

Prevention, mitigation and management COVID-19 outbreak

The safe start-up procedures are intended to identify all risks and hazards associated with an extended break focusing on each and every element of the operating mining system including the following:

- Mining
- Engineering.
- Environment; Health and Ventilation.
- Security
- Human Resources, HRD and Medical Surveillance.
- Geology.
- Rock Engineering
- Protection Services

After the post lockdown COVID-19 protocols to prevent the spread of COVID-19 has been implemented and complied with; the following would provide an overall guide on areas to be addressed and attended to, to ensure that the start-up of operations on mines is as safe as reasonably practicable:

Post break pre-start up Meeting

Hold the pre-start-up meeting as scheduled and co-ordinate the required work to ensure all applicable areas are covered. The following agenda items must be used when doing the pre-start-up meeting on the post break pre-start-up shift.

- **Security**
 - Access control
 - Also reminder that ALL access to the mine by suppliers/ contractors to be strictly monitored in line with the COVID-19 prevention protocols
 - Tests for intoxication and/or use/ abuse of illegal substances
 - Random searches and screening, where required.
- **HR**
 - Attendance
 - Critical occupations available to ensure safe work (e.g adequate supervision and correct number per crew to work safely)
 - Crush permission and time and attendance process
 - Novices "first timers" dezoned
 - Management Brief
 - Appointments
- **Health**
 - Emergency medical staff on standby.

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- **Engineering**

Shaft Schedules and Work Schedules to be adjusted to take cognisance of the delay caused by the various screening processes which could be time consuming, in consideration of the Basic Conditions of Employment Act in relation to hours of work. This will affect both engineering and mining. Furthermore, the following to be considered/ checked:

- All shaft planned and scheduled work completed
- Power failures during the break
- Fire detection and suppression system Starting of Surface fans and Underground fans.
- Air, water and electricity restored at the beginning of night shift.
- Drinking water availability
- Pump Attendants availability.
- Lamps person and lamp room staff availability.
- All TMMs batteries to be reconnected and all machines checked for proper functionality at the start of morning shift prior to the beginning of night shift.

- **Ventilation**

- Critical door installations
- Known Flammable gas intersections
- Refuge bays

- **Rock Engineering**

- Rock Engineering reports and appropriate risk mitigation actions
- Known Panel list for treatment
- Seismicity reports during break with possible FOG working places.

- **Mining**

- Miner and Shift supervisor reporting (tracking Labour availability /team composition)
- Day Shift / Night Shift
- Early/late shifts of Supervisors
- Working place induction
- Early Entry Examination (Stoping, development and Logistics' start-up checklists)
- Panels only to be started up with by correct team

- **Areas that must be inspected are:**

- Known Flammable gas intersections
- Potential Rock Engineering "Hot Spots "
- Critical fan installations
- Water, air and power restoration areas

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- Check and report any water leaks

Mining

It must be emphasised that the mine's risk assessment for the restarting of active working places that were left "idling" due to lockdown should clearly identify the level of supervision, expertise and/or competency required to restart such workplaces, particularly in addressing the risks highlighted on page 2 above. The below is a guide on the process, the implementation of which will be informed by the risk assessment

- The day shift Mine Overseer must hand out the stopping / re-starting checklists to each day shift Shift Supervisor for over inspection and follow up during the start-up process. The checklist will verify if conditions observed during the last working shift prior to the break and associated special instructions issued by the Mine Overseer are adhered to. Where working places have not been stopped in accordance with the stopping procedure, only the holder of a blasting certificate (Miner or Shift Boss) may complete the competency "A" declaration for that working place.
- Shift Supervisors must do early/late shifts during the **first working dayshift**.
- Supervisors to ensure that all employees familiarise themselves with the working areas; and ensure that all resources for safe operations e.g. Support equipment, barring equipment etc. are available in the workplace.
- All Shift Supervisors, Miners to over-inspect safe declarations and ensure that all necessary precautions are adhered to. A Stop-and-Fix rule must be strictly observed.
- Ensure sufficient drinking water is available in the work place and encourage the drinking of water at regular intervals during the shift.
- Open Services valves slowly to fill columns first and only then pressurise. In the case of water this is to prevent what is called "water hammer" which is caused by the sudden inrush of water, which may cause the flanges to fail and water/air and cause massive leaks.
- Ensure that all power at the stope gully boxes are switched on again at the start of the shift.

Development and Stopping Ends Flammable Gas issues:

- All areas to be checked for flammable gas and necessary entry examination precautions followed. In the event of flammable gas detected, barricade working place and notify ventilation department.
- Employees to be encouraged to pace themselves to maintain an acceptable work rate and report to the supervisor if not feeling well.

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Ventilation Department

- Execute the plan to inspect high risk areas and ensure all areas are covered.

Store & Safety Department

- Ensure ground support equipment, PPE and other safe work equipment are available in enough quantities for supply to working places.
- Ensure that the Personal Protective Equipment store is open on the 1st shift after the break.

HR Department

- Ensure that time and attendance systems are functioning well and that all required documentation is available for the start of the shift.
- Address any block parades that should have been deferred during the shut-down period.

Engineering

- Start-up fans as per the post break pre-start-up shift requirements.
- Restore water, air and electricity as required.
- Arrange for persons to check the charging of cap lamps and gas detection devices on the post break pre-start-up shift.
- Ensure adequate staff is available in the lamp room on the first working shift.
- Ensure that there is no water locked in the ore passes.
- Conduct conveyor/ conveyance/ personnel transportation inspection and chairlift inspection.
 - ***Inspection protocols must ensure that lockdown COVID-19 protocols to prevent the spread of COVID-19 are adhered to at all times.***

Tramming Operations

- The supervisors of the **first working dayshift** and the **first working nightshift** must ensure that all box holes are inspected for water logging and that where water is present, the pulling of these boxes is prevented until the water is drained. It is extremely important to ensure that proper communication is made with the tramming crews, and the following is adhered to:
 - All Ore passes to be evaluated and inspected for the presence of water.
 - Report excessive water leaks to the control room.
 - Ensure that main haulage ventilation doors are kept in a closed position.

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Geology

- High risk areas should be visited on the first production shift and treated with caution until confirmed that there is no flammable gas or water intersection risks.

Rock Engineering recommendations.

- Rock Engineer to attend the post break pre-start-up meeting with other duty officials.
- Consolidate potential Rock Engineering "Hot Spots" data and communicate the information to responsible production sections with specific reference to **the first working dayshift** and the **first working nightshift** to address any potential hazardous conditions.

