Covid-19: What employers need to know about vaccination and prevention

Guidance Paper

January 2022

International Organisation of Employers | Organisation Internationale des Employeurs | Organización Internacional de Empleadores

COVID-19: WHAT EMPLOYERS NEED TO KNOW ON VACCINATION AND PREVENTION

REPORT ON IOE CONFERENCE OCTOBER 2021

Contents

Executive Summary ... 3
Introduction ... 5
Vaccination and prevention in workplaces ... 6
The "vaccine plus" strategy ... 6
Mandatory vaccination ... 8
Caveats ... 9
Guidelines ... 10
Covid-19: State of play ... 12
Key data on Covid-19 worldwide ... 12
Global context ... 15
Economic recovery ... 16
Global vaccination discrepancy ... 17
Cross-border mobility ... 20
Response to Covid-19 ... 21
Lessons learned ... 22
Legal frameworks on vaccination and prevention ... 22
Case studies and best practices ... 23
Concluding remarks ... 25
Annexes ... 26
List of current countries mandating vaccination (as of January 2022) ... 26
Employers' core entitlements and duties on vaccination and prevention ... 28
Covid-19 Protocols on Return-to-Work ... 33
Sample Risk Assessment Form ... 36
Template of Covid-19 Visitors Auto-declaration ... 37

The present report takes as starting point the presentations and discussions that took place during the **IOE conference on Covid-19 in October 2021**[1] in which participated Guy Ryder, Director-General of the International Labour Organization (ILO), Dr Soumya Swaminathan, Chief Scientist of the World Health Organization's (WHO), together with the President of the American employer organisation, Eversheds and others. **Additional material** and **annexes** have been added to the report aimed at providing key guidance and practical tools on prevention and vaccination to Employers, Business Membership Organisations (EBMOs) and companies.

Executive Summary

After more than two years since the first outbreaks of Covid-19, employers remain on the frontline of the pandemic response. Recent developments are finding them caught between calls to mandate vaccination in the workplace and other demands to respect privacy and leave decisions on vaccination to the individual. Complicating further the situation in developing countries is the ongoing lack of access to vaccines in addition to vaccine hesitancy. Although major positive developments have taken place to reduce the impact of the pandemic, **many questions related to the workplace remain unanswered.** For instance, which effective solutions in response to Covid-19 can employers resort to? What can employers do to encourage prevention in the workplace and overcome the different issues relating to vaccination?

- **Key data on Covid-19**: as of January 2022, 62 per cent of the global population (more than 4.7 billion people) have received at least one dose of a Covid-19 vaccine. Vaccine supply will continue to increase globally, albeit inequitably. According to WHO Chief Scientist, the **effectiveness of the ten Covid-19 vaccines** approved by the WHO's Emergency Use Listing (EUL) remains high in **preventing both infections and serious diseases**.

- **Global recovery context:** according to the latest estimates from the ILO, a return to pre-crisis levels of GDP is expected in 2022 for high-income countries, while the **GDP** of middle-income and low-income countries will still fall short of those levels, by 3.8 per cent and 6.7 percent respectively. **Global unemployment** – which stood at 187 million in 2019 – is projected to reach 220 million in 2021 and 205 million in 2022. **Global working hours** in 2021 are estimated to remain significantly below the level attained in the last quarter of 2019. In 2021, the "**productivity gap**" between low income and advanced economies grew, with the average worker in a high-income country producing 18.0 times more output per hour than the average worker in a low-income country. In a **"fair vaccination" scenario** for the fourth quarter of 2021, which assumes an equitable distribution of vaccines globally, low income and lower-middle-income countries could increase their working-hour by 2.0 and 1.2 percentage points.

- **Global vaccination discrepancy:** whereas many governments in Europe and most developed countries continue their ongoing vaccination efforts, in many low-income countries, vaccination is hampered by the availability of the vaccines and their affordability. UNDP analysis suggests that the **economic recovery rate** is predicted to be faster for countries with higher vaccination rates, with about US$7.93 billion increase in global GDP for every million people vaccinated, whereas slower and uncertain for lower-middle-income and low-income countries.

- **There is no panacea in response to Covid-19.** Efficient policies require tailored strategies that take into account the respect of the freedom of choice of any individual not to be vaccinated as well as scientifically proven preventative measures and effective treatments that are tested, evidence based and context

[1] IOE, "Covid-19: What Employers Need to Know on Vaccinations and Prevention", Presentation Document, 5 October 2021, available here.

specific, varying across time and place. **Inform, educate, exchange on, and advocate** for effective solutions which help workers to ultimately make their own informed decision is of paramount importance. Risk messaging should address the complexities of the issue and cannot be "**one-size-fits-all**".

- **Vaccination and prevention in workplaces:** in the absence of formal normative guidance tailored to a specific situation, a **strategy** that combines vaccination and general standard preventive health and safety measures should remain in place until further notice from **scientifically proven authorities**, be they national or international. This strategy can come along with **social dialogue**.

- **Caveats:** in facing this pandemic, employers must remain cautious. They must be well aware of **national and local regulations**. Even in the event national laws compel a vaccine mandate, making vaccination a requirement for all employees, where dismissal or other sanctions for non-compliance are open to challenge, remains sensitive. Employers should be careful not to indicate an intention to discriminate. Compulsion carries additional **risks**, such as socio-economic, medical, cultural, and ethical. **Testing** is often more accepted as a proportionate measure than mandating vaccination, however, who should bear the cost remains problematic as most employers cannot afford to cover such costs.

- **Guidelines:** in the event of a vaccination mandate, employers should take into account the six following WHO considerations: (1) necessity and proportionality; (2) sufficient evidence of vaccine safety; (3) vaccine efficacy and effectiveness; (4) sufficient supply; (5) public trust and (6) ethical process of decision-making. Additionally, IOE advises to fully respect personal choice, recalls the importance of inform and advocate for effective treatment and outline that the Covid-19 response should be wider than vaccination, to include **scientifically proven standard health and safety precautions.**

- **Employers' entitlements on vaccination and prevention** must consider national and international legal frameworks and basic regulations including notably health and safety regulations, local labour/employment law and data privacy regulation. Possible legal and labour consequences for unvaccinated people remain a sensitive issue and so far, there has been no common approach taken to solve them. Employers will have to deal with it **on a case-by-case basis**. It remains to be seen in the short and medium-term how the situation will evolve and what legal claims will be raised before a proper answer is established.

- **Examples of case studies and best practices** from the United States (BP2C), South Africa (B4SA) and Switzerland show that in most cases, **the private sector** has been **the driver** of proposal, actions and initiatives aimed at providing an efficient and rapid response against Covid-19. **Continuous dialogue** with social partners and **leveraging employers' network and knowledge** of local contexts has allowed the private sector to be an effective **game-changer** in times of pandemic.

Introduction

From the onset of the Covid-19 pandemic, the **International Organisation of Employers (IOE)** has been mobilising its network to provide relevant information to support members with appropriate safety and health measures, preventive actions to minimise disruption to productivity, strategies for mitigation of financial losses, and overview of government initiatives to reduce economic stress on business.

After more than two years since the first outbreaks, employers remain on the frontline of the pandemic response. Despite the vaccines' rollout and the end of prolonged periods of lockdowns, the Covid-19 pandemic continues to deeply impact the way companies organise the workplace and engage with employees, customers, and other stakeholders. Recent developments are finding employers caught between calls to require vaccination in the workplace and other demands to respect privacy and leave decisions on vaccination to the individual. Complicating further the situation in developing countries is the lack of access to vaccines in addition to vaccine hesitancy.

Facing this period of uncertainty, employers have played a major role in reducing the spread of Covid-19 within the workplace. They have made huge efforts to adapt to the pandemic, to ensure that businesses survive and that the health and wellbeing of workers are protected. For this purpose, health and safety at the workplace has become a priority matter and the need for public-private collaboration on health issues has never been so necessary.

However, although major positive developments have taken place to reduce the impact of the pandemic, **many questions related to the workplace remained unanswered, making it difficult for employer organisations and companies to navigate all these complex and politically charged issues**. For instance, which standard preventive health and safety measures must be put in place to ensure both workers' and employers' health as well as business continuity? Where does the right balance lie? What are employers entitled to do when it comes to mandatory vaccination? How do employers manage health and safety concerns when staff members choose not to be vaccinated? What could be done to accelerate global vaccine distribution and equity?

These are some of the questions Guy Ryder, Director-General of the ILO, Dr Soumya Swaminathan, WHO's Chief Scientist, together with the President of the American employer organisation, Eversheds and others answered during the IOE Digital Conference on Covid-19: What employers need to know on vaccination and prevention in October 2021. Experiences and testimonials from a private sector business alliance, a private company and Education International, a global federation of teachers' trade unions were also part of this high-profile event. These leaders provided much-needed insights to IOE's network of 50 million companies on how employers and employer organisations can manage the latest Covid-19 challenges and the role and responsibility of the employer.

The full Conference and presentations can be viewed here on IOE's website.

The presentations and discussions that took place during the IOE conference were enriched with additional sources and information. This report is a resource for Employers, Business Membership Organisations (EMBOs) and companies aiming at providing them with **key guidance** and **practical tools**. Various documents such as a Covid-19 Visitors auto-declaration template and a concise Covid-19 Risk Assessment table are also made available in annex.

Vaccination and prevention in workplaces

Since the pandemic became a global crisis, the world of work is one area where the disruption was most acute. The ILO Director-General pointed out that following a period of uncertainty and doubts on how people could get back to work, the "new normal" is now underway also in the world of work. However, the world of work has realised that the previous binary reasoning between before and post-pandemic was erroneous. The current situation appears to be more complicated than that, with employers and workers having to adapt and to learn how to coexist with the virus and work out how businesses can continue to operate effectively in such an adverse environment.

There has been a strong joint effort between ILO constituents and the WHO to set general guidelines such as the types of preventive measure and medical protocols employers need to put in place in workplaces, as well as the recognition of the crucial role of vaccines. The ILO also set up a country policy responses tracker[2] that compiles all the policies implemented by governments, employers' and workers' organisations, and the ILO in 188 countries and territories during the pandemic.

Vaccines have brought new questions to the fore on how to manage the world of work and vaccination. Most notably, beyond the problem of vaccine equity, the questions of mandatory vaccination and the disclosure of an individual's vaccination status continue to be subject to a lack of consensus and clarification in most national jurisdictions. These dilemmas are shared by government and businesses alike and the answers to these dilemmas vary greatly from country to country and from one company to another.

Furthermore, despite the ILO general guidelines of encouraging dialogue and implementing precautionary measures, ILO Director-General outlined that the accumulation of these dilemma has brought to light the normative guidance gap of the ILO on these issues. For the purpose of filling this current normative guidance gap, he called for a formal tripartite dialogue to equip the ILO and to see how far constituents can get to establish common thinking on these issues.

The "vaccine plus" strategy

According to WHO Chief Scientist, in the absence of formal normative guidance tailored to a specific situation, resorting only to a vaccine strategy would be a limited approach. Therefore, as she called it, a "vaccine plus" strategy[3] that combines vaccination with efficient general standard preventive health and safety measures should be privileged at the workplace. This strategy can come along with social dialogue.

Standard health and safety precautions[4] must remain in place as countries that lifted them witnessed a resurgence of infections. The cheese model must be applied - avoid lifting all measure at once, and rather take a step-by-step approach.

Applying this approach and maintaining standard health and hygiene protection measures should remain in place until further notice from scientifically proven authorities, be they national or international. The situation must be reassessed on a regular basis and adapted accordingly. However, according to the specific situation in the country and in their company/organisation, employers remain free to assess whether such standards can be partially lifted.

[2] ILO, "Country policy responses" (tracker), 4 January 2022, available here.
[3] This concept was first brought to the fore by UK health experts to encompass a series of protective measures including vaccines and general standard preventives and safety measures. (see more here).
[4] Such as ventilation, wearing masks, physical distancing, hands disinfection, remote work, staying at home if having symptoms, etc.

