

Common Human Coronavirus – COVID-19

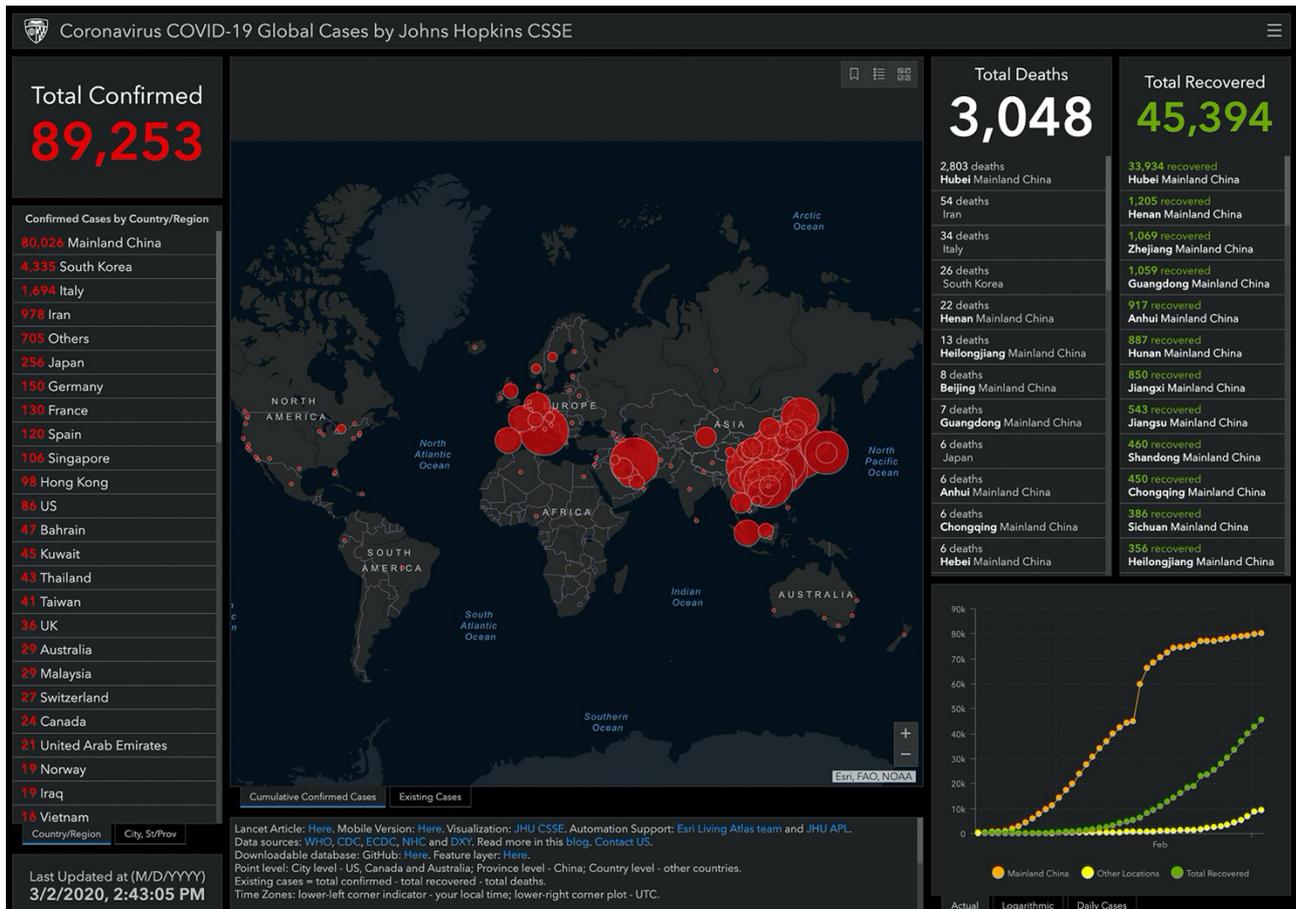
Advice for AIB Member companies

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Background

The 2019 Novel Coronavirus – COVID-19 – was first reported in Wuhan in China’s Hubei Province on 31 December 2019. Subsequently, cases have been reported in more than 50 countries. As at 2 March 2020, there were 89,197 confirmed cases. 80,062 of these were in mainland China¹. The total number of known deaths was 3,048 as at 2 March 2020.



