

Workers' rights in the era of COVID-19 and the workplace

Medico-legal Aspects of COVID-19 in the Workplace

Dr Jan Lapere

18 May 2021

COVID-19 occupational health risk

Occupational hazard = exposure to SARS-CoV2 virus (HBA) in the course of work

Occupational risks

1. Work-acquired C19 illness
 1. From a C19+ employee to another employee
 2. From a C19+ non-employee (e.g., customer) to an employee
2. C19 contamination of non-employee person (e.g., customer) by C19+ employee

Employment Regulation and rights of Employees

1. Common law: duties of employer and of other employees
2. Constitution of SA
3. Contract of employment
4. Statutes
 1. National Health Act - Notifiable
 2. Disaster Management Act – Disaster levels- Disaster Directives
 3. Occupational Health and Safety Act - Regulations for HBA
 4. Mine Health and Safety Act - Disaster Directives
 5. Basic Conditions of Employment Act: sick pay
 6. Labour Relations Act: employment conditions, ill health incapacity, retrenchment
 7. Employment Equity Act: - medical testing
 8. Unemployment Insurance Act: - unemployment-, sick-, TERS-pay
 9. Compensation for Occupational Injuries and Diseases Act: - work-acquired C19

Labour Court (case No.: JR 1644/20)

Eskort vs Stuurman Mogotsi – 18 March 2021

1. ...need for more to be done at both workplace and in our communities, in ensuring that employers, employees, and the general populace are sensitised to the realities of this pandemic, and to further reinforce the obligations of employers and employees in the face of, or event of an exposure to COVID- 19.
2. ...need for serious introspection by ..employers, whether existing H&S measures and protocols are being taken seriously by everyone affected.
3. It is one thing to have all the H&S protocols in place and on paper.
4. These are however meaningless if no one, including employers, takes them seriously.

Labour Court (case No.: JR 1644/20)

Eskort vs Stuurman Mogotsi – 18 March 2021

The questions that need to be posed despite the applicant having all of these fancy COVID- 19 policies, procedures and protocols in place:

1. Whether more than merely dismissing employees for failing to adhere to the basic health and safety protocols is sufficient in curbing the spread of the pandemic?
2. How can it be, that in the midst of the deadly pandemic, the applicant still allows mask-less 'huggers' walking around on the shop floor?
3. Of further importance is notwithstanding all of these protocols and awareness campaigns about this pandemic, why would any employee in the workplace, especially one with comorbidities, hug or reciprocate hugging in the middle of a pandemic?
4. Does a basic principle such as social distancing mean anything to anyone at the workplace?
5. Furthermore, what is the responsibility of the applicant and its employees when other employees or even customers, are seen roaming the workplace or shopfloor mask-less?
6. Of even critical importance is what steps were taken in ensuring the health and safety of all the employees and customers, where at least from 20 July 2020, Mchunu's test results were known? All of these questions need to be addressed in the light of Mogotsi's version that after Mchunu's test results were made known, business at the store had continued as usual, hence he had continued reporting for duty.



Notifiable Disease and Declaration of Disaster

**National Health Act
&
Disaster Management Act**

Dr Jan Lapere

18 May 2021



The New Normal with SARS-CoV-2 & COVID-19

Laws to deal with a Pandemic

- I. SARS-CoV-2 declared Category 1 **Notifiable Disease**
- II. **National Health Act** and Regulations relating to notifiable conditions
- III. SARS-CoV-2, a medical emergency requiring urgent and drastic **Disaster measures** = **Disaster Management Act, 2002** and **Regulations**
- IV. **Directions:** DEL, DMR, RSR, Compensation for Workplace-acquired COVID-19,..
- V. **Health Guidelines** incorporated in Disaster Directives

New Normal

Regulations relating to surveillance and control of notifiable conditions

Responsibilities of every person in SA

Voluntary medical examination

A **suspected** case, a **carrier** or **contact** of COVID-19 must subject:

1. Clinical examination
2. Taking of biological specimens
3. To infection control: prophylaxis, treatment, isolation or quarantine
4. Provide all information required

New Normal: ~~NHA Regulations~~ OVERRULED

Disaster Management Act, 2002 SARS-CoV-2-Regulations ito S 27(2)

of 18 March 2020 (GG 43107) by Minister of Cooperative Governance and Traditional Affairs

Refusal of medical examination, prophylaxis, treatment, isolation and quarantine

- + A suspected or confirmed (clinical or lab) COVID-19 case
- + A person who has been in contact with a person who is a carrier of COVID-19

May NOT refuse consent to an enforcement officer, for

1. Submission to medical examination
2. Taking any bodily sample by a person authorised in law to do so
3. Admission to a health establishment or a quarantine- or isolation- site
4. Submission to mandatory prophylaxis, treatment, isolation or quarantine or isolation in order to prevent transmission

