

# Provincial Occupational Health and Safety Measures for COVID-19

Dr WAJ (Jack) Meintjes

*MBChB; DOM; FCPHM(SA) Occ Med; MMed (Occ Med)*

# COVID-19 OHS policy: Circular H58



**Western Cape  
Government**

Health

Chief Directorate: Strategic Cluster

Reference: OHS Policy

Enquiries: Dr Krish Vallabhjee

**TO ALL SMS MEMBERS/HEADS OF FACILITIES/PROVINCIAL BARGAINING CHAMBER/HIGHER  
EDUCATION INSTITUTIONS (UCT, UWC, CPUT, UCT)**

**CIRCULAR H58/2020: COVID-19 OCCUPATIONAL HEALTH AND SAFETY (OHS) POLICY**

# Legislative imperative

STAATSKOERANT, 4 JUNIE 2020

No. 43400 3

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## GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

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DEPARTMENT OF EMPLOYMENT AND LABOUR

NO. R. 639

04 JUNE 2020

**DIRECTION BY THE MINISTER OF EMPLOYMENT AND LABOUR IN TERMS OF REGULATION 4(10) OF THE REGULATIONS R480 OF 29 APRIL 2020 ISSUED BY THE MINISTER OF COOPERATIVE GOVERNANCE AND TRADITIONAL AFFAIRS IN TERMS OF SECTION 27 (2) OF THE DISASTER MANAGEMENT ACT, 2002 (ACT NO. 57 OF 2002)**

# Structure/ steps

- Risk assessments
  - Personal
  - Workplace areas
- Risk mitigation
- Medical surveillance
- Case management
  - Exposure
  - Symptomatic (unknown)
  - Confirmed disease

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# Assessing Staff Exposure Risk and Staff Illness Risk (vulnerability)

# Assessing vulnerability



OFFICE OF HEAD: HEALTH

REF: 16/4

ENQUIRIES: DR K CLOETE

To:

All SMS members

Provincial Bargaining Council members

Deans of Health Science Faculties: Universities of Stellenbosch, Cape Town, Western Cape; CPUT

**CIRCULAR H 50/2020: INDIVIDUAL RISK ASSESSMENT FOR VULNERABLE STAFF WITH POTENTIAL WORK-RELATED EXPOSURE TO COVID-19**

Who are vulnerable employees?



# Outcome: Hospitalisation

Reference	Outcome	Factors tested	Factors included in multivariate model	
Petrilli et al (15) N=4103 US	Need for hospitalisation	Age	Age (65-74)	OR 10.91 (8.35-14.34)
		Cancer	Cancer	OR 1.24 (0.81-1.93)
		CAD	CAD	OR 0.88 (0.57-1.40)
		CKD	CKD	OR 3.07 (1.78-5.52)
		Diabetes	Diabetes	OR 2.81 (2.12-3.72)
		Gender	Male	OR 2.80 (2.38-3.30)
		Heart failure	Heart failure	OR 4.29 (1.89-11.18)
		Hyperlipidemia	Hyperlipidemia	OR 0.67 (0.51-0.87)
		Hypertension	Hypertension	OR 1.23 (0.97-1.57)
		BMI	BMI>40	OR 6.20 (4.21-9.25)
		PD	PD	OR 1.33 (0.96-1.84)
		Smoke	Smoke	OR 0.71 (0.57-0.87)

# Outcome: “Critical illness”

Reference	Outcome	Factors tested	Factors included in multivariate model	
<b>Petrilli et al (15)</b> N=1582 US	Critical illness <sup>&amp;</sup>	Age	Age (65-74)	OR 1.88 (1.20-2.95)
		Cancer	Cancer	OR 1.14 (0.67-1.91)
		CAD	CAD	OR 0.89 (0.55-1.41)
		CKD	CKD	OR 0.51 (0.29-0.89)
		Diabetes	Diabetes	OR 1.14 (0.83-1.58)
		Male	Male	OR 0.99 (0.74-1.33)
		Heart failure	Heart failure	OR 1.31 (0.73-2.34)
		Hyperlipidaemia	Hyperlipidaemia	OR 0.96 (0.68-1.37)
		Hypertension	Hypertension	OR 0.95 (0.68-1.33)
		BMI > 40	BMI > 40	OR 1.73 (1.03-2.90)
		PD	PD	OR 1.21 (0.79-1.86)
		Smoke	Smoke	OR 0.89 (0.65-1.21)

<sup>&</sup>Care in the intensive care unit, use of mechanical ventilation, discharge to hospice, or death

# Outcome: death

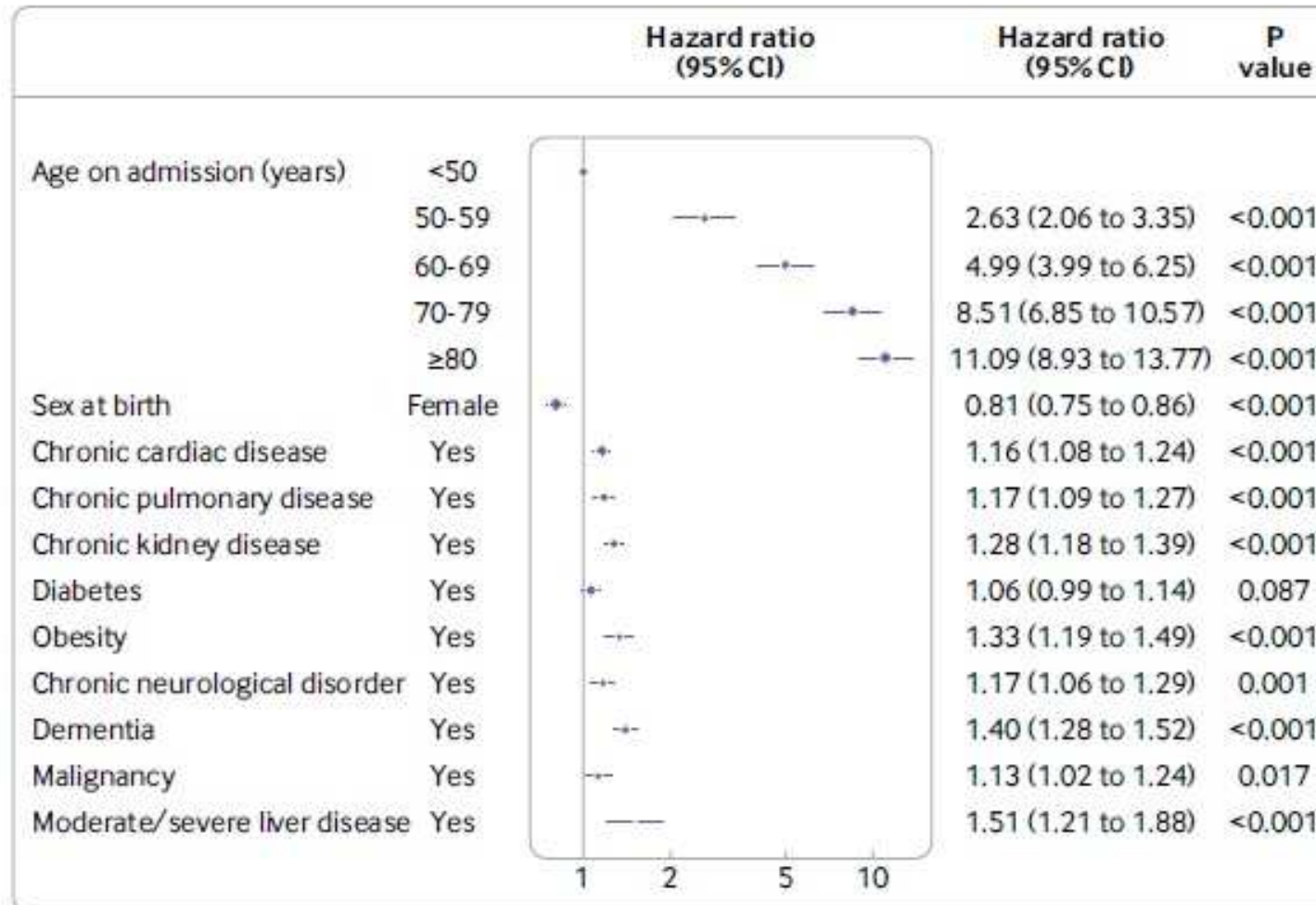


Fig 5 | Multivariable Cox proportional hazards model (age, sex, and major comorbidities), where hazard is death. Patients who were discharged were kept in the risk set (n=15 194; No of events=3911)

### COVID-19 Fatality Rate by COMORBIDITY:

'Death Rate = (number of deaths / number of cases) = probability of dying if infected by the virus (%).

