employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

The Department of Employment and Labour

Workplace Preparedness:

COVID-19 (SARS-CoV-19 virus)

Contents

1. Introduction

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus. To reduce the impact of COVID-19 outbreak conditions on businesses, workers, customers, and the public, it is important for all employers to plan now for COVID-19. For employers who have already planned for influenza outbreaks involving many staff members, planning for COVID-19 may involve updating plans to address the specific exposure risks, sources of exposure, routes of transmission, and other unique characteristics of SARS-CoV-2 (i.e., compared to influenza virus outbreaks). Employers who have not prepared for pandemic events should prepare themselves and their workers as far in advance as possible of potentially worsening outbreak conditions. Lack of continuity planning can result in a cascade of failures as employers attempt to address challenges of COVID-19 with insufficient resources and workers who might not be adequately trained for jobs they may have to perform under pandemic conditions.

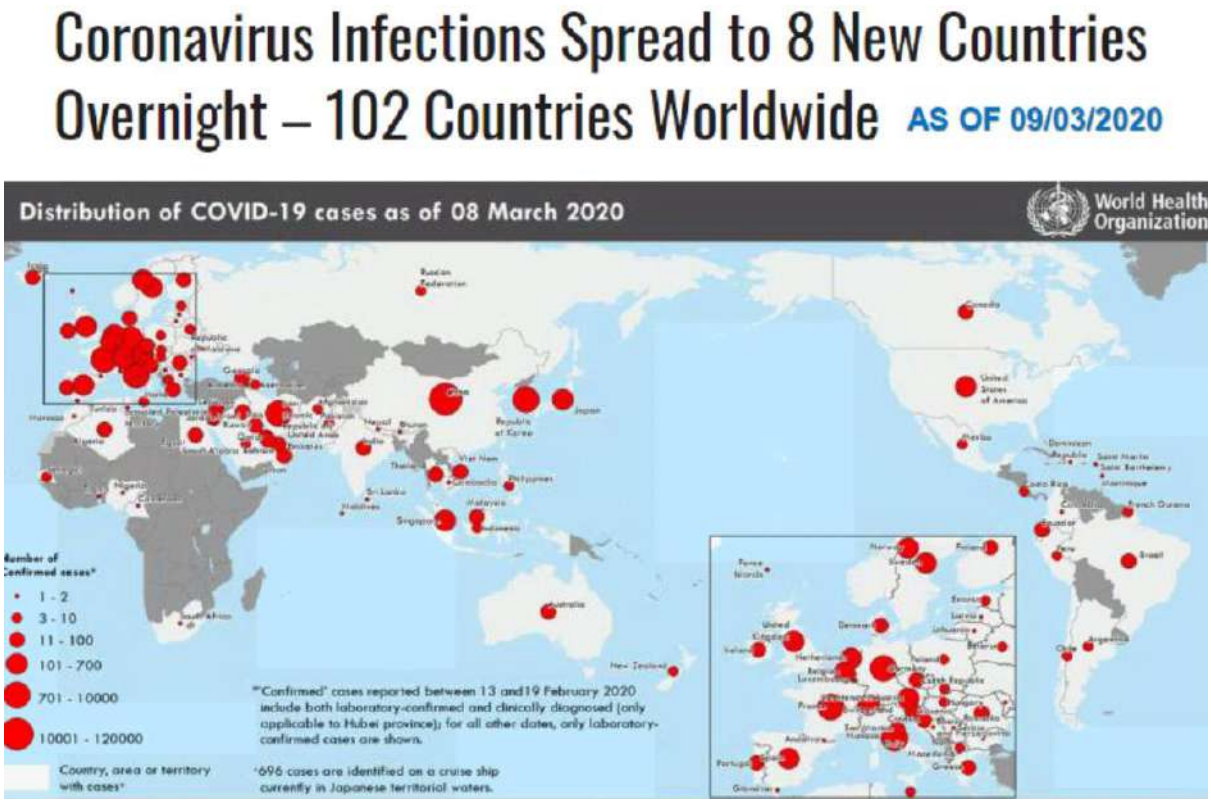


Figure 1: Global spread of COVID-19 cases from World Health Organisation

This COVID-19 planning guidance was developed based on traditional infection prevention and occupational hygiene practices. It focuses on the need for employers to implement

engineering, administrative, and work practice controls and personal protective equipment (PPE), as well as considerations for doing so. Employers and workers should use this planning guidance to help identify risk levels in workplace settings and to determine any appropriate control measures to implement. Additional guidance may be needed as COVID-19 outbreak conditions change. In the event that new information about the virus, its transmission, and impact, becomes available you may have to modify your plans accordingly.