Explosives control

- Inspect all explosives storage areas and compare stock with shutdown record. Report any deviation to the respective section area management and protection services.

Chronic Medical Conditions

The guide below will be informed by the **lockdown COVID-19 protocols to prevent the spread of COVID-19** and supplement them where applicable. **Where any of the guidance below is in contrast with the COVID-19 prevention protocols, the COVID protocols will take precedent.**

Primary Health Clinics:

- Adequate measures shall be put in place to identify and manage employees who are on chronic medication;
- Employees who are in default of their chronic medication protocol, must be flagged and blocked-paraded for referral and appropriate remedial measures.

Employee tracing:

- All employees who have defaulted on their chronic medication should be flagged. Tracing of such employee (s) will be initiated in an effort to assist such employee (s) and ensure observance of the chronic medication regimen.

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Medical screening at the workplace

- The medical surveillance program requirements shall be adhered to with regards to the number of days' persons who have been absent from the mine need to be booked for a review of their medical fitness certificates by the OMP.
- The backlog of medicals will be tracked by the OMP and closed out as far as reasonably practicable.
- **The provisions below are to be applied as far as reasonably practicable in close reference to the COVID-19 protocols to prevent the spread of COVID-19:**
 - All employees returning from the extended break will be subjected to a medical questionnaire and appropriate screening at the access control points. Where concerns are noted, such persons will be referred to the on-mine clinic for further assistance and screening.
 - All persons who have visited high risk pandemic areas to first report to the medical centre for screening and present a note to the effect that they have been cleared to proceed to the workplaces.
 - The hot spot pandemic areas will be communicated from time to time by the Department of Health, the National Institute of Communicable Diseases or the UN/WHO (World Health Organization).

Records

- A shutdown and Start-up file should be maintained. This file will include all minutes, action logs and additional documentation (including the medical questionnaires) to be submitted to the section management and saved electronically on the SHE systems by the respective Chief Safety Officers at the operations.
- An additional copy of the file to be submitted to Control room for referencing of all approved work, standby list and whereabouts of responsible supervision.

Furthermore, the latest amended disaster management regulations and the President's risk-adjusted strategy for economic activity provides that before any resumption of any activity at an operation, the following conditions must be in place:

- In addition to generally applicable health and safety protocols, the employer's COVID-19 prevention and mitigation plan must be agreed upon with the Minister of Employment and Labour, the Minister of Health and the Minister of Minerals and Energy.
- Individual operations or workplaces must have COVID-19 risk assessments and plans in place, and must conduct worker education on COVID-19 and protection measures including the following:
 - Identification and protection of **vulnerable employees**
 - Safe transport of employees

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- Screening of employees on entering the workplace
 - Prevention of viral spread in the workplace:
 - Cleaning of surfaces and shared equipment
 - Good ventilation
 - Managing sick employees
- Monitoring systems must be in place to (1) ensure compliance with safety protocols and (2) identify infections among employees.

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ANNEXURE 5: Start-up procedure of mines by employers and **employees** following a 21-day national lockdown

(Mandatory)

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Regional Operations Manager: Coal
Regional Operations Manager: Other Mines and Offshore
Chief Director: Technical Support Unit
Chief Director: Occupational Health Unit
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Legal Officer: G Ndamse

**RE: START- UP PROCEDURE OF MINES BY EMPLOYERS AND EMPLOYEES
FOLLOWING A 21 DAY NATIONAL LOCKDOWN**

1. BACKGROUND

The Department of Mineral Resources and Energy (DMRE) have previously requested all the mines to develop and implement a risk based protocol during the lockdown period in support of the President of the Republic, HE Cyril Ramaphosa, announcement regarding the prevention of the spread of COVID – 19. The Department also issued a Guiding Principles on the Prevention and Management of COVID-19 with regards to the preparedness, mitigation and management of COVID-19 to assist the sector in developing the aforesaid protocol.

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The Minister of Mineral Resources and Energy, Mr Gwede Mantashe (MP), met key stakeholders from the sector on the 8 April 2020 to engage on the appropriate measures that should be implemented to prevent the spread of COVID – 19 once all the mines commence with operations from the 17 April 2020. The following were also agreed in principle during the meeting:

- There should be ramping up instead of full-scale production.
- Transport to be provided for mine workers.
- All the employees (including contractors) should be properly screened for COVID-19 prior to accessing the mine.
- Employees who show signs of COVID – 19 should be quarantined.
- Adequate medical surveillance and care, including hospitalization where necessary, should be provided to employees who are sick.
- Adequate social distancing must be maintained.
- Prevention of close contact on transportation of mine employees to and into the mine.
- The employer must ensure that sufficient resources are available at the mine.
- The employer should establish and maintain a personal hygiene programme in mitigation of transmission of COVID-19; and
- Appropriate personal protective equipment (PPE) including face masks should be provided to the employees.

Further, historic health and safety statistics have always shown that the mines report an increase in number of fatalities and injuries following prolonged planned or unplanned mine closures. Working places remain idle for prolonged periods and the increase in fatalities and injuries is also attributed to a variety of issues, including but not limited to lack of compliance to the legal provisions; poor medical surveillance; inadequate supervision; anxiety; production pressures and associated incentives; lack focus and complacency. This also results in workers taking short cuts and failure to comply with the applicable standards and procedures.

Section 5(1) of the Mine Health and Safety Act (Act No. 29 of 1996) as amended requires that every employer, as far as reasonably practicable, must provide and maintain a working environment that is safe and without risk to health of employees.

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The mining industry has a formal procedure for medical surveillance of any workers returning to work following a significant period away from work, based on the Department of Minerals Resources and Energy's (DMRE) standards of fitness to work. This SOP outlines the additional special steps and procedures to be followed in light of workers going back to work after the Lockdown.

2. ACTION REQUIRED FROM THE MINES

All employers are instructed to ensure that 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 in consultation with organised labour at the mine.

It is advised that the risk-based approach as embedded in the Guiding Principles of Prevention and Management of COVID-19 in SAMI, be applied in the development of the start-up procedure, especially that these were based on WHO, NDoH and NICD guidelines. The amended regulations issued in terms of section 27(2) of the disaster management act, 2002, have been promulgated, it is important to adhere to these as well.

It is advised that the risk-based approach as embedded in the Guiding Principles of Prevention and Management of COVID-19 in SAMI, be applied in the development of the start-up procedure, especially that these were based on WHO, NDoH and NICD guidelines. The amended regulations issued in terms of section 27(2) of the disaster management act, 2002, have been promulgated, it is important to adhere to these as well.