This probability differs depending on pre-existing condition. The percentage shown below does **NOT** represent in any way the share of deaths by pre-existing condition. Rather, it represents, for a patient with a given pre-existing condition, the risk of dying if infected by COVID-19.

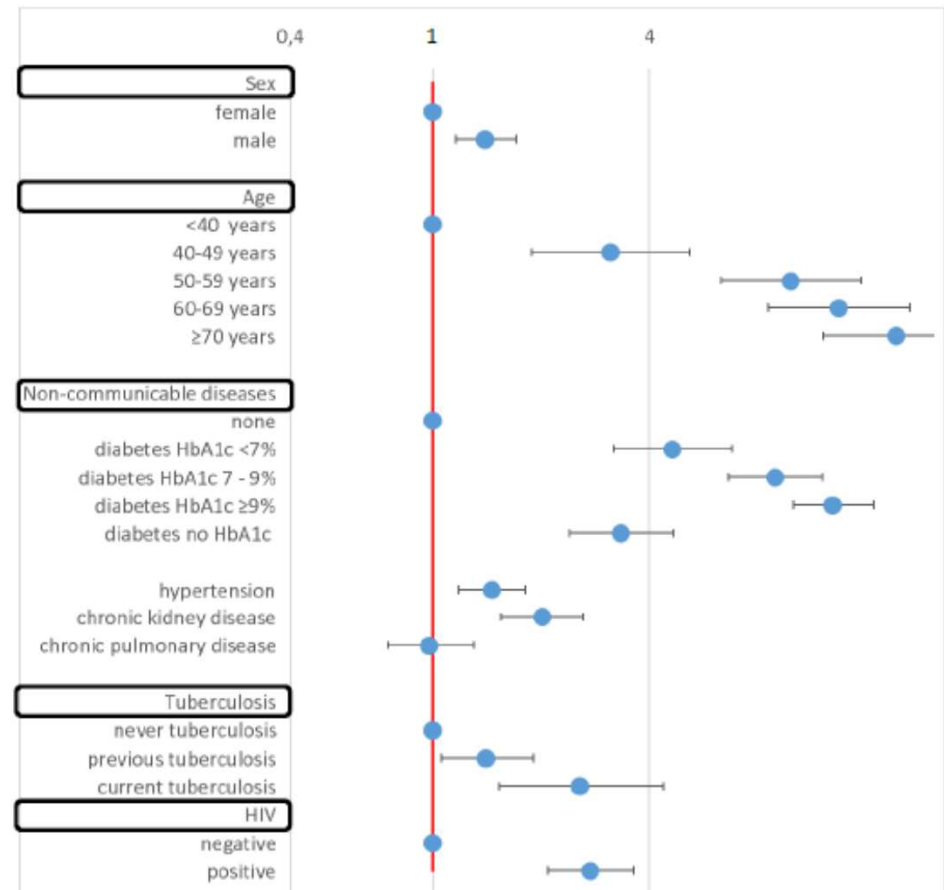
PRE-EXISTING CONDITION	DEATH RATE confirmed cases	DEATH RATE all cases
Cardiovascular disease	13.2%	10.5%
Diabetes	9.2%	7.3%
Chronic respiratory disease	8.0%	6.3%
Hypertension	8.4%	6.0%
Cancer	7.6%	5.6%
<i>no pre-existing conditions</i>		0.9%

'Death Rate = (number of deaths / number of cases) = probability of dying if infected by the virus (%). The percentages **do not have to add up to 100%**, as they do NOT represent share of deaths by condition.

Estimated Case-Fatality Rates: New York

# Provincial data (mortality)

Patient characteristics	Hazard ratio	95% Confidence Interval
<b>Sex</b>		
female	1	
male	1,40	1,16; 1,70
<b>Age</b>		
<40 years	1	
40-49 years	3,12	1,88; 5,17
50-59 years	9,92	6,34; 15,54
60-69 years	13,55	8,55; 21,48
≥70 years	19,53	12,20; 31,26
<b>Non-communicable diseases</b>		
none	1	
diabetes well controlled (HbA1c <7%)	4,65	3,19; 6,79
diabetes poorly controlled (HbA1c 7 - 9%)	8,99	6,65; 12,14
diabetes uncontrolled (HbA1c ≥9%)	13,02	10,06; 16,87
diabetes – no measure of control	3,34	2,39; 4,68
hypertension	1,46	1,18; 1,81
chronic kidney disease	2,02	1,55; 2,62
chronic pulmonary disease	0,98	0,75; 1,30
<b>Tuberculosis</b>		
never tuberculosis	1	
previous tuberculosis	1,41	1,05; 1,90
current tuberculosis	2,58	1,53; 4,37
<b>HIV</b>		
negative	1	
positive	2,75	2,09; 3,61



- Assess individual vulnerability (based on risk of serious disease/ death)
- Assess working environment (likelihood of contact with COVID individuals)

		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

# Important Note

- This is a 'naked' risk score and doesn't take into account ANY preventive measures to be implemented.
- If does NOT aim to identify individuals who should receive "special leave" – this is only one of the options available...

# Important step:

## **STEP 4: TAKE STEPS TO REDUCE THE RISK**

As far as is possible, steps should be taken to reduce the risk. Discuss the options with the employee and use the attached checklist to indicate which measures will be implemented.

The Department appreciates the co-operation of all to provide a safe working environment where staff feel cared for.



# Some suggestions

Agreed action plan to manage the employee Indicate those that have been agreed	
	Dedicated alcohol-based hand rub provided for the employee
	Protective isolation and physical distancing (e.g. providing a dedicated, clean office, etc.)
	Adaptation of duties or shifts
	Limit duration of close interaction with patients, colleagues and/or the public
	Alternative placement/ redeployment in a lower exposure-risk area
	Providing alternative transport arrangements to prevent public transport exposures
	Restriction of certain duties (not allowed to perform high risk procedures)
	Implementing a co-worker screening programme
	Specific training programme by IPC and/ or OHS
	Specialized personal protective equipment (PPE) required (consult with IPC & Occ Health)
	Referral to Occupational Medicine & IPC for recommendations (risk score = 6)
	Require specific Occupational Health support (risk score = 8)
	Working off-site (remotely), and the necessary equipment, internet access, etc. is available
	Recommend for specialist review for special leave recommendation
	Others, please specify:
Occupational Health Support	If you need advice from OH, please contact the occupational health team, and send the completed risk assessment, your relevant query and contact details for you and the member of staff.

