



Preparing the Workplace for Coronavirus

COVID 19 update and workplace preparedness for environmental health practitioners

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NHLS

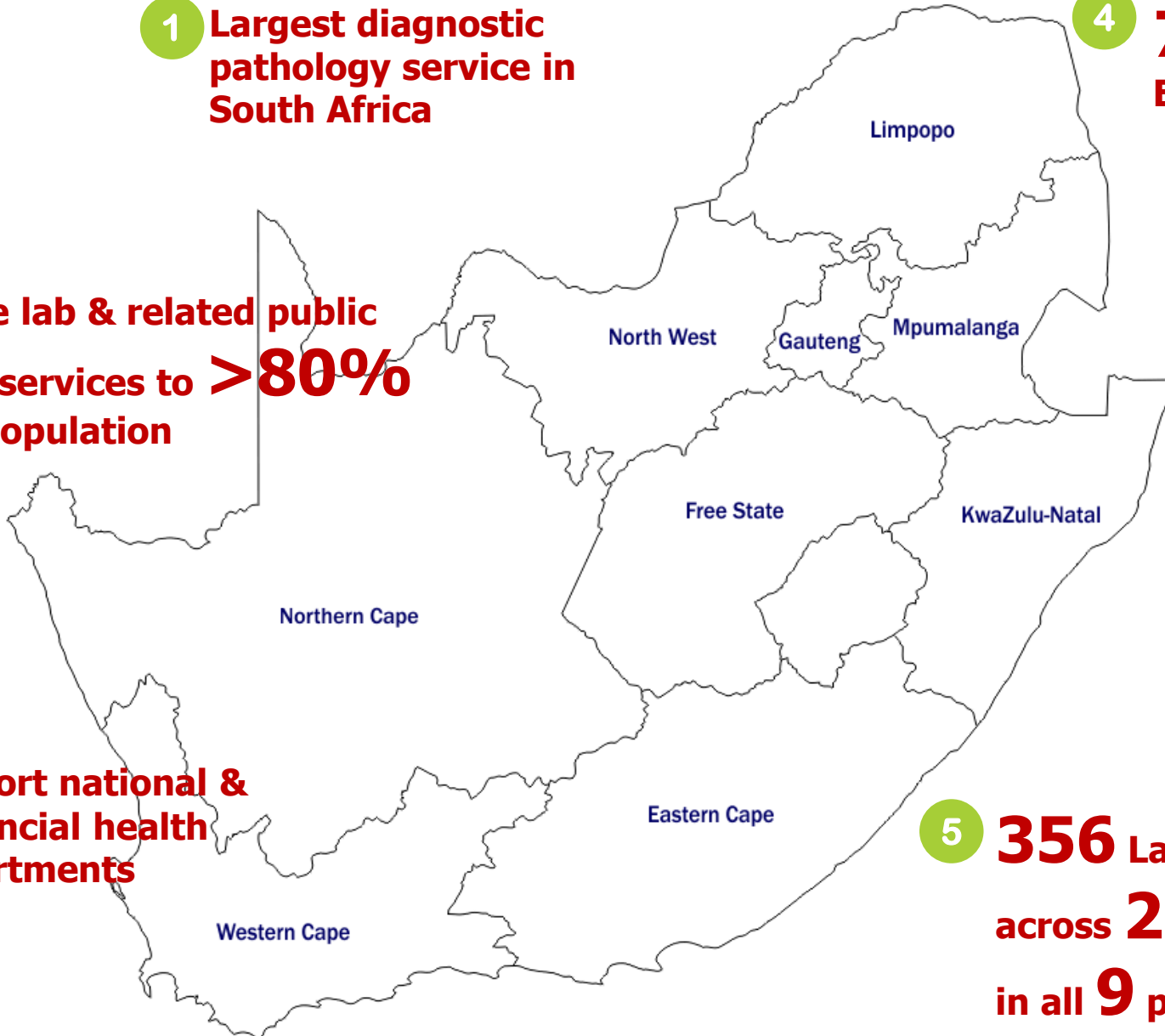
1 Largest diagnostic pathology service in South Africa

