

COVID-19 & accommodation food service activities Prevention and control checklist

Version 1, August 2020

The COVID-19 outbreak is having a devastating impact on the tourism industry. The particularly labour-intensive accommodation and food services subsectors have been decimated by the measures adopted to contain the COVID-19 pandemic. Many countries are now entering a new phase in fighting the virus, while at the same time managing the re-opening of the industry and the economy in general.

For the purposes of this checklist, the term "accommodation and food service activities" refers to the provision of short-stay accommodation for visitors and other travellers and the provision of food and drinks for immediate consumption and take-away. The interactions between workers and visitors/travellers in these subsectors call for specific attention and precautionary measures.

The <u>ILO Centenary Declaration for the Future of Work</u> emphasizes that "safe and healthy working conditions are fundamental to decent work". This is particularly significant today, as ensuring safety and health at work is indispensable for the management of the COVID-19 pandemic and the ability to resume work, particularly in the accommodation and food service subsectors, where human interaction is essential.¹

This checklist is designed as a practical and participatory tool to help implement and continuously improve practical action to prevent and mitigate the spread of COVID-19 in accommodation and food service activities.

The successful implementation of the tool is dependent on active cooperation and social dialogue between employers and workers and their representatives in the accommodation and food services subsectors with a view to implementing positive changes in the workplace and improving COVID-19 responses and preparedness.

Target groups

This tool is intended for all accommodation and food service activities,* irrespective of the size of the establishment or its physical location. This tool is intended for all workers including those in part-time employment, as well as other non-standard forms of employment (NSFE), such as outsourcing and zero-hour contracts.** The checklist can be applied in addition to other tools used in the industry. It can be used by employers and workers and their representatives who are engaged in activities related to the provision of short-stay accommodation for visitors and other travellers, as well as food and drinks for immediate consumption and take away.

Examples of occupations in accommodation and food service activities include but are not limited to, cooks, waiters/waitresses, truck vendors, delivery persons, concierges, receptionists, housekeepers and cleaners.***

- * For the list of accommodation and food service activities see the *United Nations Statistics Division International Standard Industrial Classification of All Economic Activities (ISIC), Revision 4.* Accommodation includes: hotels; resort hotels; suite/apartment hotels; motels; motor hotels; guesthouses; pensions; bed and breakfast units; visitor flats and bungalows; time share units; holiday homes; chalets, housekeeping, cottages and cabins; youth hostels and mountain refuges; and camping grounds. Food and beverage services include restaurants and food service activities (restaurants; cafeterias; fast-food restaurants; take-out eating places; mobile food carts; food preparation in market stalls; bars; taverns; cocktail lounges; pubs; coffee shops; and fruit juice bars).
- ** See ILO Guidelines on decent work and responsible tourism, 2017.
- *** The list is not exhaustive and only includes a limited selection of occupations within accommodation and food service activities.

How to use this checklist

- ▶ Appoint a response team composed of the occupational safety and health (OSH) committee, employers' and workers' representatives, and staff responsible for different functions to ensure a variety of perspectives. Consideration should be given to gender balance and diversity in the composition of the team that should oversee the implementation of the COVID-19 response plan.
- A response facilitator, appointed by the OSH committee should chair, brief and train the team on how to implement and complete the checklist and record results.
- Within the response team, prioritize the actions that should be taken - by whom, and when - to address any questions marked "No".
- ▶ The response team should not hesitate to seek clarification concerning any doubts or questions from occupational safety and health (OSH) authorities, labour inspectorates, national safety and health associations, employers' and workers' organizations.

This tool is not an exhaustive list of all the measures that are necessary. Additional items should be added as needed, and the checklist should be adapted to the nature of each occupation and enterprise.

The checklist requires adherence to certain principles, such as compliance with applicable national laws and regulations, relevant international labour standards, occupational safety and health, social dialogue, cooperation and gender sensitivity by employers, workers and their representatives. In addition, evidence concerning virus transmission should be closely monitored and the checklist should be revised in accordance with the guidance provided by international and national health authorities.