The National Department of Health has in its presentation on SA's Covid-19 epidemic: Trends & Next steps informed South Africa of the next stages of South Africa's response, which are but not limited to the following.

- Surveillance to identify & intervene in hotspots, spatial monitoring of new cases, outbreak investigation & intervention teams.
- Medical Care (for the peak), surveillance on case load & capacity.
- Managing staff exposures and infections, ongoing surveillance for new cases and

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- Managing psychological and social impact.

All employers are instructed to ensure that 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 in consultation with organised labour at the mine.

A presentation on the precautionary start-up procedure must be made to the office of the Principal Inspector of Mines, by both the representatives of the employer and organised labour at the mine.

The precautionary start-up presentation must address the measures that the employer is to take to prevent the spread of COVID – 19 as well as actions to provide and maintain a working environment that is safe and without risk to the health or safety of employees. The procedure must also reflect the abovementioned risk-based protocol and agreements from the stakeholder meeting of the 8 April 2020.

This instruction is effective immediately from the date of this letter.

This instruction shall remain in force until varied or set aside by the Principal Inspector of Mines.

Thanking you in advance for your co-operation.

Yours in Health and Safety,

D MSIZA
CHIEF INSPECTOR OF MINES

DATE:

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Regional office postal address, tel:, and fax:]
[Street address]

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Enquiries: A N Other
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The Employer
Mine name
Address

Dear Sir / Madam

All Employers

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FOLLOWING A 21 DAY NATIONAL LOCKDOWN**

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ACTION REQUIRED FROM THE MINES

1. All employers are instructed to ensure that 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 in consultation with organised labour at the mine.
2. It is advised that the risk-based approach as embedded in the Guiding Principles of Prevention and Management of COVID-19 in SAMI, be applied in the development of the start-up procedure, as these were based on WHO, NDoH and NICD guidelines.
3. Adherence to the amended regulations issued in terms of section 27(2) of the disaster management act, 2002, which have been promulgated, is expected.

The National Department of Health has in its presentation on SA's Covid-19 epidemic: Trends & Next steps informed South Africa of the next stages of South Africa's response, which are but not limited to the following.

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This instruction is effective immediately from the date of this letter.

This instruction shall remain in force until varied or set aside by the Principal Inspector of Mines.

Kindly acknowledge receipt.

Yours faithfully

**AN. OTHER
PRINCIPAL INSPECTOR
REGION**

DATE:

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ANNEXURE 6: Guidance on **PPE** for the **COVID-19** pandemic

(For information purposes)

GUIDANCE ON PERSONAL PROTECTIVE EQUIPMENT FOR COVID-19 PANDEMIC

21 April 2020

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1 INTRODUCTION

The global COVID-19 pandemic was recorded for the first time in South Africa on 5th March. Since then the country and industry have had to adjust the world of work drastically, resulting in a state of disaster and lockdown in the country from 26th March to 30th April 2020. This guidance is specifically directed at the use of additional personal protective equipment (PPE) for COVID-19.

2 PURPOSE AND SCOPE

This document provides recommendations for the proper use of personal protective equipment (PPE)- for specific situations, to protect employees in the South African Mining Industry (SAMI) against exposure to the coronavirus (SARS-CoV-2) called COVID-19 and airborne pollutants in the workplace. In every situation, employees may be placed in a unique exposure risk, so the recommendations are designed to ensure that the most appropriate and effective PPE to suit a specific situation. The document does not change any current practices regarding PPE that has been previously issued to employees based on the risk assessed by the employer. It is still the duty of the employer to assess any risk and the guidance is meant to assist the employer in deciding on the best PPE to be adopted for protection of employees against COVID-19.

3 RATIONALE FOR GUIDANCE DOCUMENT: CORONAVIRUS TRANSMISSION

The SARS-CoV-2 virus (COVID-19) is spread through respiratory droplets and contact with contaminated surfaces. The virus can be transmitted from infected people by cough and sneeze droplets, which land on surfaces and hands. A person can become infected if they inhale coughed or sneezed infectious droplets, or by touching contaminated surfaces and then touching their eyes, nose, or mouth without washing their hands. COVID-19, airborne transmission may be possible in specific circumstances and settings in which procedures or support treatments that generate aerosols are performed, e.g., spirometry, alcohol testing, invasive medical procedures, cardiopulmonary resuscitation and removal of cardio-thoracic organs for compensation purposes.

4 MINIMUM PRECAUTIONARY MEASURES AGAINST INFECTION

- (a) Social distancing must be at least 1 (one) metre away where possible.
- (b) 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 e. g. phones, door handles etc.
- (c) Wiping workstation equipment with a disinfect (such as a 0.1% bleach solution) pre & post (during the shift if people share equipment) work shift (preventing transmission through sharing of equipment during shift change; that's equipment such as drilling machines, mobile equipment (steering wheels, gear knobs), computers in control rooms, control panels, etc. that are shared through different shifts), especially surfaces that will be frequently touched (The Original Equipment Manufacture instruction must be consulted prior to disinfecting such equipment to prevent any damage or deterioration of such equipment).
- (d) Cough in the fold of the elbow or in a tissue which you discard and wash your hands.
- (e) Avoid touching your eyes, nose and mouth with unwashed hands.

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- (f) Wearing of fabric face mask in public places rather than using medical masks reserved for healthcare workers can assist in slowing the spread of the coronavirus, but that other hygiene measures are also crucial.



5 RESPIRATORY PROTECTIVE EQUIPMENT (RPE) APPLICATION AGAINST COVID-19

A continuing, effective respiratory protection program as specified by applicable local regulations must be implemented when using Respiratory Protective Equipment (RPE) as a control.

(a) De-densified and social distanced areas

In areas where de-densification and social distancing (with clearly demarcated standing, seating or working position/s) has been achieved, the use of face masks (surgical masks) is optional while cloth masks are recommended, in accordance with guidance from relevant legislative requirements and/or the appointed Section 12 Occupational Hygiene and Ventilation Engineer.

(b) Non de-densified and social distanced areas

In workplace areas or situations where de-densification and social distancing can't be achieved to protect workers from exposure to respiratory droplets that may be carrying COVID-19 viruses, and where the use of industrial RPE (typically FFP2 respirators or cartridge type respirators for gas/fume and particulate mitigation) is compulsory for protection against airborne particulates, the RPE can double-up as protection against COVID-19 by reducing the spread of respiratory droplets. No need for additional masks.

