

# Bergamo COVID-19 papers

Working in a corona-stricken Northern Italy  
Even if you have a chronic condition

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## Northern Italy, a brief outline of the context

Northern Italy, and more specifically Bergamo, was the hearth of the coronavirus pandemic in Europe at the end of February 2020. The Lombardy region was hit hard by the COVID-19 outbreak. Many people lost loved ones.

Lombardy, the most populated and industrialized Italian region, was the epicentre of the outbreak. It experienced one of the highest case-fatality rate (14%) in the world with more than 400,000 cases (about one fourth of those registered in Italy) and nearly 55,000 deaths out of 10 million inhabitants.<sup>1</sup>

The region was not prepared for the pandemic. Much was still unknown about the virus. Many health care providers became infected through their work during the initial outbreak, including hundreds of general practitioners (GPs). This put the care in danger. Healthcare providers from abroad, including eastern Europe, who were assisting in this emerging state, brought the virus with them again, causing many people to drop out of care.

Italy has some different corona measures than the Netherlands. Instead of the 1.5 meters, one meter distance is maintained. The temperature of personnel can be measured. At with a temperature above 37.5 degrees, an employee is not allowed to work on location. This mainly concerns employees who cannot work from home, such as production employees. Employees who can are obliged to work from home. Since September 2021 there is a green pass to be allowed to work on location. This pass is proof of vaccination.

### Green pass

The employee, public or private, is considered to be unjustified absentee, without entitlement to pay, until the handing over of the green pass. In the case of undertakings with fewer than 15 employees, the employer may suspend the employee after the fifth day of unjustified absence for the duration corresponding to that of the employment contract stipulated for the replacement, in any case for a period not exceeding ten days, renewable once. In the event that the employee enters the workplace without a green pass, the employer must report to the prefecture with a view to applying the administrative sanction. The employee who enters the workplace without a green pass is subject to a provision from the prefect, an administrative penalty ranging from 600 to 1,500 euros. Any disciplinary sanctions provided for in the sector collective agreements are also applied.

In addition to the salary, any other component of the wage, even of social security, of a fixed and continuous nature, incidentality or compensation, provided for the non-executed working day, will no longer be paid to the employee without a green pass. The days of unjustified absence do not contribute to the accrual of the holidays and are accompanied by the loss of relative seniority.<sup>2</sup>

Italy has a slightly different interpretation in the field of working conditions compared to the Netherlands. Company doctors are obliged to visit all workplaces once a year.

Within the region is a network of companies that is actively engage in health promotion in the workplace: the Lombardy workplace health promotion network.<sup>3</sup> Initiator of this network is

1.

Istituto Superiore di Sanità  
<https://www.epicentro.iss.it/en/coronavirus/>

<https://www.sciencedirect.com/science/article/pii/S0013935121000712#bib32>

[https://www.journalofinfection.com/article/S0163-4453\(21\)00248-6/fulltext](https://www.journalofinfection.com/article/S0163-4453(21)00248-6/fulltext)

2.

<https://www.governo.it/it/coronavirus>

3.

<http://chrodis.eu/good-practice/lombardy-workplace-health-promotion-network-italy/>

<https://www.promozionesalute.regione.lombardia.it>

ATS Bergamo, the local health authority (Municipal health service), where Doctor Roberto Moretti is the driving force. The reason for this ATS to ask companies to commit to health-promoting measures through work was the increasing number of chronic diseases. ATS could not handle this alone. It now supports companies with a proven working method from the European Network for Workplace Health Promotion (ENWHP) to be engaged in this approach. With a points system, companies get to work with healthy food, more exercise, smoking and alcohol policy as well as psychosocial care for employees. In this way, the companies are Models of Good Practice for inspiration for other employers. The companies described in this paper are among these good practices.

## The Health Protection Agency (ATS)

### *Interviewees*

Roberto Moretti, Director of the primary assistance management unit, pediatrics ATS  
Giuliana Rocca, Manager of family management and workplace health management

*ATS is the health protection agency in the Lombardy Region, like the Dutch GGD (Municipal health service). The agency has also a coordinating role in workplace health promotion (WHP). ATS formed the Lombardy network consisting of companies having a good health management policy. This network is recognized by the World Health Organization (WHO) as a good example for others. Workplace Health Promotion policy within companies with a dedicated team probably contributes to a good response*

*to pandemic crises such as COVID-19, confirms Roberto Moretti ATS.*

Agenzia di Tutela della Salute (ATS) Bergamo is a formal government organization. ATS Bergamo stands for the protection of health of its citizens, both individually and in collection. Its task is to implement the programming established at regional level and, with the help of all providers, to ensure the essential levels of support of the inhabitants.

The Agency's main tasks include:

1. Demand analysis and management
2. Planning for the integration of social and health services, ensuring continuity and accessibility,
3. Promotion of health promotion programs
4. Negotiation and purchase of health and social health services
5. Providing primary care
6. Offer veterinary public health
7. Prevention of health problems and combating health threats in the living and working environment
8. Supervision and control of social and health care facilities and units
9. Implementation of regional guidelines and monitoring of pharmaceutical, dietary and prosthetic products and services

### **Support of the army needed during pandemic outbreak**

The data are engraved in Moretti's memory: from February 22, 2020, 'I had no spare time until June 15, 2020'. Even going home became a challenge. 'I was stopped a few times because I violated the curfew'. The army controlled the curfew and provided much needed assistance, in logistics, transport and medical assistance. The red cross was

also immediately deployable.

