



# An IUF Guide to COVID-19

## Occupational Safety and Health (OSH) in Hotels

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## Glossary

Aerosol transmission	The spread of respiratory particles.
Convention	A legally binding international agreement.
COVID-19	An infectious disease that is caused by the SARS-CoV-2 virus.
Excess mortality	The number of deaths during a period that is above the number expected under normal conditions.
Fomite transmission	The transfer of a virus from a contaminated surface or objects to the eyes, nose, or mouth.
Hierarchy of hazard control approach	A system used to minimise or eliminate exposure to hazards at work.
Pandemic	The worldwide spread of a new disease.
Pathway Controls	Hazard controls that interrupt the pathway between sources (those who are infected) and receivers (those who could become infected).
Receiver Controls	Hazard controls that work to protect the potential 'receiver' of the virus.
SARS-CoV-2	The virus that causes COVID-19.
Source Controls	Hazard controls that limit the number of potential sources and limit the time sources (people) spend in shared spaces.
Zoonotic diseases	Diseases spread from animals to humans.

## Acronyms and Abbreviations

CO <sub>2</sub>	Carbon dioxide
COVID-19	Coronavirus Disease
HEPA	High Efficiency Particulate Air
ILO	International Labour Organization
ILO C155	ILO Convention No.155 on Occupational Safety and Health
IUF	The International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Associations
OSH	Occupational Safety and Health
PPE	Personal Protective Equipment
WHO	World Health Organization



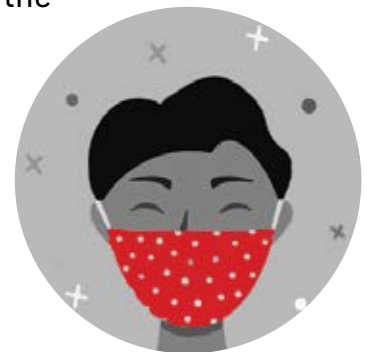
This guide to **COVID-19 Occupational Safety and Health (OSH) in hotels** has been produced following consultation with industrial hygienists and other occupational health specialists, as well as consultation and engagement with the World Health Organization (WHO) and the International Labour Organization (ILO).

The guide complements and updates interim guidance from the WHO issued on 25th August 2020 on *“COVID-19 management in hotels and other entities of the accommodation sector.”*

The **interim guidance** from the WHO provides further information about the cleaning and ventilation needed for hotels. It also outlines procedures to deal with guests or workers who are suspected of having COVID-19.<sup>1</sup>

**This guide** has been developed to enable IUF affiliates and others that are involved in negotiating and implementing safety protocols in hotels to protect both workers and guests during the COVID-19 pandemic, as well as during any future outbreaks of zoonotic diseases (*diseases spread from animals to humans*) which can be transmitted through people being in close proximity.

This guide specifically takes into account the health risks posed by the aerosol transmission (*spread of respiratory particles*) of COVID-19.



1 WHO (2020), Operational considerations for COVID-19 management in the accommodation sector: interim guidance: <https://www.who.int/publications/i/item/operational-considerations-for-covid-19-management-in-the-accommodation-sector-interim-guidance>



## I.

## What is COVID-19?

**COVID-19 is an infectious disease that is caused by the SARS-CoV-2 virus.** People infected with the SARS-CoV-2 virus can experience many different symptoms. The WHO describes the common symptoms of COVID-19 as **fever, dry cough, and tiredness.**

Symptoms of COVID-19 can also include:

- aches and pains
- headache
- sore throat
- loss of taste or smell
- a discolouration of fingers or toes.
- nasal congestion
- conjunctivitis
- diarrhea
- a skin rash

**People are most infectious a few days before and a few days after symptoms develop.**

Some people infected with the virus may only have mild symptoms of COVID-19. Others may have no symptoms at all. However, these individuals can still transmit (*pass on*) the disease to others. Vaccinated people are also able to carry and spread the virus.



## ● How is COVID-19 spread?

SARS-CoV-2 (*the virus that causes COVID-19*) is mainly spread by inhaling infectious respiratory particles (*called aerosols*). These particles can remain in the air and can spread far beyond the area of the source of the virus (*the person who is infected with the virus*).

