



## **COVID 19 – RISK AND INCIDENT POLICY**

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### **1. OBJECTIVE**

- 1.1 The aim of this policy is to ensure a safe working environment for all employees and to stop the spread of the Coronavirus Disease 2019 “COVID-19” virus. Section 8 of the Occupational Health and Safety Act, 1993 “OHSA” requires every employer to provide and maintain, as far as reasonably practicable, a working environment that is safe and without risks to the health of its employees. Similarly, the OHSA also imposes a duty on employees to take reasonable care of their own health and safety and that of their fellow employees.
- 1.2 Information pertaining to COVID-19 is being provided by various authorities on a regular basis and it is important to ensure that updates are obtained and disseminated through the organisation. Please refrain from forwarding information related to the virus without having checked it with credible sources such as the World Health Organisation “WHO” and the National Institute for Communicable Diseases “NICD”. Spreading unverified information may contribute to unnecessary panic, stigma and discrimination, all of which do not add value at this stage.
- 1.3 This policy is susceptible to changes with the introduction of additional governmental guidelines and accordingly will be updated if, and when, required.

### **2. APPLICATION**

This policy includes measures being taken to mitigate the spread of COVID-19. You are kindly requested to follow all these requirements to sustain a healthy and safe workplace. It is important that we all respond responsibly and transparently to these health precautions.

### **3. CONTENT**

#### **How does COVID-19 spread?**

- 3.1 COVID-19 is most likely to spread when there is close contact (1.5 metres or less) with an infected person. It is likely that the risk increases as the period of exposure to an infected person lengthens. Contaminated droplets produced when an infected person coughs or sneezes are the main means of transmission. There are two main routes by which people can spread COVID-19:
  - Infection can be spread to people who are nearby as droplets are inhaled into the lungs.
  - It is also possible that someone may become infected by touching a surface, object or the hand of an infected person who has been contaminated and then touching their own mouth, nose, or eyes.



#### 4. PRIMARY SYMPTOMS OF COVID-19

4.1 The following symptoms may develop up to 21 days after exposure to someone who has COVID-19:

- Cough
- Sore throat
- Fever
- Shortness of breath/ difficulty in breathing
- Redness of eyes
- Body aches
- Loss of smell
- Loss of taste
- Nausea
- Vomiting
- Diarrhoea
- Fatigue
- Weakness

4.2 Infections can cause more severe symptoms in people who are over the age of 60 and those with compromised immune systems such as diabetes, cancer and chronic lung disease.

#### 5. SOCIAL DISTANCING MEASURES

5.1 Every employer must arrange the workplace to ensure minimal contact between workers and, as far as practical, ensure that there is a minimum of one and half metres between workers while they are working.

5.2 Depending on the circumstances of the workplace or the nature of the sector, the minimum distance may need to be greater, but reducing the number of workers present in the workplace at any time may assist in achieving the required social distancing.

5.3 If it is not practical to arrange workstations to be spaced at least one and a half metres apart, the employer must:

- Arrange physical barriers to be placed between the workstations or erected on workstations to form a solid physical barrier between workers while they are working; or
- When required, supply the employee, free of charge, with appropriate PPE based on a risk assessment of the working place.



- 5.4 Every employer must ensure that social distancing measures are implemented through supervision, both in the workplace and in the common areas outside the immediate workplace, through queue control or within the workplace, such as canteens and lavatories.

## 6. SCHOOL PREREQUISITE

- 6.1 School Nurse or COVID-19 Compliance Officer to be provided with full PPE and to tend to employees and students in full PPE.
- 6.2 Establish an isolation room for all suspected cases to be dealt with on-site, this will be in the Sick Room.
- 6.3 Identify a discreet exit for any confirmed case / case where a person needs to self-quarantine to be escorted off-site.
- 6.4 The School Nurse or COVID-19 Compliance Officer will be responsible to communicate to the Head if there are any employee / student / students' parents when they are suspected to be infected, and to escort them to the Isolation room for further investigation.
- 6.5 The School Nurse or COVID-19 Compliance Officer will be responsible for managing the process in the isolation room, including asking pre-defined questions, and implementing the necessary protocols.
- 6.6 A list of key stakeholders and their contact numbers will be documented and provided to all staff.
- 6.7 A specific, trained cleaning team, with appropriate PPE will be responsible for the cleaning and decontamination of the isolation room.

## 7. PREDEFINED CASE DEFINITION QUESTIONS

The following questions have been provided by the National Institute for Communicable Diseases (NICD) and are applicable in all incidents as defined by this SOP.

- 7.1 Ascertain whether they have any symptoms associated with COVID-19 as per the current National Institute for Communicable Diseases definition namely a cough, sore throat, shortness of breath (or difficulty in breathing), loss of taste and smell or fever  $\geq 38^{\circ}\text{C}$  (measured) or history of fever?
- 7.2 Determine whether they suffer from any of the additional symptoms such as fever, body aches, redness of eyes, nausea, vomiting, diarrhoea, fatigue, weakness or tiredness; and



- 7.3 In the last 14 days:
- Have you been in close contact with a confirmed or probable case of COVID-19 infection?
  - Had a history of travel to areas with local transmission of COVID-19; (NB Affected countries will change with time, consult the NICD website for current updates);
  - Worked in, or attended a health care facility where patients with COVID-19 infections were being treated; or
  - Admitted with severe pneumonia of unknown origin?
- 7.4 Should the person answer YES to question 1, they are exhibiting symptoms of COVID-19 as per the definition.
- 7.5 Should the person answer YES to ANY of the questions listed under Question 2 (a, b, c or d), they have a risk of exposure to COVID-19.
- 7.6 Depending on the outcome of the questionnaire, the School Nurse or COVID-19 Compliance Officer must implement the relevant employee protocol as defined in this Policy.