This document provides suggested strategies for AIB Member companies in dealing with the effects of the virus. It also provides advice on ways to protect staff and the operations of AIB Members from the effects of the virus. This is not an exhaustive set of instructions and should be used in conjunction with the advice of national public health authorities in countries where AIB Members are based and in territories where they operate.

It is important to remember that since the COVID-19 virus is new, relatively little is known about it. Information and data are being gathered by governments and research institutions. As these data are analysed, there may be changes to the advice that is given on how to prevent the spread of the virus, and how to operate in areas where there is considerable risk because of a concentration of cases.

¹ Coronavirus COVID-19 Global Cases by Johns Hopkins CSSE:
<https://gisanddata.maps.arcgis.com/apps/opsdashboard/index.html#/bda7594740fd40299423467b48e9ecf6>

The AIB is collating advice from AIB Member organisations and beyond to build a database of information that can be shared among the Membership to ensure the protection of staff and organisations on a global scale. Please contact the Secretariat if you need any further information or have any questions.

The information in this briefing is drawn from open source information and from an online briefing provided by [INSI](#) on 26 February 2020.

Transmission

COVID-19 is a respiratory virus that is present in secretions from the lungs, mouth, throat and nose. These secretions are exhaled, coughed or sneezed out. This leads to contamination of surfaces, and to others breathing in another person's exhalations.

It is the case that touching a contaminated surface can allow the transmission of the virus, particularly since humans are likely to then touch their face, eyes and mouth with hands that have touched the contaminated surface.

Precautions and preventions

The most effective way to prevent the spread of the virus, and infection of individuals, is frequent washing of hands using soap and water and/or use of hand sanitiser.

If you sneeze or cough, use a paper tissue that you then throw away, or catch the sneeze or cough in the crook of your arm to ensure it does not go onto other people. It is advisable to wash/sanitise your hands after sneezing or coughing.

People travelling on public transport should carefully wash their hands when they arrive at their destination. It is likely that you will touch surfaces that could be contaminated during your journey. Avoid touching your face, eyes or mouth until you have washed your hands carefully. Use sanitiser when travel and washing facilities are unavailable.

After using shared equipment – such as in an edit suite, office facilities or in a communal kitchen – you should wash your hands or sanitise them.

Use anti-bacterial wipes to clean surfaces such as computer keyboards, mice, office telephones and other equipment that may have been used by others.

Face masks

According to research, face masks have not been shown to be protective in any measurable way over time.



Surgical masks are principally designed to protect others from the wearer. They are *not* designed to protect the wearer. If you have an infection or a cough, or cold or flu, then wearing a mask will help prevent you from infecting others [see isolation, below].

Also, face masks often do not shield the eyes which are a major portal of entry for pathogenic micro-organisms and potentially viruses such as COVID-19.

High-filtration masks that conform to European or US standards *will* provide protection for the wearer. US-certification N95 or EU-certification FFP3 afford the highest levels of protection and are appropriate in the current environment. However, they must fit the face correctly to prevent the ingress of air around the sides of the mask. For this reason, the use of these types of mask by a person with facial hair is unlikely to provide robust protection.

It is best to use N95 or FFP3 masks that have a valve that prevents condensation becoming trapped in the mask.

It is important the masks are handled carefully. It is best to use disposable gloves to fit and remove these masks as the surface could be contaminated after use.

Currently, the advice of medical practitioners is that the use of masks is not advised unless people are in high-risk situations (which may be the case for news crews in the field).

Working in infected areas

The advice for all organisations is that staff should not be deployed to high-risk areas where there are significant numbers of cases. If staff are already in those areas, extra precautions must be taken including self-isolation before returning to base (if they have been deployed from head office or a regional base).

News crews should not attempt to gain access to those who have, or may have, contracted the virus.

All staff working in infected areas must follow the advice of local public health authorities and their own company's safety officers.

If staff believe that they may have come into contact with the virus, they should quarantine themselves and seek immediate medical advice. It is essential to telephone for advice and not walk into a health facility to avoid any potential spread of the virus.

