



MINERALS COUNCIL
SOUTH AFRICA

**GUIDANCE ON COVID-19 AND VULNERABLE
POPULATIONS**

22th May 2020

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1 INTRODUCTION

SARS-CoV-2 the virus responsible for COVID-19 is known to be more severe and to cause higher mortality in some groups that have been identified as vulnerable populations. It is therefore imperative that there is a consistent approach by the Minerals Council members on how to approach and manage employees that are deemed to fall into the category of vulnerable populations.

This guidance is meant to assist members of the Minerals Council in taking informed decisions regarding the management of employees that are vulnerable to COVID-19.

2 SCOPE AND PURPOSE

This guidance provides legislative and scientific information on the risks pertaining to vulnerable populations in the era of COVID-19. It attempts to quantify the number of employees that might be affected and provides advice on how Minerals Council companies can utilise risk-based methods to protect the health of their employees. This procedure should be read together with 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 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 and the Guideline for the Compilation of a Mandatory Code of Practise for the Mitigation and Management of COVID-19 Outbreak issued by the DMRE on 18th May 2020.

This guidance will be applicable until the risks of COVID-19 are deemed to be normalised in the country. Companies may use this guidance in finalising their own guidelines on managing vulnerable populations.

3 CURRENT POLICY POSITIONS ON VULNERABLE POPULATIONS AND COVID-19

Regulation 16 of the Disaster management Act 2002 requires employers to prepare a Workplace Plan which should deal with the phased in return of employees to the workplace. Such Workplace Plan should also deal with the issue of which employees, including vulnerable employees, are permitted to work. Medium and large businesses must also include a list of staff who can work from home, staff who are 60 years and older and staff with comorbidities who will be required to stay at home or work from home, in their Workplace Plans. In preparing this, the requirements of medical confidentiality must be strictly observed.

However, the most recent Regulations published under Government Notice No R 480 issued on 29th April 2020, in terms of Section 27(2) of the Disaster Management Act, 2002 Regulations 5(5)(d) and (e) read as follows:

All employers must adopt measures to promote physical distancing of employees, including:

(d) special measures for employees with known or disclosed health issues or comorbidities, or with any condition which may place such employees at a higher risk of complications or death if they are infected with COVID-19;

(e) special measures for employees above the age of 60 who are at a higher risk of complications or death if they are infected with COVID-19.

It is evident from the aforesaid regulation that employees who are 60 years and older and employees who have health issues or comorbidities may be at work (i.e. they are not automatically excluded from working) but their employers will have to put special measures in place for them to protect their health and safety. The regulations do not prescribe what these special measures should entail, but it requires the employer to implement additional measures to the general measures in the workplace. Special measures will have to be determined on a case by case basis and could include:

- Additional PPE such as visors
- Workplace re-design and additional administrative controls
- Temporary allocation of alternative functions to employees
- Prophylaxis
- Counselling
- Increased screening at intervals to be determined by the OMP

In the Standard Operating Procedure included in the 1st May Court Judgement in the case between AMCU and the Minister of Department of Mineral Resources and Energy (DMRE), which will be in force until 18th May 2020, vulnerable populations are addressed in the following phrases in 4.2.2. (f) and (g):

(f) Employees with pre-existing conditions that will predispose them to COVID-19, must be identified and only permitted to work after a finding by an occupational medical practitioner. Where employees are not permitted to work due to a confirmed pre-existing condition, mining companies must arrange for transportation back to their home.

(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) must be utilised for more active interventions such as prophylaxis and individualised counselling.

A more definitive Guideline will be published by the DMRE on 18th May 2020 but employer contributions thus far are to utilize a risk-based approach with the occupational medical practitioner (OMP) making the decision on the placement of employees.

4 SCIENTIFIC LITERATURE REVIEW ON VULNERABLE POPULATIONS AND COVID-19

Since COVID-19 was detected in December 2019, a number of observations have been made regarding vulnerability to severe forms and increased mortality due to COVID-19. Older adults and people of any age who have serious underlying medical conditions might be at higher risk for severe illness from COVID-19.

Internationally, the following have been identified to be at high-risk for severe illness from COVID-19¹:

- (a) People 65 years and older (WHO sets the age at 60 years). The risk of severe disease gradually increases with age starting from around 40 years.²

People of all ages with underlying medical conditions, **particularly if not well controlled**, including:

- People with chronic lung disease or moderate to severe asthma
- People who have serious heart conditions
- People with hypertension.
- People who are immunocompromised from:
 - cancer treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, and prolonged use of corticosteroids and other immune weakening medications
- People with severe obesity (body mass index [BMI] of 40 or higher)
- People with diabetes
- People with chronic kidney disease undergoing dialysis
- People with liver disease

It must be noted that there is no evidence thus far that pregnant women are at a higher risk of contracting the disease or developing a more severe form of the disease.³

Nationally, the Western Cape has had the largest number of deaths which have been analysed. As of 5 May, their deaths were categorised as set out in Table 1⁴.