## 8. DETAILED PROCEDURE FOR EMPLOYEE INCIDENTS

### 8.1 Local and International Travel

- 8.1.1 If any of the below scenarios occur, the following protocol must be implemented:
- An employee returns from local or international travel for leisure purposes, or
  - An employee's close family returns from international travel.
- 8.1.2 The School Nurse or COVID-19 Compliance Officer and the Head must be contacted upon return from all local and international travel.
- 8.1.3 For international travel, people who are allowed into South Africa are still subject to the prescribed screening procedures and isolation or quarantine rules, as the case may be, which include:
- provision of a valid certificate of a negative COVID-19 test obtained not more than 72 hours before the date of travel; and
  - in the event of failure to submit a certificate as proof of a negative COVID-19 test, such person will be required to do an antigen test at his or her own cost and if he or she tests positive to COVID-19, he or she will be required to quarantine at his or her own costs.
- 8.1.4 In the case of international travel, the employee will need to produce a valid certificate of a negative COVID-19 test to the Head before returning to school.



8.1.5 In all instances of the above, the self-quarantine protocol must be implemented if the employee has been in contact a COVID -19 positive person.

## 8.2 **Suspected case on-site or off-site**

8.2.1 If any of the below scenarios occur, the following protocol must be implemented:

8.2.2 An employee suspects they may have symptoms or have been exposed to COVID-19 and present themselves for assistance, or

8.2.3 An employee suspects they may have symptoms or have been exposed to COVID-19 and are not on-site, or

8.2.4 An employee presents with a temperature of  $\geq 38^{\circ}$  on the temperature scanning device.

- If the employee is on-site, they must report to the isolation room immediately.
- The employee must be reassured by the School Nurse or COVID-19 Compliance Officer as follows: "Name, we are going to assist you to establish if there is any risk of you being exposed to the Coronavirus, and for your own safety, we suggest that you do not contact anyone until we have established the risk exposure."
- If the employee is off-site, they must contact their Head, School Nurse or COVID-19 Compliance Officer.
- Once in the isolation room, the School Nurse or COVID-19 Compliance Officer must proceed to ask the employee the Predefined Case Definition Questions.
- If the employee is off-site, the Head, School Nurse or COVID-19 Compliance Officer will ask the questions telephonically.

8.2.5 It is the Employer's obligation to arrange for the worker to be transported to a public health facility i.e., one of the established testing sites if they suspect the employee has COVID-19. From there the employee will either be directed to self-isolate or undergo a further medical examination.

## 8.3 **Case Definition Protocol**

If they are displaying symptoms, and have a confirmed risk of exposure as per the predefined questions asked, the employee meets the case definition of a probable case and must be sent for testing:



**8.3.1 the employee is on-site:**

- Inform the employee that they have possibly been exposed to COVID-19 as they meet the case definition, as defined by the NICD.
- Inform them that you will be contacting your local healthcare or emergency service provider (if applicable) as per your local communicable diseases protocol, and the NICD, and inform them of the results from your questionnaire.
- Contact your local healthcare or emergency service provider (if applicable) as per your local communicable diseases protocol, and the NICD, and inform them of the results from your questionnaire.
- Follow all protocols provided by the healthcare professional and the NICD. Should their protocol differ from what is documented in this SOP, their requirements will take precedence and must be followed.
- Inform the employee of the necessary steps that must be followed as per the guidance provided by the relevant health authorities.
- The employee must be informed to maintain open lines of communication in this regard with the Head of School.
- Follow the On-Site Case Management, Decontamination, Contaminated Laundry and Waste Management Protocol's documented in this SOP.

**8.3.2 if the employee is off-site:**

- Inform the employee that they have possibly been exposed to COVID-19 as they meet the case definition, as defined by the NICD, and must immediately contact their Doctor to arrange for testing.

**8.4 Self-Quarantine Protocol**

If an employee has been in close contact with an individual who has since been diagnosed with COVID-19, the employee must immediately inform their employer and contact the COVID-19 Hotline. Close contact means that the employee was in face-to-face contact (i.e. within 1.5 metres) or in a closed space for more than 15 minutes with a person with COVID-19.

**8.4.1 10 Day Isolation Period**

- The isolation period should be reduced from 14 days to 10 days on condition that the patient does not show symptoms.



#### 8.4.2 Considerations for Quarantine of Close Contacts

- New testing strategy requires all close contacts to be tested for COVID - 19, even if the person shows no symptoms.
- All close contacts are required to stay at home (quarantine) for a period of 10 days from the last date of exposure to the confirmed COVID - 19 case.
- It is recommended that all close contact of confirmed COVID 19 cases can be tested at least from day 8 following exposure to a person with COVID – 19.
- Anyone who tests positive for COVID-19 is required to isolate for a period of 10 days.
- Close contacts that test negative are required to continue to stay at home (quarantine), apart from others in order to prevent the spread of the virus, if they are still within the 10-day quarantine period. This is because the time from exposure to Covid-19 to the moment when symptoms begin is, on average, 5 – 6 days and can range from 1 – 14 days.

#### 8.4.3 Differences between quarantine and isolation

- **Quarantine** - Restricting activities and/or separating people who are not ill but may have been exposed to Covid-19. This can take place at home or in a designated facility for 10 days. If your quarantine starts at noon on day 1, then it would end at noon on the last day.
- **Isolation** - Separating or keeping away from other people who are ill with symptoms of Covid-19 and/or have tested positive. This can take place at a health facility for those who require hospitalisation due to severe symptoms or complications. This can take place at home or in a designated facility for 10 days, for mild and asymptomatic cases.