Making available guidance on how to go through a risk assessment that takes concurrently into account the local and specific context appears to be needed more than ever. To this end, Employers and companies will find below practical guidance that might help them.

COVID-19 Protocol on Return-to-Work & Risk Assessment available for Employers

- In Indonesia, IOE member, the Employers' Association of Indonesia (APINDO) together with various labour organisations, supported the launch of the new web-based COVID-19 risk assessment service to enhance enterprises' safety measures to ensure safe and sustainable workplaces. The service was jointly developed by the ILO in collaboration with the Indonesian Ministry of Manpower, supported by the Government of Japan[5].
- This service gives a practical tutorial and provides a step-by-step guide to sign up for the risk assessment service and receive professional advice from occupational safety and health (OSH) doctors. Apindo welcomed the free Covid-19 assessment service that will help enterprises to develop short and long-term infection control measures for each workplace and to support enterprises' preparedness to respond to any outbreaks.
- Annexed to this document is a concise Covid-19 Risk Assessment as well as a Covid-19 Return-to-Work Checklist and links to other useful documents. These practical documents aim to help employer organisations and companies in dealing with the challenges brought by the pandemic.

[5] ILO in Indonesia and Timor-Leste, "Employers and workers support the new COVID-19 risk assessment service for enterprises", 04 October 2021, available here.

Mandatory vaccination

Authorised Covid-19 vaccines have been shown to be safe and efficacious in preventing severe disease and death, and the vaccine supply will continue to increase globally, albeit inequitably. Nevertheless, the nature of the Covid-19 pandemic and evidence on vaccine safety, efficacy, and effectiveness continue to evolve.

General public

Vaccination mandates for whole populations remain rare. As of January 2022, only few countries have issued a nation-wide mandate. As examples, citizens in Indonesia and residents in Turkmenistan have received mandatory vaccination orders[6]. Equally, in Austria, Covid-19 vaccination will become mandatory for everyone beginning 1 February 2022[7]. Other countries have issued mandates depending on group ages[8] whereas some others have issued sectoral mandatory vaccination, either for healthcare workers, civil servants or travellers. A complete list is made available in annex.

According to WHO, more evidence may be required about vaccine uptake to determine whether a mandate is necessary, which will depend on local contexts and on the goals of the health system (e.g., achievement of herd immunity, protecting the most vulnerable). Similarly, the extent to which a mandate for the general public is proportional will depend to some extent on the local context given the variation in COVID-19 epidemiology in different jurisdictions. Even if there is a sufficient supply and a mandate for vaccination of the general public is considered necessary and proportionate, it should still be considered whether a mandate for the general public would threaten public trust or exacerbate inequity for the most vulnerable or marginalized.

Workplace

Conference panellists reiterated that imposing mandatory vaccination in the workplace remains highly sensitive and context based. As of January 2022, situations vary greatly from country to country. For instance, the Italian government made it obligatory for all workers either to show proof of vaccination, a negative test or recent recovery from infection[9]. The new rules came into force on 15 October 2021.

In facing this pandemic, employers must remain cautious. Even in the event the national law compels a vaccine mandate, making vaccination a requirement for all employees, where dismissal or other sanctions for non-compliance are open to challenge, remains sensitive. Employers should be careful not to indicate an intention to discriminate. Compulsion carries risks. Willing staff could find themselves in a better position than unwilling ones, potentially jeopardising equality between workers. Equally, mandating an unconvinced workforce may get them vaccinated but may damage the trust relationship between employee and employer, or even drive employees to terminate the employment relationship. This puts employers between a rock and hard place. Allowing workers to work in situations that create exposure may breach employers' obligations to keep workers from risk of harm. In a similar vein, mandating vaccination may breach rights-based obligations, all these showing that there is no simple answer to this problem.

[6] Reuters, "Factbox: Countries making COVID-19 vaccines mandatory", 13 January 2022, available here.
[7] Jurist, "Austria announces mandatory COVID-19 vaccination for all", 22 November 2021, available here.
[8] See for instance recent developments in Greece, where residents over the age of 60 must be vaccinated by 15 January 2022, before starting being fined €100 a month (available here) or Italy, which has made it obligatory for people aged 50 or more to be vaccinated against Covid-19 starting on 5 January 2022 (available here).
[9] Reuters, "Italy makes COVID health pass mandatory for all workers", 15 October 2021, available here.

The challenges do not stop there. Employees who are reluctant to work with unvaccinated colleagues, and customers and suppliers who do not want to interact with unvaccinated workers are two common examples. All these situations comprise a combination of conflicting rights and fears; rights to not have private information disclosed to others without permission or even fears of exposure to harm because of a lack of information about the status of those with whom people will come into contact.

Caveats

Along the aforementioned challenges, making vaccines mandatory in the workplace faces various risks, such as socio-economic, legal, medical, cultural, and ethical that go beyond vaccine accessibility.

From the socio-economic point of view, the following elements must be considered by governments when imposing mandatory vaccination. Of paramount importance is to clearly identify what is the objective of such measure and does vaccination effectively leads to that goal?

- **Does mandatory vaccination entail more safety in the workplace**? Partially, as it could reduce substantially the risk of both infections over a one-year period and risks of severe diseases over the long term. However, the primary line of protection remains prevention measures like ventilation, hygiene, and distancing as vaccinated persons can still spread the virus.

- **Does it allow Business continuity**? Partially, as recent studies have shown that if non-vaccinated people are blocked from entering the workplace, there is a risk of losing around 15 to 30 percent of the workforce capacity, ratio that can be higher in countries with low vaccination rate. In addition, a lot of countries are already struggling to find proper workforce, which would get worse with mandating vaccines. Additionally, certain population groups cannot have a vaccine because of a health condition. Lastly, some necessary interventions from outside contractor workers (maintenance, repair, etc.) will be postponed, limited or impossible especially if this workforce stems from countries with low vaccination capabilities. Mandating vaccination would ultimately remove flexibility from the hands of businesses.

- **Would protection of workers be fully guaranteed**? Partially, as this would equally require customers to be vaccinated, which is not something the employer can influence. A non-vaccinated customer could potentially infect vaccinated employees.

- **Is discrimination avoided?** Partially, if there is no government legislative backing for compulsion and legal certainty nor vaccine equity worldwide. Discrimination could arise between vaccinated and non-vaccinated employees, between vaccinated employees and those having no access to vaccine as well as between fully vaccinated staff members and non-vaccinated costumers.

Can Employers make Covid-19 vaccinations compulsory?

There is increasing debate around the extent to which workers can be compelled to get vaccinated against Covid-19. Employers around the world are currently facing a lack of clarity and certainty about what is possible. Although each country has its own regulations and with those legal constraints in mind, options for employers essentially are limited to:

- Encouraging employees to follow preventive measures
- Persuading the government to either
  - Issue more Public Health Orders focused on vaccinating critical groups and/or
  - Adapt other legislation to avoid legal risks to employers that need to require employees to be vaccinated or to produce proof of vaccination and/or
  - Introduce rapid antigen and saliva-based tests that can be self-administered and/or

- Requiring proof of non-infection to enter workplaces or
- Taking into account all available protective measures (e.g., more or better Personal Protective Equipment (PPE), increased use of non-contact technology, etc.)

Testing

Testing is often more accepted as a proportionate measure than mandating vaccination but establishing who assumes the cost of testing can be contentious. When considering the legal perspective, whether testing is a proportionate measure is dependent on the relevant requirements and recommendations or other measures adopted by the government or health authorities of the relevant jurisdiction.

If an employer wants to impose a policy forcing unvaccinated employees to assume the costs of Covid-testing in the absence of a medical reason, some considerations to take into account include:

(i) Whether the employee could allege other forms of indirect discrimination (e.g., based on family status, race or religion);

(ii) Whether employees are able to somehow claim the relevant costs through the medical insurance scheme of the company;

(iii) How best to communicate this policy and (iv) what would be the consequences permissible under the applicable laws if employees fail to comply with these requirements.

IOE Regional Vice-President for Europe and Central Asia, Blaise Matthey, expressed the view during an interview that in countries where vaccination remains free and accessible to everyone, governments should not put the burden of costs of testing on companies. Similarly, results from Society for Human Resource Management (SHRM) survey on the Biden Administration Vaccine Mandate[10] confirm this view. Interviewing representatives from a wide variety of industries across the United States, respondents confirmed that most companies cannot afford to cover the cost of regular weekly Covid-19 testing, most notably small (67%) and medium (70%) enterprises.

Guidelines

Mandatory vaccination has become one of the most sensitive issues since the appearance of the first vaccines. From an employer's perspective and more broadly at a societal level, adopt effective preventative measures to tackle this pandemic is not only an extremely important issue to ensure economic recovery and secure public health, but also a very complex one as it involves ethical considerations and context-based problematics. On top of it, there are still several uncertainties regarding scientific evidence on vaccines which makes even more difficult to define clear policies applicable both nationally and in the workplace.

Being able to assess whether vaccination can be mandated or not depends on various elements and must also take into consideration some important caveats. Where to set the right balance between on one side the common good and on the other side individual liberty?

On April 2021, the WHO released an informative document on mandatory vaccination[11] that provides the framework for decision making and key elements to consider for employers. It recalls that mandating vaccine

[10] SHRM, "Survey: Vaccine-or-Testing Mandate Will Be Difficult to Implement", November 2021, available here.
[11] WHO, "COVID-19 and mandatory vaccination: Ethical considerations and caveats", 13 April 2021, available here.

for the public at large is so fare unrealistic, however, the six following WHO considerations can be applied at any point in time and in any context.

WHO's Guideline on Covid-19 mandatory vaccination

According to the WHO report, the following considerations and caveats should all be explicitly evaluated and discussed through an ethical analysis alongside other relevant scientific, medical, legal, and practical considerations.

1. **Necessity and proportionality**: Mandatory vaccination should be considered only if it is necessary for, and proportionate to, the achievement of an important public health goal (including socioeconomic goals) identified by a legitimate public health authority. Mandates should be considered only if they would increase the prevention of significant risks of morbidity and mortality and/or promote significant and unequivocal public health benefits.
2. **Sufficient evidence of vaccine safety**: Data should be available that demonstrate the vaccine being mandated has been found to be safe in the populations for whom the vaccine is to be made mandatory. When safety data are lacking or when they suggest the risks associated with vaccination outweigh the risks of harm without the vaccine, the mandate would not be ethically justified, particularly without allowing for reasonable exceptions (e.g., medical contraindications).
3. **Sufficient evidence of vaccine efficacy and effectiveness**: Data on efficacy and effectiveness should be available that show the vaccine is efficacious in the population for whom vaccination is to be mandated and that the vaccine is an effective means of achieving an important public health goal.
4. **Sufficient supply:** supply of the authorized vaccine should be sufficient and reliable, with reasonable, free access for those for whom it is to be made mandatory (i.e., there should be few barriers that make it difficult for populations affected by the mandate to access the vaccine).
5. **Public trust:** Policymakers have a duty to carefully consider the effect that mandating vaccination could have on public confidence and public trust, and particularly on confidence in the scientific community and public trust in vaccination generally. If such a policy threatens to undermine confidence and public trust, it might affect both vaccine uptake and adherence to other important public health measures, which can have an enduring effect. High priority should therefore be given to threats to public trust and confidence amongst historically disadvantaged minority populations, ensuring that cultural considerations are considered.
6. **Ethical processes of decision-making:** Transparency and stepwise decision-making by legitimate public health authorities should be fundamental elements of ethical analysis and decision-making about mandatory vaccination. Reasonable effort should be made to engage affected parties and relevant stakeholders, and particularly those who are vulnerable or marginalized, to elicit and understand their perspectives. As in other contexts, mechanisms should be in place to monitor evidence constantly and to revise such decisions periodically.