# Structure/ steps

- Risk assessments
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# Risk assessments (area)

Appendix 1: Health Risk Assessment tool for use during COVID-19 pandemic (WCG: H)



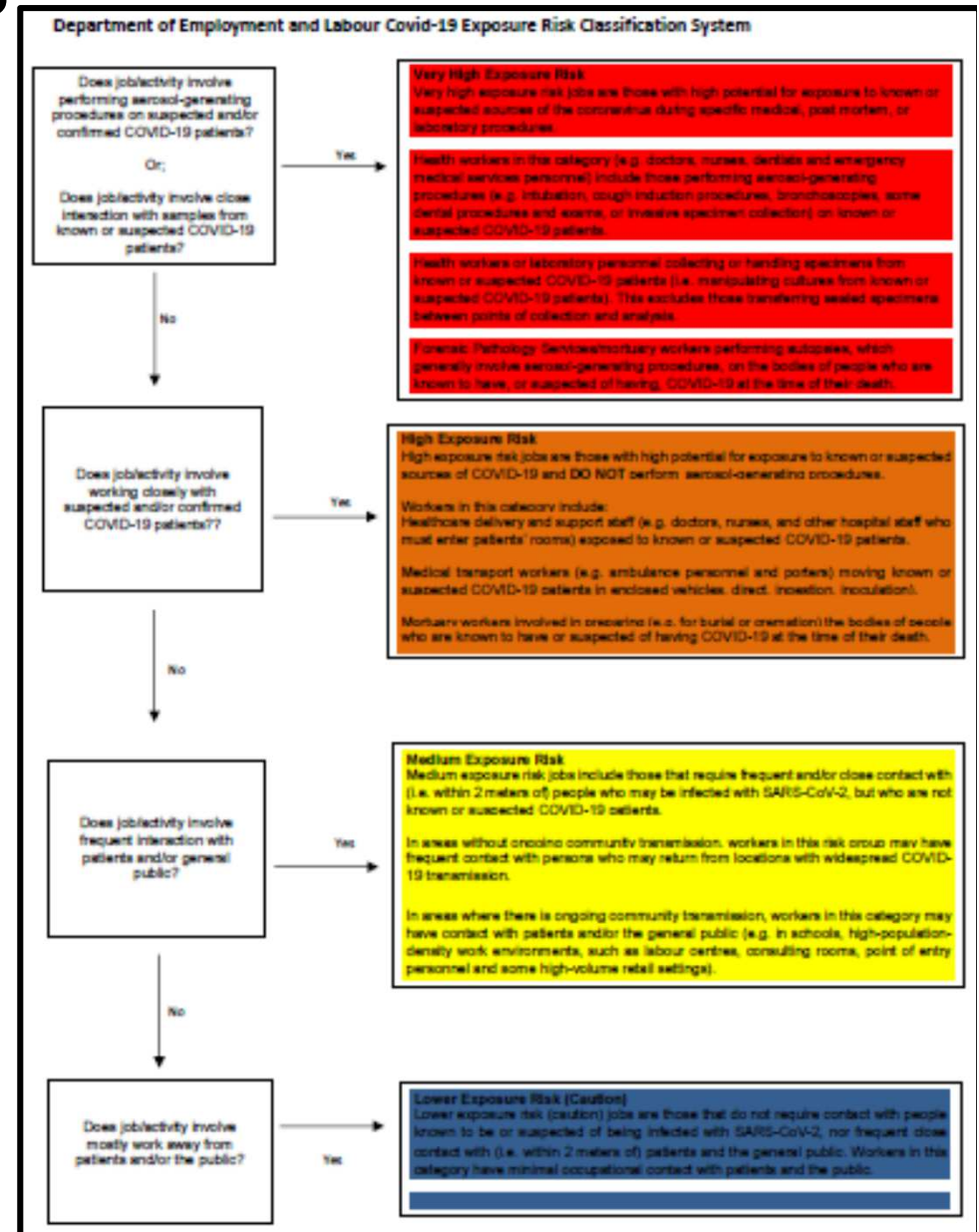
**Occupational Health: Health Risk Assessment Report for COVID-19**

TO :

FROM :

DATE CONDUCTED :

H58  
(page 12; Appendix 1)



# Workplace area assessments

- Review all tasks performed
- Assess risk of exposure associated with the tasks
- Determine control measures required


# Structure/ steps

- Risk assessments
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# Risk mitigation

H58 (page 16 - 20)

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 **Western Cape Government**  
Health

OFFICE OF HEAD: HEALTH  
REF: 16/4  
ENQUIRIES: DR K CLOETE

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**TO ALL  
PROVINCIAL TOP MANAGEMENT  
SMS MEMBERS  
HEADS OF FACILITIES**

**CIRCULAR H 70 OF 2020: PREVENTING AND MANAGING CORONAVIRUS INFECTION IN THE WORKPLACE**

H70



Office of the Head: Health  
Reference: 16/4  
Enquiries: Dr K Cloete

TO ALL  
PROVINCIAL TOP MANAGEMENT  
SMS MEMBERS  
HEADS OF FACILITIES  
MUNICIPAL MANAGERS  
MINISTER OF HEALTH

**CIRCULAR H 77 OF 2020: GUIDELINES FOR THE PREVENTION AND MANAGEMENT OF CORONAVIRUS INFECTION IN HEALTHCARE FACILITIES**

This document provides guidance to prevent the transmission of coronavirus in healthcare facilities and to manage healthcare workers and other facility staff who have been exposed to the virus. The document is divided into two main parts.

**Part A** provides guidelines on the preparation of healthcare facilities and ongoing infection prevention and control (IPC) procedures to reduce the risk of coronavirus transmission in healthcare facilities.

**Part B** provides advice on what to do if staff members are exposed to coronavirus in the workplace or are diagnosed with COVID-19.



# Engineering controls





# Administrative controls

- Workplace plan and policies
- Standard Operating Procedures
- Access control
- Signage
- Evidence-based decisions
- Availability of OHS & IPC advice
- Updated cleaning procedures
- Contact tracing, notification, etc.
- Training (e.g. <https://coronavirus.westerncape.gov.za/health-workers>)

# Personal Protective Equipment


















Western Cape Government  
BETTER TOGETHER.

**GUIDELINES FOR PPE USE DURING THE CORONAVIRUS DISEASE 2019 (COVID-19)**  
**WESTERN CAPE GOVERNMENT: HEALTH**      **25 MARCH 2020**

Prepared by: Marc Mendelson, Angela Dramowski, Shaheen Mehtar, James Nuttall, Inneke Laenen, Bhavna Patel, Jantjie Taljard and Gavin Reagon

**PURPOSE AND SCOPE OF DOCUMENT**

All other clinical areas not admitting COVID-19 patients	PPE for general patient care in COVID-19 triage areas and isolation wards	PPE for aerosol-generating procedures with COVID-19										
<p><b><u>PPE is NOT NEEDED</u> if you are not in direct contact or caring for patients with suspected or confirmed COVID-19</b></p> <p><b>Do NOT use PPE if not indicated as there is a global shortage.</b></p>	<ul style="list-style-type: none"> <li>✓ non-sterile gloves</li> <li>✓ eye shield or goggles</li> <li>✓ <u>plastic apron</u></li> <li>✓ <u>surgical mask</u></li> </ul> <div style="text-align: center; margin-top: 10px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: small;">Hand hygiene</td> <td style="text-align: center; font-size: small;">Gloves</td> <td style="text-align: center; font-size: small;">Aprons</td> <td style="text-align: center; font-size: small;">Masks</td> <td style="text-align: center; font-size: small;">Eye covers</td> </tr> <tr> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> <td style="text-align: center;"></td> </tr> </table> </div>	Hand hygiene	Gloves	Aprons	Masks	Eye covers						<ul style="list-style-type: none"> <li>✓ non-sterile gloves</li> <li>✓ eye shield or goggles</li> <li>✓ a <u>fluid-resistant gown</u></li> <li>✓ a well-fitted <u>N95 respirator</u> for the following procedures: tracheal intubation, CPR, open suctioning, non-invasive ventilation, tracheotomy, bronchoscopy and COVID-19 specimen collection.</li> </ul>
Hand hygiene	Gloves	Aprons	Masks	Eye covers								
												

# Universal face covering

- Department of Labour Directive No 639

STAATSKOERANT, 4 JUNIE 2020

No. 43400 3

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## GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

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- Cloth masks for all
- Surgical mask for HCWs and coughing patients

# Environmental cleaning



**Western Cape  
Government**

Health

**CHIEF DIRECTORATE:** Facilities & Infrastructure Management

**Directorate:** Facilities Management

**REFERENCE:** 12/2/3/1

**ENQUIRIES:** Dr A Kharwa

[Anwar.Kharwa@westerncape.gov.za](mailto:Anwar.Kharwa@westerncape.gov.za)

Tel: 021 918 1635

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Circular H...56../2020

WCGH CLEANING AND DISINFECTANT GUIDELINE FOR COVID-19 INFECTIONS

# Environmental cleaning

- Must be planned in all areas
- Enhanced cleaning required
  - Not just once per week (e.g. in admin areas)
  - Very regularly required for high-touch surfaces
- Consider decontamination when there is “a case”
  - Importance of decluttering, etc.

