



Preparing the Workplace for Coronavirus

Shop Stewards 26/05/2020

Dr Mpume Ndaba
Occupational Medicine Specialists
NIOH

Practice No.: 5200296
Office: + 27 (0) 11 712 6400
Email: info@nioh.ac.za

Website: <http://www.nhls.ac.za>; <http://www.nioh.ac.za>; <http://www.nicd.ac.za>



NHLS

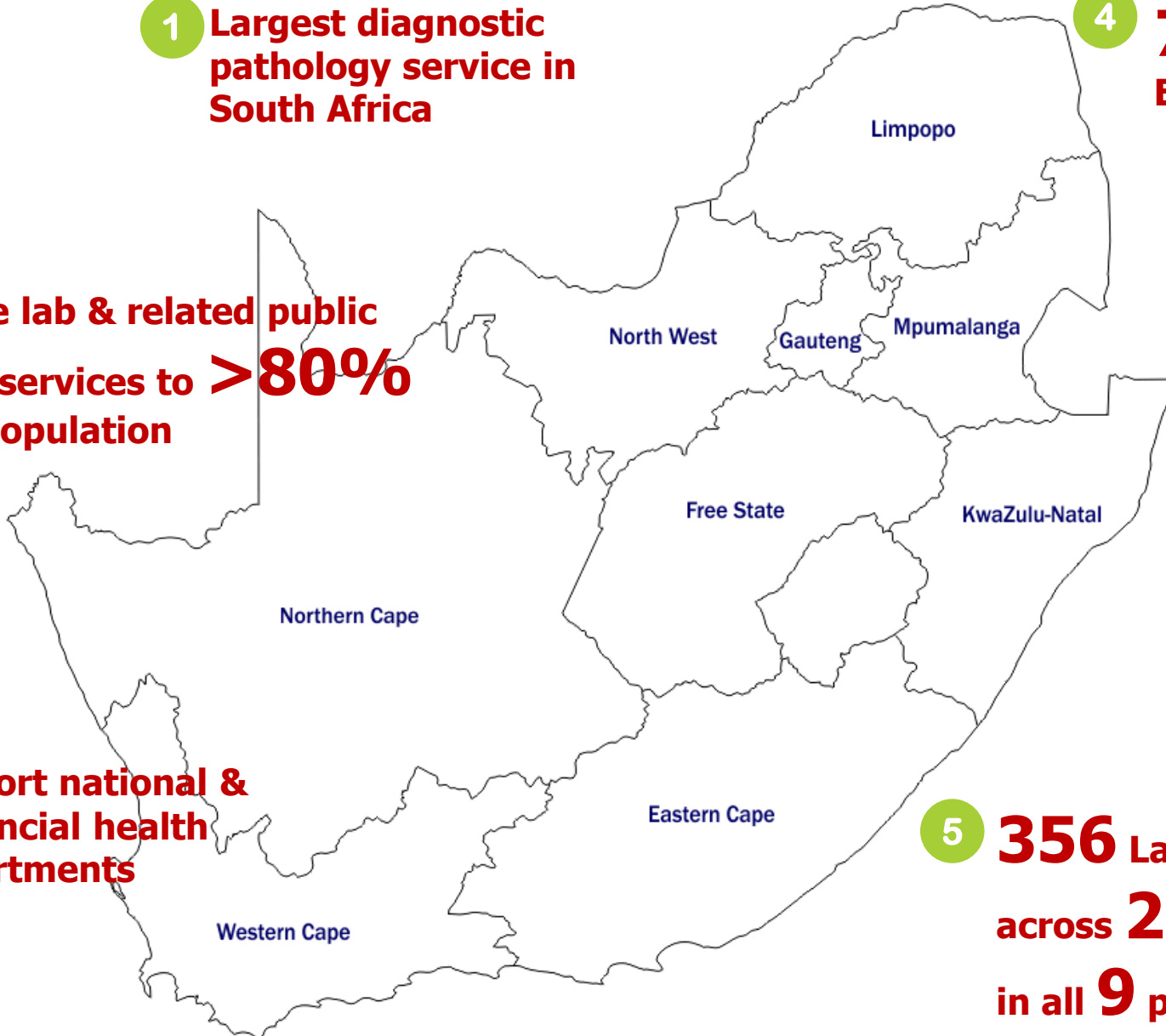
1 Largest diagnostic pathology service in South Africa

