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**Occupational health and safety  
management — General guidelines  
for safe working during the COVID-19  
pandemic**

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## Foreword

ISO (the International Organization for Standardization) is a worldwide federation of national standards bodies (ISO member bodies). The work of preparing International Standards is normally carried out through ISO technical committees. Each member body interested in a subject for which a technical committee has been established has the right to be represented on that committee. International organizations, governmental and non-governmental, in liaison with ISO, also take part in the work. ISO collaborates closely with the International Electrotechnical Commission (IEC) on all matters of electrotechnical standardization.

The procedures used to develop this document and those intended for its further maintenance are described in the ISO/IEC Directives, Part 1. In particular, the different approval criteria needed for the different types of ISO documents should be noted. This document was drafted in accordance with the editorial rules of the ISO/IEC Directives, Part 2 (see [www.iso.org/directives](http://www.iso.org/directives)).

Attention is drawn to the possibility that some of the elements of this document may be the subject of patent rights. ISO shall not be held responsible for identifying any or all such patent rights. Details of any patent rights identified during the development of the document will be in the Introduction and/or on the ISO list of patent declarations received (see [www.iso.org/patents](http://www.iso.org/patents)).

Any trade name used in this document is information given for the convenience of users and does not constitute an endorsement.

For an explanation of the voluntary nature of standards, the meaning of ISO specific terms and expressions related to conformity assessment, as well as information about ISO's adherence to the World Trade Organization (WTO) principles in the Technical Barriers to Trade (TBT), see [www.iso.org/iso/foreword.html](http://www.iso.org/iso/foreword.html).

This document was prepared by Technical Committee ISO/TC 283, *Occupational health and safety management*.

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Any feedback or questions on this document should be directed to the user's national standards body. A complete listing of these bodies can be found at [www.iso.org/members.html](http://www.iso.org/members.html).

## Introduction

This document is a response to the COVID-19 pandemic and the increased risk this disease presents to the health, safety and well-being of people in all settings, including those working at home or in mobile settings, and workers and other interested parties in physical workplaces.

Governments, regulators and other professional bodies across the world have published guidance on working safely during the COVID-19 pandemic. This document provides a single generic set of guidelines that complements this information and supports the principles that:

- reasonable measures to manage the risks arising from COVID-19 are, or will be, implemented to protect the health and safety of workers and other relevant interested parties;
- workers should not be required to work unless these measures have been implemented.

This guidance includes practical recommendations to organizations and workers on how to manage these risks and is suitable for organizations resuming operations, those that have been operational throughout the pandemic, and those that are starting operations.

The guidance is generic and applicable to organizations regardless of the nature of business, service provision, size or complexity. It recognizes that many smaller organizations do not have dedicated departments for functions such as occupational health and safety (OH&S), facilities management or human resources. More detailed information for specific functions is available from professional bodies and a wide range of national and international standards.

By implementing the guidance in this document, the organization will be able to:

- a) take effective action to protect workers and other relevant interested parties from the risks related to COVID-19;
- b) demonstrate that it is addressing risks related to COVID-19 using a systematic approach;
- c) put in place a framework to enable effective and timely adaptation to the changing situation.

Organizations using ISO 45001 can use this document to inform their OH&S management system by relating the relevant clauses to the Plan-Do-Check-Act (PDCA) cycle, as outlined below. Taking a systems approach facilitates the coordination of resources and efforts that is so important in managing COVID-19.

- Plan: Plan what needs to be done for the organization to work safely (see [Clauses 4 to 8](#)).
- Do: Do what the organization has planned to do (see [Clauses 9 to 12](#)).
- Check: See how well it is working (see [Clause 13](#)).
- Act: Fix problems and look for ways to make what the organization is doing even more effective (see [Clause 14](#)).

This document is not intended to be a single step-by-step set of recommendations. It provides a framework in which the PDCA cycle outlined above should be repeated, with all parts active at all times, to enable ongoing continual improvement and to ensure the organization responds to changes during the different phases of the pandemic.

