

DRAFT CHEMICAL SECTOR DEPARTMENT OF EMPLOYMENT AND LABOUR GUIDELINE

1 October 2020

BACKGROUND

- The Department of Employment and Labour (DEL) published replacement COVID-19-related Directions on 1 October 2020, as provided for by Regulation 4(10) of the [Disaster Management Regulations](#), for immediate implementation, following South Africa's move to Lockdown Alert Level 1.
- Direction 17(2) provides for the development of Sector Guidelines, facilitated by the Chief Inspector of the DEL; while Direction 17(3) and Annexure B provide for what must be covered in the Sector Guidelines. This Guideline provides for information not contained in the Directions.
- This Sector Guideline has been developed taking the following into account, in order to make it *generally applicable* (except for where there are less than 10 employees; see below). The Guideline includes information to meet a *minimum set of requirements*, as well as other information that may be useful in assessing risk and managing it at the workplace. The following were considered during its development:
 - value chain approach – not only manufacturing. The Chemical Sector value chain consists of many other elements including logistics, distribution, storage, warehousing, and the provision of other services such as vessel reconditioning, spill response, laboratories, and waste management; and
 - entity size based on number of employees.
- The Chemical and Allied Industries' Association consulted on this Guideline through discussions with its membership, other industry organisations, the DEL and at the National Economic Development and Labour Council with social partners (Business, Government and Labour).
- Note that sector-specific health protocols are also required by Direction 17(1) where necessary. This Sector Guideline does not represent the sector-specific health protocol.
- Where there are less than 10 employees, and subject to the requirements of the Occupational Health and Safety Act, only Clause 12 of the Directions needs to be complied with.
- Note that existing legislation, including the Directions, must be complied with in any event, and exclusions to this are not catered for in this Guideline.

COMPILATION AND GENERAL NOTES

- This Guideline places a major focus on Risk Assessment, providing detail to allow the identification and prioritisation of risk. Although risk mitigation is as important, available measures are generally common but can be enhanced given specific workplace circumstances (activity type, risk type, area/event type as examples).
- Risk Assessments are required to be based on clear hazard, basic measures to eliminate/minimise risk with specific focus on SARS-CoV-2 virus while taking specific environments into account as well as Guidelines published by the Department of Health (DoH) (including Guidelines such as for

Vulnerable Workers, and any others).

- Note the distinction given in the Direction relating to the use of the terms “worker” and “employee”. Except in headings and subheadings, this Guideline uses the following terms to specifically represent certain groups as follows:
 - Employees: those directly employed by the company
 - Contractors: those that are not directly employed by the company
 - Workers: employees and contractors
- A single link is provided to access Guidelines provided by the DoH on the National Institute for Occupational Health (NIOH) website, to ensure the latest documents are accessed.
- “70% alcohol-based” refers to an appropriate method/substance with the same or better demonstrated efficacy as a 70% ethanol solution.

MANDATORY NATURE OF THE GUIDELINE

- This Guideline is provided for by the DEL Directions and as such requires compliance.
- Should a risk assessment already have been conducted, and/or a risk management plan developed and implemented, it must contain best practices in terms of mitigation of the spread of infection by SARS-CoV-2. If this is not the case according to this Guideline and relevant legal requirements, it must be updated. Along with the mandatory nature of the implementation of this Guideline, Directions such as 3(2)(f), 5(2) and 8(3) in the Directions of 1 October 2020 stipulate that the Guideline should also be used to develop protective measures for the plan that is compiled as a result of risk assessment, and consider social distancing and cloth mask requirements; respectively. Note that similar provisions should be noted in future DEL Directions which may be promulgated.
- The [Regulations](#) should be carefully considered based on the current Lockdown Alert Level. For example, during Lockdown Alert Level 1, regulation 7 rather than regulation 46 would apply, as the latter was relevant during Lockdown Alert Level 3.

1. WORKPLACE RISK ASSESSMENT

- Annexure C of the Directions lists contact details for provincial inspectorates.

