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DEPARTMENT OF MINERAL RESOURCES AND ENERGY

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MINE HEALTH AND SAFETY ACT, 1996 (ACT NO 29 OF 1996)

GUIDELINE FOR THE COMPILATION OF A MANDATORY CODE OF PRACTICE FOR THE PREVENTION, MITIGATION AND MANAGEMENT OF COVID-19 OUTBREAK

I, **DAVID MSIZA**, Chief Inspector of Mines, under section 49(6) of the Mine Health and Safety Act, 1996 (Act No. 29 of 1996) and after consultation with the Council, hereby issues the guideline on the prevention, mitigation and management of COVID-19 outbreak in terms of the Mine Health and Safety Act, as set out in the Schedule.



D MSIZA
CHIEF INSPECTOR OF MINES

SCHEDULE

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DEPARTMENT OF MINERAL RESOURCES AND ENERGY

MINE HEALTH AND SAFETY INSPECTORATE

**GUIDELINE FOR THE COMPILATION OF A
MANDATORY CODE OF PRACTICE FOR THE**

**PREVENTION, MITIGATION AND MANAGEMENT
OF COVID-19 OUTBREAK**



CHIEF INSPECTOR OF MINES

Prevention, mitigation and management COVID-19 outbreak

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PART A: THE GUIDELINE

1. FOREWORD

- 1.1 During late 2019, the first cases of a new disease, later named **COVID-19** by the **WHO**, were reported by healthcare workers from Wuhan, China. In January 2020, the **WHO** declared **COVID-19**, as a public health emergency of international concern and later in March 2020 declared it a global pandemic.
- 1.2 On 15 March 2020 the President of South Africa declared a national state of disaster on **COVID-19**, in terms of the **DMA**; which introduced several restrictions aimed to curb the disease. Despite these measures, the numbers of **COVID-19** increased dramatically and on 26 March 2020, a document named the "*Guiding Principles on the Prevention and Management of COVID-19 in the South African Mining Industry*", in a bid to provide guidance to the South African mining industry members on how to prevent and manage the spread of **COVID-19** pandemic. The guiding principles were developed through the **MHSC** in consultation with the tripartite stakeholders.
- 1.3 On 26 March 2020, a nation-wide lockdown was declared in South Africa. The President of South Africa further announced that companies whose operations require continuous processes such as furnaces and underground mining operations will be required to make arrangements for care and maintenance to avoid damage to their continuous operations. The lockdown was extended from the 16 April 2020 to the end of April 2020.
- 1.4 Also, amended regulations were issued on 16 April 2020 in terms of section 27(2) of the **DMA**. On 29 April 2020, the Minister of Mineral Resources and Energy issued directions in terms of regulation 10(8) of the regulations issued in terms of section 27(2) of the **DMA**.
- 1.5 Following an order handed down in the Labour Court of South Africa on 1 May 2020, the **DMRE** in consultation with **MHSC** developed a guideline in accordance with section 9 of the **MHSA**. The guideline requires employers to prepare and implement a **COP** for the prevention, mitigation and management of **COVID-19** outbreak.
- 1.6 This guideline has been developed to provide a framework to mitigate and manage **COVID-19** outbreak amongst employees in the South African mining industry and this serves as the first revision of the guideline following legislative developments and guidelines issued by the **NDOH**.

2. LEGAL STATUS OF THE GUIDELINE AND CODES OF PRACTICE

- 2.1 In accordance with section 9(2) of the **MHSA**, an employer must prepare and implement a **COP** on the **COVID-19** viral pandemic present and spreading in South Africa. This **COP** must comply with any relevant guidelines and instructions issued by the **CIOM** [section 9(3) of the **MHSA**], including regulations and guidelines from the **DMA**, the **NDOH**, **NICD** and all other applicable statutory obligations related to **COVID-19**. Failure by the employer to prepare and implement the mine's **COP** in line with this guideline constitutes a criminal offence and a breach of the **MHSA**.

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3. OBJECTIVES OF THE GUIDELINE

- 3.1 The objective of this guideline is to assist employers as far as **reasonably practicable** to establish and maintain a **COVID-19** prevention, mitigation and management programme at mines.

4. DEFINITIONS AND ACRONYMS

- 4.1 **"CIOM"** means Chief Inspector of Mines.
- 4.2 **"Confirmed case"** means a person who has been diagnosed with **COVID-19** by means of a laboratory diagnostic method approved by the **DOH**.
- 4.3 **"COP"** means Code of Practice in terms of section 9 of the **MHSA**.
- 4.4 **"COVID-19"** means Corona Virus Infection Disease 2019 caused by the severe acute respiratory syndrome corona virus 2 (SARS-CoV-2).
- 4.5 **"Disinfect"** means the process of cleaning using chemicals to destroy micro-organisms.
- 4.6 **"DMA"** means Disaster Management Act, 2002 (Act 57 of 2002).
- 4.7 **"DMRE"** means the Department of Mineral Resources and Energy.
- 4.8 **"DOH"** means the Department of Health.
- 4.9 **"EAP"** means Employee Assistance Programme.
- 4.10 **"Employee"** means any person who is employed or working at a mine (including the mine's contractors).
- 4.11 **"Exposure"** means the state of having no protection from something harmful. For the purposes of this guideline **exposure** is in reference to SARS-CoV-2.
- 4.12 **"Health care worker"** means all health care professionals primarily engaged to enhance health by providing preventative, curative, promotional or rehabilitative health care services.
- 4.13 **"Isolation"** means separating a sick individual with a contagious disease from healthy individuals that are not infected with such disease in a manner that aims to prevent the spreading of infection or contamination.
- 4.14 **"MHSA"** means Mine Health and Safety Act, 1996 (Act 29 of 1996) as amended.
- 4.15 **"MHSC"** means the Mine Health and Safety Council, established in terms of section 41(1) of the **MHSA**.
- 4.16 **"NDOH"** means National Department of Health.

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4.17 **"NICD"** means National Institute for Communicable Diseases.

4.18 **"OMP"** means a medical practitioner who holds a qualification in occupational medicine or an equivalent qualification, recognised by the Health Professions Council of South Africa.

4.19 **"PPE"** means personal protective equipment.

4.20 **"PUI"** means person under investigation.

4.21 **"Quarantine"** means the restriction of activities or separation of a person, who was or may potentially have been exposed to **COVID-19**, and who could potentially spread the disease to other non-exposed persons, to prevent the possible spread of infection or contamination to healthy individuals with the objective of monitoring their symptoms and ensuring the early detection of cases.

4.22 **"Reasonably practicable"** means practicable having regard to:

- (a) The severity and scope of the hazard or risk concerned;
- (b) The state of knowledge reasonably available concerning that hazard or risk, and of any means of removing or mitigating that hazard or risk;
- (c) The availability and suitability of means to remove or mitigate that hazard or risk; and
- (d) The costs and the benefits of removing or mitigating that hazard or risk.

4.23 **"RTW"** means return to work.

4.24 **"Self-isolation"** means separating yourself from others to the greatest extent possible, when you are sick with signs of **COVID-19** and you have been told by a health care provider to separate yourself from others.

4.25 **"Vulnerable employees"** means employees with known or disclosed health issues or co-morbidities such as or with any condition which may place such employees at a higher risk of complications or death if they are infected with SARS-CoV-2; also employees above the age of 60 who are at a higher risk of complications or death if they are infected with SARS-CoV-2 (or as defined by the **DMA** regulations and the **DOH** guidance note).

4.26 **"WHO"** means World Health Organization.

5. SCOPE

5.1 This guideline applies to all mines or part(s) thereof, mine **employees**, irrespective of employment category, and contract **employees** in the South African mining industry that might be exposed to **COVID-19** in the performance of their duties.

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5.2 This guideline provides minimum requirements and best practices for the compilation of a **COP** for the prevention, mitigation and management of **COVID-19** outbreak. The aim is to ensure that mine **employees** returning to work and any other person(s) at mines, are protected from transmission of the Coronavirus at the workplace, and where **reasonably practicable**, in the community, whilst providing guidance to all stakeholders regarding their roles and responsibilities in the management of the **COVID-19** outbreak.

5.3 This guideline must be read in conjunction with the following documents and any other applicable statutory obligations related to **COVID-19**:

5.3.1 Amended regulations issued in terms of section 27(2) of the **DMA**.

5.3.2 Directions issued by the Minister of Mineral Resources and Energy in terms of regulation 10(8) of the regulations issued in terms of section 27(2) of the **DMA**.

