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## Occupational health and safety management — Guidelines for organizations on preventing and managing infectious diseases

*Management de la santé et de la sécurité au travail — Lignes  
directrices sur la prévention et la prise en charge des maladies  
infectieuses destinées aux organismes*

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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 document 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)).

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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*.

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

Infectious diseases are increasingly recognized as major challenges to health, safety and well-being. Decisions and activities relating to the prevention and management of infectious diseases affect workers within the organization and other people who visit a workplace, come into contact with workers, or can be affected by the organization's activities. This document is a response to the risks that infectious diseases present to workers and other relevant interested parties (e.g. customers, the public, suppliers, workers from other organizations, family members and other personal contacts).

There is a broad range of infectious diseases with potential impacts on health, safety and well-being, which can vary from very mild to very serious depending on the nature of the infectious disease. Key characteristics of infectious diseases (see [Clause 5](#)) are a major factor in the risk posed to workers and other relevant interested parties.

Some infectious diseases are non-contagious and infect only the individual who contracts the disease and do not usually transmit from human to human (e.g. *legionellosis* or malaria), while others are contagious and have the potential to spread from a single individual to infect others (e.g. influenza, COVID-19, smallpox, hepatitis, *salmonellosis*, tuberculosis, Ebola and HIV/AIDS), up to and including a pandemic spread of the disease.

The impact in terms of severity of infectious diseases can vary from person to person depending on underlying health conditions (e.g. asthma, diabetes, obesity, strength of immune system) and factors such as age, sex, and socio-economic situation. Impacts can be more severe where one or more such circumstances exist.

This document provides guidelines to prevent or reduce exposure to, and transmission of, infectious agents and to manage risks to workers and other relevant interested parties from infectious diseases. It supports the principle that workers should not be required to work in settings without implementation of appropriate prevention and controls.

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 or functions such as occupational health and safety (OH&S), facilities management, human resources or infectious disease specialists. More detailed information for specific functions is available from professional bodies and a wide range of national and international standards.

Organizations using ISO 45001 can use this document to improve OH&S management by relating the relevant clauses to the PDCA cycle:

- Plan: plan what needs to be done for the organization to work safely;
- Do: do what the organization has planned to do;
- Check: see how well it is working;
- Act: take actions to improve or change controls that are not effective.

Taking a systems approach facilitates the coordination of resources and efforts and will enable organizations to better manage the risk from infectious diseases, by ensuring they are included in to existing OH&S processes.

This document is not intended to be a single step-by-step set of recommendations. It provides guidelines to enable ongoing continual improvement and to ensure the organization responds to incidents of infectious diseases, including epidemics and pandemics.

This document is designed to complement ISO 45001 by providing guidelines that align with the requirements of ISO 45001. This document can be used independently, by any organization, to improve OH&S performance.

# Occupational health and safety management — Guidelines for organizations on preventing and managing infectious diseases

## 1 Scope

This document gives guidelines for organizations on how to prevent or control exposure to infectious agents at the workplace and manage the risks associated with infectious diseases that:

- present a risk of severe ill health or death and can impact the health, safety and well-being of workers and other relevant interested parties;
- present a lower risk to health yet have a significant impact on the organization, its workers and other relevant interested parties.

This document is applicable to organizations of all sizes and sectors.

**NOTE** This document does not provide comprehensive guidance to those parts of an organization that implement mandated infection controls such as hospitals and medical or biological laboratories because there is an inherent potential for exposure to infectious diseases. Applicable legislation and guidance is provided by government, regulators and health authorities for specific infection controls for the protection of workers in such settings and for work activities on or with pathogenic microorganisms.

## 2 Normative references

The following documents are referred to in the text in such a way that some or all of their content constitutes requirements of this document. For dated references, only the edition cited applies. For undated references, the latest edition of the referenced document (including any amendments) applies.

ISO 45001:2018, *Occupational health and safety management systems — Requirements with guidance for use*

## 3 Terms and definitions

For the purposes of this document, the terms and definitions given in ISO 45001 and the following apply.