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>

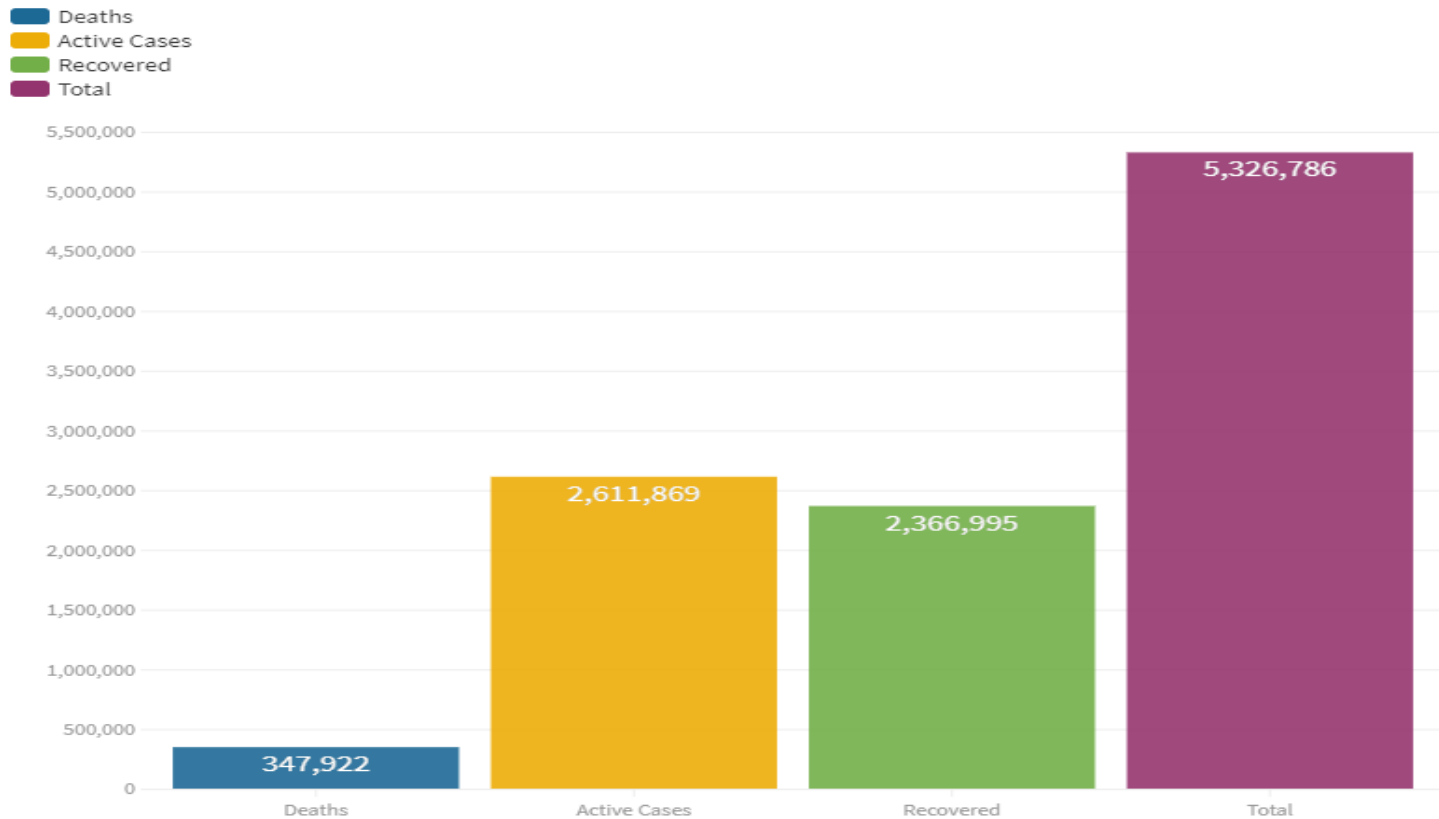
Advice and guidance

<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 infections : 5,326,786 Deaths: 347,922