1.1. Identify high-risk exposure work processes

- Classify the worker Risk Groups by assigning worker tasks to risk of infection, according to the following categories (given in the [DoH Specialised Health Risk Assessment for Employers/Self-Employed Persons Guideline](#)):

Low Exposure Risk Lower exposure risk (caution) jobs are those that do not require contact with people known to be or suspected of being infected with SARS-CoV-2 virus, nor frequent close contact with (i.e. within 1.5 metres of) the general public.	Medium Exposure Risk Medium exposure risk jobs include those that require frequent and/or close contact with (i.e. within 1.5 meters of) people who may be infected with SARS-CoV-2 virus, but who are not known or suspected COVID-19 patients.	High Exposure Risk High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19.	Very High Exposure Risk Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19 during specific medical, post-mortem, or laboratory procedures.
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- The following can be used to assist in the classification:
 - the nature and dose of the SARS-CoV-2 virus to which a worker may be exposed;
 - the suspected route of exposure and exposure scenarios;
 - where SARS-CoV-2 virus might be present and in what physical form it is likely to be;
 - the nature of the work, process and any reasonable deterioration, or failure, of any control measure;
 - what effects the SARS-CoV-2 virus can have on a worker including those identified as more vulnerable;
 - the period and frequency of exposure; and
 - household/other exposure (although these are not workplace hazards, they will contribute to workplace risk as there may be exposure from these circumstances).

1.2 Identify of high-risk work practices

- The situations below will need immediate assessment (see above Risk Group categorisation along with risk categorisation methodology below).
- There may be tasks where social distancing is not possible – for example where more than one worker is needed to complete a task (heavy lifting, holding, etcetera) - or for safety considerations that must not be compromised. These additional risks must be clearly identified so that there can be appropriate and specific workplace mitigation.
- There may be areas/activities where social distancing and other mitigation measures can be implemented but where there is higher risk because frequency of individual risks is high, such as areas where there is contact with more people and/or more frequently.
- Tasks/activities/areas that may need to be considered include, but are not limited to:
 - Entry points to the workplace
 - Change house facilities
 - On-site canteen and similar dining areas
 - Waiting areas
 - Evacuation and gathering places
 - Labour-intensive activities
 - Joint operations (more than one person required for a specific task)
 - Confined working spaces

- Working below other persons
- Large gatherings or meetings
- Toolbox talks
- Canteen and eating areas
- Open plan workspaces
- Workshops
- Common areas within or outside the workplace
- Workplace access points
- Site Access Points
- Changing facilities, showers, and drying rooms
- Toilet facilities
- Handling of tools, equipment, and materials

1.3. Identification of workers that may be more vulnerable

- A “vulnerable employee” is defined in the Directions. This should also be considered for vulnerable contractors, so that risks to vulnerable workers are considered.
- Identify additional risk as a result of comorbidities that may be present, or other factors (age and/or workplace conditions that may increase risk). This equates to identifying worker vulnerabilities, and the following non-exhaustive list of conditions and circumstances can be considered:
 - the age of 60 years and above;
 - underlying health conditions such as:
 - chronic lung disease or moderate to severe asthma;
 - diabetes;
 - serious heart conditions;
 - severe obesity (Body Mass Index of 40 or higher);
 - chronic kidney disease undergoing dialysis; or
 - liver disease; and
 - those who are immunocompromised, including from:
 - cancer treatment;
 - smoking;
 - bone marrow or organ transplantation;
 - immune deficiencies;
 - poorly controlled HIV or AIDS (e.g. unsuppressed viral load, low CD4 count); or

- prolonged use of corticosteroids and/or other immune weakening medications.
 - Communal/public travel to and from work
- Refer to the [Guidelines](#) such as for Vulnerable Workers as well as sections 3.4, 3.11 and 5.4 of this Guideline.

1.4 Risk Prioritisation

- As a result of the Directions and above classifications and considerations, the following can be used to develop a comprehensive risk assessment report that prioritises risks and guides the appropriate mitigation.
- Categorise the risk itself into one of the following, by considering the likelihood of exposure and its impact (see A and B below).
- By multiplying Impact Score (from A) and Likelihood Score (from B), the Risk Category can be determined from the options below. Note that not all score values are possible.

Risk Category

Critical 20 - 25
High Priority 12 – 16
Medium Priority 5 - 10
Low Priority 1 - 4

A. Likelihood Matrix – note that for this stage of the COVID-19 pandemic, “rare” and “unlikely” considerations have been removed). The Matrix has been further adapted for COVID-19.

Rating	3	4	5
Evaluation Description	Possible	Likely	Almost Certain
Likelihood	May be expected to happen within 5-10 years	May be expected to happen within 1-5 years	May be expected to happen within 1 year
Frequency	5-10 years	1-5 years	<1 year

B. Impact Rating

Category/Rating	5	4	3	2	1
Effect	Catastrophic	Critical	Major	Moderate	Minor

By using the following categories (as examples), the company can define its own impact rating matrix based on the effects in the table above. For example, what would be catastrophic for the company in terms of operational disruption? Similarly, what would be a critical, major, moderate, and minor effect in terms of operational disruption?

