



CIRCULAR NO H63/2020

**TO: ALL HEADS OF DIVISIONS/CHIEF DIRECTORATES/ DIRECTORATES/ HEADS OF INSTITUTIONS/ DISTRICTS/
SUBSTRUCTURES**

STRATEGIC FRAMEWORK FOR EMPLOYEE SAFETY

1. STATEMENT OF INTENT

- 1.1. The Department strives to safeguard our staff, recognizing the fear and anxiety that a pandemic places on the healthcare workforce and their families.
- 1.2. The Department protects its employees in line with OHS Act 1993 and related regulations and the Departmental COVID-19 SHERQ policy and carries out all these efforts.

2. DESIGN PRINCIPLES

- 2.1. In designing an appropriate response to the safeguarding of staff we must mitigate risk by applying the principles of Occupation Health and Safety hierarchy of controls. Since we are unable to neither remove physically (elimination) nor replace (substitution) COVID-19, we need to focus our attention on how to isolate and accommodate staff and vulnerable staff from the biological hazards (engineering controls), how to change the way people work (administrative controls) and how to protect the employee with personal protective equipment (PPE). This is illustrated in the graphic below.
- 2.2. This generic approach was developed for the health care settings and recognizes that principles will apply to all settings yet calibrated for the local setting accordingly. This can be customised for the specific facility or sector by the local management and staff.



3. GOVERNANCE COVID-19 – OHS PROVINCIAL WORKING GROUP

- 3.1. A Provincial workgroup has been established to guide and support facilities and services in the districts and sub-structures in response to COVID-19.
- 3.2. The workgroup is composed of CD: Strategy and Health Support, CD: People Management, CD: Infrastructure Management and representations from districts.
- 3.3. The workgroup is revising the Provincial COVID-19 SHERQ policy and related annexures SOPs, which include:
 - **Health Risk Assessments (HRA)** and the development of workplace preparedness plans.
 - **Individual Vulnerability Risk Assessment** Version 2 (Guided by Circular H45/2020, H50/2020, and National Department of Health: Guidance for symptom monitoring and management of essential staff with COVID-19-related illness).
 - **Quarantine and Isolation SOP** for Healthcare Workers after exposure to Coronavirus.
 - **Proposed allocation of OHS Resources** (Public and Private) to WCG:H districts.
 - **Clear guidance and responsibility** to management at facilities.
 - **Managing and strengthening the Health and Safety** of volunteers, agency workers and contracted companies.

4. CHANGING THE WAY PEOPLE WORK

- 4.1. We have changed the way people work, through a combination of work-related policies and procedures, and individuals taking agency for their own health and its impact on those around them.
- 4.2. **What we are doing:**
 - A comprehensive workplace plan of action/standard operating procedure (SOP) for preparedness based on Health Risk Assessments and Individual Based Risk Assessment of the various areas within the facility.
 - Based on the Individual Risk Assessment of staff, allowing vulnerable employees alternative employment.
 - Manager and employee mutual agreement regarding implemented flexible workplace arrangements.
 - Updated occupational health policies including processes on the assessment of health workers at risk of contracting COVID-19, containment and management of staff suspected or confirmed to have COVID-19, monitoring and reporting of occupationally acquired COVID -19.
 - General IPC precautions including hand washing and use of alcohol-based hand rub (ABHR), cough etiquette and respiratory hygiene, social distancing where possible (1.5 to 2m) and not touching face with hands.
 - Clearly marked pathways that guide movement of patients from the point of entry to the waiting room, restricting unnecessary movement of PUI or persons confirmed to have COVID-19.
 - Access control at entrances/exits and signage indicating PPE required to enter high risk areas and laboratories.
 - Training of health workers on evidence-based IPC measures and appropriate use of PPE.
 - Ensuring staff are supported and enable access to mental health and psychological support through the Employee Health and Wellness Programme.
 - Evidence based cleaning and disinfection procedures.

- Health risk waste management policies and procedures.
- Appropriate travel policies to ensure safety of staff.
- Appropriate accommodation policies.
- Ensure public health reporting/notification procedures are followed accordingly.
- Providing at-risk health workers with vaccination against the influenza virus.
- Identify OHS coordinators, Environmental Health, QA and IPC personnel to carry out Health and Safety programmes to protect staff.

5. STRENGTHEN OHS PROGRAMMES

5.1. Isolating staff from the hazard

5.1.1. This requires us to isolate and protect employees from work related hazards by reducing exposure, creating barriers, improving ventilation or installing physical structures that provide protection without relying on worker behaviour.

5.1.2. What we are doing:

- Erection of temporary screening and testing structures.
- The streaming of COVID –19 patients or contacts or PUIs into separate zones within the facility.
- A separate partitioned space/waiting room for persons under investigation (PUI)/suspected of COVID-19 infection.
- Increasing natural ventilation rates in the work environment particularly in isolation rooms and designated waiting rooms.
- Reasonable accommodation for vulnerable staff groups based on the Individual Risk Assessment.

5.2. Personal protective equipment

5.2.1. Personal protective equipment (PPE) is used to add protection to staff in addition to personal and work hygiene practices.