#### 8.4.4 Who are close contacts?

- Being within (1 metre) of a Covid-19 case for more than 15 minutes
- Direct physical contact with a Covid-19 case
- Providing direct care for patients with Covid-19 disease without using proper personal protective equipment (PPE)
- Family members living together
- Direct caregivers or providers of medical treatment and care services
- Healthcare workers who perform diagnostic and treatment activities that emit aerosol
- Persons who have had close contact in an office, factory, workshop, elevator, canteen or cafeteria, classroom, or similar locations
- Persons sharing meals, entertaining, and providing catering and entertainment services in a closed environment



- Healthcare workers and family members visiting someone with Covid-19 or other people in close contact with Covid-19 cases
- Persons riding in a vehicle and within one metre of a Covid-19 case or an asymptomatic infected person including care-taking and nursing employees, companions (e.g. family members, colleagues and friends), and other passengers and vehicles crew who might have contact through investigation and assessment
- Other persons assessed by onsite investigators meeting criteria for close contact

8.4.5 When to start and end Quarantine

- **Scenario 1:** Close contact with someone who has Covid-19— will not have further close contact - **Your last day of quarantine is 10 days from the date you had close contact.**

November 2020						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1		3 Start of quarantine = last day of close contact with a person who has COVID-19	4	5	6	7
8	9		11	12	13 Last day of quarantine if there was no additional exposure	14

- **Scenario 2:** Close contact with someone who has Covid-19— live with the person but can avoid further close contact - **Your last day of quarantine is 10 days from when the person with Covid-19 began home isolation.**



November							2020
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
1		3 Start of quarantine = last day of close contact with a person who has COVID-19	4	5	6	7	
8	9		11	12	13 Last day of quarantine if there was no additional exposure	14	

- Scenario 3:** Under quarantine and had additional close contact with someone who has COVID-19 - **You will have to restart your quarantine from the last day you had close contact with anyone in your house (or from anywhere) who has Covid-19. Any time a new household member gets sick with Covid-19 and you had close contact, you will need to restart your quarantine.**

November							2020
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
1	2	3 Start of quarantine = last day of close contact with a person who has COVID-19	4	5	6	7	
8 Additional contact or someone got sick and you were exposed = restart of quarantine	9	10	11	12	13	14	
15	16	17	18 Last day of quarantine if there was no additional exposure	19	20	21	

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- Scenario 4:** Live with someone who has Covid-19 and cannot avoid continued close contact - **You should avoid contact with others outside the home while the person is sick, and quarantine for 10 days after the person who has Covid-19 meets the criteria to end home isolation.**

November							2020
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
1	2	3 Person is sick and has COVID-19	4	5	6	7	
8	9	10	11	12	13 Criteria is met to end home isolation	14	
15	16	17	18	19	20	21	
22	23 Last day of quarantine if there was no additional exposure	24	25	26	27	28	

**A. Asymptomatic Patients**

- Asymptomatic patients represent a conceptual challenge, since it is not possible to estimate where in the course of viral shedding they are at the timepoint at which they test positive.
- Asymptomatic patients must remain in isolation for a period of 10 days following the date of their positive results.

**B. Mild Disease**

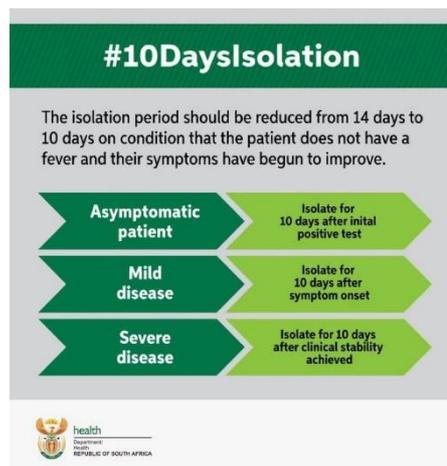
- Patients with a mild Covid-19 infection continue to shed the virus from their upper airways for approximately 7-12 days.



- The presence of detectable virus when testing does not necessarily imply infectiousness.
- It has been proven that in mild cases, virus cultures are generally only positive for 8-9 days after symptom onset.
- Patients with a mild Covid-19 infection must remain in isolation for a period of 10 days after the symptoms onset.

### C. Severe Disease

- The duration of infectiousness in patients with severe disease (i.e. requiring admission due to clinical instability) is less well established.
- In general, patients with severe disease may continue to shed virus at higher levels for longer periods than patients with mild disease.
- To provide a buffer, it is recommended that such patients be de-isolated 10 days after clinical stability has been achieved, rather than 10 days after symptom onset.
- To illustrate this in simple terms, if a patient was admitted and placed on oxygen, we advise that when they oxygen supplementation is discontinued, the patient must remain in isolation for another 10 days.
- This continued isolation provides clinical comfort that the patient is no longer infectious.





Hotline for the COVID-19 as per the Department of Health website:

**South African  
COVID 19 HOTLINE  
08000 29999**

**If you present with symptoms of Corona Virus, please call the official COVID 19 HOTLINE before going to your doctor, pharmacist or nurse. By calling the hotline, someone will be sent to test you where you are, which will limit the spread of the virus.**



**8.4.6 Low Risk Exposure**

- may permit the worker to continue working using a cloth mask complying with standard precautions
- must monitor the worker's symptoms for 10 days from the first contact

**8.4.7 High Risk Exposure**

- the worker must remain in quarantine for 10 days
- the employer of that worker must place the worker on sick leave for that period

**8.4.8 For those employees that are required to self-quarantine at home for 10 days due to high risk exposure at. The following working arrangements will apply:**

- Where it is possible for an employee to work remotely, this will not be any form of leave because the employee will be required to continue to perform her/ his functions from home and will therefore be entitled to her/ his normal salary and benefits until such time that the self-quarantine period has lapsed.
- Where it is NOT possible for an employee to work remotely, the company will offer outstanding sick leave to self-quarantine.
- Head of School to advise HR of those staff members that self -quarantine.
- During the 10 days quarantine period, employees will be required to monitor themselves for symptoms, and to monitor their temperature twice a day.
- Should symptoms present, the employee must contact their Doctor for assistance to get tested and proceed to self-isolate.

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- The employee is required to maintain open lines of communication in this regard with the Head of School.