Further guidance can be found in relevant ILO standards and publications on COVID-19 related measures:

- ILO fundamental Conventions:
 - Freedom of Association and Protection of the Right to Organise Convention, 1948 (No. 87);
 - Right to Organise and Collective Bargaining Convention, 1949 (No. 98);
 - Forced Labour Convention, 1930 (No. 29) and the Protocol of 2014 to the Forced Labour Convention, 1930;
 - Abolition of Forced Labour Convention, 1957 (No. 105);

- Minimum Age Convention, 1973 (No. 138);
- Worst Forms of Child Labour Convention, 1999 (No. 182);
- Equal Remuneration Convention, 1951 (No. 100); and
- <u>Discrimination (Employment and Occupation)</u>
 <u>Convention, 1958 (No. 111)</u>
- Violence and Harassment Convention, 2019 (No. 190)
- Working Conditions (Hotels and Restaurants)
 Convention, (No. 172), and Recommendation,
 (No. 179), 1991
- Occupational Safety and Health Convention, 1981
 (No. 155), its Protocol of 2002 and Occupational Safety and Health Recommendation, 1981
 (No. 164)
- Occupational Health Services Convention (No. 161) and Recommendation (No. 171), 1985
- Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187)
- ► Employment and Decent Work for Peace and Resilience Recommendation, 2017 (No. 205)
- ► ILO Guidelines on occupational safety and health management systems ILO-OSH 2001
- Guidance note "Safe Return to Work: Ten Action Points", containing guidance for employers, workers and their representatives on preventive measures for a safe return to work in the context of COVID-19, in conformity with the well-established ILO principles and methods on occupational safety and health risk management.

- Guidance note "A safe and healthy return to work during the COVID-19 pandemic", which is designed to assist governments and employers' and workers' organizations to develop national policy guidance for a phased and safe return to work, and provides guidelines for workplacelevel risk assessments and the implementation of preventive and protective measures based on a hierarchy of controls.
- Guide "Safe return to work: Guide for employers on COVID-19 prevention", which provides general guidance and information to employers on how to prevent the spread of COVID-19 in the workplace and enable workers to return to work safely while keeping the risk of contamination as low as possible.
- Action checklist "Prevention and mitigation of COVID-19 at work", which sets out a simple and collaborative approach to assessing COVID-19 risks as a basis for taking measures to protect the safety and health of workers.
- FAQ Key provisions of international labour standards relevant to the evolving COVID-19 outbreak, which provides a compilation of answers to the most frequently asked questions relating to international labour standards and COVID-19.
- ▶ ILO report "In the face of a pandemic: Ensuring safety and health at work", which highlights the occupational safety and health risks arising out of the spread of COVID-19. It also explores measures to prevent and control the risk of contagion, psychosocial risks, ergonomic and other work-related safety and health risks associated with the pandemic.
- ▶ ILO guide "Managing work-related psychosocial risks during the COVID-19 pandemic", which provides employers and managers, in consultation with workers and their representatives, with key elements for consideration when assessing psychosocial risks and implementing preventive measures to protect the health and well-being of workers in the context of the pandemic.
- ▶ ILO <u>Technical and ethical guidelines for workers'</u>
 <u>health surveillance</u> (1998), designed to assist all those responsible for designing, establishing, implementing and managing workers' health surveillance schemes to take preventive action to ensure a healthy and safe working environment for all.

The following publications provide additional guidance: World Health Organization (WHO), "Operational considerations for COVID-19 management in the accommodation sector"; International Organisation of Employers (IOE) guide, "Return to work during COVID-19"; International Trade Union Confederation (ITUC), "Key issues on the return to work: ITUC Covid-19 briefing"; and International Union of Food, Agricultural, Hotel, Restaurant, Catering, Tobacco and Allied Workers' Associations (IUF), "Guidance for the hotel, restaurant, catering and tourism (HRCT) sector on safe return to work during COVID-19".

Section 1 of this checklist provides guidance on general protection measures aimed at protecting all workers and guest/customers in all types of enterprises and occupations engaged in accommodation and food service activities.

Section 2 provides guidance on planning resources, communication and management systems to prevent and reduce the risk of exposure to COVID-19 and prepare for a safe return to work.

Section 3 then lists additional measures aimed at protecting workers and guests/customers in selected occupations and tasks. The list is not exhaustive.

Section 1. General protection measures

All employers and workers should aim to comply with protective measures against COVID-19 such as hand hygiene, physical distancing, avoiding touching the eyes, nose and mouth, practicing respiratory hygiene and heeding advice to stay at home and seek medical attention if they show symptoms consistent with the disease.