5.3.3 Guiding principles of management of **COVID-19** in the South African mining industry.

5.3.4 Guidelines developed by the **WHO**, **NDOH** and the National Department of Employment and Labour.

6. MEMBERS OF THE TASK TEAM

State	Organised Labour	Employers
Dr L Ndelu	Mr J Kok	Dr T Balfour
Dr D Mokoboto	Mr D Blaauw	Mr B Mongoma
Ms C Kekana	Ms S Nongingi	Mr J Oosthuizen
Ms D Mahlaba	Mr A Hlakoana	Dr K Baloyi
Ms M Hlapane		Mr T Letanta

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PART B: AUTHOR'S GUIDE

1. The **COP** must, where possible, follow the sequence laid out in Part C: Format and content of the **COP**. The pages as well as the chapters and sections, must be numbered, where possible, to facilitate cross-referencing. Wording must be unambiguous and concise.
2. It must be indicated in the **COP** and on each annexure to the **COP** whether:
 - 2.1 The annexure forms part of the **COP** and must be complied with or incorporated in the **COP**, or whether aspects thereof must be complied with or incorporated in the **COP**; or
 - 2.2 The annexure is merely attached as information for consideration in the preparation of the **COP** (i.e. compliance is discretionary).
3. When annexures are used, the numbering must be preceded by the letter allocated to that particular annexure and the numbering must start at one again. (e.g. 1, 2, 3 and A1, A2, A3).
4. Whenever possible illustrations, tables, graphs and the like, must be used to avoid long descriptions and/or explanations.
5. When reference has been made in the text to publications or reports, references to these sources must be included in the text as footnotes or side notes as well as in a separate bibliography.

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PART C: FORMAT AND CONTENT OF THE MANDATORY COP

1. TITLE PAGE

- 1.1. The **COP** must have a title page reflecting at least the following:
- 1.2. The name of the mine.
- 1.3. The heading: "Mandatory Code of Practice for the Prevention, Mitigation and Management of **COVID-19** outbreak".
- 1.4. A statement to the effect that the **COP** was drawn up in accordance with guideline **DMRE16/3/2/5-A4** issued by the **CIOM**.
- 1.5. The mine reference number for the **COP**.
- 1.6. The effective date.
- 1.7. The revision dates (if applicable).
- 1.8. The **DMRE** mine code number.

2. TABLE OF CONTENTS

- 2.1. The **COP** must have a comprehensive table of contents.

3. STATUS OF THE MANDATORY CODE OF PRACTICE

- 3.1. This section must contain statements to the effect that:
 - i. Due to the highly transmissible nature of the SARS-CoV-2, the employer will collaborate as far as possible with the local authorities in dealing with the control of the pandemic.
 - ii. The guideline has been compiled specifically with the view to provide guidance to all stakeholders regarding their roles and responsibilities with regard to the mitigation and management of the **COVID-19** outbreak.
 - iii. This guideline requires the mitigation and management of the **COVID-19** outbreak at the mine. In implementing the requirements of this guideline, the employer is required to continue complying with the provisions of the **MHSA** and the related guidelines including the *Guiding Principles on the Management of COVID-19 Instruction issued by the CIOM*.
 - iv. In ensuring that mine **employees** are provided with a healthy and safe working environment that is also maintained, the employer must put a procedure in place to be followed by **employees** to exercise section 23 of the **MHSA** during the **COVID-19** outbreak.

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- v. This guideline and its annexures must be considered as living documents which allow for mandatory **COPs** to be updated as new developments on the prevention, mitigation and management of **COVID-19** emerge.
 - vi. The employer must apply the requirements of this guideline as a minimum (where applicable) guiding principle in developing his/her own guideline in preventing and managing **COVID-19** transmission.
- 3.2. The **COP** was drawn up in accordance with guideline **DMRE16/3/2/5-A4** issued by the **CIOM**.

- 3.3. This is a mandatory **COP** in terms of section 9(2) and 9(3) of the **MHSA**.

The **COP** may be used in an investigation to ascertain compliance, and to establish whether the **COP** is effective and fit for purpose.

- 3.4. All managerial instructions, recommended procedures (voluntary **COPs**) and standards on the relevant topics must comply with the **COP** and must be reviewed to ensure compliance.

4. MEMBERS OF THE DRAFTING COMMITTEE.

- 4.1. In terms of section 9(4) of the **MHSA** the employer must consult with the health and safety committee and any other affected parties on the preparation, implementation or revision of any **COP**.
- 4.2. It is recommended that the employer must, after consultation with the employees in terms of the **MHSA**, appoint a committee responsible for the drafting of this **COP**.
- 4.3. The members of the drafting committee assisting the employer in drafting the **COP**, must be listed giving their full names, designations, affiliations and experience. This committee must include competent persons sufficient in number to effectively draft the **COP**.

5. GENERAL INFORMATION

General relevant information relating to the mine must be stated in this section of the **COP**, which must include at least the following:

- 5.1. A brief description of the mine and its location.
- 5.2. The commodities produced.
- 5.3. The mining method or combination of methods used at the mine must be listed. This section must discuss the degree of mechanisation, taking care to identify the potential risk of **exposure** to SARS-CoV-2, and possible **exposure** scenarios.
- 5.4. The general controls in place to prevent **exposure** to SARS-CoV-2.

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- 5.5. Other related regulations, **COPs** and management standards must be reviewed concurrently to avoid conflict of requirements as laid down by the employer. The objective would be to have an integrated system.
- 5.6. The unique features of the mine that have a bearing on this **COP** and cross-reference them to the risk assessment conducted.

6. TERMS AND DEFINITIONS

- 6.1. Any word, phrase or term of which the meaning is not absolutely clear, or which will have a specific meaning assigned to it in the **COP**, must be clearly defined. Existing and/or known definitions must be used as far as possible. The drafting committee must avoid jargon and abbreviations that are not in common use or that have not been defined. The definitions section must also include acronyms and technical terms used.

7. RISK MANAGEMENT

- 7.1. Section 11 of the **MHSA** requires the employer to identify hazards, assess the health and safety risks to which employees may be exposed while they are at work, record the significant hazards identified and risks assessed. The employer must determine how the significant risks identified in the risk assessment process must be dealt with, having regard to the requirement of section 11(2) and 11(3) that, as far as **reasonably practicable**, attempts must first be made to eliminate the risk, thereafter to control the risk at source, thereafter to minimise the risk and thereafter, insofar as the risk remains, to provide **PPE** and to institute a programme to monitor the risk.
- 7.2. To assist the employer with the risk assessment with all reasonable available information such as incidents statistics, research reports, manufacturers specifications, approvals, design and performance criteria for all relevant equipment must be obtained and considered.
- 7.3. In addition to the periodic review required by section 11(4) of the **MHSA**, the **COP** must be reviewed and updated within a reasonable period after implementation thereof, taking into account the number of **COVID-19** illnesses at the mine and the results of investigations conducted in terms of section 11(5) of the **MHSA**.

8. KEY ELEMENTS TO BE ADDRESSED IN THE COP

The following key elements must be addressed in the **COP**:

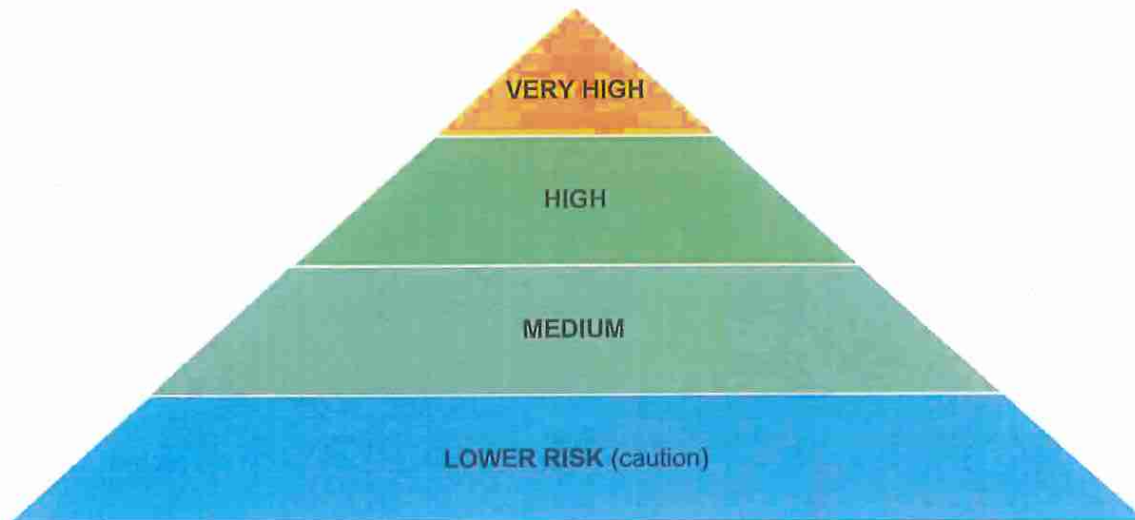
- a) Risk assessment and review.
- b) Start-up and on-going procedure for mines.
- c) **COVID-19** Management Programme.
- d) Monitoring and reporting.
- e) Compensation for occupationally acquired novel corona virus (**COVID-19**)