#### 8.4.9 Sick Employee Protocol

If an employee is displaying symptoms, but do not have a confirmed risk of exposure, it is likely the employee only has regular flu:

- The employee must be requested to go home and consult with their Doctor.
- The company's sick leave policy will apply, and a sick note must be provided after 2 days of being booked off ill at home.
- The employee may return to work once the Doctor has confirmed that the employee is no longer sick.

#### 8.4.10 Protocols for Employee Diagnosed with COVID-19

- If a worker has been diagnosed with COVID-19, the Employer must inform the National Institute for Occupational Health in accordance with the National Department of Health Guideline (**refer to clause 9**) either directly or through an employers' association.
- Inform the Compensation Commissioner in accordance with the Directive on Compensation for Workplace -acquired Novel Corona Virus Disease.
- Investigate the mode of exposure, including any control failure, and review its risk assessment to ensure that the necessary controls and PPE requirements are in place.
- Determine the need to temporarily close the affected area for decontamination using an incident - based risk assessment with due regard to the Department of Health's guidelines (**refer to clause 9**) after consultation with the COVID Committee.
- If a worker has been diagnosed with COVID -19 and isolated in accordance with the Department of Health Guidelines, an employer may only allow a worker to return to work on the following conditions:
  - The worker has completed the mandatory 10 day of self -isolation
  - The worker has undergone a medical evaluation confirming fitness to work if the worker had moderate or severe illness
  - The employer ensures that personal hygiene, wearing of masks, social distancing, and cough etiquette is strictly adhered to by the worker;
  - The employer closely monitors the worker for symptoms on return to work



- The worker wears a surgical mask for 21 days from the date of diagnosis

#### 8.4.11 **Employee with Underlying health issues or comorbidities Protocol**

Section 5 (5) (d) and 5 (5) (e) of the Disaster Management Act Regulations requires employers to adopt measures to promote physical distancing of employees, including:

- Special measures for employees with known or disclosed health issues or comorbidities, which place such employees at a higher risk if infected
- On the 16<sup>th</sup> of September, President Cyril Ramaphosa announced that the country would be going to Level 1, effective from the 21<sup>st</sup> September. The effect of that announcement was that the Collective Agreement with the unions also ceased to exist, and that teachers granted concessions, are expected to report to duty published on the 1 October 2020 by a statement given by the Honourable Minister of Basic Educations, Mrs Angie Motshekga.

#### 8.4.12 **Employee 60 and Over Protocol**

Section 5 (5) (d) and 5 (5) (e) of the Disaster Management Act Regulations requires employers to adopt measures to promote physical distancing of employees, including:

- Special measures for employees above the age of 60 who are at higher risk.
- On the 16<sup>th</sup> of September, President Cyril Ramaphosa announced that the country would be going to Level 1, effective from the 21<sup>st</sup> September. The effect of that announcement was that the Collective Agreement with the unions also ceased to exist, and that teachers granted concessions, are expected to report to duty published on the 1 October 2020 by a statement given by the Honourable Minister of Basic Educations, Mrs Angie Motshekga.

## 9. GUIDELINES ON THE SUBMISSION OF COVID-19 RELATED HEALTH DATA FROM WORKPLACES

### 9.1 **Scope of application**

This Guideline details the requirements of existing legislation stated above and applies to workplaces as stipulated in these:



- 9.1.1 All workplaces are required to submit information on those employees who test positive as per the guidelines detailed below;
- 9.1.2 All employers in the sectors with the threshold number of employees referred to in the Regulations, are to submit the various categories of data detailed below.
- 9.1.3 All departments at local, provincial and national levels of government are to submit the various categories of data detailed below

## 9.2 **Vulnerable Worker Data**

- 9.2.1 All employers are legally required to identify those employees who are considered to be vulnerable for the more severe outcomes of the COVID-19 infection.
- 9.2.2 Since this is a key component of the screening of workers, this data must be submitted by employers.
- 9.2.3 The vulnerability status of each worker that is submitted is not dependent on the availability of detailed medical information being available to the employer.
- 9.2.4 This once off submission is submitted when collected by the workplace, and any subsequent occasion when new appointments are made or an employee's status requires updating.
- 9.2.5 The data required are listed in Table 1 in the Appendix Templates

## 9.3 **Daily Symptoms Screening Data**

- 9.3.1 All employers are legally required to screen all employees entering their work premises on a daily basis.
- 9.3.2 This screening must be based on the prescribed set of symptoms as has been defined by the National Institute of Communicable Diseases to determine those persons likely to be presenting with a COVID-19 infection, and therefore should be referred for further assessment.
- 9.3.3 This daily collected data must be submitted by employers, for those employees that are symptomatic. The data must be submitted on a weekly basis should there be symptomatic workers recorded during the calendar week.



9.3.4 The submissions should occur before Tuesday for the previous calendar week commencing on Sunday. The data required are listed in Table 2 in the Appendix Templates.

#### **9.4 COVID-19 Testing Data**

9.4.1 Based on their daily symptom screening, or on their employees' presentation to their health provider, employees are referred to health providers / health laboratories for testing for the presence of the COVID-19 virus.

9.4.2 In terms of managing the pandemic in the workplace, the employer is expected to be notified of the results of the tests.

9.4.3 The results of the laboratory tests of all employees who test positive must be submitted by employers, upon receiving the results of such tests.

9.4.4 In addition, employers need to submit details in Template 2 for such individuals. This submission occurs only when an employee tests positive for COVID-19 and should be submitted on a weekly basis should there be positive workers identified during the calendar week.

9.4.5 The data required are listed in Table 3 in the Appendix Templates.

#### **9.5 High Exposure risk Workplace Contact -Tracing**

9.5.1 When an employee tests positive within the workplace, all those in contact must, as per the Department of Employment and Labour Direction, be assessed for a high risk or low risk of exposure.

9.5.2 A high risk of exposure is defined as being in close proximity (<1.5m) for a prolonged period of time (>15 minutes) without the use of personal protective equipment and/or a face mask.