‘We were the first and hardest hit region in Europe, now we are the best,’ says Moretti, convinced of the results of the policy and cooperation in Lombardy. The role of ATS during the outbreak of the pandemic was to keep primary health care afloat. An obstacle was the national body to be informed, it came almost daily with changes to the protocol to be implemented. ‘What was good yesterday must be alert today. At the beginning of the first wave, we couldn’t even test everyone because we didn’t have enough swaps’, Moretti explains.

‘For the more extensive testing program, we have attracted people. It was more difficult for the laboratories. The capacity in the region was simply not there’, says Moretti. ‘We had to send our swaps to Naples and Pescara. The discussions and negotiations with the laboratories required a lot of time and energy’.

Not only the inhabitants became ill in large numbers due to COVID-19. That also happened to the general practitioners (GP). Of the 1,300 General Practitioners (GPs), 160 became ill due to COVID-19, thirty GPs died during the first phase of the epidemic.

GP’s and other professionals got sick or even died, they had no face masks or protective clothing. All available protection materials went to the hospital first.

A GP has on average 1,500 patients. A lot of people could not consult doctors at all in the first phase, also because of illness of a large amount of the GPs themselves. ‘The workload of the GP was really crazy’, Moretti underlines. ‘Telephone and video

calling were the means of communication because the GP did not want to be infected himself. ‘The army and the Red Cross helped to replace the GPs. Together with the Red Cross they set up points where people could go for a doctor. The military doctors came from all over Italy.’

In Italy, the GP is also the first point of entry for illness and for work and illness. It is obligatory that if employees are ill, they need a certificate from the doctor for permitting sick leave. During the COVID pandemic, when you must stay home from work because you are infected or you are waiting for a test result, you also need a note (certificate) from the doctor.

And a lot of people were sick due to COVID.

#### **Working people and long covid**

Moretti and Rocca know that at least one ATS colleague has been affected by the long-term consequences of a COVID-19 infection. ATS does not have an overview of the number of infections in companies and the extent of the long-term complaints is also not known. It is expected that people who are vulnerable due to a chronic condition are careful with contacts, but figures are not there. Privacy rules do not allow employers or a health team to ask for it. So, registration of long covid is probably out of the picture for companies because reporting illnesses is via general practitioner and not through a company medical team.

#### **Changes due to the pandemic**

ATS confirms that organizations earlier certified as Model of Good Practice for workplace health promotion are well prepared for the things they had to do in case of a pandemic. Those companies are

oriented on workers' health, have already installed health supportive structures and processes, and are guided by a WHP team. In times of pandemics, companies benefit from this kind of structures. And there is certainly more alertness. The Models of Good practice companies had everything in place. To that they have now added automatic fever detection at the front gate of offices and production plants. 'In our region you did not stay at home with a slight flu: we even go to work with 38.5 degrees fever. That is really over now', adds Moretti.

#### **Needed for pandemic preparedness**

On the question what is needed for the future, Moretti's answer is: 'More staff with the right skills and a good plan, an keep it up. We had a plan, but no one could solve it alone. There was the problem with SARS1, which Italy ultimately did not address. While an Italian doctor was the first to die. We bought masks, and then it did not come. Then came COVID-19, we thought at first, it's a small problem. It's not coming our way. As it turned out, within 13 days, we organized a call center with 30 people. That turned out not to be enough. 42% were covid positive. More than 4,000 were people infected. What we need is a permanent ATS Manager always paying attention for new infections. A pandemic signaling point. And WHP programs that always pay attention to this theme. All things should be in place'.

15% of the people in Lombardy are not vaccinated. That is a very large group and a big problem, concludes Moretti. It turns out that education alone does not help. 'A large group does not believe the scientific evidence. '133,000 deaths from COVID means nothing to them', is the experience of

Moretti. The Green pass is now needed to work. That may be the solution and it might lead to more vaccinations.

#### **Africa**

Doctor Moretti cares for Bergamo, Lombardy and Africa, where he has worked for several years. He has managed to achieve that he personally can bring 1 million vaccines to Africa.

A week after our interview, he leaves for Sierra Leone with four colleagues and a pharmacist. There they start the vaccination program in the capital. For the entire country, at least 7 million shots are still needed for a first vaccination.

## **Papa Giovanni XXIII Hospital**

#### *Interviewees*

Ivan Carrara General Practitioner

Roberto Cosentini, Head of Emergency Unit

Francesco Locati, General manager Lombardy Hospital

Roberto Moretti, Director of the primary assistance management unit, pediatrics ATS

*How COVID-19 challenged the work in a hospital in the hearth of the outbreak in Europe. Which leads to more 'preparedness' for the new pandemic. Where communication and involvement of employees and management are central. Where measures are scaled up. And the care structure is adapted to the new situation. Without neglecting the necessary other care.*

#### **The hospital and pandemics**

General manager Locati takes us into history of

the hospital and the situation of the first outbreak for the hospital and the inhabitants of Bergamo. 'Recently I presented our story to an elaborate field of professionals on behalf of the British Medical Journal and the institute for Health care Improvement in Boston (ihi.org) I will tell you about our experience with the growing pandemic especially the challenging ones.

