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MESSAGE FROM THE CHIEF EDITOR

I hope that you are well and adjusting to this new way of living, as we are in the midst of an unprecedented global health crisis. The COVID-19 pandemic is affecting us all, in virtually every aspect of our lives. The rapid spread of the coronavirus around the globe is changing how we live and work, with the term "social distancing" becoming our new normal. In the past few weeks the nation has amazingly pulled together and shown resilience to do what needs to be done in fighting the spread of this pandemic. This has been a truly humbling experience. As we adapt to this challenging new reality, it is more crucial than ever, to stay updated and aware of the most useful information about the novel coronavirus and its impact on our lives - in our homes, communities and workplaces. Hence, in this issue of OccuZone, dedicated to understanding COVID-19, I would like to share with you how the National Institute for Occupational Health is facing up to this challenge, and what we are doing to keep you best informed during this extraordinary crisis.

We report on the remarkable work that has been carried out by the NIOH through its COVID-19 Outbreak Response Team aimed at providing leadership in occupational health matters related to coronavirus. We showcase a publication focusing on workplace readiness to mitigate the spread of the virus and provide a glimpse of more research that is underway. Various factsheets and technical guidelines have been developed, with inspiring support from the experts in the occupational health fraternity. These resources, including posters and infographics, about coronavirus are freely available on our website for wide use. The NIOH has also had to work at a breakneck pace to respond with efficiency to a high demand for COVID-19 information to assist occupational health practitioners and workers at large across all occupational groups through a 24-hour hotline; the NIOH email service for workplace advisory support; and frequently asked questions published on our website. This issue further looks at Occupational Health surveillance needs, COVID-19 in Healthcare Workers, and lastly showcases our training events for occupational health professionals and workers on key occupational health topics related to COVID-19.

I am immensely proud of the work NIOH is doing, in circumstances that have been trying in the extreme. I hope that we can continue to be a significant positive force in the months ahead as we soldier on and brace ourselves for a heavy and devastating storm of COVID-19. I encourage everyone to protect themselves and commend public servants, specifically healthcare workers, who serve us during this very challenging time.

Stay safe, stay indoors #flattenthecurve.

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Research



Message from the Research Committee Chair

The recent months have been focused primarily on the COVID-19 outbreak, a disease caused by the coronavirus SARS-CoV-2. ...*The calm before a heavy and devastating storm*... warns Minister of Health, Dr Zweli Mkhize, as the number of COVID-19 cases continue to rise both globally and locally. This pandemic undoubtedly has a profound impact on workplaces as it exacerbates already existing inequalities such as informality, vulnerability of workers especially health workers, and not forgetting the impact on small and medium enterprises. Research and innovation, no doubt, are integral components of the outbreak response. Despite a lot of research being done to flatten the curve, so much more still needs to be done through a multi-sectoral and multidisciplinary approach with cross-border collaborations. As the research community in occupational health it is our moral obligation to learn as much as possible, as quickly as possible, to save lives and livelihoods.

SARS and Ebola has taught the world great lessons in terms of a lack of occupational health and safety response, which crippled the public health infrastructure and caused many deaths. Fast forward to COVID-19, we sadly mourn yet again too many deaths of workers across various occupations. Whilst some progress has been made to strengthen health systems, there are still significant challenges and research gaps to support some interventions. As these emerging zoonotic diseases keep occurring and recurring we need to accelerate research efforts in a manner that prioritises the workers' needs and that fosters workplace preparedness and sustainable outcomes for the next unforeseen outbreak.

There is a global imperative through the WHO R&D Blueprint for the research community to maintain a high-level discussion platform, which enables consensus on strategic research directions to address crucial gaps. However, it is important to contextualise the global priorities, protocols, interventions and the translation of research findings to meet the local occupational health needs and realities and be flexible of new agenda items. It is imperative that our research efforts focusing on containing the spread of the SARS-CoV-2 is not divorced from the many other ills affecting workers like TB. Moving forward a national pledge is needed for innovation, research collaboration, transparency and equitable access to data to avoid duplication of efforts, and to encourage the widespread dissemination of findings. It is essential that the national research priorities are identified so that a research roadmap can be defined for a more strategic approach towards envisioned outcomes.