New Normal: ~~NHA Regulations~~ OVERRULED

Disaster Management Act, 2002 SARS-CoV-2-Regulations ito S 27(2)

of 18 March 2020 (GG 43107) by Minister of Cooperative Governance and Traditional Affairs

Refusal of medical examination, prophylaxis, treatment, isolation and quarantine

If a person does not comply with the instruction or order of the enforcement officer:

1. That person must be placed in isolation or quarantine for a period of 48 hours
2. Pending a warrant being issued by a magistrate

New Normal: ~~NHA Regulations~~ OVERRULED

Disaster Management Act, 2002 Regulations ito S 27(2)

of 18 March 2020 (GG 43107) by Minister of Cooperative Governance and Traditional Affairs

Refusal of medical examination, prophylaxis, treatment, isolation and quarantine

No person is entitled to compensation for any loss or damage arising out of any bona fide action or omission by an enforcement officer under this regulation.

Regulations relating to surveillance and control of notifiable conditions

Responsibilities of health care providers

A health care provider must

1. Adhere to DOH guidelines on surveillance and control of notifiable medical conditions
2. Ensure adherence to Regulations
3. Notify focal person of any diagnosed COVID-19 case



Workers' rights in transport to the workplace

**Transport to Work
&
Disaster Management Act**

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18 May 2021

New Normal outside the workplace

Directions under Disaster Management Act: measures to address, prevent and combat the spread of covid -19 in the public transport services for adjusted alert level

Owners of public transport facilities must

1. At least twice daily, sanitise facilities
2. Provide adequate sanitisers or other hygiene dispensers
3. Put measures in place for social distancing of at least 1.5 meters
4. Ensure queuing passengers maintain a physical distance of least 1.5 meters
5. Not allow anyone to enter their facilities without wearing a face mask

New Normal outside the workplace

Directions under Disaster Management Act: measures to address, prevent and combat the spread of covid -19 in the public transport services for adjusted alert level

Operators of public transport vehicles must

1. Ensure vehicles are clean and sanitised before picking up and after dropping off passengers
2. Windows on both sides of all vehicles must be kept at least 5 cm open
3. Ensure door- & window handles, seats, arm rests and hand rails are sanitised after every load
4. Ensure driver enforces hands of passengers are sanitised before entering and after leaving
5. All drivers, owners, operators and passengers must wear a face mask
6. Put measures in place to adhere to social distancing
7. Sanitisers must have a minimum of 70% alcohol content

New Normal outside the workplace

Directions under Disaster Management Act: measures to address, prevent and combat the spread of covid -19 in the public transport services for adjusted alert level

1. Long distance travel (≥ 200 km)

Minibus permitted to carry not more than 70% of maximum licensed passenger load = licensed to carry 10 (15, 22) passengers, is limited to maximum of 7 (10, 15) passengers

2. Not long distance travel (< 200 km)

1. All vehicles permitted to carry 100% of their maximum licensed passenger capacity
2. Rail operations may carry not more than 70% of their licensed passenger capacity

Workers' rights in the era of COVID-19 and the workplace

**Alert level 1
&
Disaster Management Act**

Dr Jan Lapere

18 May 2021

New Normal

General to the workplace

Directions under Disaster Management Act: 28 February 2021

1. All persons who are able to work from home must do so
2. Alert 1 rules for work outside home, travel to and from work and for work purposes:
 1. Strict compliance with health protocols and social distancing measures
 2. Phased return to work to make the workplace COVID -19 ready
 3. Return to work avoids and reduces risks of infection
 4. The work not being listed under the specific economic exclusions in table

Workers' rights in the era of COVID-19 and the workplace

**COVID-19 sick leave
&**

Basic Conditions of Employment Act

Compensation for Occupational Injuries and Diseases Act

Unemployment Insurance Act

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18 May 2021

New Normal

Sick pay: BCEA- COIDA -UIF

1. C19 sick employee (isolation): BCEA sick pay or (if exhausted) UIF sick pay
2. Close (high risk contact) **at work** = 10 days' quarantine = BCEA sick pay or (if exhausted) UIF sick pay
3. Close (high risk contact) **outside work** = 10 days' quarantine = no BCEA sick pay unless also becoming ill; Family Responsibility Leave if caring for sibling
4. Work-acquired C19 = COIDA Temporary Total Disability leave
5. Comorbidity causing employee to be unfit for work on account of illness = BCEA sick pay or (if exhausted) **UIF sick pay**

Workers' rights in the era of COVID-19 and the workplace

**Occupational Health and Safety Act
&
Mine Health and Safety Act**

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18 May 2021

New Normal

OHSA and MHSA

Safe and healthy workplace provided by employer

1. C19 risk assessment (HBA Regs-based) available to employees
2. Training, induction & displays on C19 (general + work specific)
3. No droplet/airborne contagion
 1. Social distancing at work
 2. Ventilation
 3. PPE
4. Hygiene, sanitizing and no fomite contagion
5. No C19 contagious person in the workplace
6. Evacuate C19 suspect-/ill- employees immediately
7. Work supervision and compliance verification + enforcement