4 **7515** Employees

2 Provide lab & related public health services to **>80%** of SA population

3 Support national & provincial health departments

5 **356** Laboratories across **260** sites, in all **9** provinces

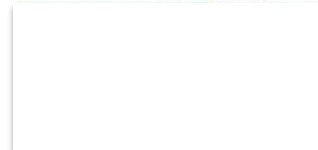


Healthy, Safe and Sustainable Workplaces

PROMOTING DECENT WORK THROUGH CUTTING EDGE RESEARCH SERVICE DELIVERY AND TRAINING



Improve and promote workers' health and safety



Catalyst for a mind set change towards greater prevention



Inform regulation, policy and standards



Public and private sectors of the economy



Formal and informal economies



HOW TO STAY INFORMED:

THIS SITUATION IS RAPIDLY EVOLVING

Please check for updates on the NHLS, NIOH , NICD, and NDOH websites

www.nhls.ac.za | www.nioh.ac.za | www.nicd.ac.za | www.ndoh.gov.za

Latest updated information on the spread of COVID-19

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

Advice and guidance

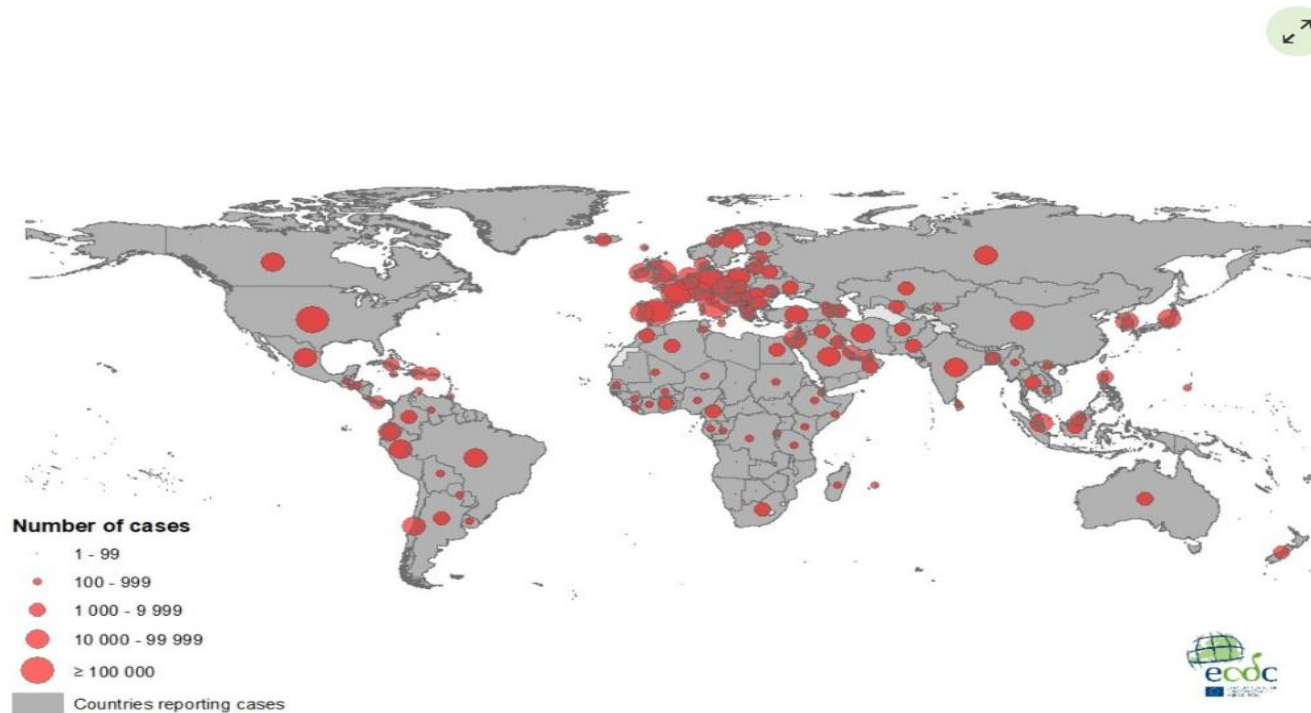
<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
https://www.ilo.org/beijing/information-resources/public-information/WCMS_736744/lang--en/index.htm