The outbreak is a test of political and scientific solidarity to harness resources to collectively stop the spread. The NIOH through its COVID-19 outbreak response team has rallied experts in the occupational health fraternity to develop technical guidelines and fact sheets on various occupational health matters. The intense deliberations and information sharing among researchers has been overwhelming and is a concerted effort towards coordinated and enhanced implementation. Leading the NIOH outbreak team has been both a learning and humbling experience. We have received tremendous support from the occupational health fraternity and scientific community at large and on behalf of the Institute, I express our sincere gratitude.



Dr Tanusha Singh





RESEARCH FOCUS



In responding to the COVID-19 outbreak our research focus has mostly been directed to literature and desktop scientific reviews, aimed at providing information and guidance to both employers and employees, in non-peer reviewed publications. These publications covered risk occupations, at risk workers and recommendations to mitigate risk in various settings. Research is also currently underway to investigate the feasibility of decontaminating respirators for possible re-use during emergency situations where PPE is in critical shortage. Other research includes: the airborne transmissibility of viral particles and survival on different surfaces. We also have one publication focusing on workplace readiness to mitigate the spread of the virus.

PUBLICATIONS



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Source: Occupational Health Southern Africa

Abstract: The coronavirus outbreak has been declared a pandemic by the World Health Organization. It is a huge concern to public and occupational health and is the biggest current threat to the global economy and financial markets. The aim of this paper is to highlight the key occupational health challenges based on available literature and provide some guidance on preventive measures. A literature search was conducted on PubMed and Google for studies published from January to March 2020. Google translate was used for articles in foreign languages. The literature showed that healthcare workers are a high risk group, although any worker is at potential risk. The key challenges identified relate to labour rights and sick leave, compensation, impact of quarantine on business continuity, and whether transmission is purely droplet or if airborne transmission plays a role. The evidence, although limited, provides guidance for slowing down and reducing the risk of spread of the virus.

COVID-19 Coronavirus disease

Resources for workplaces

www.nioh.ac.za





FACT SHEETS AND RESOURCES FOR WORKPLACES

Several fact sheets were developed and are on the NIOH website. Some of these sheets were transformed into posters and infographics. The general business fact sheet is available in English, IsiZulu, Sesotho, TshiVenda and Xitsonga. It was also translated into braille as well as South African Sign Language.

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1 COVID-19: Emergency Management Services	
2 COVID-19: Port Health Services & Border Control	
3 COVID-19: Teachers – what you need to know	A contract of the second secon
4 COVID-19: Health workers	
5 COVID-19: Cleaners	
6 COVID-19: Law Enforcement Officers	
7 COVID-19: Security Services	
8 COVID-19: Landfill Sites and Waste Pickers	FEACHERS
9 COVID-19: Informal Markets & Street Vendors	Retail workers
10 Retailers – what you need to know	
11) Health workers (HWs) at risk for COVID-19	
12) Precautions for Handling and Disposal of Dead Bodies	Hone
13) General business: coronavirus in the workplace	I manufacture and a second and
14) Steps for proper hand washing	Marcolarity Marcolarity
15 Steps for proper hand sanitising	
16 Reporting line for health workers with suspected/confirmed COVID-19	AND SCORE FLAG LANDELL STEELS RATE POCKS
17) COVID-19 Self Declaration for entry into the workplace	
18 Waste Water Workers	
19 Masks vs Respirators	C C C C C C C C C C C C C C C C C C C
20) What every workplace should implement	A series of an and and and and and and and and and
21) What every workplace should do (Health Risk Assessment)	
22) Who needs to wear gloves?	WASH YOUR HANDS
23 Provision of psychosocial support for health officials during lockdown	
24) Access for visitors	Notice and the second of the s
25) Risk Assessment Guideline for General Workplaces	
26 Risk Assessment template for General Workplaces	
Information in the above mentioned fact-sheets, and other resources was correct a	at the time of publishing. Please consult the

Information in the above mentioned fact-sheets, and other resources was correct at the time of publishing. Please consult the National Department of Health, Department of Employment and Labour, SABS, NRCS, NICD, NIOH, WHO and CDC websites regularly for updated information. The NIOH will endeavour to share up to date information on our website.