New Normal DMA Directions/Guidelines

- 1. Minimise persons at the workplace**
- 2. Working from home**
- 3. Queue control at access & egress**
- 4. Screening at entrance**
- 5. Sanitizing**
- 6. Min working distance = 1.50 m; if not, physical barriers- PPE**
- 7. Queue control at facilities**
- 8. Ventilation**
- 9. Investigate C19 incidents in workplace & act for high/low-risk contact**
- 10. Isolation room and evacuation + referral C19 suspect**
- 11. Safe return to work**
- 12. Cloth masks**
- 13. Control of public, visitors, delivery**
- 14. C19-specific PPE**
- 15. Vulnerable employees**
- 16. C19 compliance officer**
- 17. Refusal to work**

“Old” Normal Hazardous Biological Agent Health Containment

HBA Regulation 8: Employer to ensure that **an employee is under medical surveillance** if:

1. Exposure of employee is such that an identifiable disease may be related
2. There are techniques appropriate to diagnose the illness
3. Reasonable likelihood that disease may occur under the particular conditions of work
 1. **Very high exposure risk jobs:** high potential for exposure to known or suspected sources of C19 during **specific** medical, post mortem, or laboratory procedures
 2. **High Exposure risk jobs:** high potential for exposure to known or suspected sources of C19
 3. **Medium exposure risk jobs:** 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 C19 patients

“Old” Normal

Hazardous Biological Agent Health Containment

1. Very high exposure risk jobs
 1. Healthcare workers performing aerosol-generating procedures on COVID-19 patients
 2. Healthcare & laboratory personnel collecting or handling specimens from C19 patients
 3. Morgue workers performing autopsies

2. High Exposure risk jobs
 1. Healthcare delivery and support staff
 2. Medical transport workers
 3. Mortuary workers

3. Medium exposure risk jobs (in areas without ongoing community transmission)
 1. Frequent contact with travellers
 2. Contact with general public (e.g. in schools, labour centres, consulting rooms, high-volume retail settings)

“Old” Normal Hazardous Biological Agent Health Containment

C19 Medical surveillance in accordance with a written protocol

1. Initial health evaluation within 14 days: **all exposed**
2. Comorbidity evaluation of **vulnerable** employees
3. **Return to work** after illness

“Old” Normal Initial Medical Surveillance

1. Medical testing
 1. Medical and occupational history
 2. Physical examination
 3. Biological and other appropriate medical tests to enable proper evaluation
2. Fitness for work recommendation

fit – unfit - fit with conditions – fit with restrictions
3. Prevention

? Recommend C19 vaccination

New Normal

The vulnerable employee: identification

1. Employees to disclose health issues, comorbidities or conditions of vulnerable employees
2. Medical assessment
 1. The employee should be assessed by his/her treating doctor, or,
 2. By employer-designated doctor- preferably OMP
 3. Doctor to provide written confidential report to employer
3. Employer to take special measures as per DOH guideline:
 1. Working from homeor
 2. Facilitate their safe return to work

New Normal

The vulnerable employee: safely at work

Employer special measures (DOH Guideline) to return to work

1. *Alternative temporary placement / redeployment in different role and responsibility*
2. *Restriction of certain duties (not allowed to perform high risk procedures)*
3. *Protective isolation (e.g., dedicated, clean office, etc.)*
4. *Provision of specific PPE*
5. *Stricter physical distancing protocols (including staggering of shifts), barriers or additional hygiene measures*
6. *Limit duration of close interaction with clients, colleagues and/or the public*
7. *Reducing external risks (use of public transport) by providing alternative transport arrangements where feasible*

COVID-19 vulnerable employees management procedure

1. Scope and objective

1. To identify and assess vulnerable employees in the context of COVID-19; and
2. For the occupational medical practitioner to educate, communicate with and assist the vulnerable employee; and
3. To protect and manage the vulnerable employees in the workplace.

2. Legal reference

3. Vulnerable employees defined

4. Risk base

1. SARS CoV-2 biological hazard, exposure probability and illness severity
2. Loss of income hazard, exposure probability and severity

COVID-19 vulnerable employees management procedure

5. Process

1. Pre-test information to the OMP
2. Clinical or other assessment
3. OMP assessment of biological risk level
4. Psycho-social risk level

6. Reporting

Probability of exposure	Probability of C19 complications
<ol style="list-style-type: none">i. Very High Exposure Riskii. High Exposure Riskiii. Medium Exposure Riskiv. Lower Exposure Risk	<ol style="list-style-type: none">a. Low risk: single health condition well controlled and not known to pose additional riskb. Intermediate risk: single health condition well controlled but known complication or increased health riskc. Moderate risk: single health condition not well controlled or two at-risk health conditions presentd. High risk: more than two at-risk conditions present

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COVID-19 COMORBIDITY MEDICAL CERTIFICATE

Ito Occupational Health And Safety Act, 85 Of 1993

Covid-19 Occupational Health and Safety Measures in Workplaces Covid-19 (C19 OHS), 2020 GG 43257 - GN 479 of 29 April 2020

Disaster Management Act (57/2002): Regulations GG 43258 - GN R. 480 of 29 April 2020

13-05-2021

Name of Employee ID No....