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

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

### 3.1

#### **workplace**

place 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 be inside or outside and include the worker's own home, other people's homes, personal vehicles, vehicles provided by the organization, other organizations' facilities and public spaces.

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

### 3.2 legal requirements and other requirements

legal requirements that an organization has to comply with and other requirements that an organization has to or chooses to comply with

[SOURCE: ISO 45001:2018, 3.9, modified — Notes 1, 2 and 3 to entry have been deleted.]

### 3.3 top management

person or group of people who directs and controls an organization at the highest level

[SOURCE: ISO 45001:2018, 3.12, modified — Notes 1, 2 and 3 to entry have been deleted.]

### 3.4 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 contracting an *infectious disease* (3.8) or any identifiable, adverse physical or psychological condition arising from or associated with an infectious disease.

[SOURCE: ISO 45001:2018, modified — Note 1 to entry has been replaced, and Notes 2 and 3 to entry have been deleted.]

### 3.5 personal protective equipment PPE

device or appliance designed to be worn by an individual for their 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 other *face coverings* (3.6) 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 — “or held” have been deleted after “worn” and “their” has been added before “protection” in the definition, and Notes 1, 2 and 3 to entry have been added.]

### 3.6 face covering

facepiece that covers the mouth, nose and chin

EXAMPLE ‘community masks’, ‘hygiene masks’, ‘barrier masks’, and ‘comfort masks’ are all examples of face coverings.

Note 1 to entry: Face coverings in the context of this document are not considered to be *personal protective equipment (PPE)* (3.5) or a medical device.

### 3.7 well-being

fulfilment of the physical, mental and cognitive needs and expectations of a worker 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 45003:2021, 3.2, modified — “at work” has been deleted after “well-being” from the term and Notes 1 and 2 to entry have been added.]

### 3.8

#### **common area**

space and amenity 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.

Note 1 to entry: Common areas can include spaces and amenities used by more than one organization.

Note 2 to entry: Common areas can include spaces and amenities where people are working.

[SOURCE: ISO/PAS 45005:2020, 3.11, modified — the term “common areas” has been changed to “common area”, “spaces and amenities” has been changed to “space and amenity” in the definition, and Notes 1 and 2 to entry have been added.]

### 3.9

#### **infectious disease**

condition caused by agents such as bacteria, viruses, prion, parasites or fungi that can spread, directly or indirectly, and that can result in ill-health

Note 1 to entry: In this document, “infectious disease” refers to a disease that:

- presents a risk of severe ill health or death and can impact the health, safety and *well-being* (3.7) of workers and other relevant interested parties;
- presents a lower risk to health yet have a significant impact on the organization, its workers and other relevant interested parties.

### 3.10

#### **contagious disease**

*infectious disease* (3.9) that can be transmitted from person to person

EXAMPLE Influenza, Ebola, hepatitis.

### 3.11

#### **outbreak**

increase in cases of an *infectious disease* (3.9) in excess of what is normally expected in a particular location, community or geographical region in a specified time period

Note 1 to entry: An outbreak can affect a small and localized group or multiple groups and places and can result in an *epidemic* (3.12) or *pandemic* (3.13).

Note 2 to entry: Two linked cases of an infectious disease can be sufficient to constitute an outbreak.

### 3.12

#### **epidemic**

large number of cases of a particular *infectious disease* (3.9), occurring at the same time in a community or geographic region

[SOURCE: ISO 28901:2011, 3.6 modified — “infectious” has been added before “disease”, “usually infectious” has been deleted, “particular community” has been replaced with “community or geographic region” in the definition.]

### 3.13

#### **pandemic**

worldwide spread of an *infectious disease* (3.9)

Note 1 to entry: A pandemic is declared by the World Health Organization (WHO).

[SOURCE: ISO/PAS 45005:2020, 3.5, modified — “infectious” added before “disease” and Note 1 to entry has been added.]

### 3.14

#### **endemic infectious disease**

*infectious disease* (3.9) either constantly present or usually prevalent in a particular geographic region

## **4 Context of the organization**

### **4.1 General**

The organization should acquire and maintain awareness of known and emerging infectious diseases that can, or are likely to, significantly affect the organization or its activities.