IN THE SPOTLIGHT



COVID-19 Occupational Health Outbreak Response Task Team members



COVID-19 Occupational Health Outbreak Response Task Team members – from left to right:

Dr Tanusha Singh – Chair (Immunology & Microbiology), Dr Spo Kgalamono (Executive Director, Acting), Dr Muzimkhulu Zungu (Workplace HIV TB Unit), Ms Jeanneth Manganyi (Occupational Hygiene), Dr Nisha Naicker (Epidemiology & Surveillance), Dr Odette Volmink (Occupational Medicine), Dr Nompumelelo Ndaba (Occupational Medicine), Ms Angel Mzoneli (Information Services), Mr Graham Chin (SHE Department), Mr David Jones (SHE Department), Mr Jay Hira (Finance), Dr Samantha Iyalloo (Occupational Medicine), Ms Michelle Morgan (SHE Department), Mr Ashraf Ryklief (Information Services), Ms Miranda Raaff (Marketing & Communications), Mr Thabane Zwane (IT), Mr Monty Rambau (IT), Ms Zubaydah Kirsten (Immunology & Microbiology), Mr Vongani Glen Mashele (IT), Dr Nkululeko Thunzi (Workplace HIV TB Unit)

In this edition, we move the spotlight from an individual researcher to the NIOH COVID-19 outbreak response team and its terms of reference. The team is chaired by Dr Tanusha Singh and consists of 20 members who have worked tirelessly to produce a number of technical outputs aimed at prevention and control in the workplace. The team contributes to a number of activities coordinated by the National COVID-19 Outbreak Response team, chaired by Dr Barry Kistnasamy.

The objectives of the team are to provide leadership in occupational health matters related to coronavirus; review and update internal and external policies, procedures and processes; develop occupational health specific prevention material; strengthen the dissemination channels of the NIOH; training many occupational health professionals and workers on key occupational health topics related to COVID-19; and to provide an advisory service through the new NIOH hotline.

The response team wishes to acknowledge and thank the below additional team members for their support:

Ms Munyadziwa Muvhali, Ms Onnicah Matuka, Ms Anna Fourie, Mrs Shanaz Hampson, Mr Thabang Duba, Ms Mmashela (Sheshe) Kgole, Ms Talifhani Ramaliba, Mr Simphiwe Yako, and Ms Lufuno Muleba







Surveillance



Occupational health surveillance data provides vital information on the prevalence of occupational related diseases and injuries. It allows trends to be determined and prevention programmes to be monitored and evaluated. In this issue we focus on the impact of COVID-19 on Healthcare Workers.

OCCUPATIONAL HEALTH SURVEILLANCE NEEDS AND COVID-19 IN HEALTHCARE WORKERS

The current pandemic COVID-19, caused by SARS-CoV-2 (Severe acute respiratory syndrome coronavirus-2) has highlighted the need for responsive public health surveillance systems.

The occupational surveillance of the health and safety of frontline workers is vital. However, it is often a gap in traditional public health surveillance. Frontline workers include: healthcare professionals, port health staff who are responsible for screening travellers, contact tracers, police and security staff, transport workers and other service workers deemed essential. This report focuses on healthcare workers.

The first symptomatic cases of COVID-19 presented on the 8th of December 2019. By the 27th of December, three patients were admitted to hospital (1). Following this, a cluster in Wuhan was reported publicly on the 31st of December

when isolation of cases and contact tracing were initiated along with active case finding (2). The WHO-China joint mission reported 3387 COVID-19 cases in healthcare workers on the 24th of February, a proportion of 4% of cases at that time (3,4). While in a single-centre case series, conducted in early February, in one hospital in Wuhan, China, 29% of cases were healthcare workers, with the majority working in general wards.

