

## Employer's advice on the coronavirus

### Keeping the Netherlands healthy and safe at work

Business continuity advice on the new coronavirus (COVID-19)



**Human**  **Capital Care**

## Colophon

### Version date

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### Compilation

This advice has been compiled with the help of HumanTotalCare's outbreak management team. This team consists of the director of Medical Affairs, medical officers, a doctor, a senior employment & organisation advisor, the manager of organisational advice, occupational hygienists and the prevention worker associated with HumanTotalCare or one of its brands: ArboNed, HumanCapitalCare, Mensely or Focus. The team can be contacted on [coronavirus@humancapitalcare.nl](mailto:coronavirus@humancapitalcare.nl).

### Additional Information

- For general inquiries about the coronavirus, please contact the Dutch national Health and Environment Institute (RIVM). They can be reached on their dedicated phone number: 0800-1351.
- [www.rijksoverheid.nl](http://www.rijksoverheid.nl)
- [www.thuisarts.nl](http://www.thuisarts.nl)
- [www.who.int](http://www.who.int)

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## **Preface**

### **Pandemic**

The spread of the coronavirus has now officially been classified as a pandemic by the World Health Organization (WHO). This means that a large part of the world's population will come into contact with the coronavirus (COVID-19). This is a complex situation with no standard solutions. To be of assistance to you, we have developed this employer's advice, with which we aim to:

1. guarantee your employees' safety.
2. raise awareness for business continuity.
3. stifle the spread of the coronavirus.

The guidelines and information provided by RIVM and other reliable sources are leading in these matters. In addition to these, this employer's advice provides advice focused on the work situation.

### **International and historical perspective**

We can learn from history's pandemics and from other countries' approaches to combating the coronavirus. Creating social distance and reducing close contacts has successfully slowed down the spread of viruses, both in the past and now, for example, in China, Singapore and Hong Kong. The earlier these measures are started and the more people participate, the more successful they are. As Prime Minister Rutte said: "We have to do this together, all seventeen million people of the Netherlands."

### **Now is the time**

Now that this virus outbreak has officially been declared a pandemic and is spreading among the general population, we think it is time to take bigger measures. It is of the utmost importance to slow down the spread of this virus as much as possible. Every day that the virus is slowed down saves time for the health care system, which leads to a greater chance of full recovery for all patients.

The coronavirus can no longer spread if there is sufficient immunity among the world's population. That is the case when:

- People become immune after being infected with the coronavirus.
- People become immune after a vaccine becomes available. This probably takes another year and a half to two years.
- People are immune because they are naturally insensitive to this virus.

### **Spread among the Dutch population**

In time, this virus will spread among the general population of the whole of the Netherlands. It is to be expected that as a result, the number of people becoming ill will increase at an ever-increasing rate.

We will have to learn to live and work in the presence of the coronavirus, most likely in the next six months. Nevertheless, it is important that our society, including your organisation, continues to function optimally and that the healthcare system is relieved where possible. The slowing down of the virus is essential to prevent large-scale absence of employees and

heavy burdens on the healthcare system. Being a good employer and a good employee means that it is up to both parties to do their utmost to prevent infection and to make decisions in good consultation.

## About the new coronavirus (COVID-19)

The new coronavirus (COVID-19) has been known since December 2019 and has since spread across various regions and countries.

The first symptoms of the disease include:

- Respiratory issues: coughing, throat soreness, sneezing, a stuffy or runny nose.
- Fever (temperature above 38 degrees Celsius), chills.
- Shortness of breath

Practically, we are now anticipating that there is a risk of infection with the new coronavirus (COVID-19) if one:

- has had contact with an infected person.
- has visited a risk area.

### Definition of a risk area

A risk area is a country/region where the coronavirus is widespread. The current advice follows RIVM's definition. At publication of this advice, the following countries/regions are considered risk areas: China, Hong Kong, Macau, Taiwan, Singapore, Iran, South Korea, Japan, and Italy. The [RIVM website](#) provides a regularly updated list in its [Q&A section](#).

### Flu versus coronavirus

There is not so much normal flu anymore; the flu epidemic is officially over. As more time passes, it becomes more likely that experienced flu symptoms are caused by the coronavirus.

While the new coronavirus resembles the flu in symptoms, it carries greater health risks. This is primarily caused by the general population having no built-up immunity response to the coronavirus, causing a larger number of people to fall ill. Secondly, the mortality rate associated with the coronavirus seems to be higher than with the regular winter flu.

