# C☠RONAVIRUS (COVID-19) and HEALTH WORKERS(HW's)

The 2019 novel coronavirus or SARS-CoV-2 is a respiratory illness that can affect your lungs and airways and make people sick especially those with low immunity. The virus causes disease of varying severities ranging from mild (e.g. similar to common cold) to severe (e.g. pneumonia).

TRANSMISSION

THE DANGER ZONE
1-2 m
ACCESS RISK OF TRANSMISSION
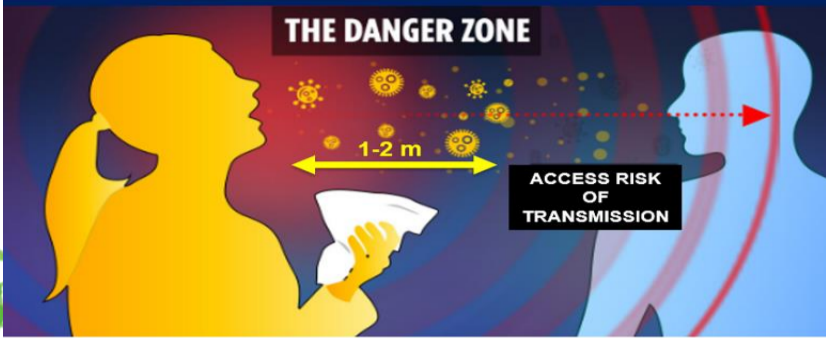
- SARS CoV2 spreads via respiratory droplets released through coughing and sneezing. These droplets can travel a distance of one to two meters (1-2m)
- This can then spread to an uninfected person by **person-to-person contact** or **touching contaminated surfaces**
- Time taken for a person to get sick following exposure to the virus (Estimated incubation period) is between **2-14 days**
- **Aerosolising procedures** e.g. tracheal intubation, non-invasive ventilation, cardiopulmonary resuscitation, nebulisation, tracheostomy give the highest risk of transmission in health workers

THE EMPLOYER SHOULD:

- Have a **risk assessment and plan according to the DoEL Code of Practice** and communicate this to all staff, visitors, patients and contractors.
- Ensure that all **occupational health and other HR** policies and SOP's are reviewed and in line with current guidelines, including:
  - o SOP's for symptom screening, medical testing, medical and workplace management procedures to address COVID-19 in the workplace.
  - o Policies around staff vaccination, sick leave, business travel, and other related policies to account for COVID-19.
- **Identify and update the exposure risks of HW's by completing a health risk assessment (HRA)**
  - o For different categories of workers according to job description.
  - o Identify workers who may be vulnerable and at increased risk of poor outcomes due to chronic medical conditions and
  - o Implement appropriate control measures and accommodate where appropriate to mitigate risk.
  - o Make a vaccination program available for HW's.
- **Screen health workers** on entering the workplace and ensure appropriate medical surveillance is done as informed by the HRA.
- Provide for testing as appropriate and ensure appropriate isolation policies are followed.
- Communicate and make available a **training platform for workers** to access the latest policy and relevant information around COVID-19 and who to report to should they experience symptoms.

Encourage **symptomatic persons to stay away and test for COVID-19.**

CORONAVIRUS

KNOW THE SYMPTOMS:

The key respiratory syndrome consists of ANY of:

- ▶ **Cough**
- ▶ **Sore throat**
- ▶ **Shortness of breath**
- ▶ **Anosmia (loss of smell) or dysgeusia (loss of taste)**

Fever   Chills   Muscle pain

with or without other symptoms that may include headache, fever/chills, body aches, runny nose, nausea, vomiting, diarrhoea

EMPLOYEES WHO ARE SYMPTOMATIC SHOULD BE:

- ▶ Tested for COVID-19.
  - o If **positive**, they should be
    - ▪ **Isolated** from people according to NDOH guidelines.
    - ▪ Ensure **notification** has been done to the NIOH-OHSS
    - ▪ **Treated** as necessary
    - ▪ Ensure **mental health support**
    - ▪ A **workplace investigation** should be done to identify:
      - **Close contacts**- who should continue to work but be monitored for symptoms according to NDOH guidelines https://www.sacoronavirus.co.za/
    - • Determine the movements of the positive workers so effective **decontamination** can occur.
    - • **Assess if workplace controls** have failed and rectify these.
    - • **Report all cases of occupationally acquired COVID-19 disease** to the Department of Employment and Labour in line with https://www.labourguide.co.za/workshop/1778-notice-on-compensation-for-occupationally-acuired-corona-virus-under-coida-amended-act/file
    - • Have appropriate **workplace restrictions and return to work policies** in place
   - • Refer to COIDA as appropriate

HOW CAN HEALTH WORKERS BE PROTECTED AGAINST COVID-19 IN THE WORKPLACE?

1. DO A HEALTH RISK ASSESSMENT

Different workers have different risk exposures

▶▶ Health risk assessment should be conducted in all work places to determine the risk of exposure to COVID-19 and this should be communicated to all workers

▶▶ Vulnerable workers should be assessed for increased risk of poor outcomes and accommodated where applicable

▶▶ Assess vaccination status in employees to identify those with reduced chances of contracting COVID-19 or experiencing poor health outcome from infection.

▶▶ Psychosocial risk should be assessed and controlled for. These can include: exposure to long working hours, psychological distress, fatigue, occupational burnout, stigma, physical and psychological violence.
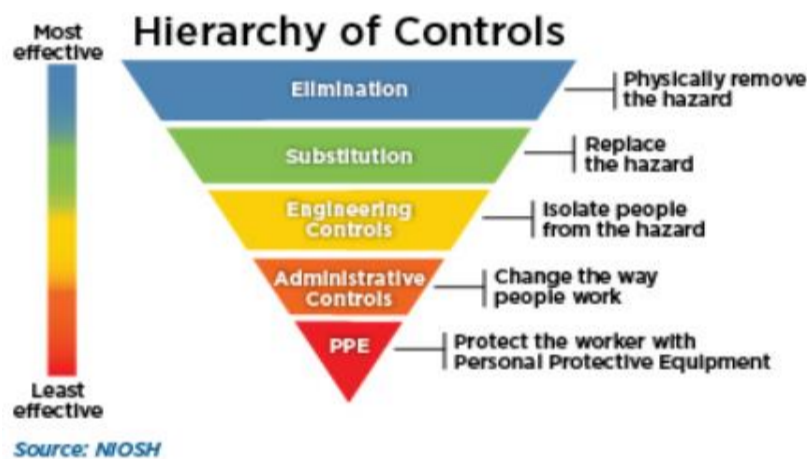
It is important for the HRA to identify and assess all risks in the workplace and accommodate for them.
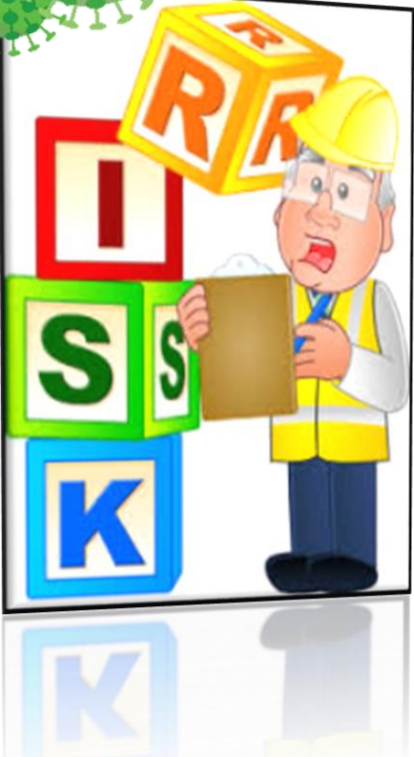
2. CONTROLLING /MITIGATING WORKPLACE RISK

Engineering controls:

▶▶ Installing **high-efficiency air filters**.