Where industrial respiratory protection is not used or available and mine workers are crowded in confined areas the use of face masks (surgical masks) is recommended, in accordance with guidance from relevant local authorities and/or the appointed Section 12 Occupational Hygiene and Ventilation Engineer.

(c) "COVID-19 Mask Zones"

Mines should identify the potential high-risk areas and tasks which social distancing is not possible, for example shaft conveyances (mine cages), underground man carriers, etc. and demarcate these as "COVID-19 mask zones". Employees should not be allowed in such demarcated areas without a respirator or facial mask.

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Note: The use of cloth masks is under investigation, but for the interim, considering the potential risk posed by not being able to practice social distancing, surgical masks are recommended for use in crowded workplaces.

(d) Safe Disposal of RPE

- ✓ Put the used RPE in a dedicated rubbish waste bag/s and seal the rubbish waste bag when it's full;
- ✓ Store the full sealed rubbish waste bag in a dedicated storage area;
- ✓ The sealed rubbish waste bag with face masks should be stored for a period not less than 48 hours prior to being disposed of in the local waste;
- ✓ The sealed rubbish waste bag with industrial RPE should be stored for a period not less than 7 days prior to being disposed of in the local waste; and
- ✓ local waste disposal requirements must be followed.

Note: The mine should keep a record of the type of RPE being disposed, when the full rubbish waste bag was sealed and when was such full rubbish waste disposed of in the local waste.

6 GENERAL GUIDANCE INFORMATION ON PPE

Respiratory protection

The respirator protects individuals from the inhalation of droplets and particles but also reduces the spread of infectious respiratory droplets. Given that the fitting of different types of respirator will vary for each user, the respirator will require a fit testing in order to find the best fit PPE to the user. In the event of the need to assess a suspected case of COVID-19 or in the management of such a confirmed case of COVID-19, the guide suggests the use of Filtering Face Piece (FFP) respirators class 2 or 3 (FFP2 or FFP3) (N95). An FFP3 respirator should always be used when performing aerosol-generating activities/procedures.

When not in use, i.e. in the workplace where inhalable hazards are absent and where social distancing can be practised, mine workers should be provided with the means to store the RPE (for example, a sealable plastic bag) to prevent contamination when the mask is not in use.

Eye protection

Eye and face protection provide protection against contamination to the eyes from respiratory droplets arising from aerosol generating procedures and from splashing of secretions (including respiratory secretions), blood, body fluids or excretions in the health care environment. Pertaining to COVID-19 eye protection is only required by Healthcare workers, EMS personnel, COVID-19 Site Screening Teams and Cleaners who might come into contact with respiratory droplets. (high risk group)

Eye and face protection can be achieved using any one of the following:

- surgical mask with integrated visor
- full face shield or visor
- polycarbonate safety spectacles or equivalent

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Body protection

In instances where very high-risk procedures are conducted, body protection in the form of gowns and plastic aprons will be required.

Gloves

Surgical (disposable but not theatre grade) gloves must be worn when providing direct patient care and when exposure to blood and or other body fluids is anticipated or likely, including during equipment and environmental decontamination. Disposable gloves are subject to single use and must be disposed of immediately after completion of a procedure or task and after each patient contact, followed by the application of hand hygiene.

Gloves provided as part of PPE for a specific occupation will continue to be utilised. Good storage of gloves should be promoted. In case of reusable gloves, they should be washed and decontaminated at end of the shift and hang to dry for next shift use.

Note: Gloves are not required as general protection against the COVID-19 virus for occupations and tasks not described above.

7 CLOTH FACE MASKS (UNDER INVESTIGATION)

There is good evidence to show that cloth face masks significantly reduce the spread of infectious respiratory droplets. Through lowered amounts of exhaled Coronavirus, wearing a mask should reduce the spread of infection from the wearer's respiratory droplets. Although a cloth face mask may not be as good as a surgical face mask in hospital settings, the cloth face mask is a suitable alternative to surgical face masks to reduce droplet spread. Hence, cloth face masks are recommended for situations where social distancing is not possible and respiratory protection for protection against inhalable hazards is not required.

Face masks are recommended in addition to hand-washing and social distancing – it does not replace these two more important strategies. Cloth face mask should never be promoted as a primary prevention strategy and be used in accordance with guidance from relevant local authorities.

N95 respirators and surgical medical masks are reserved for health workers and suspected infected COVID-19 cases.

FFP2 (or similar) respirators are reserved for workers in respirator zones to prevent exposure to inhalable particulate hazards in the workplace

Cloth face masks can be used when an individual comes into contact with people and social distancing can't be maintained like when using public/bus transport, attending essential services, general public use, etc. Cloth face masks should always be accompanied by clear user instructions on strict mask use (donning, doffing, disposal, etc.) and hygiene. Could also be used for suspected infected COVID-19 cases.

Cloth face masks should—

- fit snugly but comfortably against the side of the face;
- cover the nose and mouth completely;
- be secured with ties or ear loops;

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- include multiple layers of fabric;
- allow for breathing without restriction; and
- be able to be laundered and machine dried without damage or change to the shape

Face masks should not be lowered when speaking, coughing or sneezing. Face masks should not be repeatedly touched – fiddling with the mask repeatedly is strongly discouraged as it is important to avoid touching the face with hands. The inner side of the mask should not be touched by hands.

It is important to wash hand first before putting on the face mask. Individuals should be careful not to touch their eyes, nose, and mouth when removing their cloth face mask and wash their hands after removing the cloth face mask. Wash cloth face masks with warm water [60–90 °C (140–194 °F)] common household detergent, and dry thoroughly. If possible, iron the mask after washing as it will help with disinfection. Each person will need to have at least two face masks so that one face mask is available when the other is being washed.

Cloth face masks must be accompanied with instructions to the Wearer of the mask. As minimum, the instructions must cover the following points:

- The importance that masks are used in addition to control measures such as hand washing, social distancing, etc.
- Washing the hands with soap and water or an alcohol-based hand rub before handling and putting on the mask
- To cover the nose and the mouth with the mask and to make sure that there are no obvious gaps between the mask and the wearers face.
- Avoid touching the mask when using it. If the mask needs to be touched or adjusted, wash hands with soap and water or an alcohol-based hand rub after touching the mask. This also applies when the mask is removed.