IOE's guidance

In addition to the WHO guidelines, IOE has established the following guidance when it comes to any matter related to vaccination:

- IOE expresses its support to fully respect the personal choice of any individual not to be vaccinated. The aim of any IOE engagement should be to help workers/individuals make informed decisions. Freedom of choice must be paramount and any IOE employee opting out of vaccination programs should not be discriminated against.

- Important as it is to inform, educate, exchange on, and advocate for effective treatment, it is equally important to advocate for equal and fair access to treatments, medicines, and vaccinations for workers, employers, and individuals in developing economies, as well as for the most vulnerable everywhere.

- Response to Covid-19 must include vaccination, as well as scientifically proven preventative measures and effective treatments. Response is not limited to a single vaccine or group of vaccines; it is also about understanding and putting in place effective measures to prevent transmission and related diseases. This means raising awareness of the existence of WHO-approved preventative measures, and of the diversity of vaccines and treatments available worldwide, now and in the future.

Covid-19: State of play

As of January 2022, the world is witnessing a multitude of divergent situations related to the Covid-19 crisis. On the one hand, most developed countries are facing their 4th, 5th or even 6th wave with a resurgence of infections that is highly correlated with vaccine hesitancy. In other parts of the world, access to the vaccine remains insufficient, showing the need to increase global vaccination equity.

In this regard, relying on the latest data and forecasts from the highest international authority on health issues, the World Health Organization, remains critical for employers to face the next stages of the pandemic as well as having reliable guidance on vaccination policies and preventive measures to be taken in the workplace.

Key data on Covid-19 worldwide

- **Global and regional coverage of vaccination:** as of January 2022, 62 per cent of the global population (more than 4.7 billion people) have received at least one dose of a Covid-19 vaccine. When assessing the vaccination rates by region, about 72 per cent of shots that have gone into arms worldwide have been administered in high- and upper-middle-income countries. Only 1 percent of doses have been administered in low-income countries.[12]

- **True scale of infections:** As of January 2022, there have been some 309 million confirmed cases of Covid-19 infections, reported to WHO[13]. However, for every recorded case, there is approximately 200 unreported cases, this ratio varies from countries and within countries. As an example, in poor countries, this ratio ranges from 1 to 30 to 1 to 100. Worth pointing out, Europe and the Americas continue to the most infected regions.

[12] The New York Times, "Tracking Coronavirus Vaccinations Around the World", 12 January 2022, available here.
[13] WHO, WHO Coronavirus (COVID-19) Dashboard, 12 January 2022, available here.

Vaccination rates by region as of January 2022 (Source: New York Times)

Vaccination rates by region

As a share of total population. The height of each bar is proportional to the region's population.

Partially vaccinated · Fully vaccinated · Received additional dose

0% 20% 40% 60% 80% 100%

U.S. and Canada 76% at least one dose

Latin America 72%

Asia-Pacific 71%

Europe 66%

Middle East 51%

Africa 14%

- **Death toll and virus exposition:** close to 5.5 million people[14] are known to have died as of the virus. Recent surveys focusing on antibodies suggest that from 60 per cent of the global population has been exposed to the virus. In Africa, which is the continent with the fewest number of cases and deaths, the surveys have shown that around 40 per cent of the population has been exposed. In Americas an estimated of 50 to 60 per cent have been exposed. Within a region, there is also significative discrepancies between high- and low-income countries.

- **Duration of immunity**: according to WHO, once an individual has been infected and has recovered, the period of immunity normally lasts a year. Reinfection rates remain low ranging from 5 to 10 per cent especially for older people.

- When it comes to **Covid-19 variants,** it is important to keep in mind that all viruses mutate. Prior to the emergence of the Omicron variant, the Delta variant was responsible for 98 per cent of infections worldwide with an exponential growth, primarily due to the fact that it is seven to eight times more infectious making it more difficult to limit the spread. However, in the last few weeks, the trend has been reversed with the new infections being primarily caused by the Omicron variant, that is, according to the WHO, confirmed in 149 countries and is now causing an upsurge in cases in most regions[15]. Nonetheless, despite being supplanted by Omicron in terms of new infections, Delta remains the dominant variant worldwide as of January 2022[16].

---

[14] Ibid.

[15] ONU Info, "Covid-19 : Omicron demeure toujours un risque très élevé, selon l'OMS | ONU Info", 11 January 2022, available in French here.

[16] ONU Info, "Covid-19 : détecté dans 106 pays, le variant Omicron présente toujours « un risque mondial très élevé" (OMS)", 22 December 2021, available in Frencg here.

- **Vaccine efficacy** and **effectiveness**: so far, both vaccine efficacy (vaccine performance in clinical trials conditions) and vaccine effectiveness (vaccine performance in real conditions) remain high in preventing both infections and serious diseases. It is worth clarifying that, concerning immunity, the current vaccines cannot protect against infections over a long period of time. However, they do have high levels of effectiveness and protection, ranging from 80 to 95 per cent against severe diseases, which means that if someone is vaccinated, this person can still get infected, but will unlikely be hospitalised.

Effectiveness of Covid-19 vaccines compared with other diseases (Source: CDC)

VACCINE	VACCINE EFFECTIVENESS	# OF RECOMMENDED DOSES
Flu (Influenza)	44.0%	1
AstraZeneca novel coronavirus	70.0%	2
Chickenpox (Varicella)	92.0%	2
Moderna novel coronavirus	94.1%	2
Pfizer novel coronavirus	95.0%	2
Measles (MMR)	97.0%	2
Polio	99.0%	3–4

- **Looking ahead,** it remains difficult to predict whether there will be more variants or if the future ones will be more infectious. Currently, vaccines and natural immunity significantly reduce the impact of the Beta, Gamma and Delta variants. There is concern that if the virus continues to mutate, it could reduce vaccine protection. Nevertheless, when it comes to the omicron variant, further studies will need to be done to assess the effectiveness of the current vaccines against this new variant. To date, some experts and studies already say that over time the virus will become less potent, but this remain to be seen.

WHO three major scientific lines of action to defeat COVID-19

1. **Diagnostics:** Putting in place quality diagnostic capacity is central for limiting the spread at work and ensuring safety in workplaces. To date, there are many good diagnostic technologies available on the market such as the Reverse transcription polymerase chain reaction (RT-PCR) or rapid antigen tests.

2. **Treatment:** according to the WHO, a new antiviral drug from Merck, called Molnupiravir, could help reduce Covid hospitalisations and deaths. This drug in tablet form, if given within the five first days of symptoms, could reduce hospitalisation and deaths by 50 per cent, therefore representing a real breakthrough and game-changer in the combat against Covid-19. Similarly, Pfizer announced in November 2021, that its pill, which will be sold under the brand name Paxlovid and for which the US Federal Drug Administration (FDA) has given its approval on 22 December 2021[17], has been found to cut the risk of hospitalization or death by 89 percent when given within three days after the start of symptoms. Both pills are now going through national approval processes[18].

3. **Prevention:** In addition to preventive public and social measures, there are currently six vaccines approved by WHO's EUL and many more are in the pipeline. As of 05 October 2021, some 6.5 billion doses of vaccine have been administered globally, about 350 million were handled by the COVID-19 Vaccines Global Access (COVAX), the worldwide initiative aimed at equitable access to COVID-19 vaccines, and the majority have gone through national processes.

Global context

According to the latest estimates and analysis from the ILO Monitor on Covid-19 and the world of work, the latest labour market developments must be taken into consideration when working towards an effective recovery. Below is a summary of the ILO research findings[19]:

- **Return to workplace and vaccination:** there has been a slow progress in low- and middle-income countries. Higher vaccination rates are associated with less stringent workplace restrictions. Overall, workplace closures have become increasingly targeted at specific areas and sectors.

- **Hours worked:** global recovery has stalled. Globally, labour market recovery from the pandemic shock has stalled during 2021, with little progress being made since the fourth quarter of 2020. Global working hours in 2021 are estimated to remain significantly below the level attained in the last quarter of 2019, at – 4.5 per cent (equivalent to 131 million full-time jobs) in the first quarter of this year, – 4.8 per cent (140 million full-time jobs) in the second quarter and – 4.7 per cent (137 million full-time jobs) in the third quarter. However, this aggregate picture masks great divergence between countries. Working hours in high- and upper-middle-income countries tended to recover in 2021, while both lower middle and low-income countries continued to suffer large losses.

- **Productivity and enterprises:** as lower-productivity enterprises and lower-paid workers were disproportionately harmed by the pandemic, global labour productivity (output per working hour) grew in 2020 by more than twice the long-term average. In 2021, global labour productivity growth has slowed down significantly, with negative growth in low- and lower-middle-income countries. As a result, the "productivity gap" between developing and advanced economies has grown. In 2020, the average worker

[17] CNBC, "FDA authorizes Pfizer's Covid treatment pill, the first oral antiviral drug cleared during the pandemic", 23 December 2021, available here.
[18] BBC, "Molnupiravir: First pill to treat Covid gets approval in UK", 4 November 2021, available here.
[19] ILO, "ILO Monitor: COVID-19 and the world of work. 8th edition", 27 October 2021, available here.

in a high-income country produced 17.5 times more output per hour than the average worker in a low-income country. This gap has increased to 18.0 in 2021, the biggest difference since 2005.

- **Employment, unemployment and inactivity:** the latest global estimates and country-level data confirm the unequal employment impact of the Covid-19 crisis in 2020. The number of people employed and participating in the labour force has not fully recovered and "labour market slack" remains significant in many countries. Young people, especially young women, continue to face greater employment deficits, while the situation continues to be lagging in middle-income countries.

- **Stimulus, vaccination and job recovery**: while fiscal stimulus packages continue to be a key tool to support the recovery, the fiscal stimulus gap in developing countries (particularly low-income countries) remains largely unaddressed. Estimates show that, on average, an increase in fiscal stimulus of 1 per cent of annual GDP would have increased annual working hours by 0.3 percentage points by the first quarter of 2021 relative to the last quarter of 2019. Higher vaccination rates are also associated with a stronger and faster labour market recovery. Estimates indicate that, for every 14 persons fully vaccinated in the second quarter of 2021, one full-time equivalent job was added to the global labour market.

- **Prospects for the rest of 2021:** Prospects for labour market recovery for the rest of 2021 remain weak and uncertain. Reflecting the stalled recovery in 2021 to date, significant downward adjustments have been made to the projected working hours for 2021, from the –3.5 per cent (–100 million FTE jobs) relative to the last quarter of 2019 that was forecast by the ILO in June 2021, to the –4.3 per cent (–125 million FTE jobs) that the ILO forecasts today. Vaccination will continue to be a key factor in shaping the eventual labour market outcome for 2021. In a "fair vaccination" scenario for the fourth quarter of 2021, which assumes an equitable distribution of vaccines globally, low income and lower-middle-income countries could reduce their working-hour losses in the fourth quarter considerably: hours worked would increase by 2.0 and 1.2 percentage points in low-income and lower-middle-income countries, respectively.

Economic recovery[20]

- According to the ILO, the world economy has seen a sharp increase in growth in 2021, compared to the previous year. Having shrunk by 3.2 per cent in 2020, it is projected by the International Monetary Fund (IMF) to grow by 6 per cent in 2021 and 4.9 per cent in 2022.

- A return to pre-crisis levels of gross domestic product (GDP) is expected in 2022 for high-income countries, while the GDP of middle-income and low-income countries will still fall short of those levels, by 3.8 per cent and 6.7 percent respectively.

- At the same time, global unemployment – which stood at 187 million in 2019 – is projected to reach 220 million in 2021 and 205 million in 2022. All of this is evidence of a recovery that is unequal, uncertain and fragile.

[20] ILO, GB.343/INS/3/2, "Matters arising out of the work of the 109th Session (2021) of the International Labour Conference", 8 October 2021, available here.