- Earnings
- Operational Disruption
- Occupational Safety
- Occupational Health
- Environmental Aspects
- Reputation
- Compliance
- Human Resources
- Community (Public Health/Socio-Economic Development/CSI/BBBEE)

Worked example

- Based on multiplying the scores of A and B together using the adapted matrices above, there can be a minimum Risk Category Score of 3 (3 X 1) and a maximum Risk Category Score of 25 (5 X 5).
- A “likely” occurrence that will have a “major” impact would result in a Risk Category Score of 12 (4x3). This would make the risk a High Priority in terms of the Risk Category.
- Appropriate mitigation and priority of implementation can then be determined based on this categorisation (see below for more details on risk mitigation).

RISK MITIGATION AND MANAGEMENT – PROTECTIVE MEASURES PLAN

- The mitigation of risk can be achieved using a variety of processes, mechanisms, protocols, and management interventions.
- The prioritisation of risk as determined above indicates which must be mitigated first.
- All risks must be mitigated to the greatest extent possible using the controls (refer to the Hazardous Biological Agents (HBA) Regulations) that are required as a part of legislation (engineering controls, then administration controls, then Personal Protective Equipment (PPE); as well as behaviourally through healthy and safe work practices that will always include correct application of the hierarchy of controls and the controls which have been put in place.
- There must be monitoring and management in place to achieve maximum worker compliance to the risk mitigation measures that are implemented, as well as medical surveillance and testing based on the risk categorisation and if required to do so.
- Annexure E of the consolidated [Regulations](#) (Workplace Plans), provided for by Regulation 16(6)(b), must be included along with any additional requirement of the Directions and this Guideline.

2. Engineering controls

Engineering controls must be tested at least every 24 months.

2.1. Ventilation

Air Recirculation

- There are common instances where recirculation of air at the workplace is desired or required. For example: air conditioning of offices and vehicles, air conditioning of server rooms, laboratories, and other facilities.
- Where working in an environment with recirculated air is absolutely required, there must be regular decontamination and maintenance according to manufacturers' instructions, and wherever possible HEPA filters must be used.
- If not reasonably practicable, supply the worker free of charge with appropriate PPE based on a risk assessment of the workplace.
- A protocol must be in place for donning and doffing of PPE, as well as hand sanitizing directly before entering and directly after exiting these workplaces.
- During transportation, ensure air is not recirculated. Do not use air conditioning and do not use the recirculation option. Where possible, open the vehicle's

windows.

- In buildings, air conditioning should only be used if other protective measures are in place.

2.2. Physical barriers

- If it is not practicable to arrange workers' workstations to be spaced at least 1.5 m apart, the employer must also provide appropriate decontamination and disinfection mechanisms.

2.3. Adaptation of workstations to increase social distance

- Implement social distancing requirements in a way that is practical and feasible in the context of work tasks, and which is acceptable to both workers and employers.
- Encourage workers to comply with social distancing requirements.
- Risk assessment and consultation between employers and workers is very important for setting up and implementing social distancing measures at the workplace. This may require modification of workstations, changing the use of common spaces and transport vehicles, staggered work shifts, split teams and other measures to reduce social mixing at the workplace.

If social distancing measures at the workplace are not feasible for specific work tasks, consider the necessary other hierarchy of controls that must be implemented according to the risk assessment and plan.

3. Administrative controls

3.1. Screening/reporting of symptoms/sick leave

COVID-19 Symptom Screening

- Employers must consider:
 - [Guidelines for symptom monitoring and management of workers for SARS-CoV-2 infection](#); and
 - The [Guideline for the Clinical Management of Suspected or Confirmed COVID-19 Disease](#). Note that individual chapters of the Guideline, as well as summaries and the highlighting of changes since previous versions are made available.
- Employers must ensure that the following is in place:
 - adequate training (directly or indirectly) of identified company employees to perform daily workplace COVID-19 symptom screening;
 - prescribed PPE to be provided to those assigned to perform the screening;

- education of employees on the importance of staying home when sick and the need to report to the employer if any of the symptoms are experienced; and
- isolation facilities and protocols for workers who show any positive symptoms related to COVID-19 and refer to sections on Reporting of Symptoms (Section 3.2) and on Person Under Investigation (PUI) (Section 3.2, 6.5 – 6.7).