A cloth mask of acceptable standard and design must consist of three layers:

- Outer layer (faces towards other people): made from thick weave cotton like denim, calico, upholstery fabric, etc. Must be water repellent, easy to clean and be quick drying
- Inner layer (against the face): Can be made with the same material as the outer layer. Both polyester and nylon fabrics are preferred. Cotton can be used but this fabric can be highly water absorbent and become wet against skin.
- Middle/Filter layer: using the same fabric as inner/outer layer or fabric that is used in lining of suit jackets or formal coats. The layer could also be gauze from the pharmacy (non-woven), dried out wet wipes (unscented), or brand-new polyester floor wipes (dry ones). It is recommended that the non-woven layer be replaced daily with a fresh one and not be reuse.
 - Avoid T-shirt material.
 - Use fabrics that can be washed in hot water and ironed.
- Cleaning and disinfection instructions

Cloth masks for health care workers. Cloth masks are not recommended for health care workers because there is no filtration or protection against droplets or splashes. There is also the "wicking effect" which increases the risk of mucous membrane contamination.

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Cloth masks for source isolation (community). As there is an urgent need to preserve essential PPE, especially face masks for healthcare workers, the use of cloth masks may be considered for source isolation for community healthcare workers, security, and the general public particularly when travelling in enclosed spaces such as taxis.

8 REPLACEMENT AND EXTENDING THE USE OF RPE

Respirators are for single use or single session use and then are to be discarded (hand hygiene must always be performed after disposal) or if re-usable cleaned according to manufacturer's instructions. It is important that the respirator maintains its fit, function and remains tolerable for the user.

The respirator should be discarded and replaced and NOT be subject to continued use in any of the following circumstances:

- is damaged
- is soiled (for example, with secretions, body fluids)
- is damp
- facial seal is compromised
- is uncomfortable
- is difficult to breathe through

The manufacturers' guidance should be followed in regard to the maximum duration of use.

A summary of the recommended PPE for each category of worker is provided in section 10

Prevention, mitigation and management COVID-19 outbreak

9 COVID-19 POTENTIAL EXPOSURE GROUPS AND PPE REQUIREMENTS SPECIFIC FOR COVID-19

COVID-19 Exposure Risk Group	FFP2/3 or N95	Surgical masks	Site issued RPE	Cloth face masks	Surgical gloves	Re-usable gloves	Eye protection	Gown	Disposable plastic apron	Disposable overall
Clinical health & EMS staff	FFP2/N95				X		X	X	X	X
Mine Workers in A & B Airborne Pollutant HEGs			PPP2/3 or cartridge respirators							
Mine workers in crowded areas (mine cages, etc.) without issued RPE		X		(under investigation)			X (if part of standard PPE)			
Mine workers at the workstations (not a respirator zone) also taking risk assessment into consideration for other requirements				X						
Administrative / office staff		X		X						
Cleaners (general)	FFP2/P2					X	X			

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COVID-19 Exposure Risk Group	FFP2/3 or N95	Surgical masks	Site issued RPE	Cloth face masks	Surgical gloves	Re-usable gloves	Eye protection	Gown	Disposable plastic apron	Disposable overall
Cleaners (disinfection)	FFP2/P2					X	X			X
COVID-19 Site screening teams	FFP2/N95				X		X			
Security (general)				X						
Employees with respiratory symptoms		X (When in contact with others)								
Mine workers in company transportation		X		X (under investigation)						
Mine workers in public transportation				X						
Visitors				X						
Social distancing compromised		X	X	X						

10 REFERENCES

National Department of Health. COVID-19 Infection Prevention and Control Guidelines for South Africa, March 2020

National Department of Health. National Practical Manual for the Implementation of the National IPC Strategic Framework, March 2020

Circular H25/20: Guidelines for PPE during coronavirus disease 2019 (covid-19) Western Cape Government: Health March 2020

South Africa Occupational Health and Safety Act, Act 85 of 1993 – Regulations for Hazardous Biological Agents, 2001.

WHO Rational use of personal protective equipment (PPE) for coronavirus disease (COVID-19), March 2020.

ECDC Technical Report- Personal protective equipment (PPE) needs in healthcare settings for the care of patients with suspected or confirmed novel coronavirus (2019-nCoV), February 2020.

UK Public Health: COVID-19 personal protective equipment (PPE), April 2020

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

<https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/diy-clothface-coverings.html>

<https://www.who.int/news-room/commentaries/detail/modes-of-transmission-of-virus-causing-covid-19-implications-for-ipc-precaution-recommendations>

<https://www.who.int/publications/i/item/covid-19-and-food-safety-guidance-for-food-businesses>

Prevention, mitigation and management COVID-19 outbreak

ANNEXURE 7: Criteria for **PUI** will be as per the latest **NDOH** and **NICD** guidelines

(For information purposes)

See latest updates on:

<https://www.nicd.ac.za/diseases-a-z-index/covid-19/covid-19-guidelines/>

Prevention, mitigation and management COVID-19 outbreak

ANNEXURE 7(a): COVID-19 notifiable medical condition case definitions will be as per the latest **NDOH** and **NICD** guidelines on case definitions

(For information purposes)

See latest updates on:

<https://www.nicd.ac.za/diseases-a-z-index/covid-19/covid-19-guidelines/>

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ANNEXURE 8: Control measures to manage the risk of **exposure** to a breathalyser

(For information purposes)

1. It is recommended that the procedure is performed outdoors. Where the procedure must be performed indoors, there has to be adequate ventilation and natural, or artificial, UV light to reduce the amount of viable organisms in the air.
2. The breathalyser must be held with an extended arm, away from the operator. The person must blow into the blow point, directed past the operator. This is in cases where the operator is required to hold the device.
3. It is recommended that an operator wear a mask, gloves and goggles. This is provided that they are fully trained and competent in the use of **PPE** for infection control.
4. The operator will require training to put on, and take off the mask without contaminating their faces and auto-inoculation of their mucus membranes.
5. If possible, the people being tested can hold the device themselves and this would be preferable.
6. The mouth of the person being tested must be at a distance of 50mm from blow point.
7. **Employees** must be instructed not place their lips on blow point.
8. The person must be instructed to blow steadily towards the blow point for two to three seconds.

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ANNEXURE 9: Handling of occupational hygiene personal sampling with regards to COVID-19*(For information purposes)*

	QUALITY MANUAL		QM No. 6.1.1
	CORONAVIRUS/COVID-19		ISO/IEC 17025:2017 Clause 6.1
			REV No: 00
	Compiled By: Kobus Dekker		Date Approved: 17/3/2020
	Approved By: Adele Kriel		Page 1 of 5

1. SCOPE

This document outlines and addresses the preventative measures for the **Coronavirus/COVID19**. This document will specify the preventative measures and the care to be taken when handling, preparing, issuing, retrieving and decontaminating sampling equipment for KDOHC.