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8.1. Risk assessment

- 8.1.1. In terms of section of 11 of the **MHSA**, the employer must assess and respond to risk.
- 8.1.2. The employer is required to conduct a risk-based assessment covering all workings at mines and the risk assessment should be described with reference to but not limited to:
 - 8.1.2.1. All sources of SARS-CoV-2 infection transmission.
 - 8.1.2.2. Health effects associated with **exposure** to SARS-CoV-2.
 - 8.1.2.3. Nature of the key workplace operations and activities that pose all potential risk of SARS-CoV-2 transmission.
 - 8.1.2.4. Occupations and number of employees who are likely to be exposed to and spread the SARS-CoV-2.
 - 8.1.2.5. Mines essential occupations or critical skills that might be impacted by SARS-CoV-2 transmission.
 - 8.1.2.6. The risk of **vulnerable employees** to SARS- CoV-2 while at work.
 - 8.1.2.7. Control measures in place, i.e. engineering, administrative, **PPE**, etc.
 - 8.1.2.8. De-densification of **employees** on transport modes and other spaces.
 - 8.1.2.9. The additional control measures required to be instituted in order to reduce **exposure** and the spread of SARS-CoV-2, such as the review of human resource policies around business travel, sick leave and other related policies to account for SARS-CoV-2.
 - 8.1.2.10. Frequency of any ongoing monitoring to assess the effectiveness of the controls mentioned above.
 - 8.1.2.11. The mine's risk assessment methodology to take cognisance of the **WHO** classification of the risk of SARS-CoV-2 infection into four risk groups, which are illustrated by the below figure:

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i. **Very high exposure risk**

High potential for **exposure** to known or suspected sources of SARS-CoV-2 during specific medical, post-mortem, or laboratory procedures.

ii. **High exposure risk**

High exposure risk jobs are those with high potential for **exposure** to known or suspected sources of SARS-CoV-2.

iii. **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 **COVID-19**, but it is unknown.

iv. **Low exposure risk**

Low **exposure** risk jobs are those that do not require contact with people known to be or suspected of being infected with **COVID-19** nor frequent contact (within 2 metres) with the general public.

NOTE:

The attached **annexures 1 – 3**, can be utilized by employers for the purpose of conducting **COVID-19** risk assessment.

8.1.3. Scientific and evidence-based approach

In implementing any solution driven measure, the employer must aim to apply the best available evidence gained from scientific methods for decision making in preventing **exposure** SARS-CoV-2.

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8.1.4. Review of the risk assessment

8.1.4.1. The employer must review the risk assessment regularly and whenever circumstances arise or change at the mine that could have an impact on the original assessments and the risk of contracting **COVID-19** and at least in the following instances when:

- i. Outcomes of local outbreaks or community surveillance become known to the mine.
- ii. Outcomes of medical surveillance programmes indicate the need for it.
- iii. A **MHSA** section 11.5 investigation and/or any other investigation(s) indicates the need.
- iv. New or revised legislation is introduced.
- v. New mining methods are introduced.
- vi. Process changes are introduced (e.g. in process plants).
- vii. New types of machinery are introduced.
- viii. New epidemiological, public health and medical information on the infection, spread of, symptoms or any other relevant information comes to light in respect of the pandemic that may influence the risk assessment.

8.2. Start-up procedure for mines

The employer must put a start-up procedure in place to address the following:

8.2.1. Prior to allowing any mine or shaft to commence with their production activities after a prolonged stoppage; a safe precautionary start-up procedure is developed (see annexure 4).

8.2.2. The start-up procedure must be aligned with the instruction that was issued by the **CIOM** - instruction referenced **COVID-19** issued on 20 April 2020 (see annexure 5).

8.2.3. Routine cleaning or **disinfection** or industrially sanitising of surfaces that **employees** come into contact with such as the following areas (but not limited thereto), as determined by the mine's risk assessment:

8.2.3.1. All transportation of **employees** provided by employer to the mine.

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- 8.2.3.2 Change Houses and its surrounding facilities.
- 8.2.3.3 Lamp rooms.
- 8.2.3.4 Waiting areas.
- 8.2.3.5 Refuge Bays.
- 8.2.3.6 Offices especially in open plan spaces.
- 8.2.3.7 Healthcare facilities (fixed and mobile).
- 8.2.3.8 Kitchen and dining areas, specifically eating utensils.
- 8.2.3.9 Mine accommodation and designated dining areas thereto.
- 8.2.3.10 Security access points and guard houses.
- 8.2.3.11 Functional and physical assessment areas and heat tolerance screening centres.
- 8.2.4. Screening and testing procedures.
- 8.2.5. Withdrawal procedures, to be used by mines in the event of a localised **COVID-19** outbreak.
- 8.2.6 Measures in place to collaborate with the **DOH** with the prevention and management of **COVID-19** for migrant workers at ports of entry.

8.3 COVID-19 mitigation and management programme

- 8.3.1 In considering management of **COVID-19** infection transmission, the employer must consider the following principles:
 - 8.3.1.1 To prevent the **COVID-19** workplace infection, the employer must develop a policy and/or integrate **COVID-19** management into the existing mine's policies, **COPs** and standard operating procedures for Health and Safety.
 - 8.3.1.2 The mine's **COP** and procedure must include the following for employees who have signs and/or symptoms of **COVID-19**:
 - i. A dedicated 24-hour hotline which employees will use to reach the mine's dedicated healthcare workers or the mine's contracted service/s of healthcare workers assigned to assist with **COVID-19**;
 - ii. Procedure to report when an **employee** is sick or experiencing symptoms of **COVID-19**;
 - iii. How, where and the duration (the required number of days being determined by the **NICD**) of **isolation** will take place for employees suspected of being infected with **COVID-19**;

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- iv. The site(s) where **employees** with suspected **COVID-19** infection will be screened, diagnosed and treated. This must include what will lead to admission to a health care facility and all associated transport arrangements.
- v. The requirements of **self-isolation**

8.3.1.3. The mines' **COP** and procedures must also include steps that will be taken by employees who have been in contact with **confirmed COVID-19 cases** and are/not symptomatic which, must include as a minimum:

- i. A dedicated 24-hour hotline which **employees** will use to reach the mine's dedicated healthcare workers or the mine's contracted service(s) of **health care workers** assigned to assist with **COVID-19** from home/mine accommodation.
- ii. Procedure to report.
- iii. Procedure to be followed and arrangements for the **employees** to be tested (including the associated **PPE** required for such an **employee**). This must include what will lead to admission to a health care facility and all associated transport arrangements.
- iv. How, where and the duration (the required number of days being determined by the **NICD**) of **self-quarantine** or **isolation** (as determined by the test results and the advice of the **health care worker**) will take place for those **employees**.

NOTE:

The criteria for a **PUI** are dynamic and change from time to time.
For the latest criteria visit the **NICD** website.

8.3.2. The following must be considered in the development of the **COVID-19 COP**:

8.3.2.1. Provide adequate, usable and appropriate training and information material about:

- i. Mine's relevant job functions.
- ii. Proper hygiene practices and the use of any workplace controls (including **PPE**).
- iii. Prevention of **COVID-19** stigma and discrimination amongst the suspected, the infected and their families.
- iv. The provision of the mine's support service or collaboration/contracted support service for the employees through the **EAP** or collaboration with the public service.

