Western Cape Government
Health

CHIEF DIRECTORATE RURAL HEALTH SERVICES

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TO: **District Managers**

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CD RHS: GUIDE ON MANAGEMENT OF COVID – 19 IN THE WORKPLACE

Owing to the enquiries received from businesses with regards to the management of COVID – 19 in the workplace, a guide has been developed to support in this regard.

Attached herewith is the simplified guide on management of COVID-19 in the workplace.

It would be appreciated if this is brought to the attention of all role players.

Yours Sincerely,

DR RENETTE CROUS

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Western Cape Government
Health

Western Cape Government
Economic Development and Tourism

This document has been developed in consultation with Western Cape Occupational Medicine specialists and the Department of Economic Development and Tourism

Simplified management of COVID-19 in the workplace

Note that this document is geared towards management in the business/factory/retail workplace and not specifically aimed at health institutions, but the underlying principles will still apply. To be used in conjunction with Department of Health circular H70 of 2020 *[Preventing and managing CORONAVIRUS infection in the workplace]*. This document summarises aspects of that circular

Managing coronavirus in the workplace does not have to be complicated. This guide is working on the assumption that your business/workplace has recently had an employee test positive for the coronavirus. Use the following sequence of events as a template.

1. Manage the case
2. Manage the close contacts
3. Manage the casual contacts
4. Manage the environment
5. Prevent ongoing infection in the workplace

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1. Manage the case

To prevent spreading infection to other employees, the infected person (hereafter the 'case') needs to be isolated from other people as soon as the infection is known or suspected. The case should be sent home for self-isolation which lasts for 14 days. If self-isolation is not possible then it might be possible to arrange isolation through the local (district) Department of Health offices.

The 14-day period of isolation begins from the date of first symptoms (if they have symptoms). If they were/are without any symptoms (for the entire duration of their infection) then the 14-day period of isolation begins from the date of their test. If the case is admitted to hospital, their isolation will continue up to 14 days from date of discharge.

People returning from a full period of isolation do not need a test to 'prove' they are negative. They will no longer be infectious after the isolation period.

All workplace cases should be reported to the email address WorkplaceCovidReporting@westerncape.gov.za . Sending an email to this address will generate an auto-response, with further links, including a link to the following site where the details of **individuals** who are infected should be reported: https://coronavirus.westerncape.gov.za/reporting-covid-19-workplace

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2. Manage the close contacts

All people who came into close contact with the case at work should be quarantined. 'Close contact' is defined as being within 1 m of the case for more than 15 minutes. A good way to visualise a close contact is to imagine that the case's hands, mouth and nose were covered in sticky gold glitter and to ask yourself "what are the chances that the contact would have got some glitter onto themselves?"

This is helpful to distinguish '**close contacts**' (anyone who kissed, hugged, held hands; anyone who shared cups or clothes and so on) from '**casual contacts**' (someone who sat in the back of a large room, or the other end of the plane, at the other end of a warehouse is not likely to be at high risk).

All people deemed to be **close contacts** need to quarantine for 14 days. This means removing themselves from the presence of other people during that time. The 14-day period begins from their last day of contact with the case. So, if, for example, they were last in close contact with the case 6 days ago, then their quarantine will continue for (14 – 6 =) 8 more days. If they were last in contact with the case 2 days ago then their quarantine will continue for (14 – 2 =) 12 more days. In the workplace, close contacts are likely to be those in same work area/production line, or those who share communal spaces. Close contacts are not limited to the workplace and would include family members and community members.

Quarantine does not mean that the 'close contact' is infected.

The purpose of quarantine is to 'wait and see' whether their interaction with the case will result in them (the close contact) becoming infected.

If they develop no symptoms during their 14 days of quarantine, then they likely did not become infected, but have ensured that others in the workplace have been kept safe from potential infection. If they do develop symptoms of COVID during the 14 days, then quarantine has protected other people at work from becoming infected by this (second) case. People in quarantine can return to work 14 days after their last contact with the original case (unless they themselves develop COVID). People returning from a full quarantine period do not need to be tested.

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3. Manage the casual contacts

Anyone who is not considered a close contact (see above) and who, for example, simply shared space in the same large room or who was briefly close to the case, should be considered a '**casual contact**'. They do not need to go into quarantine.

