



**NATIONAL HEALTH  
LABORATORY SERVICE**



**NATIONAL INSTITUTE FOR  
OCCUPATIONAL HEALTH**

Division of the National Health Laboratory Service



# Necessary Occupational Health and Safety System in Workplaces COVID-19

**Dr. EK Sepirwa**  
**Occupational medicine registrar**  
**NIOH**

# Systems in the Workplace relevant for OHS and COVID-19 Management

- Risk identification and management
- Medical Surveillance (Screening, clinical disease diagnosis, disease management and reporting)
- Incident and accident Reporting systems ( cases, incidents, accidents)
- Compensation submission systems and key role players (IOD vs Occ Disease)
- HR Systems (Leave management, time and attendance, working from home)
- Public Health Systems (Notifiable diseases)
- Other Surveillance systems

# Department of Employment and Labour Consolidated Direction on Occupational Health and Safety Measures in Certain Workplaces, 28 September 2020

**Risk assessment and plans for protective measures**

3. (1) Every employer must—

(a) undertake a risk assessment to give effect to the minimum measures required by these Directions, taking into account the specific circumstances of the workplace and the requirements of the OHS Regulations for Hazardous Biological Agents;

(b) on the basis of that risk assessment, develop a plan outlining the protective measures in place for the phased return of its employees before opening;

(c) consult on the risk assessment and plan with—

(i) any representative trade union, as contemplated by section 14(1) of the Labour Relations Act, 1995 (Act No. 66 of 1995); and

- (f) it must appoint a manager as a COVID-19 compliance officer to—
  - (i) oversee the implementation of the plan contemplated in direction 3(1)(b);
  - (ii) oversee the adherence to the health and safety measures established in the workplace to give effect to requirements of this Direction including appointing employees to perform this function if the employer has more than one workplace; and
  - (iii) address employee or workplace representative concerns and to keep them informed and, in any workplace in which a health and safety committee has been elected, consult with that committee on the nature of the hazard in that workplace and the measures that need to be taken;
- (g) it must ensure that the measures required by this Direction and its risk assessment plan are strictly complied with through monitoring and supervision;
- (h) it must, as far as practicable, minimise the number of workers at the workplace at any given time through rotation, staggered working hours, shift systems, remote working arrangements or similar measures in order to achieve social distancing as contemplated in direction 5 and to limit congestion in public transport and at the workplace;
- (i) it must take measures to minimise contact between workers as well as between workers and members of the public;