Job description/title:

The above employee was submitted to a COVID-19 comorbidity surveillance examination, compliant to the above legislation.

The objective of this surveillance is to assess the employee for risk conditions relating to COVID-19, for the occupational medical practitioner to educate and assist any such risk employee and to communicate on health issues or queries relating to COVID-19 at work with the employee and the employer.

The employee has morbidities, posing an 'intermediate' risk.

A VON HAGEN

Dr. A VON HAGEN

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New Normal

Return to work after sick leave

1. Mandatory isolation periods: 10 days after onset (mild) or after recovery (severe)
2. Assess (all) sick certificates prior to return to work
3. Assess fitness for work
4. Job placement (including compulsory social distance)
5. Organise monitoring 21 days

Vaccination and Occupational Health

C19 vaccination's place as OH control measure

Could C19 vaccination be a Statutory requirement?

Could C19 vaccination be an inherent job requirement?

A Proposed C19 Vaccination policy

Dr Jan Lapere

18 May 2021

C19 vaccination, the workplace and the employer

1. In order to offer risk containment for the OH 3 risks, vaccinated employee must be
 1. Immune to getting infected (by another employee or a non-employee) and
 2. Non-contagious to others
2. Level of risk containment need not be absolute 100%- reduced effectiveness reduces the impact
3. With reducing impact, the risk of vaccination process itself must be balanced
4. Whilst the evidence at hand shows a very low risk from vaccination with the SAHPRA-registered vaccines, there is an unknown risk emanating from the novel technologies; we have
 1. No mRNA experience and
 2. Very limited Ad Vector-vaccine experience
 3. Nothing in long term knowledge....

SARS-CoV 2 Risk Controls @ workplace

The place of C19-vaccination?

SARS-CoV2 hazard in scope of work

COVID-19 Risk employees and others

Risk elimination (e.g., working from home)

Risk control

Engineering

1. Selection & commission
2. Maintenance
3. Inspection
4. Testing & certification

e.g., ventilation

Administrative

- A. Workplace organisation
- B. Safe work process
- C. Training, competence
- D. Job placement- medicals
- E. ? Vaccination**
- F. PPE
- G. Inspection

Where to place 'vaccination' in hierarchy of OHS risk control ?

1. In prevention of work-acquired C19

1. Before implementing other C19 interventions?

Then vaccinated employees could work in risk-probable circumstances without C19 nonpharma controls? **Unlikely**

2. After implementing other interventions?

1. Then vaccinated employees still require to adhere to C19 nonpharma controls?

2. What is vaccine effectiveness in these circumstances; i.e., what is reduction in incidence in work-acquired C19?

2. In prevention of all C19 transmission in workplace

If vaccination would show efficacy in decreasing C19 transmission, then there is valid risk containment (S 9 OHSA) in vaccinating persons who care for frail patients (e.g., ICU, frail care, old age homes)

Could C19 vaccination be a statutory OH requirement?

1. Is compulsory employee vaccination 'reasonably practicable'?

1. With non-pharma controls in place, the severity and scope of work-acquired C19 risk is low
2. Current knowledge on C19 vaccination efficacy, effectiveness and impact is limited and may not be sufficient to enforce vaccination
3. We have suitable non-pharma controls to mitigate the risk

2. If it had to be a statutory duty, then **Hep B vaccination** should be made compulsory in health professionals; it is 'a safe and effective vaccine that offers a 98-100% protection against hepatitis B' *

*(<https://www.who.int/news-room/fact-sheets/detail/hepatitis-b#:~:text=A%20safe%20and%20effective%20vaccine,chronic%20disease%20and%20liver%20cancer>)

Could C19 vaccination be an inherent job requirement?

1. **Inherent job requirement** = ' ...permanent attribute or quality, forming ...an essential ... intrinsic, ...indispensable attribute, relating ..in an inescapable way to the performing of the job' *
2. If we accept the above legal interpretation, then it may be difficult to include C19 vaccination as an 'inescapable way to perform the work safely'?

*Dlamini & others v Green Four Security 2006 JOL 17853 (LC)

(Proposed) C19 vaccination Policy

1. THE EMPLOYER considers that COVID-19 vaccination is an employers' occupational health duty and that resources for C19 vaccination must be provided.
2. The occupational H&S risk assessment will determine whether there are instances in which C19 immunity protection of employees is a job requirement.
3. Employees' autonomy over their health and vaccination state will be honoured and, no employee shall be forced or coerced into consenting to C19 vaccination.