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- v. The employer must develop a process where an **employee** will be able to disclose any pre-existing conditions prior to returning to work; and
 - vi. The available **COVID-19** National Hotline/s for their knowledge and information sharing with other community members.
- 8.3.2.2 The employer must as far as possible with **employees'** consent and respecting medical confidentiality be informed through the designated healthcare worker if the **employees** have pre-existing conditions that will make them more susceptible to severe COVID-19. Such **employees** will only be permitted to work after receiving a certificate of fitness to work from an occupational medical practitioner. Where **employees** are not permitted to work due to a confirmed pre-existing condition, the employer must arrange for transportation of such **employees** back to their homes.
- 8.2.2.3 The employer must utilize a risk-based method to prioritise high-risk individuals for more active interventions such as prophylaxis and individualised counselling.
- 8.2.2.4 Review of the mines emergency response plans in consideration of **COVID-19**.
- 8.3.3 Before arrival of **employees** at the mine's premises, the employer must:
- 8.3.3.1 Develop a procedure for the management of the return to work of employees after the lockdown, which must include a history of COVID-19 contact from areas of residence during the lockdown through the use of a questionnaire.
- 8.3.3.2. Communicate and establish a process for collaborating with the **DOH** District Communicable Diseases unit in order to be familiar with the district's plan including the district's process on early outbreak detection, diagnosis (testing) procedures, isolation, quarantine, reporting procedures for **COVID-19** and arrangements for hospitalisation of employees who require it (if a mine does not have the hospital facilities).
- 8.3.3.3. Ensure sufficient availability of resources such as:
- i. Facilities - pre-screening areas, **isolation** areas, **quarantine** areas.
 - ii. Staff - security personnel, medical staff, social worker, counselling psychologists, **EAP** specialists and administrative assistants.
 - iii. Equipment and medical supplies including soap and water, sanitisers, appropriate **PPE** for healthcare workers and employees, and waste disposal receptacles for used **PPE**.
 - iv. Flu vaccination that prioritizes those at high risk of contracting **COVID-19** and give prophylaxis where required.
 - v. Cleaning and **disinfection** consumables and services.
 - vi. **Disinfecting** single use wipes made of non-woven, high strength material.
 - vii. Single use dispensing tissue.

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- 8.3.3.4. As far as **reasonably practicable** communicate new procedures to **employees** to be implemented for medical surveillance before they leave areas of residence during and after the lockdown.
- 8.3.3.5. Develop a calibration or a verification procedure for non-contact thermal scanning/screening e.g. when, where, who and how to calibrate or verify the non-contact instrument(s) to correlate with the core body temperature. The calibration or verification procedure should be in line with the original equipment manufacturer's specifications.
- 8.3.3.6. Screen on a daily basis healthcare **employees** and staff assisting with the **RTW** before mass screening of **employees**.
- 8.3.3.7. Screen employees from labour sending areas within South Africa who use their own transport at the mine before they **RTW**.
- 8.3.3.8. Where the employer transports the migrant **employees**, screening must be done before boarding the transport, in collaboration with the relevant **DOH**.
- 8.3.3.9. Where **quarantine** provisions for international **employees** apply and in line with the requirements in the **DMA**. The employer should at the start and increase of capacity at the mine consider making arrangements to transport **employees** from their homes to their respective areas of operations and put mechanisms in place to screen **employees** before boarding, **isolation** and **quarantine** at source where required.
- 8.3.3.10. The employer must provide two cloth face masks for use by the **employees** at the mine's premises and while commuting. Where the mine's risk assessment has identified a respirator zone(s), specific respiratory protective equipment must be used as guided by the mine's risk assessments.
- 8.3.3.11. The determination of the appropriate **PPE** used, must be done in combination with a risk assessment and expert advice on the characteristics and limitations of each type of **PPE**, in the context of **reasonably practicable**.
- 8.3.3.12. Apply de-densification and physical distancing opportunities (between 1-2 metres) and the provision of relevant **PPE** for mass transport, and at areas of the mine where close contact may occur.
- 8.3.3.13. Apply a staggered approach on the number of **employees** screened per day for **RTW** to minimise crowding at the screening areas and at the medical centre as well as transporting **employees** to a medical centre.
- 8.3.3.14. Create awareness material for **employees** on **COVID-19** and where necessary update with the latest available information. Awareness material should be created as far as possible in predominant language spoken in the peri-mining community areas.
- 8.3.3.15. Display posters on **COVID-19** to be visible at all areas of the mine as identified through the risk assessment.

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- 8.3.3.16 Inform **employees** of their duty to report should they test positive for **COVID-19** during the nationwide lockdown, long weekend or leave.
- 8.3.3.17 The **employee** is obliged to provide **COVID-19** test results to the employer where available, and with a letter from the relevant health facility stating the date of onset of symptoms, diagnosis, date of specimen collection of positive tests if applicable, and expected date when **isolation** ends.
- 8.3.3.18 The employer is obliged to provide COVID-19 test results to the employee.
- 8.3.3.19 Establish a procedure for screening all persons entering the mine and ensuring that they comply with protective measures including **PPE** and social/physical distancing while on site.
- 8.3.4 At arrival of **employees** at the mine's premises, the employer must:
- 8.3.4.1 Implement an Infection Prevention and Control (IPC) measures at all areas as identified by the mines risk assessment. Also, implement single use disinfection or industrial sanitising of eating utensils at kitchens, dining areas and hostels, to be used as employees prepare to eat.
- 8.3.4.2 Ensure that hand hygiene practices are maintained at the strategic points as identified by the risk assessment and work places where close contact among **employees** is likely to occur including in underground working places.
- 8.3.4.3 Ensure that in highly congested areas (such as residences, kitchens, cages and underground working places), a maximum occupation/capacity as guided by the relevant regulation/s and risk assessment is always maintained.
- 8.3.4.4 Implement social/physical distancing between 1-2 metre/s when in contact with other people, and where this is not possible, issue appropriate **PPE**.
- 8.3.4.5 Induct and regularly update **employees'** awareness training material on signs and symptoms of **COVID-19** as well as information on viability and survival of the SARS-Cov-2 on different surfaces.
- 8.3.4.6 Implement a calibration or verification procedure for non-contact thermal scanning/screening i.e. when, where, who and how to calibrate or verify the non-contact instrument/s to correlate with the core body temperature.
- 8.3.4.7 As far as possible with **employee** consent and respecting medical confidentiality be informed through the designated healthcare worker if an **employee** has pre-existing condition that will cause an **employee** to be unfit to **RTW** or classified as vulnerable **employee**.
- 8.3.4.8 Intensify awareness on the importance of adherence to taking of chronic medication for management of non-communicable diseases.
- 8.3.4.9 Ensure that hand hygiene practices are maintained at the strategic points as identified by the risk assessment and work places where close contact among employees is likely to occur including in underground working places.

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8.3.4.10 Specify minimum standard required PPE to be worn in order to prevent exposure to SARS-CoV-2 (including to and from work) and these requirements must take into consideration other standards and regulation dealing with PPE for occupational hazards at mines (**See Annexure 6**).

NOTE:

Taking into account the risk classification groups described in section 8.1.2.11 of this guideline, a guide is made in Table 1 below to classify the risk for the purpose of providing appropriate **PPE**, jobs in the mining industry according to the level of risk. This exercise can only be refined and concluded by the individual mining companies, depending on such mining company's specific circumstances and within the context of what is **reasonably practicable**.

Table 1: Risk classification for the purpose of providing **PPE**

CLASSIFICATION	MINE EMPLOYEES AT RISK (This list is not exhaustive)
1. Very high risk	<ul style="list-style-type: none"> a) Intensive Care Unit b) Occupational health practitioners conducting cough inducing procedures, e.g. spirometry. c) HCWs collecting specimens for diagnosis of COVID-19, e.g. throat swabs. d) Ambulance personnel that do intubation into trachea. e) Health care employees that do removal of cardio-respiratory organs for autopsy.
2. High risk	<ul style="list-style-type: none"> a) Health care employees that examine employees at occupational health centres, medical stations and other places with potential to be in contact with a COVID-19 patient (known and unknown), ambulance drivers transporting the sick. b) Underground employees who are in confined environments during waiting to be transported, during transportation to underground and to various working stations. c) Security staff at high volume access points or conducting temperature checks and/or alcohol testing. d) Health and Safety reps during investigation of underground working sites e) Hospital waste cleaners f) Change room attendants g) Cleaners involved in workplace disinfection e.g. Following the removal of a PUI and underground sanitation employees.
3. Medium risk	<ul style="list-style-type: none"> a) Security staff at entrances to facilities and mines b) Mine employees in work areas where social/physical distancing is possible and being practiced c) Change room cleaners d) Laundry staff e) Occupational hygienists -personal sampling procedures f) Clerks working at occupational health centres g) Human resource practitioners that interact very closely with people h) Office cleaners i) Canteen staff
4. Low risk	<ul style="list-style-type: none"> a) Office employees b) Control room operators

8.3.4.11 Ensure that awareness is conducted in respect of correct PPE usage, fit testing (where applicable), removal, storage, disposal and workplace practices required to prevent exposure to SARS-CoV-2. Awareness should be conducted as far as possible in predominant language spoken in the peri-mining community area.

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8.3.4.12. Provide receptacles for all used **PPE** and where applicable receptacles for hazardous biological waste.

8.3.4.13. Ensure that waste management procedure is in place and that it addresses equipment handling; transport and disposal sites.

8.3.5. Screening and testing for **COVID-19**

8.3.5.1. The employer must put a system in place to screen all persons (who are not employees) entering all mine premises, at the designated areas. Anyone who fails screening must be denied access and advised to seek medical assistance.