Global cases: 2 588 068

Deaths: 182 808

as of 23 April 2020

Geographic distribution of COVID-19 cases worldwide, as of 23 April 2020



Date of production: 23/04/2020

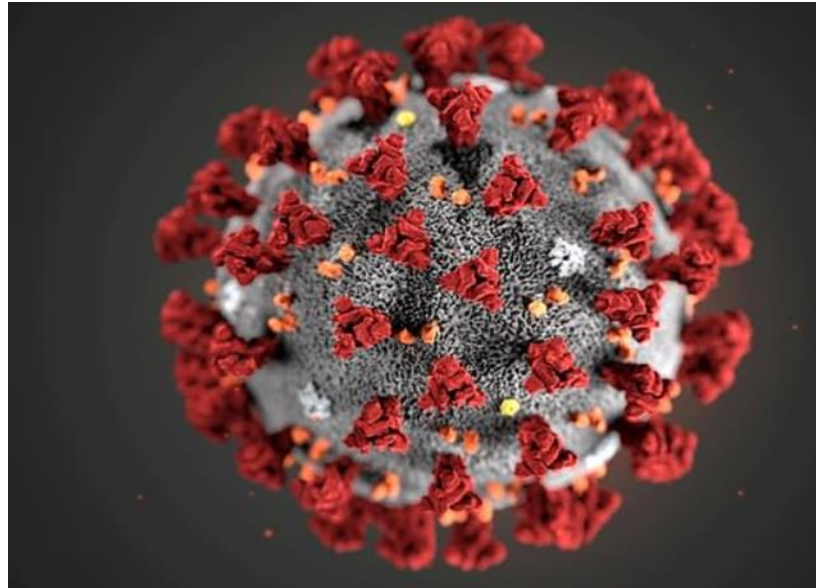
The boundaries and names shown on this map do not imply official endorsement or acceptance by the European Union.

