



Economic sector and workplaces

COVID-19

Preventive measures, cleaning and responses to infections
in the workplace

UNCERTAINTY, DANGER AND EMERGENCY ALERT LEVELS

Uncertainty alert level

Definition: A new epidemic has been detected in humans, and there is a reason for increased vigilance and thorough risk assessment and preparation. Infection has not been diagnosed within Iceland.

Actions: Update information and instructions to staff, change procedures or increase workplace supplies. Call for collaboration on procedures during pandemics.

Danger Alert Level

Definition: Significant group infections occur in humans but are still localised. The virus is increasingly adapting to humans, and there is a significant risk of a pandemic. Infection may have been confirmed in Iceland, but the Danger Alert Level can be assigned even if the infection has not reached Iceland.

Definition for going from Emergency Alert Level down to Danger Alert Level: The epidemic is receding, fewer cases are diagnosed but infection is still present in the community. There is still a risk of an epidemic recurring. Adopt and co-ordinate mitigating measures regarding infection procedures and free-up quarantine zones step by step.

Actions: Adopt and co-ordinate infection measures in the business sector. Regular consultation, dissemination of information. Infection zone delineation prepared and activated.

Emergency Alert Level

Definition: Group infection is spreading rapidly domestically (domestic epidemic). Growing and persistent spread of infection among humans.

Actions: Continuous collaboration and information sharing. Use remote working and the most stringent infection prevention measures in workplaces.

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1. Acronyms

Abbreviation	Meaning
112	Emergency telephone number, co-ordinated emergency call centre for all of Iceland
1700	Læknavaktin (medical hotline) – co-ordinated health services hotline
Avd-RLS	Civil Protection Department of the National Commissioner of the Icelandic Police
COVID-19	Infection of the respiratory tract caused by the new coronavirus
SVL	Chief Epidemiologist

2. Employee checklist regarding COVID-19

When there is considered to be a risk of COVID-19 infection, each employee in each workplace must:

- Know the symptoms of COVID-19 infection and the virus' mode of transmission and read the instructions on approved procedures. Further information is available on the website of the [Directorate of Health](#).
 - The main symptoms of COVID-19 are: Coughing, fever, common cold symptoms, bone and muscle pain, tiredness and sometimes a sore throat. Alterations to or loss of taste and smell have also been reported.
- Strengthen infection control and apply [basic infection prevention measures](#) at work.
- Notify their immediate supervisor if COVID-19 infection is suspected.
- Employees are encouraged to download the [tracing app](#) Rakning C-19 to their mobile.
- Be prepared to treat a person with COVID-19 symptoms until he/she leaves.

3. Uninterrupted operations and protection from infection

Each workplace limits access to the workplace insofar as possible and uses the information published on [covid.is](#) and on [landlaeknir.is](#).

The workplace prepares a plan for uninterrupted operation together with a checklist for uninterrupted operation, see Annex I. The plan is intended to ensure the provision of information to employees and customers, define important aspects in the operation and set rules on meetings, travel, remote working and other important aspects.

The operator shall ensure infection prevention and shall ensure the availability of necessary supplies, such as hand sanitisation and surface disinfectant. In addition, the workplace shall be divided into infection-free areas if necessary, and the access of guests and employees to specified departments/areas is to be limited.

The instructions of the Chief Epidemiologist as regards [Infection prevention and cleaning](#) contain information on the main infection routes and infection prevention measures, including the cleaning of contact surfaces. In addition, the instructions contain information on the main materials to use for cleaning and instructions on the washing of linens and cloths. The cafeterias of workplaces are advised to view the guidelines that have been issued to [restaurants and hotels/guesthouses as regards COVID-19](#).

Quarantine areas

The maximum number of persons permitted in each area (workplace divided up) is subject to the decision of the authorities as issued from time to time. In all workplaces and areas, individuals should not enter the area if they:

- Are in quarantine.
- Are in isolation (also while waiting for testing results).
- Have been in isolation due to COVID-19 infection and 14 days have not elapsed since their discharge.
- Have symptoms of COVID-19 (cough, fever, throat ache, cold, headache, bone or muscle aches, fatigue).

Children born in 2005 and later are exempt from restrictions on gatherings. Individuals are to respect social distancing rules between unrelated persons. Adults, therefore, are to respect social distancing rules as regards unrelated children.

[Instructions on interior and exterior areas as regards COVID-19](#)

Spaces must be separated by dividers that are at least 2 metres high or at least 1 metre apart and may not be crossed. Easy access to hand washing facilities and/or hand sanitiser must be provided in each area. Each defined section must have its own entrance and exit, and no contact is allowed between the sections. Toilets must be separate for each section. Employees may not move between sections.