# RISK ASSESMENT AND MITIGATION

- Individual
- Nature of work
- Workplace

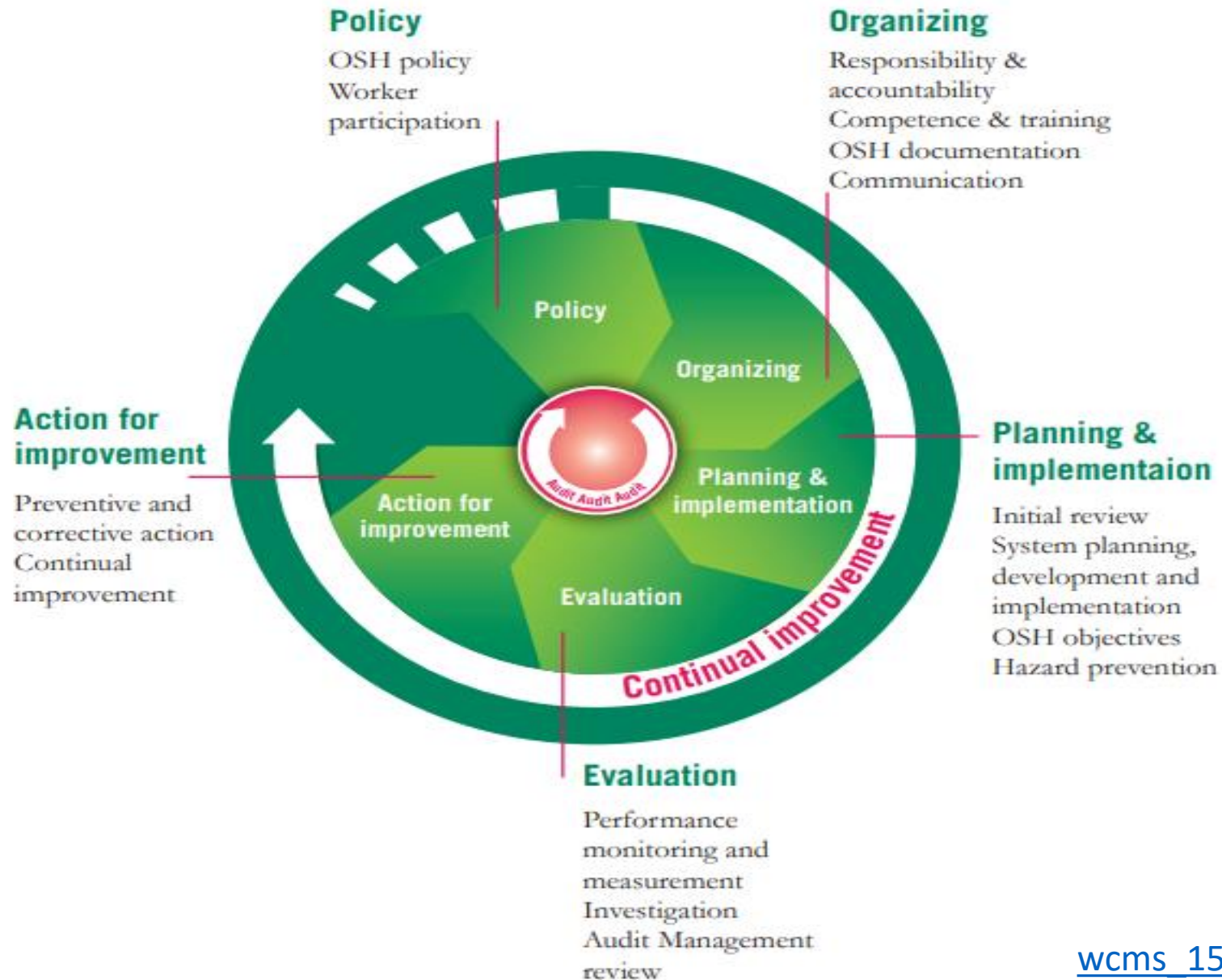
$$\text{HAZARD} \times \text{EXPOSURE} = \text{RISK}$$



[wcms\\_153930.pdf \(ilo.org\)](#)



## The ILO Guidelines on OSHMS: The continual improvement cycle



# Individual Risk Assessment



- Classify individual risk based on exposure
- Classify individual vulnerability
- Evaluate mitigating impact of risk control strategies
- Risk score
- Determine need for accommodation
- Occupational Health expertise to support decision making

		Exposure risk group			
		1. Low	2. Medium	3. High	4. Very High
Employee vulnerability group	1. Low	1	2	3	4
	2. Medi	2	4	6	8
	3. High	3	6	9	12
	4. Very	4	8	12	16

Key:  
1 – 6 Acceptable risk (low to medium)  
7 – 8 High risk (only acceptable under critical conditions)  
9 – 16 Unacceptable risk

# Vulnerable workers

Protecting people at increased risk for severe COVID-19 disease

- Age greater than 60
- Cancer on treatment
- Cardiovascular disease
- Diabetes mellitus
- Chronic respiratory disease
- Chronic renal disease
- Obesity
- Pregnant workers
- \*Employees on immunosuppressive therapy i.e. systemic corticosteroids
- HIV diagnosed HCWs who are virally unsuppressed



Guidance on vulnerable employees and workplace accommodation  
in relation to COVID-19 (V4: 25 May 2020)

(Document prepared by Academic Group within the Occupational Health and Safety Workstream  
of the National Department of Health – Covid-19 Response)

**Benefit from Vaccination**

# Nature of work

Risk category	Description of risk category
<p><b>Very High Exposure Risk</b></p>	<p>Doctors, nurses and other health professionals performing aerosol-generating procedures (e.g. intubation, cough induction procedures, bronchoscopies) on known or suspected COVID-19 patients.</p> <p>All employees collecting or handling specimens from known or suspected COVID-19 patients.</p>
<p><b>High Exposure Risk</b></p>	<p>High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. Workers in this category include:</p> <p>All health professionals and other hospital staff who must enter the patient rooms/wards of known or suspected COVID-19 patients.</p>
<p><b>Medium Exposure Risk</b></p>	<p>Medium exposure risk jobs include those that require frequent and /or close contact (i.e. within 1.5 meters) with people who may be infected, but who are not known or suspected COVID-19 patients</p>
<p><b>Lower exposure risk (caution)</b></p>	<p>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. Employees in this category have minimal contact with the patients and other co-workers.</p>



