

**IOMSC/WHO COVID-19 WEBINAR**  
**MARCH 23, 2020**  
**QUESTIONS AND ANSWERS**

**PERSONAL PROTECTIVE EQUIPMENT**

1. Does the WHO recommend that surgical masks are adequate PPE for healthcare workers providing direct care to COVID-19 patients—except when doing aerosol generating procedures (such as Bronchoscopies) when they need to wear N-95 (FFP2/3) respirator masks?

**A: The following document includes a table which details the recommended personal PPE during the outbreak of COVID-19 outbreak, according to the setting, personnel, and type of activity: [https://apps.who.int/iris/bitstream/handle/10665/331498/WHO-2019-nCoV-IPCPPE\\_use-2020.2-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331498/WHO-2019-nCoV-IPCPPE_use-2020.2-eng.pdf).**

2. What does the WHO think about reuse of PPE for Healthcare workers—especially N95 (FFP 2/3) respirator masks?

**A: Respirators (e.g., N95, FFP2 or equivalent standard) have been used for an extended time during previous public health emergencies involving acute respiratory illness when PPE was in short supply. This refers to wearing the same respirator while caring for multiple patients who have the same diagnosis without removing it, and evidence indicates that respirators maintain their protection when used for extended periods. However, using one respirator for longer than 4 hours can lead to discomfort and should be avoided. More info on PPE at: [https://apps.who.int/iris/bitstream/handle/10665/331498/WHO-2019-nCoV-IPCPPE\\_use-2020.2-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331498/WHO-2019-nCoV-IPCPPE_use-2020.2-eng.pdf).**

3. Are there guidelines for medical facilities PPE in employees that do not have contact with patients—also, is testing required for those employees?

**A: The following document includes a table which details the recommended personal PPE during the outbreak of COVID-19 outbreak, according to the setting, personnel and type of activity: [https://apps.who.int/iris/bitstream/handle/10665/331498/WHO-2019-nCoV-IPCPPE\\_use-2020.2-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331498/WHO-2019-nCoV-IPCPPE_use-2020.2-eng.pdf).**

4. What masks should police officers, firefighters, urban cleaners or bus drivers wear? Should they wear surgical masks?

**A: The U.S. Centers for Disease Control and Prevention (CDC) recommend that law enforcement who must make contact with individuals confirmed or suspected to have COVID-19 follow the CDC's Interim Guidance for EMS: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-for-ems.html>. Different styles of PPE may be necessary to perform operational duties. These alternative styles (i.e., coveralls) must provide protection that is at least as great as that provided by the minimum amount of PPE recommended. The minimum PPE recommended is: a single pair of disposable examination gloves, disposable isolation gown or single use/disposable coveralls, any NIOSH-approved particulate respirator (i.e., N-95 or higher level respirator), facemasks are an acceptable alternative until the supply chain is restored, and eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face). If unable to wear a disposable gown or coveralls because it limits access to duty belt and gear, ensure duty belt and gear are disinfected after contact with individual.**

5. How long the period of usage for surgical mask effectivity?  
**A: Disposable medical face masks are intended for a single use only. After use they should be removed using appropriate techniques (i.e., do not touch the front, remove by pulling the elastic ear straps or laces from behind) and disposed of immediately in an infectious waste bin with a lid, followed by hand hygiene. More information on using masks in the context of the nCoV outbreak: [https://www.who.int/publications-detail/advice-on-the-use-of-masks-the-community-during-home-care-and-in-health-care-settings-in-the-context-of-the-novel-coronavirus-\(2019-ncov\)-outbreak](https://www.who.int/publications-detail/advice-on-the-use-of-masks-the-community-during-home-care-and-in-health-care-settings-in-the-context-of-the-novel-coronavirus-(2019-ncov)-outbreak).**
  
6. Please advise on the prevalence of asymptomatic cases, and therefore the potential benefits of workers wearing masks, as much as possible, if available.  
**A: For COVID-19, data to date suggest that 80% of infections are mild or asymptomatic: <https://www.who.int/news-room/q-a-detail/q-a-similarities-and-differences-covid-19-and-influenza>.**

#### TESTING

1. Do you use any COVID19 laboratory test at the workplace, and which one? Do you recommend the rapid test for COVID-19 IgG and IgM antibody, to screen asymptomatic workers in the workplace?  
**A: WHO is not aware of the availability of this test for the wide public.**

#### SOCIAL DISTANCING/PREVENTION

1. What is an acceptable social distance in any waiting areas and retail?  
**A: Maintain at least 1 metre (3 feet) distance between yourself and anyone who is coughing or sneezing. This is because if you are too close you can breathe in the droplets, including the COVID-19 virus if the person coughing has the disease. (<https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>)**
  