It is also possible to transfer the virus from a contaminated surface to the eyes, nose, or mouth. This is called **fomite transmission**.

Evidence suggests that the Delta variant of the coronavirus has been more infectious than previous strains of the disease and that the Omicron variant, that emerged in October 2021, is even more infectious. **This means that people need to be careful to protect themselves against infection.**

## ● Why is COVID-19 a concern for hotel workers?

COVID-19 is of particular concern for workers in hotels. This is because of the **specific circumstances of the hotel sector** and the **nature of the workforce**:

- In hotels, people mix from their host communities and from locations around

the world in one indoor space at the same time. Guest and hotel workers also frequently interact with each other. This is a risk to the host communities, as well as communities around the world.

- Public establishments are mainly visited by local residents, whereas hotels are visited by guests from many different communities. This increases the health risk.
- In many countries, the majority of the hotel workforce is women. These workers are often from groups in situations of vulnerability, work for low wages, and often live in communities that are hardest hit by the pandemic.

This means that **employers and trade unions** need to take a **comprehensive approach** to COVID-19 occupational safety and health in hotels.

Trade unions also need to fight for a **just, equitable recovery from the health and economic impacts of COVID-19**. Recovery must account for the needs of workers for **safe, sustaining employment** and **access to health services** – including vaccination, personal protective equipment, and support services.





## II.

# Preventing COVID-19 Transmission

The trade union approach to preventing the transmission of SARS-CoV-2 in the workplace should follow international standards for occupational safety and health.

These standards are outlined in **ILO Convention No.155 on Occupational Safety and Health (ILO C155)**,<sup>2</sup>

According to **ILO C155**, managers and workers should undertake **risk-based assessment plans**. These plans must be appropriate to the context of the business.

If the risk assessment identifies that there is a risk of transmission in the workplace, then management and the workforce, together with their trade unions should work together to ensure that the hazard is **eliminated or controlled**.

This must be done following the **hierarchy of hazard control approach** (a system used to minimise or eliminate exposure to hazards at work). This approach should take into account that some areas of the hotel will pose a greater risk.

The aim of hazard control should be to:

- Limit exposure to aerosols by implementing 'source controls'
- Limit or interrupt the spread of aerosols through effective ventilation systems by implementing 'pathway controls' where source controls are not sufficient.
- 'Receiver controls' should be implemented in addition to source and pathway controls as a necessary extra layer of protection.

<sup>2</sup> ILO C155 - Occupational Safety and Health Convention, 1981 (No. 155) [https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100\\_ILO\\_CODE:C155](https://www.ilo.org/dyn/normlex/en/f?p=NORMLEXPUB:12100:0::NO::P12100_ILO_CODE:C155)

## III. Action for COVID-19 OSH in Hotels

Employers, together with workers and their trade unions should develop an action plan for COVID-19 OSH. The action plan should be:

- Carried out in consultation with local health authorities.
- Informed by a comprehensive risk-based assessment of occupational and public health conditions in the business.

The risk assessment should:

- > use the hierarchy of hazard control approach
- > identify where the risk of transmission is high
- > identify the most effective strategies to reduce the spread of viral infections

If employers and trade unions lack the necessary expertise, industrial hygiene experts should be consulted.

- When new guidance, procedures or regulations are issued, the action plan should be updated.

- All COVID-19 measures should be evaluated and reviewed jointly by management, Health & Safety Committees, and trade union representatives.
- Management should always have a clearly identified COVID-19 Response Officer – who understands the action plan – available on site to receive complaints and inquiries and solve problems. All workers on every shift should know who the officer is and should have clear instructions on how to contact them.
- Management should develop an information policy for guests, and training and guidelines for staff on how they should communicate with guests. This is critical for the safety of workers and guests. There should be a designated manager on every shift to manage situations involving guests who are noncompliant with safety protocols. Official leaflets in different languages on COVID-19 transmission and safety protocols should be provided. Information must be consistent and accurate.