2. POLICY

It is the policy of KDOHC to ensure all the activities underlined in this procedure be performed and are undertaken to ensure health and safety of all KDOHC employees, clients and service providers and suppliers. Note that the specifications in this procedure should be seen as a minimum requirement only.

3. REFERENCE DOCUMENTS

<https://youtu.be/JKpVMivbTfg>

Parliament Highlights. Gan Kim Yong speech

Centres for Disease Control and Prevention. CDC 24/7: Saving Lives. Protecting People



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

4. DEFINITIONS AND ABBREVIATIONS

Decontamination solution – Solution of Bleach/bleach and water (20ml Bleach per one litre of water)



Prevention, mitigation and management COVID-19 outbreak

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	CORONAVIRUS/COVID-19		ISO/IEC 17025:2017 Clause 6.1
			REV No: 00
	Compiled By: Kobus Dekker		Date Approved: 17/3/2020
	Approved By: Adele Kriel		Page 2 of 5

5. PROCEDURE

5.1 Issuing of equipment



Issuing of equipment will be done in accordance with company policies and procedures, with the following recommendations:

- **Always assume that equipment is contaminated**
- Receive equipment box from the laboratory
- Fit re-useable, impervious gloves (it may be necessary to remove all jewellery and watches)
- Take equipment out of the equipment box
- Close the equipment box as soon as possible after removing the equipment
- Wipe all the equipment with a decontamination solution consisting of a Bleach and water solution
- Conduct calibrations and sample assembly as per normal with your gloves still on
- Before approaching employee to issue sampling equipment fit your mask and goggles to protect your T-zone (figure below)
- Issue equipment
- Return to the office and decontaminate your re-usable gloves before taking it off
- After decontamination, take it off and let it dry
- REPEAT THE PROCESS WHEN RETRIEVING EQUIPMENT
- When back at the office after retrieving of equipment, place all noise dosimeters inside a Ziplock bag, seal and put it in the equipment transport box
- If dosimeters stay on the site, decontaminate (wipe) with a cloth soaked in decontamination solution and submerge the windshield in the decontamination solution
- Wipe the sampling pumps and the rest of the equipment with a cloth soaked in decontamination solution
- Decontaminate the outside of the equipment transport box

T-zone



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5.2 Collecting equipment transport box from sites

- Always assume that equipment is contaminated
- Fit re-useable, impervious gloves (it may be necessary to remove all jewellery and watches)
- Open the equipment box
- Inspect the equipment
- If noise dosimeters are not contained inside Ziplock bags OR when cyclone grid pots are not fitted to the cyclone anymore, assume the entire box is contaminated inside and seal the box immediately with a cable tie
- Mark the equipment box with a special sticker indicating that the content should be considered as potentially contaminated
- Inform the client that the box is potentially contaminated and that they should put the box in quarantine for a period of 14 days
- Take off your gloves and put it in a refuse bag, seal and transport it back to the laboratory
- If satisfied, take the box and put in the refuse bag with the contaminated gloves to return to the laboratory

5.3 Decontamination and unpacking of equipment transport boxes at the laboratory

Outside decontamination



- Receive the equipment transport boxes at a table outside the lab
- Fit a clean pair of gloves and goggles
- Take out the equipment transport box and wipe it with decontamination solution
- Submerge the contaminated gloves and Ziplock bags into the decontamination solution and hang out to dry
- Wipe all the equipment with decontamination solution and put it on a transport tray
- Spray the equipment box inserts (sponges) with decontamination solution

Inside decontamination

- Take sample equipment into the lab on the transport tray
- Take equipment to Wet lab for post calibration checks
- Fit a clean pair of gloves
- Remove the cyclone and grid pot from the sample cassette and submerge both in the decontamination solution



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	QUALITY MANUAL		QM No. 6.1.1
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- Place the cyclone and the grid pot now into the ultrasonic both for further cleaning
- Disassemble the sample cassette by firstly removing the Top inlet and Extension sections of the cassette
- Take the filter with the mentioned two sections of the cassette to the weighing facility
- Remove your gloves and submerge the contaminated gloves into the decontamination solution and hang out to dry
- Take the filter out of the cassette and place it in a petri dish
- Take the sampling cassette back to the wet laboratory and submerge in the decontamination solution before placing it in the ultrasonic bath for further cleaning
- When the pumps are dry, return to the charging docking stations

5.4 Decontamination of noise dosimeters

- Remove the windshield and submerge in decontamination solution
- Place in the fume extraction hood and allow to dry
- Wipe noise dosimeters with decontamination solution
- Wipe down transport trays
- Remove your gloves before moving equipment

5.5 General notes

- When preparing equipment to be transported to the client, consider all equipment, originated from laboratory, to be decontaminated
- All working surfaces in the laboratory will be wiped down at the end of each shift
- Laboratory personal to wear gloves when working with control cards
- Issuers of equipment on the sites need to wear gloves when handling/completing control cards

5.6 Decontamination of Office environment

Decontaminate the following items in the office environment by one dedicated person per day:

- All doorknobs and handles
- Toilet handle
- All water taps
- Keyboards, mouse, printer control panel and telephones
- Door remote, alarm control pad

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- Light switches
- Tabletops (all working surfaces), Kettle, microwave, fridge
- All utensils, cups, glasses, plates etc. to be washed after use with soap and water
- Designated cutlery and crockery to be provided for each employee
- Only paper towels to be allowed in the bathrooms and kitchen.

5.7 Company vehicles

- All company vehicles to be cleaned by KDOHC employees once a week (no external cleaning companies to be used)
- Vehicles to be disinfected on the inside on a daily basis
- Visitors to sign register
- Visitors to disinfect hands on arrival
- A poster will be displayed on the front door stating that if you experience any symptoms of the Corona/COVID 19 virus, please refrain from entering. Consult your doctor
- When suspecting that an office employee is sick or symptomatic, make the laboratory manager aware and get suspected employee to seek medical advice

6. RECORDS

All records are kept as per QM No. 8.4/F-01.

Prevention, mitigation and management COVID-19 outbreak

ANNEXURE 10: Notice on compensation for occupationally acquired corona virus under COIDA, Amended Act

(Mandatory)

GOVERNMENT NOTICE

DEPARTMENT OF EMPLOYMENT AND LABOUR

No. R.