SA confirmed cases: 3 953

Deaths 75

South African COVID-19 cases

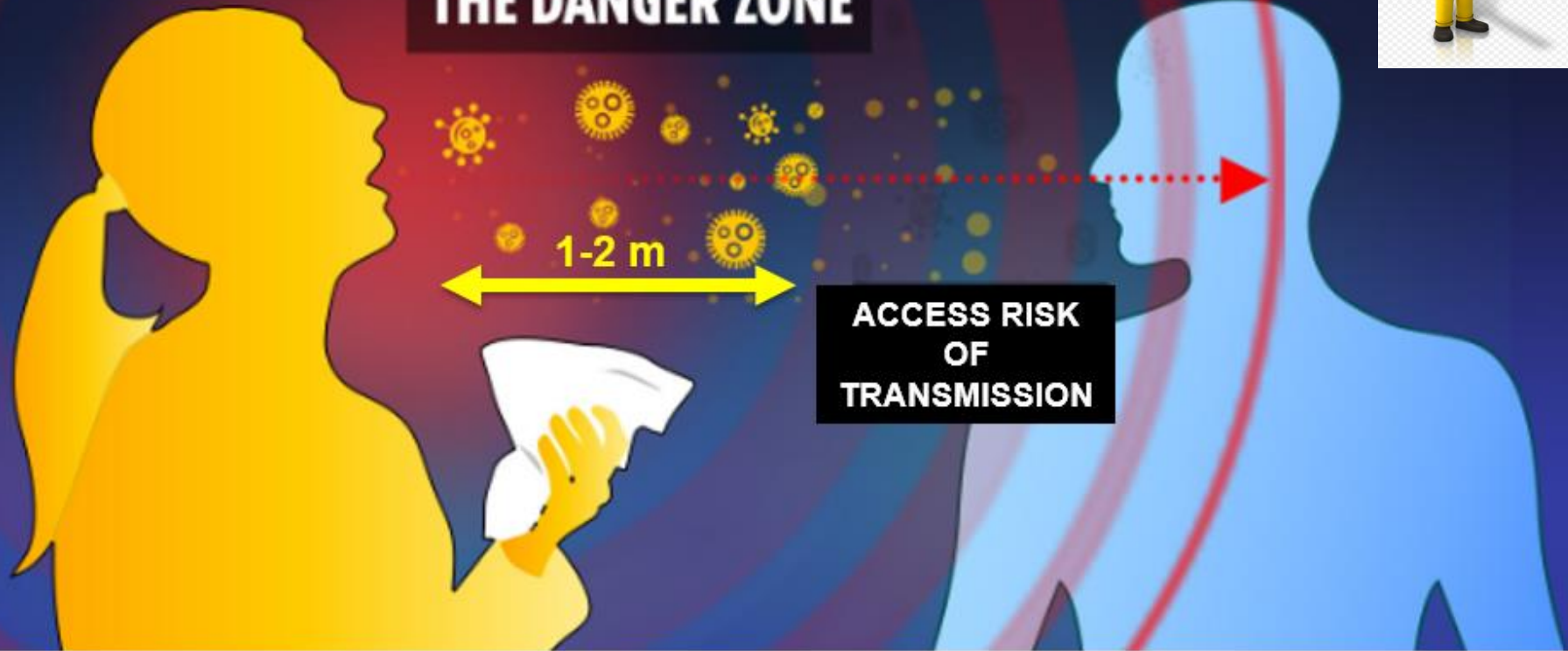
- Travel
- **Community** acquired spread
- **Occupationally** acquired -health workers



TRANSMISSION



THE DANGER ZONE



Direct contact: **Touching an ill persons or a contaminated surface**

Droplet transmission: **inhaling droplets**

- **Coughing & sneezing generates droplets of different sizes**
- **Larger droplets fall to the ground within a 1-2m radius of the person within a few seconds**

Update on persistence of COVID-19

- COVID-19 virus has a fragile outer membrane - it is less stable in the environment and can be killed by simple disinfectants
- Survival time in the environment depends on
 - pH
 - Inoculum size
 - Dryness
 - Temperature
 - **Exposure to disinfectants**
 - Type of surface
- **Common disinfectants such as 70% ethanol and bleach can kill the virus**



COVID-19

Patients with COVID-19 have experienced mild to severe respiratory illness

Symptoms can include

FEVER



COUGH



Symptoms may appear 2-14 days after exposure

SHORTNESS OF BREATH



If you have been in a country affected by COVID-19 or in close contact with someone with confirmed COVID-19 in the past 2 weeks and develop symptoms, call your doctor.

Person under investigation

Persons with acute respiratory illness with sudden onset of **at least one** of the following:

- cough
- sore throat
- shortness of breath or
- fever [$\geq 38^{\circ}\text{C}$ (measured) or history of fever (subjective)]

SAMPLES ARE COLLECTED FROM THE NOSE, THROAT OR CHEST.

COVID-19 IS DIAGNOSED BY A LABORATORY TEST, POLYMERASE CHAIN REACTION (PCR) MOLECULAR TEST, ON A RESPIRATORY TRACT SAMPLE.