Table 1: Analysis of deaths from COVID-18 in Western Cape (N= 64 deaths)

Co-morbidity	Percentage (%) of deaths
HIV	13%
Diabetes	34%
Obesity	6%
Hypertension	31%
Previous TB	1%

¹ Centres for Disease Control and Prevention (CDC) 2020. Accessed on 10th May 2020 on <https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/people-at-higher-risk.html>

² World Health Organisation 2020. Accessed on 10th May 2020 on https://www.google.com/search?sxsrf=ALeKk01M7TUHODELmkl-UWYSL-cMMzbTjw%3A1589112000770&ei=wOy3Xvu5Lr6r1fAPz-y1yAk&q=WHO+COVID-19+vulnerable+poulations+&oq=WHO+COVID-19+vulnerable+poulations+&gs_lcp=CgZwc3ktYWIQAzoECCMQJzoHCCMQsAIQJzoHCCEQChCgAToECCEQFVDe2StYy-csYObyLGgAcAB4AIAB6wOIAymXAZIBCTItMTQuMzQuOZgBAKABAaoBB2d3cy13aXo&scient=psy-ab&ved=0ahUKEwj7mCHCn6npAhW-VRUIHUg2DZkQ4dUDCAw&uact=5

³ Royal College of Obstetricians and Gynaecologists, 2020. Accessed on 10th May 2020 on <https://www.rcog.org.uk/en/guidelines-research-services/guidelines/coronavirus-pregnancy/covid-19-virus-infection-and-pregnancy/>

⁴ <https://businesstech.co.za/news/government/395993/why-the-western-cape-says-it-reports-more-covid-19-deaths-than-other-provinces/>

Cardiac disease	8%
Chronic obstructive airways disease	4%
More than one co-morbidity	66%
No co-morbidities	6%

Note: These percentages do not add to 100% as some of the statistics were adjusted later by the Western Cape.

Diabetes, hypertension and more than one co-morbidity resulted in a very high risk of severe disease. The confounding factor for these diseases could be that they are more common in older people and sufferers might already be in the older age group with a higher risk of severe disease.

It is encouraging that the World Health Organization and the British HIV Medical Association agree that for patients who are on antiretroviral therapy with a suppressed viral load and a good CD4 count, their risk is similar to that of the general population.⁵

5 CHRONIC DISEASES IN THE MINING INDUSTRY

A study of chronic diseases prevalent in Minerals Council members was conducted in 2015. The summary of the report was that there were high numbers of Chronic diseases, as illustrated in the Table below.

Table 2 – Chronic Diseases (2009 – 2014)

	2009	2010	2011	2012	2013	2014
Diabetes	495	856	3 865	4 722	6 251	7 292
Hypertension	2 918	5 763	17 994	22 346	30 242	36 175
Living with HIV	9 803	19 342	24 541	29 644	35 821	38 820
Diagnosed with TB	2 987	2 986	3 915	4 540	4 036	3 766
Total	16 203	28 947	50 315	61 252	76 350	86 053

From 2012 – 2015 (the period when most mines advised of implementing reporting systems), diabetes increased on average by 23.74 % per annum, hypertension increased by 26.38 % per annum and people living with HIV increased by 17 % per annum. Employees diagnosed with TB showed an average decrease of 0.61 % over the last 3 years.

These trends are not likely to have changed as chronic diseases of lifestyle have been increasing in South Africa over the past decade. Hypertension is particularly prevalent with rates in men in 2008 of 60% and 70% in the age groups 45-54 years and 55-64 years respectively.⁶

⁵ Harvard Medical School, 2020. Thought Leadership: Exploring The Risks of COVID-19 in Vulnerable Populations. Accessed on 10th May 2020 on <https://postgraduateeducation.hms.harvard.edu/thought-leadership/exploring-risks-covid-19-vulnerable-populations>

⁶ K Steyn and A Schutte. Epidemiology of Hypertension in Southern Africa. Accessed on 10th May on https://www.google.com/search?sxsrf=ALeKk02r783k95MzhAp3j8eTcFI6i-nd2A%3A1589116560924&ei=kP63XvD_N4acgQbMpoSAAQ&q=prevalence+of+hypertension+in+south+africa+2019&oq=prevalence+of+hypertension+in+south+africa&gs_lcp=CgZwc3ktYWIQARgBMgIIADICCAyAggAMgIIADIECA AQHjoFCAAQzQJQz9oGWJWZB2D5sgdoAHAAeACAAZoEiAGCTZIBCjtNC4yMi4xLjKYAQCGAQGqAQdnd3Mtd2l6&sclient=psy-ab

In summary, co-morbidities are prevalent in the mining industry as in the rest of the country, and increase with age.