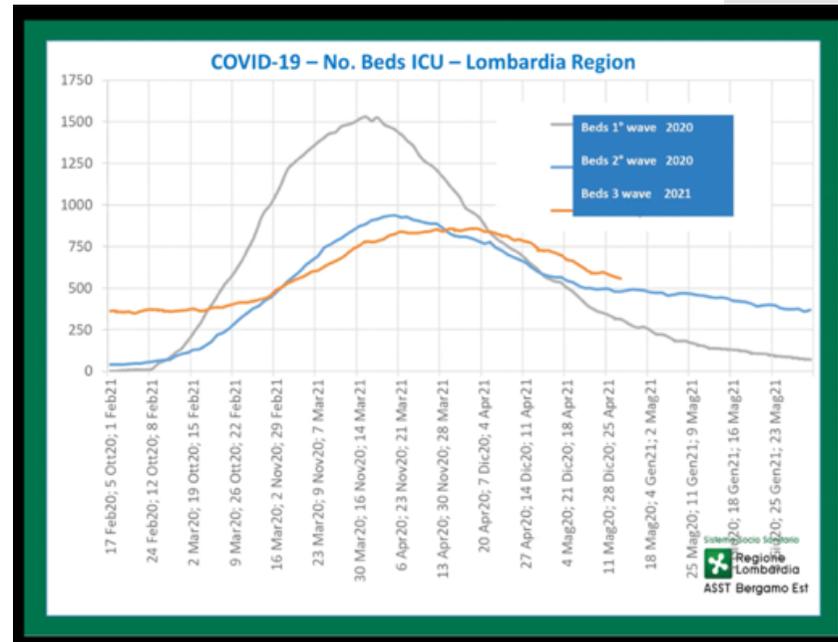
Our trust is based in Lombardy, Bergamo area and consist of six hospitals including one for chronic patients. A little history: The sanatorium was the infrastructure serving the treatment of tuberculosis in the beginning of the last century. All facilities where there, laundry, bakery and so on. In the thirties the department for infectious diseases was part of the general hospital. In the sixties a separate building was erected.

Papa Giovanni XXIII Hospital has a separate department for infectious diseases with 20 beds including an emergency room and intensive care unit. Like we organized units for other special treatments.

The impossibility to predict what is happening with the COVID infection I like to illustrate with comparison of throwing a baseball, which you can calculate pretty good, and throwing a bird which is not predictable at all. This is the situation of hospitals nowadays.

February 2020 was very intensive, we must scale-up the intensive care (IC), Cardiac Care Unit (CCU) and Operating Room (OR) in one week only for COVID19 patients taking all the facilities of the hospital at that moment.

The magnitude of the first wave was enormous with a totally unknown infection. In our facilities we had to provide 413 beds for COVID19 patients on a total of 723 beds.



This gave the organization great deal of uncertainty in terms of safety, but also about the effectiveness of our actions, and the time required for treatment. Besides that, we had to quickly acquire ventilators and learn to work better with them quickly.

All things we did, we did with our attention to solve the problems we face. And we must keep in mind the experience with the Choluteca Bridge (See frame)



Figure 1: the Choluteca Bridge

The Choluteca Bridge is a 484 meter long bridge in Honduras in a region notorious for storms and hurricanes. The bridge, completed in 1998, was a modern marvel of engineering, designed to withstand powerful forces of nature. But as it turns out, in the same year that the bridge was commissioned for use, Honduras was hit by Hurricane Mitch, which caused considerable damage to the nation and its infrastructure.

Many other bridges were damaged, but the Choluteca bridge survived in near perfect condition. However, roads on either end of the bridge completely vanished, leaving no visible trace of their prior existence. More impressively, the Choluteca River (which is several hundred feet wide) had carved itself a new channel during the massive flooding caused by the hurricane. It no longer flowed beneath the bridge, which now spanned dry ground. The bridge quickly became known as “The Bridge to Nowhere.”

The lesson for all of us is that often we focus on creating the best solution for a given problem. We forget that the problem itself might change. We focus on building the most sophisticated product or service without thinking that requirements could

evolve, or the market could vanish. And this lesson could not be more relevant to the current times – instead of “Built to Last,” which has been a popular corporate mantra in the past to build the “Bridge to Nowhere”, “Build to Adapt” seems certainly to be the way to go in the future.

<https://www.patientbond.com/blog/a-lesson-from-the-choluteca-bridge-during-covid-19>

The most crucial factor in the transfer of these managerial lessons into practice of day-by-day work during this unique crisis is teamwork. I could rely not only on physicians and nurses. Also, people responsible for logistics, pharmacy, protection equipment for our staff were involved in this situation where we couldn’t prevent the magnitude of this infection.

And we must be aware of the possible ‘Choluteca Bridge effects’: We must maintain and adapt the necessary healthcare infrastructure to this new situation without losing the functions we have for society.

