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DEPARTMENT OF MINERAL RESOURCES AND ENERGY

NO. 701 **6 August 2021**

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

mineral resources & energy
Department:
Mineral Resources and Energy
REPUBLIC OF SOUTH AFRICA

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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 Oosthuyzen
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	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	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	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	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 ≥37.5°C to be referred for further assessment by the healthcare worker and **employees** with the temperature of ≥38.0°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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Prevention, mitigation and management COVID-19 outbreak

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.	☐	GO	☐	STOP
2. I am trained and familiar with the COVID-19 protocols in my workplace.	☐	GO	☐	STOP
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.	☐	GO	☐	STOP

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4. I know the protocol to report should I become ill with symptoms of COVID-19.	☐	GO	☐	STOP
5. I have been told about the screening and testing procedure for Covid-19	☐	GO	☐	STOP
6. I have been told about contact-tracing for Covid-19 if I am tested positive for Covid-19	☐	GO	☐	STOP
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.	☐	GO	☐	STOP
Hygiene and cleaning measures				
8. Hand washing sink with soap & approved (70% alcohol) hand sanitiser is available.	☐	GO	☐	STOP
9. Surfaces and equipment are cleaned and disinfected with approved disinfection/sanitising products on a regular basis (at least every four hours).	☐	GO	☐	STOP
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.	☐	GO	☐	STOP
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.	☐	GO	☐	STOP
12. I know that I need to avoid physical contact such as handshakes, touching and hugs.	☐	GO		STOP
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.	☐	GO	☐	STOP

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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.	☐		☐	
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.	☐		☐	
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.	☐		☐	
Personal wellbeing				
17. I monitor my own health for early COVID-19 symptoms (cough, sore throat, shortness of breath or fever ≥ 38°C) or flu symptoms and know what to do and where I need to report to if I experience any of the aforementioned symptoms.	☐		☐	
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.	☐		☐	
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.	☐		☐	

(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 _____

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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, ot 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.

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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:	
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)	Due Date/s

Department of Employment and Labour Exposure Risk Classification

Low Exposure Risk	Medium Exposure Risk	High Exposure Risk	Very High 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 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 jobs are those with high potential for exposure to known or suspected sources of COVID-19	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

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ANNEXURE 3: COVID-19 walk-through risk assessment

(For information purposes)

health
Department:
Health
REPUBLIC OF SOUTH AFRICA

employment & labour
Department:
Employment and Labour
REPUBLIC OF SOUTH AFRICA

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)				

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	NA	
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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Prevention, mitigation and management COVID-19 outbreak

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				

Prevention, mitigation and management COVID-19 outbreak

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.

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The safe start-up procedures are intended to identify all risks and hazards associated with an extended break focusing t 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 Stoping 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 retuning 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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Prevention, mitigation and management COVID-19 outbreak

- 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
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The Principal Inspector:

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Northern Cape (053) 830 0827
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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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Prevention, mitigation and management COVID-19 outbreak

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 COVI-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 an 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 the 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 t 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.

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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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Prevention, mitigation and management COVID-19 outbreak

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

Directorate: Mine Health and Safety

Enquiries: A N Other **Email**: Any.Other@dmr.gov.za
Reference No:

The Employer
Mine name
Address

Dear Sir / Madam

All Employers

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

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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.

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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 the 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, asthese 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.

- 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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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.

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 (preventingtransmission 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 came 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 accorded 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

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

COVID-19 Esposure 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 Workersin 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 (nota respirator zone) also taking risk assrssment outcomes into consideration for other requirements				x						
Administrative / offie staff		X		X						
Cleaners (general)	FFP2/P2					X	X			

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Prevention, mitigation and management COVID-19 outbreak

COVID-19 Esposure 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						

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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

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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/

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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)

KDOHC LABORATORY	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	Signature:	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)

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	CORONAVIRUS/COVID-19		ISO/IEC 17025:2017 Clause 6.1
			REV No: 00
	Compiled By: Kobus Dekker	Signature:	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 of 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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- 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.

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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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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 66 of the COID 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 edical 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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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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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/ILO 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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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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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://roe.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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employment & labour
Department
Employment and Labour
REPUBLIC OF SOUTH AFRICA

Compensation 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 AFRICA

Compensation Fund, Delta Heights Building 157 Thabo 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**

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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.

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