as of 25 May 2020

Breakdown of global COVID-19 cases



COVID-19 STATISTICS IN RSA

25-05-2020

Unknown: 0

Confirmed cases: 23 615

Tests conducted: 596 777

Deaths: 481

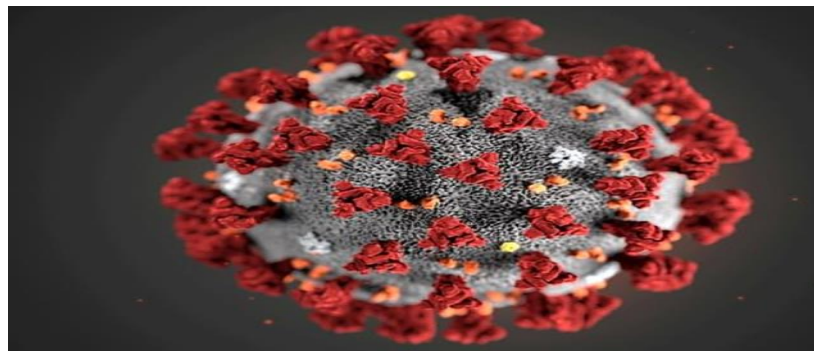
Recoveries: 11 917

Province	Deaths	Recoveries
Eastern Cape	61	1 335
Free State	6	121
Gauteng	30	1 899
KwaZulu-Natal	49	1 168
Limpopo	3	55
Mpumalanga	0	61
North West	1	29
Northern Cape	1	28
Western Cape	330	7 221



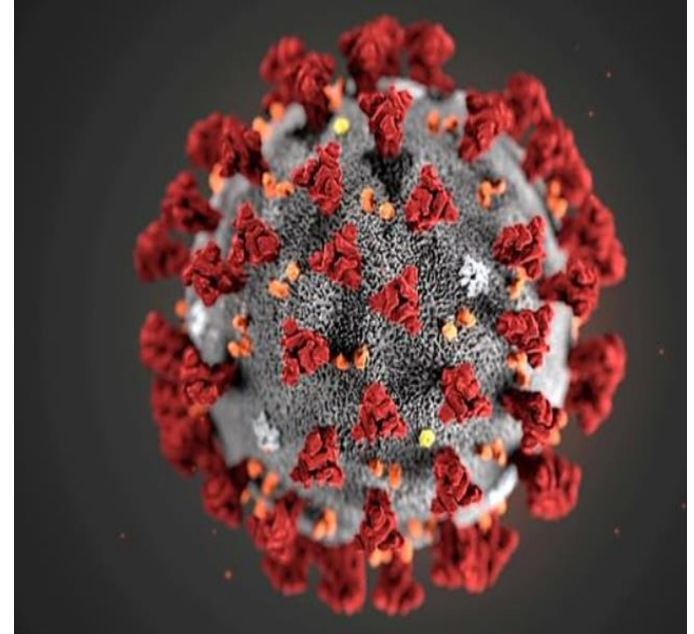
South African COVID-19 issues

- Lock down March 20
- Lock down & Upliftment after 30 April 2020 (levels 5/4/3 etc.)
- Travel and **community** acquired spread
- **Occupational cases (currently health workers)**
- Workplaces: travel related, teachers, health workers, retail workers, correctional services mining, etc.



Microbiology and epidemiology

- **Coronaviruses are responsible for the common cold, and usually cause self-limited upper respiratory tract infections**
- Novel- new/unknown No immunity



TRANSMISSION



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**
- **More infectious when symptomatic**

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)]

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

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

SAMPLES ARE COLLECTED FROM THE NOSE, THROAT OR CHEST.