One of the lessons we draw from this is ‘preparedness’. To be able to change rapidly, accelerating decisions, change and innovate and mobilizing civil society organizations. Within a few weeks we could scale up for instance the laboratory capacity for diagnostics dramatically.

We could do this with extra funding from an international service club. In normal times this would take a long time for planning and negotiating to provide the necessary resources.

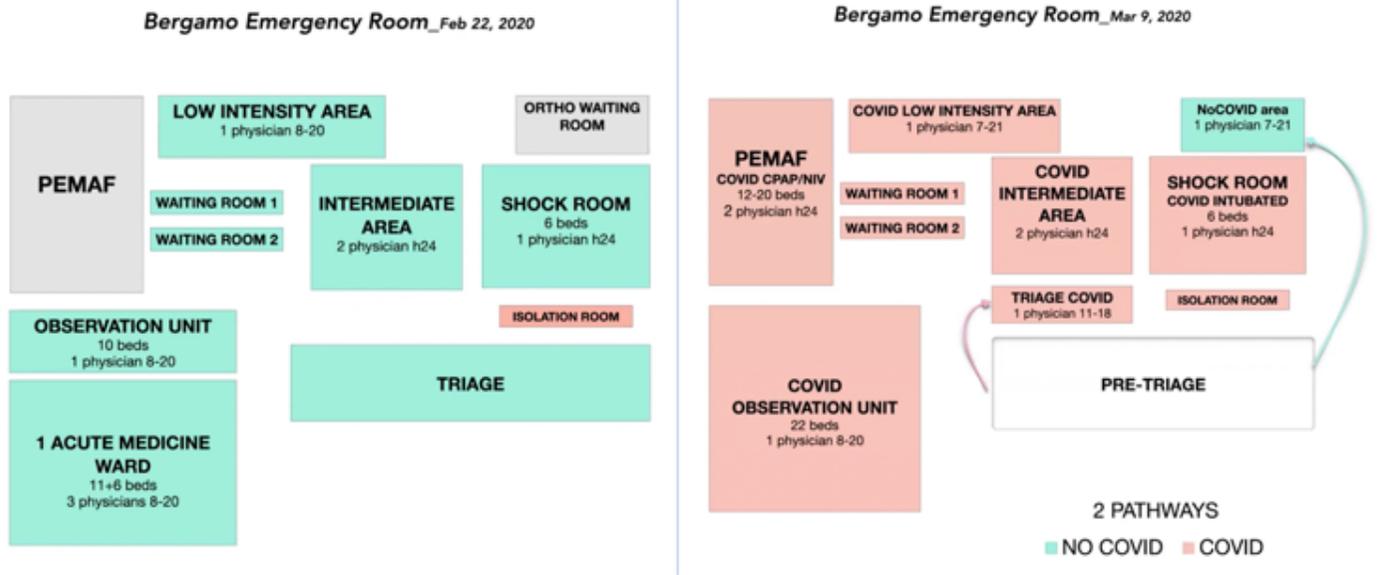
Another important factor is the involvement of the members of staff, the willingness to change and sense of urgency among our employees and the

willingness to contribute to solutions to the crisis, in addition to the high-quality standards we have.

‘Now, at the end of the third wave, we need to look back at what happened and what we’ve done, to see what we can do better in a particular case. We are now entering a new phase in which more and more people will be vaccinated’.

patients. In March 2020 up to 160 patients a day, of which approximately 30 with severe respiratory problems.

What we did is organize our hospital completely differently:



**Working in the Emergency Room during this pandemic**

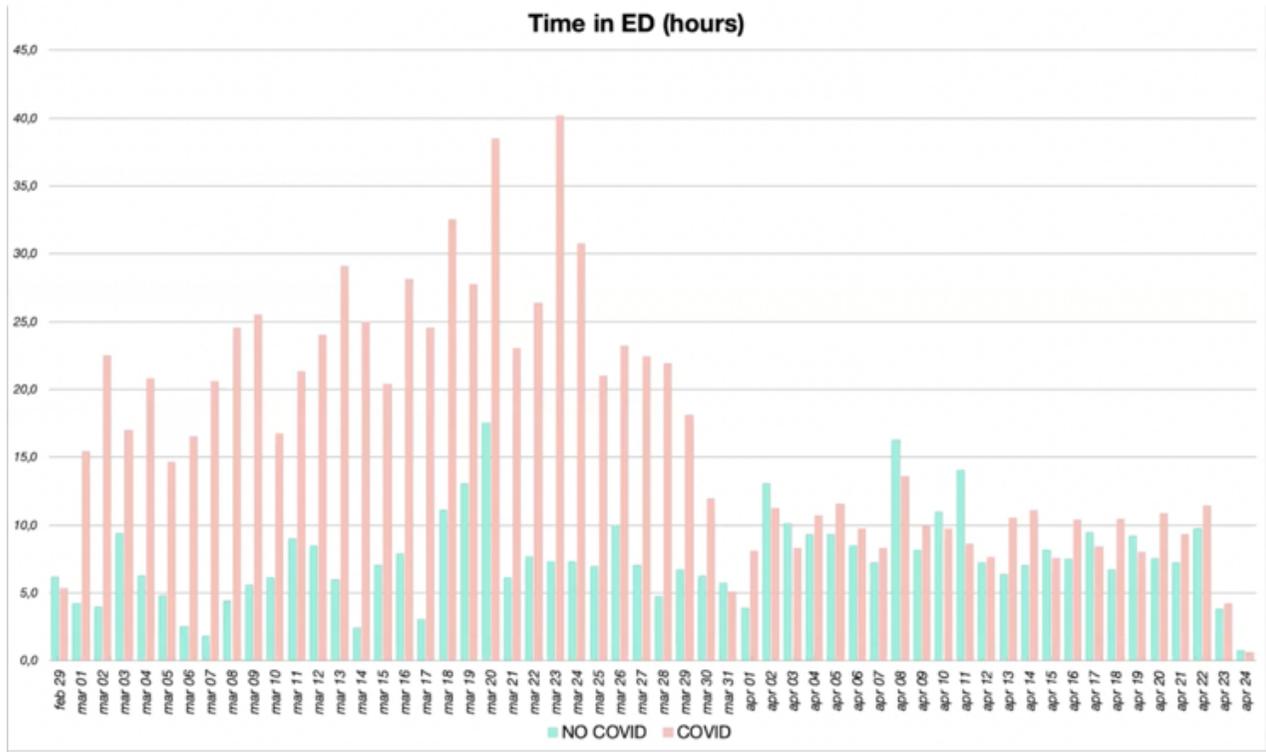
Roberto Cosentini Head of Emergency Unit discussed with us three topics: the first wave, the care network and the team.