Reporting of symptoms

- Employers must inform workers of the importance of and need to report to the employer if any of the symptoms listed above are experienced.
- The protocols below for PUI (Section 3.2, 6.5 – 6.7) must be implemented if necessary (for example if waiting for transportation).

Sick leave and benefits

- A certificate from a medical doctor must be provided after the prescribed period of absence.
- Any abuse that may occur, or refusal to work where the employer has appropriate measures in place to combat infection, must be investigated to ensure that there is a clear message sent in relation to any person who may attempt to abuse leave.
- Normal disciplinary considerations and measures remain applicable.
- The normal conditions of paid sick leave in terms of Section 22 of the Basic Conditions of Employment Act apply, or if the employee's sick leave entitlement under the section is exhausted, application for an illness benefit in terms of clause 4 of the Directive issued on 25 March 2020 on the COVID-19 Temporary Employer Relief Scheme under regulation 4(10) of the [Regulations](#) promulgated in terms of section 27(2) of the Disaster Management Act, can be made.
- Once sick leave and Temporary Employer Relief Scheme Benefits have been exhausted, the employee is to take annual leave if necessary. Following the exhaustion of the latter, the employer and employee are to resolve the matter.

3.2. Minimizing contact

Persons Under Investigation (PUI) - Positive screening results or other positive identification or suspected infection

- Should a person display symptoms, or through screening be suspected of being infected, the person must be considered a PUI.
- The person must be given a leaflet by the company that includes information on their management by the employer and self-management, under various scenarios.
- Contact between the PUI and others must be minimised through the following PUI management protocol as reasonably practicable:
 - Chaperone the PUI to the next point at the workplace.

- The Chaperone must be provided with the PPE of a healthcare worker (mask and face shield, and gloves and sanitizing facilities).
- The PUI must not be left wandering around, get lost, remove mask etcetera.
- Preferably, a cordoned-off walkway (or at least marked walkway) must be present to direct the PUI to an isolation zone at the workplace.
- The protocol must include controls within this isolation zone – 1.5 m social distancing, presence of barriers, identification of contact points etcetera.

First Aid Response Guidance

- Avoid touching your face and clean your hands frequently with soap and water or 70% alcohol-based hand sanitizer.
- Use appropriate PPE (mask and eye protection – e.g. mask and/or shield).
- Provide the ill or injured person with a mask and/or shield to cover their nose and mouth when coughing or sneezing.
- Respiratory hygiene and cough/sneeze etiquette must be observed by person and responder.
- Responder must be familiar with the symptoms of COVID-19.
- Key Control Measures for First Aiders:
 - Standard infection control precautions to be applied when responding to any first aid incident in the workplace.
 - Hand washing with warm water and soap or an 70% alcohol-based hand sanitizer must be performed before and after providing any first aid treatment.
 - Any person presenting with symptoms consistent with COVID-19 must be treated as a suspected case.
 - Refer to the [Guideline on Clinical Management of Suspected or Confirmed COVID-19 Disease](#). Additionally:
 - move the individual to a first aid room/isolated room to minimise risk of infection to others;
 - only one First Aid Responder to provide support/treatment, where practical;
 - if a person requires Cardiopulmonary Resuscitation, do not listen or feel for breathing by placing your ear and cheek close to the person's mouth. If you are in any doubt, the default position is to start chest compressions only until help arrives;
 - Where practical, a First Aid Responder must avoid close contact and advise the injured party what steps to take to treat their injury. This is for situations where a person has a minor injury (cuts, abrasions, minor burns) -

General Social Distancing

- A one-way system on access routes throughout the site must be instituted where possible.
- Increasing access points can help establish a one-way system if possible.
- Where a one-way system is not possible, widen pedestrian routes so social distancing can be maintained on main site walkways, if possible.
- The employer must take measures to minimise contact between workers as well as between workers and members of the public by implementing the following:
 - Eliminate all work in close range where practicable.