8.3.5.2. The employer must put in place a system to screen all the **employees** on a daily basis at mine's accommodation, at designated areas. This is to isolate and **quarantine** any possible cases and suspects.

8.3.5.3. The employer must establish a system of symptom screening by a designated person at the start and end of every shift at designated areas. Pre-shift screening must include a temperature check. Any reported symptoms (e.g. loss of taste and smell, shortness of breath and possible fever) during or at the end of the shift must be referred for a temperature check. (The employer to also refer to the latest guidelines from the **NDOH** on symptom screening).

Note:

The employer must note and follow the calibration or verification procedure prior to screening the **employees**.

8.3.5.4. The employer must put systems in place to ensure that **employees** with elevated temperature $\geq 37.5^{\circ}\text{C}$ to be referred for further assessment by the healthcare worker and **employees** with the temperature of $\geq 38.0^{\circ}\text{C}$ to be isolated (**isolation** in this cases referring to separation of such **employees** into temporary waiting areas while awaiting assessment) for assessment by a healthcare worker.

8.3.5.5. **Employees** will be tested only if they meet the **PUI** criteria, which includes having symptoms of a respiratory illness of recent or sudden onset. (As per the latest **NDOH** guidelines on the **PIU** criteria (see annexure 7 and annexure 7(a) on the **PUI** criteria).

8.3.5.6. The employer must ensure that results are communicated with the **employee**.

8.3.5.7. **Employees** returning to work at the start and increase of capacity at the mine, and pass the **COVID-19** screening test must be referred to the Occupational Health Centre for fitness to work assessment.

8.3.5.8. **Employees** with pre-existing conditions that will make them more susceptible to severe **COVID-19** must be identified and only be permitted to work after being declared fit by an occupational medical practitioner

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- 8.3.5.9. A risk-based method to prioritise high-risk individuals for more active interventions such as prophylaxis and individualised counselling, must be used.
- 8.3.5.10. Scheduling of dates for flu vaccination should be made when vaccines are available and **employees** with pre-existing conditions must be prioritised.
- 8.3.5.11. The employer must put in place a contact tracing programme for contacts of **COVID-19** cases identified on the mine and communicate with the **DOH** on tracing of contacts beyond the mine. The **NICD** contact tracing protocol must be followed.

8.3.6. Isolation

- 8.3.6.1. The employer must identify and implement designated areas for **isolation**, whereby the following must apply:
- i. Assessment of **employees** for **COVID-19** signs and symptoms.
 - ii. Referral of **employees** who meet the **NICD** criteria of a **PUI**.
 - iii. For **employees** who show symptoms whilst at work, the employer must put systems in place in order to ensure that such **employees** are removed from the working place to designated **isolation** area, in order to protect the other **employees**.
- 8.3.6.2. The employer must put in place a contact tracing programme for contacts of **COVID-19** cases identified on the mine and communicate with the **DOH** on tracing of contacts beyond the mine. The **NICD** contact tracing protocol must be followed.

8.3.7. Follow up system

- 8.3.7.1. The employer must implement a follow up system, whereby the following will be applied:
- i. An arrangement will be made for medical assessment and a letter be obtained from the **isolation/health care** facilities. In case of **self-isolation** an **employee** must submit a letter from the legal **health care worker**.
 - ii. The fitness to work assessment and issuing of a certificate of fitness.
- 8.3.8. Referral for further management for other conditions other than **COVID-19**
- 8.3.8.1. The employer must implement a referral system that will assist in determining the following:
- i. **Employees** with abnormal findings (which are not related to **COVID-19**) to a medical centre for further assessment and management.

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- ii. The provision of psychosocial support services by the mines through in-house or contracted **EAP** or collaboration with the public service.
- 8.3.8.2. Differential diagnosis for elevated temperature and respiratory symptoms in mine **employees** and exclude underlying medical condition.
- 8.3.9. Self-isolation
 - 8.3.9.1. The employer must allow the employees to self-isolate where possible, under the following conditions:
 - i. Under the guidance of a healthcare worker **employees** whose test results are positive for **COVID-19** and have mild disease, with the capacity to self-isolate may do so at home in accordance with **NDOH** guidelines.
 - ii. **Employees** must be provided with the necessary **PPE** and contact tracing must commence thereafter in accordance with **NDOH** procedures.
 - iii. The medical centre team/healthcare worker must follow-up telephonically with the **employee** on a daily basis, record progress and recommend further medical assessment, as required.
 - iv. A register of **employees** presenting with symptoms, i.e. **PUI** and who are referred for **isolation**, as per **NDOH** guidelines, must be kept, as well as list of contacts.
 - 8.3.10. Prevent infection to **employees** and those visiting the mine operation
 - 8.3.10.1. Alignment of the medical surveillance system to the **COVID-19** pandemic:
 - i. The employer must perform a risk assessment with regard to potential cross infection linked to the different activities (e.g. spirometry, eye testing, audiometry, temperature measurements, heat tolerance screening, etc.) embodied in the medical surveillance system. Protection of health for all is paramount. Consider as an option full protective gear where applicable for protection of **health care workers**. Unless sufficient infection prevention control measures are put in place, all spirometry and/or audiometry is to be suspended.
 - ii. At the discretion of the appointed occupational medical practitioner, the employer must conduct a heat tolerance screening test as per the mine's risk assessment, and if not practical to implement heat tolerance screening test only allow specific occupation(s) to undergo natural acclimatisation.
 - 8.3.10.2. The employer must establish and maintain a personal hygiene programme in mitigation of transmission of **COVID-19**, and to the following but not limited to:
 - i. Maintaining physical distancing.
 - ii. Regular washing of hands with soap.

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- iii. Regular sanitising of hands with alcohol-based hand rub (ABHR) or other appropriate sanitisers.
- iv. Avoid touching of face areas (mouth, eyes and nose).
- v. Avoid physical hand contact such as handshakes.
- vi. Avoid using other people's personal belongings such as stationery, cell phones and sharing food etc.
- vii. When coughing or sneezing do not use hands, rather use a tissue/toilet paper or the inside of the elbow.
- viii. Use disposable tissues rather than a handkerchief; immediately dispose of these tissues in a closed bin and wash or sanitise hands thereafter.
- ix. Avoid big crowds and travelling.
- x. Avoid touching objects before sanitising, like trollies, toilet seats, turnstiles, tables and chairs.
- xi. Coach and teach family members.
- xii. Wearing and handling of appropriate **PPE**.

8.3.10.3. The employer must develop and implement measures that will prevent the spread of **COVID-19** infection to employees and any person entering the mine operations **reasonably practicable**.

8.3.11. Use of breathalyser testing

8.3.11.1. For alcohol testing, the employer must use his/her discretion on which tests to implement depending on feasibility and availability e.g. single use (lowest risk) or multiple use (medium risk and used with protective measures in place). The employer must also assess the health and safety risks in order to prevent cross infection in implementing breathalyser testing (see annexure 8).

8.3.12. Use of biometrics

8.3.12.1. The use of biometric systems can be applied by the employer provided the following are complied with:

- i. Use of sanitizers at all times
- ii. Employees are informed of the necessary health and safety measures they need to apply when using biometric systems.

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iii. All necessary health and safety measures as informed by risk assessment are adhered to.

iv. The biometric system is regularly **disinfected** before and after each use.

8.3.13. Use of mining and occupational hygiene equipment

8.3.13.1. The employer must specify the action required and care to be taken when preparing, handling, issuing, retrieving and **disinfect** occupational hygiene equipment (see annexure 9).

8.3.13.2. The employer must further specify the action required (including health and safety measures) and care to be taken when handling surfaces and mining equipment to avoid cross infections.

8.4. Monitoring and reporting

8.4.1. The employer must appoint a **COVID-19** compliance officer in line with the **DMA** regulations with the necessary powers to provide oversight on the implementation of this guideline.

8.4.2. The employer must further establish a steering committee for **COVID-19** that will be responsible for monitoring the implementation of the **COP**.

8.4.3. The employer must:

8.4.3.1. Report to the **DOH**, all **COVID-19** cases as per statutory requirements (confidentiality must be adhered to).

8.4.3.2. Report all cases of **COVID-19** within 24 hours to the Principal Inspector of Mines using the **DMRE's COVID-19** data reporting templates.

8.4.3.3. Investigate all **confirmed COVID-19 positive cases** at the mine, in terms of section 11(5)(a) (ii) and (iii) of the **MHSA** and deliver a copy of the report to within 30 days from the date of the serious illness or health threatening occurrence to the Principal Inspector of Mines.

8.4.3.4. Consolidate the **DMRE COVID-19** reports into a weekly report that must be reported to the Principal Inspector of Mines as determined by the **DMRE** reporting template.