Symptoms and clinical outcome



- **80% of persons have mild-moderate disease (common 'flu' or cold)**
- **15% of cases require hospital admission**
- **5 % of cases are become critically ill and require ICU of which 2% die**
- **Persons with underlying co-morbid illness esp. pulmonary disease, elderly, immunocompromised, etc.**

Isolation and quarantine

- **Quarantine**
 - Separation of asymptomatic persons for a period longer than the incubation period of the disease
- **Isolation**
 - Separation of a symptomatic (ill) person to ensure that the disease is not transmitted

Treatment

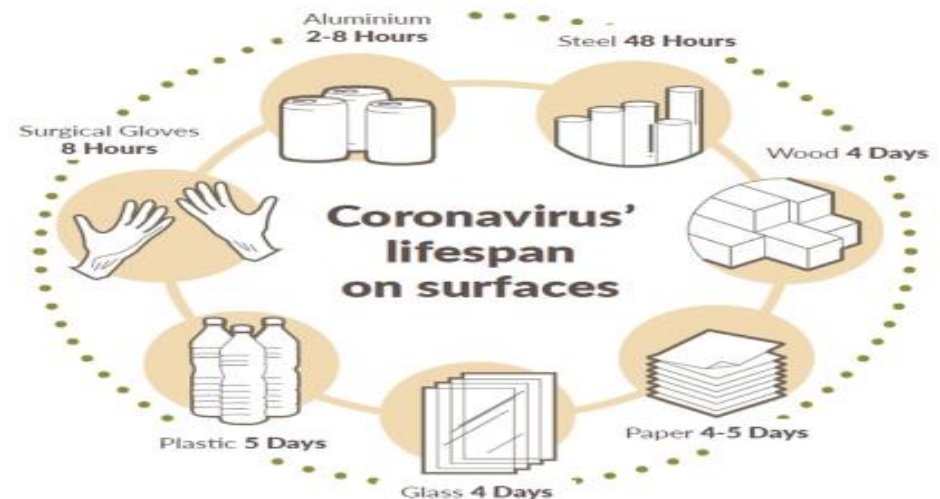


- Currently no vaccines for COVID-19
- **No specific treatment** for disease caused by SARS-CoV-2 infection
- Early supportive **therapy and monitoring**



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**

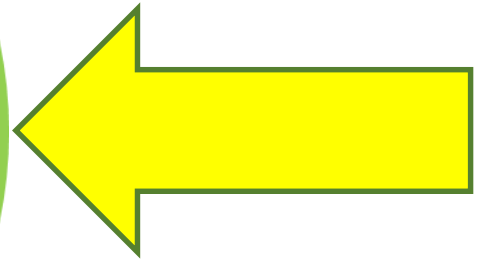
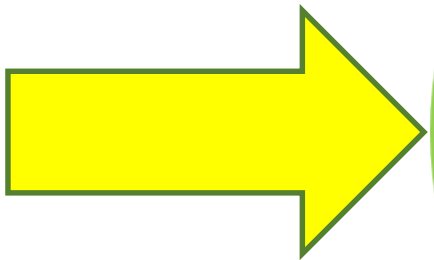