5.2.2. PPE protects health workers from exposure to body fluids, droplets or air pathogens. As such, clear PPE guidelines have been developed to ensure that the most appropriate and effective PPE is used by **health workers depending on their risk of exposure.**

5.2.3. What we are doing:

- We have developed a number of PPE circulars that guide who should wear what PPE and when, based on WHO and CDC guidelines:
 - **Circular H35:** guides use in the health environment for both clinical and non-clinical staff and settings.
 - **Circular H43:** provides guidelines for sectors other than health.
 - **Circular H46:** gives best practice guidance for the use of cloth masks.
 - **Circular H 50:** provides Individual Risk Assessment for vulnerable staff with potential work-related exposure to COVID-19.
 - Interactive use of multimedia material developed to educate and train staff.
 - We have developed a framework for the identification and risk classification of vulnerable members of staff.
- We have specific commodity sourcing teams that are using the emergency delegation regulations to procure specific items of PPE at both facility and at a central level.
- We monitor our levels of PPE on a daily basis which will then drive the distribution thereof to where the need arises.

- In the interest of public health, we will provide each member of staff with cloth masks when they travel to and from the workplace, and when they work in areas where the risk does not demand medical masks or respirators.
- Staff should be informed of these guidelines by facility managers and line managers and be adequately trained on their use. These guidelines are also available on the website. Each manager and staff member need to take responsibility to ensure compliance with appropriate PPE measures aligned with the risk of exposure.

6. COMMUNICATION: KEY MESSAGING

6.1. Our coherent message to our staff members is that we recognise that there is anxiety and that as the health sector we are required to put ourselves in harm's way and provide a duty and essential service to the public.

6.2. Proposal:

- The Department recognizes the anxiety and fear that COVID-19 brought to us and our work place.
- We wish to provide you with the means to protect you as best you can.
- Do your bit and do maximal prevention.
- Please stay home when you feel ill.
- Please make use of employee health and wellness programs.

7. APPLICATION OF OHS PROGRAMMES AT LOCAL LEVEL

7.1. This speaks to the practical application of the frameworks and policies and allows for the coherent and consistent answering of specific questions that are raised by employees. The application will however depend on the specific set of circumstances that each situation will present itself with. The onus is thus on both employer and employee to action based on those unique facts to the situation since there is no one size fits all solution.

7.2. Currently there are three broad themes that are arising from our employees. They are:

- 1) **What is the position of the Department on responding to the relative risk in the various aspects of the work place?**
 - **Policy Circular H35** provides an analysis of the relative risk and the need for PPE in environments. The policy circular does indicate some areas where risk is relative low and no PPE is needed. The Department wishes to indicate that the epidemic has reached a point where every person should wear a mask. Whilst medical masks and N95 respirators are preserved for certain risk environments, we hereby wish to indicate that staff needs to wear cloth masks in the other environments where no PPE is indicated in Circular H 35.
 - We also realize that staff has to use some form of transport both public and private to get to and from work. The Department wishes to provide all staff with cloth masks to be able to use transport safely from work and home.
 - **Policy Circular H50** Guides managers to conduct individual risk assessments of staff and facilitate the protection of vulnerable staff.
 - All Managers or persons delegated with OHS responsibility are required to perform a risk assessment in the areas under their control. The risk of all employees should be reduced to a level as low as reasonably practicable. No individual is immune to contracting the virus, only two factors need consideration in the risk assessment, namely the risk of exposure in the workplace and the severity of disease when an employee contract SARS-CoV-2. Vulnerability of employees is classified based on their risk to develop a severe form of COVID-19 disease.
 - The Individual Risk Assessment tool will assist the Manager or persons delegated with OHS responsibility to determine the actions to be taken and whether work can be performed at

an acceptable risk level. A number of work strategies are described in the circular which may be considered to protect vulnerable staff.

2) **What is the position of the department on quarantining of employees?**

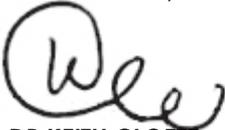
- Similar to the general public, any person who is a "Person Under Investigation" and who awaits the outcome of a laboratory test, needs to quarantine (isolate themselves in their homes or in government provided facilities for the 2 days until the test result is available).
- Where any staff member is regarded as close contact (be within 1 meter for at least 15 minutes without PPE, directly cared for a COVID-19 positive person without PPE, or who have been in contact with a COVID-19 positive person without PPE), the staff member needs to quarantine for 14 days.
- The Department will provide testing for close Health Care Worker contacts
- The special leave policy will apply for staff members who are placed in quarantine.
- Where a staff member is tested positive, the staff member has to isolate themselves for 14 days. All close contacts of a positive staff member will be identified. These close contacts also have to quarantine for 14 days.
- The department will provide employee wellness support to staff members who have tested positive.

3) **What role does the employer play in assisting us in protecting our families from infection?**

- The Department will provide every staff member with 3 cloth masks (over and above the appropriate PPE they will receive in the work place). This will allow the staff member to put on a clean cloth mask when they travel to and from work, wear at work as indicated above, wash it every day and have one available for the next day.
- We wish to confirm that the mask is only an added prevention measure over and above the 5 golden rules of cough etiquette, social distancing of 1.5m, regular thorough hand washing, not touching the face and cleaning/disinfecting surfaces.
- Staff members are asked to change their work clothes before they leave work and wash the clothes separately from the rest of the family. Family members need to uphold the 5 golden rules like all other members of the public.
- Where practicable the Department will assist by providing accommodation close to health care facilities for front line staff.

NOTE: This framework is the overarching Departmental guidance for staff safety, future policies and SOP'S will be based on this framework and will change according to new standards and practices which is derived from WHO, CDC, NCID and National Health.

Yours sincerely



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HEAD: WESTERN CAPE DEPARTMENT OF HEALTH

DATE: 29 APRIL 2020