9.5.3 Those employees with such high risk of exposure are expected to be placed in quarantine.

9.5.4 The total numbers of employees placed in quarantine as a result of the high risk exposure should be submitted on a weekly basis should there be positive worker/s identified during the calendar week.



9.5.5 Individual details of the high exposure risk contact need be reported. The data required is included in Table 3 in the Appendix Templates.

#### **9.6 Post Infection Outcome and Return to Work Data**

9.6.1 Recovery from the infection will vary based on vulnerability and other risk factors. Understanding the outcomes of the infection among employees provides critical information.

9.6.2 All employers who indicate employees have tested positive must submit information about the outcome of the infection, and the return-to-work decision.

9.6.3 No confidential clinical information is required. This data must be submitted once only when the employee returns to work.

9.6.4 The data required are listed in Table 4 in the Appendix Templates.

#### **9.7 Submission Process**

9.7.1 In collecting this information from their employees, employers are obliged to inform employees about the submission of this data to the Department.

9.7.2 All the above categories of data must be submitted to the OHSS portal <https://www.nioh.ac.za/home/national-resources-directives-guidelines/> at the National Institute of Occupational Health (NIOH), the statutory entity designated by the Department of Health for the collection, analyses and reporting of the data from workplaces.

9.7.3 It is recommended that all the data be submitted in electronic format. In instances where employers are already using electronic applications, they can submit data to the NIOH data lake either through CSV data files and/or secure API transfer.

9.7.4 All data submitted under this guideline strictly adheres to the Protection of Personal Information Act (4/2013).

## **10. Identifying Vulnerable Employees**

The major categories include:



- 10.1.1 60 years and older
- 10.1.2 One or more of the underlying commonly encountered chronic medical conditions (of any age) particularly if not well controlled:
  - chronic lung disease: moderate to severe asthma, chronic obstructive pulmonary disease
  - (COPD), bronchiectasis, idiopathic pulmonary fibrosis, active TB and post-tuberculous lung
  - disease (PTLD)
  - diabetes (poorly controlled) or with late complications
  - moderate/severe hypertension (poorly controlled) or with target organ damage
  - serious heart conditions: heart failure, coronary artery disease, cardiomyopathies, pulmonary
  - hypertension; congenital heart disease
  - chronic kidney disease being treated with dialysis
  - chronic liver disease including cirrhosis
- 10.1.3 Severe obesity (body mass index [BMI] of 40 or higher)
- 10.1.4 Immunocompromised as a result of cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, prolonged use of corticosteroids and other immune weakening medications
- 10.1.5 >28 weeks pregnant (and especially with any of co-morbidities listed above)

## 11. Assessing a Vulnerable Employee

- 11.1.1 The employee should be assessed by his/her treating doctor, or, in the event that a worker cannot afford such costs, the employee should be assessed by a doctor, at the expense of the employer (noting the doctor-employee confidentiality) and preferably one who has insight into the workplace and its processes.
- 11.1.2 The doctor should provide a confidential note to the employer, indicating the presence of any of the above conditions, without specifying the diagnosis. Should the employee have a condition not listed above, which in the opinion of the doctor renders this employee vulnerable a motivation would be necessary. The treating doctor should refrain from commenting on the employee's fitness to work.
- 11.1.3 The doctor should ensure that the employee's health condition is fully optimized, which may include:



- recommending flu vaccinations (and pneumococcal vaccine where appropriate)
- INH prophylaxis for workers as stipulated in the Department of Health's guidelines
- continuous advice on maintaining compliance with treatment plan
- the employee has adequate supply of chronic medication for up to 6 months
- advise the employee not to delay getting emergency care for their underlying condition
- advise employee to maintain ongoing health consultations if they have any concerns
- ensure that the employee has access to psychosocial support for new onset or exacerbation of pre-existing mental illness

## 12. Assessing a Vulnerable Employee

- 12.1 Head of School will meet with the respective employee to investigate appropriate procedures to address the specific needs that go beyond the workplace risk control measures for all employees.
- 12.2 These measures need to take into account the individual circumstances of the employee in relation to their work environment and activities and would include:
- Ensuring that potential exposure to the SARS-CoV-2 virus by this employee in their current job is eliminated or reduced such that the risk for infection is substantially minimised
- 12.3 If potential exposure cannot be eliminated or reduced, then the Head of School, in consultation with the relevant employee, should explore other ways of temporary workplace accommodation to prevent the risk of infection. These accommodations should be granted based on optimal utilisation of the employee's skills/competencies, without a reduction in benefits and accompanied with adequate training where appropriate:
- alternative temporary placement / redeployment to a different role and responsibility which has a negligible risk for transmission:
  - restriction of certain duties (not allowed to perform high risk procedures)
  - protective isolation (e.g. providing a dedicated, clean office, etc.)
  - provision of specific PPE appropriate to the risk of the task/activity identified in the workplace risk assessment and adherence to PPE usage protocols
  - stricter physical distancing protocols (including staggering of shifts), barriers or additional hygiene measures
  - limit duration of close interaction with clients, colleagues and/or the public reducing
  - external risks (use of public transport) by providing alternative transport arrangements where feasible



#### 12.4 **Leave Procedures:**

- temporary incapacity, for the period of the COVID-19 epidemic, may be motivated by the treating doctor /occupational medical practitioner on the grounds that workplace accommodation is not possible
- should this not be possible the employee should be able to utilise his/her sick leave if appropriate, as advised by the treating doctor/occupational medical practitioner
- should sick leave be exhausted, the employee should be able to utilise his/her annual leave if an employee's working time is reduced or temporarily stopped due to operational reasons (workplace functioning at 50% of capacity), an application can be made to the Department of Employment and Labour for the TERS benefit (COVID-19 temporary relief scheme)
- unpaid leave will then take into effect if all other options are exhausted.