- Work to occur in an external or open environment where practicable.
- Where work is occurring in an enclosed space, ensure all preventative hygiene measures are in place.
- Ensure measures are in place to clean touch points before worker change over.
- Apply social distancing measures maintaining a gap of 1.5 m between workers.
- Only mandatory inspections and audits to take place with physical presence. For others, this should be undertaken virtually. Inspection and test participants to be kept to the absolute minimum.
- Consider areas where workers pass generally (e.g. staircases, lifts) and workers that are routinely in these areas.
- The following must apply to all individuals:
 - There will be no hand shaking with any person.
 - Avoid the unnecessary touching of other individuals.
 - When talking, sitting, or eating with others, keep a distance of at least 1.5m between each other.
 - Avoid close contact with anyone who has a cough, sore throat, shortness of breath/breathing difficulties, loss of smell/taste, fever, body aches, redness of eyes, nausea, vomiting, diarrhoea, fatigue, weakness, tiredness, sneeze and request that the site or office implements the required response protocols.
 - Lifts must be avoided, as they are confined spaces. If the use of lifts cannot be avoided, implement social distancing, PPE, and sanitizing protocols.
 - Use stairways where possible, ensuring hand sanitizers are used afterwards. Handrails to be sanitized throughout the day, where possible. Alternatively, there should be an increased number of handwashing/sanitizing facilities at the persons workstation (for example: sanitizer at the start and top of each flight of stairs) or in close vicinity, and handrails and similar surfaces should be cleaned and disinfected routinely. Workers must be made aware of these specific risks and measures.
- Where tasks require workers to be in close contact, the site shall provide the appropriate PPE and hand washing or sanitizing facilities for this.
- Wherever possible, work that requires close contact shall be planned to reduce the number of individuals involved in the activity at any one time.
- For meetings, employers must ensure that:
 - Meetings, where spacing of individuals would be less than 1.5m apart, are not to be permitted as far as practicable; except where the work cannot be undertaken practicably in another manner (e.g. two-person procedures).
 - Toolbox talks shall be limited to a maximum duration of 15 minutes and shall be in groups that allow for a 1.5m spacing between individuals but do not require the speaker to shout.
 - Toolbox talks must be held in well ventilated areas.
 - Where workplace meetings can be held via an online collaboration platform, it is strongly encouraged.
 - Meetings shall be reduced to only those that are essential and shall wherever possible be held via video conference.
 - Hold meetings and/or briefings in open areas with good ventilation, where possible.
 - Where workplace meetings cannot be conducted virtually, strict protocols must be implemented in respect of in-person meetings including:
 - The maximum occupancy of the workplace meeting room must be determined having regard to social distancing principles including a distance of 1.5m apart, PPE, etcetera.

- The layout of workplace meeting rooms must conform with social distancing principles in so far as possible.
- The number of attendees that may attend a workplace meeting must be limited to the prescribed occupancy requirements of the room.
- The number of workplace meetings and the duration of workplace meetings must be reduced.
- Attendees must refrain from social niceties such as shaking of hands and hugging.
- All attendees must wash hands with soap and running water for at least 20 seconds or apply hand sanitizer before entering and exiting a meeting room.
- Doors and windows to be left open during and between workplace meetings to avoid touching handles and to increase ventilation.
- Desks/equipment/seats/handles in meeting rooms must be sanitized immediately before and after meetings.
- Meeting refreshments are permitted where the coffee cups are disposable, beverages are sealed, and food is wrapped.

Equipment

- No reusable equipment (e.g. hand-tools and other parts of facilities) must be returned to service without being cleaned and disinfected appropriately. Such equipment must be regularly cleaned and disinfected.

3.3. Rotation and shift work

- This should be specifically considered to achieve social distancing requirements according to the risk assessment and plan and should be a high priority on the hierarchy of controls that are implemented.

3.4. Work-at-home strategies

- The employer must, as far as practicable, enforce work-at-home strategies and workers who can work from home must work from home particularly where they are Vulnerable Workers.
- Employers must develop a directive or guidance on working from home to provide clear advice to all workers working from home.

3.5. Communication and information strategies

- Refer to the Hazardous Biological Agents Regulations for requirements on labelling, transportation, etcetera.
- Employers must:
 - Develop written procedures for safe disposal of contaminated or potentially contaminated material and the decontamination and disinfection of containers.
 - Develop a high-risk list (see 1.1 and 1.2) that is communicated to workers.
 - Develop further general site rules for, and communicate them to, external stakeholders (for example clients, delivery and dispatch companies,

friends and families of workers, sales representatives, contractors) such as:

- Access by visitors to sites or offices, without previous arrangements, is to be restricted where possible; except for government officials and emergency responders who are permitted to visit unannounced.
- Develop a strict visitor access control policy for all sites or offices, which must include application, pre-screening procedures (including medical and travel history questionnaire), and authorisation procedures.
- Ensure all individuals are required to wash their hands with soap and water or apply a hand sanitizer before entering the site.
- Hand washing technique posters shall be displayed near the hand wash area.
- Posters relating to protocols for social distancing and PPE should also be developed and displayed in highly visible areas throughout site.