Global vaccination discrepancy

Globally, the distribution of vaccines is shaped by challenging political, economic, social, and health-related matters. Therefore, accurate and up-to-date data and information are critical components in guiding the international community's understanding of vaccine equity and in shedding light on the blind spots essential for achieving the last mile on vaccine equity.

- In January 2022, 67.8 per cent of high-income countries' total population have been administered with at least one dose compared to 11.38 per cent for low-income countries[21]. Countries such China, Brazil, Japan, Indonesia, Germany, Mexico, France, Turkey, and the United States have administered more than two third of all worldwide doses. Among these countries, India and China's vaccine administration accounts for approximately 50 per cent of doses globally.
- Less wealthy countries are relying on a vaccine-sharing arrangement called COVAX, which originally aimed to provide two billion doses by the end of 2021 but has repeatedly cut its forecasts by 25% to 1.4 billion because of production problems, export bans and vaccine hoarding by wealthy nations[22].
- This has led to a striking divide between regions of the world. Africa has the slowest vaccination rate of any continent, with just 14.5 percent of the population receiving at least one dose of a vaccine. Additionally, only 5 per cent of people in low-income countries are fully vaccinated.
- The WHO set the objective that every country should vaccinate at least 10 per cent of its population by September 2021 and 40 per cent by December 2021. By the end of 2021, only one low-income country and 31 medium- and low-income countries (MLIC) met the 10 per cent target. Most of high-income countries have gone well beyond the 10 per cent, crossing the 40 per cent target in advance. Only six MLIC have achieved the 40 per cent target. On 4th January 2022, WHO Director General called on all governments to vaccinate 70 per cent of people in every country by July 2022[23].
- However, there is a long way to go in terms of equity in vaccine coverage, although many efforts have been made worldwide. According to WHO, essential next step should include:
  - **Encouraging** manufacturers and countries that stock and supply to prioritise COVAX which is the global delivery mechanisms that the WHO set up, to send doses in countries with low coverage.
  - **Asking** all countries to refrain from putting in place export restrictions or custom barriers to movement of scientific material or vaccine to ease cross-border mobility and prevent shortages.
  - **Promoting** technology sharing to expand manufacturing capacity, the WHO supported a South African consortium to set up of the first COVID Mrna vaccine technology transfer hub.

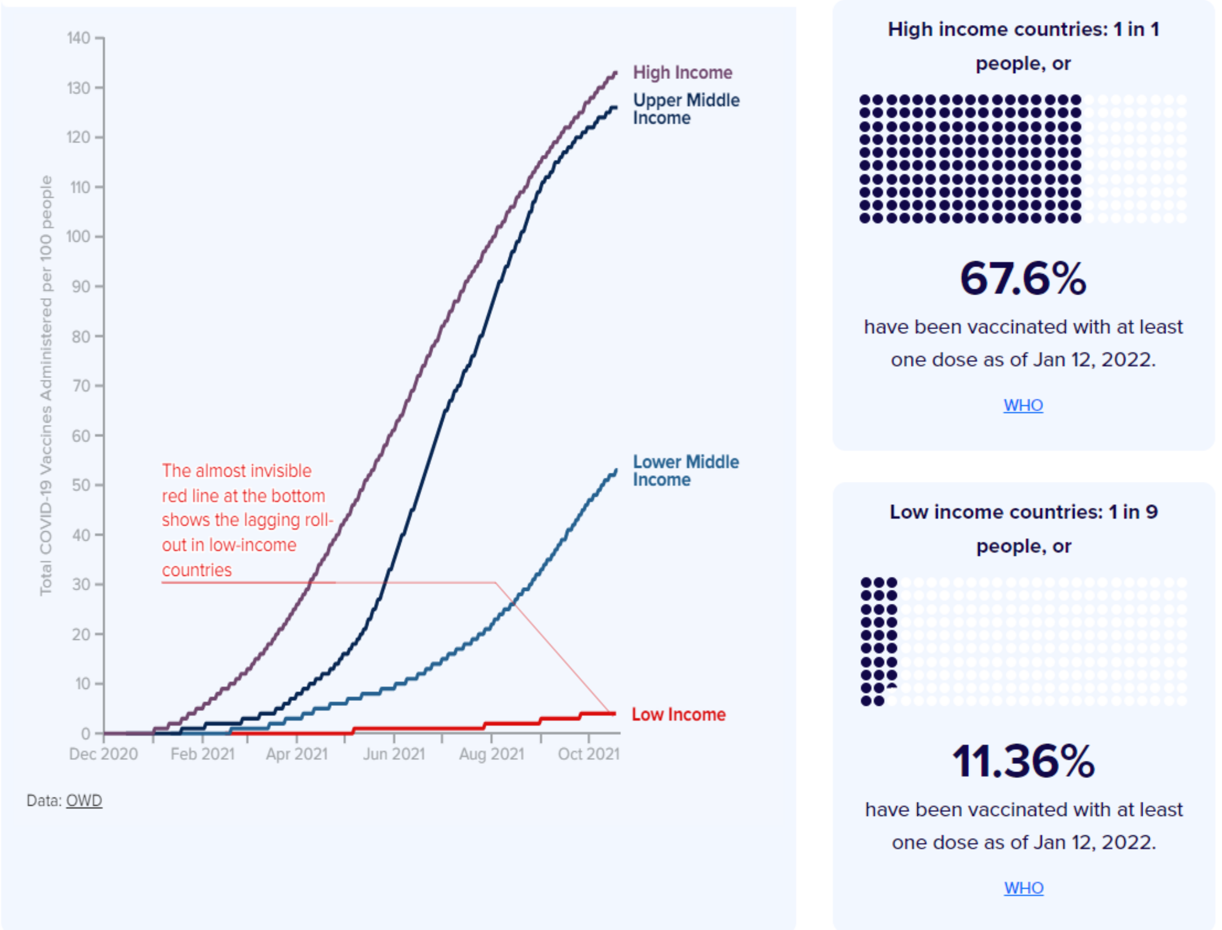
Vaccine access and affordability: barrier to vaccine equity

Whereas Europe and most developed countries are trying to convince the remaining hesitant population to get vaccinated, in Africa, compulsory vaccination is hampered by the availability of the vaccine. Indeed, a slower and delayed vaccination rollout in low and middle-income countries has left their populations vulnerable to Covid-19 variants, new surges of the virus and a slower recovery out of the crisis. According to UNDP, high-income countries started vaccination on average two months earlier than low-income countries

[21] UNDP, "Global Dashboard for Vaccine Equity - UNDP Data Futures Platform", 12 January 2022, available here.
[22] The New York Times, "Covax, a global program to distribute Covid vaccines, cuts its 2021 forecast for available doses by a quarter", 28 September 2021, available here.
[23] Twitter, @DrTedros, "We must speed up our efforts to expand production, remove trade barriers, and share doses to vaccinate 70% of populations in ALL countries by mid-2022. #VaccinEquity will save countless lives.", 11 January 22, available here.

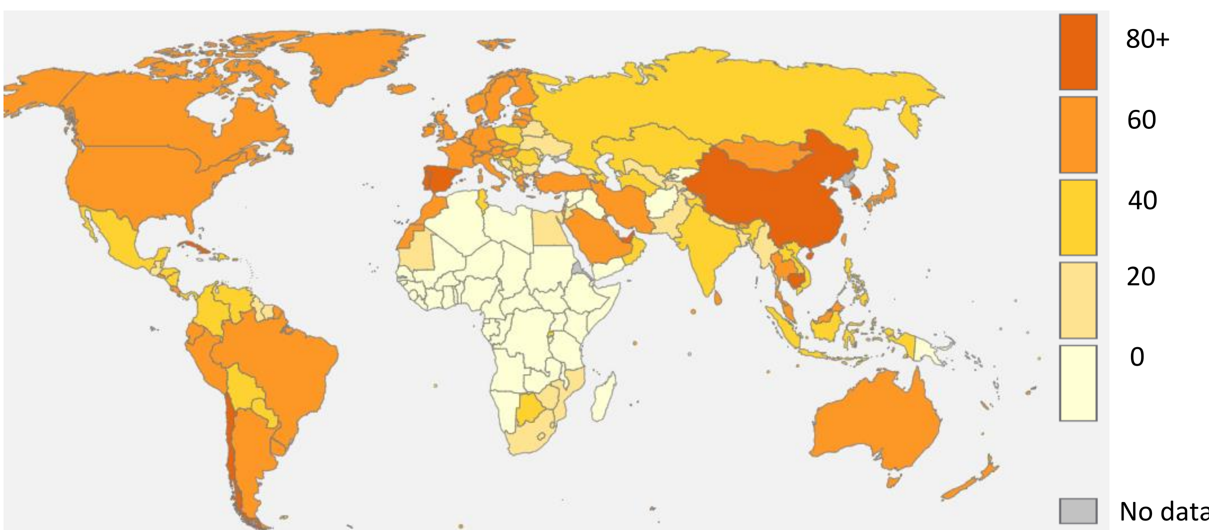
and access to vaccines in low-income countries is still strikingly low. When it comes to accessibility to vaccine globally, the almost invisible red line at the bottom of the graph is a stark reminder of the gap between rich and poor countries.

Accessibility of vaccines globally (source: UNDP)



According to **Ousséine Diallo**, Executive Secretary of the Federation of West African Employers' Organisations (FOPAO), for employers, the lack of accessibility to vaccine poses a direct threat to business activity. The volunteers who want to be vaccinated are discouraged by the non-availability of the vaccine and sometimes by the waiting time between the two vaccines, which leads to a loss of confidence. In his view, mandatory vaccination should only be introduced by the law if vaccines are fully available. Otherwise, it will be a clear disadvantage for any company operating in such environment. Indeed, in the event of a lack of vaccine and despite the will of the employee to get vaccinated, there is nothing the employer can do, situation that will ultimately penalise the company.

Percentage of people fully vaccinated as colours (source: BBC)



In addition to vaccine availability, an equal major concern remains vaccine affordability, issue that prevents a majority of people in low-income countries from affording to get vaccinated even if vaccines are available. Data from UNICEF and Gavi, the Vaccine Alliance, shows that the average cost per Covid-19 vaccine dose ranges between US$ 2 – $ 40. The estimated distribution cost is US$ 3.70 per person vaccinated with two doses, after accounting for vaccine wastage.

This represents a significant financial burden for low-income countries, where the average annual per capita health expenditure amounts to US$ 41. While vaccination programmes will increase healthcare costs across all countries, it is especially the case in low-income countries as they would need to increase their health expenditure by a staggering 30-60 per cent to reach 70 per cent of their population under the current pricing.

Affordability of vaccines globally (source: UNDP)

Impact of vaccine inequity on economic recovery

UNDP analysis suggests that the economic recovery rate is predicted to be faster for countries with higher vaccination rates, with about US$7.93 billion increase in global GDP for every million people vaccinated. For low-income countries where vaccination rates are almost zero, the path to recovery will be long and uncertain unless urgent corrective measures are taken[24].

There are notable differences in the IMF's economic forecasts since the start of the pandemic. Though estimates in October 2020 predicted a global economic rebound in 2021, by April 2021 it was clear that economic recovery would not be uniform across country groups, most likely driven by concerns around inequitable access to vaccines. While upper-middle-income countries are projected to make stronger than expected recoveries, there was a significant downward revision of economic growth for lower-middle-income and low-income countries.

Aware of the centrality of diffusing worldwide vaccine equity to restart economies and building forward better, ILO's constituents adopted unanimously a Global Call to Action for a human-centred COVID-19 recovery during the 109th session of the International Labour Conference[25].

Cross-border mobility

According to the ILO Director-General, as mentioned during the IOE conference, although the development of effective vaccines is a powerful tool to end the pandemic, the variety of them is currently affecting negatively cross-border mobility. Indeed, there is a particular worry in the transport industry because international traffic is badly impeded by the failure of governments to cooperate effectively in harmonising vaccination certification and frontier formalities. ILO Director-General called on governments to find a common solution to ease international traffic for the transport industry.