- Access to the workplace (entry and exit)
- Navigating the workplace
- ??Waiting areas
- Tearoom
- Shared spaces – Open plan offices/ Transport
- Shared equipment/ highly used surfaces
- Bathrooms
- Personal office space
- Public transportation

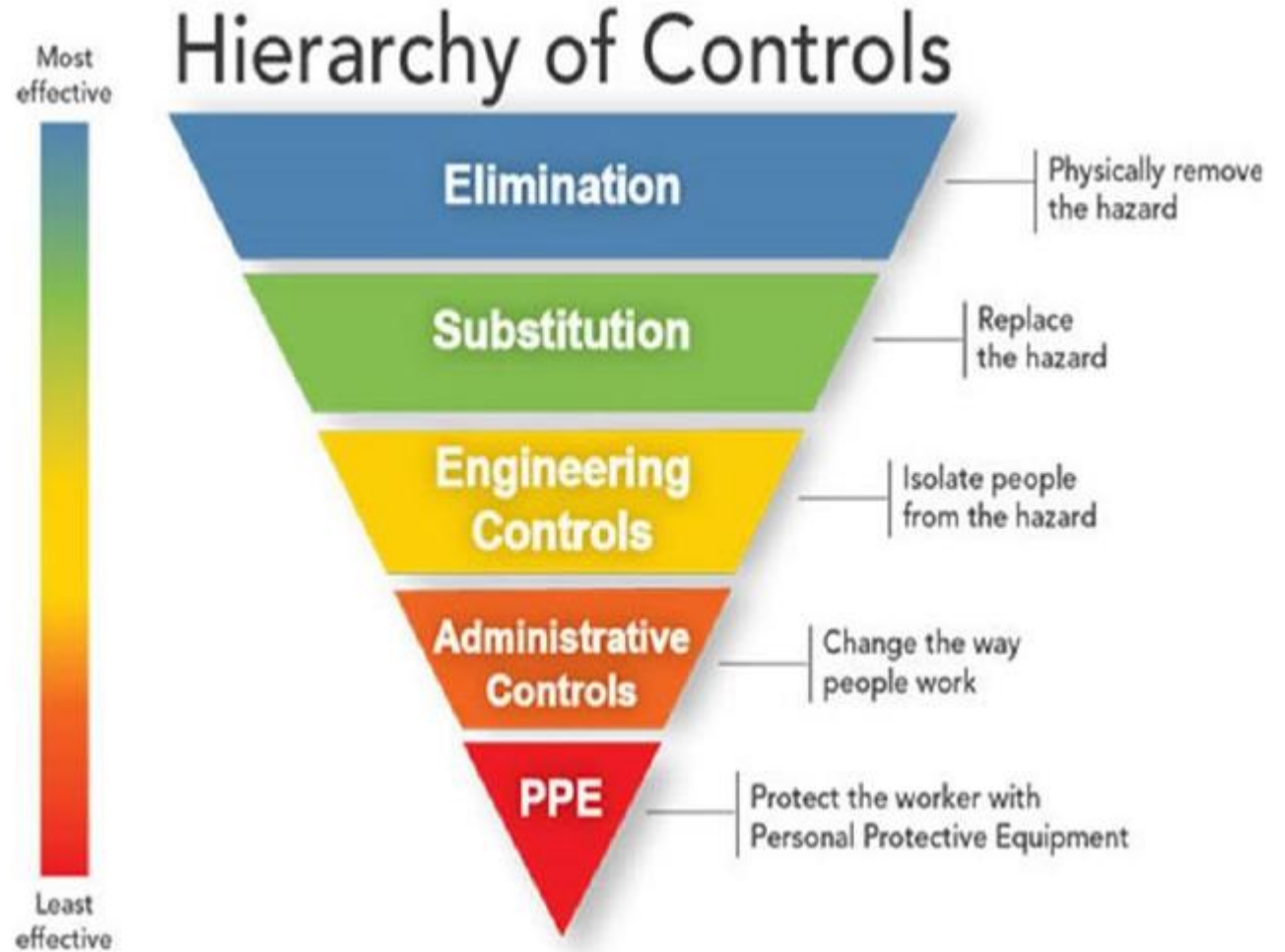
NB: High Risk Areas are workplace specific, therefore it is important to do a HRA and training of staff is paramount

# Other risk assessment considerations

- Check other work stressors (work conflicts, staff complaints)
- Cover even other risks (Physical, ergonomic, chemicals-cleaning agents etc.)