In Italy, 20% of responding healthcare workers have been reported as infected, with reports of physical and mental fatigue in the healthcare workers (5). While the GIMBE foundation (Gruppo Italiano per la Medicina Basata sulle Evidenze -Italy's Group for Evidence-based Medicine) reported that healthcare workers represented 8.4% of total infections on the 29th of March 2020 (6), Figure 1.



COVID-19 Workplace Preparedness & Prevention HEALTHY, SAFE & SUSTAINABLE WORKPLACES Workplace Hotline: 0800 2121 75 www.nioh.ac.za | info@nioh.ac.za | twitter: @nioh_sa



Key: Nuovi casi = New Cases | Casi totali = Total Cases Figure 1: Number of coronavirus infections in healthcare workers in Italy (Source: Graph

taken from GIMBE evidence for health (6))

In the United States, media reported that healthcare workers, firefighters and nursing home staff have tested positive for the virus (5,7). In Ohio, USA, a reported 16% of those infected in the state were healthcare workers (8).

Reports from China, Italy and the U.S. have shown that healthcare workers have also fallen critically ill, while not being in the at-risk age group (9). A recent study showed higher viral loads in the more severe cases of COVID-19 (10).

Based on this and studies on other viruses, researchers are testing the theory that the larger the initial dose of virus, the more severe the subsequent infection. Healthcare workers would generally be exposed to the most severe cases, possibly those with the highest viral RNA loads, thus possibly leading to more severe infections in exposed healthcare workers (9).

The reason given for the healthcare worker cases in China included the poor understanding of the virus in early days. The WHO reported on the 12th of January 2020, that there was no clear evidence of human to human transmission (11), person-toperson transmission was only officially confirmed on the 20th of January (12). Thus, the awareness of the need for PPE in frontline healthcare workers was limited until late in January, despite workers treating patients since December. The length of time of exposure to large numbers of infected patients, along with increased work pressure and lack of rest, resulted in some workers becoming infected (4). In addition, a shortage of PPE also put healthcare workers at risk in China and other countries (4, 13).

The WHO reported a shortage in the global stockpile of respirators, medical masks, gowns and goggles, and also the limited capacity to expand production of these items (14). Poor access to training on infection prevention and control also increased the risk of infection in workers and with facilities overloaded, there was little time for training. In addition, healthcare workers were at risk of community infection as they do not live isolated from friends and family (4).

Although there was a delay in preventing exposure in health workers in China, mainly due to insufficient knowledge about the virus at the time, China was able to detect the clustering of cases through their surveillance system. The Pneumonia of Unknown Etiology (PUE) surveillance system called China Information System for Disease Control and Prevention, was established in the Peoples Republic of China in 2004 by the Chinese Centre for Disease Control and Prevention (2,15). The objective of the system was to detect emerging respiratory infectious disease on time (15).







National guidelines contain a PUE case definition, and clinicians are required to report all cases meeting the definition to an expert consultation committee via their supervisors. The local expert committee then determines whether to report the case to the system. This is an online reporting system; following a report, the local centre for disease control and prevention conducts a field investigation and sends samples to be collected to the national influenza surveillance network laboratory and report to the national PUE system (15).

Following the emergence of Influenza A (H7N9), in March 2013, the system was updated and all samples sent were tested for all epidemic respiratory viruses, local evaluation of cases was streamlined, and more information on exposures was also collected. Before the H7N9 outbreak, the surveillance system was underused, and reporting was inconsistent (16). The Chinese National Influenza-like Illness Surveillance Network is a sentinel surveillance system that includes 554 sentinel hospitals in all 31 provinces of China. These facilities send weekly reports and a convenience sample of swabs for testing (17). The benefits of the system in 2013 were that it yielded important epidemiologic information, which resulted in the shutdown of live poultry markets, and it provided evaluation information after the shutdown of markets (15).