If staff believe that they have symptoms of COVID-19 without having been in contact with someone who has the virus, they should self-isolate for 14 days, and seek medical advice by phone. Self-isolation does not mean complete exclusion. It is possible for someone who is self-isolating to go for a walk in the open air, provided that the space is not crowded (such as a large park, or in the countryside). Sensible precautions should be taken to prevent the potential spread of the virus by anyone who thinks that they may be carrying it.

If staff become ill while away from base, they should seek medical advice from their employer's occupational health department, or from local medical experts (where once again it is best to try and get help on the phone, rather than self-presenting to a medical facility unless advised to do so by medical experts). If the local medical system is poor, it may be best to try to get to a country where the medical infrastructure is better subject to

travel restrictions that may be in place. In this situation, it is essential that the staff member liaises with their employer's occupational health officers and their line managers.

Deployments and personal travel

Companies should not deploy any staff to countries that have significant outbreaks of COVID-19.

Risk assessments must be undertaken by line managers for all potential deployments. Appropriate safety briefings should be given, and appropriate health and safety equipment provided for any deployment. Quarantine or self-isolation may be required on return to base.

Personal travel is up to the individual who should follow local public health authority advice. It is inadvisable to travel to countries and regions where there are significant numbers of cases reported unless it is essential travel (such as for a family emergency). In this case, self-isolation before returning to work is essential, and quarantine may be required. Staff should liaise with line managers on any personal travel plans.

Other business travel

The media industry has many large-scale events that draw delegates from around the world, including conferences and exhibitions where executives and managers may have speaking engagements or face-to-face meetings.

Caution should be exercised on deciding whether to attend events either in the home nation or abroad.

It is worth noting that an increasing number of events - large and small - are being postponed or cancelled. The highest profile cancellations have been Mobile World Congress in Barcelona scheduled for the last week in February and the Geneva International Motor Show in Geneva. Mobile World Congress attracts around 100,000 participants from all over the world. Many large corporates had restricted company travel to protect their staff and decided to cancel their participation. The Geneva Motor Show brings over 700,000 visitors from around the world. It was cancelled after the Swiss Federal Council decided on 28 February 2020 that no events with more than 1,000 people would be allowed to take place until 15 March 2020.

We have learnt that a number of frequency regulatory meetings scheduled for European cities in March and April have been cancelled. The EBU has responded to the situation changing in-person meetings to conference calls over the first half of March 2020.

According to the UK travel blog [Head for Points](#), GlaxoSmithKline has banned all but essential staff travel. It even banned Glaxo-induced travel by third parties, so clients may not fly in to visit the Glaxo offices.

The AIB is reviewing its participation in events and its own event schedule to ensure that the organisation meets its moral obligations to protect its staff and those of other organisations.

If travel is deemed absolutely essential, key preventative measures must be in place, such as the use of disposable paper tissues when sneezing and coughing and the repeated, frequent washing of hands and use of hand sanitiser.

Conclusion

The AIB will continue to monitor the situation as it develops and will update its Members with additional information where appropriate.

The AIB Secretariat will provide, on request, additional advice and assistance, including putting AIB Members in touch with experts who can provide help. The Secretariat will continue to collate advice given by AIB Members to create a global database of information relating to COVID-19 and how organisations can best protect their staff and operations during this time of uncertainty.

Selected references

World Health Organisation

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public>

UK Department of Health

<https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public>

US Center for Disease Control and Prevention

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Australia Department of Health

<https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert>

Canada Public Health Agency

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection.html>

French Ministry of Health

<https://solidarites-sante.gouv.fr/soins-et-maladies/maladies/maladies-infectieuses/coronavirus/coronavirus-questions-reponses>

German Ministry of Health

https://www.bundesgesundheitsministerium.de/fileadmin/Dateien/3_Downloads/C/Coronavirus/Information_SARS-CoV-2_Reisende_2020-02-27-DE-EN-CH_v2.pdf

Singapore Ministry of Health

<https://www.moh.gov.sg/covid-19>

South Africa Department of Health

<http://www.health.gov.za/index.php/gf-tb-program/465-corona-virus-outbreak>

New York Times

<https://www.nytimes.com/article/prepare-for-coronavirus.html>

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