The common contact surfaces must be cleaned and disinfected at least daily or more often depending on the circumstances. Reminder [posters are available and can be printed out](#) and hung up.

Example of AREA (RÝMI), service operation of physiotherapist during the EMERGENCY LEVEL of the Department of Civil Protection

Size of premises: 1350 m², and during the emergency level, the premises are divided into two separate areas.

Number in premises: maximum of 22.

Other actions: Face mask requirement, arrival time of patients spread to 15 minutes (previously 30 minutes). 2-metre social distancing rule. Each trainer has his/her own treatment room and does not share this with others. Extensive disinfection of contact surfaces.

Option A	Option B	Option C
<p>The workplace is a single space. Two-shift rotation. Workforce divided into two groups. Group 1 works Tues., Thurs., Sat. Group 2 works Mon., Wed., Fri.</p> <p>Reasoning to recommend option A</p> <ol style="list-style-type: none"> 1. No mixing and little risk of infection being transmitted between work groups 1 and 2. <p>Reasoning against option A</p> <ol style="list-style-type: none"> 1. Performance falls by approximately 30–40%. 2. Employees work long days. 3. Considerable disruption to their daily life. 	<p>The workplace is divided into two infection prevention areas. Two entrances and no interaction between areas except with a limited number of exceptions: Group 1 employees will use the emergency entrance/exit door to and from the workplace. Group 2 employees will use the main entrance, as will patients who will share the entrance but then go to different waiting rooms. Strict face mask requirement at main entrance, and employees are to try to enter when no one else is passing through. In certain cases, a patient may be registered in both areas but not on the same day. The two groups may switch working areas so that during one week, group 1 works in area 1 and then works in area 2 the next week. This is to ensure that there is no discrimination. Passage through different sections is not permitted unless the area is empty. In such cases, a mask must be used and as little time as possible spent in the area. This also applies to staff responsible for cleaning operations. In other respects, each section is separated as regards training facilities and working facilities (lavatories, cafeteria, offices). Persons who come for treatment, personal training, group training and who are responsible for their own training (e.g. cycle training) use the same area during their treatment.</p> <p>Reasoning to recommend option B</p> <ol style="list-style-type: none"> 1. Little interaction between groups and very little risk of infection being transmitted between work groups 1 and 2. 2. No difference in performance. 3. Employees maintain their normal working hours. <p>Reasoning against option B</p> <ol style="list-style-type: none"> 1. Execution difficult and requires preparation. 	<p>The area is a single infection prevention area. When the employee leaves his/her own treatment room, he/she wears a mask and gloves. Access to lavatories and the cafeteria is divided between employees. Group 1 has access to lavatory 1, cafeteria 1, office 1. Group 2 has access to lavatory 2, cafeteria 2, office 2.</p> <p>Reasoning to recommend option C</p> <ol style="list-style-type: none"> 1. Simple implementation. 2. No difference in performance. 3. Employees maintain their normal working hours. <p>Reasoning against option C</p> <ol style="list-style-type: none"> 1. Mixing of groups and risk of infection being transmitted between work groups 1 and 2.

Figure 1. Physiotherapy room, example of delineated spaces and ways to avoid infection

Infection prevention measures include:

- General hand-cleaning, i.e. handwashing and/or use of hand sanitiser.
- **Easy access to hand-washing facilities, hand sanitiser and disposable gloves.**
- **Using facemasks if ventilation is not sufficient or if social distancing cannot be employed.**
- Disposable gloves are to be used when cleaning or caring for ill persons. Hands are to be washed immediately thereafter.
- Regular cleaning of contact surfaces, [increased cleaning](#) and [increased ventilation](#).

4. Non-symptomatic screenings

The recommendation is made that persons/groups who engage in work-related travel that lasts for more than 5 days or take a trip to health services that takes more than 8 hours should undergo PCR screening for SARS-CoV-2 before travelling. After screening and on having obtained a negative result, the employee is to conduct himself/herself as under quarantine until embarking on the work travel. Examples include: Flight and vessel crews, the plant employees, the employees of companies with headquarters in Iceland and operating companies in other countries and where requirements made for screening. Also applies to public sector employees who are required to work overseas.

