

## GUIDELINES FOR VULNERABLE POPULATIONS DURING COVID-19 EPIDEMIC

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Current epidemiological evidence suggests that the SARS-CoV-2 virus responsible for COVID-19 disease is transmitted readily through respiratory droplets and contact. This has implications to workplace/business settings where transmission is likely to occur either directly via close contact or indirectly via contaminated surfaces and/or objects (fomites). This risk could be greater if employees/clients share workstations (e.g., communal computers, electronic devices).

Cases encountered thus far have shown that it is possible for infected persons to transmit the virus in the early phase of their illness, when their symptoms are non-specific or mild. Although evidence has shown that majority of infected cases (~80 %) have mild disease, a smaller proportion of cases go on to develop severe pneumonia, with some dying from the infection.

### I. Vulnerable Populations at High Risk for COVID-19 Infection

With regards to COVID-19, people who are at higher risk of complications include the following:

- Those aged 70 or older (regardless of medical conditions)
- Those under 70 with an underlying health condition listed below:
  - chronic respiratory diseases, such as, chronic obstructive pulmonary disease (COPD), emphysema or bronchitis
  - uncontrolled or severe asthma
  - heart disease, such as heart failure, hypertension
  - stroke
  - diabetes mellitus
  - chronic kidney disease
  - chronic liver disease, such as hepatitis
  - chronic neurological conditions, such as Parkinson's disease, motor neurone disease, multiple sclerosis (MS), a learning disability or cerebral palsy
  - splenic disorders such as sickle cell disease or removal of spleen

- weakened immune system as a result of conditions such as HIV and AIDS, or on long term steroid medication or chemotherapy
- being heavily obese i.e. with a body mass index (BMI) of 40 or above
- being pregnant

Additionally, there are some clinical conditions which put people at even higher risk of severe illness from COVID-19. Those who may be at particular risk due to complex health problems include individuals:

- who have received an organ transplant and remain on ongoing immunosuppression medication
- with cancer who are undergoing active chemotherapy or radiotherapy
- with cancers of the blood or bone marrow such as leukemia who are at any stage of treatment
- with severe lung conditions such as cystic fibrosis or severe asthma (requiring frequent hospital admissions or courses of steroid tablets)
- with severe diseases of body systems, such as severe chronic kidney disease (on dialysis)
- pregnant women who have a serious heart condition

## **2. Impact of COVID-19 on Workplaces**

Taking into consideration the scale of COVID-19 pandemic and the grave impact it has had on workplaces, the following factors, which are likely to affect absolute manpower and workplace productivity, will need to be considered:

### **i. Worker absenteeism**

Workers could be absent because they:

- themselves are sick;
- are under quarantine or self-isolation;
- are caregivers for sick family members;
- are caregivers for children if schools or child care centers are closed;
- have at-risk people at home, such as immunocompromised family members; or
- are afraid to come to work because of fear of possible exposure.

## **ii. Change in patterns of work or business strategy**

Most workplaces will require a change in their work processes or how they function to maintain work productivity. Some workplaces will see an increase in demand for their services due to increased utilization of digital technology eg. telecommunications, whilst other workplaces will seek to change their working hours to accommodate for change in public/patron attendances from high peak concentration to throughout the day to reduce contact with other people. Industries such as food and beverage, and retail, will see an increased interest in home delivery services or may prefer other options such as drive-through services, to reduce person-to-person contact.

## **iii. Interrupted supply/delivery**

'Work processes, schedules and businesses' timeframe will be prolonged as shipments of items from geographical areas severely affected by COVID-19 may be delayed or cancelled.

## **3. Classifying Worker Exposure to COVID-19**

A worker's risk from occupational exposure may vary from high, medium to low. The level of risk depends in part on the industry type, need for contact within 1 metre of people known to be, or suspected of being infected with COVID-19 or requirement for repeated or extended contact with persons known to be, or suspected of being infected with COVID-19.

### *i. High Exposure Risk:*

Those with high potential for exposure to known or suspected sources of COVID-19. These include healthcare workers (e.g., doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g., intubation, cough induction procedures, bronchoscopies, some dental procedures or invasive specimen collection) on known or suspected COVID-19 patients, laboratory personnel collecting or handling specimen from known or suspected COVID-19 patients (e.g., manipulating cultures) as well as mortuary workers performing autopsies, which generally involve aerosol-generating procedures. Those who work with institutionalized residents e.g. prison wardens, first responders and home health aides are also at high risk.

*ii. Medium Exposure Risk:*

Those who require frequent and/or who have been in close contact (i.e., within 1 metre) with people who may be infected with COVID-19, but who are not known or suspected COVID-19 patients. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travelers who may return from international locations with widespread COVID-19 transmission. In areas where there is ongoing community transmission, workers in this category may have contact with the general public (e.g., in schools, high-population-density work environments, and some high-volume retail settings).

*iii. Low Exposure Risk:*

Those who do not require contact with people known to be, or suspected of being, infected with COVID-19 nor have frequent close contact (i.e., within 1 metre) with the general public. Workers in this category have minimal occupational contact with the public and other co-workers. In areas with low or no community transmission, examples will include office workers as well as workmen such as plumbers, electricians, home contractors or builders.