6 GUIDANCE ON VULNERABLE POPULATIONS

The decision regarding who will be deemed fit to work in the COVID-19 environment will be taken by the occupational medical practitioner, following a risk assessment of each employee's individual occupational and clinical circumstances, and on a case by case basis. Employees will be encouraged to self-declare their comorbidities.

To ensure proper management of vulnerable populations and to mitigate against the risk of them contracting COVID-19, special measures need to be taken to protect these employees. These measures need to take into account a proper risk assessment on a case-by-case basis as no clinical circumstances are the same and these measures are in addition to normal or general measures. These are some of the suggested steps (not an exhaustive list):

- (a) Utilising available medical records, assess the number of employees with one or more co-morbidities. Prepare a list or record of vulnerable employees and relevant health risk categories without sharing the actual medical conditions of such employees. Information relating to employees' actual medical related conditions should preferably be retained at the healthcare centre. Express and informed consent must be obtained from employees for their confidential medical information to be disclosed to the employer and others. If consent cannot be obtained, then the OMP may only disclose aggregated information on an anonymous basis without disclosing the identities and medical conditions of the employees.
- (b) Educate all employees about the importance of disclosing medical conditions that predispose them to severe COVID-19 infection or increased mortality. Provide them with additional education and protection. In appropriate circumstances and when necessary, consider requesting the employee to sign a consent letter for his/her medical information to be disclosed, on a voluntary basis, to the employer to ensure that relevant risks can be managed appropriately.
- (c) Assess level of control of co-morbid diseases, e.g. diabetes or hypertension under control.
- (d) Assist employees with treatment and control of their chronic diseases.
- (e) Prioritise vulnerable employees for prophylactic interventions such as flu vaccination.
- (f) The OMP should risk rank employees. The risk ranking process should, however, be conducted in consultation with potentially affected employees or with available medical information.
- (g) If practically possible, offer vulnerable employees' jobs where they can work from home or that have minimal contact with other people.
- (h) If practically possible, re-design the workplace to accommodate vulnerable employees and/or assign vulnerable employees to temporary alternative functions (where they cannot work from home).
- (i) Identify what additional workplace control measures may be appropriate in respect of vulnerable employees and develop an approved individual medical management plan;
- (j) Supplement and enhance the control measures identified as critical for the workplace to protect the health and safety of vulnerable employees;
- (k) Issue vulnerable employees with additional PPE such as for example visors if required;

- (l) Consider whether the vulnerable employee can be provided with additional hygiene enablement tools, such as providing the employee with his/her own hand sanitiser;
- (m) Consider whether external risks can be reduced further, for example reducing interaction with visitors or the use of public transport;
- (n) Provide more regular monitoring of vulnerable employees.
- (o) Exercise greater vigilance and early treatment and hospitalisation for employees with co-morbidities.
- (p) A consistent formal approach for workplace risk assessment and COVID-19 risk assessments to allow for employee exemptions to return to work will include the following:
 - A risk assessment per job category must be completed that indicates how well the COVID-19 transmission risk associated with the role can be mitigated through PPE and operating protocols.
 - If the assessment outcome shows that the risk can be mitigated, an employee will get an exemption, and be permitted to return to work.
 - If the assessment outcome shows that the risk can NOT be mitigated, then the existing PPE and/or operating protocols will be amended to allow mitigation, which in turn will provide the employee with an exemption, and the employee will be permitted to return to work. If these amendments to the existing PPE and/or operating protocols do not ensure that the risk can now be mitigated, then no exemption should be afforded to the employee.
 - All assessments should include consideration of other employee COVID-19 risk factors, including travel-related risks and living condition risks.
 - All risk assessments to support the exemptions will be substantiated by a body of evidence that should be auditable by the DMRE or other required agencies.
- (q) The following criteria should apply in respect of employees aged 60 years and older, conditional on the following case-by-case considerations:
 - If the employee's job or function can be performed remotely, they will be required to do so and not come onto site.
 - If the employee's job or function is defined as low risk under workplace risk and COVID-19 risk assessments, i.e. in the minimum it allows for dedensification, social distancing and appropriate COVID-19 related PPE (e.g. office workers), the employee will be permitted to come onto site to do their work.
 - If the employee's job or function is defined as high risk under workplace risk and COVID-19 risk assessments, i.e. it does not allow for de-densification and social distancing, and wearing appropriate COVID-19-related PPE is not possible or practical (e.g. in an underground environment), the employee will NOT be permitted to come onto site to perform that function.

An algorithm to assist with decision-making is attached in Annexure 1.

7 DOCUMENT HISTORY

Revision	Date	Revision description	Compiled/Revised by	Approved by
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0	18 May 2020	Original document	Thuthula Balfour	Group Environmental Engineers and Health Policy Committee
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