5. Responses, suspected COVID-19 infection in a workplace

- The ill person must immediately inform his/her supervisor, leave the workplace and return home if able. If this is not possible, one employee must be appointed to take care of the sick person until he/she leaves the premises. Others are to distance themselves. Manage conditions and care as appropriate to the symptoms of the sick person.
- Call for assistance from a healthcare facility if necessary (healthcare centre /1700 /112 as appropriate).
- All clients/guests/employees who have been in close contact with the sick person on that date must register by name, telephone number, e-mail and ID No. (if appropriate). The employee looking after the sick person must be specifically identified. A supervisor must provide a list to the tracing team.
- The care of the sick person until responders take over or he/she leaves the facility:
 - Provide the sick person with a face mask if such is available and he/she can tolerate wearing it. If no mask is available or if it cannot be tolerated, the sick person must be shown how to use a paper towel as a screen when coughing or sneezing. Such paper towels must be directly disposed of into a plastic bag after use, disposed of in general waste and hands washed.
 - Ensure that the ill person has separate access to hand sanitiser and paper towels.
 - Ensure that the sick person has access to a separate lavatory.
 - Ensure that the sick person has access to a telephone.
- The appointed employee is to take care of the sick person until he/she leaves the premises.
 - The employee must have personal access to hand sanitiser.
 - The employee shall wear a face mask.
 - To the extent possible, the employee shall maintain a distance of >1 m from the sick person.
 - If an infectious agent enters the environment (bodily fluids), wipe it up with a disposable wipe which is then to be placed in a bag and disposed of as general waste. Surfaces are to be cleaned with hot water containing detergent and then wiped with disinfectant (see section below as regards cleaning).

6. Infection tracing

Those who have been in close contact with the ill person have been exposed to the virus, and it is important that the colleagues of the person showing symptoms of COVID-19 all go home and enter quarantine even if the person who is ill has not received confirmation of infection.

Tracing process once testing has been carried out and COVID-19 infection has been confirmed:

- a. Information received from the COVID-19 outpatients' ward of LSH of the positive result of a screening test.
- b. The employee is to notify his/her supervisor; the employee enters into quarantine.
- c. The supervisor provides information on the employees who may have been exposed to infection and who need to be quarantined and tested after the quarantine period (names, e-mails, ID Nos., telephone numbers). The supervisor assists the tracing team in mapping the

movements of the infected employee within the workplace and provides information on the infection protection measures used within the workplace. The supervisor submits an assessment regarding the need for employee quarantine.

- d. An individual who tests positive follows the instructions of the Chief Epidemiologist as regards [quarantine measures at home](#) and may not return to work before having been discharged from the LSH COVID-19 outpatient department. The condition is set that 14 days have elapsed from the diagnosis and that the employee has been symptom-free for at least 7 days. After discharge, the employee is to avoid contact with persons at risk.

On making the decision of employee quarantine, the following aspects will be taken into account:

- a. Close contact (less than 2 m) during a 24-hour period before the ill person manifested symptoms.
- b. How long the close contact endured. Longer/shorter than 15 minutes.
- c. How great the distance was between the infected person and his/her colleague.
- d. Long-term interaction within a quarantine area.
- e. Shared surface contact areas between the ill person and colleagues.

It is important to keep in mind that infection tracing is always dependent on circumstances and that each instance is unique. People behave in different ways, and it is not possible to provide a universal solution.

The supervisor will receive a document from the tracing team and will send back the same document with correct information. It is, however, important that telephone numbers and e-mail addresses are provided.

At the close of the quarantine period, employees are to undergo screening again and may return to work once a negative result has been received.

Exempt from quarantine: Those who have had COVID-19 in Iceland and have recovered do not need to undergo quarantine on the presentation of a certificate from the LSH COVID-19 outpatients' ward or the Directorate of Health (mottaka@landlaeknir.is).

7. Work quarantine

Under special circumstances, certain conditions may arise that call for the need for workplace quarantine. Conditions for workplace quarantine require that the expertise of the employee is required and that there is no one else who can do the work. [Further information on workplace quarantine](#). [Process for applying for workplace quarantine](#).

8. Appendix 1 Checklist – uninterrupted operation of companies

This checklist is intended to help companies in their preparations as regards to global pandemics.

Making plans for uninterrupted operations is an integral part of the work of every managing director. Ever more persons are realising that one of the strengths of a company involves being able to successfully respond to unforeseen events.

This checklist is an annex to the National Programme against Pandemics. The checklist was first issued in 2008 as a response to the imminent flu pandemic expected at the time and has now been updated and can be of use in pandemics of other types. This checklist was originally prepared for Ireland but has been translated and localised for Iceland with the full permission of the Irish authorities.