So far, it is known that most patients have a mild clinical picture, which in terms of symptoms is comparable to the flu. However, some patients have a more severe clinical picture, requiring treatment and hospitalisation. For the time being, the current mortality rate is about 2.3%. This mortality rate depends on hospitals' available capacity to receive all patients and provide them with adequate treatment. In the ideal situation, the mortality rate is 0.9%. In case of an overload of health care, the mortality rate can reach 6.5%.

### Hospital treatment

In 80% of people, the virus gives mild symptoms that they can recover from at home. These people have a good and complete recovery, usually within two weeks. However, 20% of the people need treatment at hospital during this disease (COVID-19). This treatment often consists of temporarily supporting breathing by administering oxygen. The most intensive way of administering oxygen is in the intensive care unit (IC) where respiratory equipment carefully supports and supplements breathing. It is of the utmost importance that the health care system has enough capacity to support all patients who need it in breathing. After patients have recovered sufficiently and they no longer require this support in the hospital, they can recover from their illness at home.

**Spread and incubatory period**

The virus spreads through coughing, sneezing, or talking; small drops of the virus are inhaled or reach the mucous membranes of the nose, mouth and/or eyes through the hands. The virus can bridge a limited distance between two people. These virus droplets are relatively heavy, so they settle within a distance of two metres.

The incubation period is the period in which a person has no symptoms yet, but is infected and carries the virus. As a rule, those who experience more symptoms are more likely to transfer the virus to others. Most people develop symptoms on day five or six after infection, rarely after twelve days or later. The RIVM considers a quarantine period of fourteen days to be safe. Any infected person has been shown so far only to have infected a very limited number of other people – two to three at most.

**Spreading: hands versus objects**

The virus can survive outside the body for short periods of time, for example on objects. During this period, it can be transmitted (also by hands). Shaking hands is a direct touch, in which a large surface of skin is brought together, pushed and held for a moment. A possible virus particle goes from a living surface to a living surface. This is not the case when handling objects.

Objects that are exchanged between people, such as identity cards and coins, seem to carry virtually no or a negligible risk of transfer.

**Testing**

Preventive testing for the coronavirus is not useful. In the absence of symptoms, there is not enough virus present yet to be able to exclude or demonstrate the virus. For this reason, people without symptoms are rarely tested. Moreover, the number of tests is scarce in the Netherlands. As a result, testing is done very selectively.

There is a reporting requirement for the coronavirus in the Netherlands. This means that a suspicion by a doctor is always reported to the Municipal Health Service (GGD). The GGD determines to what extent testing is done and further measures must be taken.

Soon, the coronavirus will be determined using a description of the disease. This is also called the case definition by doctors. This case definition is subject to change. At the time of publication, the [World Health Organization \(WHO\)](#) and the [European Centre for Disease Prevention and Control](#) use a special case definition of a suspicion of the disease COVID-19.

In summary, the case definition of COVID-19:

1. Fever (at least 38 degrees Celsius).
2. Respiratory complaints (coughing and/or shortness of breath).
3. Contact with a (possibly) infected person within the last fourteen days because of:
  - a. Travelling through a risk area.
  - b. Close contact. By close contact we mean:
    - Sharing the same living space.
    - A proximity of two metres or less for at least fifteen minutes.
    - Direct contact, such as shaking hands.

**Temperature checks**

Temperature checks are introduced several times worldwide, including at airports in case of virus outbreaks. However, these temperature checks have not proved useful in the detection of sick people during a virus outbreak. In Asia, these checks are still applied as a reassuring but ineffective measure. Performing such temperature checks also encounters privacy objections from the GDPR.

**Role of the occupational health and safety service**

The company doctor has no role in the diagnosis of the coronavirus. Making the diagnosis is the role of the general practitioner in collaboration with the GGD. Your occupational health and safety service/company doctor fulfils an advisory role on measures to reduce health damage and associated complications and to continue business operations. Attention is paid to employee wellbeing, the wellbeing of others, and business continuity.



## Measures

### Exclusion from the workplace

To protect the health of your employees and visitors, you can ask the following persons to work from home or to turn their meetings into meetings by telephone.

- Anyone who has travelled through a risk area in the past fourteen days.
- Anyone who has mild respiratory complaints (rhinitis, coughing, sore throat) and/or fever.
- Anyone who has had close contact with a person with a confirmed corona infection.

### Working from home

Working from home is a great way to reduce the number of interactions between people.

It is a protective measure for:

- Less unease in the workplace.
- Less chance of spreading through the workplace.
- Less chance of workers becoming involved in a source study (GGD).