2. Risk of Reducing Infection

The World Health Organisation has advocated basic measures for individuals to follow, to reduce their risk of contracting COVID-19. As indicated in Figure 2, these include frequent washing of hands with the recommended sanitiser or soap, correct coughing and sneezing techniques and avoiding contact with sick individuals.

Figure 2: Basic prevention measures for COVID-19

3. Classifying Worker Exposure to SARS-CoV-2

Worker risk of occupational exposure to SARS-CoV-2 (the virus that causes COVID-19) during an outbreak may vary from very high to high, medium, or low (caution) risk. The level of risk depends in part on the industry type, need for contact within 2 metres (6 feet) of people known to be, or suspected of being infected with SARS-CoV-2, or requirement for repeated or extended contact with persons known to be, or suspected of being infected with SARS-CoV-2.

3.1. Very High Exposure Risk

Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, post mortem, or laboratory procedures. Workers in this category include:

- Healthcare workers (e.g. doctors, nurses, dentists, paramedics, emergency medical technicians) performing aerosol-generating procedures (e.g. intubation, cough induction procedures, bronchoscopies, some dental procedures and exams, or invasive specimen collection) on known or suspected COVID-19 patients.
- Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g. manipulating cultures from known or suspected COVID-19 patients).
- Morgue workers performing autopsies, which generally involve aerosol-generating procedures, on the bodies of people who are known to have, or suspected of having, COVID-19 at the time of their death.

3.2. High Exposure Risk

High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:

- Healthcare delivery and support staff (e.g. doctors, nurses, and other hospital staff who must enter patients rooms) exposed to known or suspected COVID-19 patients.

  (Note: when such workers perform aerosol-generating procedures, their exposure risk level becomes very high.)

- Medical transport workers (e.g. ambulance personnel and porters) moving known or suspected COVID-19 patients in enclosed vehicles.

- Mortuary workers involved in preparing (e.g. for burial or cremation) the bodies of people who are known to have, or suspected of having COVID-19 at the time of their death.

3.3. Medium Exposure Risk

Medium exposure risk jobs include those that require frequent and/or close contact with (i.e. within 2 meters of) people who may be infected with SARS-CoV-2, but who are not known or suspected COVID-19 patients. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travellers who may return from international locations with widespread COVID-19 transmission.

In areas where there is ongoing community transmission, workers in this category may have contact with the general public (e.g. in schools, high-population-density work environments, such as labour centres, consulting rooms, point of entry personnel and some high-volume retail settings).

3.4. Lower Exposure Risk (Caution)

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being infected with SARS-CoV-2, nor frequent close contact with (i.e. within 2 meter of) the general public. Workers in this category have minimal occupational contact with the public and other co-workers.

4. Implementing Workplace Controls

The legislation governing workplaces in relation to COVID – 19 is the Occupational Health and Safety Act, Act 85 of 1993, as amended, read with the Hazardous Biological Agents Regulations. Section 8 (1) of the Occupational Health and Safety (OHS) Act, Act 85 of 1993, as amended, requires the employer to provide and maintain as far as is reasonably practicable a working environment that is safe and without risks to the health of employees. Specifically section 8(2)(b) requires steps such as may be reasonably practicable to eliminate or mitigate any hazard or potential hazard before resorting to personal protective equipment (PPE). However, in the case of COVID–19, a combination of controls is required, although the main principle is to follow the hierarchy of controls.

However, before the implementation of control measures, current risk assessments need to be reviewed and updated, taking into account the new hazards posed by exposure to COVID-19 in the workplace. This is in accordance with Section 8 (2) (d) of the OHS Act.