(Proposed) C19 vaccination Policy

1. COVID-19 (C19) vaccination is considered an employer duty
 1. Employers have a duty to provide and maintain a safe and healthy workplace.
 2. C19 is a health risk for workers and for others exposed to the workplace; therefore, prevention in the workplace is an employer duty.
 3. Effective vaccination of the individual worker and aiming for adequate herd immunity amongst workers is an employer duty.
2. Resources for C19 vaccination must be provided by the employer
 1. The employer's occupational health service must be provided with the means to perform its functions.
 2. The employer should therefore fund the vaccination services.
3. Employee's right and duties
 1. Employees must comply with prescribed H&S controls, protect their own H&S and that of others affected by them and cooperate with the employer's H&S containment measures.
 2. Whether an employer imposes mandatory vaccination of employees in certain workplaces, should be based on specific health risk levels and defined in a work policy.
 3. Employees have the right to self-determination and to make their own informed choice; hence there is a duty on the health care provider to obtain employees' specific informed consent to vaccination

The background is a light beige color. In the top-left corner, there is a white circle partially cut off by the edge, with several blue dashed wavy lines extending downwards and to the right. In the bottom-right corner, there is another white circle partially cut off, with several blue dashed wavy lines extending upwards and to the left. A solid orange line also curves across the bottom-right area, following the general path of the dashed lines.

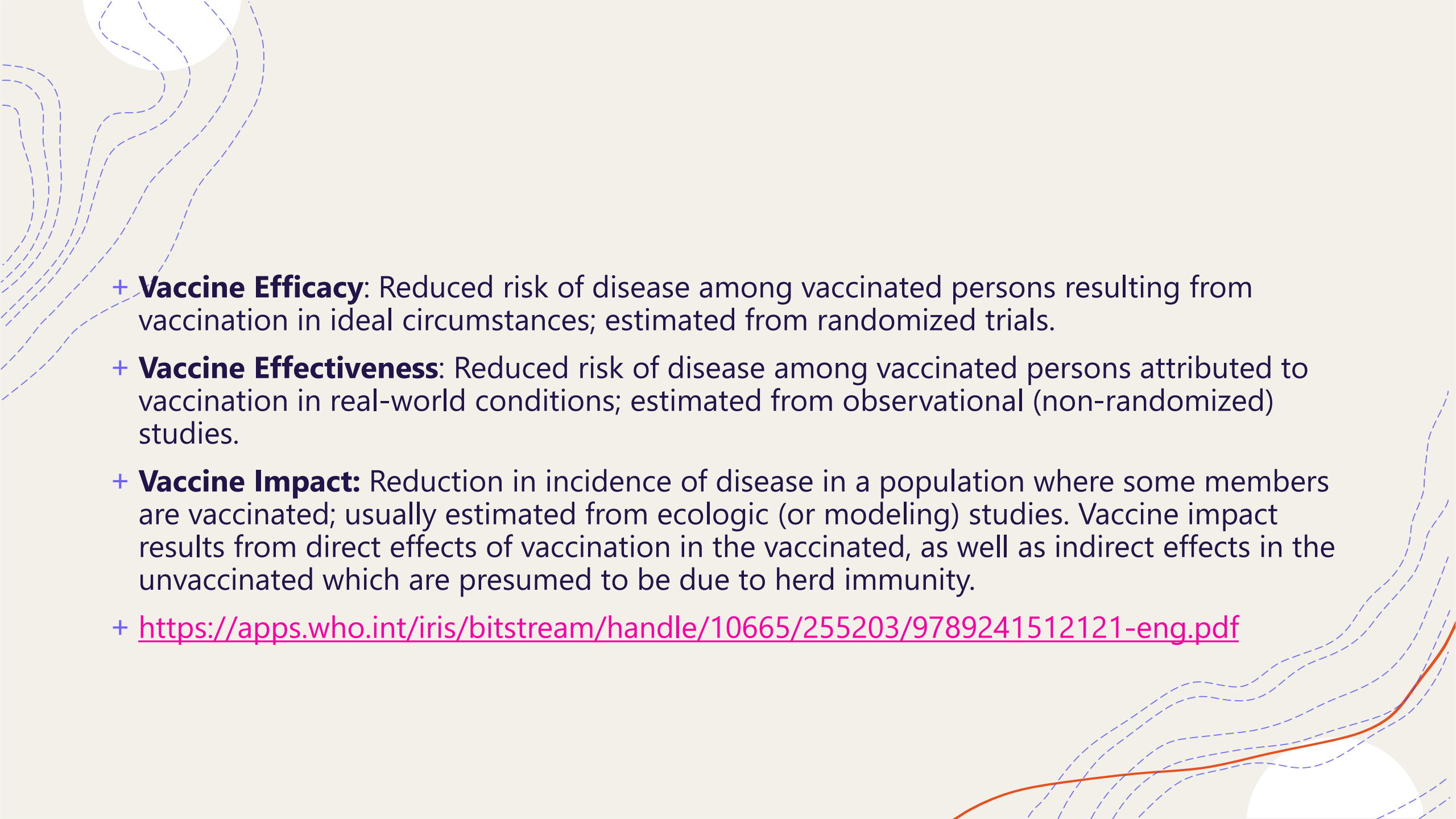
I thank you

A suspected COVID-19 case

NIOH Clinical Management of Suspected or Confirmed C19 Disease

- 1. A suspected COVID-19 case**
 - 1. Any person presenting with acute (≤ 14 days) respiratory tract infection or other clinical illness compatible with C19, or**
 - 2. Asymptomatic person who is close contact to confirmed case, including all persons living in the same household**