2. I note the WHO advice re social distancing recommends >1 meter, while in the UK a distance of 2 meters is recommended. Is there an evidence base for recommending 2 meters rather than 1 meter be implemented, as this is more difficult to achieve?  
**A: WHO recommendations are the basic, countries are welcome to adapt.**
  
3. How to address the prevention of COVID19 on informal workers. Any WHO recommendation?  
**A: The protection of informal workers should be included in the community preparedness and response for COVID-19. WHO is studying the specific challenges and opportunities for protecting high risk informal workers from COVID-19.**

#### RETURN TO WORK GUIDANCE

1. Does WHO think that Healthcare workers who have tested positive for COVID-19 – but are asymptomatic – would be able to provide care to COVID-19 patients (since those patients already have the virus)?  
**A: WHO has a tool that could be used by health care facilities that have either cared for or admitted COVID-19 patients; it is to be completed for all health workers who have been exposed to a confirmed COVID-19 patient in a health care facility. It will help determine the risk of COVID-19 virus infection of all HCWs who have been exposed to a COVID-19 patient**

and then provides recommendations for appropriate management of these HCWs, according to their infection risk. Links to the template for collecting the data contained within the tool and a corresponding data dictionary to facilitate the collection of this data are available at: [https://apps.who.int/iris/bitstream/handle/10665/331496/WHO-2019-nCov-HCW\\_risk\\_assessment-2020.2-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331496/WHO-2019-nCov-HCW_risk_assessment-2020.2-eng.pdf).

2. I have not seen many good practices and policies for return to work for healthcare workers with confirmed or suspected COVID-19, can you please elaborate more on this issue?

**A: WHO is studying the experience and the evidence from research and will provide guidance on return to work. See WHO guidance on health workers exposure risk assessment and management in the context of COVID-19 virus:**

**<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/infection-prevention-and-control>.**

3. Do we have guidelines for Return to work for non-healthcare workers? Can we use the guidelines of WHO or CDC for HCW returning to work for non HCW?

**A: WHO is looking into the evidence and good practice and will release that information through the WHO website once it is available.**

## **MENTAL HEALTH**

1. Dr Malik, do you have any practical tips for us to use to support our colleagues, especially occupational health nurses who are at the forefront in the workplace.

**A: We have practical tips for health workers and their team/facility leaders here. We will continue to update all documents throughout the response:**

**<https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>.**

2. Mental health and psychosocial risks at work are often addressed and supported with employee assistance programs. Have you explored the way to enhance them to support the response for COVID-19 pandemic? And how to address informal and independent workers?

**A: WHO is looking into the evidence and good practices for many aspects of occupational health and will release that information through the WHO website once it is available.**

3. Should psychological face to face sessions and assessment go ahead?

**A: This will depend on the national advice for whether face to face services should continue services or change their practices to work from home. Now, there is a move to remote delivery of services as more contexts implement physical distancing measures. Information regarding operational considerations for remote delivery of mental health services will be released on the WHO website when it is available.**

4. Are there any guidelines on managing COVID19 associated psychosocial risks amongst health care workers?

**A: Please see our initial information here:**

**<https://www.who.int/docs/default-source/coronaviruse/mental-health-considerations.pdf>.**

## OTHER QUESTIONS:

1. What is the WHO recommendation in case of a positive case – should this person be sent to an accredited laboratory and immediately banned from the workplace with notification of local epidemiological authorities for further action, including contact tracing?

**A: The WHO recommends the following quarantine procedures for a positive case and their contacts:** <https://apps.who.int/iris/handle/10665/331497>;  
[https://apps.who.int/iris/bitstream/handle/10665/331497/WHO-2019-nCoV-IHR\\_Quarantine-2020.2-eng.pdf?sequence=1&isAllowed=y](https://apps.who.int/iris/bitstream/handle/10665/331497/WHO-2019-nCoV-IHR_Quarantine-2020.2-eng.pdf?sequence=1&isAllowed=y)

2. Could virus-containing aerosols be transferred through building systems, e.g., ventilation or dry p traps?

**A: The disease can spread from person to person through small droplets from the nose or mouth which are spread when a person with COVID-19 coughs or exhales. These droplets land on objects and surfaces around the person. Other people then catch COVID-19 by touching these objects or surfaces, then touching their eyes, nose or mouth. People can also catch COVID-19 if they breathe in droplets from a person with COVID-19 who coughs out or exhales droplets. Studies to date suggest that the virus that causes COVID-19 is mainly transmitted through contact with respiratory droplets rather than through the air. WHO is assessing ongoing research on the ways COVID-19 is spread and will continue to share updated findings at the WHO website.** <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

**In workplaces where they are appropriate, engineering controls could help reduce exposure to hazards without relying on worker behavior. Engineering controls for SARS-CoV-2 include: installing high-efficiency air filters, increasing ventilation rates in the work environment, installing physical barriers, such as clear plastic sneeze guards, installing a drive-through window for customer service, and specialized negative pressure ventilation in some settings, such as for aerosol generating procedures (e.g., airborne infection isolation rooms in healthcare settings and specialized autopsy suites in mortuary settings).** <https://www.osha.gov/Publications/OSHA3990.pdf>

3. What would your advice be for a manufacturing company? I work in occupational health and I need to take care of the health and wellbeing of my employees during this hard time.