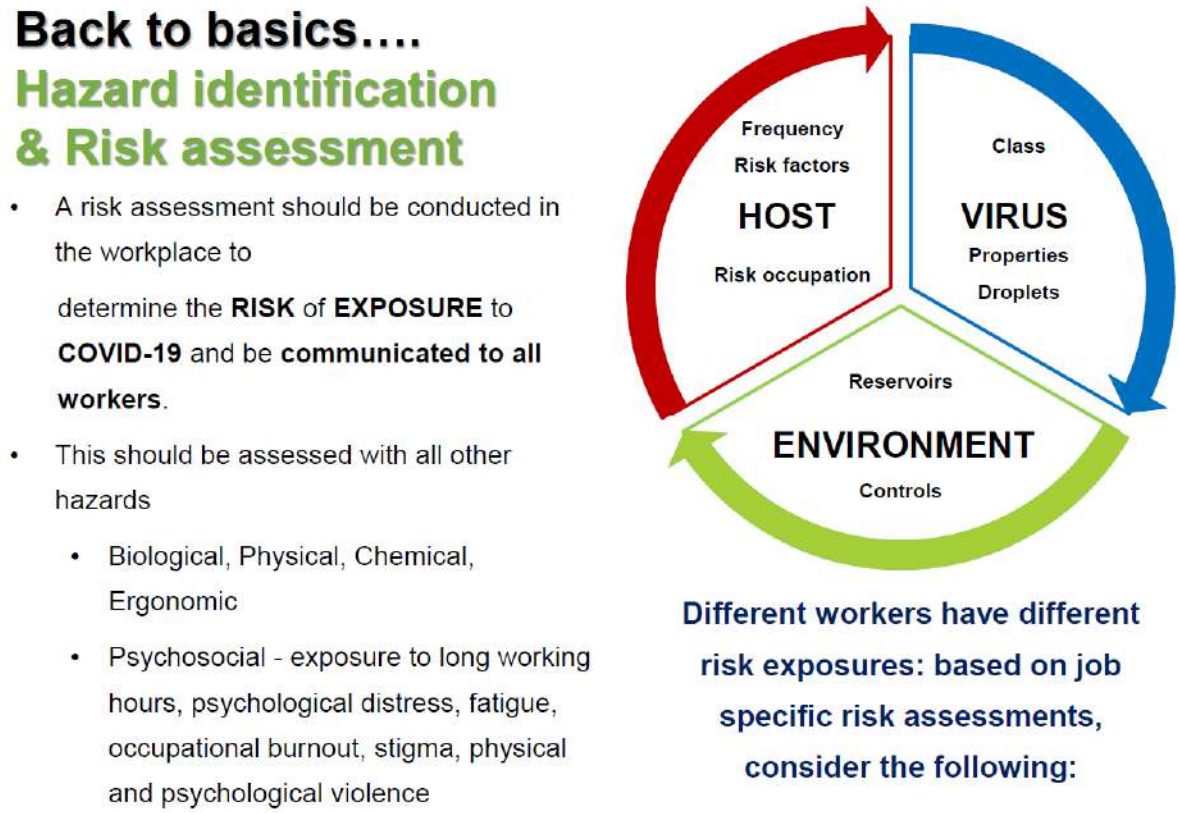


Figure 3: Risk assessments need to be reviewed for COVID-19

With COVID-19, it may not be possible to eliminate the hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and PPE. There are advantages and disadvantages to each type of control measure when considering the ease of implementation, effectiveness and cost.

In addition to the types of workplace controls discussed below, the National Institute for Communicable Diseases (NICD) provides fact sheets that guide specific workplaces (employers and employees) in relation to recommended infection prevention strategies to implement in workplaces.

3.1. Engineering Controls

Engineering controls involve isolating employees from work-related hazards. In workplaces where they are appropriate, these types of controls reduce exposure to hazards without relying solely on worker behaviour and can be the most cost-effective solution to implement.

Engineering controls for SARS-CoV-2 include:

- Installing high-efficiency air filters (not to be relied on as the most appropriate in isolation of other controls).
- Increasing ventilation rates in the work environment.
- Installing physical barriers such as face shields.
- Specialized negative pressure ventilation in some settings (e.g. airborne infection isolation rooms in healthcare settings and autopsy rooms in mortuary settings).

4.2. Administrative Controls

Administrative controls require action by the employee and employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard. Examples of administrative controls for SARS-CoV-2 include:

- Encouraging sick workers to stay at home.
- Minimizing contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications e.g. conference calls, Skype, etc.
- Minimizing the number of workers on site at any given time e.g. rotation or shift work.
- Discontinuing nonessential local and international travel. Regularly check travel advice from the Department of Health at: www.health.gov.za
- Developing emergency communications plans, including a task team for answering workers' concerns and internet-based communications, if feasible.
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviours (e.g. cough etiquette and care of PPE).
- Training workers who need to use protective clothing and equipment on how to put it on, use/wear it and take it off correctly, including, in the context of their current and potential duties. Training material should be easy to understand and available in the appropriate language and literacy level for all workers.