Additionally, linked to cross-border mobility is the issue of equal recognition of vaccines. According to WHO, as travel and other possibilities begin to open up in some parts of the world, national and local government authorities should recognise as fully vaccinated all people who have received COVID-19 vaccines that have been deemed safe and effective by the World Health Organization and/or one or more of the 11 Stringent Regulatory Authorities (SRAs) approved for COVID-19 vaccines, when making decisions on who is able to travel or attend events.

Any measure that only allows people protected by a subset of WHO-approved vaccines to benefit from the re-opening of travel into and with that region would effectively create a two-tier system, further widening the global vaccine divide and exacerbating the inequities.

WHO's position on vaccine passports for travel

- Because of inequitable access to vaccines across the world, **WHO does not recommend** the use of vaccine passports for travel across countries. However, proof of vaccination can be used to ease restrictions like quarantines, etc.
- Countries are using varying combinations of vaccine status and PCR results to guide travel rules, but the lack of uniformity is confusing for travellers. Consequently, WHO encourages all countries to recognize all vaccines that are on the WHO EUL for travel purposes.

[24] UNDP, "Impact of vaccine inequity on economic recovery - UNDP Data Futures Platform", April 2021, available here.
[25] ILO, "Global call to action for a human-centred recovery from the COVID-19 crisis that is inclusive, sustainable and resilient", 2021, available here.

Response to Covid-19

There is no panacea in response to Covid-19. Efficient policies require tailored strategies that take into account the respect of the freedom of choice of any individual not to be vaccinated as well as scientifically proven preventative measures and effective treatments that are tested, evidence based and context specific, varying across time and place. Inform, educate, exchange on, and advocate for effective solutions which help workers/individuals to ultimately make their own informed decision is of paramount importance. Risk messaging should address the complexities of the issue and cannot be "one-size-fits-all".

Whereas in most of the world, vaccine accessibility and affordability remain the main barriers to vaccine equity, the majority of developed countries, despite having continuous and sufficient access to vaccines, are facing vaccine hesitancy within their population. Vaccine hesitancy or the reluctance to accept recommended vaccines is a complex issue that poses risk communication challenges for public health authorities and clinicians. Studies have shown that providing too much evidence on vaccine safety and efficacy to those who are vaccine-hesitant has done little to stem the growth of hesitancy-related beliefs and fears.

Overall, addressing vaccine hesitancy requires tailored strategies that are tested, evidence-informed and take into account that vaccine hesitancy is complex and context specific, varying across time, place and vaccine type. Risk messaging cannot be "one-size-fits-all". Below are some best practices for employers wishing to address possible hesitancy relating to vaccines in the workplace based on the Canada Communicable Disease Report of the Public Health Agency of Canada[26].

1. **Identify target audience and reinforce employer's trust:** Research has shown that vaccine-hesitant individuals are "active information-seekers" that are looking for "balanced" information presenting both pros and cons of vaccination in order to make an informed decision about vaccines. In this context, the perceived credibility of the institutions delivering the vaccination information often matters more than the information itself, highlighting the importance of transparency and honesty. In this regard, employers have a role to play as multiple surveys show that employee tend to trust more their employer than the government or media[27].

2. **Provide both the risks and benefits of vaccination:** How the message is developed is as important as the content: while the content of the tools should be based on available scientific evidence, the development should be based on risk communication. Best practices include providing data on risks and benefits of vaccination and providing critical qualitative information.

3. **Give facts; then address myths:** One of the main objectives of most communication material on vaccination is to "correct" misconceptions about vaccination. But communication material needs to be carefully designed, as attempts to debunk a myth could actually reinforce it. The common technique of headlining the vaccination myth in big, bold letters is not the best strategy, as people will remember the myth, not the fact. Immunizing the employee against misinformation and "infodemic" is also key to avoid spreading false information.

4. **Use visual aids:** Visual supports like infographics or video can enhance a person's understanding of complex risk information. Studies have shown that visual aids, especially in the workplace, may help people to understand health risks, especially for those with low numeracy skills.

---

[26] Dubé E, Gagnon D, Vivion M., "Optimizing communication material to address vaccine hesitancy", Can Commun Dis Rep 2020;46(2/3):48–52, available here.

[27] The Wall Street Journal, "More Trust in Business Than in Government and Media, Survey Finds", 13 January 2021, available here.

Lessons learned

How to convince and encourage people to get vaccinated as employers remains a key question. In this respect, USCIB provided the example of the United States:

- According to recent surveys, three out of four people worldwide say they are willing to be vaccinated. However, in the United States, there is now a drop. In 2019three out of four people wanted to get vaccinated. From October 2021, this ratio has decreased to two out of three.
- In the US, the political impact on messaging must not be underestimated and should rather be considered as it has played a leading role on whether people want to get vaccinated.
- In the US, vaccine hesitancy has slowed down the recovery. The importance of messaging and the responsibility of employers on that to be at the front remains critical.
- Generally, while there have been fears of mass of workers quitting and not returning to work, preliminary results of surveys show that people trust their employer and government.
- In the United States, recent surveys revealed that the public support employers who are working to protect society by requiring vaccination as condition to entry to work.
- President Biden ordered in September 2021 that companies with more than 100 employees must ensure they are all vaccinated by 4 January 2022. It remains to be seen what the impacts of this measure will be.

Legal frameworks on vaccination and prevention

In addition to the multiple caveats that the issue of vaccination and prevention bears, Eversheds, during their presentation at the IOE digital event, provided a global overview of the legal frameworks and basics regulations that employers must lay down to protect a business' viability and an individual's freedom. Based on the Eversheds presentation, the following three main areas must be considered when dealing with vaccination and workplace considerations.

1. **Health and safety regulations**
2. **Local labour /Employment law**
3. **Data privacy regulation**

Employers will find in annex further explanations about the core entitlements on vaccination and prevention existing in the main regions of the world and their national jurisdictions. A template of **COVID-19-Visitors-Autodeclaration** used to ensure Safety & Health measures for incoming visitors to an organisation or company's premises is also made available. It is based on a model used currently by the ILO.

Case studies and best practices

Taking action as employers: Business Partners to CONVINCE

Covid-19 has created a new situation for the world of work, with employers and workers having to adapt. In most cases being employers have been the drivers of proposal, actions and initiatives aimed at providing an efficient and rapid response against Covid-19.

One such example is the initiative **Business Partners to CONVINCE**, launched in July 2020 by **the United States Council for International Business Foundation** and the **USCIB** with the support of its global network including IOE. This global initiative composed of 25 business networks aims to encourage and support employers worldwide in making their case for vaccination once vaccines are available and to counter misinformation and hesitancy.

BP2C Global Covid-19 workplace challenge

To build momentum for a global movement of companies large and small to take up the challenge society faces from a global pandemic, BP2C launched the global Covid-19 workplace challenge which ask employers to publicly commit to the 6 following actions:

1. Listen to employees' needs and concerns about the impact and prevention of COVID-19
2. Follow the latest public health guidance to protect myself, my employees, my workplace, my customers, and my community from COVID-19
3. Promote vaccine literacy based on the latest scientific evidence of vaccination benefits and risks
4. Encourage vaccine confidence and uptake
5. Build confidence in vaccination in your workforce, broader networks and communities
6. Engage with communities, schools, face-paced organisations and public health leaders to stop the spread of Covid-19.

See the Global COVID-19 Workplace Challenge. Employers can access fact-based information, case studies, tool kits, social media messaging and videos to build up a strategy and counter misinformation and promote vaccine literacy among their workforces.

Joining forces: B4SA Alliance

South Africa has been hit hard by the health crisis that is now turning into a social crisis. Unemployment is exploding and young people are the first victims. In addition, vaccination hesitancy is high. According to the last data, as of January 2022 only 28 percent of the total population (16.8 million) is fully vaccinated and 33 percent partially (19.8 million)[28].

Economic impact of the pandemic in South Africa

- **The South African GDP contracted by 6.9%** in 2020, whereas there has been a 3.5% global economic growth contraction. It will take 3 years to pre-covid levels of GDP.
- **1.6 million net jobs have been lost** since Q1 of 2020, 2 million at the pic of the pandemic.
- **SA's growth prospects have been revised to 3.1%** for 2021; 2.0% for 2022, vs. c.6.0% in 2021 and c.4.4% in 2022 for the global economy. It will take 10 years to get back to pre-covid level of employment.

[28] The New York Times, "Tracking Coronavirus Vaccinations Around the World", 12 January 2022, available here.

Yet, in these challenging times, **Business for South Africa** (B4SA) is a success story. From the onset of the pandemic, initiated and driven by the business Community, this alliance of South African volunteers working with the South African government, and other social partners, as well as various stakeholders has mobilised business resources and capacity to combat the Covid-19 pandemic. Putting aside companies financial and brand benefits, the B4SA alliance came out of nothing pre-existing and has led the fight against Covid-19 in South Africa. This example of success story and the key role played by the private sector in a developing country can provide relevant lessons learned and best practices applicable to other countries.

B4SA digital platform was founded in March 2020 in response to the Covid-19 pandemic with recruited resources and a pro-bono full time basis with a pick of 450 staff involved. To tackle the adverse problems rising from the COVID-19 pandemic, B4SA immediately established three working groups**:**

1. **Healthcare** with the aim to advise on healthcare responses to the pandemic, which set up Personal Protective Equipment portal, advisory committee on healthcare responses, mobilised all companies in healthcare industry, modelled different infection scenarios with links to lockdown phases

2. **Economy** with the aim to support on economic interventions limiting the impact of the pandemic, which developed integrated economic and healthcare model to understand impact of Covid across sectors and worked with social partners and specific economic sectors to modify lockdown rules to ensure those sectors could operate and keep the economy moving

3. **Labour** with the aim to engage with the National Economic Development and Labour Council (Nedlac) and support the design of unemployment benefits, which championed the process to put in place Unemployment Insurance Fund benefit structure, resulting in over four billion dollars being paid out to over 6 million beneficiaries to date.

So far, B4SA has been capable of mobilising across the entirety of the private sector, in hospitals and pharmacies. Moving from mobilising business resources and capacity to combat Covid-19 in March 2020 to focusing from beginning of 2021 on supporting the government-led vaccination programme, the private sector is currently administering approximately 35 percent of the vaccines. By the end of 2021, the objective is to administer 28 million of 1st doses as the fourth wave of Covid-19 is expected in mid-November 2021. This implies doubling what has been currently done so far. Yet, according to Martin Kingston, Chairperson of Business for South Africa Steering Committee (B4SA), the biggest challenge now is to increase the demand of vaccination in the country, although having now both the supply and the capacity to deliver vaccines. Like other parts of the world, South Africa is facing the main obstacle of vaccination hesitancy and low levels of trust.

The example of B4SA shows that employers have a key role to play in close collaboration with both organised labour organisations and government. When addressing the critical issue of vaccine mandates, those are seen in South Africa as key lever to drive demand. Despite the fact that the government will not impose mandatory vaccination, it nonetheless acknowledges and relies on the private sector to start mandating. According to Martin Kingston, the main lessons learned from the B4SA's experience is the need to work collaboratively to drive both an inclusive economic growth and a successful vaccination programme. The development of the economic recovery action plan, as well as the co-ordinated effort on the vaccination rollout programme, are recent examples of excellent collaboration between public and private sectors. Ultimately, the success of this private-led initiative has been the collaboration across all social partners.

On the ground

The coronavirus has drastically impacted companies, be they small and medium-sized enterprises (SMEs) or multinational companies (MNC). Around the globe, businesses have had to pivot their strategies, policies, and offerings to stay in business. Managers have had to adapt their approaches to lead teams remotely. **François Rohrbach**, General Manager Switzerland, and Senior VP Human Resources at Firmenich provided practical lessons learned drawn from preventive measures and vaccination strategy at a company level. Based in Geneva, Firmenich has been one of the few companies that has participated in a pilot project supported by a tripartite Committee (including FER) encouraging employers to get their workers vaccinated.