However, it must be proportionate and possible for (the position of) the employee and the relevant support from IT. Think also of making manuals available for accessing the digital work environment from different devices. Advise employees who already have the option of working from home to take home their laptop, work phone, chargers, and other necessary items at the end of each working day. Should developments give reason to do so, these employees are already ready to work from home.

### Working from home the healthy way

Stimulating working from home also requires attention to a good workplace and work posture in the home environment. In appendix 1, you will find advice from our ergonomist.

### Hygiene measures

Inform employees about personal hygiene measures:

- Touch the eyes, nose, and mouth as little as possible.
  - Provide resources for good hand hygiene:
    - Regularly wash hands with water and soap and dry with disposable paper towels. Call attention to the washing instructions of the RIVM.
    - If no facilities for hand washing are available, disinfect the hands with rubbing alcohol. It is preferable to use a rubbing alcohol solution that includes a hand moisturiser. This helps prevent the skin from becoming dry.
- Post reminder notices at the entrance, lunchrooms, and toilets.
- Cough and sneeze on the inside of the elbow.
  - Use paper tissues only; discard them immediately after use.
  - Be mindful when washing tableware and cutlery with water and soap; preferably use high temperature in the dishwasher.
  - Clean with regular cleaning products several times a day:
    - Handles, handrails, light switches, lift buttons, counters.
    - Keyboards, computer mice, telephones.
    - Taps, soap holders, sinks, toilets.

- Ensure good ventilation and complete the required upkeep on your air conditioning system. In theory, virus droplets are too heavy spontaneously to enter the air conditioning system.

Wearing mouth masks is not protective, except in some specific cases (such as for sick people or medical staff).

### **Social distancing: reducing contact with others**

- Preferably maintain a distance of two metres where possible.
- Do not shake hands. Hands are a known carrier of pathogens.
- Avoid public transport during rush hour.
- Limit travel movements.
- Spread employees across workstations, so that they can keep sufficient distance from each other.
- Talk to employees in non-critical positions, such as interns.
- Avoid crowds in the staff restaurant by introducing flexible lunchtimes.
- Avoid crowds at the office by spreading working hours.
- Use the telephone, video conferencing, etc. for business contacts.
- Limit meetings in time, frequency, and the number of participants, so that participants can keep a distance of preferably two metres.
- Use the lift with no more than two people at the same time or avoid the lift and encourage stair climbing.
- Cancel all events or allow them to continue without an audience.
- Maximize working from home, in shifts/a fixed schedule if necessary.
  - Do a trial with minimum occupancy/mass working from home with all employees for whom this is possible, to find the weak spots within your organisation.
  - Check to what extent digital working/education is possible, using, for example, the temporarily free software from Microsoft Teams or Google Hangouts Meet.

### **Travelling to/from abroad**

- Do not travel to high-risk areas. Check the current travel information from, for example, [RIVM](#), [the Ministry of Foreign Affairs](#), and [LCR](#) (Dutch). Realize that developments are often slightly ahead of official reporting.
- If an employee returns from a risk area without symptoms of illness, our advice is to have the employee work from home preventively for fourteen days upon return.
- Stay in touch with employees who have visited or are visiting at-risk areas.
- Travellers must pay extra attention to good hygiene and realize that hygiene products are not available everywhere in the world.
- Take into account insufficient availability of medical facilities (due to overburdened or underdeveloped healthcare).
- Check whether it is necessary to recall employees.

### **Vulnerable employees**

The risk of infection with the new coronavirus is essentially the same for everyone. However, people with fragile health have a higher risk of complications during the disease. It is, therefore, understandable that these employees may experience more anxiety. It is good to talk about this in an accessible way.

Employees with vulnerable health include:

- Pregnant employees.
- (Chronically) ill employees.

These people should avoid large groups and travelling by public transport.

Employees with an increased risk are among others:

- Employees with a vulnerable person in their personal environment.
- Employees who have many (close) contacts based on their position.

These employees are subject to the regular measures of the RIVM and, in consultation, to our additional advice. It may be that your organisation requires customisation, depending on the combination with any specific occupational risks present. If necessary, discuss this with your employees and, when in doubt, contact your company doctor.