3.6. Role of health and safety committees and representatives

- The employer must:
 - ensure that a representative has knowledge on COVID-19, relevant provisions in the consolidated [Regulations](#) and Directions, as well the Hazardous Biological Agents and Regulations; and
 - appoint a manager (senior employee) as a COVID-19 Compliance Officer to address employee or workplace representative concerns and to keep them informed.
- Information management and dissemination must be undertaken with the health and safety representative. Should a health and safety committee that has been elected already exist in the workplace, then the appointed COVID-19 Manager must consult with that committee on the nature of the hazards and risks in relation to SARS-CoV-2 in that workplace, in addition to the measures that already need to be taken.

3.7. Education and training

- All workers and others (e.g. visitors where allowed) on the site must undergo awareness sessions on COVID-19 and the risks presented.
- The employer must provide workers with information that raises awareness in any form or manner including, where reasonably practicable, leaflets or notices placed in conspicuous places in the workplace.
- General training must include at a minimum (e.g. induction at each visit)
 - Symptoms of SARS-CoV-2 virus
 - Modes of transmission including the risks during transportation during multiple modes (public, private)
 - Non-occupational risks in community/home
 - Personal hygiene, social distancing, cough/sneeze/greet/respiratory hygiene etiquette
 - Employers are to raise awareness of hand washing and other hygiene behaviours through daily communication
 - Site access rules
 - Risk assessments that have been conducted
 - Risk Management Plan developed that will be enforced

- Methods of symptom recognition
- Symptom monitoring, screening, and confirmatory testing
- Staying at home if symptomatic
- Specific training, based on the specific risks presented, will include at a minimum (e.g. safety briefing, toolbox talks, etcetera):
 - Social distancing, cough/sneeze/greet/respiratory hygiene etiquette
 - Use and limitations of existing engineering controls, and work practices
 - Basis of PPE selection; including cloth masks. Refer to the [Recommended Guidelines for Fabric Face Masks](#)
 - Use and limitations of PPE
 - Donning and doffing, decontamination, and disposal of PPE
 - Labelling
 - Waste Handling
 - Emergency procedures
 - Exposure incident procedures
 - Symptom monitoring, screening, and confirmatory testing
 - Post -exposure and follow up
 - Staying at home if symptomatic
 - Such awareness raising must be a part of the risk mitigation strategy and be documented and include elements of a campaign where there is wide distribution of information

3.8. Reporting of incidents for regulatory purposes

- [The Directions issued by the Department of Employment and Labour must be followed, along with others](#) – such as those of the Department of Health (National Institute of Occupational Health reporting).

3.9. Reporting for purposes of public health, contact tracing, screening, testing and surveillance

- [The Directions issued by the relevant Ministry must be followed.](#)

3.10 Management of COVID-19 positive employees and workplace contacts (symptomatic and asymptomatic)

- [The Guideline on the Clinical Management of Suspected or Confirmed COVID-19 Disease](#) should be referred to, that includes a chapter related to the management of asymptomatic patients and those with mild disease. Advice should be provided to those employees that meet these criteria, or those that have been in contact with such workers.

3.11 Management of vulnerable employees and special measures for their protection, including protection against unfair discrimination or victimization

- For those identified as vulnerable, measures must include sufficient protection against unfair discrimination or victimization, as well as the consideration of the following measures:
 - Allowing working from home (although this must be the case if possible anyway)
 - Reducing working hours
 - Providing additional or more protective PPE
 - Allowing the fulfilling a different role and/or responsibility
 - Reducing interaction with other people
 - Reducing the use of public transport

4. Healthy and safe work practices

4.1. Disinfectants, sanitizers, and personal hygiene

- Every employer must ensure that:
 - there are adequate facilities for the washing of hands with soap and clean water at all times;
 - the measures that are implemented are to be based on the risk assessment and risk management plan, as well as sensitivities that may be present (soap/sanitizer).
 - there are sufficient quantities of hand sanitizer based on the number of workers or other persons who access the workplace at the entrance of, and in, the workplace which the workers or other persons are required to use;
 - every employee who works away from the workplace, other than at home, must be provided with an adequate supply of hand sanitizer;
 - if a worker interacts with the public, the employer must provide the worker with sufficient supplies of hand-sanitizer at that workers workstation for both the worker and the person with whom the worker is interacting;
 - no fabric towelling nor electronic hand driers are allowed, only paper towels are provided to dry hands after washing;
 - adequate rubbish bins with lids are to be provided for the disposal of paper towels;
 - Safety Data Sheet of products used and/or issued for the purposes of hand hygiene and surface decontamination, and correct and effective use thereof, to be discussed with all workers;
 - bulk storage of alcohol-based sanitizer is in accordance with regulation and Safety Data Sheet specifications;
 - workers are required to undertake hand hygiene regularly while at work;
 - where practicable, all work surfaces and equipment are disinfected before work/shifts begin(s), regularly during the working period and after work/shifts end(s);
 - common areas and ablution facilities are sanitized more regularly;
 - biometric systems are disabled or made SARS-CoV-2 virus-proof;