Hygiene and cleaning

1.1	Are measures taken to ensure good personal hygiene for tourism workers, such as hand hygiene (frequent washing and disinfection), avoiding touching eyes, nose and mouth, covering the mouth and nose with a bent elbow or tissue when coughing or sneezing, and wearing personal protective equipment (PPE) (for example masks and gloves), where necessary? ²	Yes No
	 Is access to water and handwashing facilities available so that workers and guests/customers can wash their hands? 	Yes No
	 Are there sufficient stocks of soap, disinfectant, hand sanitizer, paper towels and tissues so that workers and guests/customers can wash their hands with soap and water, and disinfect them with alcohol-based sanitizer? 	Yes No
	 Have alcohol-based sanitizer dispensers been set up in prominent places and at the entrance of the site and are they refilled regularly? 	Yes No
	 Are thorough cleaning and disinfection procedures in place for all work clothing and other personal protective equipment? 	Yes No
	 Are non-manually operated closed bins provided for the hygienic disposal of garbage, wipes, etc.? 	
1.2	Are good hygiene practices in place (such as the regular disinfection and sanitation of workplace environments and touch surfaces, kitchen equipment, hotel and dining rooms, common spaces, pools and spas, elevators, tourist vehicles, doorknobs, tables and chairs, phones, radios, workstations, keyboards, mouse and mouse pads, walls, floors, screens and restrooms, among others)?	Yes No
	 Is special attention given to the disinfection and cleaning of kitchen furnishings, utensils, cutlery, dishes, vending machines, coffee and water dispensers and drinking glasses, as well as frequently used facilities and any other high-touch surfaces? Is there a sufficient supply of soap, disinfectant, hand sanitizer, paper towels and tissues? 	Yes No
	Have touch surfaces been reduced where possible?	Yes No
	Have redesigned processes been introduced to promote more digital touchless operations at all possible touch points?	Yes No
1.3	 Are contactless check-in, pre-booking, online payment and the use of new technologies (e-tickets and e-bookings) encouraged for customers of restaurants, hotels, bars and visits, among others? 	Yes No
	 Are traditional means of payment and booking still available for those without access to new technologies? 	Yes No
	Are there sufficient stocks and availability of personal protective equipment (PPE) at no cost for	Yes No
1.4	 workers to protect all workers from COVID-19, including facemasks, face shields and gloves? Are personal protective equipment (PPE) adapted to the bodies of both women and men? 	□ Vac. □ N-
	• Are personal protective equipment (i.i. L) adapted to the bodies of both women and mens	Yes No

² For more information on cleaning and disinfection, including on cleaning products, see <u>WHO operational considerations for COVID-19 management in the accommodation sector: Interim guidance.</u>

Physical distancing

1.5	Are physical distancing practices in line with national recommendations promoted and applied in all common spaces, including for example between tables in restaurants?	Yes No
1.6	Are physical barriers, made of wood, plexiglass or other similar materials, in place to protect workers where the recommended physical distancing is not reasonably practical?	Yes No
1.7	Are entrances and venues monitored at all times to ensure that workers and guests/customers can maintain physical distancing?	Yes No
1.8	Have protocols been defined for the flow paths of customers/guests and the use of common spaces? Have floors been marked according to the protocols (for example with recognizable signs) for workers, delivery personnel and customers/guests?	Yes No
1.9	Is the number of workers in the kitchen, behind the bar, at reception, in wellness areas and in all other areas limited and adequately managed so that they can respect physical distancing in accordance with national requirements?	Yes No
Worke	r health surveillance, self-monitoring and contact tracing	
1.10	Do all workers and their dependants have access to social security benefits, as provided for by national legislation?	Yes No
1.11	Is the management engaging with occupational health services and local, regional or national public health authorities to discuss the availability of testing for COVID-19, including at the site?	Yes No
1.12	Do all workers have access to paid sick leave - as provided for by national legislation - from the date of reopening to ensure they can stay at home if they are sick (without being required to work) or in self-quarantine to prevent the spread of the virus?	Yes No
1.13	Are there arrangements in place for safe transfer to nearby hospitals or health clinics for workers at no cost to them?	Yes No
1.14	Have supplementary protective measures been introduced for workers with additional risk factors, including pregnant women workers, pre-existing medical conditions and illnesses?	Yes No
1.15	Are systems and procedures in place to identify and trace workers or guests/customers at risk of exposure to any suspected or confirmed COVID-19 cases?	Yes No
1.16	Have workers received advice and instructions on how to self-monitor and report the most common COVID-19 symptoms (e.g. fever, dry cough, fatigue, loss of smell and taste)?	Yes No
1.17	Have workers been informed when to self-quarantine and what to do in an emergency, including cases of sick customers/guests?	Yes No
1.18	Is a timed arrival of workers planned to allow each employee to change individually in the changing room or to allow physical distancing between workers?	Yes No