‘End February there was a massive volume of more than 600 calls per day about respiratory problems. And a large amount of hospitalized COVID infected

Figure 2: Reorganization Hospital due to COVID-19 pandemic February-March 2020

In the first two months we treated more than 400 patients with severe acute respiratory failure in the emergency room. That was a tremendous scale-up of patients who need ventilation. A smaller part of this with invasive ventilation. The other treatments were downsized. The duration of boarding in the emergency room for COVID patients was very long.

Figure 3: Time in Emergency Department (ED) in hours of COVID-19 and no COVID-19 patients during first wave



The lessons learned we can illustrate with the following graph (figure 4).

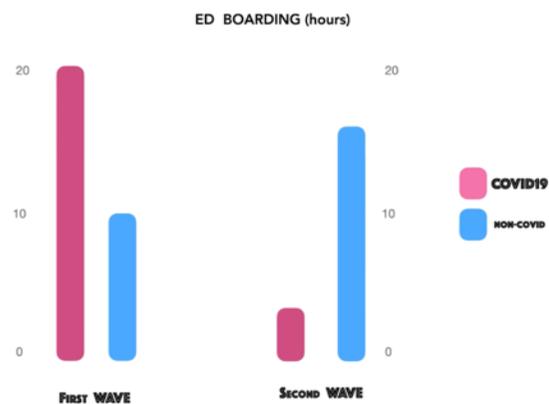


Figure 4: Time in Emergency Department (ED) in hours of COVID-19 and no COVID-19 patients during first and second wave

We were perfectly capable to reduce the emergency admission of COVID patients during the second wave, one year ago. We learned how to do that. In the blue we see that the reducing of non-covid treatments caused a tremendous new problem. The severity of non-covid problems increased due to delayed care.

During the first wave we discharged almost half of the patients directly and provided them with ambulant care. Because of the large problems in public health due to the large infection of General Practitioners (GP's, see the interview with ATS) we

have to take responsibility for that. Dr Stephano Paglia, from Lodi, who was the first to discover the COVID-19 infection, developed the Rapid Walking Test: maximum speed for 30-40 meters and positive SpO2 (saturation) decreases more than 5%.<sup>4</sup> That test made it possible to discharge patient rapidly too. We did a follow-up at home every day to see everything went well. We did an intensive follow up at home to monitor the health status. The lessons we have learned:

- Prepare massive hospital beds for COVID-19 (ideally, pre-empty the hospital)
- Reorganize ER in intensity with 20% beds for Non Invasive Ventilation (NIV) and the rest for oxygen.
- Mind logistics and supply, oxygen, venturi meters, helmets, monitors etc.

We had many contacts over the world to share our experiences, to add to webinars and to prepare others for the things to come.

What is special is that as ER doctors we never actually see each other, but everything changed almost hourly. Before that, we used a calendar and notifications to inform each other. Now we have our own weekly agenda in which we share new developments, research and experiences. Computer technology will remain even after this pandemic

When we look back on what happened, I notice several things, things that we have known before but are being emphasized again. We learn every day; we learn more and more from an unknown disease. As doctors, we know that we are always acting with and in unknown situations. And that we cannot do it without a good working team. To be able to work with uncertainty, collaboration

4.

<https://www.minervamedica.it/en/journals/emergency-medicine/article.php?cod=R56Y2020N02A0093>

with many colleagues is a must, daily routines are essential. We use our passions and the support of family and friends. In essence, I am grateful for everyone's cooperation, and we are happy to contribute during an extremely difficult period'.