POTENTIAL SOURCES OF EXPOSURE IN THE WORKPLACE

**Community
acquired**

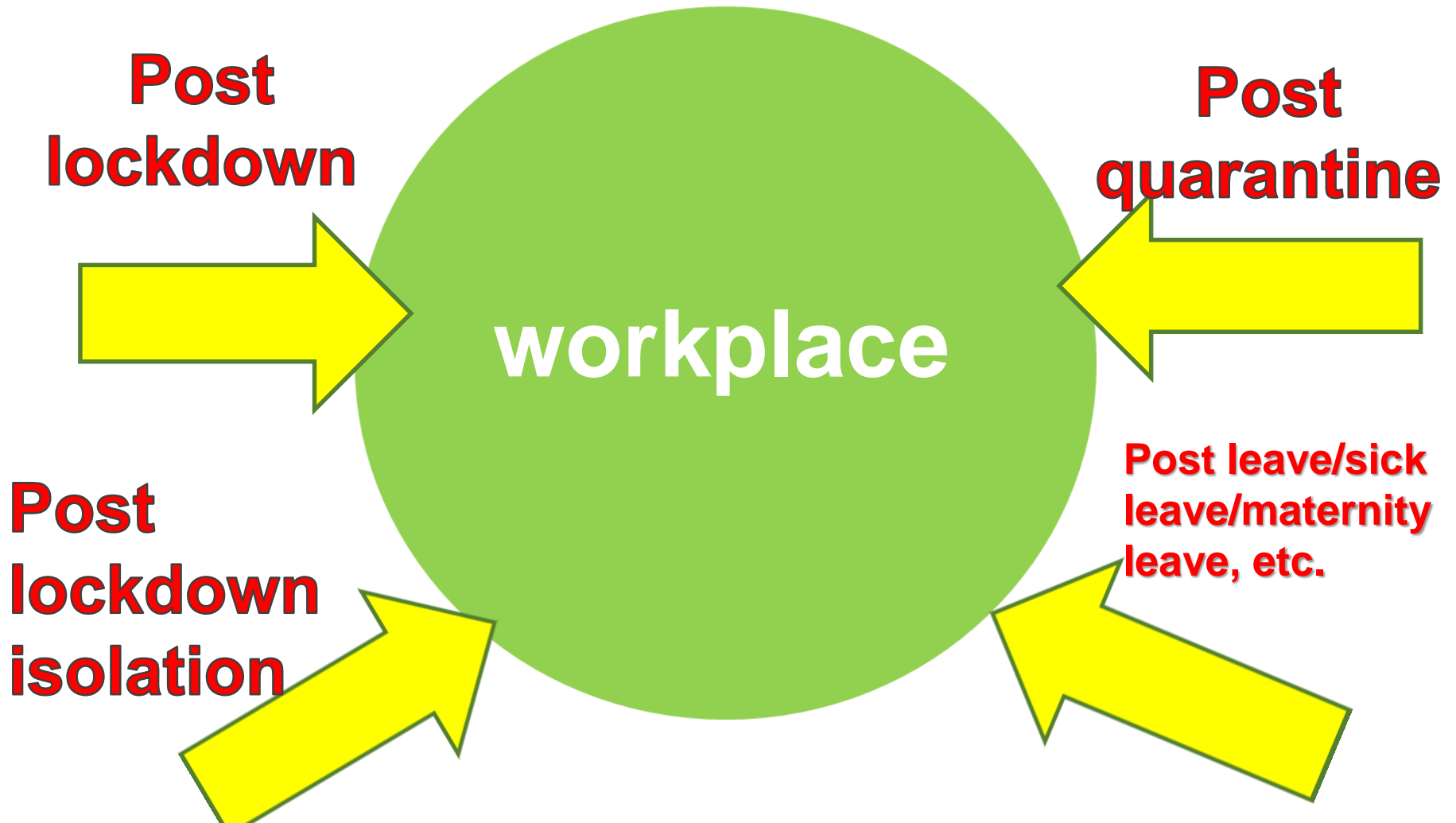
**Workplace
acquired**



workplace



RETURN TO WORK





Risk & Consequence: Employees

RISK	CONSEQUENCE
Risk of exposure	Infection (acquired & transmit)
Financial risk	e.g. Medical aid, sick leave (exhausted)
No medical aid cover	Use of already overburdened public services
Asymptomatic workers	Transmissions to others
Mental health	Psychological and psychiatric disorders
Return to work / disability	Rehabilitation and accommodation of employee

Workers at risk of infection

- Every person may be at risk of exposure to COVID-19, however..
- The risk is higher for workers interacting with persons that may be potentially infected
- Immunocompromised workers are at higher risk of infection e.g. pre-existing conditions such as
 - asthma
 - diabetes
 - heart disease
 - cancer
 - kidney failure



Workers at risk of exposure

High risk :occupational

- Airline operations (e.g. airline cabin crew, aircraft cleaners, mechanics)
- Border control (e.g. security officials, and other border officials)
- **Health care** (e.g. EMS workers, nurses, doctors, other medical staff)
- **Laboratories** (e.g. medical technologists, scientists, laboratory aids and researchers)
- **Pathology and funeral services** (e.g. mortuary attendants, autopsy technicians and funeral directors)
- **Solid waste and wastewater management** (e.g. waste pickers, water treatment plant workers)
- **Carers and teachers**

Other categories that might be exposed

- Persons interacting with people
- Teaching staff
- Cleaners
- Security worker
- Transport people
- Canteen & Tuck shop workers
- Maintenance staff
- Visitors



