

## **Covid-19 What advice should we give employers?**

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As I write this, I reflect on my experience as a member of the WHO International Health Regulations (IHR) Review Committee following the 2014 Ebola outbreak. Covid-19 is but the latest of a series of infectious diseases which have spread across the globe with significant direct impact upon those who are infected or quarantined but with a much bigger indirect impact on others.

Whilst Covid-19 appears to be a much less lethal disease compared to Ebola, as measured by the proportion of those admitted to hospital with an infection who die, its nature results in it being far more easily spread and thus potentially affects far more with an overall greater number of deaths. Although China has recently published some reassuring epidemiological data, there is still uncertainty over how lethal the disease is, as this depends on one unknown (which is the number of those infected who do not produce symptoms, or about how it might be spread) and close contact with infected persons. Uncertainty of course breeds fear and also prompts authorities and employers to err on the side of safety. Some, including myself, believe that global spread is inevitable though the harm caused can be minimised by slowing down that spread. Slowing the spread should better enable health services to cope, push the spread into the summer (for the northern hemisphere) when it may be less lethal and provide time for an effective vaccine to be produced.

However, the methods used to slow the spread has consequences. In 2019, the travel and tourism sector contributed \$2.8 trillion directly to the global economy and indirectly accounted for 10.4 per cent of global GDP (\$8.8 trillion), 310 million jobs, \$1.6 trillion in exports, and 27.2 per cent of services exports.<sup>1</sup> As many states are using travel restrictions to slow the spread there are inevitable consequences for global trade, individual economies and for businesses and their employees. IHR is intended to enable the management of infectious disease without undue interruption with international trade and the available evidence is that travel restrictions only slow spread, but states perhaps not unreasonably feel that even slowing spread is worth the economic consequences. Screening via temperature monitoring at point of entry into a country has also been implemented by some states, even though the evidence is that this will not affect the rate of spread.

So what should be our approach as occupational health practitioners? Clearly, we must advise our employers on the lawful restrictions and conditions in force; interpret advice emanating from various organisations, experts and supposed experts; counter false advice which continues to spread on the internet and sometimes in the media; and advise employers on the implementation of appropriate advice, such as on hand hygiene. We may also be required to provide reassurance to employees which during Ebola was an issue as some employees and their Trade Unions had concerns over the impartiality of the in-house occupational health advice. Occupational health practitioners must also keep abreast of the policies of any countries with which, or in which, our employer works, whether with an ex-patriate or local workforce.

In respect of Covid-19, we need to advise employers that there is a real risk that their workforce will be affected and that they should plan accordingly. In providing this advice we need to keep abreast of the science, and in particular the known unknowns mentioned above, in order to help employers assess the impact. Hopefully, many employers will have plans in respect of influenza outbreaks

which will be equally appropriate to Covid-19. The exact plans will of course depend on the nature of the business – home working will be eminently feasible for some, impossible for others. Plans suitable for a workforce based in a High Income country may not be suitable for the workforce based in a Low Income country with an inadequate health system. Although not a health issue, employers also need to be reminded, though most will already be aware, of the potential impact on them arising from the impact on others – such as their source of components or raw materials. Those in the manufacturing or extractive industries might wish to put in place arrangements to ensure that any employees suffering symptoms or signs of a respiratory disease avoid coming to work and be clear on the process to be adopted if an employee or visitor becomes ill on the employer’s premises. Those with an ex-patriate workforce or whose employees travel abroad will also need to address the likely response to an individual becoming seriously ill whilst abroad. Interactions between regulations between different states also need identifying, for example an individual from State A may be free to travel to State B or to State C, but not from State A to State B via State C owing to travel restrictions.

As a body, employers also need to interact with the Government(s) over their priority for any immunisations which become available. Should the Government prioritise the workforce over the elderly, for example? Clearly NHS health workers need to be a priority, both to enable them to continue to treat those infected but also to avoid them acting as a source of spread, but what of the other essential services etc? Employers will also have to consider who within their own workforce will have priority for immunisation, the extent to which, if it becomes available, immunisation will be a “mandatory” requirement and what to do in respect of workers who decline immunisation. Of course, occupational health providers will need to address the same issues in respect of their own services and workforce.

What is also clear to me is that Covid-19 is but the latest, and not the last, of viruses that we will encounter in the coming decades. I am also clear that for us as occupational health practitioners to be credible, we will need in between outbreaks to instil in both employers and their employees (and their representatives) confidence in the advice which we provide, bearing in mind that a major issue during Ebola was the apparent disparity in advice emanating from credible national and international sources.