Key lessons learned

- At the beginning out the Covid-19 pandemic, Firmenich has immediate set up a global crisis committee to manage globally the company's response against the adverse effect of the pandemic. The company took advantage from its presence in Asia to gather information on the latest developments and identify trends and challenges in advance to react fast.
- Previous long-term health and safety culture within the company has allowed to quickly raise an individual responsibility mind-shift that security is the concern of all.
- A continuous dialogue with union and employees' representatives has been key to ensure the safety of all staff members and will likely established a new model of strong partnerships between public-private and employees' association.
- Leveraging employers' network by sharing information, experience and lessons learned appeared to be critical to act faster and mitigate the impact of the pandemic on business continuity.
- Having a global approach which at the same time considers local contexts provided to be the best solution. This allowed to set general principles applicable worldwide with always respecting minimum local regulations and sometime even going beyond.
- Care mental and physical health has appeared to be a critical aspect after more than one and half year of Covid-19 pandemic. Resorting to the occupational health physician or psychologists when available to employees to give advice appeared to be important for the well-being of employees.

Concluding remarks

When addressing the issues of prevention, vaccination and mandating vaccines, there is no simple answer. For employers, navigating throughout these issues and the consequent lack of clarity and legal certainty resulting from this pandemic makes doing business and working relationships highly complex and volatile. The Covid-19 crisis is in constant motion, requiring agility and resilience to respond effectively. The information in this document is valid at the time of publication. While many of the issues will remain relevant for a long period, others may be resolved or modified in the shorter term. IOE is closely monitoring the situation, updating its response and remains committed to assisting our global network with this ongoing crisis and navigating the way to recovery.

Annexes

List of current countries mandating vaccination (as of January 2022)[29]

Country	Government Position on Mandatory Vaccination
AUSTRALIA	Australia decided in late June 2021 to make vaccinations mandatory for high-risk aged-care workers and employees in quarantine hotels. In Tasmania, vaccines will be mandatory for aged care workers as of 17 Sept. 21. Western Australia said on 5 Oct. 21 that it would require all employees working in mining, oil and gas exploration to have their first dose by 1 Dec. 21 and be fully vaccinated by 1 Jan. 22.
AUSTRIA	Austria announces mandatory COVID-19 vaccination for all over 14s, beginning 1 February 2022; holdouts can be fined up to 3,600 euros every 3 months.
BRITAIN	It is mandatory for care home workers in England to have vaccinations from October 21. English nightclubs and other venues with large crowds require patrons to present proof of full vaccination from the end of September 21. Britain is highly likely to require health workers to be vaccinated against COVID.
CANADA	Canada will place unvaccinated federal employees on unpaid leave and require COVID-19 shots for air, train and ship passengers. Federal employees will be required to declare their full vaccination status by 29. Oct. 21. Workers and passengers aged 12 and older on trains, planes and marine transport operating domestically must show they have been inoculated by 30 Oct.21. From 13 Sept. 21, vaccines are required for patrons of non-essential businesses such as restaurants and movie theatres.
COSTA RICA	Authorities in Costa Rica said on 28 Sept. 21 all state workers will need to be vaccinated against COVID-19. In addition, Costa Rican children aged five and up must get COVID-19 vaccinations making it one of the first countries in Latin America to impose a coronavirus vaccination mandate.
CROATIA	All public sector employees, citizens who need services in public institutions must be vaccinated from 15 November 2021.
CZECH REPUBLIC	Mandates for police officers, soldiers, all citizens over 60s and people working in hospitals and nursing homes in March 2022.
ECUADOR	Ecuador's government said on 23 December 2021 that vaccination is obligatory, except for people who have a relevant medical condition or incompatibility.
EGYPT	Vaccination or weekly COVID-19 test required from public sector employees to work in government buildings from 11 November 2021.
FIJI	A "no jab, no job" coronavirus policy went into effect in Fiji on 15 Aug. 21, with unvaccinated public servants forced to go on leave. Those who remain unvaccinated by Nov. 21 will be dismissed. In addition, employees at private firms could face fines and companies could be forced to stop operations over vaccine refusals.
FRANCE	All healthcare and care home workers, home aids and urgent care technicians must have had at least their first shot of a COVID-19 vaccine by 15 Sept. 21. Hospitals, care homes and health centres have suspended around 3,000 workers across France for failing to comply with mandatory COVID vaccination as of 16 Sept. 21.
GERMANY	Workers of hospitals, doctor's offices and nursing homes must be vaccinated by mid-March

[29] Reuters, "Factbox: Countries making COVID-19 vaccines mandatory", 13 January 2022, available here.

GHANA	Targeted groups including all public sector and health workers must be vaccinated from January 2022.
GREECE	Greece on 12 July 21 made vaccinations mandatory for nursing home staff with immediate effect and healthcare workers from September. In Greece, residents over the age of 60 must be vaccinated by 15 January 2022, before starting being fined €100 a month.
HUNGARY	Hungary's government has decided to make vaccinations mandatory for healthcare workers and at state institutions on 28 October 2021.
INDONESIA	The world's fourth most populous country made inoculations mandatory in February 21, threatening fines of up to 5 million rupiah ($357).
ITALY	The Italian government made it obligatory for all workers either to show proof of vaccination "the Green Pass", a negative test or recent recovery from infection. The new rules will come into force on 15 Oct. 21. Any worker who fails to present a valid health certificate will be suspended without pay, but cannot be sacked, according to a draft of the decree. Italy has made it obligatory for people aged 50 or more to be vaccinated against Covid-19 starting on 5 January 2022.
KAZAKHSTAN	Kazakhstan will introduce mandatory vaccinations or weekly testing for people working in groups of more than 20.
LATVIA	Vaccination is required for lawmakers to be able to vote and to receive full pay
LEBANON	The health sectors must be vaccinated from 10 January 2022.
LESOTHO	Lesotho made vaccines mandatory to access workplaces as well as the need of having vaccination cards to access services with effect from 1 January 2022.
MALAYSIA	Malaysia has made compulsory vaccination in governmental posts. All federal civil servants have to complete their vaccination before 1 Nov. 2021. Over 60s and all adult recipients of the Sinovac vaccine required to get a booster dose by February 2022.
MALTA	Malta banned visitors from entering the country from 14 July 21 unless they were fully vaccinated.
MICRONESIA	The Federated States of Micronesia has mandated that its adult population be inoculated against COVID-19. The government said on 29 July 21 everyone over 18 years will have to receive a COVID-19 vaccine.
NETHERLANDS	The Dutch government announced on 14 Sept. 21 it will introduce a "corona" pass showing proof of vaccination to go to bars, restaurants, clubs or cultural events.
NEW ZEALAND	Certain roles in health and disability, education, corrections, Fire and Emergency New Zealand and Police must be fully vaccinated against COVID-19. Changes to the Mandatory Vaccinations Order are expected to be confirmed in January 2022.
OMAN	Public or private sector employees are not allow for entry to workplace without a vaccination certificate from 27 December 2021.
POLAND	Health care workers must be vaccinated from 1 March 2022.

RUSSIA	Moscow city authorities on 16 June ordered all workers with public-facing roles to be vaccinated against COVID-19. Companies were given a month to ensure at least 60% of staff had received first doses, or face fines or temporary closure. Moscow residents no longer have to present a QR code demonstrating they have been vaccinated or have immunity in order to sit in cafes, restaurants and bars from 19 July 21.
SAUDI ARABIA	In May 21, Saudi Arabia mandated that all public and private sector workers wishing to attend a workplace get vaccinated, without specifying when this would be implemented. Vaccination will also be required to enter any government, private, or education establishments and to use public transport as of 1 Aug. 21. Citizens will need two doses before they can travel outside the kingdom from 9 Aug. 21.
SINGAPORE	In Singapore, employees in certain sectors are being required to be vaccinated.
SRI LANKA	Sri Lanka announced on 13 Aug. 21 that citizens would require vaccination cards to travel between provinces and in public spaces as of 15 Sept. 21.
SWITZERLAND	Swiss people will need to show a COVID-status certificate to enter bars, restaurants and fitness centres in Switzerland from 13 Sept. 21. The Swiss COVID certificate provides proof of vaccination, recovery from infection or a negative test result.
PHILIPPINES	In-office workers and employees in public transportation services must be vaccinated from 12 November 2021.
TAJIKISTAN	Tajikistan requires vaccination for all over 18s.
TUNISIA	As of 22 October 2021, officials, employees and visitors accessing public and private administrations must be vaccinated.
TURKEY	Turkey will begin requiring negative COVID-19 test results and proofs of vaccination for some sectors, including from teachers as schools reopen in September and for domestic travel, President Tayyip Erdogan said on 19 Aug. 21. As of 6 Sept. 21, a negative PCR test is mandatory for those who have not been vaccinated, or not recovered from the virus, to enter concerts, cinemas and theatres.
TURKMENISTAN	Turkmenistan is making vaccination mandatory for all residents aged 18 and over.
UKRAINE	Public sector employees including teachers must be vaccinated
UNITED STATES	President Joe Biden on 10 Sept. 21 ordered all federal workers, contractors (temporarily blocked from enforcing nationwide), private sector workers in companies with 100 or more employees (reinstated on Dec. 18), public-sector workers (contested in New York court) to be vaccinated.

Employers’ core entitlements and duties on vaccination and prevention

According to Eversheds, in **most** jurisdictions, employers and employees have some core duties

- Employers have a legal duty to ensure the health and safety of workers and others who may be affected by their business.
- Employees have a legal duty to take reasonable care for the health and safety of themselves and others who may be affected by their acts/omissions at work.

In **some** jurisdictions, there may also be additional duties:

- Employers have a legal duty to consult employee representatives on health and safety matters
- Employees have a legal duty to cooperate with an employer’s health and safety instructions

Health and safety regulations

Globally, governments remain reluctant to mandate vaccination. You will find a complete list of countries with compulsory vaccination rules in the annex.

In Europe, governments are unlikely to legislate mandatory vaccination, but will leave it up to employers. In addition, other Covid-secure workplace protective measure requirements apply as well as risk assessment requirements. Generally, mandatory vaccination is unlikely to be considered a reasonable health and safety step, **except** in exceptional cases or settings. In various jurisdiction, the approach is very much focused on sectoral basis. For instance, in France – those in contact with vulnerable persons must be vaccinated (e.g., healthcare workers). Equally in the United Kingdom, care home staff must be vaccinated from 11 November 2021. It is worth highlighting the rules in Italy, where all workers are requested as of 15 October 2021 to show proof of vaccination, a negative test or recent recovery from infection.

Like Europe, **Latin American** governments are unlikely to mandate vaccination. Although there is scope for authorities to potentially mandate vaccination in some countries in the region, there is no current legal provision for mandatory vaccination. Different approaches have nevertheless been taken in various countries. For instance, in Brazil, local authorities can introduce measures for mandatory vaccination, but this has not been translated into national legislation on a case law book so far. In Mexico, there is no mandatory vaccination because it would be a violation of the individual constitutional right to self-determination and physical integrity.

In **the United States**, States are refraining from mandating vaccination apart from particular circumstances. Employers do have scope to consider mandatory vaccination to mitigate workplace risk (although subject to exceptions) as vaccination is considered complementary to other Covid-secure workplace protective measures. Requirements for certain workers/venues at federal/state level are in place. Overall, in the US, mandatory vaccination is largely affected by politics.

Asia is the strictest in terms of mandatory vaccination. Not only is there no legal provision for mandatory vaccination in most countries, but also most companies are unable to demonstrate it is reasonably necessary for individuals to be required to take the vaccine to ensure the safety of all individuals present on the employer premises or to fulfil a legal requirement. In some limited countries/areas/sectors, governments have made it mandatory for certain employees to be vaccinated. For example, China, Hong Kong and India have taken the view that certain employers can justify mandatory vaccination under circumstances if there are compelling health and safety measures to do so. Conversely, in Japan and Korea mandating vaccines would be a violation of the individual constitutional right to self-determination and physical integrity. The general position remains to encourage rather than mandate. However, there are exceptions such as: Indonesia which has recently introduce vaccine mandates for the entire population with a few exceptions, Singapore where employees in certain sectors are being required to be vaccinated and Malaysia where compulsory vaccination is required for government employees.