- 2. Key respiratory syndrome consists of ANY of: Cough, sore throat, Shortness of breath, Anosmia or dysgeusia ... with or without fever, weakness, myalgia, or diarrhoea) + acute exacerbation of chronic pulmonary condition (COPD, asthma) may be COVID-19**

- 
- + **Vaccine Efficacy:** Reduced risk of disease among vaccinated persons resulting from vaccination in ideal circumstances; estimated from randomized trials.
 - + **Vaccine Effectiveness:** Reduced risk of disease among vaccinated persons attributed to vaccination in real-world conditions; estimated from observational (non-randomized) studies.
 - + **Vaccine Impact:** Reduction in incidence of disease in a population where some members are vaccinated; usually estimated from ecologic (or modeling) studies. Vaccine impact results from direct effects of vaccination in the vaccinated, as well as indirect effects in the unvaccinated which are presumed to be due to herd immunity.
 - + <https://apps.who.int/iris/bitstream/handle/10665/255203/9789241512121-eng.pdf>

Screening prior to entry

1. DoEL

1. Screen when reporting to work and do not allow C19+ to enter workplace
2. 'Cough, sore throat, shortness of breath (or difficulty in breathing), or loss of smell or taste, fever, body aches, redness of eyes, nausea, vomiting, diarrhoea, fatigue, weakness or tiredness'
3. No explicit duty to take temperature

2. DMR Guideline

1. Screen at start of every shift
2. Must include taking temperature

3. 'Gist' of law = sick employee does not come to work and employer does not allow a PUI or 'suspect case' to enter workplace

No droplet/airborne contagion

- 1. Minimise numbers at workplace (rotation, staggering hours, shift, remote work)**
- 2. Minimise contact workers-workers & workers-public**
- 3. Determine floor area & number of customers and workers in workplace**
- 4. Distance > 1.50 m between workers, workers & public, members of public**
- 5. Physical barriers at counters**
- 6. Provide workers with face shields**
- 7. Workplace well ventilated by natural or mechanical means**
- 8. Cloth masks at all times, by all**
- 9. Compliance officer assigned to ensure that measures are complied with**

No fomite contagion

- 1. Hand & Surface washing and sanitizing**
- 2. Work surfaces, equipment & facilities disinfected before and regularly during**
- 3. Biometric systems C19-proof**
- 4. Adequate facilities hand wash; soap, water, paper towels**

Evacuate C19 suspect-/ill- employees immediately

- 1. Workers with C19 symptoms not permitted to enter workplace**
- 2. C19 symptoms/ill at work:**
 - 1. Worker isolated + surgical mask**
 - 2. Special transport to health facility arranged**
 - 3. RA for transmission @ work**
 - 4. Disinfect area and workstation**
 - 5. Contact tracing and referral**

COVID-19 Legal Compliance Verification

The below list of requirements emanates from

1. Disaster Management Regulations issued on [28 February 2021](#)
2. Consolidated Directions on occupational health and safety measures in certain workplaces of 1 October 2020

Date.....
Department.....
Auditor

Is the C19 Policy defined, distributed, displayed and signed by CEO?

Is there a C19 risk assessment (RA) documented?

Are all controls defined in the C19 RA in place?

Does the C19 risk assessment conform to OHS Regs for Hazardous Biological Agents?

Is there a C19 Plan, which is documented, still relevant and includes phased return (if still applicable)?

Does the C19 plan include the name of the COVID -19 compliance officer(s)?

Is the C19 plan is available on site?

Are both the C19 RA and C19 Plan consulted with representative trade union?

Are both the C19 RA and C19 Plan communicated to H&S committee?

Are both the C19 RA and C19 Plan available **on site** to inspector?

Is there a C19 Plan, which is documented and still relevant and compliant?

Does the C19 plan include:

A phased return process of all employees to the workplace?

Date workplace opened & hours of opening?

List employees permitted to work on site?

List employees required to work from home– where applicable?

Plan and timetable for phased-in return of employees to the workplace, where applicable?

A system to identify and manage vulnerable employees?

Minimising number of workers at workplace?

Daily C19 health screening measures?

Screening of clients, contractors, couriers and visitors?