### **Was it possible to transfer the knowledge of the hospital to the general practitioners?**

We asked this question to Ivan Carrara General Practitioner in Bergamo and Roberto Moretti ATS. Family doctors were taken by surprise by the pandemic. There were many open questions. The pulmonologists were not even able to explain to GPs in a short video how the ventilator works due to the high workload. And the GPs often had more than a hundred phone calls a day with questions from patients.

After the first wave, we had more contact with the general practitioners and the hospital, says Doctor Moretti of ATS, Bergamo's municipal health care. We then wrote a protocol for home care. Including the considerations when someone should be referred to the hospital. In the beginning, everyone went straight to the hospital. It happened that people had to go home again because there was no more room. The doctor just had to figure it out. People died during that period, that was a difficult time. Contact was almost impossible.

Doctor Carrera adds that in the second wave, 90% of his referrals to the hospital lead to an admission. 'In the first wave, nobody was prepared, we didn't know what happened and what to do. For example, we prescribed a lot of antibiotics, which was of course not necessary afterwards. But we didn't know', he explains. 'During the second wave we

were also able to visit people at home again. During the first wave I went to a garden center to buy mouth masks, there simply weren't any. It is very important to see people. Of course, we can do a lot by telephone, and we know most patients. In addition to the risk during the visits, during the first wave I also got between one hundred and one hundred and fifty phone calls a day and a whole wave of emails. Despite the request not to come to practice, people did so anyway, then we had to disinfect everything after the visit. All in all, a heavy load'.

'During the first wave there was, as it were, a big wall between the first line and the hospital', is the experience of Carrara. 'We know that it works well when we send in a patient with an extensive anamnesis. But that communication almost stopped'. Second line care became home care. Roberto Cosentini, Head of Emergency Unit adds: 'We worked a lot from home for patients who were also often at home. As part of our Collective organization, we monitored 5,000 patients who were called by our nurses almost every day'.

## **ABB Sace technology company**

### *Interviewees*

Claudia Bancone, Occupational Physician

Stefano Bertoncello, Head of the Prevention and Protection Service

Giovanni Ferretti, Occupational Health and Safety Manager

*A company that goes beyond the legal measures to allow employees to work safely and healthy. Especially in times of corona, where the location*

*we spoke to is at the heart of the outbreak within Europe: in Bergamo, Northern Italy. The company is proud that, despite the violent unexpected pandemic, they have so few employees who have received corona due to infection at work. Acting quickly and good teamwork are the key words here, within this company with about 800 employees, of which about 250 people work in the factory.*

The quick action first consisted of a lot of consultation within the management. Followed by the construction of a core corona team, consisting of management members, members of the union, the company doctor and the facility manager, explains Health & Safety manger Giovanni Ferreti. Every 2 weeks this team came together, with a lot of online or telephone contact in the meantime, also during weekends. It was essential that the company doctor is and was present within this team: especially in the case of a virus about which much is still unknown. Medical knowledge is important when taking measures.

There was still little legal policy when ABB started to the body temperature of employees at the beginning of March 2020, provided employees with FFP2 masks and set a 1.5-meter distance measure instead of the legal one meter. Many people were not yet aware of the dangers and the risk at the time and some thought the measures were exaggerated, and even threatened to call in the police because ABB would break the law. It resulted in the first violent wave that few people became infected by work. Every day, about ten people were refused access to the company and many of these people got corona during holidays or elsewhere.

Auditors from DNV, who also discuss corona

measures in the audit for ISO certification, were impressed by what ABB had achieved in this short time. ABB is an organization that operates worldwide. The managers of the Bergamo plant were able to learn already from the experiences of their Chinese colleagues around the bird flu outbreak, Ferreti indicates. This provided a basis for the current measures.

#### **Medical attention is important**

As limitation for body temperatures, ABB uses 37.2 instead of 37.5 legal degrees. This is to offer even more security. ABB is not only concerned with the temperature, but also with a professional medical view on employees. For that reason, a company nurse performs the measurements. Is someone still feeling comfortable, does someone need help, or is he or she not at all sure, those are questions that come along. Especially in the beginning where many employees have also lost family members, friends and acquaintances due to corona. Before corona, ABB already had a helpdesk for psychological problems, for employees to contact by telephone for help. In times of corona, the added value of this helpdesk proved even more.

Occupational physician Claudia Bancone is part of the corona core team. She is an independent company doctor, who notes that of her clients ABB is the most progressive but also the most challenging. At the beginning of the outbreak, she started providing information about the virus. There was a lot of ignorance and confusion about the virus. Then it is important that someone with medical authority and who can properly assess the state of knowledge about this new virus, translates this into information for the employees who have many questions. Now a lot of information is focused

on vaccination.

A corona file has been created on the intranet where this information can be found. In addition to information about the most important governmental measures and how you ought to wear a mask safely. This information is available in Italian and English. There is also an eye for the people associated with the company, such as how the drivers of suppliers should deal with ABB's corona measures. This information is available in Italian and English.

### **Corona measures**

In addition to the 1.5-meter distance, wearing a mouth mask and hygiene measures, splash screens have been installed in places where many people work together and where it is difficult to maintain 1.5 meters. The measures in the restaurant move along with what is possible at that moment. However, the food is still packaged separately, just like the cutlery, and a routing is indicated where there is one entrance and one exit.