Prevention and control checklist

1.19	Is worker health surveillance undertaken in accordance with the guidance provided by international and national health authorities? ³	Yes No
1.20	Are adequate 'no-touch' thermometers available for worker screening?	Yes No
1.21	 Has a jointly agreed, confidential system for COVID-19 surveillance ("COVID-19 coordination committee") been established or integrated into the regular health surveillance of workers, in line with national laws and regulations, and in consultation with workers and their representatives? Is workers' privacy respected? Information concerning workers' health, personal problems or family matters should not be requested if it does not impact their work and should not be shared without the explicit consent of the worker. 	Yes No
	 Are COVID-19 cases, symptoms and trends recorded and reported to management, co- workers, the OSH committee, occupational health services and local, regional or national public health authorities? 	Yes No

Section 2. Planning and management systems and training to prepare for a safe return to work

Planning, resources, communication and management systems prevent and reduce the risk of exposure to and the spread of COVID-19.

Planning and management systems⁴

Information and Consultation

2.1	Has the management team reached out to the local health authority, hotel, restaurant, catering and tourism administration and employers' and workers' organizations to get information and advice on compliance with occupational safety and health (OSH) rules and regulations?	Yes No
2.2	Has an effective social dialogue mechanism been established, and are workers free to hold meetings to discuss the situation, with a view to improving the safety and health of workers and working conditions taking into account the requirements relating to the COVID-19 pandemic?	Yes No
2.3	Have workplace arrangements for cooperation between management, workers and their representatives, such as joint occupational OSH committees or an internal COVID-19-coordination committee including workers' representatives, been set up to plan and support management in the implementation of the necessary measures, liaise with workers, execute protocols and deliver services?	Yes No
2.4	Has shift work been discussed with workers and their representatives, in consultation with the OSH committee?	Yes No

³ See: ILO Technical and ethical guidelines for workers' health surveillance (1998).

⁴ See: ILO Guidelines on occupational safety and health management systems ILO-OSH (2001).

Risk assessment/preparedness and response plan

2.5	Has a risk assessment been carried out jointly with workers and their representatives to consider occupational risks specific to COVID-19? Has it considered all work areas and tasks performed by all workers irrespective of their status and contractual arrangements?	Yes No
2.6	 Has the risk assessment considered: The risks of returning to the workplace How to ensure systematic control and feedback in line with the <u>ILO Guidelines on occupational safety and health management systems ILO-OSH 2001</u> 	Yes No
2.7	 Has an on-site preparedness and response plan for COVID-19 prevention and control been developed and tested in consultation with workers and their representatives? Are the jointly identified risks addressed in the COVID-19 preparedness and response plan? Is the preparedness and response plan aligned with relevant national and international standards and guidance? Are occupational health services and local, regional or national public health authorities consulted on a regular basis to ensure that the most recent guidance and advice is incorporated into the COVID-19 preparedness and response plan? Are all potential sources of exposure and other compounding factors covered by the preparedness and response plan, including contamination on-site and interactions with guests/customers and contractors/suppliers, as well as between workers? Has a response team, including workers' representatives, and a person responsible for leading it (response facilitator), been assigned and trained to execute the COVID-19 preparedness and response plan? Is the COVID-19 preparedness and response plan implemented actively, monitored and improved on an ongoing basis in accordance with the recommendations of local, regional and national public health authorities with the aim of preventing and effectively managing cases, and mitigating their impact among workers and customers? 	Yes No Yes No Yes No Yes No Yes No Yes No
2.8	Is there provision for coordination or application of the OSH protocols with the subcontracting and outsourcing agencies that operate in the workplace?	Yes No
2.9	Has a system been established to keep records of statistical information for tourism planning and management in full coordination with local and national tourism and statistical authorities?	Yes No
Resources Have financial and human resources been allocated for the COVID-19 preparedness and response Yes No plan?		
2.10	 Are the resources allocated commensurate with the size of the workforce? Are the resources allocated sufficient for the supply of soap, disinfectant, hand sanitizer, paper towels and tissues for workers and guests/customers and personal protective equipment (PPE) for workers? 	Yes No