In South Africa, COVID-19 in healthcare workers and other frontline workers are expected and currently information on the community and healthcare workers is collected by the National Institute for Communicable Disease. However, occupational history of the worker is very limited. The majority of current occupational health surveillance systems are facility-based and generally only support and encourage the reporting of recognised occupational diseases. For example, in the ETR.net, the South African Tuberculosis register, although information on all tuberculosis cases are collected, the system does not record occupation.

Thus, making it difficult to determine the burden of tuberculosis among healthcare workers and to measure the impact of occupation on tuberculosis incidence in South Africa. A national occupational surveillance system, therefore, is required that can capture diseases and injuries suffered by all workers, including frontline staff, together with mental health issues, in order to support future planning and prevention programmes.

COVID-19 occupational health surveillance is essential in curbing the spread of the disease. The continuous monitoring and assessment of factors that affects the risk of infection and severity of the disease in frontline workers as well as the general working population is fundamental to providing effective prevention and management strategies. The NIOH is committed to collect the necessary data information and to maintain a database of COVID-19 indicators for workers suspected and/ or confirmed COVID-19 positive. This initiative is supported by the National Department of Health (NDOH).

For more information on COVID-19 related Occupational Health Surveillance at the NIOH or if you have data to share please email the Epidemiology and Surveillance Section at: NishaN@nioh.ac.za or info@nioh.ac.za.



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Service Delivery

NIOH SERVICE DELIVERY IN RESPONSE TO COVID-19

The NIOH provides specialised, cost effective occupational health and safety services to national and provincial government departments, various industries and trade unions as well as support for occupational health and safety within the NHLS. In this issue, our service delivery highlights focuses on the NIOH's provision of advisory support to workplaces during the COVID-19 pandemic.

Since the onset of COVID-19, there have been many questions globally from the public, employers, occupational health and safety professionals - including frontline workers - on how to respond appropriately to the unfolding situation caused by the coronavirus. The increased and immediate need for information on health and safety for all occupational groups was mainly due to lack of knowledge about the virus at the time.

Following the first case announcement as a result of the COVID-19 outbreak in South Africa, it became evident that the National Institute for Occupational Health (NIOH), through its mandate of providing advisory support to workplaces, had to contribute to the cause of assisting employers to keep their employees safe and healthy.

The NIOH has been responding to many workplace related questions as the situation continues to unfold with changing regulations, guidelines and policies. The NIOH has put together communication systems to respond to these questions by employers and occupational health and safety professionals through the 24 hour hotline at **0800 2121 75** and Frequently Asked Questions (FAQs), which are updated regularly on the website (www.nioh.ac.za).

FAQs are managed by the NIOH Occupational Health Outbreak Response Team. Some of the questions are addressed by subject matter experts who are invited to respond during our online training sessions as well as documenting their answers, which are included in the FAQs.







Examples of FAQs which have been addressed by the team in line with current regulations:

- What are the roles and responsibilities of employers to ensure preparedness for COVID-19?
- What is the importance of a risk assessment, who should do it and how?
- Who should wear PPE and what are the appropriate PPE in various situations?
- What is the difference between a mask and respirator?
- How long does coronavirus live on surfaces and what are proper cleaning disinfectants?

The NIOH has an email address, info@nioh.ac.za, which can be used to contact us for advisory support specific to workplaces. In addition, NIOH experts serve on national committees and play an advisory role regarding policies and regulations for employees and employers. The experts also contribute to drafting practical guidelines to assist in maintaining the health and safety of all workers in different workplaces in both the formal and informal economy. The NIOH Information Services is creating a database on all literature published on COVID-19 that others can use as reference sources and guidelines as they apply necessary interventions for their own settings.

The NIOH outbreak response task team has been working on a series of information and training videos on a range of topics related to COVID-19. These can be found on our social media platforms as well as on our website. To access these videos follow us @nioh_sa on Twitter or subscribe to our YouTube channel: https://www.youtube.com/ channel/UCA24Q1QQmshRuX-pKzVWtWA



Teaching & Training

Since the announcement of the outbreak of COVID-19 in South Africa, the NIOH has carried out numerous training sessions for different industries in both the formal and informal sectors. Most of these sessions related to essential services, government and frontline workers on issues related to among others: preventative measures, the usage of PPE, and the potential sources of exposure in different workplaces.