# “Deep cleaning” by fogging systems

- Not an absolute requirement
- Plays an important psychological role
- No time-delay required – can return “immediately”
- Why some places (e.g. police stations) close down, while others (e.g. hospitals) do not

## B) Surfaces\*

Time	Virus titre (Log TCID <sub>50</sub> /ml)														
	Paper			Tissue paper			Wood			Cloth			Glass		
	Mean	±SD		Mean	±SD		Mean	±SD		Mean	±SD		Mean	±SD	
0 min	4.76	0.10		5.48	0.10		5.66	0.39		4.84	0.17		5.83	0.04	
30 mins	2.18	0.05		2.19	0.17		3.84	0.39		2.84	0.24		5.81	0.27	
3 hrs	U	-		U	-		3.41	0.26		2.21 <sup>#</sup>	-		5.14	0.05	
6 hrs	U	-		U	-		2.47	0.23		2.25	0.08		5.06	0.31	
1 day	U	-		U	-		2.07 <sup>#</sup>	-		2.07 <sup>#</sup>	-		3.48	0.37	
2 days	U	-		U	-		U	-		U	-		2.44	0.19	
4 days	U	-		U	-		U	-		U	-		U	-	
7 days	U	-		U	-		U	-		U	-		U	-	

Time	Virus titre (Log TCID <sub>50</sub> /mL)														
	Banknote			Stainless steel			Plastic			Mask, inner layer			Mask, outer layer		
	Mean	±SD		Mean	±SD		Mean	±SD		Mean	±SD		Mean	±SD	
0 min	6.05	0.34		5.80	0.02		5.81	0.03		5.88	0.69		5.78	0.10	
30 mins	5.83	0.29		5.23	0.05		5.83	0.04		5.84	0.18		5.75	0.08	
3 hrs	4.77	0.07		5.09	0.04		5.33	0.22		5.24	0.08		5.11	0.29	
6 hrs	4.04	0.29		5.24	0.08		4.68	0.10		5.01	0.50		4.97	0.51	
1 day	3.29	0.60		4.85	0.20		3.89	0.33		4.21	0.08		4.73	0.05	
2 days	2.47	0.23		4.44	0.20		2.76	0.10		3.16	0.07		4.20	0.07	
4 days	U	-		3.26	0.10		2.27	0.09		2.47	0.28		3.71	0.50	
7 days	U	-		U	-		U	-		U	-		2.79	0.46	

## C) Disinfectants\*

Disinfectant (Working concentration)	Virus titre (Log TCID <sub>50</sub> /mL)		
	5 mins	15 mins	30 mins
Household bleach (1:49)	U	U	U
Household bleach (1:99)	U	U	U
Hand soap solution (1:49)	3.6 <sup>#</sup>	U	U
Ethanol (70%)	U	U	U
Povidone-iodine (7.5%)	U	U	U
Chloroxyleneol (0.05%)	U	U	U
Chlorhexidine (0.05%)	U	U	U
Benzalkonium chloride (0.1%)	U	U	U

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# Buddy-screening system



Tygerberg Hospital Staff Symptom Monitoring Form  
for Influenza-like / Coronavirus symptoms

Surname											First Name					Date of Birth		
Contact Cell number											E-mail address					Job title		
Alternative contact number																		
Next of Kin or Alternative Contact (Please provide name, relationship and contact details)																		
Work address & details:																		
Home address:																		
Date DD/MM																		
Document morning + evening	AM / PM		AM / PM		AM / PM		AM / PM		AM / PM		AM / PM		AM / PM		AM / PM			
1. Temperature (no meds)																		
2. Respiratory rate																		
3. Pulse rate																		
Symptoms (Circle Y or N)	AM / PM		AM / PM		AM / PM		AM / PM		AM / PM		AM / PM		AM / PM		AM / PM			
Fever/ Chills	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N		
Cough	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N		
Sore throat	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N		
Shortness of breath	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N		
Body aches	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N		
Redness of the eyes	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N		
Loss of smell OR loss of taste	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N		
Nausea/vomiting/diarrhoea	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N		
Fatigue/ weakness	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N		
At Home or work?	H / W	H / W	H / W	H / W	H / W	H / W	H / W	H / W	H / W	H / W	H / W	H / W	H / W	H / W	H / W	H / W		
Clinical and Progress Notes and Exposure History:																		

PLEASE CONTACT OCCUPATIONAL HEALTH (X5171) OR THE COVID TRIAGE AND TESTING CENTRE (X5573) WITH ANY UNCERTAINTIES

# Structure/ steps

- Risk assessments
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- Risk mitigation
- Medical surveillance
- Case management
  - Exposure
  - Symptomatic (unknown)
  - Confirmed disease



Colleague diagnosed  
with COVID-19

Working with  
COVID-19 patients

Colleague diagnosed with COVID-19

Working with COVID-19 patients

Do you have symptoms?  
(see twice-daily symptom screening document)

YES

Clinical line manager to complete the PUI assessment

Health worker PUI symptoms:

- Fever
- Cough
- Sore throat
- Short of breath
- Loss of taste/smell
- Worsening of chronic lung problems

Colleague diagnosed with COVID-19

Working with COVID-19 patients

Do you have symptoms?  
(see twice-daily symptom screening document)

**YES**

Clinical line manager to complete the PUI assessment

Health worker PUI symptoms:

- Fever
- Cough
- Sore throat
- Short of breath
- Loss of taste/smell
- Worsening of chronic lung problems

**YES**

Line manager to complete the online PUI form

Colleague diagnosed with COVID-19

Working with COVID-19 patients

Do you have symptoms?  
(see twice-daily symptom screening document)

YES

Clinical line manager to complete the PUI assessment

Health worker PUI symptoms:

- Fever
- Cough
- Sore throat
- Short of breath
- Loss of taste/smell
- Worsening of chronic lung problems

YES

Line manager to complete the online PUI form

Employee phone Entrance 5 for test appt (X5573)

COVID-19 Test done

Employee quarantines at home until results available (~3 days)

Colleague diagnosed with COVID-19

Working with COVID-19 patients

Do you have symptoms?  
(see twice-daily symptom screening document)

YES

Clinical line manager to complete the PUI assessment

- Health worker PUI symptoms:
- Fever
  - Cough
  - Sore throat
  - Short of breath
  - Loss of taste/smell
  - Worsening of chronic lung problems

YES

Line manager to complete the online PUI form

Employee phone Entrance 5 for test appt (X5573)

COVID-19 Test done

Employee quarantines at home until results available (~3 days)

POS

Employee COVID-19 admin and reporting actions

Employee self-isolate at home; return to usual work activities after 14 days



Colleague diagnosed with COVID-19

Working with COVID-19 patients

Do you have symptoms?  
(see twice-daily symptom screening document)

YES

Clinical line manager to complete the PUI assessment

- Health worker PUI symptoms:
- Fever
  - Cough
  - Sore throat
  - Short of breath
  - Loss of taste/smell
  - Worsening of chronic lung problems

NO

Consultation with a medical practitioner required

YES

Line manager to complete the online PUI form

Employee phone Entrance 5 for test appt (X5573)

COVID-19 Test done

Employee quarantines at home until results available (~3 days)