Call the COVID-19 Hotline: 0800 029 999

Send 'hi' on Whatsapp to COVID-19 Connect: 060 012 3456

Visit the website www.sacoronavirus.co.za

Potential sources of SARS CoV2 exposure in the workplace



Workers at increased risk for workplace/occupationally acquired COVID-19

- Healthcare workers
- Emergency response and public safety workers
- Post mortem care
- Laboratory workers
- **Environmental health workers**
- Airline operators
- Retail workers
- Correctional facility workers
- Solid waste and wastewater management workers
- Travel to high risk places



Mitigation of risk in the workplace

Primary prevention (prevent people getting the disease)

- Minimise risks of transmission in the workplace. HRA including controls (Engineering, Administrative and PPE)
- Business continuity and pandemic preparedness - Policies
- Education and Training /HP (risk communication)

Secondary Prevention (pick up early when there is disease)

- Identify persons at risk early and respond appropriately
- Medical Surveillance

Tertiary prevention (prevent complications from the disease)

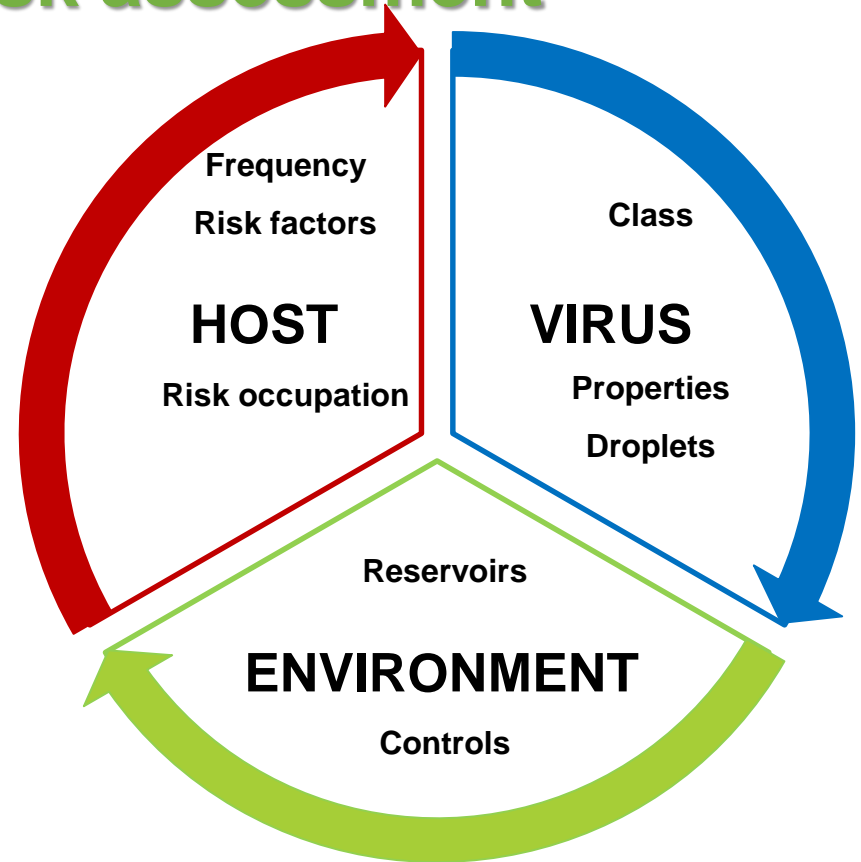
- Rehabilitation
- Respond appropriately to a case of COVID amongst staff- incident investigation and contact tracing
- Compensation/COIDA
- Leave

Back to basics.....

Hazard identification & Risk assessment

A workplace specific Risk Assessment

- Determine the **RISK** of **EXPOSURE** to **COVID-19**
- **Communicate to all in the workplace (workers and visitors) workers**
- Risk assessment (potential risk of transmission)
 - operations
 - activities
 - shared spaces (among employees & employees/public)



Hierarchy of controls



Administrative Controls



A **workplace plan** of action for preparedness

- Clear **infection prevention and control** and standard precaution
- **Controlled access** to practices, avoid overcrowding high risk areas and laboratories
- Workplace facilities
- **Access control-** staff, visitors, dedicated streamlined/controlled access
- Adequate staff and more office space- working offsite- avoid overcrowding
- **Limit the number of meetings**, use teleconferencing and video conferencing, minimize travel, work from home
- **Avoid mass gatherings** and events
- Ensure **proper signage** and **risk communication** to staff and visitors to health facilities
- **Review of cleaning and disinfection material and supplies procedures**
- Established **public health reporting procedures** should be swiftly followed
- Guidelines, action plans and protocols for confirmed cases