4.3. Safe Work Practices

Safe work practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard. Examples of safe work practices for SARS-CoV-2 include:

- Providing resources and a work environment that promotes personal hygiene. For example, no-touch refuse bins, hand soap, alcohol-based hand rubs containing at least 70 percent alcohol, disinfectants, and disposable towels for workers to clean their hands and their work surfaces.

- Requiring regular hand washing or using of alcohol-based hand rubs. Workers should always wash hands when they are visibly soiled and after removing any PPE.
- Display handwashing signs in restrooms.

4.4. Personal Protective Equipment (PPE)

While engineering and administrative controls are considered more effective in minimizing exposure to SARS-CoV-2, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies.

Examples of PPE include: gloves, goggles, face shields, face masks, gowns, aprons, coats, overalls, hair and shoe covers and respiratory protection, when appropriate. During an outbreak of an infectious disease, such as COVID-19, recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of COVID-19. Employers should check the NICD website regularly for updates about recommended PPE.

All types of PPE must be:

- Selected based upon the hazard to the worker.
- Properly fitted (e.g., respirators).
- Consistently and properly worn when required.
- Regularly inspected, maintained, and replaced, as necessary.
- Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

Employers are obligated to provide their workers with PPE needed to keep them safe while performing their duties. The types of PPE required during a COVID-19 outbreak will be based on the risk of being infected with SARS-CoV-2 while working and job tasks that may lead to exposure.

Workers, including those who work within 2meters of patients known to be, or suspected of being, infected with SARS-CoV-2 and those performing aerosol-generating procedures, need to use respirators:

- Approved N95 filtering half face respirators as a minimum used in the context of a comprehensive, written respiratory protection program that includes fit-testing, training, and medical exams.

- The appropriate form of respirator will depend on the type of exposure and on the transmission pattern of COVID-19.

The process of implanting the hierarchy of controls may be summarised in Figure 4, below. If the first step of the hierarchy is not applicable, the employer must move to the next step.