The organization should determine external and internal issues and consider:

- a) the specific hazards and related risks from infectious diseases to workers and other interested parties who can be affected by the organization’s activities (e.g. visitors, customers, clients, service users, the public) (see 8.1, 8.2 and 8.3);
- b) if changes should be made to its operations to address the risks (see 8.4);
- c) how workers can be supported to work safely (see Clauses 11 to 17).

NOTE 1 Infectious diseases can vary in occurrence, impact and severity depending on country or region.

NOTE 2 Appropriate controls can vary depending on country or region.

### **4.2 External issues**

When determining external issues, the organization should consider:

- a) emergence and/or prevalence of infectious disease within the local community (including in other organizations and other workplaces);
- b) local, regional, national and international circumstances and related legal requirements and other requirements, and guidance (e.g. likelihood of infectious diseases being transmitted through people, products or services moving from one place to another);
- c) availability of clinical services, testing, treatments and vaccines;
- d) availability of health, safety and other supplies (e.g. PPE, face coverings, hand sanitizers, thermometers, cleaning and disinfection materials);
- e) potential changes or problems in the supply chain;
- f) the modes of transport workers use to travel to and from work (e.g. public transport, car, bicycle, walking, shared transport);
- g) workers travelling into regions with an endemic infectious disease or an outbreak of an infectious disease;
- h) workers' access to childcare and schooling for their children;
- i) suitability of worker’s home for remote working;
- j) workers’ domestic situations (e.g. living with someone who is at higher risk of contracting or getting severely ill from infectious diseases);
- k) continuity of essential services (e.g. food provision, domestic infrastructure, utilities);

- l) changes in the needs and expectations, or behaviours of relevant interested parties;
- m) local culture and cultural behaviours (e.g. kissing, hugging, shaking hands);
- n) increased or decreased demand for the organization's products/services.

### 4.3 Internal issues

#### 4.3.1 General

When determining internal issues, the organization should consider:

- a) prevalence or likelihood of an infectious disease in the organization;
- b) sources of infectious agents in the workplace that can result in an infectious disease
- c) ability of the organization to gain up-to-date knowledge about infectious diseases;
- d) type of organization and related activities (e.g. primary production, processing, manufacturing, services, retail, social care, training or other education, delivery or distribution);
- e) number, locations and types of workplaces potentially affected (e.g. offices, factories, workshops, warehouses, water treatment plants, vehicles, retail outlets, workers' own homes or other people's homes);
- f) how work is organized (e.g. changed work demands, pace of work, time pressure, shift work, travel requirements) and how this impacts workers' health, safety and well-being;
- g) resource availability (e.g. operational, health and safety, hygiene);
- h) cultural values within the organization that can affect risk controls;
- i) the relationship between workers and the organization (e.g. employed, contractors, volunteers, freelance, part-time, shift workers, remote workers);
- j) specific needs of workers considered to be at higher risk for contracting or getting severely ill from an infectious disease (e.g. workers with underlying health conditions);
- k) specific needs of diverse workers (see [4.3.2](#));
- l) language barriers and communication issues;
- m) the extent to which it is possible to implement specific infection controls in a workplace or in relation to work activities or ways of working;
- n) increased worker absence (e.g. due to illness, self-isolation or quarantine requirements, bereavement).

#### 4.3.2 Diversity of workers and other relevant interested parties

The organization should take into account the full diversity of its workers and other relevant interested parties when determining internal issues (see [4.3.1](#)) relating to preventing and managing infectious diseases. The organization should consider that individual workers and other relevant interested parties have different needs, based on their characteristics and personal circumstances, such as:

- a) gender-specific needs, including those of women;
- b) pregnancy, or recently given birth;
- c) those caring for, or living with vulnerable individuals (e.g. infants, immunocompromised family members);

- d) age, taking into account both older and younger workers;
- e) disabilities;
- f) ethnicity, culture and faith;
- g) those with underlying health conditions (e.g. immunocompromised, asthmatics).