Employment law

How do employment laws relate to workplace vaccination policies? **Most** jurisdictions have some employment laws that **impact vaccination policy considerations.** Core employment law issues underlying vaccination and the workplace include:

- **Discrimination protection**
- **Disciplinary requirements**
- **Pay obligation**
- **Leave implications/workplace attendance issues**
- **Consultation obligations**
- **Unfair/unlawful/wrongful dismissal**
- **Constitutional rights**

In Europe, all Member States have non-discrimination laws. The protected rights or individual's characteristics differ by jurisdiction, but most of them protect against pregnancy-related, religion/belief, disability discrimination. Consultation obligations and collective engagement with trade unions remain key at European level and will likely impact vaccination policy considerations. Worth outlining, in Romania, the Parliament is currently discussing a new type of discrimination based on the administration or not of any vaccine. In **Latin America** like Europe, protections against discrimination exist, such as disability, religion and pregnancy. As for job security/severance principles, there is a substantial distinction between terminations with/without just cause in many Latin American countries. Vaccination leave/pay requirements have been put in place in some countries.

In **the United States,** discrimination laws allow employers to issue a Covid-19 vaccination mandate, based on Equal Employment Opportunity Commission (EEOC) guidance as well as vaccine incentive programmes. In addition, discrimination based on vaccination status remains a highly politised issue. General protection against discrimination applies throughout most of **Asia**, although narrower than Europe. Vaccination leave/pay has generally no express statutory requirement. Due to the diversity of regulations, it remains to be seen how national courts and government are dealing with the challenge of enforced or not enforced vaccination in the workplace.

Comparative tool on the evolution of working practices

- International Employment Lawyer made available New Ways of Working, a comparative tool that provides information on key employment and compliance topics in 20 countries.
- It enables Employers to compare different legal systems and their approach to the pandemic. For each country, national employment lawyers answer to 18 different questions about four main topics: remote working, the return to working and vaccinations, health and safety and wellbeing and unions and work councils[30].

[30] International Employer Lawyer, "New Ways of Working", 2021, available here.

Remaining cautious

What are the legal and labour consequences for unvaccinated people?

- Should they be on sick leave? If yes, who will pay? How to control?
- Should there be a termination of contract? How to control? Is this lawfully possible?
- Should penalties/sanctions be applied? How to control? Should the burden of control be on the employers?
- What are the consequences of such decisions: disputes, extra cost, divided workforce, hostile work environment, etc?

Those questions remain a sensitive issue, and to date, there has been no consensus, or a common approach taken to address them. The consequence is that employers will have to deal with it **on a case-by-case basis**. Legally, it seems crucial for employers to remain cautious and undertake a **risk assessment** on potential backlash effects from the aforementioned questions. As an example, an employer active in a sector, where unvaccinated staff pose a risk to other employees' health and safety, might be likely to impose mandate. It remains to be seen in the coming months how the situation will evolve and what legal claims will be raised before a proper answer is established.

Example of justified dismissal of employees who refused to be vaccinated

On 01 September 2021, a Court decision in New Zealand found the dismissal of employees who refused to be vaccinated as justified. The decision upholds the right of an employer to dismiss an employee who refuses to vaccinate, but only in circumstances where the employee is required by statutory law to vaccinate[31]. In New Zealand, only a few roles are covered by the law in this way at the moment, namely border and quarantine workers, and previously also health sector workers and teachers. Everyone else is subject to common law which does not yet specifically cover this issue.

For employers, this **legal uncertainty and current vacuum** creates problems for other employers as any decision to require vaccination must be defended in court on the grounds of the risks involved of non-vaccination for each worker. Overall, as reported in IOE Industrial Relations Newsletter of October 2021 and according to IOE Member and, **Business New Zealand**, there is a need of strengthening the ability for employers to get employees vaccinated, although not necessarily through a general law as this does conflict with human rights issues.

Data privacy

All European jurisdictions and **many** jurisdictions globally now have data privacy laws that impact if and how personal data can be processed. Although the position varies across jurisdictions, data privacy remains the main obstacle to employees to know whether or not a staff member is immunised. Obtaining details of vaccination status, whether as part of a mandatory vaccination policy or otherwise, raises data privacy considerations. In particular:

- Vaccination status information is personal data concerning health
- Obtaining such information, using it and storing it amounts to data processing
- The fact that it is health-related data often means that there are additional legal safeguards in the processing of the data

[31] New Zealand Employment Relations Authority Decisions, "GF v New Zealand Customs Service [2021] NZERA 382 (1 September 2021), 17 September 2021, available here.

In Europe, the General Data Protection Regulation (GDPR) regime applies making the employee vaccination status is special category data under GDPR which makes it difficult to request and process. The conditions for Employers to use this data must be fair, necessary, proportionate and relevant for a specific purpose. In addition, there must be a suitable lawful basis for the processing (e.g.: an employment law requirement or a substantial public interest condition).

According to Covington[32], several countries including Belgium, France, Germany, Italy, the Netherlands, and Ireland have issued guidance indicating that employers are not permitted to ask employees about their vaccination status because there is no valid legal basis to do so. In others, if employees disclose information relating to their vaccination status to OSH physicians, the physician may be permitted to process health data in certain circumstances. However, OSH physicians will be bound by confidentiality obligations and therefore cannot disclose this information to the employer. By contrast, other countries (e.g., Finland, Spain and the United Kingdom) permit an employer to collect health data from employees to the extent that the information is necessary to ensure the safety of the workplace.

As **practical workarounds**, employers in Europe can resort to anonymous data or visual checks without recording data (as applied in certain sectors in the UK for instance). These measures can be very effective in tracking the overall rates of vaccination in a workplace. However, they do entail the possibility to know precisely which of individual employee has been vaccinated and when.

In Latin America, consent is more widely issued contrary to Europe when it comes to data privacy. Data privacy restrictions generally apply, where employee vaccination status is likely to be considered special category data. There must be a valid legal basis to process such data. Valid explicit consent may provide sufficient authority to process the data. Consent must be given explicitly, specifically, and for defined purposes. Effective data security measures must be in place. Privacy notice requirement in some countries. **Practical workarounds** are voluntary and anonymous data, but some safeguards remain.

In the United States, a more liberal regime applies to data privacy issues. As long as confidentiality and proportionality are respected, employers can generally ask employee to provide information on vaccination status. However, as with all employees' medical records, vaccination records: (1) should not be available to management generally, (2) should be maintained separately and (3) should be treated as confidential.

In Asia, vaccine or immunity status is likely to be considered personal and/or sensitive personal data in many jurisdictions. Restrictions on processing the data therefore applies, however oppositely to Europe, a valid explicit consent may provide sufficient authority to process the data, subject to conditions. Worth mentioning, unlike in Europe, relying on consent in the context of an employment relationship can be effective. Furthermore, the need for specific consent may be avoided in some jurisdictions through an appropriately drafted privacy notice or general consent. In Asia, collecting the data anonymously is likely to avoid data privacy restrictions, which might represent a practical work-around. As an example, in the United Arab Emirates, there is currently no particular privacy restrictions, but whether this leads to increase vaccination status data remains to be seen.

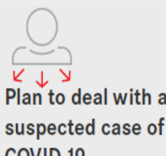
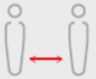
[32] Covington, "Covid-19: Processing of Vaccination Data by Employers in Europe", 19 July 2021, available here.

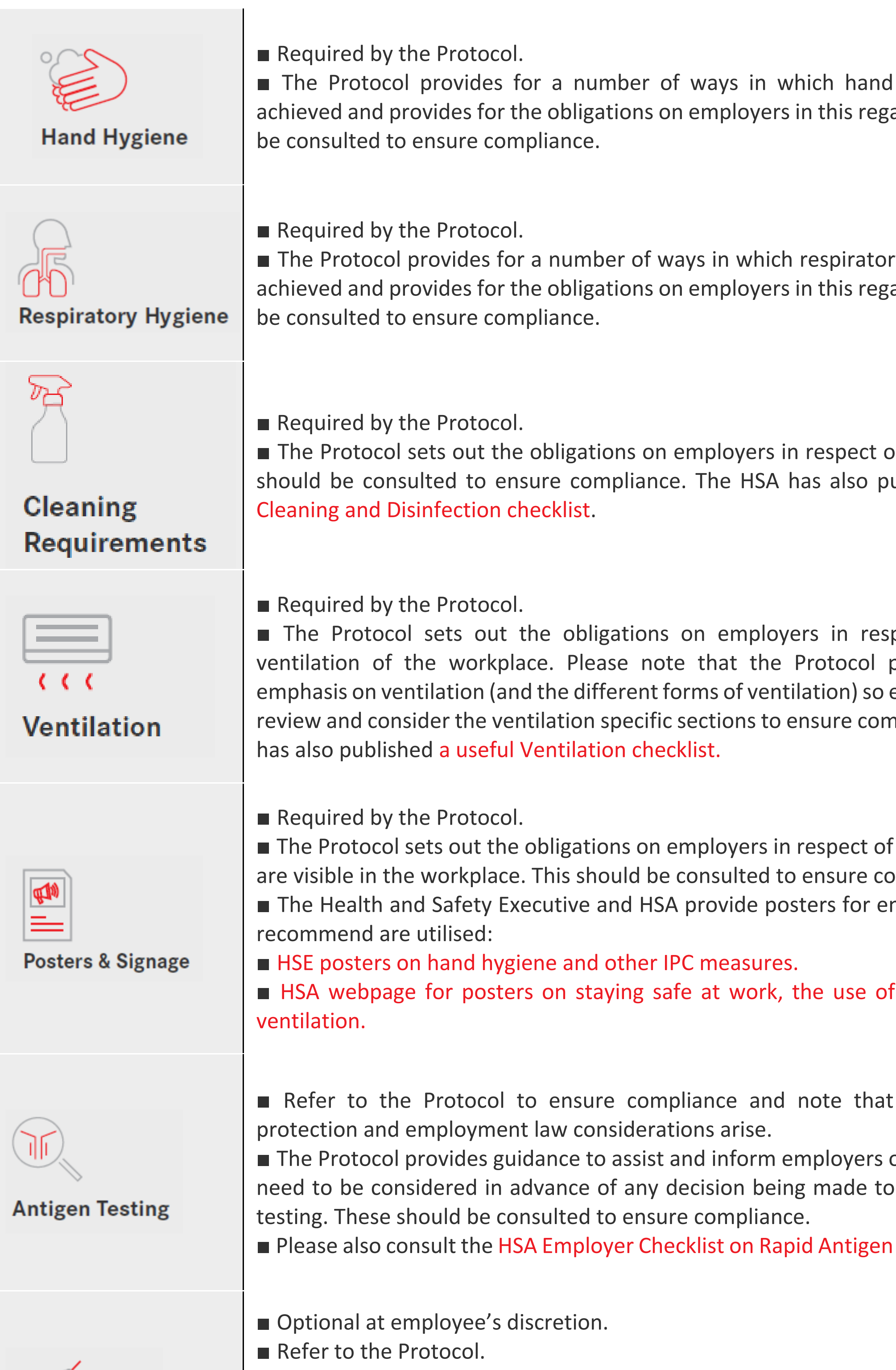
Covid-19 Protocols on Return-to-Work

These Protocols are based on Matheson Covid-19 – Return to Work Checklist which were drawn from the Health and Safety Authority (HSA) of Ireland[33]. Employers can find further information, templates and checklists on here.

