art. 90 of Decree Law No. 34 of 19 May 2020
	Indonesia	The Government issued an appeal to employers, urging them to encourage working from home.	Letter No. 14/SE/2020 of the Department of Labour, Transmigration and Energy of the Special Capital Region of Jakarta Province

Protecting the life and health of workers during the COVID-19 pandemic:

	Romania	During the state of emergency, employers are entitled unilaterally to instruct employees to work from home. Nevertheless, employers are recommended to have in place a policy setting the general rules to be followed during the remote working period.	Presidential Decree establishing the state of emergency
	Panama	A law was adopted to allow teleworking in Panama.	Law No. 126 of 18 February 2020 establishing and regulating teleworking
	Portugal	There is an obligation to adopt teleworking, regardless of the nature of the employment relationship, provided that the tasks can be performed remotely by the worker.	Art. 8 of Decree No. 2-B/2020 of 2 April 2020.
	San Marino	Public and private employers should evaluate the possibility of enabling employees to perform activities outside their premises (remote working and working from home).	Art. 1(e) of Decree Law No. 44 of 8 March 2020
	Spain	Teleworking is to be given preference and prioritized.	Royal Decree-Law No. 8/2020 of 17 March 2020
<i>Medical leave (for example, self-reporting in case of sickness)</i>	France	<p>The process for applying for medical leave has been simplified for employees who need to look after their children. Employers are responsible for filing a medical leave declaration (<i>déclaration de maintien à domicile</i>) on behalf of their employees on a dedicated web portal (declare.ameli.fr). This declaration replaces the medical leave certificate issued by a healthcare professional. Leave is granted, without any waiting period or eligibility criteria, for a period of 1 to 21 days, which is renewable.</p> <p>For all employees placed on medical leave, the waiting period is waived with respect to both the payment of daily social security benefits and any additional allowance paid by the employer.</p>	Decree No. 2020-73 of 31 January 2020; Decree No. 2020-193 of 4 March 2020; Decree No. 2020-227 of 9 March 2020; Ordinance No. 2020-322 of 25 March 2020
	Sweden	The requirement to present a doctor's certificate after being off work sick for one week in order to qualify for sickness benefits has been removed.	Regulation No. 2020:196 amending Regulation No. 1995:1051 on the obligation to present a doctor's certificate in connection with some sickness benefits
<i>Paid non-working days</i>	Russian Federation	The President of the Russian Federation issued a decree proclaiming the days between 30 March and 3 April 2020 to be "non-working". Another presidential decree was issued on 2 April 2020 providing for a second, longer period of paid non-working days from 4 to 30 April 2020.	Decree "On Declaring a Nationwide Non-Working Week", issued on 25 March 2020; and Decree "On Measures Ensuring the Sanitary and Epidemiological Well-being of the Population of the Russian Federation following the Spread of the New Coronavirus Infection (COVID-19)", issued on 2 April 2020

Protecting the life and health of workers during the COVID-19 pandemic:

<i>Paid sick leave</i>	Taiwan, China	In the case of workers ordered to go into home isolation/quarantine or group isolation/quarantine, the authorities (agencies), enterprises, schools, legal entities and organizations must grant them disease prevention leave during the isolation or quarantine period, and may not treat them as absent without reason, force them to take personal leave or other types of leave, deduct attendance bonuses, dismiss them, or impose other unfavourable penalties. The same applies to workers who take leave to care for isolated or quarantined family members.	
	United States	Under the Emergency Paid Sick Leave Act and the Emergency Family and Medical Leave Expansion Act (both part of the Families First Coronavirus Response Act), private employers who have fewer than 500 employees are reimbursed with tax credits for the cost of providing employees with paid leave taken for specified reasons related to COVID-19.	Families First Coronavirus Response Act, 18 March 2020
<i>Quarantine measures</i>	Belarus	The concept of self-isolation was defined as a set of measures to ensure the isolation (at home or in other conditions) of people arriving from countries with an unfavourable epidemiological situation; people who have had or could have had contacts with people who are suffering from infectious diseases; people who are carriers of pathogens of infectious diseases; and people who are recovering from an infectious disease.	Resolution of the Council of Ministers of the Republic of Belarus No. 208 of 8 April 2020 "On the introduction of restrictive measures"
	Portugal	Prophylactic isolation (for 14 days) is treated as comparable to a normal illness for the purposes of social protection measures. As a result, workers who have been instructed by the health authorities to go into prophylactic isolation can count on being paid 100% of their normal remuneration during the period of isolation.	Order No. 2875-A/2020 of 3 March 2020
	Romania	Employees are entitled to medical/quarantine leave. In principle, the cost of benefits received during medical/quarantine leave is borne by the state social insurance budget – except in the case of medical leave for the first five days of incapacity, where the cost is borne by the employer.	
<i>Illness benefits</i>	Ireland	There is an enhanced illness benefit or supplementary welfare allowance for people who are either required to self-isolate or who have been diagnosed with COVID-19. A worker in self-isolation (maximum two weeks) or diagnosed with COVID-19 (maximum ten weeks) can apply for an enhanced illness benefit payment of €350 per week. Both employees and self-employed people qualify for this enhanced benefit.	Department of Employment Affairs and Social Protection, 10 March 2020 [link]
<i>Right to disconnect (teleworking-related rights)</i>	Chile	In the case of remote workers who are free to distribute their working hours or who are excluded from the maximum limit on working hours, the employer must respect their right to disconnect by ensuring that there is a period of time during which they are not obliged to respond to communications, orders or other requirements. The disconnection period must be at least 12 consecutive hours in any given 24-hour period.	Art. 152(J) of Law No. 21.220, modifying the Labour Code by adding provisions for remote working, 24 March 2020

Protecting the life and health of workers during the COVID-19 pandemic:

		Similarly, under no circumstances may the employer send communications to workers or issue orders or other requirements on rest days and statutory holidays or during periods of annual leave.	
<i>Essential services (health-related provisions)</i>	Cyprus	Mandatory laboratory testing for COVID-19 for employees of food and beverage retail companies who participate in the supply chain of these companies, and of staff in nursing homes. The Ministry of Health has provided a number of free laboratory tests for these purposes.	Quarantine Decree No.16 of 2020, issued on 15 April 2020
<i>Checking employees' health</i>	Hungary	The employer may take necessary and justified measures to check an employee's health.	Article 6 of Government Decree No. 47/2020 (in force since 19 March 2020)
<i>Occupational safety and health and teleworking</i>	Republic of Korea	The Ministry of Employment and Labor has issued guidelines on teleworking that cover such aspects as working hours, extended working hours, service provision and industrial accidents. For example, extended and night-time working hours are to be paid as overtime, and any injury or disease that occurs during teleworking falls into the occupational accident category. Because of the closure of day care centres, kindergartens and schools, which have switched to remote teaching, families are finding it difficult to combine work and care responsibilities. The Government's allowance support for short-term family care leave was therefore extended from five to ten days.	
	Spain	The obligation of employers to carry out a COVID-19-related risk assessment is exceptionally deemed to have been fulfilled where workers have performed a voluntary self-assessment.	Art. 5 of Royal Decree-Law No. 8/2020 of 17 March 2020
<i>Suspension of the obligation to attend the workplace</i>	Argentina	The obligation to attend one's workplace has been suspended for (a) workers over 60 years of age; (b) pregnant workers; and (c) workers included in the risk groups defined by the health authorities.	Resolution No. 207/2020 of the Ministry of Labour, Employment and Social Security

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