NATIONAL INSTITUTE FOR
OCCUPATIONAL HEALTH

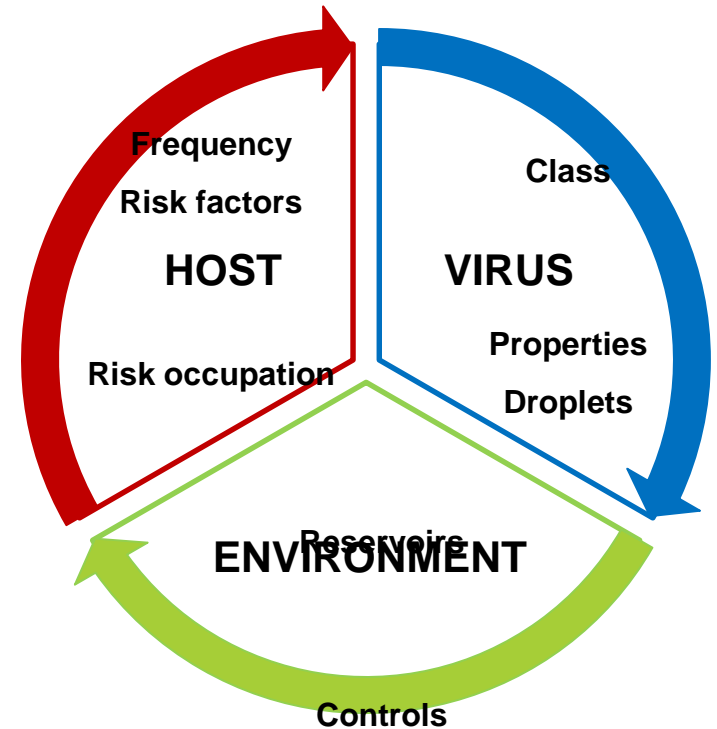
Division of the National Health Laboratory Service

Back to basics....

Hazard identification & Risk assessment

A workplace specific Risk Assessment

- To determine the **RISK** of **EXPOSURE** to **COVID-19** & **communicate to all in the workplace (workers and visitors)**
workers
- To include all other hazards
 - Biological, Physical, Chemical, Ergonomic
 - **Psychosocial** - exposure to long working hours, psychological distress, fatigue, occupational burnout, stigma, physical and psychological violence



Different workers have different risk exposures: based on job specific risk assessments

Mitigation of risk in the workplace considerations

Primary prevention

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

Secondary Prevention

(identify people at risk & respond early)

Tertiary Prevention



Workplace Changes for consideration

- Engineering controls (reviewed or improved ventilation, natural, mechanical)
- Administrative controls
- Substitution
- PPE

Admin

Social distancing

More office space- working offsite

Workplace facilities

Access control- staff, visitors, dedicated streamlined/controlled access

Educate and inform (risk communication)

- Communication platforms... accessible to all workers
- Relevant and credible information around COVID-19
 - **Facts about how the disease is transmitted**
 - **An updated list of affected countries.**
 - **Latest policies regarding sick leave.**
 - **Don't punish people for staying away for 'flu'**
 - **Make it possible to work from home**
- Understand travel risks and make informed decisions re risk-benefit of travelling
- Public Hotline number **0800 029 999**



Training & Awareness

- Sensitise skeleton staff
- Communicate with staff @home
- Key operational ppl (HR/access control personnel)
- Procedures to be followed
- Procedure review
- Confidentiality vs Public health outbreak
- Health Promotion

Prevention practices



Practice good hand and respiratory hygiene.



Avoid close contact with people who are coughing.



Stay at home if you are ill.



Wipe down all surfaces with disinfectant.

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Wipe down all surfaces with disinfectant.

Minimise risks of transmission in the workplace

- Screening and identification of potentially affected employees, limit contact and movement
- 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

Workplace preparedness

- Anticipated number of staff
- Opening up services (employee-public shared spaces)
- Risk assessment (potential ↑risk of transmission)
 - operations
 - activities
 - shared spaces (among employees & employees/public)

Workplace practices to review

- Mass gathering (water/coffee stations, common areas)
- Waiting areas-clinic, medicals etc.
- Meetings (forums, etc.)
- Specific procedures: spirometry (consider method & assess risk), breathalysers (safety risk), etc.
- Access control methods (biometrics, signing-in with common material)
- Public spaces... workers

ACKNOWLEDGEMENTS

- NHLS Management
- NIOH Outbreak Response Team
- NICD

Questions

info@nioh.ac.za

NIOH 24hr- hotline

0800 212 175