Commitment and communication

2.11	Has the management developed and shared a statement of its commitment to prevent and reduce the risk of exposure to and transmission of COVID-19 on-site in consultation with workers and their representatives?	Yes No
	Has a communication system been established to provide reliable up-to-date information to workers, contractors and suppliers on the emerging situation and on how to prevent the spread of COVID-19?	Yes No
	 Does the management have up-to-date contact details for workers, including emergency telephone numbers? 	Yes No
2.12	• Is the information provided based on the most up-to-date information and guidance released by the ILO, the WHO and by national or local health authorities?	Yes No
	• Is the information displayed in local languages and in a culturally appropriate manner?	Yes No
	 Have key messages been clearly displayed and distributed among staff and guests/ customers, including on basic hygiene practice and COVID-19, the promotion of hand- washing, respiratory hygiene and coughing etiquette? 	Yes No
2.13	Have protocols and responsibilities to prevent and reduce the risk of exposure to and transmission of COVID-19 been clearly communicated to management, workers and customers?	Yes No
2.14	Have workers received the advice to stay home and seek medical attention if they have symptoms consistent with COVID-19?	Yes No
2.15	Have workers been informed of their right to remove themselves from work situations where there is serious and imminent danger to their health?	Yes No
2.16	Have measures been taken to create an environment in which COVID-19 and its impact can be discussed and addressed openly, honestly and effectively?	Yes No
2.17	Has the management established channels of communication with labour inspectorates, local communities and local/regional health institutions to coordinate the pandemic response (including to report cases, coordinate testing and contact tracing, and manage cases and fatalities in accordance with national health protocols)?	Yes No
Trainir	ng to prepare for a safe return to work	
ii aliill	ig to prepare for a safe return to work	
	Has the management organized information briefings for all workers?	Yes No
2.18	 Do these briefings cover all the basic protective measures against COVID-19, health and hygiene practice, and the signs and symptoms of the disease? Training may be needed for specific procedures and occupations. 	Yes No
	 Do these briefings cover the measures to be taken to protect individual health and that of others, including the recommendation to stay home and seek medical attention if a worker has symptoms, such as fever, a cough or shortness of breath? 	Yes No

2.19	Have managers been trained to act as role models, promoting safe and healthy behaviour and a supportive environment?	Yes No
	Have managers, workers and their representatives been informed and trained on the measures adopted to prevent the risk of exposure to the virus and on how to act in the event of suspected or confirmed cases of COVID-19 infection?	Yes No
	• Is training provided in a systematic, timely and culturally appropriate manner, in local languages and on an ongoing basis?	Yes No
2.20	• Is the training based on the specific risks pertaining to the various occupations and tasks?	Yes No
	• Does the training include the correct use, maintenance and disposal of personal protective equipment (PPE)?	Yes No
	Does the training include advice on handwashing and hygiene?	Yes No
2.21	Have workers and management been trained in safety and security protocols, and in safe service delivery?	Yes No

Section 3. Additional measures for selected occupations and tasks in accommodation and food service activities

All employers and workers should aim to comply with protective measures specific to their occupation in the accommodation and food services subsectors. The following section provides a non-exhaustive list of measures aimed at protecting workers in selected occupations and tasks.

Reception and concierge staff

3.1	Are reception desk and concierge staff trained to inform guests/customers about the establishment's policy on preventive measures and the measures to be taken in the case of suspected COVID-19 infection, or other services that guests may require (for example, medical and pharmaceutical services available in the area or at the establishment itself)?	Yes No
3.2	Are reception desk and concierge staff trained to provide basic hygiene recommendations and monitor potentially ill guests in the establishment?	Yes No
3.3	Are reception desk and concierge staff familiar with the room occupancy policy for people accompanying guests suspected of being infected with COVID-19? ⁵	Yes No

⁵ Additional guidance from the WHO can be found on the WHO website including: "Scientific brief: Transmission of SARS-CoV-2: implications for infection prevention precautions" and "Public health surveillance for COVID-19: interim quidance, 7 August 2020".