**A: The Centers for Disease Control and Prevention provide guidance for businesses in the following document:** <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>.

4. How far are the research developments on possible airborne transmission of the disease?

**A: WHO is assessing ongoing research on the ways COVID-19 is spread and will continue to share updated findings at the WHO website.** <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>

5. Should any routine regular health surveillance / medicals be done face to face at this time or should they be deferred/paper based? (fire fighter medicals? etc.?) Are there any examples you can give where we should see those workers face to face?

**A: Health services should be planned in a way to allow for effective response by the health system to COVID19 according to the specific situation in the countries. Health services/ examinations should be carried out with the purpose to avoid harm first. Follow the national recommendations. In the UK, for example, the HSE has set out guidance for a proportionate and flexible approach to health/medical surveillance that balances the current constraints**

presented by the COVID-19 outbreak and the need to protect the health, safety and welfare of workers: <https://www.hse.gov.uk/news/health-surveillance-coronavirus.htm>. As an additional example from the United States, OSHA has provided temporary guidance regarding required annual fit-testing: <https://www.osha.gov/memos/2020-03-14/temporary-enforcement-guidance-healthcare-respiratory-protection-annual-fit>.

6. Is the WHO providing any advice on how to best support employees when working remotely with their mental health and wellbeing? Obviously, we have a health pandemic underway, which is likely to be closely followed by significant decline in world mental health.

**A: WHO is considering the evidence and good practices to update the WHO website regarding guidance on COVID-19 at the workplace.**

7. Which groups of population are high risk as this appears to be changing in the UK?

**A: While we are still learning about how COVID-2019 affects people, older persons and persons with pre-existing medical conditions (such as high blood pressure, heart disease, lung disease, cancer or diabetes) appear to develop serious illness more often than others. For the UK, the answer is the same. <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses>.**

8. I am reading reports about 5 potential vaccines and trials due to start plus various reports of immune boosting drugs to reduce the disease duration. Are there any comments from the panel about this?

**A: To date, there is no vaccine and no specific antiviral medicine to prevent or treat COVID-2019. Possible vaccines are under investigation. They are being tested through clinical trials. WHO is coordinating efforts to develop vaccines and medicines to prevent and treat COVID-19. <https://www.who.int/blueprint/priority-diseases/key-action/novel-coronavirus/en/>**

9. Can you comment on the ethical issues that are emerging - a true example - anesthetist with a son aged 3 with Ca and just starting chemo has been asked to leave his family home to live alone in a caravan so he as an anesthetist can continue to serve the NHS. Is there a need for criteria to allow NHS workers to opt out of direct patient care due to personal circumstances?

**A: WHO is looking into the evidence for determining contraindications for healthcare workers to work in high risk areas.**

10. What are the current recommendations regarding the performance of routine medical examinations in the current circumstances? Should we stop them completely until such a time it is safe to do? Unfortunately, in developing countries occupational health practice is still at an infancy stage.

**A: The role of occupational health in this crisis is to lead the COVID-19 preparedness, response and recovery at the workplace and translate public health measures and recommendations into workplace actions.**

11. What kind of shifts do you recommend for health care workers (if there are still enough available for duty) to avoid COVID-2 as much as possible and to recover because of being overloaded - 5 consecutive days and then 2 days off or a week on duty and some days off or ... ? How long should be the shifts in hours?

**A: See Section 5 of the following pdf: <https://www.who.int/publications-detail/covid-19-operational-guidance-for-maintaining-essential-health-services-during-an-outbreak>.**

12. **[To Dr. Heron]** Would you suggest identifying the high-risk non-healthcare employees in advance of contracting COVID--or this is not something that would be beneficial? If it is how we stand with data protection legislation?

**A: When assessing fitness for work, it is important to understand the impact of any existing variabilities on risk of harm. With appropriate informed consent, additional risk mitigation advice can be given, in due course targeted immunization could be offered. Immunoassay testing may also enable the identification of those who had mild illness, are now immune and are no longer at increased risk.**