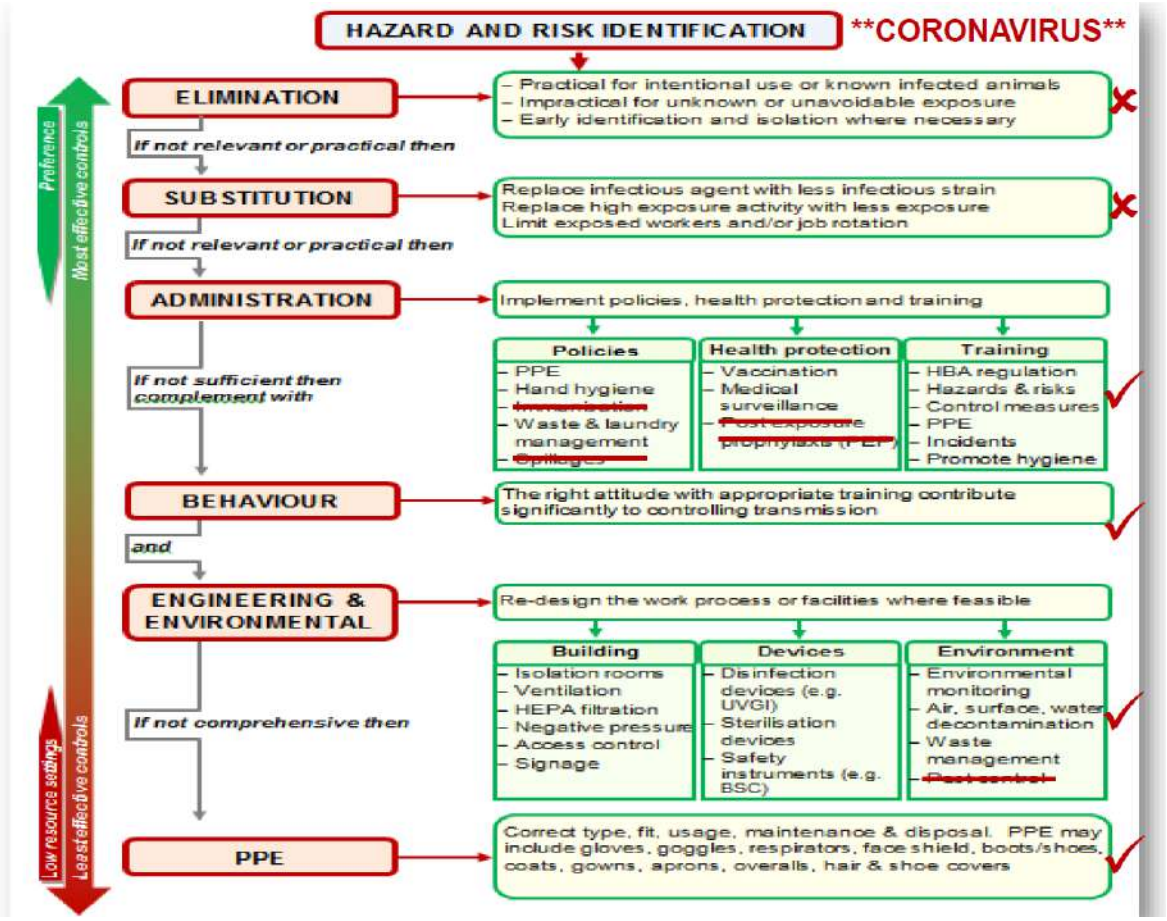


Figure 4: Summary of Hierarchy of controls for COVID-19

5. Further Information

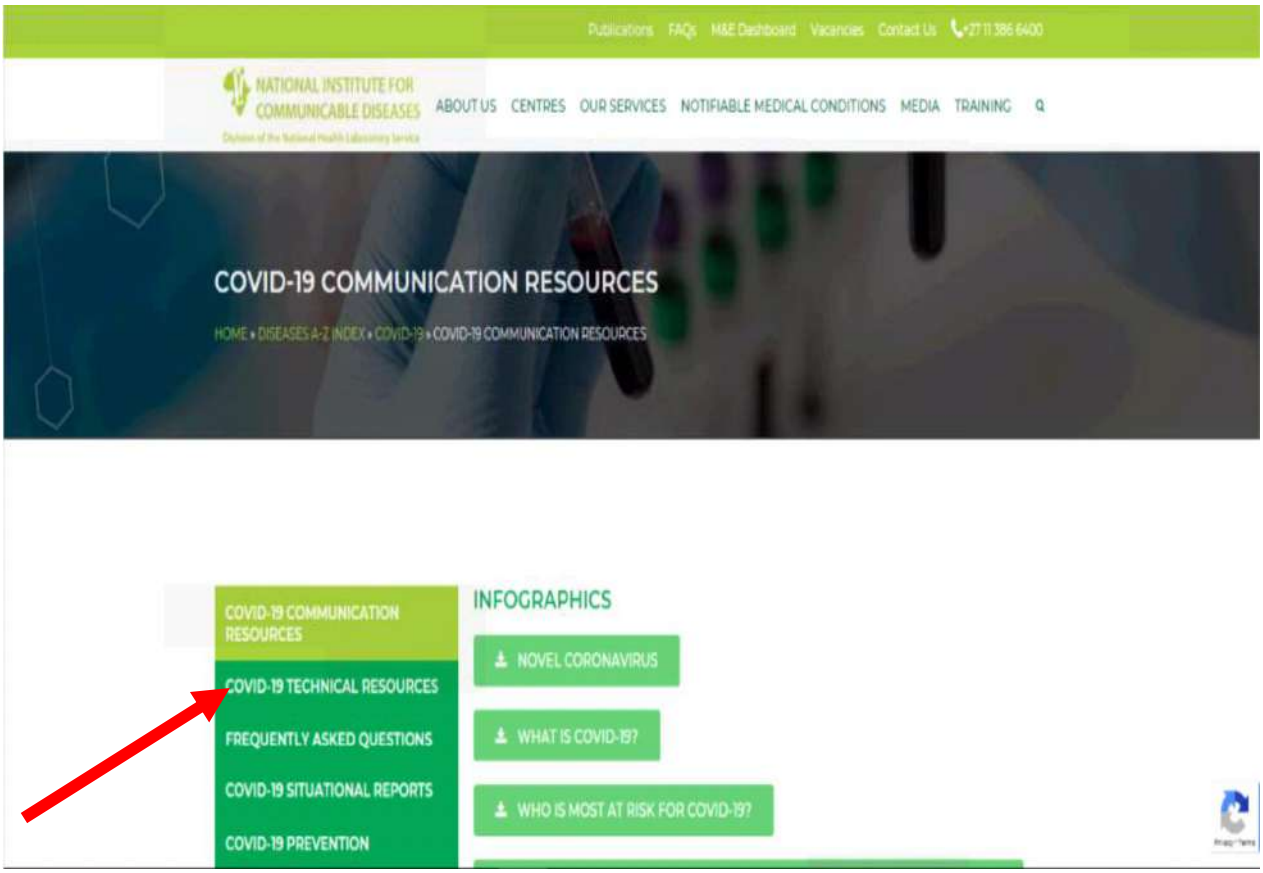
For more information on SARS-CoV-2 you can contact the Department of Health on: **www.health.gov.za**