# Occupational health and safety management — General guidelines for safe working during the COVID-19 pandemic

## 1 Scope

This document gives guidelines for organizations on how to manage the risks arising from COVID-19 to protect work-related health, safety and well-being.

This document is applicable to organizations of all sizes and sectors, including those that:

- a) have been operating throughout the pandemic;
- b) are resuming or planning to resume operations following full or partial closure;
- c) are re-occupying workplaces that have been fully or partially closed;
- d) are new and planning to operate for the first time.

This document also provides guidance relating to the protection of workers of all types (e.g. workers employed by the organization, workers of external providers, contractors, self-employed individuals, agency workers, older workers, workers with a disability and first responders), and other relevant interested parties (e.g. visitors to a workplace, including members of the public).

This document is not intended to provide guidance on how to implement specific infection control protocols in clinical, healthcare and other settings.

NOTE Applicable legislation and guidance is provided by government, regulators and health authorities for workers in these settings or in related roles.

## 2 Normative references

There are no normative references in this document.

## 3 Terms and definitions

For the purposes of this document, the following terms and definitions apply.

ISO and IEC maintain terminological databases for use in standardization at the following addresses:

- ISO Online browsing platform: available at <https://www.iso.org/obp>
- IEC Electropedia: available at <http://www.electropedia.org/>

### 3.1 organization

person or group of people that has its own functions with responsibilities, authorities and relationships to achieve its objectives

Note 1 to entry: The concept of organization includes, but is not limited to sole-trader, company, corporation, firm, enterprise, authority, partnership, association, charity or institution, or part or combination thereof, whether incorporated or not, public or private.

[SOURCE: ISO 45001:2018, 3.1, modified — The word “association” has been deleted from Note 1 to entry and Note 2 to entry has been removed.]

**3.2  
worker**

person performing work or work-related activities that are under the control of the *organization* (3.1)

Note 1 to entry: Persons perform work or work-related activities under various arrangements, paid or unpaid, such as regularly or temporarily, intermittently or seasonally, casually or on a part-time basis.

Note 2 to entry: Workers include top management, managerial and non-managerial persons.

Note 3 to entry: The work or work-related activities performed under the control of the organization may be performed by workers employed by the organization, workers of external providers, contractors, individuals, agency workers, and by other persons to the extent the organization shares control over their work or work-related activities, according to the context of the organization.

[SOURCE: ISO 45001:2018, 3.3]

**3.3  
workplace**

place under the control of the *organization* (3.1) where a person needs to be or to go for work purposes

Note 1 to entry: The organization's responsibilities for the workplace depend on the degree of control over the workplace.

Note 2 to entry: Workplaces can include the *worker's* (3.2) own home, other people's homes, personal vehicles, vehicles provided by the organization, another organization's facilities and public spaces.

[SOURCE: ISO 45001:2018, 3.6, modified — The words “under the OH&S management system” have been deleted from Note 1 to entry and Note 2 to entry has been added.]

**3.4  
risk**

effect of uncertainty

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Note 1 to entry: In this document, the term “risk” refers to risks related to *COVID-19* (3.6), unless otherwise stated.

[SOURCE: ISO 45001:2018, 3.20, modified — The original notes to entry have been deleted and a new Note 1 to entry has added.]

**3.5  
pandemic**

worldwide spread of a disease

[SOURCE: World Health Organization<sup>[9]</sup>, modified — The word “new” has been removed.]

**3.6  
COVID-19**

infectious disease caused by the new coronavirus SARS-CoV-2 discovered in 2019

[SOURCE: World Health Organization<sup>[10]</sup>, modified — The words “SARS-CoV-2 discovered in 2019” have been added. ]

**3.7  
incident**

occurrence arising out of, or in the course of, work that could or does result in injury and ill health

Note 1 to entry: In this document, “injury and ill health” refers to a direct infection with *COVID-19* (3.6) or any physical or psychological injury and ill health that is a consequence of COVID-19.