## Source Controls

Once identified, trade unions and management can work together to introduce methods to eliminate the hazard using source controls, by limiting the number of potential sources and limiting the time sources (*people*) spend in shared spaces. Source controls include:

### Vaccination

Vaccination is the best way to protect against becoming seriously ill from COVID-19. Management, Health and Safety Committees and trade union representatives should work together to encourage vaccination. Trade unions should negotiate for management to take all practical steps according to national and local laws and regulations to encourage and assist workers to receive an approved vaccine. This might include:

- Making accurate and culturally appropriate information about the safety and efficacy of vaccines readily available in languages spoken by workers.
- Employers paying the cost of vaccine for workers where public health authorities do not make vaccines available for free.
- Giving workers paid time off to get vaccinated, especially in places where public health systems require appointments and centralized distribution make transport difficult and time consuming.
- Working with public health authorities to conduct on-site vaccination of staff and guests.

Vaccination policies should be jointly agreed by employers and trade unions.

### Infection and Isolation

Management should inform all guests and co-workers who may have been in close contact with an infected person to isolate themselves – at home for workers and in room for guests. This should be done depending on national and local privacy laws.

## Testing

Frequent testing is key to controlling and limiting exposure to potential sources of infection.

- Trade unions should negotiate for employers to provide regular testing at no charge for staff coming to work. There should also be testing for workers with COVID-19 symptoms.
- For workers who have been laid off and return to work, trade unions should negotiate for management to ensure that they have access to testing at no charge – either through public health care systems or through employer-sponsored benefits.

Trade unions and employers should jointly agree testing policies.

## Pathway Controls

Where source controls are insufficient, trade unions and management should work together to introduce pathway controls. Pathway controls interrupt the pathway between sources (*those who are infected*) and receivers (*those who could become infected*). Pathway controls include ventilation systems that remove respiratory aerosols near the source of infection.

### Ventilation

Proper ventilation of workplaces is essential to limiting the spread of COVID-19. On 1st March 2021, the WHO issued a '[Roadmap to improve and ensure good indoor ventilation in the context of COVID-19](https://www.who.int/publications/i/item/9789240021280)'.<sup>3</sup>

This roadmap provides guidance to owners and managers of businesses in non-residential and residential health care settings. Hotels are included as non-residential settings.

Assessments of ventilation should be professionally undertaken, and reports made available to the trade unions representing employees.

3 WHO (2021), Roadmap to improve and ensure good indoor ventilation in the context of COVID-19 <https://www.who.int/publications/i/item/9789240021280>

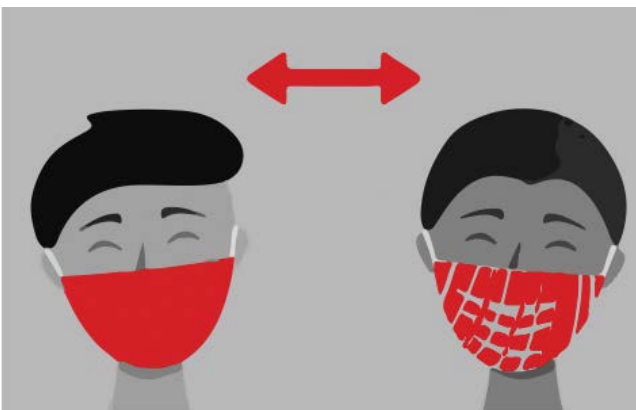


Trade unions should demand that management improve ventilation within hotels to achieve the goals included in the roadmap.

According to the guidance:

- Management must conduct a thorough evaluation of building ventilation. Hotels often contain many different settings which often have discreet ventilation systems. Trade unions should work with management to assess ventilation in all indoor spaces, including lobbies, guest rooms, recreation facilities, food and beverage operations, back office and employee break rooms, and locker rooms.
- Management must implement all practical steps to approach the goals in the roadmap for two key areas of ventilation:
  - 1. Ventilation rate:** To ensure that air in each space is replaced by fresh, preferably outside air, unless local conditions mean that outside air increases risk. The WHO roadmap sets 10 L/s/person (*ventilation rate in terms of litres per second per person*) as the minimum that should be achieved.
  - 2. Air distribution:** To ensure that external air is distributed evenly and efficiently within spaces. It should be noted that rapid air flow through spaces may not reduce the risk of COVID-19 if there are remaining pockets of undisturbed air.