Educate and inform employees (risk communication)



- Give people facts about how the disease is transmitted
- Infection prevention and control including hand and respiratory hygiene practices
- Correct donning and doffing and disposal of PPE
- Advise workers on self-assessment, symptom reporting and sick leave policies if exposed
- Influenza vaccinations to prevent possible co infection with influenza
- Understand travel risks and make informed decisions re risk-benefit of travelling
- Public Hotline number **0800 029 999**

Training & Awareness

- Sensitise skeleton staff
- Communicate staff @home
- Key operational ppl (HR/access control personnel)
- Procedures to be followed
- Procedure review

Personal Protective Equipment (PPE)

- An effective measure within a **complete package of mitigation and control strategies**
- Ensure adequate and appropriate PPE is available.
- Consider the PPE based on a **risk assessment**:
- Used PPE should be **considered contaminated and discarded in accordance with safe practice**
- **Surgical masks** should be available for **people with respiratory symptoms** that are being cared for in the community



Medical surveillance in line COVID-19 risk

- Risk-based
- Determined at the guidance of the OMP
- Early detection of infected employees
 - Removal of infected individual and isolated
 - Early referral for appropriate treatment, care and timeous return to work of affected workers
- Prevent spread to other unaffected staff, consumers, visitors and clients
 - Prompt identification and isolation of potentially infectious individuals
 - Quarantining
 - Contact tracing
 - Effective return to work practices
 - Workplace restrictions



Types of screening



- Symptom questionnaire
- Temperature screening
 - Fever is either measured temperature $>38^{\circ}\text{C}$ or subjective fever.
 - Fever may be intermittent or may not be present in some patients, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs).
 - Clinical judgement should be used to guide testing of patients in such situations.
 - Medical evaluation may be recommended for lower temperatures ($< 38^{\circ}\text{C}$) or other symptoms (e.g., muscle aches, nausea, vomiting, diarrhoea, abdominal pain headache, runny nose, loss of taste and smell fatigue) based on assessment by OMP.

Return to work

- All employees on returning to work after isolation or quarantine period, should follow general work restrictions that include:
 - undergo medical evaluation to confirm that they are fit to work
 - wearing of surgical masks at all times while at work for a period of 21 days from the initial test
 - implement social distancing measures as appropriate
 - adherence to hand hygiene, respiratory hygiene, and cough etiquette
 - continued self-monitoring for symptoms
 - seek medical re-evaluation if respiratory symptoms recur or worse
 - in the case of health workers avoiding contact with severely immunocompromised patients
 - Report where appropriate for compensation

Medical management

- Medical fitness issues and RTW
- Mental health issues
- Impairment assessment/Compensation
- Work restrictions

Minimise risks of transmission in the workplace – MUST BE SAID AGAIN!



- Screening and identification of potentially affected employees, limit contact and movement
- Review the HRA and the hierarchy of controls
- Social distancing
- Promote regular and thorough handwashing by employees, contractors and customers
- Respiratory hygiene
- Avoid touching your face, especially while working.
- Encourage / insist that symptomatic persons stay away / self isolate

If you suspect you have been exposed to COVID-19

- ▶▶ Alert your supervisor and occupational health clinic immediately
- ▶▶ If you are experiencing symptoms, inform your health care provider about any contacts and recent travel to areas affected by COVID-19

Enquiries : info@nioh.ac.za

NIOH Helpline for workplace advice: 0800 212 175

For more information contact NICD: 080 002 9999

www.nicd.ac.za or www.nioh.ac.za

ACKNOWLEDGEMENTS

- NHLS Management
- NIOH Outbreak Response Team
- NICD