8.4.3.5. Keep the **COVID-19** data (data for monitoring and investigation reports) at the mine as required by the **NDOH** and **NICD**.

8.5. Compensation for Occupationally Acquired Novel Corona Virus Disease (**COVID-19**)

8.5.1. The employer must follow the process stipulated in the Notice on Compensation for occupationally acquired novel corona virus disease (see annexure 10).

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PART D: IMPLEMENTATION

1. IMPLEMENTATION PLAN

- 1.1 The employer must prepare an implementation plan for its **COP** that makes provision for issues such as organisational structures, responsibilities of functionaries and programmes and schedules for the **COP**, that will enable proper implementation of the **COP** (a summary of, and a reference to a comprehensive implementation plan may be included).
- 1.2 Information may be graphically represented to facilitate easy interpretation of the data and to highlight trends for the purposes of risk assessment.

2. COMPLIANCE WITH THE COP

- 2.1 The employer must institute measures for monitoring and ensuring compliance with the **COP**.

3. ACCESS TO THE COP AND RELATED DOCUMENTS

- 3.1 The employer must ensure that a complete **COP** and related documents are kept readily available at the mine for examination by any affected person.
- 3.2 A registered trade union with members at the mine or where there is no such union, a health and safety representative on the mine, or, if there is no health and safety representative, an employee representing the **employees** on the mine, must be provided with a copy. A register must be kept of such persons or institutions with copies to facilitate updating of such copies.
- 3.3 The employer must ensure that all **employees** are fully conversant with those sections of the **COP** relevant to their respective areas of responsibilities.

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ANNEXURE 1: Worker COVID-19 risk assessment*(For information purposes)***health**Department:
Health
REPUBLIC OF SOUTH AFRICA**employment & labour**Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA**Worker COVID-19 Risk Assessment**

This document may be updated depending on the Covid-19 pandemic response
Version 1, 1 May 2020







How to use this Guide?

- Use the questions below to assess if it is safe to start work.
- If you answer '**NO**' to any of the questions, report this immediately to your supervisor, who will help to identify a practicable and reasonable solution.





















Always practise these controls in your workplace

1. Social distancing must be at least 1.5 metre away from any other person in any circumstance.
2. Wash hands with soap and water for 20 seconds, or use alcohol-based hand sanitiser after contact with any person or after contact with frequently touched surfaces within a communal environment e. g. phones, door handles, stairways, lifts, etc.
3. Cough in the fold of the elbow or in a tissue which you discard in a bin and wash your hands.
4. Avoid touching your eyes, nose and mouth with unwashed hands, more so with gloved hands.
5. These pointers however do not preclude other requirements for PPE as required.













Employee training and awareness

1. I have received training on COVID-19 and the virus causing it, how the virus is spread, the symptoms of the disease and how I can protect myself against infection.	<input type="checkbox"/>		<input type="checkbox"/>	
2. I am trained and familiar with the COVID-19 protocols in my workplace.	<input type="checkbox"/>		<input type="checkbox"/>	
3. I know the protocol of self-isolate at my home or at a quarantine site should I become ill with symptoms of COVID-19.	<input type="checkbox"/>		<input type="checkbox"/>	

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4. I know the protocol to report should I become ill with symptoms of COVID-19.	<input type="checkbox"/>		<input type="checkbox"/>	
5. I have been told about the screening and testing procedure for Covid-19	<input type="checkbox"/>		<input type="checkbox"/>	
6. I have been told about contact-tracing for Covid-19 if I am tested positive for Covid-19	<input type="checkbox"/>		<input type="checkbox"/>	
7. I have been trained in the correct use, how many times PPE can be used before it needs to be replaced, storage and safe disposal of used/contaminated PPE.	<input type="checkbox"/>		<input type="checkbox"/>	
Hygiene and cleaning measures				
8. Hand washing sink with soap & approved (70% alcohol) hand sanitiser is available.	<input type="checkbox"/>		<input type="checkbox"/>	
9. Surfaces and equipment are cleaned and disinfected with approved disinfection/sanitising products on a regular basis (at least every four hours).	<input type="checkbox"/>		<input type="checkbox"/>	
10. I know the required personal hygiene practices such as coughing/sneezing into my elbow if I do not have a clean tissue with me, washing my hands regularly for 20 sec, and not sharing stationary, eating utensils and/or PPE with a colleague.	<input type="checkbox"/>		<input type="checkbox"/>	
Reduce physical contact (social distancing 1.5 m or 2 x arm-length)				
11. I know the social distancing rule of keeping a distance of at least 1.5 meter or 2 x arm-length between myself and any colleague or person from the public.	<input type="checkbox"/>		<input type="checkbox"/>	
12. I know that I need to avoid physical contact such as handshakes, touching and hugs.	<input type="checkbox"/>			
13. I know that crowds or gatherings (e.g. large groups >10 or groups in spaces where there is not sufficient ventilation) needs to be avoided at my workplace.	<input type="checkbox"/>		<input type="checkbox"/>	

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14. When dining at work or during breaks, I need to maintain a 1.5 metre distance from colleagues while dining, and I must not sit face-to-face opposite any other person.	<input type="checkbox"/>  <input type="checkbox"/> 
Personal Protective Equipment	
15. I have all the PPE specific to my work tasks to protect me, in addition to my PPE required to protect me from COVID-19.	<input type="checkbox"/>  <input type="checkbox"/> 
16. My PPE is in a good condition and I am familiar with the procedure required to use it and how to replace it when it is damaged, worn or lost.	<input type="checkbox"/>  <input type="checkbox"/> 
Personal wellbeing	
17. I monitor my own health for early COVID-19 symptoms (cough, sore throat, shortness of breath or fever $\geq 38^{\circ}\text{C}$) or flu symptoms and know what to do and where I need to report to if I experience any of the aforementioned symptoms.	<input type="checkbox"/>  <input type="checkbox"/> 
18. I know the contact number and how to access psychological support services should I need support, within my company or external to my company.	<input type="checkbox"/>  <input type="checkbox"/> 
Emergency response	
19. I am familiar with the procedure to report in case someone at home or in my workplace has symptoms of COVID-19.	<input type="checkbox"/>  <input type="checkbox"/> 

(Document prepared by the Risk Assessment Group within the Occupational Health and Safety Workstream of the National Department of Health – Covid-19 Response)

Name and Signature of Employee

Date

Prevention, mitigation and management COVID-19 outbreak

ANNEXURE 2: Specialised health risk assessment for workplaces (by employers and self-employed persons)

(For information purposes)



health

Department:
Health
REPUBLIC OF SOUTH AFRICA



employment & labour

Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

Specialised health risk assessment for workplaces (by employers and self-employed persons)

This document may be updated depending on the Covid-19 pandemic response
Version 1, May 2020

Purpose

This guide is to be used by employers or self-employed persons to assess the potential risk of exposure to SARS-CoV-2 virus and control measures at all workplaces. (SARS-CoV-2 virus is the causative virus of Covid-19).

Objectives

- i) To identify and assess the potential risk of exposure to SARS-CoV-2 virus at workplaces
- ii) To identify control measures (or the absence of control measures) and assess their effectiveness to reduce the risk of transmission of SARS-CoV-2 virus from recognised and unrecognised sources of infection in a workplace
- iii) To inform the employer of the risk of potential exposure to SARS-CoV-2 virus and additional controls that might be required.

Requirements for the protection of employees against hazardous biological agents (HBA) such as SARS-CoV-2 virus are covered in the South African Occupational Health and Safety Act, 1993, Regulations for Hazardous Biological Agents, 2001.

This guide serves as a departure point for employers, self-employed persons and appropriately qualified persons to guide their COVID-19 Risk Assessments. This content must not be regarded as the absolute content of a Risk Assessment, rather it is the minimum requirements. Page 2 of 5

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1. Risk assessment by the employer or self-employed person

- 1.1. Regulation 6(1) of the Regulations for Hazardous Biological Agents (2001) requires an employer or self-employed person to determine if any person might have been exposed to a HBA.
- 1.2. The relevant health and safety representative or relevant health and safety committee must first be consulted before proceeding with the risk assessment.
- 1.3. The employer must inform the relevant health and safety representative or relevant health and safety committee in writing of the arrangements made for the risk assessment, give them reasonable time to comment thereon and ensure the outcomes and findings of the risk assessments are made available to the relevant health and safety representative or relevant health and safety committee, which may comment thereon.
- 1.4. The employer or self-employed person must keep a record of the risk assessment and take into account matters such as:
 - i) the nature and dose of the SARS-CoV-2 virus to which an employee may be exposed and the suspected route of exposure and exposure scenarios;
 - ii) where SARS-CoV-2 virus might be present and in what physical form it is likely to be;
 - iii) the nature of the work, process and any reasonable deterioration, or failure of, any control measure;
 - iv) what possible effects the SARS-CoV-2 virus can have on an employee; and
 - v) the period of exposure
- 1.5. An employer or a self-employed person must cause the risk assessment to be conducted by persons competent in their respective areas based on all available information as far as is reasonably practicable, including:
 - i) classification of SARS-CoV-2 virus into the relevant risk group, according to its level of risk of infection;
 - ii) recommendations from Organisations such as the World Health Organization (WHO) or a competent person regarding the control measures necessary in order to protect the health of employees against SARS-CoV-2 virus as a result of their work; and
 - iii) knowledge of diseases from which employees might be suffering and which may be aggravated by conditions at the workplace.
- 1.6. An employer must review the risk assessment if there-
 - i) Is a reason to suspect that the previous assessment is no longer valid; or
 - ii) Has been a change in a process involving SARS-CoV-2 virus or in the methods, equipment or procedures in the handling, control or processing of COVID-19 samples or patients.
 - iii) Has been a change in a processes as a result of SARS-CoV-2 virus or in the methods, equipment or procedures in the handling, control or processing at the workplace.