Date..... Department..... Auditor

If more than 50 employees in a workplace

Was the C19 RA submitted to Department of Employment and Labour?

Was the C19 policy submitted to Department of Employment and Labour?

Were the following special measures for C19 vulnerable employees applied:

All Vulnerable employees identified

All Vulnerable employees safely accommodated

All Vulnerable employees reported to NIOH

Does the C19 induction to employees, visitors, contractors working on site include:

Includes information, awareness and leaflets /notices?

All workers notified of the company's DEL C19 directions?

All workers are notified of the C19 plan?

All employees are notified they must not come to work when having C19 symptoms?

All employees are notified they must report C19 symptoms, experienced at work ,immediately?

All workers are informed, trained, instructed and supervised on correct use of cloth masks?

All workers have been communicated about the reporting to NIOH and the company's compliance with POPI?

Are the following active controls in place to ensure supervision and compliance to the C19 plan?

Employer has a C19 monitoring and supervision plan?

Supervision of social distancing measures in the workplace?

Supervision of social distancing queue in common areas (canteen, toilet)?

Supervision of social distancing queue outside the immediate workplace?

COVID -19 compliance officer appointed with specific duties of supervision and compliance check?

COVID -19 compliance officer effectively checks C19 plan implementation & adherence ?

COVID -19 compliance officer available to address employee concerns?

Is the COVID -19 compliance officer(s) available on site at all times when employees work?

Compliance officer is assigned to ensure that visitors comply?

Compliance officer is assigned to ensure that customers comply?

Date.....
Department.....
Auditor

Does any work-C19 case investigation include:

Format and contents comply to the Department of Health's Guidelines?

An investigation and determination of the Mode of exposure

An investigation and determination of Control failure, if any?

A documented review of the C19 risk assessment?

Immediate action to ensure that affected area is temporarily closed for assessment and decontamination?

Is the following Compulsory reporting (All employers) in place?

Every worker who reports C19 positive is reported to NIOH?

Every worker who reports work-acquired C19 is reported to Compensation Commissioner?

Is the following Compulsory reporting (for Employer > 50 employees in a workplace) to NIOH in place?

Vulnerable employee, with de-identified data?

Screening positive case, with de-identified data?

Employees with a positive C19 PCR test: identifies worker

High risk close contacts at work, with de-identified data?

Return to work after C19, with de-identified data?

Are the following physical arrangements in place?

All work area's floor space is determined in square metres and applies as to the number of persons that may be inside?

Queuing is organised and controlled at distance of 1.50 m?

Social distancing is min 1.50 m between workers at workstations?

If not spaced 1.50 m apart, there are solid physical barriers?

If not spaced 1.50 m apart and no barriers, then risk-based PPE is supplied and used?

Date.....
Department.....
Auditor

Are the following organisational arrangements in place?

Actions to minimise numbers of persons at workplace (rotation, staggered working hours, shift systems, remote working arrangements or similar measures)?

All persons are subject to C19 induction?

There are sufficient C19 information leaflets /notices?

There are rules that minimise contact between workers and other workers?

There are rules that minimise contact workers and the public/contractors/courier/visitors?

Are there staggered breaks required? And if so, are these adhered to?

Does the employer enable employees to work from home?

Are there initiatives to minimise the need for employees to be physically present at work?

Are there restrictions on face to face meetings?

Does the workplace ventilation comply to the following?

All Workplaces are well ventilated by natural or mechanical means: min 6 AE/h?

If local extraction, there is effective ventilation with HEPA filters?

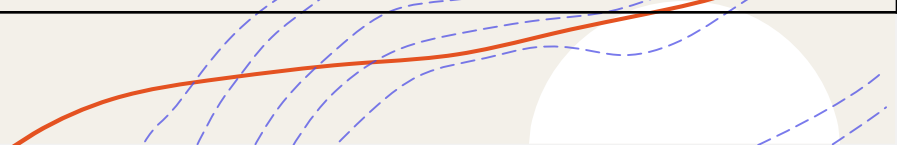
Local extraction ventilation system has been technically assessed and approved?

The Local extraction ventilation system functions effectively?

The Local extraction ventilation system is regularly cleaned and maintained?

The Local extraction ventilation system does not recirculate the air?

Ventilation vents do not feedback in through open windows?



Date.....
Department.....
Auditor

Are the following Meeting requirements in place?

All persons to wear a face mask at all times?

All persons must adhere to all C19 protocols?

Meeting room's floor area is measured and the number of users is calculated?

Meeting facility certificate of occupancy displays maximum number of persons the facility may hold?

Meeting rooms limited to 50 percent of the floor space?

Does the C19 Pre-work screening of employees include?

All employees have the prescribed symptom screening when reporting for work and prior to entry?

Screening includes: cough, sore throat, shortness of breath (or difficulty in breathing), or loss of smell or taste, fever, body aches, redness of eyes, nausea, vomiting, diarrhoea, fatigue, weakness or tiredness?