In keeping with social distancing, these interactive training sessions were held online via Zoom conferencing where stakeholders across the country could log in and watch. Videos, audio and presentations for these sessions were subsequently uploaded onto the NIOH website and sent out to all relevant stakeholders.

In this issue we look at the knowledge exchange and capacity building activities and initiatives undertaken by the NIOH during this unprecedented pandemic in South Africa.

TRAINING CONDUCTED

EMS Training

The NIOH held a training session with Emergency Medical Services (EMS) on 11 March. Topics discussed included responsibilities and policies, hand hygiene and respiratory hygiene, PPE donning and doffing, as well as respirator fit testing. Facilitators also discussed common symptoms and the different risk exposures for office and field workers.

http://www.nioh.ac.za/covid-19-presentations/

Information session for education officials and teachers

Education officials and teachers participated in a training session on 16 March with an introduction of the latest COVID-19 updates. Educators from across the country logged into the training session where the NIOH facilitators spoke on workplace preparedness and prevention, guidance for childcare facilities and schools, as well as cleaning procedures. Trainers also touched on responsibilities and policies by the National Department of Basic Education.

https://www.youtube.com/watch?v=KtSyZyedmpE&feature=youtu.be

Training for Health Care Workers

Mitigation of risks in the workplace and respirator fit testing were the focus at this training session, held on 17 March. It was highly interactive with many questions regarding the usage of PPE. Preventative measures were discussed along with hygiene practices.

https://www.youtube.com/watch?v=2cfhqjVUQEo&feature=youtu.be











Train the Trainer session

The NIOH held two Train the Trainer sessions on 18 March and 25 March. Presentations and training covered cleaning procedures, workplace preparedness and prevention. PPE was also discussed and updates on the latest COVID-19 information was given.

https://www.youtube.com/watch?v=S9zCZL705vo&feature=youtu.be

Information session for Labour Relations

This was an NIOH panel discussion session held on 18 March, which covered the implications of COVID-19 and the national State of Disaster for Labour Relations employees and employers. *https://www.youtube.com/watch?v=j5H5c_YEZ0Y&feature=youtu.be*

Training NHLS Staff

Training for all NHLS staff was held on 19 and 26 March and covered preventative measures, cleaning procedures, PPE, handwashing and hand sanitising practices, as well as staff responsibilities and policies.

https://www.youtube.com/watch?v=WFJf531Lm78&feature=youtu.be

Biorisk Assessment for Security and Cleaners

Two Biorisk Assessment training sessions were held – the first on 23 March followed by a second one on 2 April. These sessions demonstrated the donning and doffing of gloves and respirators, hand sanitiser application and handwashing. Facilitators spoke in depth about Biorisk Assessment tools that can be used and the NIOH team showcased different scenarios for risk assessment by job tasks.

Department of Health OH Professionsals Training

This training, held on 27 March and 1 April, focused on workplace preparedness and prevention for COVID-19. Speakers highlighted the different types of working areas and staff, and on the cleaning procedures for surfaces, floors and equipment.

Training for GPs and Dentists

The NIOH carried out a training session for GPs and Dentists on 31 March. Among the topics discussed included workplace preparedness, prevention measures, cleaning procedures, waste management and PPE.

https://www.youtube.com/watch?v=xL3UjP6A2Js&feature=youtu.be

The NIOH will continue to provide training on COVID-19 and for further info check the website for training updates at http://www.nioh.ac.za/covid-19-presentations/.

If there is any specific training that the readers feel is important and should be done they can send a request to info@nioh.ac.za.







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COVID-19 Workplace Preparedness & Prevention Workplace Hotline: 0800 2121 75

FAQ's Website: www.nioh.ac.za

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