2020


**COMPENSATION FOR OCCUPATIONAL INJURIES AND
DISEASES ACT, 1993 (ACT NO 130 OF 1993)**

**NOTICE ON COMPENSATION FOR OCCUPATIONALLY-ACQUIRED NOVEL CORONA
VIRUS DISEASE (COVID-19) UNDER COMPENSATION FOR OCCUPATIONAL INJURIES
AND DISEASES ACT, 130 of 1993 AS AMENDED**

1. I, Vuyo Mafata, Compensation Commissioner, after consultation with the Compensation Executive Committee, hereby make the following notice in terms of Section 6A of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No 130 of 1993) as amended. The proposed notice is attached as Schedule A.

SCHEDULE

2. The notice for compensation of occupationally-acquired novel Corona virus disease (Covid-19) comes into effect on the date of publication hereof and shall be implemented with immediate effect thereon.
3. All employers and Medical Service Providers must follow the stipulated prescripts when submitting claims and supporting medical reports for Covid-19.
4. When submitting reports online through the CompEasy system or Mutual Association Claims systems, Medical Service Providers must use the emergency Covid-19 ICD-10 code: **U07.1** as proposed by the World Health Organization (WHO).


VUYO MAFATA
COMPENSATION COMMISSIONER
DATE: 2020/03/20

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NOTICE ON COMPENSATION FOR OCCUPATIONALLY-ACQUIRED NOVEL CORONA VIRUS DISEASE (COVID-19)

SCHEDULE A

Circular No. CF/03/2020

NOTICE ON COMPENSATION FOR OCCUPATIONALLY-ACQUIRED NOVEL CORONA VIRUS DISEASE (COVID-19)

COMPENSATION FOR OCCUPATIONAL INJURIES AND DISEASES ACT, 1993 (NO. 130 OF 1993) AS AMENDED.

The following notice is issued to clarify the position of the Compensation Fund with regard to compensation of claims for Covid-19.

1. Acronyms

Coid Act	Compensation for Occupational Injuries and Diseases Act, 130 of 1993
Covid-19	Novel Corona Virus Disease of 2019
DOH	Department of Health, South Africa
WHO	World Health Organization
ILO	International Labour Organization
SARS-Cov-2	Severe Acute Respiratory Syndrome Corona Virus 2
RNA	Ribonucleic Acid

2. Definition

Coronavirus Disease (COVID-19) is a viral infection of the upper respiratory system which presents with flu-like symptoms ranging from mild fever, dry cough, runny nose, sneezing to moderate and severe symptoms like productive cough, high fever, shortness of breath and general malaise. In its severe form it can present with pneumonia, cough with haemoptysis and respiratory failure. It is transmitted through droplets suspended in the air during coughing and sneezing from an infected source.

Occupationally-acquired COVID-19 is a disease contracted by an employee as defined in the Coid Act arising out of and in the course of his or her employment. This notice deals with occupationally-acquired COVID-19 resulting from single or multiple exposures to confirmed case(s) of COVID-19 in the workplace or after an official trip to high-risk countries or areas in a

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NOTICE ON COMPENSATION FOR OCCUPATIONALLY-ACQUIRED NOVEL CORONA VIRUS DISEASE (COVID-19)

previously COVID-19-free individual.

A claim for occupationally-acquired COVID-19 shall clearly be set out as contemplated in and provided for in sections 65 and 68 of the COIDA Act.

3. Diagnosis

3.1. Occupationally-acquired COVID-19 diagnosis relies on:

- a) Occupational exposure to a known source of COVID-19;
- b) A reliable diagnosis of COVID-19 as per the WHO guidelines;
- c) An approved official trip and travel history to countries and/or areas of high risk for COVID-19 on work assignment;
- d) A presumed high-risk work environment where transmission of COVID-19 is inherently prevalent; and
- e) A chronological sequence between the work exposure and the development of symptoms.

3.2. COVID-19 can be reliably diagnosed by:

- a) Sputum, nasopharyngeal or oropharyngeal swab specimen collected from all patients at admission tested by real time polymerase chain reaction (PCR) for SARS-Cov-2 RNA performed within three hours of collection.

3.3. Occupations at Risk:

3.3.1. Very high exposure risk occupations

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:

- a) 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.
- b) Healthcare or laboratory personnel collecting or handling specimens from known or suspected COVID-19 patients (e.g. manipulating cultures from known or suspected

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NOTICE ON COMPENSATION FOR OCCUPATIONALLY-ACQUIRED NOVEL CORONA VIRUS DISEASE (COVID-19)

COVID-19 patients).

- c) 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.

3.3.2. High exposure risk occupations

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

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

3.3.3. Medium exposure risk occupations

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).

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NOTICE ON COMPENSATION FOR OCCUPATIONALLY-ACQUIRED NOVEL CORONA VIRUS DISEASE (COVID-19)

3.3.4. Low exposure risk occupations

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being infected with Covid-19, 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.

3.3.5. The Medical Officers in the Compensation Fund will determine whether the diagnosis of Covid-19 was made according to acceptable medical standards.

4. Impairment

4.1. Assessment of permanent impairment shall be determined three months after diagnosis and when Maximum Medical Improvement (MMI) has been reached.

4.2. The degree of impairment will be evaluated based on the complications of the Covid-19 from the affected body system(s).

5. Benefits

5.1. Temporary total disablement (TTD)

a) Payment for temporary total disablement shall be made for as long as such disablement continues, but not for a period exceeding 30 days.

5.1.1. Suspected and Unconfirmed Cases

a) For self-quarantine recommended by registered Medical Practitioner in accordance with the DOH/WHO/IL0 guidelines, the employer will be liable for remuneration for days of absence.

5.1.2. Confirmed Cases

a) For confirmed cases and where the Compensation Fund has accepted liability, temporary total disablement shall be paid from the date of diagnosis up to 30 days.

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NOTICE ON COMPENSATION FOR OCCUPATIONALLY-ACQUIRED NOVEL CORONA VIRUS DISEASE (COVID-19)

- b) In an event where there are complications, the Commissioner has a right to review the case.

5.2. Permanent Disablement:

In an event where there are complications the Commissioner has a right to assess each case on merit and determine if there is any permanent disablement.

5.3. Medical Aid

In all accepted cases of COVID-19, medical aid shall be provided for a period of not more than 30 days from the date of diagnosis. If in the opinion of the Director-General further medical aid will reduce the extent of the disablement this shall be considered.

