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TITLE:	COVID -19 VIRUS POST LOCKDOWN PROCEDURE		

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Full Name	Designation	Professional Qualifications	Mining Experience	Signature

INTRODUCTION.

Given the recent spread of the COVID-19 virus to various parts of the world, including to South Africa and the 21-day lockdown declared on 26th March 2020 together with the 14 day extension thereof announced on the 9th April 2020, this standard operating procedure (SOP) has been developed to assist in preventing the transmission of COVID-19.

1. **SCOPE AND PURPOSE.**

This procedure provides guidelines for the management of the healthcare workers and employees returning to work following or during the COVID-19 South African lockdown. The guidelines address possible exposure to SARS-CoV-2 the virus responsible for COVID-19 and subsequent illness, isolation and quarantine, in addition to the usual return to work procedures of the industry. The aim is to ensure good health and safety of employees on return to work (RTW). We have also where practicable complied with the Guiding Principles on Prevention and Management of COVID-19 in SAMI published by the Department of Minerals and Energy (DMRE) on 26th March 2020.

2. **BACKGROUND.**

In November 2019, the first cases of a new disease, later named COVID-19 by the World Health Organization (WHO), were reported by healthcare workers from Wuhan, China. In January 2020 the WHO declared COVID-19, as a public health emergency of international concern. On 15th March 2020 the State President of South Africa declared a national state of disaster on COVID-19, in terms of the Disaster Management Act which introduced several restrictions aimed to curb the disease. Despite these measures, the numbers of COVID-19 increased dramatically and on 25th March 2020, the Minerals Council Board adopted an SOP for Addressing Cases of COVID-19, in a bid to advise its members on how to manage the unfolding epidemic. This SOP is based on that SOP issued by the MHSC.

On 26th March 2020, a lockdown was declared in South Africa, lasting to the 16th April 2020 when work was expected to resume on 17th April 2020. On the 9th April 2020 this was extended by an additional 14

days to 30 April. It is anticipated that this lockdown period could be extended even further. During this period most mines are under care and maintenance while others have been granted exemptions to work on a partial or full-scale capacity.

The mining industry has a formal procedure for medical surveillance of any workers returning to work following a significant period of time away from work, based on the Department of Minerals Resources and Energy's (DMRE) guidelines on standards of fitness to work. This SOP outlines the additional special steps and procedures to be followed in light of workers going back to work after or during the Lockdown period.

3. **PROCEDURE.**

3.1 **Before arrival of employees**

- (a) Develop a procedure for the management of the return to work after or during the lockdown, which should include a history of COVID contact from areas of residence during the lockdown.
- (b) Communicate your plan with the local DMRE office to ensure their concurrence on issues such as the extension of expired certificates of fitness and deferment of non-urgent medical surveillance procedures. (The minister of Minerals and energy extended the deadline for the time period that the lockdown occurs, dated 11 April 2020, Regulation Government Gazette No 11087, Vol 658, No 43227. Annexure 1).
- (c) Reporting of any possible Covid-19 infections will take place using the MHSC reporting tool. **See: Appendix 2.**
- (d) Ensure sufficient availability of resources:
 - Facilities - pre-screening areas and isolation areas.
 - Staff - security personnel, counselling psychologists and administrative assistants.
 - Equipment, including soap and water, sanitisers, appropriate personal protective equipment (PPE) for employees, and waste disposal receptacles for used PPE.
 - Cleaning and disinfection consumables and services.
- (e) Communicate new procedures for medical surveillance to employees before they leave areas of residence during the lockdown period.
- (f) Screen healthcare workers and staff assisting with the RTW before mass screening of employees, and on a daily basis (self-screening).
- (g) Consider screening of employees in labour sending areas before they embark on their journey and isolation and quarantine at source as required.
- (h) If providing transport for the return of employees consider screening mechanisms before boarding and isolation and quarantine at source where required.
- (i) Consider dedensification/physical distancing opportunities for mass transport.
- (j) Staggering persons eating times and other possible communal activities
- (k) Intensify employee awareness and education on signs and symptoms of COVID-19 on their return.
- (l) Inform employees of the need to report before leaving their homes or place of lockdown should they have tested positive for COVID-19 during the nationwide lockdown. Request results where available and a clearance letter from the relevant health facility stating the date of onset of symptoms, diagnosis, date of specimen collection of positive test if applicable, and expected date when isolation ends. If practicable, communicate this to employees before they embark on their journey to return home.

3.2 **After arrival of employees.**

3.2.1 **Infection Prevention and Control measures**

- (a) Infection prevention and control measures must be applied to all modes of transport for employees, screening areas and departments.
- (b) Education of workers on:

- Maintaining physical distancing. Ensure employees and staff keep a social distance of at least 1,5m when in “contact” with other people; where this is not possible, issue non-medical facemasks.
 - Regular washing of hands with soap.
 - Regular sanitising of hands with alcohol-based hand rub (ABHR) or other appropriate sanitisers.
 - Avoid touching your face areas (mouth, eyes and nose).
 - Avoid physical hand contact such as handshakes.
 - Avoid using other people’s personal belongings such as stationery, cell phones and sharing food etc.
 - When coughing or sneezing do not use your hands, rather use a tissue/toilet paper or the inside of your elbow.
 - Use disposable tissues rather than a handkerchief; immediately dispose of these tissues in a closed bin and wash or sanitise your hands thereafter.
 - Avoid any crowds and travelling.
 - Avoid touching objects before sanitising or wiping it clean, like trollies, toilet seats, turnstiles, tables and chairs.
 - Coach and teach fellow workers as well as family members.
- (c) Posters on Infection Prevention to be visible on a notice board(s).
- (d) Sanitisers must be available at the entrance of all screening facilities, security entrances, all entrances at living quarters and eating facilities.
- (e) PPE is recommended for frontline staff.
- (f) **Employees to use non-medical or homemade (bandanas/buffs/cloth masks) facemasks (now endorsed by WHO and Centre for Disease Control) in crowded environments where physical distancing cannot be practised.**
- (g) Provide education on the use of PPE to reduce the spread of the infection.
- (h) Provide bins for used PPE and facemasks.
- (i) Re-enforce compliance with the taking of chronic medication.

3.2.2 Screening at the designated areas.

- (a) Where there is company accommodation, initial pre-screening should be done at the living quarters, before entering the transport vehicle. This is to isolate and quarantine any possible cases and suspects.
- (b) At work, pre-screening of persons that have not been screened as per (a) above must be done before entering the facility (at the gate) security staff or as per the protocol.
- (c) Employees with suspected elevated temperatures will be referred directly to the temporary isolation area and transported to the nearest hospital or clinic for assessment by a qualified medical person.
- (d) Employees who have within the past 3 weeks presented with any Covid-19 symptoms but do not have elevated temperatures should be referred to a medical facility for COVID-19 Risk Assessment and return to work medical. **See: Annexure 1.**
- (e) RTW medical will include questionnaire and vital signs.
- (f) Identify workers with pre-existing conditions that will predispose them to COVID-19, for closer monitoring.
- (g) Utilise a risk-based method to prioritise high-risk individuals (pre-existing occupational lung diseases, HIV with low CD4, non-compliant HIV patients and smokers), for more active interventions such as prophylaxis and individualised counselling.

3.2.3 Referral.

- (a) Refer employees with abnormal findings, e.g., an elevated blood pressure and glucose to a medical centre for further assessment and management. Provide the employee with the RTW Note to submit to a medical centre.
- (b) Refer employees with a high temperature (37.5° C is normal) and/or respiratory symptoms to the identified temporary COVID-19 isolation area for further assessment.

- (c) Consider the differential diagnosis for elevated temperature and respiratory symptoms in mineworkers and exclude underlying conditions such as tuberculosis and bacterial pneumonia.

3.3 **Isolation area Assessment.**

- (a) Employees are assessed for COVID-19 signs and symptoms in the isolation area.
- (b) Employees who meet the NICD criteria of a person under investigation (PUI) must be referred to the nearest designated Isolation Centre for testing.
- (c) Employees whose test results are positive for COVID-19, are not very sick and have the capacity to self-isolate may do so at home for 14 days. Provide the necessary PPE and commence contact tracing.
- (d) Keep a register of employees presenting with symptoms, i.e. persons under investigation (PUI) and who are referred for isolation, as per DOH guidelines.

3.4 **Follow-up:**

- (a) Employees must obtain a clearance letter after the isolation/admission period from a medical centre.
- (b) Following the fitness to work assessment clearance letter/certificate return to work.

3.5 **Continuous Measures.**

- (a) Training of staff and employees.
- (b) Continually re-enforcing of universal hygiene precautions.
- (c) Enforce social distancing in the workplace.
- (d) Continue use of facemasks where social distancing is not possible.
- (e) Promotion of good Covid-19 hygiene practices.

4. **REPORTING.**

- (a) Case reporting should be done through the NICD surveillance program. Reports should also be submitted to the Minerals Council and DMRE.

5. **ANNEXURES.**

Annexure 1: Post COVID-19 Return to work medical screening.

Annexure 2: DMRE COVID-19 Reporting form

6. **REFERENCES.**

- <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html>
- <https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html>
- DOH COVID-19 Infection Prevention and Control Guidelines for South Africa - Draft V1

ANNEXURE 1

Post Covid-19 Return to Work Medical Screening

Surname:		Initials:		Company Number:	
ID Number:		Occupation:			

1.	Vital data			
	Blood Pressure: mmHg			
	Pulse: Bpm			
	Temperature: °C			
2.	Chronic Disease		Yes	No
	Hypertension			
	Diabetes			
	Epilepsy			
	Asthma			
	Respiratory / Tuberculosis			
	If Yes Provide Detail:			
3.	Do you take <u>any</u> medication? Provide Detail		Yes	No
4.	Symptom Check:		Yes	No
	Fever			
	Cough			
	Sore Throat			
	Shortness of Breath			
	Any Contact with Person Diagnosed with COVID—19			
5.	Status. (Tick appropriate box)		Yes	No
	Fit to work			
	Refer to Medical Centre			
	Refer to Isolation Area			

I hereby declare that all the information furnished above is, to the best of my knowledge, true and correct and that no information has been omitted or withheld.

Signature of Patient: _____

Examiner: _____

Date: _____

ANNEXURE 2.

Name of Company:				Date:						
MINE DETAILS				PATIENT INFORMATION						
Name of Mine/Operation	Commodity	District/City	Province	Gender	Age	Residence	History of travel (positive/negative)	Status (Confirmed/ Recovered/ Death)	Occupation	Contacts (Traced, Status)