#### 12.5 Ensure employee's existing health benefits are ensured:

- maintain all employer-related medical aid benefits for employees already eligible for benefits until the employee is deemed eligible to return to work

### 13. Return to work (RTW) and incapacity management of the vulnerable employee post COVID-19 illness

- 13.1 Ensure adequate worker's compensation claim processing and rehabilitation if exposure was work-related.
- 13.2 Ensure that any sick leave related to a workplace-acquired COVID-19 related illness is managed under COIDA procedures.
- 13.3 Employees with mild illness (not requiring hospitalisation) should complete the mandatory 10 days isolation and return to work.
- 13.4 Employees that have been hospitalised due to COVID-19 prolonged illness and complications should be assisted by the employer to ensure RTW integration.
- 13.5 A fitness to work medical evaluation should be performed in those with moderate to severe illness by the employees occupational medical practitioner/specialist and occupational therapist, where appropriate, to assess the presence and degree of clinical deficits (e.g. lung function impairment) and health problems related to ICU (muscle weakness, memory and



concentration problems, mental ill health) since these employees may require prolonged work adjustment.

- 13.6 rehabilitation may be recommended by the occupational therapist and other allied health professionals as appropriate.

#### 14. REFUSAL TO WORK DUE TO EXPOSURE TO COVID -19

- 14.1 An employee may refuse to perform any work if circumstances arise which, with reasonable justification, appear to that employee or to the Compliance Officer of the School to pose an imminent and serious risk of their exposure to COVID-19.

- 14.2 An employee who has refused to perform work in terms of the Government Gazette published on the 1 October 2020 must, as soon as is reasonably practical, notify the Head of School, with personally or through the Compliance Officer, of the refusal and reason for the refusal.

- 14.3 Every employer that has been notified must:

- After consultation with the Compliance Officer and the COVID Committee endeavour to resolve any issues that may arise from the exercise of the right in terms of the Government Gazette published on the 1 October 2020.
- If the matter cannot be resolved internally, notify the relevant Provincial Inspector (**refer to clause 23 for list of contact numbers for Provincial Inspectors**) of the issue within 24 hours and advise the employee and all other parties involved in resolving the issue that an Inspector has been notified.
- Comply with any prohibition issued by an Inspector in terms of section 30 of the OHSA.

- 14.4 No person may benefit from, or promise any benefit to any for, not exercising his or her right.

- 14.5 No person may threaten to take any action against a person because that person has exercised or intends to exercise their rights.

- 14.6 No employee may be dismissed, disciplined, prejudiced or harassed for refusing to perform any work.

- 14.7 If there is a dispute, the employee may refer the dispute to the CCMA.



## 15. No DEDUCTION FROM EMPLOYEE'S REMUNERATION

- 15.1 No employer may make any deduction from an employee's remuneration, or require or permit and employee to make any payment to the employer or any other person, in respect of anything which the employer is obliged to provide or to do in terms of these directions.

## 16. MONITORING AND ENFORCING DIRECTIONS

- 16.1 To the extent that this Direction gives effect to the OHSA, the Minister responsible for Employment and Labour may authorise local authorities to perform certain inspectorate functions in terms of section 42(3) of the OHSA.
- 16.2 If a person fails to comply with this direction, an Inspector may perform any of the functions in section 29 of the OHSA and exercise any of the powers listed in section 30 of the OHSA in order to monitor compliance with this Direction.
- 16.3 In so far as any contravention of these Directions constitutes a contravention of an obligation or prohibition under the OHSA, the offence and penalties provided for in section 38 of the OHSA apply.

## 17. MEETINGS

- 17.1 Consider whether a face-to-face meeting or event is needed - could it be replaced by a teleconference or any other electronic platform.
- 17.2 Could the meeting be scaled down so that fewer people attend?
- 17.3 Ensure that all participants in the meeting have washed their hands for 20 seconds or utilised a hand sanitiser prior to the meeting commencing.
- 17.4 Ensure that all delegates are seated at least one and a half metre apart.
- 17.5 The names and contact details of all participants in the meeting should be retained for at least one month. This may be done through the completion of a register and will assist healthcare authorities in tracing those who have been exposed to COVID-19 if a participant does become ill with the virus shortly after the meeting.
- 17.6 If a participant should contract the virus shortly after the meeting, the company must inform all participants.



## 18. HYGIENE IN THE WORKPLACE

- 18.1 All students, parents, employees, external vendors and or visitors entering the schools must be requested by the receptionist to wash their hands or utilise a hand sanitiser on entering the premises.
- 18.2 Coughs and sneezes must be covered with a tissue; the tissue must be disposed of in the relevant waste bin.
- 18.3 Frequently touched objects, including workstations and surfaces, must be cleaned and disinfected using a regular household cleaning spray or wipe.
- 18.4 Wash your hands often with soap and water for at least 20 seconds, especially after going to the bathroom, before eating and after blowing your nose, coughing, or sneezing.
- 18.5 If soap and water are not readily available, an alcohol-based hand sanitiser with at least 70% alcohol must be used.
- 18.6 Handshakes with any staff, students, parents, external vendors and or visitors must be AVOIDED; one's face should not be touched either.

## 19. WEARING FACE MASKS

- 19.1 The use of face masks covering the mouth and nose is compulsory, when in public, entering any of the school buildings and when utilising public transport. Persons without a face mask will not be permitted to enter the school building, as required by Chapter 5(1) and 5(2) of the Risk Adjustment Strategy Regulations (29 April 2020).

## 20. SEMINARS, TRAINING AND CONFERENCES

- 20.1 No employee may attend external seminars, training or conferences, unless approved by the Managing Director. The presentation of seminars and training to clients will be converted to online/blended facilitation.

## 21. COVID-19 COMPLIANCE OFFICER

- 21.1 A COVID-19 Compliance Officer will be appointed at each school to ensure the implementation of and adherence to Standard Operating Procedures for the risk mitigation of COVID-19 in the workplace, as required by Government Notice NO. 479 29 APRIL 2020 -



479 Disaster Management Act (57/2002): Covid-19 Occupational Health and Safety Measures in Workplaces Covid-19 (C19 OHS), 2020 and the Risk Adjustment Strategy Regulations of 29 April 2020.