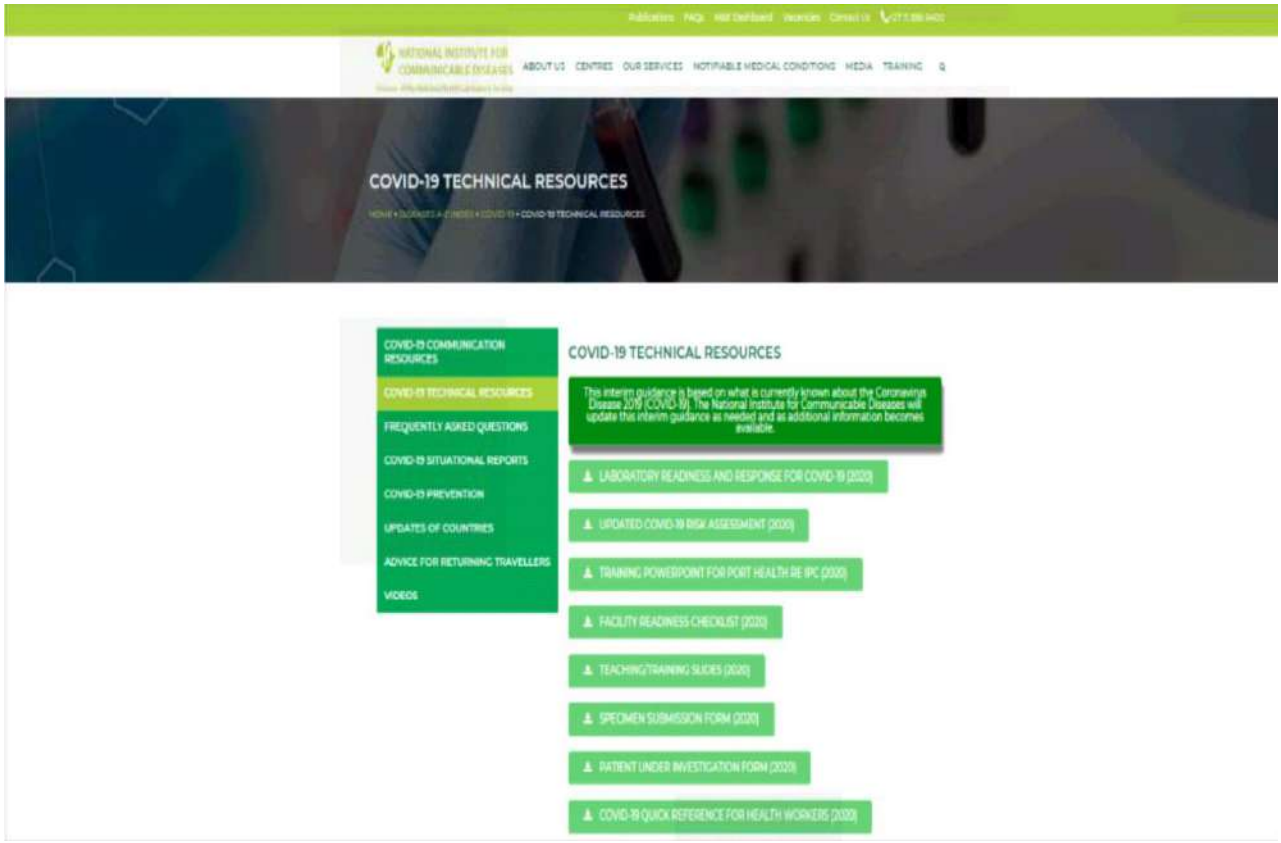
In the case of suspected exposure contact the coronavirus hotline in South Africa:

0800 02 9999

The National Institute for Communicable Diseases (NICD) provides the latest information about COVID-19 and the global outbreak: http://www.nicd.ac.za/diseases-a-z-index/covid-19/covid-19-communication-resources/

On the link provided above, click on COVID-19 Technical Resources for more information on the COVID-19.





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