# Risk Management: Hierarchy of controls

- Reduce or eliminate worker exposure to the hazard
- Key principle in the workplace: to use a combination of strategies starting with the most effective
- Hierarchy of controls: an approach moving from most effective to least effective protective measures



# Hierarchy of controls

Engineering Controls	Administrative Controls	PPE
<ul style="list-style-type: none"> <li>• Isolating employees from work-related hazards.</li> <li>• ↓ exposure to hazards without relying solely on worker behavior and can be the most cost-effective solution to implement.</li> </ul> <p><i>Examples for COVID-19</i></p> <ul style="list-style-type: none"> <li>➤ Ventilation systems (Installing high-efficiency air filters; Increasing ventilation rates in the work environment; opening windows and specialized ventilation- negative pressure in isolation rooms- healthcare and mortuary settings)</li> <li>➤ Installing physical barriers (Perspex plastic screens/barriers and workstation rearrangement)</li> </ul>	<p><i>Examples for SARS-CoV-2 include:</i></p> <ul style="list-style-type: none"> <li>• Continuous risk assessment</li> <li>• Early case identification</li> <li>• Staff training and update</li> <li>• Social distancing</li> <li>• Sanitizers</li> <li>• Policies and procedures</li> <li>➤ Encouraging sick workers to stay at home</li> <li>➤ Updating travel policies</li> <li>➤ Developing emergency communications plans</li> <li>➤ Changing work practices .</li> <li>➤ Minimizing contact among workers, clients, and customers by virtual communications</li> <li>➤ Minimizing the number of workers on site at any given time e.g. rotation or shift work.</li> </ul>	<p><i>Examples of PPE include:</i></p> <p>face masks(Compulsory), gloves(<b>PROPER USE!!!</b>), goggles, face shields, gowns, aprons, coats, overalls, hair and shoe covers and respiratory protection, when appropriate.</p> <ul style="list-style-type: none"> <li>➤ Based on the risk assessment!</li> <li>➤ Regularly inspected, maintained, and replaced, as necessary.</li> <li>➤ Properly removed, cleaned, and stored or disposed of, as applicable (to avoid contamination of self, others, or the environment)</li> <li>• Cloth masks at a minimum should always be worn as per the legislation</li> </ul>

# Continuous updating of policies

- Management of vulnerable employees
- Policies around business travel, funeral attendance
- Employee Screening Protocols
  - Referral processes for testing
- Workplace investigation for positive cases
  - Contact tracing, Isolation procedures, appropriate workplace restrictions and return to work policies
- Training of employees in light of a possible 3<sup>rd</sup> wave
- Cleaning and disinfection
- Leave policy
- Mental health support
- Notification (OHSS) and Compensation Commissioner as necessary



## 2. Medical Surveillance System

- Screening ( e.g. TB ? Mental health? )
- Clinical disease diagnosis  
(Occupational/Non?).....OMP
- Disease management and reporting

# 3. Incident/Accident Reporting systems

- Cases identification and management.
- Incidents
- Accidents

## OHS Act

14. General duties of employees at work?

18. Functions of Health and Safety Representatives?

*Do we have those systems in place?*



[https://www.google.com/url?sa=i&url=https%3A%2F%2Fcklaw.co.za%2Fdamages-due-to-injury-at-place-of-employment%2F&psig=AOvVaw2yZ4N3dHcuFhlw8wzUWMfC&ust=1622134409800000&source=images&cd=vfe&ved=0CAIQJRxqFwoTCOjX4tzn5\\_ACFQAAAAAdAAAAABAN](https://www.google.com/url?sa=i&url=https%3A%2F%2Fcklaw.co.za%2Fdamages-due-to-injury-at-place-of-employment%2F&psig=AOvVaw2yZ4N3dHcuFhlw8wzUWMfC&ust=1622134409800000&source=images&cd=vfe&ved=0CAIQJRxqFwoTCOjX4tzn5_ACFQAAAAAdAAAAABAN)

# 4.HR Systems

## Leave management

- How are leaves managed (Special? Occupational? Sick? etc.)

## Rehabilitation and Accommodations

- Post disease or injury accommodation ( qualifications?)