NOTE 1 Disabilities can affect the suitability of controls for infectious diseases, including accessibility to buildings, facilities, equipment or services. Disabilities include physical and mental impairment. People with a disability can include wheelchair users, those with mobility, hearing or sight impairment, or with a condition or illness that has an impact on their mental capacity.

NOTE 2 Many people have disabilities or vulnerabilities to infectious diseases, or specific needs which are not immediately apparent (e.g. people with diabetes, respiratory conditions, heart conditions, hearing impairment).

## **5 Characteristics of infectious diseases**

As part of the assessment of risks, the organization should take into account the characteristics of infectious diseases that are likely to impact workers and other interested parties, so that suitable controls can be determined (see [Clause 8](#)). Characteristics of an infectious disease include:

- a) virulence of the infectious agent causing the disease;
- b) likelihood of transmission;
- c) incubation period;
- d) time frame during which people can transmit a contagious disease;
- e) length of time an infectious agent remains infectious on contaminated objects or materials;
- f) symptoms related to the infectious disease;
- g) potential severity of illnesses (see [Table A.1](#));
- h) sources and modes of transmission, including:
  - 1) an infectious agent carried by another person that is spread through skin-to-skin contact, biological waste, or exchange of bodily fluids (e.g. personal care hazards, sexual interaction);
  - 2) animals or insects that are infected with or carry an infectious agent (e.g. through touch, stings, or bites);
  - 3) contaminated environmental sources (e.g. through water or air);
  - 4) inhalation (e.g. mould spores, inhalation of bodily fluids from coughing);
  - 5) ingestion (e.g. through eating contaminated food);
  - 6) skin puncture (e.g. injections, wounds);
  - 7) contact with a contaminated surface or object (e.g. used needles, door handles).

The organization should seek advice from:

- trusted bodies (e.g. public health authorities, disease control centres, the World Health Organization, the International Labour Organization);
- specialists (e.g. epidemiologists, infectious disease physicians, occupational health specialists and hygienists, public health practitioners, other infectious disease experts).

The organization should be aware that information about emerging diseases changes over time.

NOTE Some people who are infected do not show symptoms but can transmit the disease.

## 6 Leadership and worker participation

### 6.1 Leadership

Top management, and managers at all levels should demonstrate leadership to effectively manage risks to workers and other relevant interested parties arising from infectious diseases that are, or can be, in the workplace.

Top management should communicate to workers and other interested parties:

- how concerns about, or incidences of, infectious diseases should be reported;
- the organization's commitment to transparency when managing infectious diseases;
- actions to take if a person has, or suspects they have, contracted an infectious disease;
- actions the organization will take to support workers and other relevant interested parties when there is an outbreak of an infectious disease or an infectious disease incident;
- support for workers to remove themselves from work situations believed to present an imminent or serious risk to life or health.

When an infectious disease is known to be, or can be, an issue, top management should:

- a) provide adequate resources (see [Clause 10](#)) and make them available in a timely and effective manner;
- b) consult with, and encourage, participation of workers and worker representatives, where they exist, in making decisions that affect work-related health, safety and well-being (see [6.2](#));
- c) provide appropriate support for workers unable to work, including provision of appropriate leave from work, paid if possible (so that concerns about pay do not lead to workers coming to a workplace when they are unwell or potentially contagious);
- d) protect workers from reprisals when reporting potential cases of illness or incidents;
- e) coordinate across all parts of the organization when implementing measures to manage the risks to workers and other relevant interested parties related to infectious diseases;
- f) ensure the health and safety of workers in workplaces not under the control of the organization (e.g. at home, in other people's homes, workers in a mobile role, other locations) are taken into account;
- g) seek advice and information from competent and trusted bodies, specialists and sources on managing risks to workers and other relevant interested parties, when necessary;
- h) implement processes for returning to work and rehabilitation.

Managers at all levels should ensure workers have been instructed on what to do in relation to exposure to an infectious agent (e.g. seeking medical or psychological advice) and support workers to take appropriate actions.

### 6.2 Consultation and participation of workers

The organization should consult workers and encourage their participation as appropriate to facilitate better understanding of infectious agents that can impact the organization as well as other hazards and risks related to infectious diseases and health outcomes.