[SOURCE: ISO 45001:2018, 3.35, modified — The original notes to entry have been deleted and a new Note 1 to entry has added.]



### 3.8 personal protective equipment PPE

device or appliance designed to be worn by an individual for protection against one or more health and safety hazards

Note 1 to entry: PPE includes, but is not limited to, gowns, gloves, respirators, safety glasses, helmets and goggles.

Note 2 to entry: While generally not considered PPE, masks [and *face coverings* (3.9)] can provide a level of protection for the user, in addition to their primary purpose as a public health measure to control the spread of transmission and infection.

Note 3 to entry: In many countries, PPE is required to conform to national regulations.

[SOURCE: ISO 15384:2018, 3.12, modified — The words “or held” have been removed from the definition and the notes to entry have been added.]

### 3.9 face covering

facepiece that covers the mouth, nose and chin

Note 1 to entry: Face coverings are also known as community masks, hygiene mask, barrier masks, comfort masks and other local terms.

Note 2 to entry: Face coverings in the context of this document are not considered to be *personal protective equipment* (3.8) or a medical device.

[SOURCE: CWA 17553:2020, 2.3, modified — The word “community” has been deleted from the term, the words “fitted with the head harness which can be head or ears attachment” has been deleted from the definition, and the notes to entry have been added.]

### 3.10 well-being

fulfilment of the physical, mental and cognitive needs and expectations of a *worker* (3.2) related to their work

Note 1 to entry: Well-being can also contribute to the quality of life outside of work.

Note 2 to entry: Well-being relates to all aspects of working life, including work organization, social factors at work, work environment, equipment and hazardous tasks.

[SOURCE: ISO 45003:—<sup>1</sup>), 3.2, modified — The words “at work” has been deleted from the term and from the notes to entry.]

### 3.11 common areas

spaces and amenities provided for the use of more than one person

EXAMPLE Canteens, lifts/elevators, stairs, reception areas, meeting rooms, areas of worship, toilets, gardens, fire escapes, kitchens, fitness facilities, store rooms, laundry facilities.

1) Under preparation. Stage at the time of publication: ISO/DIS 45003:2020.

## 4 Planning and assessment of risks

### 4.1 Understanding the context of the organization

**4.1.1** To understand the specific risks to workers and other people who can be affected by the organization's activities (e.g. visitors, customers, service users, the general public), the organization should consider:

- a) what can affect the ability of individuals to work safely during the COVID-19 pandemic;
- b) how its operations should change to address the increased risk to work-related health, safety and well-being.

Before assessing risks related to COVID-19, the organization should consider the specific external and internal issues that can affect the health and safety of workers and how these issues are impacted by the pandemic. The organization should take these issues into account when assessing risk and planning to begin, resume or modify operations, and ensure risks are assessed on an ongoing basis.

**4.1.2** External issues can include, but are not limited to:

- a) the prevalence of COVID-19 within the local community (including in other organizations and other workplaces);
- b) local, regional, national and international circumstances, and related legal requirements and guidance;
- c) the availability of clinical services, (testing treatments and vaccines);
- d) the availability of health and safety and other supplies (e.g. PPE, masks, hand sanitizer, thermometers, cleaning and disinfection materials);
- e) how workers travel to and from work (e.g. public transport, car, bicycle, walking);
- f) workers' access to childcare and schooling for their children;
- g) the suitability of a worker's home for remote working;
- h) workers' domestic situations (e.g. living with someone who is considered to be at higher risk of contracting COVID-19 or getting severe illness from COVID-19);
- i) changes or problems in the supply chain;
- j) the continuity of essential services (e.g. food provision, domestic infrastructure, utilities);
- k) changes in customer needs and expectations, or behaviours;
- l) local culture and cultural behaviours (e.g. kissing, hugging, shaking hands);
- m) increased or decreased demand for products/services.