5.4. Death Benefits

Reasonable burial expenses, widow's and dependent's pensions shall be payable, where applicable, if an employee dies as a result of the complications of COVID-19.

6. Reporting

6.1. The following documentation should be submitted to the Compensation Commissioner or the employer individually liable or the mutual association concerned

- a) Employer's Report of an Occupational Disease (W.CL.1)
- b) Notice of an Occupational Disease and Claim for Compensation (W.CL.14)
- c) Exposure and Medical Questionnaire
- d) First Medical Report in respect of an Occupational Disease (W.CL.22) indicating U07.1 as the ICD-10 code for Covid-19
- e) Exposure History (W.CL. 110) and/or any other appropriate employment history which may include any information that may be helpful to the Compensation Commissioner.

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NOTICE ON COMPENSATION FOR OCCUPATIONALLY-ACQUIRED NOVEL CORONA VIRUS DISEASE (COVID-19)

- f) A medical report on the employee's symptoms that details the history, establishes a diagnosis of COVID-19 and laboratory results and chest radiographs where appropriate or any other information relevant to the claim
- g) For each consultation, a Progress Medical Report (W.CL. 26).
- h) Final Medical Report in respect of an Occupational Disease (W.CL. 26) when the employee's condition has reached Maximum Medical Improvement (MMI).
- i) An affidavit by the employee if employer cannot be traced or will not timeously supply a W.CL.1, where applicable.

- 6.2. Online claims for Covid-19 must be made through the following channels, indicating the correct ICD-10 code – U07.1:

Compensation Fund: CompEasy (www.labour.gov.za)

Rand Mutual Assurance: CompCare (www.randmutual.co.za)

Federated Employers Mutual: IMS (<https://ree.fem.co.za>)

- 6.3. Submission of manual claims for COVID-19 must be sent to these email addresses:

Compensation Fund: covid19claims@labour.gov.za or phone 0860 105 350

Rand Mutual Assurance: contactcentre@randmutual.co.za or phone 086 022 2132

Federated Employers Mutual: FEM-Registry@fema.co.za or phone 011 359 4300

7. Claims Processing

The Office of the Compensation Commissioner shall consider and adjudicate upon the liability of all claims. The Medical Officers in the Compensation Commissioners' Office are responsible for medical assessment of the claim and for the confirmation of the acceptance or rejection of the claim.

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NOTICE ON COMPENSATION FOR OCCUPATIONALLY-ACQUIRED NOVEL
CORONA VIRUS DISEASE (COVID-19)

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**employment & labour**Department
Employment and Labour
REPUBLIC OF SOUTH AFRICACompensation Fund, Delta Heights Building 167 Thabo Sehume Street, Pretoria 0001
Tel: 0860 105 350 | Email address: covid19claims@labour.gov.za www.labour.gov.za**COVID-19 EXPOSURE AND MEDICAL QUESTIONNAIRE**
(To be completed by employer):**Employee details**

Name and Surname	
Contact Number	
Nationality	
ID Number	
Email Address	
Occupation	

Employer details

Name of Employer			
Industry/Sector			
Province			
Contact person			
Contact details	Email	Phone No.	

EXPOSURE HISTORY:

Has the Employee travelled to any high risk countries/areas? Yes / No

If Yes

Area Travelled To	
Date Travelled	
Length of Stay	
Reason for Travel	

1



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**employment & labour**Department
Employment and Labour
REPUBLIC OF SOUTH AFRICACompensation Fund, Delta Heights Building 157 Thaba Sehume Street, Pretoria 0001
Tel: 0860 105 350 | Email address: covid19claims@labour.gov.za www.labour.gov.za**If No, has the employee been exposed to a confirmed occupationally-exposed case in the workplace Yes / No. If Yes**

Date of Contact		
Contact Reported?	Yes	No
Period of Exposure		
Cases on quarantine in area of work		
Total confirmed cases in the workplace		

MEDICAL HISTORY:

Does the employee suffer from any pre-existing medical conditions? Yes/No

Has the employee been diagnosed with any other occupational disease? Yes/No

If Yes to any of the above, please check all that apply or specify in the box below:

Medical Condition		
Pregnancy (trimester: _____)		Post-partum (< 6 weeks)
Cardiovascular disease, including hypertension		Immunodeficiency, including HIV
Diabetes		Renal disease
Liver disease		Chronic lung disease
Chronic neurological or neuromuscular disease		Malignancy
Other(s), please specify:		

Medical Condition	Year of Diagnosis	On Treatment?	
Pre-existing conditions:		Yes	No
Occupational diseases:		Yes	No

Name	Signature	Date

2



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ANNEXURE 11: Spirometry testing

(For information purposes)

NOTE:

To be suspended unless effective IPC can be guaranteed

1. PROCESS EVALUATION FOR SPIROMETRY TESTING

- 1.1. During the spirometry manoeuvre, the client is required to take a deep breath and exhale maximally into the spirometer to produce a spirograph. This needs to be done at least three times to produce an acceptable test result. This forced manoeuvre often results in coughing and spluttering which can result in the release of droplets from the airway into the environment. The technician conducting the spirometry is usually sitting below the standing client, or next to the client when sitting, and there is a likelihood of the droplets landing on the face and mucus membranes of the tester. The client cannot move far away due to the cord connecting the spirometer to the computer. The operator must be in close proximity to the client to assess for any change in condition and to possibly support the client. The filters that are normally used will protect the spirometer from most microbes but it does not prevent the droplets from the client's mouth going into the environment if they cough or splutter during or after the manoeuvre.
- 1.2. With the current pandemic, there may be individuals who are infected, asymptomatic and shedding the virus. The SARS CoV-2 cannot be compared to other respiratory pathogens in that it is highly contagious and extremely virulent, and if not always deadly, results in morbidity and required **isolation** resulting in absenteeism. The impact that it has had on the world is unprecedented. The impact it could have on the working community in mines and the industry will be devastating.

2. CONTROL MEASURES

- 2.1. In the usual day to day management of risk, spirometry requires standard infection control precautions such as adequate ventilation and airflow, UV lights, use of appropriate filters, adequate environmental cleaning, the use of gloves by the operator and effective hand hygiene. In the current environment the operator is required to do a risk assessment on the client to establish the risk of infection by utilising a respiratory questionnaire. In the case where there is any doubt, the test is delayed and the client is referred for medical assessment. Should spirometry be essential, then a mask, eye protection and gloves should be donned for the procedure.