Sabatino Senatore, the site Facility Manager is also an important player from the corona core team. Together with the Health and Safety manager, he went on patrol at the workplaces, to see if workplaces and facilities remained safely accessible, and to offer tips to employees to work 'corona proof'.

Stefano Bertoncetto, a member of the Prevention and Protection Service is the initiator of the health policy and the collaboration with ATS on workplace health promotion.

### **Workplace health promotion**

Health policy also continued in corona times. The physical sports and exercise activities continued online. Just like the consultation hour of the

physiotherapist, who could assess someone's complaints or progress with a large screen. Now employees are allowed to exercise physically with each other again, but in smaller groups that make rotating use of the spaces.

The consultation hour of dietitian has also been resumed online after the most intense period. Through the company doctor, employees are also advised to seek guidance on their health. Corona has made health policy even more hybrid.

### **Working with fragile health**

In addition to the generic measures, there was an eye and ear for employees with vulnerable health due to a condition or illness. They can contact the company doctor at any time. If someone feels unsafe to work on location, the company doctor will talk to this employee and conducts a workplace investigation together with the Health and Safety Manager. Based on the need and in consultation with the employee, measures will follow. Such as an extra splash screen. In the office and in the company restaurant separate places have been reserved where people who indicate that they like to eat separately because of their health can use these places. At these desks and tables, splash screens have been installed between the employees. And these places are only available to people 'with doctor's advice'. Employees with vulnerable health, as all ABB employees, were also given FFP2 or N95 face masks right from the start. Due to the early purchase, ABB was also able to provide the healthcare sector in Lombardy with these types of masks when they were no longer available due to a run on the market.

Both the corona measures and help, as well as the health policy apply to the subcontractors and the employees in the flexible shell. In total about

150 people. This makes ABB a good practical example for other companies. The experiences have also been shared within Confindustria, a trade association for industrial companies of which ABB's manager is chairman. Confindustria is the main association representing manufacturing and service companies in Italy, with a voluntary membership of more than 150,000 companies of all sizes, employing a total of 5,417,168 people.

ABB Bergamo is proud that with this policy in this intense period the work has been able to continue without government support, all people have been able to keep their jobs, including the subcontractors, and that few people are infected with corona through work.

## Alfa Laval Olmi technology company

### Interviewees

Alessandro Bissola, Health Safety & Environment Quality manager

Alice Cattaneo HR Coordinator, Communication & Executive Assistant

*Alfa Laval is a world leader in heat transfer, centrifugal separation and fluid handling. It employs 600 workers in Italy of which 200 in Bergamo. In details 62% of them are employed in the production facility of the organization and 38% are white collars, directors included. Alfa Laval is recognized by ATS as a Model of Good Practice of Health management and is involved in the EU Lombardy program. For that program, they have put together a health promotion team. That's supported by ATS. Because that team functions,*

*a rapid scaling up of policies has been possible.*

### Communication

Since the pandemic outbreak in February 2020, all employees in all meetings use the health message. That message is always first on the agenda. In addition, the series of icons that the organization always and everywhere uses to inform the employees has been supplemented with the COVID-19 icon.



Because Alfa Laval works all over the world, the organization also uses this message worldwide to raise awareness. It does so in all communications and guidelines.

The Bergamo companies of Alfa Laval and their HR and SHEQ department have an extensive local network and use it to compile information and support the policy of the organization. There are important contacts with the local authority ATS, and with professionals such as the company doctor. As before, SOS International supports employees who must travel because of work. In addition, it coordinates its policy with the Italian government, and uses the EU and WHO as sources of information to staff.

Because the company works with shifts, it is necessary that everyone, everywhere and on time is informed about safety. That has always been the case and certainly important when it comes to infections such as this pandemic:

- Message in canteens and coffee points.
- Protect yourself, protect the others – flyers.
- Make people aware of the problem
- Constantly pointing people to hygiene measures
- The Safety protocol: always supplemented with national guidelines.
- Open air meetings instead of online for blue collar workers
- A roof covered and open storage room, as an alternative to canteen or online meetings and written information.
- In order to inform all employees and their housemates, a flyer was sent to all employees with a summary of all measures taken by the government and the company.

- In the beginning, it was aimed at raising awareness of the invisible problem that is everywhere. Now it is confirming the measures again and again and to see to it that people adhere to them properly
- To make the information accessible for all, the measures, text and visual, are available in Italian and English.

#### **Group Crisis Management Team**

An important decision was to almost immediately put together a group to shape policy in this crisis. It is an internal emergency support team. Consist of HR, the company doctor, SHEQ, IT, and chaired by the managing director.