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iv) Following a suspected or confirmed COVID-19 case at the workplace.

- 1.7. The outcomes and findings of the risk assessments must inform the programme to monitor the exposure of employees to COVID-19 as well as the programme of medical surveillance.

2. Risk management and control measures

- 2.1. Annexure 2 of the Regulations for Hazardous Biological Agents (2001) sets out a hierarchy of control measures using standard and transmission-based precautions.
- 2.2. Personal protective equipment should be appropriate to the route of transmission e.g. respirators, impermeable gloves, supply, selection, training, separate storage, decontamination or sterilisation.
- 2.3. Testing of engineering control measures should be conducted every 24 months by an approved HBA inspection authority (retaining records for at least 3 years).
- 2.4. Annexure D of the Regulations for Hazardous Biological Agents (2001) sets out requirements for the labelling, packaging, transporting and storage in special containers marked with the biohazard sign in medical settings. In non-medical settings which includes low and medium risk, disposal of 'non contaminated PPE' can take place through normal disposal means.
- 2.5. The employer must have written procedures for disposal of HBA to a designated site in terms of the Environmental Conservation Act and decontamination or disinfection of all containers in the medical environment.
- 2.6. The normal mode of disposing of items of PPE can take place through the normal means of disposing of non-contaminated trash.

3. Competencies

- 3.1. The Regulations for Hazardous Biological Agents (2001) do not define any competency requirements for conducting HBA risk assessments (or for the monitoring of exposure at the workplace). Employers and self-employed persons are advised to ensure anyone engaged to undertake an HBA risk assessment is competent in risk assessment processes and is familiar with the Regulations for Hazardous Biological Agents (2001). Knowledge of the HBA of concern (in this case SARS-CoV-2 virus) and HBA in general is advisable. It is recommended that the services of a registered Occupational Hygienist or certified Safety Professional is obtained to undertake the COVID-19 risk assessments.
- 3.2. Regulation 12(b) of the Regulations for Hazardous Biological Agents (2001) requires that examinations and tests of engineering control measures be carried out at intervals not exceeding 24 months by an approved HBA inspection authority or by a person whose ability to do the measurements, analysis and tests is verified by such an approved HBA inspection authority.

Prevention, mitigation and management COVID-19 outbreak

4. Guidance notes

4.1. Anticipated high exposure areas that will need immediate assessment, then others that will require assessment, less urgently include the following areas:

- Entry points to the workplace
- Change house facilities
- On-site canteen and similar dining areas
- Waiting areas
- Gathering places
- Etc.

4.2. Persons Under Investigation (PUI)

The risk assessment must include screening of employees entering the workplace, and the immediate provision of surgical masks at the gate to those screening positive will be a major hazard control. The risk assessment should also include chaperoning of PUI to the next point at the workplace (PUI should not be left wandering around, getting lost, removing mask etc.). Preferably, a cordoned-off walkway (or at least marked walkway) should be present directing the PUI to the next point at the workplace – ideally to an isolation zone. The risk assessment must also include assessments of the controls within this isolation zone – 1.5m spacing, presence of barriers etc.

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COVID-19 Risk Assessment Report							
Site:	Sector*:		Date:				
Department:			Risk Assessor:		Signature		
Work Area/s:			Employer Representative:				
Occupations in Area:			Health & Safety Representative:				
Risk Assessment							
Source of Hazard	Route of exposure	Activities & tasks	Existing Control Measures	Control effectiveness	Risk classification	Additional Controls Required	Responsible person(s)
Department of Employment and Labour Exposure Risk Classification							
Low Exposure Risk 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.		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.		High Exposure Risk High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19		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, postmortem, or laboratory procedures.	

*Mining, Agriculture, Fishing, Forestry, Manufacturing, Service

(Document prepared by the Risk Assessment Group within the Occupational Health and Safety Workstream of the National Department of Health – Covid-19 Response)

Name and Signature of CEO / Designated person

Date

Prevention, mitigation and management COVID-19 outbreak

ANNEXURE 3: COVID-19 walk-through risk assessment

(For information purposes)



COVID-19 Walk-through Risk Assessment

This document may be updated depending on the Covid-19 pandemic response
Version 1, 1 May 2020

Purpose

This tool is to be used by Occupational Health and Safety professionals at workplaces to assess:

- the potential risk of exposure to SARS-CoV-2 virus
- current control measures; and
- provides recommendations to management.

Objectives

- i) To identify and assess the potential risk of exposure of employees to SARS-CoV-2 virus at workplaces
- ii) To identify control measures (or the absence of control measures) and assess their effectiveness to prevent exposure
- iii) To inform the management of the risk of potential exposure of employees to SARS-CoV-2 virus and additional controls that might be required.

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Guidance note

Anticipated high exposure areas that will need immediate assessment, then others that will require assessment, less urgently include the following areas:

1. Entry points to the workplace
2. Change house facilities
3. On-site canteen and similar dining areas
4. Waiting areas
5. Gathering places
6. Etc.

COVID-19 Walk-trough risk assessment			
Site:	Sector*:	Date:	
Department:		Risk Assessor:	
Work Area/s:		Employer Representative:	
Occupations in Area:		Health & Safety Representative:	

*Mining, Agriculture, Fishing, Forestry, Manufacturing, Service

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COVID-19 Walk-trough risk assessment summary of non-compliance				
Requirement	Finding	Recommendation	Responsible person	Due date

No	Requirement	Status			Comments
		Yes	No	NA	
1.	Basic education & awareness campaigns				
1.1	Staff COVID-19 education/communication programme				
1.2	Contractor staff COVID-19 education/communication programme				
1.3	PPE donning and doffing training programme				
1.4	Health status self-monitoring and reporting /or questionnaire for employees				
2.	Hygiene / cleaning measures				
2.1	Work surfaces are decontaminated with appropriate disinfectants at appropriate intervals				
2.2	Equipment are decontaminated before and after use				
2.3	Hand washing basin is present (located near room exit)				
2.4	Soap and paper towel or once off use material towel available at handwashing basin				
2.5	Hand washing procedure is done, on entering the workplace, after removing PPE, and before leaving the workplace) and at various other times during the course of the day e.g. use of ablutions, etc.				
2.6	There is a procedure for surface decontamination and spills				
2.7	Spill kits are provided and maintained (only where required)				

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No	Requirement	Status		Comments
		Yes	No NA	
2.8	Additional sanitation facilities (e.g. hand sanitizers, etc.) at door entrances and at or close to workstations			
3.	Reduce physical contact (social distancing)			
3.1	Facility access and visitation is limited or restricted			
3.2	Limit crowds or gatherings (e.g. large groups > 10 or groups in restricted spaces)			
3.3	Discourage physical contact of employees (e.g. handshakes, hugs)			
3.4	Closure of communal areas (e.g. gyms)			
3.5	Scatter diners to sit 1.5 metre distance from each other while dining and sitting face-to-face is not allowed. Separate utensils and frequently disinfect			
3.6	Eliminate frequent contact of communal surfaces where possible (e.g. leave doors open only where possible)			
3.7	Stagger tea and lunch breaks to limit employee groupings			
3.8	Working places rearranged to ensure maximum distance between employees			
3.9	No clustering at or in elevators. Elevators not to carry more people than is considered safe under the current COVID-19 conditions. Be aware of contact points in elevators			
3.10	Employees, contractors and visitors entering the facility/workplace are screened for COVID-19 symptoms			
3.11	Employees, contractors and visitors entering the facility who screen positive for COVID-19 symptoms are immediately provided with 'patient' masks			
3.12	Persons under investigation (PUIs) are chaperoned to the next point at the workplace and preferably, a cordoned-off walkway (or at least marked walkway) is present directing the PUI to the next point at the workplace			
3.13	An isolation zone is provided for PUIs and the isolation zone allows for 1.5 metre spacing, presence of barriers, etc.			