Carbon dioxide (CO<sub>2</sub>) sensors are a simple way to monitor and improve ventilation. Although CO<sub>2</sub> levels are not a direct measure of COVID-19 exposure, a CO<sub>2</sub> monitor can help identify poorly ventilated areas and indicate the build-up of exhaled air.



To minimise risk, all staff should be trained in the operation of ventilation systems.

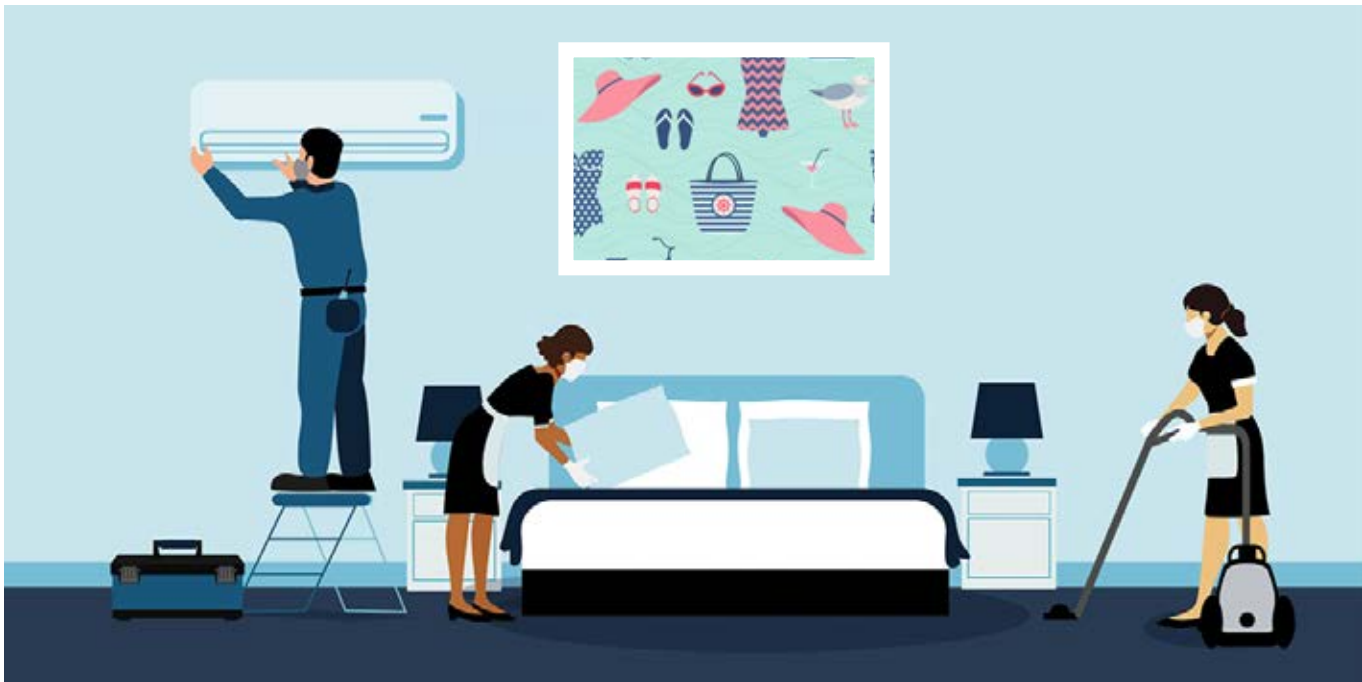
Conditions in hotels vary a lot by geography, climate, economic circumstance, size and nature of the business, and access to financing. This means that the feasibility of strategies included in the roadmap depend on the characteristics of the business. While investing in permanent solutions to deficiencies in ventilation systems is the best option, more temporary solutions can be made such as by using portable HEPA (*high efficiency particulate air*) cleaners.



## Kitchens and Restaurants

In the U.S. state of California, occupational studies showed that chefs had the highest rate of excess mortality during the pandemic. Infection and mortality rates among chefs were also high in the U.K. This means that in dealing with COVID-19 OSH, kitchens and dish rooms require special attention. Trade unions can work with management to ensure that relevant measures are introduced:

- Ventilation should be improved to at least the minimum recommended in the WHO Roadmap.
- If there is difficulty ventilating with outside air, supplemental air cleaning should be undertaken with portable filtration systems.
- In dining rooms, tables should be arranged to allow for 2 meters of physical distancing.
- The WHO advises that a buffet service should not be offered.