As of March 2020, this team has implemented the following measures:

- The company used the Covid unemployment benefits (cassa integrazione Covid), that is a social work indemnity for workers that has been provided by the Italian Government. In details, all the employees (blue collars or white collars), who could not work but they were neither ill/sick nor isolated, have received a salary of 80% of their contractual salary. Normally in Italy, if an employee is ill or sick and consequently can't work, he or she receive 100% of his/her contractual salary.
- Communication with employees largely takes place via internal communications systems
- For those not connected to the intranet, emails are the way to communicate

#### **For the workplaces:**

- The SHEQ manager organized the availability of mouth masks and dispensers for disinfecting hands.
- The canteen had to be redesigned: not

everyone can have lunch or dinner anymore at the same time:

- o For this purpose, employees are divided into shifts of no more than 40 people.
- o Employees can only sit at a separate table 1 meter away from the colleagues
- Thermo scanners are purchased and installed for employees and visitors at the entrance of the company.
- The Green Scan is also installed for the green pass to check.
- Meetings are even more online with implementing a company system to support this.
- Travel as little as possible including commuting and visiting customers
- Continuous cleaning of office showers, communal facilities and workplaces.

#### **For employees:**

- Supplementary health insurance for covering additional costs of COVID-19 healthcare
- 24-hour assistant during hospitalization
- Health Assistant for post-hospitalization

#### **Return to work**

After working from home for some time, it appears that people can find themselves uncomfortable in the vicinity of others. Alfa Laval Olmi recognizes that and made a webinar about the mid to long term psychological effect of COVID 19 emergency at the workplace. Employees could share their individual story, in the presence of an expert, telling their COVID story.

Working from home is limited from November 2021, people from the office can then work from home one day a week. Before that, it was 2 days

a week. If people are at the office more often, ABB expects to have more interaction and contact between departments and colleagues. Only during a lock down are office employees allowed to work from home all week.

#### **What lessons have been learned?**

The cooperation between ATS, SHEQ, the company doctor and the employer in the health promotion and crisis team has proven to be extremely valuable. 'We want to keep this structure' Cattaneo and Bissola said convincingly. 'We like to have it in place for next decades. Also to be prepared for future pandemics and crises'.

Alfa Laval has international contacts also cooperation with colleagues in France, Sweden, USA. International gatherings are now mostly video calling. 'Normally in HR we share manuals and guidelines etc. But now that is much more a country-based issue, because there are different measures per country. Italy has more measures. It seems that Italy made guidelines for Europe now', Cattaneo explains.

'Some companies within the Alfa Laval group use whatsapp for blue collars workers. We didn't do that; we tried to reach them via personal email. Next time we can better think about using socials or a company messaging-system', according to Cattaneo.

'What we have done very well is a lot of face-to-face contact'. Bissola is well known in the company, he was often on the shop floor, addressing people personally. 'That is a tremendous asset, a great opportunity we have, and it helps so much in encouraging the healthy and safe behavior of our employees', both agree.

## Lessons for Dutch Practice

In Dutch practice, companies are of course fully occupied with the measures they must take. The icons of the press conference of the Prime Minister and the Minister of Health are central to this: everywhere you see signage so that people do not immediately meet each other, instructions for wearing face masks, washing hands again and again and greeting each other without shaking hands and kissing. Later, the ventilation advice was added. Measures that also apply in Italy, after all, it is a pandemic.

Dutch companies often also follow the government's working method: involve the knowledge of science and above all: look at what others are already doing. That is also the importance of these interviews, they were after all the first in Europe to have to deal with the COVID-19 infections.

What is striking in the interviews with the Italian colleagues is the relative calmness with which they look at their own working methods. It also appears that the company's commitment is effective. That the agreements on health and safety also appear to be sufficient in times of crisis. The involvement of the central management has been increased, from the beginning of the crisis that level of the organization has been part of the health team. The organizations with existing health management team, or a workplace health promotion team as it is often called in the Lombardy region, could use all existing communication channels. This certainly also applied to the job floor managers. The direct contacts between managers, health experts and employees are very important. Especially for those employees who do not have full access to the intranet or written communications. In that case, the use of social media also works very well.

A company messenger program on the cell phone or frequently used social media are suitable for this. The organizations that also operate internationally also benefit greatly from consultations with other countries. In addition, the government measures of the own country are leading. That is also the guiding role of ATS in Lombardy.

An existing network under supervision and stimulated by the regional regional health service appears to be a great help, especially if immediate measures must be taken. The communication channels are there and perhaps more importantly, the mutual trust and willingness to cooperate is already there. Looking in the kitchen of other companies, including those from different branches, is realized when they meet each other in consultation with the workplace health promoting network from the regional health service. Ideas and working methods from other sectors find their way into companies that can make good use of them. In the Netherlands, such crossovers can be made by the Occupational Health and Safety services and by means of the guidelines of the various disciplines.

What if a chronic disorder plays a role. The pandemic has hardly any impact on the work of production workers, they work as always. Their increased vulnerability should certainly be considered and stimulated by the generic measures and special personal attention tailored solutions and protection is needed. Due to the work-from-home advice, the negative aspects of having a chronic condition often seem to be compensated by the increased freedom of regulation. In addition, we experience less of the working life of colleagues if we only make video calls. It seems that certainly for white color workers, having a chronic condition plays less of a role in working from home, or we don't see it anymore. That is a danger.

## Colophon

This article is part of an exploration 'COVID-19 is changing work'. In which we looked for examples of how companies take measures for employees in times of corona. Especially for employees with chronic conditions. Because Lombardy was hit first and hardest, we wanted to take the experiences from this region into account. And learn from the lessons in this region for The Netherlands.

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