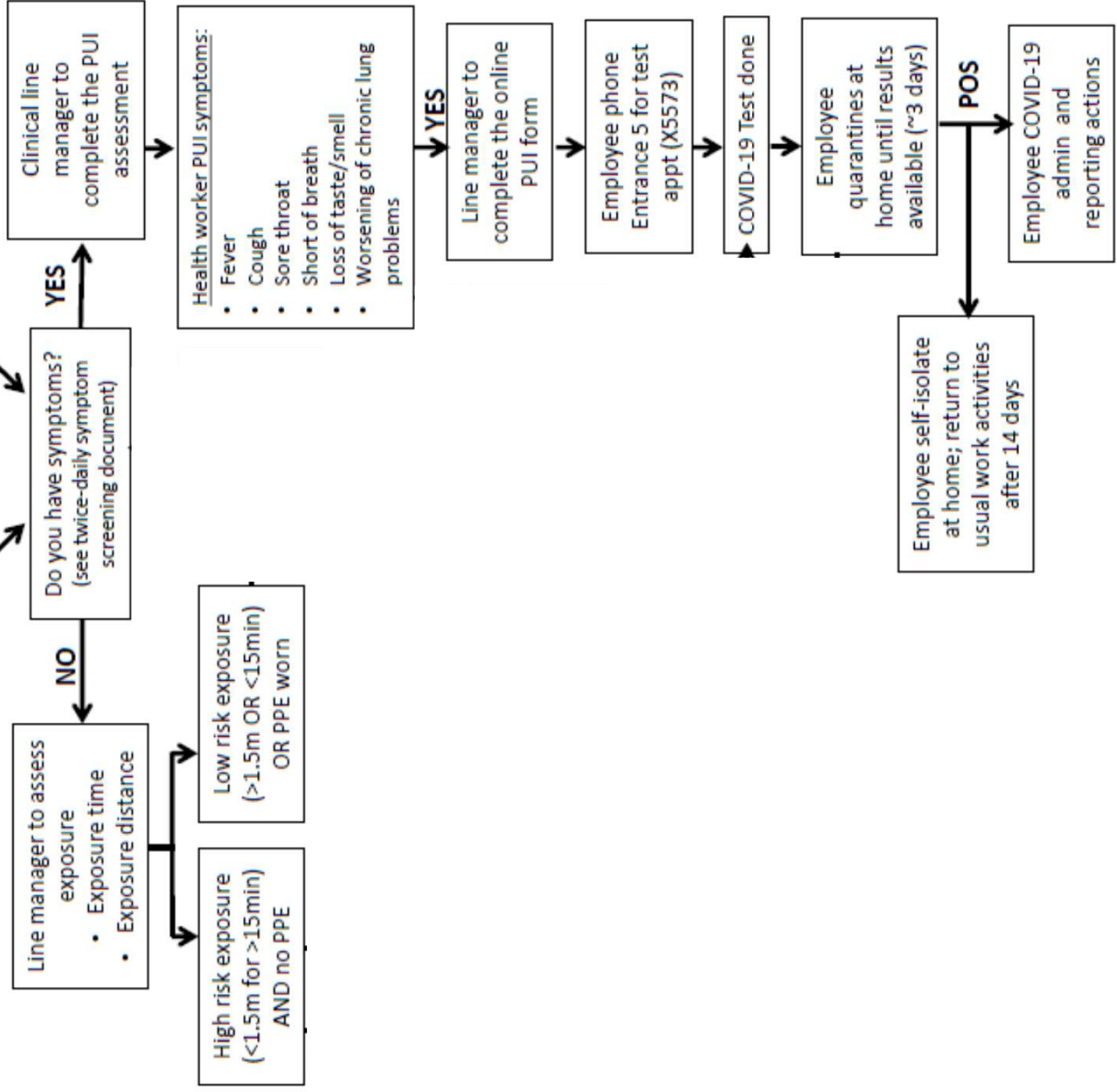
POS

Employee self-isolate at home; return to usual work activities after 14 days

Employee COVID-19 admin and reporting actions

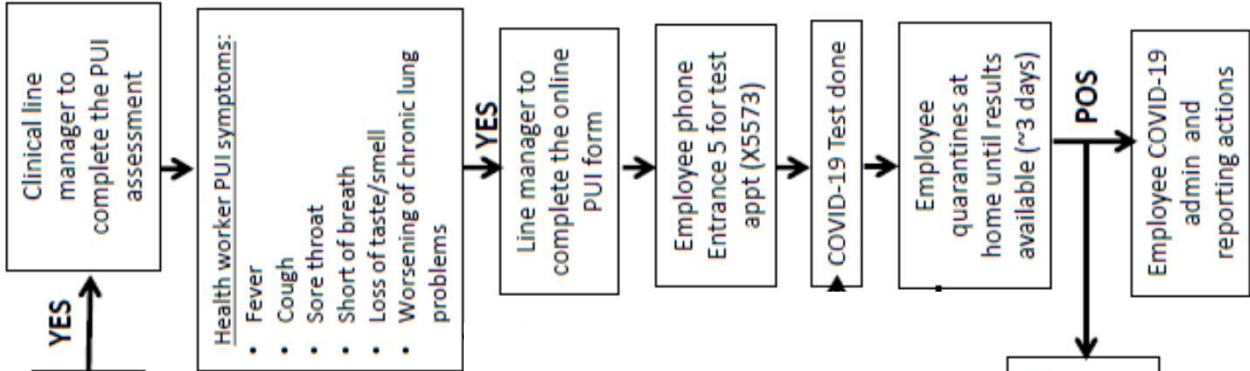
Colleague diagnosed with COVID-19

Working with COVID-19 patients



Colleague diagnosed with COVID-19

Working with COVID-19 patients



**Western Cape Government Health**

**Tygerberg Hospital Staff Symptom Monitoring Form**  
for Influenza-like / Coronavirus symptoms

Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
 Contact Cell number: \_\_\_\_\_ First Name: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ job title: \_\_\_\_\_

Alternative contact number: \_\_\_\_\_  
 Next of Kin or Alternative Contact (Please provide name, relationship and contact details): \_\_\_\_\_  
 Work address & details: \_\_\_\_\_  
 Home address: \_\_\_\_\_

Document number	AM / PM		AM / PM		AM / PM		AM / PM		AM / PM	
	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
1. Temperature (no meds)										
2. Respiratory rate										
3. Pulse rate										
Symptoms (Circle Y or N)										
Fever/chills	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Cough	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Sore throat	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Shortness of breath	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Body aches	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Redness of the eyes	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Loss of smell OR loss of taste	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Nausea/vomiting/diarrhoea	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
Fatigue/ weakness	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N
At Home or work?	H/W	H/W	H/W	H/W	H/W	H/W	H/W	H/W	H/W	H/W