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No	Requirement	Status		Comments
		Yes	No	
4.	Engineering control measures			
4.1	Mechanical ventilation is in working order (inward flow, not recirculated to other areas of building, HEPA filtered when reconditioned and recirculated in any workplace, exhausted air discharged through HEPA filters). Environments that require positive pressure may only be allowed where possible and where required without the contamination of other environments			
4.2	Biosafety Cabinets are used for specified procedures. (Only where required)			
4.3	Sufficient air changes and indoor air quality of an acceptable standard is permissible and acceptable and the responsibility of employer to maintain			
4.4	Physical barriers / screens as a barrier between personnel and visitors			
4.5	If air-conditioning must be used, disable re-circulation of internal air. Weekly clean/disinfect/replace key components and filters			
	And when required, disinfect the internal side of ducting using acceptable engineering methods			
5.	Administrative controls			
5.1	Reliable and sustainable source for procurement of key components, including PPE			
5.2	Adequate supplies of PPE, sanitary materials and cleaning products			
	Procedures are in place for personnel to self-check and/or supervisors and colleagues to verify that all relevant PPE is used by personnel during all shifts (e.g. checklists, briefing sessions etc.)			
5.3	Emergency communication plans are current and in place			
5.4	Access to psychological support services			
5.5	Fatigue management plan and controls are in place			

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No	Requirement	Status		Comments
		Yes	No NA	
5.6	Is the COVID-19 Infection, Prevention and Control Guidelines for South Africa available, and explained to employees			
6.	Personal Protective Equipment			
6.1	PPE is selected based on a documented risk assessment, and should meet the minimum recommendations without using excessive PPE for the setting/task			
6.2	PPE must be available in the appropriate sizes for every employee or person/contractor visiting the workplace			
6.3	Disposable gloves			
6.4	Disposable plastic apron (only where required)			
6.5	Closed shoes, non-slip soles and shoe covers (only where required)			
6.6	Eye protection (goggles/face shield or visors)			
6.7	Respiratory protection (an acceptable material face masks that offers very efficient protection / FFP2/N95 or better respirators – FFP2 and N95 generally left to the health care and similar types of work environments that may require that level of protection – i.e. for high risk situations e.g. aerosol-generating procedures and surgical masks for infectious persons)			
	Extreme care should be taken when choosing a mask or respirator to use insofar as it relates to the working environment			
6.8	Each employee has been supplied with a minimum of two cloth masks.			
	Only to be used in identified and clearly marked environments			
6.9	PPE is consistently and properly worn when required			
6.10	PPE is regular inspected, maintained and replaced, as necessary			
6.11	PPE is properly disposed of, as applicable, to avoid contamination of self, others, or the environment			
6.12	PPE is properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment			

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No	Requirement	Status			Comments
		Yes	No	NA	
6.13	Documented respiratory fitment programme that includes fit testing, training, and medical assessments				
6.14	Facial hair (clean shaving) policy for areas where respirators are mandatory				
6.14	PPE provided free of charge to employees				
7.	Safe work practices				
7.1	Biosafety laboratory practices (BSL 3) are available and adopted. (only where required)				
7.2	Eating, drinking, application of cosmetics and smoking in testing facility / workplace (whichever is applicable) is prohibited				
7.3	No storage of food or drink or personal items (coats, bags) in work area				
7.4	Materials (pens, pencils, gum, etc.) is not placed in the mouth while in the laboratory or clinical setting				
7.5	Cuts/broken skin is covered before entering the laboratory				
7.6	Jewelry is covered (must not affect integrity of gloves) or removed before entering any workplace where it is required				
7.7	Mobile electronic devices kept in areas where they cannot be contaminated, if not decontaminated frequently				
7.8	Mobile electronic devices are decontaminated frequently				
7.9	Laboratory doors are kept closed (and biohazardous signage is displayed) - where required				
7.10	Workplaces and working areas rearranged to ensure maximum distance between employees				
8.	Waste management				
8.1	Waste management policy and contract with service provider				
8.2	Waste management contractor complies with occupational health and safety requirements for their employees				
8.3	Records of waste removal, destruction, and treatment available				
8.4	COVID-19 related waste that may contain hazardous material brought to the attention of the waste company				

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No	Requirement	Status			Comments
		Yes	No	NA	
9.	Safety equipment (but not limited to)				
9.1	First aid kits are available				
9.2	Eye wash bottles or fountains available and in working order				
10.	Emergency response				
10.1	Response plan in case someone becomes ill with symptoms of COVID-19 in the workplace is in place and staff are aware of it				
10.2	Suspected COVID-19 case isolation areas and protocols in place and staff are aware of it				
10.3	System to track and trace potential interactions in place (contact tracing)				
10.4	Self-isolation or quarantine protocols available and current and staff are aware of it				

(Document prepared by the Risk Assessment Group within the Occupational Health and Safety Workstream of the National Department of Health – Covid-19 Response)

Name and Signature of CEO / Designated person

Date

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ANNEXURE 4: Guideline on safe and healthy start-up procedure post-**COVID-19** lockdown, which resulted in the extended shutdown of active mining operations

(For information purposes)

GUIDANCE ON SAFE START-UP PROCEDURE FOR MINES POST THE COVID-19 NATIONAL LOCKDOWN

Background

It is acknowledged that since the President declared a national disaster in March 2020 and later a national lockdown, a number of related regulations were promulgated and accordingly amended as circumstances changed and the practicality of implementation became clearer. These are intended to support and ensure that organisations are directed on how to comply with the relevant regulations in the interest of the health and safety of employees and the nation in general.

This guidance on safe start-up procedure for mines post the COVID-19 National lockdown is drafted in accordance with the directive issued to mines to ensure compliance with Section 5(1) of the Mine Health and Safety Act (Act No. 29 of 1996), as amended, which requires that every employer must as far as reasonably practicable, provide and maintain a safe working environment. The guidance focuses on the areas highlighted in the latest disaster management regulations and the **President's risk-adjusted strategy for economic activity**. As a result, the guidance is intended to address the following:

- measures to be taken to prevent the spread of COVID-19, and
- actions to provide a safe working environment, especially following the prolonged closure of some operations.

Measures to be taken to prevent the spread of COVID-19

The measures as outlined in the DMRE directive to prevent the spread of COVID-19 is adequately covered in the attached MOHAC **Guidance Note on COVID-19**. Among others, the following elements of the measures to prevent the spread of the virus are addressed in the document:

1. Rigorous screening of all employees, including contractors, prior to accessing the mine;
2. Testing of employees with symptoms of Covid-19;
3. Adequate social distancing;
4. Provision of quarantine facilities for employees showing signs of COVID-19;
2. Establishment and maintenance of a personal hygiene programme; and

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3. Provision of appropriate Personal Protective Equipment (PPE) including face masks.

It is anticipated that the relevant comprehensive operational risk assessments processes that would be undertaken to ensure that the health related measures in place to address the above are implemented properly without compromising the safety of employees in the process.

Actions to provide a safe working environment following prolonged closure of operations.

Historic statistics have shown that the prolonged stoppage of working places at mines may result in the deterioration of measures in place to mitigate against health and safety risks. Examples of high risk areas following prolonged stoppages include but are not limited to the following:

- Deterioration of ground support systems, particularly in underground workings;
- Time dependent deterioration of ground conditions (e.g hanging wall bed separation; poor hanging wall conditions; poor conditions of highwalls etc.)
- Increased seismic risk for underground operations;
- Lack of or poor ventilation of old/ abandoned working places or those shut down due to lockdown;
- Accumulation of hazardous gases resulting in increase of fires and explosions risks;
- Mud rush risks especially for orepasses that were left containing ore when lockdown was declared.

Nationally, mines conduct comprehensive risk assessments from which they draft Safe Shut-down procedures and Safe-start-up procedures for normally pre-known or planned extended breaks or holidays. These includes breaks for the festive seasons in December or the Easter breaks during March/ April. Similar procedures are followed when activities in active working places are suspended for some time for some reason or another. The dates and length of occurrence of these "normal breaks" are often well known in advance and the shut-down thereof adequately planned for to ensure safe Start-up. As a result, minimal issue based risk assessments are done on an annual basis to review these procedures for relevance and adequacy for the next planned break.

Conversely, the current lockdown was relatively sudden, hence these guidance is intended to highlight and overemphasise areas that should be closely guarded, monitored and improved in the mine's Start-up procedures to ensure an even safer start-up of workplaces that have been left idle during the lock down.