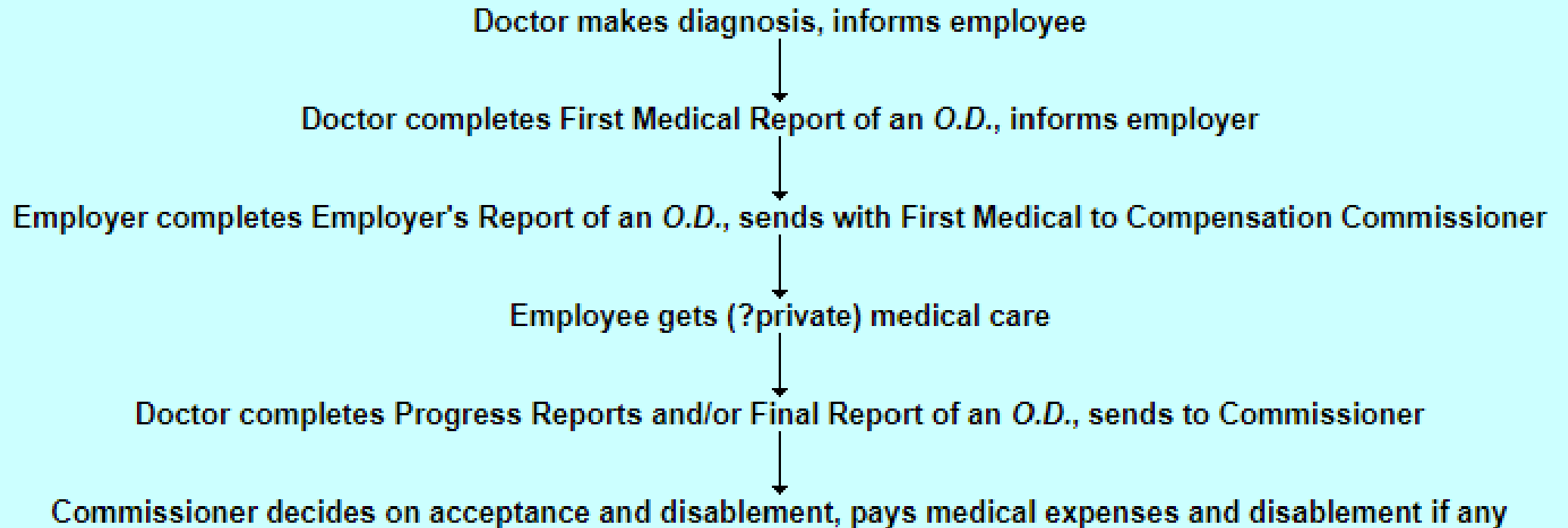
# 5. COMPENSATION SYSTEMS

## Compensation submission systems and key role players.

- Doctor ...OMP – Medical reports
- OccHealth Nurse – Exposures/Incident reports and medical questionnaires
- HR- Notifications and Claims
- Supervisor – Employer's report, Exposures

## **Injury on duty vs Occupational Disease**

## Claims procedure: occupational diseases





## Claims procedure: injuries



# Immediate Documents Required for Claim Registration

Employee's Condition at Testing	Employers Report (WCL 1) + ID + Proof of Earnings	Notice of Occ Disease & Claim for Comp (WCL 14)	Exposure History (WCL 110)	Exposure and Medical Questionnaire	Confirmatory Laboratory Results (RT-PCR SARS-Cov-2 RNA)	First Medical Report (WCL 22)	Progress/ Final Medical Report (WCL 26)
Asymptomatic	Yes	Yes	Yes	Yes	Yes	No if routine screening. Yes if clinically consulted	Final Medical Report (after 14 days)
Initially Asymptomatic, then later have symptoms	Yes	Yes	Yes	Yes	Yes	No, to be submitted when symptomatic	Progress Report monthly, then Final at 3 months
Symptomatic from Onset	Yes	Yes	Yes	Yes	Yes	Yes	Progress Report monthly, then Final at 3 months
Fatal Case	Yes	Yes	Yes	Yes	Yes, with post-mortem results where available	Yes, where available	Final Medical Report

Image :Compensation for Workplace-acquired COVID-19 Disease -Dr Lucas Mosidi

# Directive on Workplace-acquired COVID-19 Disease

Compensation of Occupationally-acquired Covid-19 Disease- 23rd March 2020

Compensation of Workplace-acquired Covid19 Disease- 23rd July 2020

## Diagnosis and Work-relatedness of Covid-19 Disease

- Assessment of the inherent risk posed by various categories of work and occupations; or
- Exposure to a known source of Covid-19 in the workplace; or
- An approved official trip and travel history to *countries and/or areas of high* risk for Covid19 on work assignment; and
- A reliable diagnosis of Covid-19 as per the WHO guidelines; and
- A chronological sequence between workplace exposure and the development of symptoms
- Current diagnostic test: PCR Test