Policy / Protocol / Measure / Action	High-level comment in respect of each policy / protocol / measure / action identified. However, the Protocol must be considered in respect of each item.
Risk Assessment	■ Employers must identify hazards in the workplace, assess the risks presented by these hazards and put in place the necessary preventative and precautionary control measures to mitigate the risks presented. This assessment should be drawn up as a Risk Assessment. ■ HSA page on risk assessments is a useful tool that should be consulted. ■ Risk assessments must be regularly reviewed and updated to account for up-to-date public health advice, Government guidance, changes in the workplace, etc. ■ The Protocol requires that employers advise workers that risk assessments have been carried out on every workspace/communal area and are communicated to employees in a "*clear and understandable*" manner.
COVID-19 Response Management Team	■ Required by the Protocol. ■ The COVID-19 Response Management Team, in conjunction with the LWR, is responsible for the implementation of the Infection Prevention and Control ("**IPC**") measures in the workplace. The HSA has published two useful checklists on Planning and Preparing and on the ICP measures that we suggest are consulted.
COVID-19 Response Plan	■ Required by the Protocol. ■ The COVID-19 Response Plan details the policies and practices necessary for employers to comply with the requirements of the Protocol and prevent the spread of COVID-19 in the workplace. ■ We suggest employers use the HSA template COVID-19 Response Plan. ■ Employers must keep the COVID-19 Response Plan up-to-date and share it with workers.
Appoint a LWR	■ Required by the Protocol. ■ The role of LWR is to support the implementation of the IPC measures identified in the Protocol. ■ The LWR must receive training from the employer. Please consult HSA guidance on training for LWR, the HSA checklist for the LWR and the Protocol for more detail.
Pre-Return to Work Forms	■ Required by the Protocol. ■ Employers must issue a pre-return-to-work form for workers to complete in advance of returning to work. ■ We suggest that employers use the HSA template Return to Work Form and consult the Protocol for more detail. ■ Data protection considerations may arise here.
Pre-Return to Work Induction	■ Required by the Protocol. ■ Employers must provide induction training for all workers on their return to work. ■ We suggest that employers use the HSA Work Safely Induction training and consult the Protocol for more detail.

[33] Health and Safety Authority (has) of Ireland, "COVID-19 Templates, Checklists and Posters", [2]8th September 2021, available here.

 Plan to deal with a suspected case of COVID-19	■ Required by the Protocol. ■ Employers must prepare a ‘defined response structure’ to deal with a suspected case of COVID-19 in the workplace. The HSA has published a useful checklist in dealing with a suspect case of COVID-19. ■ Employers must advise that if they have symptoms of COVID-19 (note that the Delta variant has symptoms including a runny nose and headache), regardless of vaccination status, they should not attend the workplace and should follow current public health advice.
Consultation with Employees	■ Required by the Protocol. ■ HSA guidance on safety representatives. ■ Employers must consult with workers (and/or trade unions and/or safely representatives) regarding all IPC measures in place, and any work from home policy and return to work arrangements should be developed in consultation and conjunction with workers and/or Trade Unions. The HSA has published a useful checklist on Returning to the Office.
Communication	■ Required by the Protocol. ■ Communication is a key part of the Protocol. Employers must communicate up-to-date public health advice and guidance, changes that are introduced to reduce the spread of COVID-19, etc. ■ Employers should involve the LWR(s) in communicating with workers.
Contact Tracing System	■ Required by the Protocol. ■ Employers must keep a log of contacts to carry out contact tracing. ■ Contact tracing guidance is on the HPSC website at Contact Tracing Guidance - Health Protection Surveillance Centre (hpsc.ie). ■ Data protection considerations arise here.
Support System	■ Required by the Protocol. ■ Employers must ensure workers know where to find information on managing their health and wellbeing during COVID-19. ■ The Protocol provides resources including HSA resource on workplace stress and the Government’s “In This Together Campaign” which should be consulted by employers.
At Risk Workers	■ Recommended by the Protocol. ■ Employers should consider whether a fitness for work medical assessment is required to be undertaken with an occupational health practitioner and / or the employee’s doctor where the employee is part of the very high risk (extremely vulnerable) category.
 Physical Distancing	■ Refer to the Protocol for requirements and recommendations. ■ The Protocol provides for a number of ways in which physical distancing can be achieved and provides for the obligations on employers in this regard. It recommends two-meter physical distancing across all work activities.
Face coverings / Masks / Personal Protective Equipment (“PPE”)	■ Recommended by the Protocol. ■ Irish Government recommends wearing face coverings in crowded indoor workplaces (including in face-to-face meetings held indoors). ■ The Protocol advises wearing face coverings where it is difficult to maintain a two-meter distance.



Hand Hygiene	■ Required by the Protocol. ■ The Protocol provides for a number of ways in which hand hygiene can be achieved and provides for the obligations on employers in this regard. These should be consulted to ensure compliance.
Respiratory Hygiene	■ Required by the Protocol. ■ The Protocol provides for a number of ways in which respiratory hygiene can be achieved and provides for the obligations on employers in this regard. These should be consulted to ensure compliance.
Cleaning Requirements	■ Required by the Protocol. ■ The Protocol sets out the obligations on employers in respect of cleaning. These should be consulted to ensure compliance. The HSA has also published a useful Cleaning and Disinfection checklist.
Ventilation	■ Required by the Protocol. ■ The Protocol sets out the obligations on employers in respect of ensuring ventilation of the workplace. Please note that the Protocol places significant emphasis on ventilation (and the different forms of ventilation) so employers should review and consider the ventilation specific sections to ensure compliance. The HSA has also published a useful Ventilation checklist.
Posters & Signage	■ Required by the Protocol. ■ The Protocol sets out the obligations on employers in respect of ensuring posters are visible in the workplace. This should be consulted to ensure compliance. ■ The Health and Safety Executive and HSA provide posters for employers that we recommend are utilised: ■ HSE posters on hand hygiene and other IPC measures. ■ HSA webpage for posters on staying safe at work, the use of masks, PPE and ventilation.
Antigen Testing	■ Refer to the Protocol to ensure compliance and note that significant data protection and employment law considerations arise. ■ The Protocol provides guidance to assist and inform employers on the issues that need to be considered in advance of any decision being made to implement such testing. These should be consulted to ensure compliance. ■ Please also consult the HSA Employer Checklist on Rapid Antigen Diagnostic Tests.
Vaccination	■ Optional at employee’s discretion. ■ Refer to the Protocol. ■ The Protocol states that the decision to get a vaccination is voluntary and a matter for Public Health and not the employer. ■ The Irish Data Protection Commission has issued high-profile guidance that employers should not require employees to disclose their vaccination status unless there are exceptional circumstances.

How to do a Risk Assessment: Sample Form

Step 1: Identify Hazards (e.g. Physical, Infectious, Health, Chemical or Human factor hazards)	**Step 2:** Assessing the Risks In assessing the risk, you should estimate: • how likely it is that a hazard will cause harm, • how serious that harm is likely to be, and • how often and how many workers are exposed. The simplest way to quantify the risk is low, medium or high: LOW MEDIUM HIGH · LOW MEDIUM HIGH · LOW MEDIUM HIGH			**Step 3:** Additional Control Measures (further actions needed) When deciding on the appropriate control measures to put in place, employers need to ask themselves: • Can I get rid of the hazard altogether? • Can I change the way the job is done so as to make it safer? • If not, what safety precautions are necessary to control this risk? Your first approach should be to eliminate the hazard from your workplace. If you cannot eliminate it then the, try a safer approach.		
What are the hazards?	**Who is at risk?**	**Current Controls** (What are you already doing?)	**Level of risk?** (Your estimate of the remaining risk level, based on the current controls)	**Additional Controls needed** (Further action to reduce the remaining risk level to as low as possible)	**Action by whom and by when?**	**Date Completed**

Risk Assessment Completed By: ____ Date__________________________

Template of COVID-19 Visitors Auto-declaration

Information to be communicated in advance to visitors having to enter grounds during a pandemic

SARS-CoV-2 coronavirus and COVID-19

The current coronavirus pandemic must be taken seriously due to its health implications. The internet site of the provides important information in this regard.

Access to premises

Only people who have received access clearance may enter grounds.

Health self-check

People have an obligation to protect not only their own personal health, but also the health of others on the premises.

Access to the will not be granted to people presenting symptoms of COVID-19 (suspected, probable or confirmed cases) or of any other respiratory illness or infectious disease (including without fever and without respiratory symptoms). Access will not be granted to people who have been in close contact with a person presenting symptoms of COVID-19 (suspected, probable or confirmed cases).

access conditions may be subject to change. The official site of gives the latest measures to follow.

Before arriving at the , people must carry out a health self-check by responding to the following questions:

- Have I developed any signs or symptoms of fever, such as chills, sweats, feeling feverish, or a **temperature of ≥ 38°C measured using a thermometer?**
- Have I developed any of the following symptoms: cough; shortness of breath or difficulty breathing; chest tightness; sore throat; nasal congestion or a runny nose; body aches; general weakness or fatigue; loss of taste or smell; diarrhoea; or nausea or vomiting?
- Have I been in close contact with anyone presenting symptoms of COVID-19 (suspected, probable or confirmed cases)?

If the answer to any of these questions is "yes", the person must not enter the premises.

Vaccine

Please keep in mind that while the vaccine protects you from getting severely ill, you can still contract the virus and transmit it to others. As such, even if you are vaccinated, you are kindly reminded of the importance to observe all the health and safety measures at all times, including the need to get tested even in case of light symptoms.

COVID-19 contamination prevention measures:

The ILO has put additional collective measures in place to minimize the risks of contamination:

- Risk analysis and monitoring of the ventilation system in accordance with national or regional standards.
- Ventilation: All systems are programmed to ensure that the air supply is 100 per cent fresh air (from outside) to reduce the risk of spreading all airborne viruses and other particles.
- Physical distancing: The premises have been organized to permit the required **physical distancing of two meters**. This includes the establishment of one-way pedestrian traffic flows at the entrance and signs to guide the flow of pedestrian traffic. Most stairs are designated as single directional and elevator use is restricted to **one person at a time**.
- Cleaning: Cleaning protocols to be followed by our trained collaborators have been reinforced and strict hygiene standards apply. Measures include increased cleaning in common areas, daily cleaning and disinfection of frequently touched surfaces, and the availability of hand sanitizer at building entrances and throughout the building.

These measures can only be effective with your full collaboration.

We would like to remind you of a few basic rules:

- The safety distance on the grounds, including outside, is two metres.
- Masks are to be worn at all times when moving around the grounds, from the moment one enters the car park.
- Wearing a mask does not affect the need to maintain physical distancing between people at all times.
- Any unavoidable safe distance not followed must be for as short a time as possible.
- Masks can only be removed once seated in designated seats or at safety distance.

In meeting rooms:

- Sit in the seats indicated by the organizer or the ones indicated by a sticker.
- If possible, avoid sharing equipment (headphones, earpieces, pens, documents) or disinfect it before use.
- Wash or disinfect your hands regularly.
- Disinfectant wipes and alcohol-based hand gel are available in meeting rooms.
- Remember to have enough to drink – the additional airflow can make the atmosphere feel dry.
- In the event of an emergency evacuation, put on your mask, take your belongings and follow the guides, respecting the distances. Disinfect your hands after handling the handrails.
- We ensure the good behaviour of all, if necessary, cordially draw their attention to any negligence
- Keep smiling and take care of yourself and others.

I have noted the safety instructions and measures for the prevention of COVID-19 and undertake to adhere to them at all times

Surname, first name: ______________________

Mission / Organization / Company: ______________________

Date: ______________________

Signature: ______________________

© IOE 2022

International Organisation of Employers | Organisation Internationale des Employeurs | Organización Internacional de Empleadores
Avenue Louis-Casaï 71 – CH-1216 Geneva • T +41 22 929 00 00 F +41 22 929 00 01 • ioe@ioe-emp.com ioe-emp.org