



The Good, the BAD and the Ugly

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In early 2020 things turned ugly when the SARS-CoV-2 virus broke into our lives like a house burglar, turning our society upside down. To arrest its progress, most governments have had to introduce unprecedented lockdown measures and restrictions on our freedom. More than a year after the start of the Covid-19 pandemic, the virus has infected more than 136 million individuals and killed three million people worldwide. As this edition of *HesaMag* goes to press in April 2021, the numbers for the EU27 are 28.4 million people infected and as many as 645 000 deaths.¹

There are a number of studies clearly showing that work is a major channel of virus transmission. This is hardly surprising, as on average we spend more than 80 per cent of our working time indoors and in contact with other people. Healthcare staff are particularly exposed to the risks of infection from SARS-CoV-2, the causal agent of Covid-19, as are those working in the transport sector (taxi, tram and bus drivers), sales assistants, delivery personnel and all those people who have to work in close proximity to one another

in factories, warehouses and abattoirs. And as far as occupational health is concerned, Covid-19 is no exception to the rule: it is always the precarious jobs that involve the highest risks.

According to a study by the Institut Pasteur,² the second biggest source of transmission of Covid-19 (28.8 per cent of infections) is someone in the workplace, just behind family members (33.1 per cent). In the Netherlands, the estimated proportion of infections contracted at work is 15.4 per cent,³ while one study in Italy places it at 19.4 per cent.⁴ Whatever the case, despite the uncertainties surrounding this, there is no doubt that a considerable proportion of infections occur at work, and a certain percentage — one might say a "good" percentage — of infections could be avoided if appropriate preventive measures were introduced at the workplace.

The second biggest source of transmission of Covid-19 is at work.

1. www.ecdc.europa.eu/en/cases-2019-ncov-eueea, consulted on 19 April 2021.
2. ComCor study, www.ecdc.europa.eu/en/cases-2019-ncov-eueea Institut Pasteur, 20 December 2020.
3. Epidemiologische situatie van SARS-CoV-2 in Nederland, RIVM, 13 April 2021.
4. <https://oem.bmj.com/content/77/12/818>

5. Biological agents and prevention of work-related diseases: a review, EU-OSHA, 2020.
6. Directive 2000/54/EC.

The prevention of infection is also an occupational health issue.

After all, the prevention of Covid-19 infections is not just a public health issue, as employers' organisations suggest, in an attempt to let themselves off the hook: it is also an occupational health issue.

A recent report⁵ by the European Agency for Safety and Health at Work (EU-OSHA) stresses that: "The SARS epidemics including the recent Covid-19 pandemic [...] have shown that urgent measures are needed to protect workers from the impact of a transmission of infectious diseases from animals to humans" and "a broad range of occupations could be concerned by such diseases, although at the onset this may not have been recognised".

In Europe, we have specific legislation in place to protect workers against biological hazards at the workplace: the Biological Agents Directive⁶ (BAD). Unfortunately, it has to be acknowledged that this legislation, which theoretically applies to all workers in the EU27, has two major failings. The first is that the BAD, adopted more than 20 years ago, is not at all suited to a pandemic situation.

The second concerns the failure to abide by the Directive's classification system for biological agents. According to the text, biological agents are to be classified

into one of four risk groups, based on predefined criteria. The higher the risk group, the stricter are the protective and preventive measures to be taken at workplaces. However, the European Commission classified SARS-CoV-2 in risk group 3, even though at the time it was classified, in June 2020, it met all the specific criteria for group 4, presenting a high risk of spreading without any vaccine or treatment being available. On this basis, in August 2020 a Spanish trade union filed an application with the Court of Justice of the European Union for annulment of the group 3 classification.

This under-classification, probably driven by a fear of imposing on employers the strictest measures, wrongly regarded as obstacles to economic activity, was a terrible mistake. Clearly, a large proportion of infections at work, and consequently within the families of infected workers, could have been avoided by classification in group 4. This would also have issued a strong signal to all employers that the prevention of infections at work needed to be addressed as a most serious matter.

If, as in Sergio Leone's epic story, we want the Good to win out in the end, this Directive urgently needs amendment — just as all the trade union organisations in Europe have been clamouring for. It must be made fit for the context of a pandemic, to ensure that all European workers benefit from protection and prevention methods that are most appropriate to such a situation. ●

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