C RONAVIRUS (COVID-19) and Port Health Services and Border Control

The 2019 novel coronavirus or SARS-CoV-2, a respiratory virus that was unknown before 2019, resulted in a global pandemic from 2020. The virus causes diseases of varying severities ranging from mild (e.g. similar to common cold) to severe (e.g. pneumonia).



TRANSMISSION Person-to-person contact or touching contaminated surfaces.

Respiratory **droplets** within a distance of two meters (1-2m) through coughing and sneezing.

Long-range airborne transmission via **aerosols** that may remain suspended in the air for prolonged periods and can travel farther than conversational distance (1-2m),

particularly in overcrowded and/or poorly ventilated spaces.

SYMPTOMSImage: CoughImage: CoughCoughImage: FeverImage: CoughImage: FeverImage: CoughI

Sources: 1. Contact with an infected individual such as prolonged face to face interaction with a positive case without wearing a mask 2. Contact with contaminated material (droplets or aerosols) Inoculation: There must be an inoculation process from the source to the recipient e.g. touching your face with contaminated hand Incubation: Estimated incubation period is between 2-14 days

W-O-R-K-E-R-S RESPONSIBILITIES

- Wash hands regularly using soap and water (~20 sec) or alcohol-based hand rub (~70%)
- **O** bey health and safety policies and procedures
- R emember to cover nose & mouth with a flexed elbow/ tissue when coughing & sneezing
- K ey is to avoid exposure and also refrain from exposing others to potential risks
- **E** nsure you don, doff and dispose of personal protective equipment properly
- R eport any situation likely to present a potential or serious danger to life or health
- S elf-monitor for signs of illness and self-isolate or report illness to managers, if it occurs

EMPLOYERS SHOULD:

- Assess if workers could be exposed to the SARS-COV-2 virus during activities or contact with materials
- Identify exposure risks for different categories of workers and implement appropriate control measures, prioritising ventilation (natural or mechanical) in different work settings.
- Have a workplace policy and procedures which should include: management of COVID-19 in the workplace, and ensure workers are familiar with it.
 - an updated list of countries and areas identified as being highrisk.
 - updated HR policies around business travel, sick leave, and other related policies to account for COVID-19.
- **Communicate** and make available a platform for workers to access the latest policy and relevant information around COVID-19.
- Encourage employees to get vaccinated against COVID-19 and facilitate access to such interventions.



The risk to port health services and border control staff at the primary line and biosecurity inspection areas is considered low.

Based on job specific risk assessments, consider the following:

- Office based workers
 - o Administration and clerical where sharing of equipment is unlikely
 - Communal space sharing where sharing of equipment is likely e.g. computers, desks, telephones, headsets etc.
- **Higher risk:** Workers in **direct contact** with potential source of infection e.g. passport handling, customs officials, goods control officials, etc. This category includes workers in **Port Health Clinic**, where the risk may be higher when managing suspected or confirmed cases of COVID-19.
- NB: Observe Infection, Prevention and Control Guidelines.

Office based workers should:

- Rearrange work stations to promote 1m spacing as far as reasonably practicable.
- Ensure adequate ventilation and sunlight into offices so that droplets can dry out quickly.
- Create awareness on good hand hygiene (hand washing with soap and water for at least 20 seconds and or the use of hand sanitizer with at least 70% alcohol).
- Promote good respiratory hygiene (elbow coughing and sneezing).
- * Avoid touching your face, especially while working.
 - Limiting personal contact, by maintaining a minimum 1m space social distancing where reasonably possible or using physical barriers
- Perform frequent cleaning and disinfection of touched surfaces (e.g. headsets, doorknobs, light switches, countertops, remote controls, desks, keyboards, physical barriers etc.).

COVID-19 VACCINES

Employees are encouraged to get vaccinated against COVID-19. This has proven to be effective at reducing transmission as well as severe disease.

Booster-vaccinations should also be encouraged as different strains of COVID-19 emerge.

What to do if you suspect you have been exposed to COVID-19?

- Alert your supervisor and occupational health clinic immediately.
- If you are experiencing symptoms, inform your health care provider about any contacts and recent travel to areas affected by COVID-19.

Workers in direct contact (Port health services Passport handling and customs officials) should:

- Have knowledge of the latest risk countries and the associated level of risk.
- Have knowledge of the origin of the travellers entering and goods that are being received.
- Practise and promote frequent handwashing throughout the shift. When hand washing facilities are not readily available, alcohol-based hand sanitizer is required.
- Where possible, stay 1 metre or more away from travellers.
- Promote good respiratory hygiene (elbow coughing and sneezing).
- Perform frequent cleaning and disinfection of touched surfaces (e.g. desks, keyboards, scanning apparatus, doorknobs, countertops, remote controls etc.).
- Use PPE if in close contact with an ill traveller (e.g. interviews conducted in a confined or poorly ventilated space) or opening unknown packages suspicious for COVID-19. As a guide consider the following based on a risk assessment:
 - A single pair of disposable patient examination gloves.
 - Change gloves if they become torn,
 - Respiratory protection (i.e. N-95 respirator) and
 - Eye protection (i.e., goggles or disposable face shield that fully covers the front and sides of the face).

NATIONAL HEALTH

- The ill traveller should be provided with and encouraged to use a surgical mask.
- Used PPE should be considered contaminated and discarded in accordance with safe practice.



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Information in this fact-sheet is correct as at 20 July 2022. Please consult NICD, NIOH and WHO websites for updated information, that we will share as and when it becomes available.