They just need to be monitored daily for the development of symptoms. Symptom-monitoring of employees should be ongoing and part of normal day-to-day workplace management of COVID anyway. If they develop symptoms, they should be absented from work until 14 days have elapsed from the onset of symptoms.

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4. Manage the environment

It is not necessary to shut down a workplace every time someone in that workplace is found to be infected. What is needed is for the workplace to be properly cleaned.

The extent of cleaning will depend on the number of people that could have been infected and the extent to which the case/s moved around the workplace.

If the case 'passed through' the workplace without touching anything and without spending much time in face-to-face communication with other employees, then simple cleaning measures are appropriate.

However, if they spent a lot of time in the workplace, touched and handled many objects and surfaces and had close contact with many people, then more comprehensive cleaning of the environment would be warranted, and it will take more time to interview contacts and determine if they had close contact.

If the extent of cleaning, or the number of people needing to be interviewed, is substantial, it may be necessary to close the premises to allow the cleaning and contact follow up to be completed. But otherwise there is no need to close the premises.

Remember, all cleaning should be focused on disinfecting surfaces and objects that are frequently touched (such as door handles, key pads, keyboards, etc). There is no place for the use of fumigation, demisting or fogging in most workplaces.

The Department of Health does not endorse or require cleaning that involves fumigation, fogging or demisting, nor does the Department of Health require a 'certificate of cleaning'. For further details on cleaning please refer circular H70 of 2020 *[Preventing and managing CORONAVIRUS infection in the workplace*]

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5. Prevent ongoing infection in the workplace

There is a well-established **hierarchy of infection prevention** in occupational health.

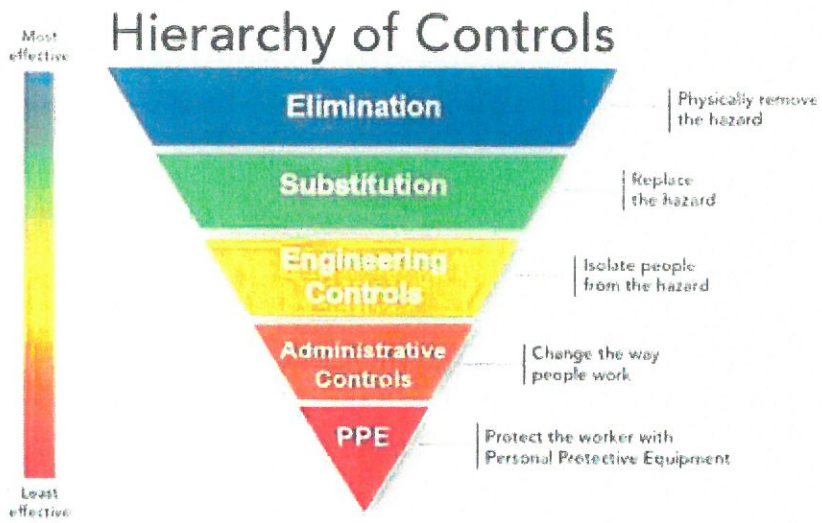
First and most important in the hierarchy of controls is elimination. This would speak to the daily screening of employees prior to entering the workplace, in a bid to try and remove a potential 'source' of infection.

Next would be engineering/environmental controls which involve using screens as barriers, opening windows and regular cleaning of floors etc. Ensuring adequate ventilation through natural or mechanical means should be a priority

Administrative controls would include organising employees into different risk groups to try and minimise the risk to those who are more vulnerable to acquiring the infection. Creation of shifts and ensuring that there is no switching of workers across the different shifts is another example. A further example would include training in safe work practices such as cough etiquette/ hand washing/ masking, managing of social distances etc. Workplaces would also need a regular schedule of cleaning, especially in communal or high traffic areas.

Lastly would be personal protective equipment, namely: masks, gloves, aprons and other clothing that serves as a physical barrier. Only specialised (medical grade) masks can prevent the inhalation of

coronavirus. The normal face masks and visors worn by the public are not intended to protect people from GETTING coronavirus but are there to prevent them from SPREADING the coronavirus, should they have it. Cloth masks can help to prevent the coronavirus, found in respiratory droplets, (ie: the "gold glitter" – refer to section 2 above) from getting onto workplace surfaces, should an infected person sneeze or cough.



See pages 3-11 in the document "Preventing and managing CORONAVIRUS infection in the workplace" for more information about workplace prevention.