**4.1.3** Internal issues can include, but are not limited to:

- a) the prevalence of COVID-19 in the organization;
- b) the number and types of workplaces (e.g. offices, factories, workshops, warehouses, vehicles, retail outlets, workers' own homes, other people's homes);
- c) cultural values within the organization that can affect risk control measures;
- d) the ability of the organization to gain up-to-date knowledge about COVID-19;

- e) the type of organization and related activities (e.g. manufacturing, services, retail, social care, training or other education, delivery, distribution);
- f) the type of workers in the organization (e.g. employed, contractors, volunteers, freelance, part-time, shift workers, remote workers);
- g) the extent to which it is possible to implement physical distancing measures;
- h) specific needs of workers (e.g. workers considered to be at higher risk of contracting COVID-19 or getting severe illness from COVID-19);
- i) workers with caring responsibilities, disabled workers, pregnant women, new mothers and older workers;
- j) increased worker absence (e.g. due to sickness, self-isolation or quarantine requirements, bereavement);
- k) resource availability, including adequate provision of toilet and handwashing facilities;
- l) how work is organized (e.g. changed work demands, pace of work, time pressure, shift work) and supported, and how this impacts work-related health, safety and well-being.

## 4.2 Leadership and worker participation

**4.2.1** To assist effective management of the risks arising from COVID-19 relating to work, the organization should:

- a) demonstrate leadership and commitment to collective responsibility and safe working practices;
  - b) communicate about, and consistently comply with, internal policy at all times;
- NOTE Local, regional or national guidelines can also apply.
- c) commit to transparency when reporting and managing suspected and confirmed cases of COVID-19, ensuring that personal health information is kept confidential (see [Clause 5](#));
  - d) ensure adequate resources are provided (see [Clause 8](#)) and make them available to workers in a timely and effective manner;
  - e) ensure consultation and encourage participation of workers and worker representatives, where they exist, in making decisions that affect work-related health, safety and well-being;
  - f) provide a clear policy on the financial implications for workers unable to work due to operational restrictions, or who are required to self-isolate or quarantine;
  - g) provide appropriate support for workers unable to work due to operational restrictions, or who are required to self-isolate or quarantine, including provision of appropriate leave from work and paid sick pay if possible (so that workers do not come to a workplace when they should not because of concerns about pay);
  - h) communicate how workers and other relevant interested parties should report incidents or raise concerns, and how these will be addressed and responses communicated;
  - i) protect workers from reprisals when reporting potential illness or incidents, or if workers remove themselves from work situations which they believe to be unhealthy or unsafe;
  - j) ensure coordination across all parts of the organization when implementing measures to manage the risks related to COVID-19;
  - k) seek competent advice and information on managing risks related to COVID-19, if necessary.

**4.2.2** The organization has a duty of care to workers and other interested parties who can be affected by their activities, including customers, service users and the general public. By encouraging wide input, the organization can have a better overview of risks to work-related health, safety and well-being during the pandemic. Active and ongoing engagement with workers and worker representatives, where they exist, is likely to result in better outcomes when managing the risks related to COVID-19.

The organization should:

- a) encourage participation and involve workers and worker representatives, where they exist, in assessing risks related to COVID-19 and making decisions on how to manage them;
- b) communicate to workers and other relevant interested parties (e.g. the public, customers, suppliers, visitors, students, investors, shareholders, regulators, unions) how the organization is managing risks from COVID-19 (communication can be through any appropriate method, see [Clause 9](#));
- c) provide one or more ways for workers and other interested parties to give feedback on actions taken to manage work-related health, safety and well-being (e.g. through virtual meetings, collaboration tools, online surveys, emails);
- d) take timely and appropriate action to address concerns raised by workers and other interested parties and communicate these actions to them.

