STANDARD OPERATING PROCEDURE FOR MINERALS COUNCIL SOUTH AFRICA MINES: FOLLOWING

COVID -19 LOCKDOWN

1st Revision: 27th April 2020

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1   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, this Standard Operating Procedure (SOP) has been developed to assist in preventing the transmission of COVID-19 in South African mines. Mines are expected to utilise the SOP as a guide in developing their own SOPs.

2   SCOPE AND PURPOSE

This procedure provides guidelines for the management of the healthcare workers and employees returning to work following 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). This procedure should be read together with, but not limited by, the SOP for Addressing Cases of COVID-19: prepared for members of the Minerals Council South Africa, approved by the Minerals Council Board on 25th March 2020. One should also be cognisant of, but not limited by, 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.

3   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 the SOP for Addressing Cases of COVID-19, in a bid to advise its members on how to manage the unfolding epidemic.

On 26th March 2020, a lockdown was declared in South Africa, lasting till 16th April 2020 when work is expected to resume on 17th April. During this period most mines were under care and maintenance while others were granted exemptions to work on a full-scale capacity or partial 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) 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 the Lockdown.

4 PROCEDURE

4.1 Before arrival of employees

Before arrival of employees, employers should comply with the following:

(a) Develop a procedure for the management of the return to work after 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.

(c) Communicate with Department of Health (DOH) District Communicable Diseases staff to be familiar with the district plan and how your operation will collaborate with the district on COVID-19, including early outbreak detection, diagnostic (testing) procedures, isolation and quarantine, reporting procedures and, arrangements for hospitalisation of workers who require it..

(d) Ensure sufficient availability of resources:
   o Facilities - pre-screening areas, isolation areas, quarantine areas,
   o Staff - security personnel, medical staff, social worker, counselling psychologists, employee assistance programme specialists and administrative assistants,
   o Equipment and medical supplies including soap and water, sanitisers, appropriate personal protective equipment (PPE) for healthcare workers and employees, and waste disposal receptacles for used PPE,
   o Prophylaxis - Flu vaccination that prioritises those at high risk of disease and INH prophylaxis where required.
   o Cleaning and disinfection consumables and services

(e) Communicate new procedures for medical surveillance to employees before they leave areas of residence during lockdown.

(f) Screen healthcare workers and staff assisting with the RTW before mass screening of employees, and then daily (self-screening).

(g) Screening of employees should be done in labour sending areas before they embark on their journey and isolation and quarantine at source as required. Use a risk-based method to prioritise the return of employees.

(h) If providing transport for the return of employees, implement screening mechanisms before boarding and isolation and quarantine at source where required.

(i) Implement dedensification / physical distancing opportunities for mass transport and at areas of the mine where close contact may occur.

(j) Workplaces should implement a staggered approach on the number of employees screened per day for return to work to minimise crowding at the screening areas and at the medical centre as well as transporting employees to the medical centre.

(k) Intensify employee awareness and education on signs and symptoms of COVID-19 on their return.

(l) Inform employees of the duty to report should they have tested positive for COVID-19 during the nationwide lockdown. Require 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. Communicate this to employees before they embark on their journey to return home.

(m) Establish a procedure for screening all visitors to the site and ensuring that they comply with protective measures including PPE and social distancing while on site.

If this paragraph 4.1 was not complied with before arrival of employees, the company should make plans to cover the actions above.

4.2   After arrival of employees

4.2.1   Infection Prevention and Control measures

After arrival of employees, employers should comply with the following:

(a) Infection prevention and control measures should be applied to all modes of transport for employees, screening areas and departments.

(b) Education of workers should be given on:
   i. Maintaining physical distancing. Ensure employees and staff keep a distance of at least 1 m when in contact with other people; where this is not possible, issue appropriate facemasks, as per the Minerals Council Guidance on PPE for COVID-19.
   ii. Regular washing of hands with soap.
   iii. Regular sanitising of hands with alcohol-based hand rub (ABHR) or other appropriate sanitisers.
   iv. Avoid touching your face areas (mouth, eyes and nose).
   v. Avoid physical hand contact such as handshakes.
   vi. Avoid using other people's personal belongings such as stationery, cell phones and sharing food etc.
   vii. When coughing or sneezing do not use your hands, rather use a tissue/toilet paper or the inside of your elbow.
   viii. Use disposable tissues rather than a handkerchief; immediately dispose of these tissues in a closed bin and wash or sanitise your hands thereafter
   ix. Avoid big crowds and travelling.
   x. Avoid touching objects before sanitising, like trollies, toilet seats, turnstiles, tables and chairs.
   xi. Coach and teach family members.
   xii. Wearing and handling of appropriate PPE.

(c) Posters on Infection Prevention to be visible at all areas of the medical centre.

(d) Sanitisers (as per World Health Organisation guidelines) should be made available at the entrance and exit points of all screening facilities, security entrances and all entrances and exits at the medical centre, and at the starting points and end points of all places where close contact among workers is likely to occur, including in underground working places.

(e) Sanitisers (as per World Health Organisation guidelines) should be available in each consultation room and testing areas at the medical centre, and sanitisation should take place before and after every consultation.

(f) PPE is required for all staff, and PPE management programmes should be in place to ensure that PPE is worn correctly (including fit testing), replaced as necessary, stored correctly and disposed of safely.