Clinical and Progress Notes and Exposure History: \_\_\_\_\_

PLEASE CONTACT OCCUPATIONAL HEALTH (X5171) OR THE COVID TRIAGE AND TESTING CENTRE (X5573) WITH ANY UNCERTAINTIES

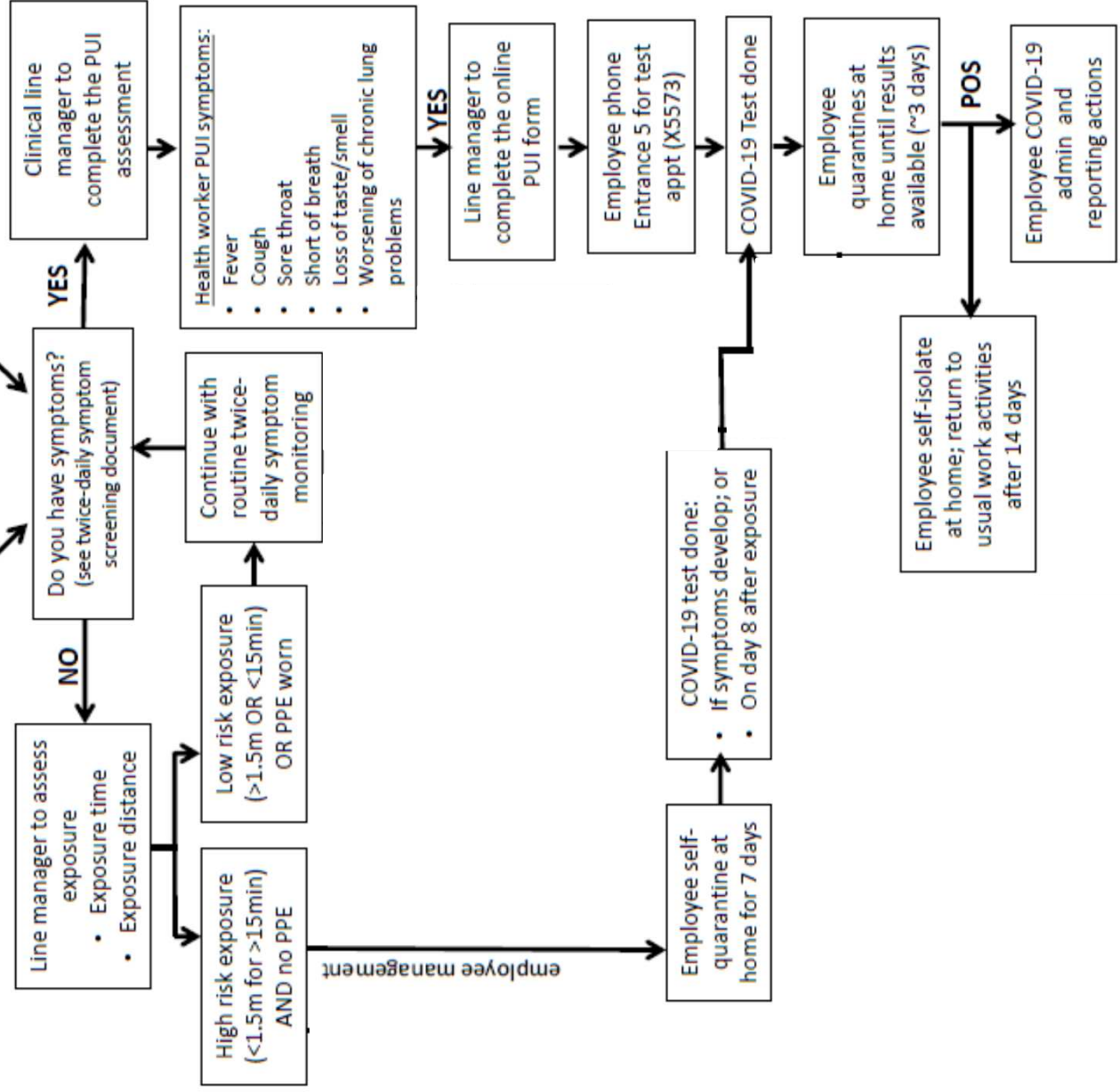
Employee self-isolate at home; return to usual work activities after 14 days