### **Coronavirus in the workplace**

If you have a person within your organisation who meets the case definition of COVID-19 of the WHO and/or has been confirmed to be infected by the GGD, we recommend the following measures:

- Send the employee in question home immediately; the employee may return if he/she is completely symptom-free for 24 hours.
- Ventilate the room(s) where the employee has been for half an hour.
- Clean and disinfect contact surfaces (e.g. keyboard, stair railings, lift buttons) with alcohol-based wipes.
- Consult with the GGD.
- Inform your company doctor.
- If possible, make a log of persons with whom the employee in question has had close contact (within
  - two metres and longer than fifteen minutes).
- Make an anonymised announcement to all employees with:
  - An extra call to be alert for respiratory complaints.
  - Information about the measures taken/to be taken by you.
- If possible, have employees with whom the person has been in close contact work at home for a preventive period of fourteen days.
- Pay special attention to concerns among vulnerable employees, such as chronically-ill and pregnant employees (see 'Vulnerable workers' mentioned above).
- If there is much unease among employees, consider a short-term (preventive) closure of the site.

### **Short-term (preventive) closure of the site**

Coronavirus developments can lead to great unease among your employees. If this occurs, you can consider the short-term (preventive) closure of a site (even if there is no medical need). Announce when you reopen the site, for example after 48 hours. Record the state of affairs and formulate policy. If desired, you can use extra cleaning. These measures can help to restore peace and quiet.

### **Return to work**

If a person does not present with any symptoms during the incubation period, it is to be assumed that there is no longer any risk of infection. The same applies to employees who are symptom-free for 24 hours after the disease has been cured.

Should these employees return to work, however, their colleagues may still experience anxiety. Please pay attention to this, by informing said colleagues beforehand and comforting them. If necessary, call in the help of external professionals, such as a company doctor or company social worker.

## Rules and regulations

As an employer, you have an obligation to ensure the safety and health of your employees as well as of third parties (visitors, customers, pupils, children, patients). Being a good employer and a good employee means that it is up to both parties to do everything in their power to prevent contamination and to make decisions in good consultation. In doing so, the regular rules and regulations and collective bargaining agreements apply.

As an employer, you must respect the (medical) privacy of employees. Limit the risk on the work floor by clearly informing employees about possible measures and special forms of leave (care leave, emergency leave). In turn, employees should inform themselves and take their responsibility.

- If an employee has to care for the sick or relatives, point out the special types of leave (care leave/emergency leave).
- [Reduced working hours](#) are possible for companies that temporarily have less work due to the coronavirus. They are eligible for this if they expect to have at least 20% less work during the next 2-24 weeks.

A spread of the virus can also cause employees who do not pose a risk to be anxious to come into contact with people who (possibly) do pose a risk. This fear can cause employees to look at their work and their workplace differently. It is important to discuss this and, if necessary, to look at the possibilities for alternative work and/or working from home.

For more (labour law) information, see the [website of the Dutch national employers' federation \(VNO-NCW\)](#).

## Business continuity plan

With the business continuity plan, an organisation prepares for the (possible) consequences of the new coronavirus (COVID-19). Using the business continuity plan, you draw up your own action plan.

Consider the following:

1. Central crisis team
2. Risk profile
  - a. Critical processes
  - b. Critical supporting processes
  - c. Vulnerabilities/dependencies
  - d. Resilience measures
3. Healthcare measures
  - a. Personnel policy
  - b. Reduction of social contacts
  - c. Hygiene
  - d. Workspace
4. Continuity management
  - a. Organisation
  - b. Communication

### 1. Central crisis team

Start with the appointment of a central crisis team within your organisation that will draw up the business continuity plan, then draw up an action plan, and carry out the ensuing actions to be taken. The names, telephone numbers, and e-mail addresses of this team must be clearly communicated.

### 2. Risk profile

#### 2A. Critical processes

Identify the critical processes within the organisation (see appendix 2 for an example of the format). Make a distinction between processes that may not fail, processes that may fail for a short period of time (approximately two weeks), and processes that may fail for a long period of time (approximately three months). Support your choices with arguments.

#### 2B. Critical supporting processes

The critical processes often depend on supporting processes (see appendix 2 for an example of the format). Continuity must be guaranteed for these processes too. Think of, for example:

- IT: availability of hardware and software, stability of the network when working from home occurs on a large scale.
- Facility management: use of extra hygiene products and cleaning to prevent contamination.
- HR: extra commitment to occupational health and safety policy and absenteeism policy.