- 21.2 It is recommended that a COVID-19 Response Team is also appointed to assist, where necessary, with the implementation of and adherence to Standard Operating Procedures for the risk mitigation of COVID-19 in the workplace; which may be the same appointee as the COVID-19 Manager.
- 21.3 The Compliance Officer is required to work in collaboration with the Head of School, Managing Director, Facilities Manager and HR Director to develop a plan for the phased in return of employees to the school, prior to reopening the school. The plan must include the following:
- Which employees are permitted to work;
  - What the plans for the phased-in return of their employees to school are;
  - What health protocols are in place to protect employees from COVID-19; and
  - The details of the COVID-19 Compliance Officer.

## 22. HOSPITALS IDENTIFIED AS CENTRES OF ISOLATION & TREATMENT

- 22.1 The following hospitals have been identified as centres of isolation and treatment of people infected with coronavirus. Please continue to monitor available Government websites as this list may change.
- Limpopo: Polokwane Hospital
  - Mpumalanga: Rob Ferreira Hospital
  - Gauteng: Charlotte Maxeke Hospital, Steve Biko Hospital, Tembisa Hospital
  - KwaZulu Natal: Grace Hospital
  - North West: Klerksdorp Hospital
  - Northern Cape: Kimberley Hospital
  - Free State: Pelonomi Hospital
  - Eastern Cape: Livingstone Hospital
  - Western Cape: Tygerberg Hospital
- 22.2 **Standard operating procedure for the prevention, containment and management of covid-19 in schools and school communities**



- National Department of Health: <http://www.health.gov.za>
- National Institute for Communicable Diseases: <https://www.nicd.ac.za>
- National Institute for Occupational Health: <http://www.nioh.ac.za>
- World Health Organization: <https://www.who.int>
- Department of Basic Education: <https://www.education.gov.za>
- National Health Laboratory Service: <https://www.nhls.ac.za>
- COVID-19 Online Resource & News Portal: [www.sacoronavirus.co.za](http://www.sacoronavirus.co.za)
- NICD Toll-Free Emergency Hotline for COVID-19: 0800 029 999
- WhatsApp Support Line for COVID-19: Send HI to 0600 123 456

### 22.3 Provincial Communicable Disease Control Directorate

Province	Contact Person	Email Address	Contact Number
Eastern Cape	Thomas Dlamini Nosimphiwo Mgobo	<a href="mailto:thomas.dlamini@echealth.gov.za">thomas.dlamini@echealth.gov.za</a> <a href="mailto:nosimphiwo.mgobo@echealth.gov.za">nosimphiwo.mgobo@echealth.gov.za</a>	083 378 0189 060 579 9027
Free State	Dikeledi Baleni Babsy Nyokong	<a href="mailto:balenid@fshealth.gov.za">balenid@fshealth.gov.za</a> <a href="mailto:nyokongb@fshealth.gov.za">nyokongb@fshealth.gov.za</a>	083 757 8217 082 463 7499
Gauteng	Chika Asomugha Caroline Kesebilwe	<a href="mailto:chika.asomugha@gauteng.gov.za">chika.asomugha@gauteng.gov.za</a> <a href="mailto:caroline.kesebilwe@gauteng.gov.za">caroline.kesebilwe@gauteng.gov.za</a>	082 330 1490 083 490 8165
KwaZulu-Natal	Premi Govender	<a href="mailto:premi.govender@kznhealth.gov.za">premi.govender@kznhealth.gov.za</a>	071 609 2505
Limpopo	Marlene Freda Ngobeni Mashudu P. Mudau	<a href="mailto:marlene.ngobeni@dhsd.limpopo.gov.za">marlene.ngobeni@dhsd.limpopo.gov.za</a> <a href="mailto:prudance.mudau@dhsd.limpopo.gov.za">prudance.mudau@dhsd.limpopo.gov.za</a>	079 491 1909 071 678 3864
Mpumalanga	Mandla Zwane Hluphi Mpangane	<a href="mailto:mandlazw@mpuhealth.gov.za">mandlazw@mpuhealth.gov.za</a> <a href="mailto:hluphim@mpuhealth.gov.za">hluphim@mpuhealth.gov.za</a>	082 229 8893 076 522 8511 / 013 766 3411
North West	Chriseldah Lebeko	<a href="mailto:clebeko@nwpg.gov.za">clebeko@nwpg.gov.za</a>	082 421 7985
Northern Cape	Gloria Hottie	<a href="mailto:hottieg@webmail.co.za">hottieg@webmail.co.za</a>	072 391 3345 / 053 830 0529



Western Cape	Charlene Jacobs	<a href="mailto:charlene.jacobs@westerncape.gov.za">charlene.jacobs@westerncape.gov.za</a>	072 356 5146 / 021 483 9964
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**22.4 Port Health and Environmental Health**

Province	Contact Person	Email Address	Contact Number
Central Region (Gauteng, Free State, Northern Cape)	Funeka Bongweni	<a href="mailto:funeka.bongweni@health.gov.za">funeka.bongweni@health.gov.za</a>	012 395 9728 060 993 0107
Northern Region (Limpopo, Mpumalanga, North West)	Ockert Jacobs	<a href="mailto:ockert.jacobs@health.gov.za">ockert.jacobs@health.gov.za</a>	012 395 9417 082 372 0556
Coastal Region (KwaZulu-Natal, Northern Cape, Western Cape)	Antoinette Hargreaves	<a href="mailto:antoinette.hargreaves@health.gov.za">antoinette.hargreaves@health.gov.za</a>	031 301 0381 083 460 0935