- chemical toilets used on site must be serviced at least twice a week;
- as far as practicable, crockery and eating utensils must be of a disposable type;
- cleaning registers are provided and completed in the areas where regular cleaning is required; and
- facilities are provided with soap and water or 70% alcohol-based hand sanitizer that must be provided at:
 - site access points;
 - offices;
 - ablution facilities; and
 - eating areas.
- All workers shall wash their hands with soap and water for at least 20 seconds or use approved 70% alcohol-based sanitizer when: -
 - entering and leaving a site;
 - before and after eating;
 - after site walks;
 - after ablutions;
 - after touching door handles, paper, envelopes etc.; and
 - there are any other interactions that may require hand washing.
- Individuals who cough/sneeze must be encouraged to be considerate and to leave the group, room, or area, cover their mouths and nose with a tissue and dispose of the tissue properly; alternatively sneeze into a flexed inside of the elbow and to avoid touching one's eyes, nose and mouth with unwashed hands.

4.2. Other

Portable tools, storage, and use

- The sharing of tools and equipment must be prevented, insofar as it is reasonable and practicable to do so.
- The storeman to use appropriate PPE at all time when handling tools.
- Only the storeman:
 - must be allowed in the storeroom; and
 - complete the tools register and sign on behalf of the person taking and returning the tool.
- There must be a procedure to disinfect the tools between use – both during work and after returning them to the store.
- Social distancing must be observed when collecting tools in the morning and returning tools after shift.
- Sanitizer to be place on the storeroom countertop.

Entry/Egress points

- Visitor registers at entry points will be completed by the security guard and not by the visitor.
- Entrances to sites must have a hand washing facility with running water and all individuals entering and exiting the site must wash their hands - alternatively hand sanitizers must be provided.
- Security guards will wash or sanitize their hands every time they use the visitors register and pen.
- No breathalysers are to be used.

HBA Waste

- Note that Regulation 17(d) of the Hazardous Biological Agents Regulations refers to the Environment Conservation Act instead of the National Environmental Management: Waste Act. While the Regulations are being reviewed, the latter must be used when considering how to deal with HBA waste. Schedule 3: 16(d) classifies HBA waste as hazardous through the following provision: “(a) wastes from ...diagnosis, treatment or prevention of disease in humans”, and should be handled and disposed of as such. The Waste Classification and Management Regulations specifically excludes Health Care Risk Waste from requiring further assessment and classification.
- Note that disinfection and decontamination are distinguished by separate definitions. Furthermore, the HBA Regulations refer to both being required.

5. PPE

5.1. Masks

- Refer to [Recommended Guidelines for Fabric Face Masks](#) The main benefit of everyone wearing a cloth mask is to reduce the amount of virus droplets being released by those with the infection and transmitted to others and to surfaces that others may touch. Since some persons with the virus may not have symptoms or may not know they have it. All persons are required to wear cloth masks when in a public place.
- Employers must:
 - Provide quality cloth masks to every worker in the workplace. This is in the interests of health and safety of workers in the workplace and as a support to the public health measures. These masks must be provided free of charge and an employer may not require a worker to pay the employer or any other person for a cloth mask or make a deduction from the worker’s remuneration.
 - Provide each worker with a minimum of two cloth masks for the worker to wear while at work and while commuting to and from work.
 - Determine the feasibility of providing washing and drying facilities for cloth masks at the workplace and at the employees’ place of residence and determine a protocol that should be followed and included in the education activities outlined below.
 - Ensure that workers are informed, trained, and instructed as to the correct use, cleaning, and disposal of both masks as well as cloth masks. In respect of cloth masks, training must explain:

- hands must be washed before and after donning or removing the cloth mask;
 - that cloth masks must cover the nose and mouth completely;
 - cloth masks must not be lowered when speaking, coughing or sneezing;
 - cloth masks must never be touched except to put on and remove in the correct way;
 - cloth masks must be washed with warm soapy water and ironed when dry. Ironing assists with decontamination; and
 - cloth masks must be changed/disposed of when wet or visibly soiled.
- Masks are not to be cleaned with ethanol (alcohol) even if a vapour, manufacturer's instructions must be followed.

