



MINERALS COUNCIL
SOUTH AFRICA

**STANDARD OPERATING PROCEDURE FOR MINERALS
COUNCIL SOUTH AFRICA MINES: FOLLOWING
COVID -19 LOCKDOWN**

9 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.

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 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.

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

- (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, including diagnostic, isolation and quarantine and reporting procedures for COVID-19.
- (d) Ensure sufficient availability of resources:
 - Facilities - pre-screening areas, isolation areas, quarantine areas,
 - Staff - security personnel, medical staff, social worker, counselling psychologists, employee assistance programme specialists and administrative assistants,
 - 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,
 - Prophylaxis - Flu vaccination that prioritises those at high risk of disease and INH prophylaxis where required.
 - 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 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) Workplaces should consider 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 need to report 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. Communicate this to employees before they embark on their journey to return home.

4.2 After arrival of employees

4.2.1 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:
 - i. Maintaining physical distancing. Ensure employees and staff keep a distance of up to 1.5 to 2 m when in contact with other people; where this is not possible, issue non-medical facemasks.
 - 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 or wiping it clean, like trollies, toilet seats, turnstiles, tables and chairs.
 - xi. Coach and teach family members.
- (c) Posters on Infection Prevention to be visible at all areas of the medical centre.
- (d) Sanitisers must be made available at the entrance of all screening facilities, security entrances and all entrances at the medical centre.
- (e) Sanitisers must be available in each consultation room and testing areas at the medical centre.
- (f) PPE is recommended for frontline staff (as per guideline).
- (g) 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.
- (h) Provide education on donning and doffing of PPE to reduce the spread of the infection.
- (i) Provide receptables for used PPE and facemasks.
- (j) Re-enforce compliance with the taking of chronic medication.

4.2.2 Screening at the designated areas

- (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 must be done before entering the facility (at the gate) either by nursing or security staff as per agreed-on protocol. This will be a temperature check.
- (c) Employees with elevated temperatures will 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 return to work medical. (Annexure 1)
- (e) RTW medical will include questionnaire and vital signs – temperature, blood pressure, blood glucose (for known diabetics).
- (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.
- (h) Schedule dates for flu vaccination for all employees, prioritising those with pre-existing conditions.
- (i) Provide a RTW Note 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

- (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 (37.5° 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 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 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) The medical centre team must follow-up telephonically with the employee on a daily basis, record progress and refer to hospital if required.
- (e) Inform the medical centre if the employee is not fit to return to work.
- (f) 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

- (a) Employees must 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

- (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

- (a) Case reporting should be done through the NICD surveillance programme, Reports should also be submitted to the Minerals Council and DMRE.
- (b) COIDA reporting should be done if a healthcare worker becomes infected from a known source in the workplace. (importance of registers of PUIs).

6 Annexures

Annexure 1: COVID-19 Risk Assessment form

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>
- DOH COVID-19 Infection Prevention and Control Guidelines for South Africa - Draft V1

8 Document History

Revision	Date	Revision description	Compiled/Revised by	Approved by
0	9 April 2020	New document	T Balfour	Health Policy Committee

ANNEXURE 1

Return to Work Medical Screening

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

1.

2.	Vital Data		
	Blood Pressure	mmHg	
	Pulse	Bpm	
	Temperature	°C	
	HGT	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: _____