The organization should ensure that decision-makers and worker representatives, where they exist, take into account the full diversity of the workforce and the specific experiences, views and needs of, for example, workers with disabilities, women, workers from different ethnic and faith groups, and workers of different ages.

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### 4.3 General planning

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**4.3.1** Planning enables the organization to identify and prioritize risks arising from the pandemic that can affect work-related health, safety and well-being.

Although it is not possible to eliminate the risks related to COVID-19 entirely, planning should identify and prioritize the risks to workers in order to reduce those risks.

When planning, the organization should consider the issues determined in [4.1](#) and take into account:

- a) practical changes that should be made to how work is organized and where work takes place;
- b) interaction between workers;
- c) interaction between workers and other people, including visitors, customers and members of the public;
- d) how to maintain complete and accurate contact information on people who interact closely (e.g. workers in shifts, customers in pubs and restaurants, clients in gyms) for the purpose of contact tracing, respecting the need for confidentiality;
- e) the safe use of common areas and shared equipment;
- f) the impact of the pandemic on psychological health and well-being (see [Clause 6](#)).

**4.3.2** The organization should take a systematic approach to determining and addressing risks related to COVID-19 and identify work activities that:

- a) can be done from home;
- b) cannot be done from home, but can comply with physical distancing guidelines in the workplace, if practical adjustments are made;
- c) cannot be done from home and cannot comply with physical distancing guidelines in the workplace.

For many organizations, the best way to mitigate work-related risks from COVID-19 is to enable and support workers to work from home, including in organizations that have fully implemented controls to protect against transmission of the disease. The organization should minimize the number of workers in a physical workplace, where this is possible, to provide enhanced protection through reduced contact with other people. The organization should take into account the needs of service users, clients and customers, as well as the workers performing the work, when determining the numbers of workers in a physical workplace.

The organization should ensure that additional support measures are implemented to protect the physical and psychological health and the well-being of workers who are working from home. The organization should consider if it is possible to enable a safe return to the physical workplace for individual workers if the home is not suitable, or if home working has a significant negative impact on their psychological health and well-being.

Work activities that cannot be done from home and cannot comply with physical distancing guidelines should only take place if the activities are essential and additional controls are implemented to mitigate the risks.

**4.3.3** When planning to address risks related to COVID-19, the organization should take into account existing OH&S risks and measures already in place to manage these. The organization should:

- a) assess if existing OH&S measures and controls need to be adjusted, taking into account any changes to work processes;
- b) consider new OH&S risks (e.g. impact on fire safety arrangements) and other risks (e.g. security risks) that can be introduced by implementing additional safety measures to manage the risks related to COVID-19 (see [Annex A](#) on protective security considerations);
- c) plan actions to address new risks;
- d) plan for changes in restrictions at short notice, whether at local, regional, national or international level, to minimize operational disruption (see [4.8](#)).

## 4.4 Workplaces

### 4.4.1 Physical workplaces

**4.4.1.1** The organization should ensure that workplaces (including all premises, sites and other locations where work takes place, including outside of a building) and facilities within those workplaces are clean and safe to use.

To prepare for safe operation, the organization should, as a minimum:

- a) assess all premises, sites or parts of sites, including those that have been closed or partially operating;
- b) establish arrangements to prevent potentially infectious people from entering the workplace (e.g. by providing information prior to visit or posters stating the people should not enter the workplace with COVID-19 symptoms);
- c) perform maintenance checks and activities on equipment and systems;
- d) assess and control risks related to *Legionella* and other water-related diseases, in order not to introduce other health risks, particularly if water-based systems (including some types of air conditioning) have not been used for a period of time or if use has been reduced;
- e) establish enhanced and/or more frequent cleaning and disinfection schedules, (e.g. by increasing the working hours and/or numbers of workers in cleaning roles, and encouraging other workers to clean and disinfect their own work zones and equipment regularly);