## **2C. Vulnerabilities/dependencies**

One of the main vulnerabilities to any organisation would be the large-scale absence of its employees. They may have been infected or fallen ill, or they might unexpectedly have been preventatively quarantined or may have taken on the care of their sick spouses, children, and other family members. This can cause bottlenecks to arise due to a loss of personnel, knowledge, and information, communication tools, IT, and other company resources. Also, consider suppliers who may run out of stock or a lack of (semi)manufactured goods due to transport stoppages. Using the format in appendix 3, you can identify the vulnerabilities/dependencies within your organisation. Some examples are:

- HR: dependence on temporary employment agencies.
- IT/Facility management: shortages at suppliers, restrictions in the transport of goods.
- Finance: clients may become financially stressed and incapable of completing their payments on time, or may cancel their business with you.

## **2D. Resilience measures**

The format in appendix 4 allows you to identify the resilience measures that ensure continuity, both of the critical and of the supporting processes.

Not all resilience measures are feasible in the short term. That is why it is advisable to make an action plan in addition to your business continuity plan to establish these measures in the long term. Subsequently, it is advisable to test and/or practice the action plan. Possible resilience arrangements are:

- Responsibility allocation
- Replacement/mandating
- Wide employability/functional rotation
- Flex pool formation
- Establishment of basic and emergency procedures
- Alternative forms of consultation
- Contract management (third-party guarantees)
- Shared use of facilities
- Alternatives (working from home)

## **3. Health measures**

Please cf. the Measures section above.

## **4. Continuity management**

### **4A. Organisation**

The central crisis team has a preparatory role with the task of drawing up the business continuity plan and the action plan. In addition to the crisis team, continuity management is essential. Therefore, divide the responsibilities of your organisation to be able to set priorities quickly and respond quickly. The names, telephone numbers, and email addresses of key figures must be communicated clearly.

#### **4B. Communication**

In addition to proper preparation, also ensure that your employees and, if necessary, your customers, suppliers, and visitors are informed.

- Inform about the measures taken in the context of the coronavirus.
- Inform about guidelines for sick leave and special leave.
- Inform about any working time reduction (if applicable).
- Consider establishing a central communication point for the different target groups.
- Help ensure employees remain reachable:
  - Exchange private telephone numbers, if necessary.
  - Consider starting a group chat on a shared telephone application, to help lines of communication remain short.



## Appendix 1 Working from home due to COVID-19

Not everyone has a furnished office workplace at home. Consequently, there is a risk of complaints, particularly from the neck/shoulder region (CANS, formerly RSI), when frequently working from home. For example, because employees work with their laptops at the dining table. This often results in a lack of support for the arms or in the employee having to raise the shoulders because the chair is too low in relation to the table. To work from home as healthily and sustainably as possible, it is recommended to follow the following tips:

- If you need to make a lot of calls, preferably use earphones/headphones or the speakerphone function to keep your hands free.
- Do you have a home office workplace? Then use it as you are used to in the office.
- Do you have an office chair at a dining table?
- Then adjust the armrests of the chair for good, relaxed support of the arms.
- Then place the chair seat higher so that the armrests are at the same height as the tabletop.
- Place something under the feet so that the upper legs are supported horizontally on the chair.
- Do you not have the above? If so, try to raise the chair a little, so that your shoulders do not have to pull up too much when your forearms are on the table.
- Support the arms well on the table with the keyboard a little further away, but keep your back straight and avoid leaning forward.
- Alternate sitting at the table every half hour with walking around, moving or doing exercises. For example, walk around when you are on the phone. If necessary, use pause software to warn you, such as Workrave.
- Regularly spend half an hour sitting on the couch or armchair with your laptop on your lap. If necessary, put a pillow under the elbows as support.
- If possible, use a separate keyboard at the table and place the laptop on an elevation (e.g. a pile of books) so that the top edge of the screen is slightly below eye level.
- When working on the laptop without a separate keyboard, be extra alert to relax your shoulder and neck muscles and move extra, so that the muscles remain well-blooded.
- If you use a separate monitor, set it to the height mentioned above.
- Preferably sit in a place with the window on the side or behind you. It is extra tiring to look towards the daylight.

**Appendix 2 Identification critical (supported) processes**

Critical (supporting) processes and/or products and services to be prioritized.	Authorities concerned	Not to be interrupted	To be interrupted for two weeks	To be interrupted for three months	Justification

### Appendix 3 Identification vulnerabilities/dependencies

Vulnerabilities/dependencies	Minimum occupancy requirement	Bottlenecks in absence (yes/no)			Key people per process	Bottlenecks at chain partners	Bottlenecks regarding knowledge and information, systems, resources (internal, external)
		10%	30%	50%			

**Appendix 4 Identification resilience measures**

Critical (supporting) processes and/or products and services to be prioritized.	Impact failure process/service/product			Resilience measures
	Low	Medium	High	