**[\*As of 2 April 2020, there is no evidence of widespread community transmission in Brunei Darussalam]**

#### **4. Work Arrangements for Vulnerable Populations**

The following may be considered by employers when reviewing the suitability of vulnerable workers' placement at the workplace. These, however, are not to replace the need for social distancing, hygiene measures as well as other infection control and transmission reduction measures.

##### **i. Temporary work redeployment**

Vulnerable employees can be temporarily redeployed to another role or work environment within the organization where there is minimal exposure to COVID-19 infection or contact with the general public. This includes groups such as pregnant women, and individuals with health conditions such as those listed in Section 1.

## ii. Other work arrangements

For other job roles or functions, employers must take the following precautions:

- *Reduce the need for and duration of physical interactions*

Employers must minimize the need for physical meetings, e.g. by using tele-conferencing facilities. If there is a critical need for physical meetings to proceed, the number of attendees should be limited and the duration shortened. Meetings should be conducted in open, well-ventilated spaces.

Vulnerable employees may be redeployed to other roles or work processes where there is minimal interaction with the public. Alternatively, employers may want to consider reviewing work processes to reduce physical interaction with the public e.g. consider use of online transactions and drive-through services.

- *Ensure clear physical spacing of at least 1m apart*

Employers must provide for wider physical spacing (of at least 1m apart) for work stations (e.g. clearly demarcating the work stations that can be used to achieve the 1m spacing). Available seats in meeting rooms should also be spaced at least 1m apart and clearly marked. The same safe distancing measures should apply to common spaces, such as entrances/exits, lifts, pantries/canteens, where congregation or queuing of employees or visitors/clients might occur. Employers should also remind employees to maintain the 1m physical spacing during informal discussions amongst employees.

- *Stagger working hours*

Employers should implement staggered working hours to reduce possible congregation of employees at common spaces such as entrances/exits. The staggered working hours must be implemented over at least three 1-hourly blocks, with not more than half of the employees reporting to work within each 1-hour block. For example, if the normal working hours are from 8am to 5pm, employers could stagger employees' reporting times at one-hour intervals between 7.30 am and 10.30 am (e.g. 7.30 am to 8.30 am, 8.30 am to 9.30 am and 9.30 am to 10.30am), with corresponding staggered timings for end of work. Timings of lunch and other breaks must also be staggered. Where possible, reporting and ending times should not coincide with peak-hour travel, especially if employees require the use of public transport. Employers may consider staggering and reducing number of employees entitled to work breaks at any one time so as to reduce congregating at pantries/canteens/break areas.

- *Defer or cancel group events/activities*

Employers must defer or cancel all events or activities which involve close and prolonged contact amongst participants. These include conferences, seminars, training and exhibitions. Social gatherings at the workplace, such as the celebration of birthdays, should be kept to no more than 10 persons at any one time, with safe distancing measures in place.

- *Implement or enhance shift or split team arrangements*

For suitable workplace settings such manufacturing industry, employers can consider having employees work in shifts and extending operational hours to maintain production output. Alternatively, employers should look into split team arrangements where employees are assigned to work under alternate teams (e.g. Team A & Team B) and are deployed according to different work schedules or at different work sites. Employers should consider clear separation of employees on different shifts or split teams, such as implementing human traffic management measures and stepping up cleaning of common areas during shift or split team changeovers.

- *Discourage sharing of work equipment*

Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible. Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment in line with Ministry of Health Guidance on Disinfection of Workplaces.

- *Use of personal protective equipment (PPE)*

Ensure vulnerable workers who need to use personal protective equipment (PPE) are properly trained on how to put on, use/wear and take off correctly, including in the context of their current and potential duties. Ensure PPE are disposed of correctly.

- *Prepare to institute flexible workplace and leave policies, and reporting of illness*

Employers should ensure that sick leave policies are flexible and consistent with public health guidance, and that employees are aware of and understand these policies. Employers should also implement flexible policies that allow employees to stay home if they are sick, in self-isolation, or caring for family members. Additionally, employers should develop policies and procedures for employees to report and declare when they are sick or experiencing symptoms of COVID-19 while at work which is a critical step in protecting other workers, customers, and visitors. Employers should inform and encourage employees to self-monitor for signs and symptoms of COVID-19 if they suspect possible exposure.

- *Employee responsibilities*

Employees must always take the necessary preventive actions when they are at work such as adhering to the recommended social distancing measures, avoiding physical greetings or handshakes, wearing a mask where applicable, frequently washing hands or use of hand sanitizer, adopting respiratory etiquette, etc.

### **iii. Work from home**

In cases where measures to make the workplaces safer in reducing infection transmission such as temporary redeployment or making other work arrangements have been undertaken but has been further assessed by the employer that they may still pose an increased risk to the vulnerable worker, then, wherever possible, the employer may consider for vulnerable employees to work by telecommunicating from home, provided that there are means of monitoring work hours, work output, remote access and connectivity to workplace and colleagues.

These must also be in line with the organization's human resource and work processes policies. Consider retaining employees with critical functions only to remain in the workplace setting, to reduce crowding and close contact. Additional measures could include reviewing work processes and providing the necessary IT equipment/facilities for employees.

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