Workers with C19 symptoms not permitted to enter workplace?

Biometric systems are COVID-19- proof?

When employees report C19 symptoms at work, are the following in place?

A C19 symptom reporting system is in place (dedicated person-isolation site etc.) for affected employees?

Every employee with C19 symptoms/ill at work is isolated + supplied with surgical mask?

There is a dedicated transport arrangement to a health facility arranged?

After an employee reports C19 symptoms/ill at work, an immediate RA for transmission is performed?

After an employee reports C19 symptoms/ill at work, the affected area is temporarily closed for decontamination?

After an employee reports C19 symptoms/ill at work the area and workstation are decontaminated?

After an employee reports C19 symptoms/ill at work, a contact tracing and referral system is applied?

Date.....	Department.....	Auditor
Is the following in place to deal with instances where there is contact with a C19 case at work?		
The contact is investigated and finally evaluated as 'high or low risk'?		
If the contact was low risk, all employees who have contact are subjected to 10 days' C19 monitoring at work?		
If the contact was high risk, all employees who have contact are subjected to 10 days quarantine ?		
Is the following in place to deal with C19-infected employees who have healed and return to work?		
Every employee is assessed by a doctor, as per DOH Guidelines, and allowed to return only if declared fit?		
Only employees who have had a minimum of 10 days' of isolation may return?		
Returned employees are subject to C19 health-monitoring at work?		
Returned employees are required to use a surgical mask?		
Are the following sanitizing rules in place?		
Is there a documented sanitizing program?		
Is the sanitizing program measured, inspected, verified, audited?		
Does the program include directions for the decontamination of an area affected by a potential C19 infective person?		
Do all Sanitizers contain \geq 70% alcohol?		
Are all surface disinfectant in use, compliant to the Department of Health standard?		
Is there sufficient hand sanitizer available?		
Is every Employee who works away from workplace, provided with sanitizer?		
Are all employees who interact with public, supplied with sufficient supplies?		
Are there sufficient hand sanitisers for use by the public and employees at the entrance?		
Are all work surfaces and equipment disinfected before work begins?		
Are all work surfaces and equipment disinfected regularly during working period?		
Are all work surfaces and equipment disinfected after work ends?		
Are Lavatories regularly cleaned and disinfected?		
Are common areas regularly cleaned and disinfected?		
Are door handles regularly cleaned and disinfected?		
Is shared electronic equipment regularly cleaned and disinfected?		

Do Employee facilities conform to the following?

Each facility has a determination of the floor area and of the number of users at any one time?

There is an access control system ensuring only the permissible number of users at any one time?

Waiting, queuing, using- distance can be done with at least 1.50 metres between workers?

There are adequate facilities for washing of hands with soap and clean water?

Washing facilities have paper towels?

The use of fabric towels is prohibited/

All facilities are included in the C19 Sanitation program?

Wrt to Cloth masks, are the following in place?

The Employer provides each employee, free of charge, with a minimum of 2 cloth masks?

These Cloth masks comply with the Recommended Guidelines Fabric Face Masks?

All employees are required to wear mask at work?

All employees comply with the wearing of a mask at work?

Wrt safe public access to the workplace, is the following in place?

The floor area of the used workplace is determined?

The number of customers and workers in workplace at any one time is determined and displayed?

There is a planned distance at least 1.50 metres between workers and public?

There is a planned distance at least 1.50 metres between members of the public?

At counters, there are physical barriers or counter-workers are supplied with and use face shields?

There is a Hand sanitizer for use by the public at entrance?

There is a system of symptom screening measures of persons other than its employees entering the workplace?

All Workers interacting with the public, sanitize between each interaction?

All Contact surfaces for workers are routinely cleaned and disinfected?

All Contact surfaces for members of the public are routinely cleaned and disinfected?

There is a display notice to the public: COMPULSORY MASKS?

There is a display notice to the public: ALL QUEUING AT 1.50M

Date.....

Department.....

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Wrt safe visitors/couriers access to the workplace, is the following in place?

There is a system ensuring that courier and delivery services have minimal personal contact at the workplace?

Areas where visitors come have been evaluated and a safe number of visitors and workers is determined and complied with at any one time?

All interpersonal distance is planned and also effectively at least 1.50 metres apart?

If not 1.50 m, there are physical barriers at visitor counters or workers used face shields?

There is a system of symptom screening measures of visitors prior to entering the workplace ?

There is sufficient hand sanitizer for use by the visitors at entrance?

All Workers interacting with visitors, sanitize between each interaction?

All Contact surfaces for workers are routinely cleaned and disinfected?

All Contact surfaces for visitors are routinely cleaned and disinfected?

There is a display notice to the public: COMPULSORY MASKS?

There is a display notice to the public: ALL QUEUING AT 1.50M

Are all Persons on call issued with Curfew permits between 00H00 until 04H00 in Form 7 of Annexure A?