▶▶ Specialized **negative pressure ventilation-** in settings where aerosol generating procedures are done

▶▶ Having **well ventilated examining and waiting rooms**

▶▶ Ensuring **adequate space of at least 1 metre** between patients and HW's.

▶▶ **Controlled access** to high risk areas

▶▶ **Physical barriers** such as glass windows or plastic windows to reduce contact with infected patients in areas like reception, triage or pharmacy

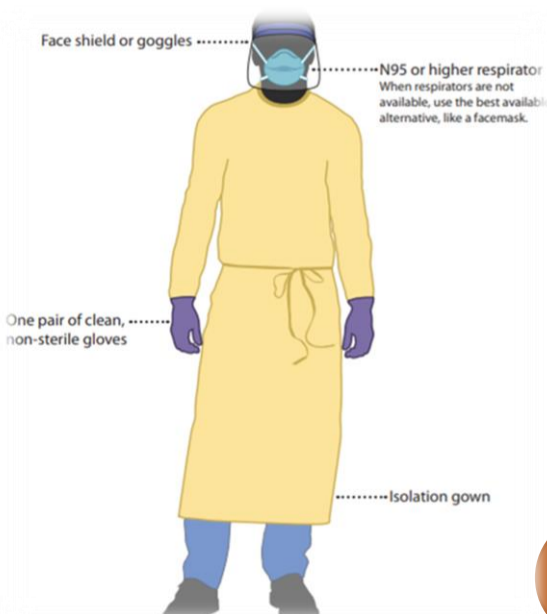▶▶ **Surface cleaning devices** are recommended (e.g. UVGI)

Hierarchy of Controls

Most effective

- Elimination — Physically remove the hazard
- Substitution — Replace the hazard
- Engineering Controls — Isolate people from the hazard
- Administrative Controls — Change the way people work
- PPE — Protect the worker with Personal Protective Equipment

Least effective

Source: NIOSH

Administrative Controls:
Need to be reviewed & communicated to employees and managers. This should include:

▶▶ A workplace COVID-19 Code of Practice & plan

▶▶ Clear infection prevention and control and occupational health policies

▶▶ Access to a vaccination program

▶▶ Appropriate and rapid triage and proper patient placement

▶▶ Adequate staff to patient ratios, appropriate working hours and breaks for staff need to be maintained

▶▶ Follow proper isolation procedures as per NDoH and NICD guidelines when there is a confirmed COVID-19 case.

▶▶ Provision of information and training on:

– *COVID-19 vaccination. its advantages in HWs, alleviate fears and easy access to vaccination.*

– *Infection prevention and control including hand and respiratory hygiene practices*

– *Correct donning and doffing and disposal of PPE*

– *Advice on self-assessment, symptom reporting and sick leave and other policies*

– *Influenza vaccinations to prevent possible co infection with influenza*

Personal Protective Equipment (PPE):

- PPE is informed by the **HRA, the NDoH COVID-19 IPC guidelines** and should be effective within a complete package of control strategies.

- HW's involved in the direct care of patients should use; depending on HRA:
  - **gown, gloves, medical mask and eye protection (eye goggles or face shield).**

- HWs involved in aerosol generating procedures should use, depending on the HRA:
  - **respirators, eye protection, gloves, gowns and aprons if the gowns are not fluid resistant.**

- N95 respirators used should be fitted

- All HWs should use appropriate PPE according to the setting and task that they are doing. The WHO guidance on appropriate PPE use is found in https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf

- Surgical masks should be available for symptomatic patients

- All visitors and patients need to be masked

Face shield or goggles

N95 or higher respirator
When respirators are not available, use the best available alternative, like a facemask.

One pair of clean, non-sterile gloves

Isolation gown

Workplace queries: info@nioh.ac.za
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For more information contact NICD: 080 002 9999
www.nicd.ac.za or www.nioh.ac.za

*Information in this fact-sheet is correct as at 18/04/2022 **ORT2022 V3***
Please consult NICD, NIOH and WHO websites for updated information, as and when it becomes available.