5.2. Gloves

- It is preferable that surgical gloves are not worn unless indicated as a result of the risk assessment (task-based) and workers are trained in the proper use thereof. Gloves must only be used when the activity demands the wearing of a specific type of hand gloves. This must be directed by the Risk Assessment. Allergies to latex must be taken into account.
- The Employer must ensure that:
 - PPE not designed to be re-used, is not stored nor reused, but disposed of appropriately in line with manufacturer's instructions;
 - PPE is not shared;
- All office workers must be made aware of the risks in the office environment, this includes handling of documents, stationery and equipment.
- Regular hand washing/sanitizing must take place, along with avoiding touching the face/mask.

5.3. Facial shields

- The employer could also look at options such as full-face shields for preventing spreading of virus through eyes. This could assist the worker who is doing hard physical work to breathe more easily but still protecting the mouth, eyes and nose.
- Face shields must be cleaned daily before the shift and at the end of the shift. Proper cleaning agents/disinfectant must be used.
- Face shields must be issued to individual workers and no sharing must be allowed.
- Cloth masks must still be issued as above as the shield is only likely to be worn at the workstation due to the bulky, inflexible nature.
- In the chemical sector, masks and face shields must be worn in combination by occupational healthcare workers.

5.4 Other

- If PPE is used, it must be issued free of charge by the employer. The PPE that is selected must be appropriate to the route of transmission, the specific hazard, risk (e.g. vulnerability), risk assessment and to protect the worker if ordinarily utilising PPE.
- Face masks are to be worn in any event unless another form of mouth and nose protection is implemented.

- The Employer must ensure that:
 - workers who work in close contact with one another shall wear appropriate PPE;
 - workers shall be trained on how to care for, wear, remove, store and - where appropriate - dispose of their PPE in the correct manner;
 - PPE not designed to be re-used, is not stored nor reused, but disposed of appropriately in line with manufacturer's instructions;
 - PPE is not shared;
 - designated bins for the adequate disposal of masks and other potentially contaminated wastes are available; and
 - safety and supervisory employees shall ensure no close contact work is carried out by workers who are using defective or inadequate PPE.

6. Provision of safe transport for employees

6.1. Personal hygiene

- The employer must train workers who rely on public transport or who utilise employer arranged transport or who travel with others, on the safety protocols to be followed.
- If under their control, employers to ensure:
 - vehicles are sanitized before and after each trip;
 - screening for cough, sore throat, shortness of breath/breathing difficulties, loss of smell/taste, fever, body aches, redness of eyes, nausea, vomiting, diarrhoea, fatigue, weakness, tiredness, sneeze is implemented prior to embarkation; and
 - the following are available for drivers and passengers:
 - sanitizers; and
 - cloth masks.

6.2. Social distancing

- Where transport is provided, occupancy of the vehicle must be in accordance with the consolidated Directions (capacity and social distancing requirements implemented).

6.3. Arrangements to minimise exposure associated with commuting

- Employers are encouraged to provide employees with awareness regarding the PPE and hygiene requirements for travelling.
- Wherever possible, workers must travel to site alone using their company vehicle or their own means of transport.
- Where public transport is the only option for workers, regular toolbox talks outlining how to reduce the possibility of infection must be implemented.

6.4 Cloth masks (if commuter)

- Employers must ensure that all commuters are aware that they are required to have a cloth mask on whilst in transit.

6.5. Employer provided transport

- It is recognised that in most cases the employer will need to transport persons with suspected infection, or COVID-19 symptoms, to an appropriate facility.
- The PUI must wear an appropriate mask from the place of isolation to the vehicle, while being transported and until handover at the facility.
- The PUI must sanitize before transportation.
- The vehicle must be disinfected before and after transportation.

6.6 PPE (driver/conductor of employer-provided transport)

- The person transporting the PUI must wear full PPE as if the person was a healthcare worker.

6.7 Transporting PUI

- During transportation, the air conditioner may not be used for heating nor cooling and air may not be recirculated within the vehicle.
- The PUI must limit touching surfaces outside and within the vehicle.
- No items may be shared between the PUI and the person transporting the PUI, and there may not be common handling of items.
- The PUI should sit diagonally opposite the person transporting the PUI.
- No other person is allowed in the vehicle.