# Notice on Compensation for Occupationally-Acquired Novel Corona Virus Disease (COVID-19)

- **What makes COVID-19 occupationally-acquired?**
  - High-risk occupations for COVID-19    **Section 66?? COIDA?**
  - Travel for work purposes to a high-risk country
  - Proof of close contact exposure within the work environment
  - Other considerations
    - High-density, frequent contact, frequent touch, frequent money exchange
    - Poor ventilation, vulnerable groups,



# Compensation Benefits for Covid-19 Disease

- Benefits covered under COVID shall be paid on a retrospective basis where cases have been confirmed and accepted as workplace-acquired
- Medical aid shall cover the cost of approved diagnostic tests and clinically-appropriate interventions as advised by the DOH/WHO/ILO
- The costs for pre-diagnostic measures like quarantine in an approved non-hospital facility shall be reimbursed in accordance with applicable tariffs in the gazette where appropriate quarantine guidelines were followed with the advice of a registered medical practitioner when claim is accepted
- The determination of sick leave for work-related disease shall be in accordance with the provisions of section 24 of the Basic Conditions of Employment Act (BCEA)



## 6. Public Health Systems (Notifiable diseases)



### WHAT IS A NOTIFIABLE MEDICAL CONDITION (NMC)?

Notifiable Medical Conditions are diseases that are of public health importance because they pose significant public health risks that can result in disease outbreaks or epidemics with high case fatality rates both nationally and internationally.



### WHY IS IT A LEGAL REQUIREMENT TO TIMEOUSLY REPORT ALL NMC?

The only way we can control spread of infectious diseases within the population is through identification of diseased persons and implementation of necessary public health actions to ensure that the disease is not spread to other people. Real-time efficient surveillance and reporting of such diseases provides an early warning signal and provides a window of opportunity to interrupt the disease transmission cycle.

### WHO IS RESPONSIBLE FOR REPORTING NMC?

*Every doctor or nurse (health care provider), laboratory and medical schemes in both the public and private health sector who diagnoses a patient with any one of the NMC must report the case.*

*Failure to report a NMC is a criminal offence.*

### IN SOUTH AFRICA WHICH CONDITIONS ARE NOTIFIABLE?

#### Category 1 NMC

Must be reported immediately using the most rapid means upon clinical or laboratory diagnosis followed by a written or electronic notification within 24 hours of diagnosis.

Acute flaccid paralysis
Acute rheumatic fever
Anthrax
Botulism
Cholera
Diphtheria
Enteric fever (typhoid or paratyphoid fever)
Food borne disease outbreak
Haemolytic uraemic syndrome (HUS)
Listeriosis
Malaria
Measles
Meningococcal disease
Pertussis
Plague
Poliomyelitis
Rabies (human)
Respiratory disease caused by a novel respiratory pathogen
Rift valley fever (human)
Smallpox
Viral haemorrhagic fever diseases
Yellow fever

#### Category 2 NMC

Must be reported through a written or electronic notification, within 7 days of clinical or laboratory diagnosis but preferably as soon as possible following diagnosis.

Agricultural or stock remedy poisoning
Bilharzia (schistosomiasis)
Brucellosis
Congenital rubella syndrome
Congenital syphilis
Haemophilus influenzae type B
Hepatitis A
Hepatitis B
Hepatitis C
Hepatitis E
Lead poisoning
Legionellosis
Leprosy
Maternal death (pregnancy, childbirth, puerperium)
Mercury poisoning
Soil transmitted helminths (Ascaris Lumbricoides, Trichuris trichiuria, Ancylostoma duodenale, Necator americanus)
Tetanus
Tuberculosis: pulmonary
Tuberculosis: extra-pulmonary
Tuberculosis: multidrug-resistant (MDR-TB)
Tuberculosis: extensively drug-resistant (XDR-TB)

# Other Surveillance systems

- OHSS
- Surveillance of working environment

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Dr EK Sepirwa  
Occupational Medicine Registrar  
Occupational Medicine Section  
National Institute for Occupational Health  
National Health Laboratory Services  
Tel +27 (0)11 712 6542|Email  
[edwards@nioh.ac.za](mailto:edwards@nioh.ac.za) | [www.nioh.ac.za](http://www.nioh.ac.za)  
[www.nhls.ac.za](http://www.nhls.ac.za)

For COVID 19 related queries please call  
0860 212 175 or  
Email – [info@nioh.ac.za](mailto:info@nioh.ac.za)

# THANK YOU

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