Employees not able to socially distance by 1 m should be provided with PPE as per the Minerals Council Guidance on PPE for COVID-19.

(g) Re-enforce compliance with the taking of chronic medication.

4.2.2 Screening and testing at the designated areas

Employers should comply with the following:

(a) Where there is company accommodation, initial pre-screening should be done at the residences, before getting to the work site. This is to isolate and quarantine any possible cases and suspects.

(b) At work, pre-screening of workers should be done before entering the facility (at the gate) either by nursing or security staff as per agreed-on protocol. This should include a temperature check.

(c) Employees with elevated temperatures should be referred directly to the isolation area for assessment by a Registered Nurse.

(d) Employees who do not have elevated temperatures should be referred to the Medical Centre for COVID-19 Risk Assessment and to complete a return to work medical (Annexure 1).

(e) RTW medical should include a questionnaire and vital signs – temperature, blood pressure, blood glucose (for known diabetics).

(f) Employees with pre-existing conditions that will predispose them to COVID-19, should be identified and only permitted to work after a finding by an occupational medical practitioner.

(g) A risk-based method to prioritise high-risk individuals (pre-existing occupational lung diseases, HIV with low CD4, non-compliant HIV patients and smokers) should be utilised for more active interventions such as prophylaxis and individualised counselling.

(h) Dates should be scheduled for flu vaccination for all employees, prioritising those with pre-existing conditions.

(i) A RTW Note should be provided to employees with normal vital signs and who are not presenting with any symptoms. These employees may proceed to their respective departments and resume work.

4.2.3 Referral for further assessment

Employers should comply with the following to determine if an employee should be tested:

(a) Refer employees with abnormal findings, e.g., an elevated blood pressure and glucose to the medical centre for further assessment and management. Provide the employee with the RTW Note to submit to the medical centre.

(b) Refer employees with any psycho-social symptoms to medical centre to facilitate referral to EAP (Employee Assistance Programme).

(c) Refer employees with a high temperature (38º C) and/or respiratory symptoms to the identified COVID-19 isolation area for further assessment.

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

4.3   Further assessment and isolation

Employers should comply with the following:

(a) Employees should be assessed for COVID-19 signs and symptoms in an isolation point/s provided by the employer.

(b) Employees who meet the NICD criteria of a person under investigation (PUI) should be referred to a designated Centre for testing.

(c) The Employer should ensure access to isolation facilities for all PUIs, while awaiting outcome of results.

(d) 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 of mine workplace contacts, and inform district health authorities to start community contact tracing.

(e) The medical centre team should follow-up telephonically with the employee on a daily basis, record progress and refer to hospital if required.

(f) Inform the medical centre if the employee is not fit to return to work.

(g) Keep a register of employees presenting with symptoms, i.e. persons under investigation (PUI) and who are referred for isolation, as per DOH guidelines.

4.4   Follow-up

Employers should comply with the following:

(a) Require employees to call the medical centre to arrange for an assessment and the issuing of a clearance letter after the isolation/admission period.

(b) Following the fitness to work assessment, issue a RTW Note and advise the Line Manager.

4.5   Continuous Measures

Employers should comply with the following:

(a) Training of staff and employees

(b) Continually re-enforcing of universal hygiene precautions

(c) Enforce physical distancing in the workplace

(d) Continue use of facemasks.

(e) Promotion of good hygiene practices.

5   Reporting and monitoring, outbreak early warning and response system

(a) Case reporting should be done through the NICD surveillance programme, Reports should also be submitted to the Minerals Council, DMRE, and relevant health and safety structures with due regard to confidentiality.

(b) COIDA reporting should be done if a healthcare worker becomes infected from a known source in the workplace (importance of registers of PUIs).

(c) The employer should allocate an appropriate person to monitor and document compliance with this SOP.

6   Annexures

Annexure 1: COVID-19 Risk Assessment form (as amended periodically based on developing medical information)

7   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**

8   Document History

Revision	Date	Revision description	Compiled/Revised by	Approved by
0	9 April 2020	New document	T Balfour	Health Policy Committee
1	27 April 2020	9 April document	T Balfour	Health Policy Committee and Group Environmental Engineers

ANNEXURE 1

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Return to Work Medical Screening

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Surname:		First Name:		Company Number	
Date Of Birth:		Occupation:		Department:	
Date Employed:		Date Discharged:		Length Of Service:	

1.

	Vital Data		
2.	**Blood Pressure**	mmHg	
	Pulse	Bpm	
	Temperature	ºC	
	HGT (for known diabetics)	mmol/L	
3.	**Have you ever had a serious occupational accident or an occupational disease?**	**Yes**	**No**
	Describe		
4.	**Chronic Disease**	**Yes**	**No**
	Hypertension		
	Diabetes		
	Epilepsy		
	Asthma		
	TB		
	Psycho-social problems **		
	If yes and symptomatic, or any vital signs out of normal limits, refer to the medical centre		
	** If yes, refer to the medical centre for referral for EAP		
5.	**Do you take <u>any</u> medication (List Below)**	**Yes**	**No**

	Symptom Check	Yes	No
	Fever		
	Cough		
6.	Sore Throat		
	Shortness of breath		
	Any contact with person diagnosed with COVID—19		
	If any symptoms are present refer the employee to the isolation area		
	Status **(Tick appropriate box)**		
7.	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 employee: _____

Assessed by: _____