**23. LIST OF CONTACT DETAILS FOR PROVINCIAL INSPECTORS**

Name and Surname	Office	Position	Contact Number
Micheal Msiza	Gauteng IES-IES	PCI	0829008131
Lesibe Raphela	Gauteng IES-IES	OHS Specialist	0767649964
Ivan Vass	Northern Cape -IES	PCI	0828026796
Isaac Mohapi	Northern Cape – IES	OHS Specialist	0724693689
Phaswane Tladi	Limpopo -IES	PCI	0845043801
Carol Mthethwa	Limpopo -IES	OHS Specialist	0716849584



David Esau	Western Cape -IES	PCI	0827914485
Fezeka Ngalo	Western Cape -IES	OHS Specialist	0827916244
Boikie Mampuru	Northwest-IES	PCI	0829082308
Lucia Ramusi	Northwest-IES	PCI	0824900808
Lucky Mkhonto	Eastern Cape-IES	PCI	0829082318
Kulungile Nkanjeni	Eastern Cape-IES	PCI	0609927332
Manelisi Luxande	Free State	PCI	0663043469
Makalo Khoele	Free State	OHS Specialist	0760470282
Pearl Dyalvani	Mpumalanga	Acting PCI	0724632575
Nhanhla Mbuyazi	Mpumalanga	OHS Specialist	0724617999
Mncedisi Khambula	KwaZulu Natal	PCI	0609859286
Sandile Kubeka	KwaZulu Natal	OHS Specialist	0609942436

## 24. CONSEQUENCE OF BREACH

- 24.1 If an employee breaches this policy the necessary disciplinary action will be taken.
- 24.2 It is important to note that the company's sick leave policy will not be adjusted or become flexible during the outbreak of COVID-19.
- 24.3 The normal sick leave policy which is in line with Labour Law will still apply.



25. APPENDIX: TEMPLATES

Workplaces will have choice of the methods of submitting the data.

Data points heightened in green are submitted voluntarily. All other information is mandatory.

**Table 1 Vulnerability assessment Data template (Once off submission. Updated when new appointments are made or an employee’s vulnerability status changes)**

**Table 1. Employee ID (This refers to the SA National ID or a business generated unique ID for each employee)**

**Business ID**

**Province**

**District**

**Sex (Male/Female)**

**Age (Years)**

**Job Category**

**Vulnerability Status**

**Yes/No**

**If yes answer below:**

<b>Comorbidity Detail:</b>	<b>Yes/No/Unknown</b>	<b>Risk Factors:</b>	<b>Yes/No/Unknown</b>
<b>Asthma</b>		<b>Age=&gt;60 years</b>	<b>Yes/No/Unknown</b>
<b>Chronic Lung Disease</b>		<b>Smoking current</b>	
<b>Diabetes</b>		<b>Pregnancy =&gt; 28 weeks</b>	
<b>Hypertension</b>		<b>Obesity</b>	
<b>Serious heart conditions</b>		<b>Received Flu Vaccine</b>	
<b>Chronic kidney disease</b>			
<b>Chronic liver disease</b>			
<b>Immunocompromised</b>			
<b>Tuberculosis previous</b>			
<b>Tuberculosis current</b>			
<b>HIV</b>			



**Table 2. Daily Symptom screening data template (Submitted weekly for employees with positive symptoms)**

Business ID	
Consent	
Employee ID <i>(This refers to the SA National ID or a business generated unique ID for each employee)</i>	
Screening Date	
Employee Age	
Employee Gender	
Job Category	
Province	
District	
Symptoms Status	Yes/ No
<b>If yes:</b>	
<b>Fever</b>	
<b>Chills</b>	
<b>Dry Cough</b>	
<b>Sore Throat</b>	
<b>Shortness of Breath</b>	
<b>Tiredness</b>	
<b>Lack of smell or taste</b>	
<b>Conjunctivitis (Red Eyes)</b>	
<b>Diarrhoea</b>	
<b>Muscle pains</b>	
<b>Nausea or vomiting</b>	
<b>Dizziness</b>	
<b>Headache</b>	
Screening Outcome-	No action required
Referred for self-isolation	
Referred for testing	
Referred to the doctor	



**Table 3. Employee COVID-19 Positive test data template (Submitted as necessary on a weekly basis)**

Employee ID (SA National ID)	
Employee ID (Business generated ID)- <i>[This ID is required if used for the employee in templates 1,2 &amp;4]</i>	
Business ID	
Province	
District	
Sex	(Male/Female/Other)
Age	
Job Category	
Test Date	
Test Type	Unknown
PCR	
Antigen	
Antibody	
Symptoms Positive	Yes/No
Number of High Risk Contact/s	
Vulnerability Status	Yes/No
Test Result Action	Sick Leave Self-Isolation at home Isolation at quarantine site Hospitalisation
Exposure Information	Unknown Work contacts Community contacts Family contacts Large events contacts Travel history from a designated hotspot Public transport
<b>Reporting Actioned</b>	<b>Reported to Department of Employment and Labour Reported to COIDA</b>



**Table 4. Return to work template (Submitted when the COVID 19 positive employee returns to work)**

Employee ID <i>(This refers to the SA National ID or a business generated unique ID for each employee)</i>	
Business ID	
Province	
District	
Sex	(Male/Female)
Age	(Years)
Job Category	
Hospitalisation	Yes/No
Hospital type	Public/Private/Unknown
Date Admission (If hospitalised)	Date
Outcome	Discharge Death
Outcome Date	Date
Return to Work Date	Date
Return To Work Fitness	Fit for Job Fit with Accommodation Fit with restrictions Temporarily unfit for Job Unfit for review Permanently Unfit
Compensation Claim	Yes/No
<b>% Disablement</b>	<b>%</b> <b>Unknown</b>
COVID Claim Reference No	000000 (if not known)



It is the employee's responsibility to contact management should he/she have any queries related to this Policy.

<b>CEO Signature</b>	Ravi Nadasen
<b>Date</b>	25 January 2021