The responsible parties of companies / public bodies may use this checklist when preparing plans for the uninterrupted operation of their companies/organisations and are responsible for the collection of information, preparation of procedures, schedule testing and updating. Please note that this checklist is intended as a tool for responsible parties and can never be regarded as exhaustive.

The Chief Epidemiologist, the Civil Protection Department of the National Commissioner of the Icelandic Police, the Icelandic Confederation of Labour and the Confederation of Icelandic Employers collaborated on the preparation of this checklist. The Civil Protection Department of the National Commissioner of the Icelandic Police is responsible for the updating of the checklist and its maintenance in collaboration with the above parties.



1. Preparing emergency plans for a pandemic

Not started	Being processed	Completed	N/A	1.0	
				1.1	Company/association selects responsible party for plan.
				1.2	Responsible party collects and maintains information on pandemic: landlaeknir.is , almannavarnir.is , ecdc.eu , who.int .
				1.3	Responsible party is responsible for the preparation of a plan in accordance with the National Plans of the Department of Civil Protection as stored on almannavarnir.is .
				1.4	The responsible party prepares a risk assessment in accordance with the risk assessment of the Chief Epidemiologist, landlaeknir.is .
				1.5	The responsible party confirms a list of suppliers by order of importance. The responsible party consults with the suppliers of the company/association, if appropriate.
				1.6	When preparing the plan, the responsible party consults with other entities within the company/association. These include entities such as shop stewards and safety officers.
				1.7	The responsible party is responsible for ensuring that the plan is presented to employees.
				1.8	The responsible party is responsible for the regular drills of the plan.
				1.9	The responsible party shares successful results with other companies/associations.
				1.10	The responsible party is responsible for updating the plans.

2. Operational aspects in the preparations of the plans

Not started	Being processed	Completed	N/A	2.0	
				2.1	Define important operations and key employees.
				2.2	Assess the possible number of employees absent from work based on the issued risk assessment of the Chief Epidemiologist. Assess the risk by departments / operating units.
				2.3	Assess the effects on the company in the event that suppliers close for a certain period.
				2.4	Assess the effects on the company's market in the event that it closes for a certain period.
				2.5	Define unavoidable actions.
				2.6	Establish rules for necessary meetings during the pandemic.
				2.7	Assess whether individual employees have special needs that must be met despite the pandemic.
				2.8	Establish rules for employee travel during the pandemic.
				2.9	Assess the effects of the pandemic on the financial management of the company.
				2.10	Define who are dependent on the services of the company during the pandemic.
				2.11	Assess under what circumstances during the pandemic the company would possibly have to be closed or its operation severely reduced.

3. Actions to maintain operations during a pandemic

Not started	Being processed	Completed	N/A	3.0	
				3.1	Appoint a represent in each department / operating unit as a responsible party for the adoption of plans relating to pandemics.
				3.2	Train employees in more than one field so that employees can take over the work of others if necessary. In addition, select alternate representatives in each department / operating unit.
				3.3	Examine the insurance cover of the company/association during a pandemic, such as regarding wage payments in the event of cessation of operations. Examine and prepare an overview of the insurance position of employees according to collective wage agreements.
				3.4	Ensure that employees are provided with up-to-date information regarding the progress of the pandemic.
				3.5	Prepare a plan to meet the increased needs of employees for social and financial assistance due to illness and absence.
				3.6	Establish rules on employee sickness leave and care leave requirements in accordance with effective collective wage agreements.
				3.7	Uphold rules on employee travel overseas during the pandemic.
				3.8	Provide for actions to maintain vital supplies within the company if necessary.
				3.9	Prepare plans on whether production or services (such as interactions with customers during the pandemic) will need to be changed and establish a schedule to such effect.
				3.10	Prepare flexible workstations for employees, i.e. home-based stations.

4. Responses to increased risks within the company as a result of the pandemic.

Not started	Being processed	Completed	N/A	4.0	
				4.1	Establish rules regarding health-related issues among employees during the pandemic.
				4.2	Prepare and establish rules on hygiene and infection prevention methods within the company during the pandemic.
				4.3	Prepare a plan for the correct treatment of waste.
				4.4	Establish rules regarding employees who are infected (or who are possibly infected) and come to the workplace.
				4.5	Prepare plans on increasing the distance between employees and reduce physical interactions. The same applies to employees and customers (minimum of 2 metres or as recommended by the Chief Epidemiologist).
				4.6	Employ measures to reduce possible infection means within the company/association (general infection prevention measures).
				4.7	Create rules on the flexible location of employees (working from home) and flexible working hours.
				4.8	Provide for the increased use of telephones and computers and thereby encourage non-physical communications with customers.