## Receiver Controls

Receiver controls are used to protect the potential 'receiver' of the virus. These controls generally involve personal protective equipment (PPE), such as respirators.

### Masks

Wearing of masks is important to prevent virus transmission. In the hotels sector, a comprehensive approach to mask wearing is particularly important:

- Hotels are places where many people gather from many communities at any given time.
- A hotel located in a place with little spread of COVID-19, but a low vaccination rate could become the site of an outbreak if it hosts one or more infected guests.
- A hotel in a location with minimal community spread and high levels of vaccination could also facilitate outbreaks in other communities by bringing together infected guests with other guests from different vulnerable communities of origin.

Trade unions should demand that management ensure that guests wear masks. They should also ensure that employees wear respirators until the worldwide risk of COVID-19 has eased.

It should be noted that masks are not adequate PPE for workers who are exposed to possible sources of infection for many hours. Management and trade unions should jointly assess which masks and respirators are appropriate for each setting. PPE must be of an approved standard.

Trade unions should negotiate additional short breaks for staff who have to wear masks/respirators for long periods of time.

### Cleaning and Disinfection

Cleaning and disinfection are essential for reducing the risk of infection.

- High touch areas and surfaces – including in guest rooms – such as light switches, toilets, bathroom fixtures and glass surfaces should be cleaned and disinfected at least daily. This can limit the virus being transferred from contaminated surfaces to the eyes, nose, or mouth.
- Guests often invite other guests, colleagues, friends, and family into their rooms. This means that occupied rooms should be cleaned as rigorously as common hotel areas.
- Workers should wear masks (*respirators where possible*) together with appropriate PPE for cleaning and disinfection with approved cleaning agents.

- Cleaning staff should not enter a room while the guest is present, and upon entering the room, cleaning staff should ensure that ventilation systems are activated, windows opened, and any portable filtration devices operating. Workers should then leave the room for at least 15 minutes.
- Linens should be handled on the presumption that the guest was an infected person.
- Staff and guests should be encouraged to use and have easy access to hand washing and disinfection facilities. Sanitizer dispensers should be available throughout the hotel.

In the initial risk assessment, trade unions and management should work together to identify policies and protocols that are likely to increase the amount of work.

Some policies and protocols issued by employers or national authorities can increase the workload, particularly in cleaning and disinfection because of more intensive cleaning protocols. For example, some hotels have stopped daily cleaning of occupied rooms, or have made daily room cleaning an “opt-in” service that is only provided to guests who request it.



But reports suggest that it takes 85% longer to clean large suites when a guest checks out, than cleaning a room where a guest is staying over. So COVID-19 prevention policies that lead to workers cleaning only check out rooms would likely require workers much more time to clean.

This means that trade unions need to demand that management reduce the number of rooms that workers are expected to clean by an equivalent amount. Unions should also demand that management adjust staffing to reduce the workload.

Occupational health literature indicates that hotel workers suffer higher rates of injury than other service workers. But preventing transmission of COVID-19 should not increase other health and safety risks for workers.

Other measures that trade unions should demand the action plan includes are:

- The use of physical barriers (such as *plexiglass barriers*) in spaces with high interaction between guests and workers, such as at the reception desk. These barriers can limit close interaction between people. But these barriers will not limit exposure to aerosols, as they can easily travel around barriers.
- Policies for remote working where practical.
- Policies for a safe return to work post exposure and post recovery from COVID-19.



## Income and Job Protection

Trade unions must also demand for workers to have income and job protection. Demands could include:

- An action plan to provide resources to ensure that workers do not have to go to work while sick and are able to access vaccines and anti-viral drugs when available.
- Workers to be encouraged and able to report symptoms, diagnosis, and treatment without fear of loss of income.
- Employers to provide paid leave for workers for hours of work missed due to self-isolation or quarantine requirements.
- Workers having necessary time off to receive vaccination and recover from side effects without penalty.
- Workers who are part of high-risk groups to have the right to remain on layoff until national and local emergency orders are lifted.
- Laid off workers to have the choice to return to their pre-COVID-19 jobs before new employees are hired.



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