POS

Employee COVID-19 admin and reporting actions

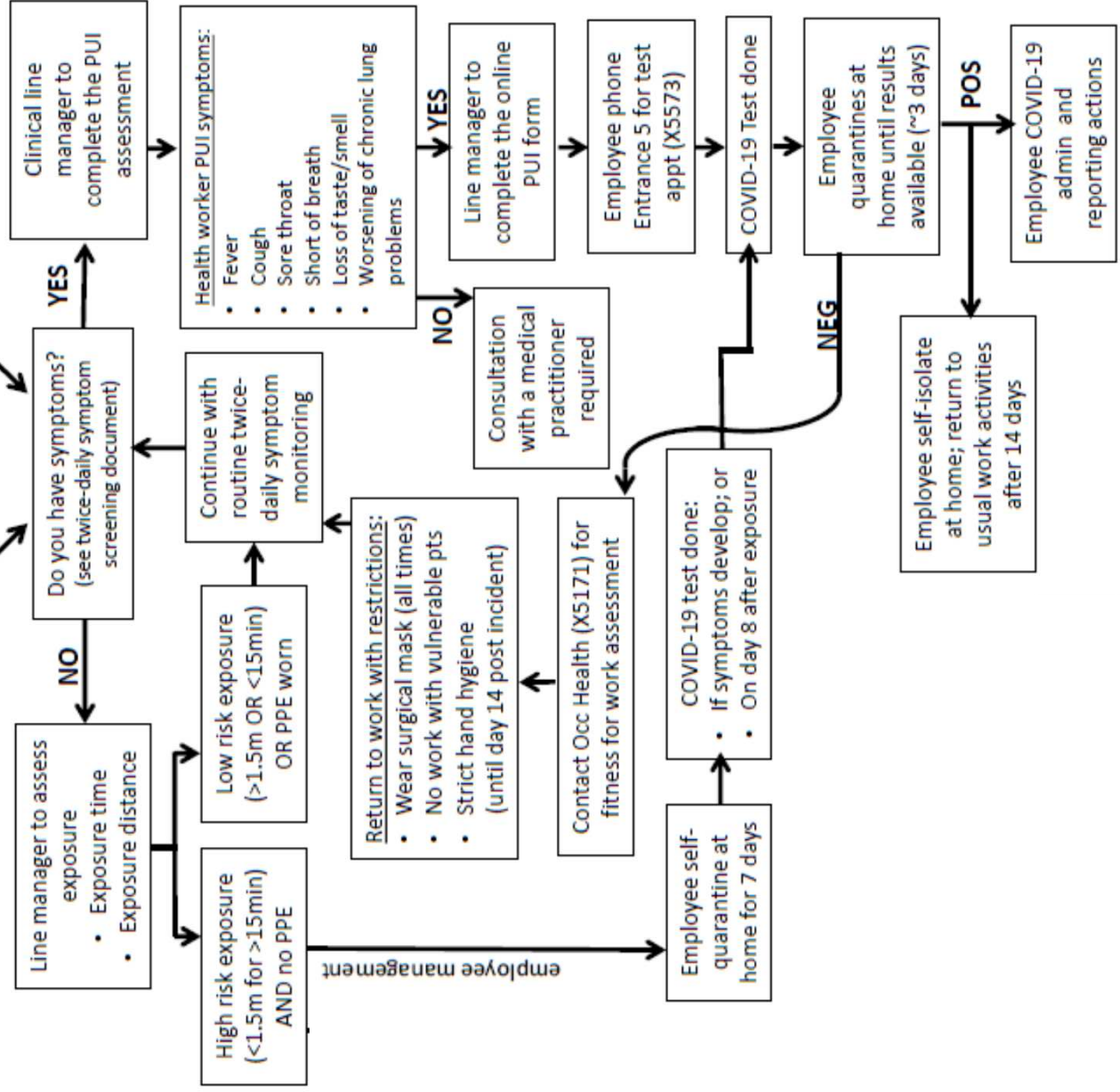
Colleague diagnosed with COVID-19

Working with COVID-19 patients



Colleague diagnosed with COVID-19

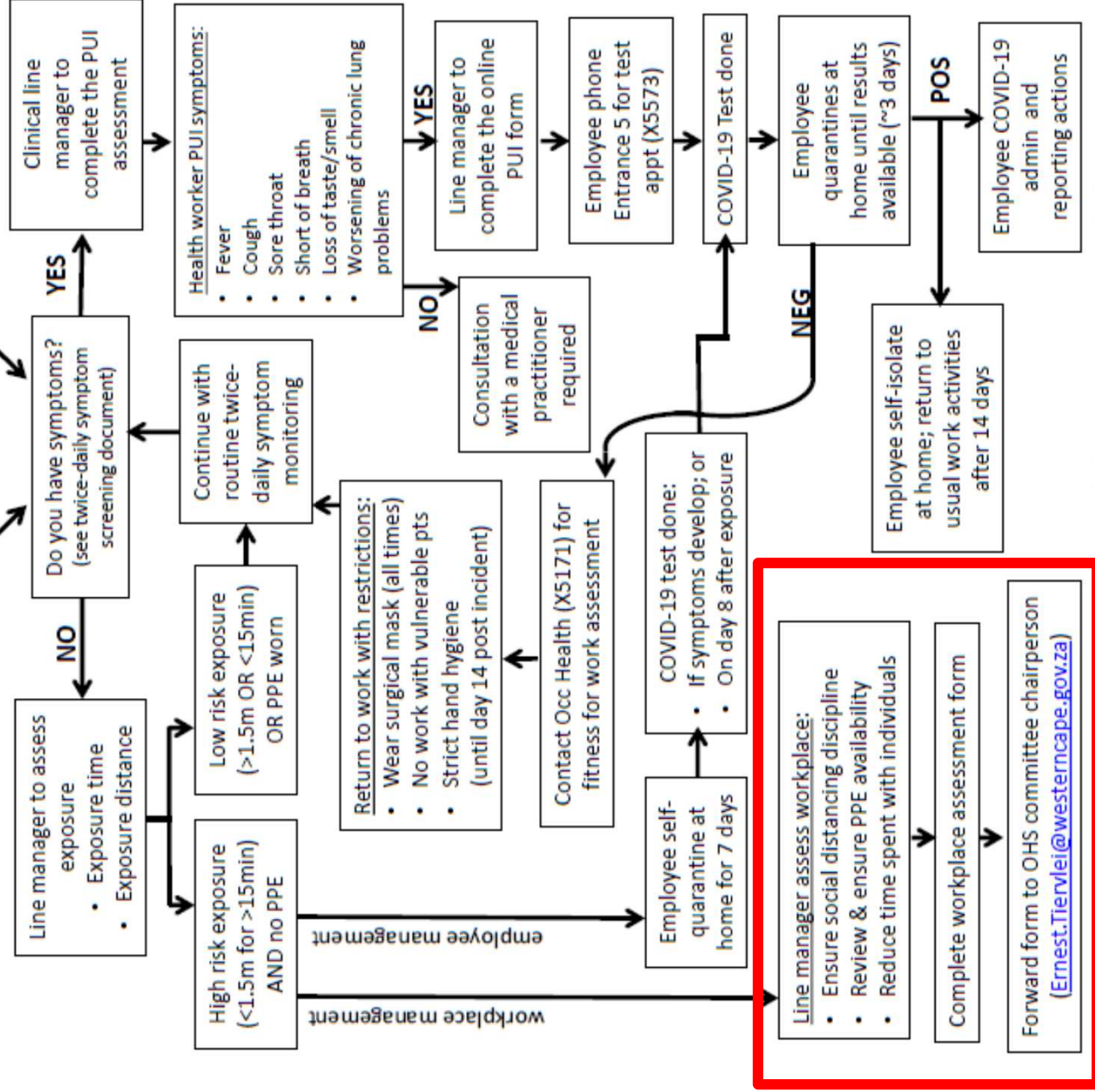
Working with COVID-19 patients





Colleague diagnosed with COVID-19

Working with COVID-19 patients





# TYGERBERG HOSPITAL COVID-19 "HIGH EXPOSURE RISK" INCIDENT INVESTIGATION AND REPORT (06 May 2020)

Affected employee(s)

Name(s)	PERSAL number(s)

Exposure period (dates): \_\_\_\_\_ to \_\_\_\_\_

Indicate the universal exposure mitigation strategies that were not implemented, leading to a "high exposure risk" incident:

- Less than 1.5m distance was observed from the source
- Exposure to the source exceeded 15 minutes
- Appropriate PPE was not used during the exposure

For each of the above, complete the relevant section:

<b>If less than 1.5m distance was observed from the source</b>
Learning opportunity (incident) description: X
Proposed actions to prevent reoccurrences: X
<b>If exposure to the source exceeded 15 minutes</b>
Learning opportunity (incident) description: X
Proposed actions to prevent reoccurrences: X
<b>If appropriate PPE was not used during the exposure</b>
Learning opportunity (incident) description: X
Proposed actions to prevent reoccurrences: X

Investigator signature: \_\_\_\_\_

Investigator name: \_\_\_\_\_

\_\_\_\_\_ Date

For each of the above, complete the relevant section:

<b>If less than 1.5m distance was observed from the source</b>
Learning opportunity (incident) description: X
Proposed actions to prevent reoccurrences: X
<b>If exposure to the source exceeded 15 minutes</b>
Learning opportunity (incident) description: X
Proposed actions to prevent reoccurrences: X
<b>If appropriate PPE was not used during the exposure</b>
Learning opportunity (incident) description: X
Proposed actions to prevent reoccurrences: X

Investigator signature: \_\_\_\_\_

Investigator name: \_\_\_\_\_

\_\_\_\_\_ Date



**Required actions to prevent future reoccurrence (completed by line manager):**

	Required action	Responsible person	Target date
1			
2			
3			
4			
5			
6			
7			

Line manager signature \_\_\_\_\_

\_\_\_\_\_ Date

## Health and Safety Committee actions

1. Additional preventative actions suggested:

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2. How learning points would be communicated within the organisation:

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3. Any additional remarks:

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\_\_\_\_\_  
H&S committee chairperson signature

\_\_\_\_\_  
Date

# Completion of COIDA documentation

## 3.1. Occupationally-acquired COVID-19 diagnosis relies on:

- a) Occupational exposure to a known source of COVID-19;
- b) A reliable diagnosis of COVID-19 as per the WHO guidelines;
- c) An approved official trip and travel history to countries and/or areas of high risk for COVID-19 on work assignment;
- d) A presumed high-risk work environment where transmission of COVID-19 is inherently prevalent; and
- e) A chronological sequence between the work exposure and the development of symptoms.

# Documents to be completed



Occupational Medicine Clinic  
Tygerberg Academic Hospital  
Parowvalley, 7505  
Tel: 021-938 5171

## List of documents to be completed for occupational COVID-19 cases

Doc	Description	Completed by	Submitted to	When completed	Reference
WCI 1	Employer's report of an occupational disease	Employer	Compensation commissioner	Within 14 days of having received notice that an employee has contracted COVID-19, "irrespective of whether he may be of the opinion that the employee did not contract such disease in his employ or in the employ of a previous employer"	COIDA Section 68(2); Circular CF/03/2020
WCI 14	Notice of an occupational disease and claim for compensation	Employer	Compensation commissioner	Submitted with the WCI 1.	Circular CF/03/2020
WCI 22	First medical report of an occupational disease, indicating U07.1 as the ICD-10 code for COVID-19	Medical practitioner	<ul style="list-style-type: none"><li>• Employer;</li><li>• Compensation commissioner;</li><li>• Employee (copy upon request)</li></ul>	Within 14 days of consulting the individual	COIDA Section 74 Circular CF/03/2020

WCI 22 (copy)	First medical report of an occupational disease	Medical practitioner	Provincial office of the Department of Labour	Within 14 days of diagnosing an occupational disease or consulting a patient with a suspected occupational disease	OHSA Section 25 and Regulation 8(4) of the General Administrative Regulations (under OHSA)
WCI 26 <sup>1</sup>	Progress medical report	Medical practitioner	Employer and Compensation commissioner	Completed by medical practitioner with each consultation. Consultations may not be less frequent than monthly (monthly progress report is required)	COIDA Section 74(2)
(no document number)	COVID-19 exposure and medical questionnaire	Employer	Compensation commissioner	Submitted with the WCI 1	COIDA Section 68(2) Circular CF/03/2020
WCI 110	Exposure history	Employer	Compensation commissioner	Submitted with the WCI 1	Circular CF/03/2020
GW 17/5	Notification of medical condition	Diagnosing practitioner	Provincial CDC	Within 7 days of diagnosis	Regulation 6(1)(b) of the Regulations Regarding Communicable Diseases (under NHA)
WCI 6	Resumption report	Employer	Compensation Commissioner	Monthly if employee has not yet resumed work, otherwise immediately after employee has resumed work or was discharged.	COIDA Section 48(1)
Annexure 1 (Gen Admin Regs)	Recording and investigation of incident	Designated person (usually H&S rep)	Health and Safety Committee and Employer	Within 7 days of becoming aware of the incident	Regulation 9 of the General Administrative Regulations (under OHSA)

<sup>1</sup> Note that WCI 26 is used as progress and/ or final medical report and should be indicated as such.



Laboratory results	Results confirming SARS-CoV-2 infection	Medical practitioner	Compensation commissioner and employer	Submitted with WCI 1	Circular CF/03/2020
Medical report	Medical report detailing employee's symptoms and clinical features	Medical practitioner	Compensation commissioner	Within 14 days of diagnosis	Circular CF/03/2020
Impairment report	Specialist report combining all impairments to indicate total impairment of the person <sup>2</sup>	Occupational Medicine Practitioner or Specialist	Compensation commissioner	Submitted with the WCI 26 (Final medical report): As soon as "Maximum Medical Improvement" is reached, but no later than 24 months after disease	Circular CF/03/2020
WCI 26 <sup>3</sup>	Final medical report	Medical practitioner	Employer and compensation commissioner	After completion of all treatment and completion of the impairment report.	Circular CF/03/2020

In addition to the above documents, which would be required for most cases of occupational COVID-19 disease, the following documents may also be required in certain cases:

WCI 32	Declaration by guardian or widow/ widower	Guardian of dependent children or widow or widower	Compensation commissioner	Upon the death of the employee	COIDA Section 54 Circular CF/03/2020
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<sup>2</sup> Since the lungs are the primary target organs, spirometry is advised for all cases. However, if other systems were involved (particularly in severe cases), additional tests may be required. Consultation with is advised with someone holding the MMed (Occupational Medicine) degree.