Restaurants, dining rooms and bar staff

3.4	Are restaurant, dining room and bar staff informed about the importance of adhering to personal hygiene guidance (frequent regular handwashing, cough hygiene) as strictly as possible?	Yes No	
3.5	Are workers trained and provided with adequate equipment to clean and disinfect buffet surfaces after each service? Coffee, soda and other machines should be cleaned and disinfected at least after each service, and more often if necessary, with particular attention being given to parts that come into frequent contact with users' hands.	Yes No	
3.6	Do workers who handle food and drinks wash their hands often with soap and water before and after handling food?	Yes No	
3.7	Is the number of workers in the kitchen and behind the bar, and in all other areas, limited so that they can respect physical distancing in accordance with national requirements?	Yes No	
3.8	Are all working tools (cooking utensils, knives, etc.) limited to use by a single worker?	Yes No	
3.9	For take-away meals, have special precautions been taken to ensure the safety of contacts with delivery workers? Has a drop-off area been designated for prepared meal packages?	Yes No	
3.10	Has a drop-off area been designated for take-away meal packages?	Yes No	
Cleaning and housekeeping staff			
3.11	Has the frequency of hygiene and cleaning services been increased, even in the absence of COVID-19 cases in the establishment? ⁶	Yes No	
	Are housekeeping and cleaning workers informed of the establishment's cleaning and disinfection policies in accordance with the guidance provided by national, regional and local public health authorities?	Yes No	
	 Is particular attention given to the application of cleaning and disinfection measures in common areas, including cleaning and disinfection of tables and chairs after guests/ customers have left? 	Yes No	
3.12	 Is special attention given to objects that are frequently touched, such as handles, elevator buttons, handrails, switches, doorknobs, etc.? 	Yes No	
	• Are the chemical products used for cleaning different from those used prior to COVID-19?	Yes No	
	Does current personal protective equipment (PPE) protect workers sufficiently from both		

⁶ For information on cleaning and disinfection, including on cleaning products, see <u>WHO operational considerations for COVID-19 management in the accommodation sector: Interim guidance.</u>

3.13	Have special cleaning and disinfection protocols been established and communicated for situations in which there are sick guests or workers in the establishment or who have been identified as having COVID-19 within a few days after leaving the establishment?	Yes No
3.14	 Have written recommendations been distributed to all workers and supervisors for enhanced cleaning and disinfection in the event of a confirmed case of COVID-19 infection? Do these recommendations include enhanced operating procedures for cleaning, the management of solid waste and the use of personal protective equipment (PPE)? 	Yes No
3.15	 Have cleaning and housekeeping workers received adequate equipment and special training on the use of personal protective equipment (PPE) (gloves, disposable gowns, etc.)? Are they aware that they should use facial protection, such as a face shield, and wear impermeable aprons if they undertake tasks that generate splashes (e.g. washing surfaces)? Are they aware that hand hygiene is essential immediately after removing personal protective equipment (PPE), and after cleaning and disinfection work has been completed? 	Yes No Yes No
3.16	Have cleaning and housekeeping workers received adequate equipment and training in the preparation, handling, application and storage of cleaning and disinfectant products?	Yes No
3.17	Have housekeeping and cleaning workers been informed of the need to communicate any pertinent incidents, including potential cases of sick guests, to management?	Yes No
3.18	Is any special equipment that is used for the transport of laundry cleaned and disinfected after each use?	Yes No
3.19	Is laundry (textiles, linens, clothes) that has been in contact with a COVID-19 infected person put in a special marked laundry bag and handled carefully to mitigate the risk of potential transmission? • Is it washed separately in hot cycles with the usual detergents?	Yes No
3.20	Is the waste generated from cleaning areas where there have been COVID-19 cases, disposed in a plastic rubbish bag, tied up and put in a secure place?	Yes No
3.21	Is a storage area set aside to place airtight bags containing dirty clothes and to facilitate the return of clean clothes, which is accessible only to the delivery worker?	Yes No

Contact details

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