<sup>3</sup> See comment on progress reports. Final report should not be completed without consulting a specialist in occupational medicine – especially if multiple sources of permanent disability exist, such as lung function deterioration, and/ or involvement of other organ systems. Permanent disability should be objectively assessed, with evaluation of the lungs as target organ as a minimum.

WCI 46	Burial expense account	Family of the employee	Compensation commissioner	After the death of the employee	Circular CF/03/2020
WG 30	Application for additional compensation under section 56 of the Act	Employee	Compensation commissioner	If negligence of the employer (or another employee of the employer) caused the occupational disease	COIDA Section 56
WCI 305	Employee affidavit	Employee	Compensation Commissioner	When the employer does not timeously submit (or refuses to submit) the WCI 1	COIDA Section 68(3) and COIDA Section 37 Circular CF/03/2020
WG 29	Objection	Employee/ Occupational Medicine Specialist	Compensation Commissioner	To reach the compensation commissioner within 180 days from taking a decision	COIDA Section 91
	Request for reopening a claim	Medical practitioner planning additional treatments	Compensation Commissioner	To obtain pre-authorisation for payments of additional medical aid related to a specific treatment required after the case was closed	
WCI 20	Enquiry re unpaid medical/ chemist account	Any medical professional whose account has not been settled	Compensation Commissioner	One document for each account which has been outstanding for two months or longer	
WCI 69	Claim for subsistence and transport expenses	Employee	Compensation Commissioner	When transport/ subsistence allowance is required in order to receive medical treatment	

Some cases may have additional documentation to complete, such as impairment assessments for different organ systems that may be involved, in case of the death of an employee, etc. It is advised that all complicated cases be referred to (or discussed with) a knowledgeable Specialist in Occupational Medicine.

# Provincial support (H58)

## Appendix 2: OHS expertise allocation to support WCG: H districts/sub-structures during COVID-19 pandemic

ALLOCATION OF OHS RESOURCES TO SUPPORT WCG: H DISTRICTS AND SUBSTRUCTURES				
NO	NAME	ROLE AND CONTACT DETAILS	ALLOCATED MO/REGISTRAR	ALLOCATED SPECIALIST
<b>FORENSIC PATHOLOGY</b>				
1	Vonita Thompson	Director: FPS <a href="mailto:vonita.thompson@westerncape.gov.za">vonita.thompson@westerncape.gov.za</a> 021 928 1500	OM registrar Dr Itumeleng Ntamatamala <a href="mailto:Itumeleng.ntamatamala@westerncape.gov.za">Itumeleng.ntamatamala@westerncape.gov.za</a> 0760721130/ 021 483 9343	OM specialist Prof Shahieda Adams <a href="mailto:Shahieda.adams@uct.ac.za">Shahieda.adams@uct.ac.za</a> 0832857665
<b>EMERGENCY MEDICAL SERVICES (EMS)</b>				
1	Sandra L Oliver	EMS OHS Co-ordinator (Northern) <a href="mailto:Sandra.Oliver@westerncape.gov.za">Sandra.Oliver@westerncape.gov.za</a> 021 938 6750	OM Registrar Dr Geoffrey Tafaune <a href="mailto:Geoffrey.Tafaune@westerncape.gov.za">Geoffrey.Tafaune@westerncape.gov.za</a> 072 322 0436	OM Specialist (IPC TBH) Dr Jack Meitjies <a href="mailto:Jack.Meitjies@westerncape.gov.za">Jack.Meitjies@westerncape.gov.za</a> 082 782 8786/ 021 9385171 or 6181
<b>HEAD OFFICE/PROVINCIAL HEALTH OFFICES/ENGINEERING</b>				
1	Dr Melvin Moodley	HIA Director/Norton Rose House <a href="mailto:Melvin.Moodley@westerncape.gov.za">Melvin.Moodley@westerncape.gov.za</a> 21-4839366	OM registrar Dr Itumeleng Ntamatamala <a href="mailto:Itumeleng.ntamatamala@westerncape.gov.za">Itumeleng.ntamatamala@westerncape.gov.za</a> 0760721130/ 021 483 9343	OM specialist Prof Shahieda Adams <a href="mailto:Shahieda.adams@uct.ac.za">Shahieda.adams@uct.ac.za</a> 0832857665
<b>DISTRICTS / REGIONS</b>				
<b>RURAL HEALTH SERVICES DISTRICT OFFICE</b>				
1	Eugenia Sidumo	DD: Professional Support <a href="mailto:Eugenia.Sidumo@westerncape.gov.za">Eugenia.Sidumo@westerncape.gov.za</a> 044-6950047	OM Registrar Dr Geoffrey Tafaune <a href="mailto:Geoffrey.Tafaune@westerncape.gov.za">Geoffrey.Tafaune@westerncape.gov.za</a> 072 322 0436	OM Specialist (IPC TBH) Dr Jack Meitjies <a href="mailto:Jack.Meitjies@westerncape.gov.za">Jack.Meitjies@westerncape.gov.za</a> 082 782 8786/ 021 9385171 or 6181
<b>CAPE WINELANDS DISTRICT</b>				
1	Bernice van der Merwe	QA Manager <a href="mailto:Bernice.vanderMerwe@westerncape.gov.za">Bernice.vanderMerwe@westerncape.gov.za</a> 023 3488141	OM Specialist Dr Haidee Williams <a href="mailto:haides@occupational-medicine.co.za">haides@occupational-medicine.co.za</a> Cell: 083 271 4551	OM specialist Prof Shahieda Adams <a href="mailto:Shahieda.adams@uct.ac.za">Shahieda.adams@uct.ac.za</a> 0832857665



# Bringing it all together:

## Line manager COVID-19 risk management checklist and report

	Requirement	Policy Circular Reference	Evidence required	Done	If not done: Progress report
1	Vulnerability assessments have been completed on all staff members	H50	Risk assessment document available for each staff member		
2	Area risk assessments have been completed for all clinical and non-clinical areas of work	H58 (p12; Appendix 1)	Documented risk assessment report		
3	Risk mitigation strategies have been identified, a responsible individual is assigned and a target date is set	H58 (p16-20) See also H70	List of strategies, responsible person and target dates		
4	A PPE plan for the Department was submitted to the UIPC, in accordance with the PPE policy	H35; PPE guidelines of 25 March 2020	PPE plan submitted to the UIPC ( <a href="mailto:wajm@sun.ac.za">wajm@sun.ac.za</a> )		
5	Staff wear face covers at all times (surgical mask or cloth mask and face shield/ visor)	Dept. of Labour Directive No 479	Personal Observation		
6	Environmental cleaning in all areas have been adjusted to COVID-19 norms	H56	Confirmation by line manager		
7	Twice-daily symptom screening of staff members is documented	H58 (p21; Appendix 4)	Line manager has daily report available		
8	All employees have been informed on the assessment and management of exposure and if they have symptoms	H58 (p22) & the TBH flow-diagram	Signed register		
9	All staff members have received IPC training (book at <a href="mailto:lyn.mckenzie@westerncape.gov.za">lyn.mckenzie@westerncape.gov.za</a> )	H58 (p26)	Staff names appear on training register		
10	A system is in place to ensure access to occupational health practitioner support (e.g. completion of COIDA documents)	H58 (Appendix 2)	A point of contact is available for occupational health support		
11	Staff are aware of psychosocial support available	H92; NDoH psych support document; TBH Clin psych document	TBH resiliency clinic poster displayed in the workplace. Monthly engagement in high-risk areas		

# Questions/ Discussion