the dpsa

Department:
Public Service and Administration
REPUBLIC OF SOUTH AFRICA

GUIDELINE IN MANAGING THE RETURN TO WORK ENVIRONMENT FOR EMPLOYEES WITHIN THE PUBLIC SERVICE: COVID-19

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1. DEFINITIONS

1.1. Comorbidities: A comorbidity means one or more illness or disease diagnosed in one person at the same time. Comorbidity is, associated with adverse health outcomes, which may place diagnosed employees at a higher risk of experiencing complications if they are infected with COVID -19.

1.2. Quarantine: Quarantine is for employees or groups of exposed employees who are asymptomatic, but who may be infected with COVID-19 but have not tested or do not display any symptoms. Quarantine keeps those employees away from others, so that they do not unknowingly infect anyone else. Some quarantined employees might be COVID-19 positive (or might become positive during the quarantine period). Employees under quarantine must be kept under individual quarantine (self-quarantine) within their homes or quarantine facility.

1.3. "**Vulnerable Employee**" means any employee, with known or disclosed health condition or comorbidities or any other condition that may place the employee at a higher risk of complications or death than other employees if infected with COVID 19; or above the age of 60 years who is at a higher risk of complications or death if infected;

1.4. Disinfectant means a product labelled as household disinfectant, and containing alcohol (≥ 70%), chlorine bleach, oxygen bleach, or wipes or sprays that contain quaternary ammonium compounds.

1.5. Cleaning means to physically remove germs (bacteria and viruses), dirt and grime from surfaces using a detergent and water solution. A detergent is a surfactant that is designed to break up oil and grease with the use of water. Anything labelled as a detergent will work.

1.6. Disinfecting means using chemicals to kill germs (bacteria and viruses) on surfaces. It's important to clean before disinfecting because dirt and grime can reduce the ability of disinfectants to kill germs. The following disinfectants are suitable for use on hard surfaces (that is, surfaces where any spilt liquid pools, and does not soak in): alcohol in a concentration of at least 70%, chlorine bleach in a concentration of 1000 parts per million, oxygen bleach, or wipes and sprays that contain quaternary.

1.7. **Sanitize** means lowering the number of pathogens to a safe level by either cleaning or "lower level" disinfection.

1.8. **Sterilize** refers to type of decontamination using heat and steam often via autoclaving.

1.9. **Decontaminate** includes pre-cleaning followed by sanitizing, sterilizing or disinfecting.

2. BACKGROUND AND INTRODUCTION

The COVID-19 virus is transmitted mainly through close physical contact and respiratory droplets, while airborne transmission is possible during aerosol generating medical procedures. Transmission may also occur through fomites in the immediate environment around the infected person. Therefore, transmission of the COVID-19 virus can occur by direct contact with infected people and indirect contact with surfaces in the immediate environment or with objects used on the infected person (e.g. stethoscope or thermometer). It may be possible that a person can get COVID-19 by touching a surface or object that has the virus on it and then touching their own mouth, nose, or possibly their eyes, but this is not thought to be the primary way the viruses spread.

Transmission of the COVID-19 virus has been linked to close contact between individuals within closed settings, such as households, health facilities, assisted living and residential institution environments. Environmental surfaces are more likely to be contaminated with the COVID-19 virus in health-care settings where certain medical procedures are performed. In non-healthcare settings, environmental surfaces include sinks and toilets, electronics (touch screens and controls), furniture and other fixed items, such as counter tops, stairway rails, floors and walls. Therefore, these surfaces, especially where employees with COVID-19 are being exposed for, must be properly cleaned and disinfected to prevent further transmission. Similarly, this advice applies to alternative settings for isolation of persons with COVID-19 experiencing uncomplicated and mild illness, including households and non-traditional facilities.

Prevention and mitigation of COVID-19 in workplaces requires effective implementation of Hazard Identification and Risk Assessment (HIRA) management processes. The use of (HIRA) methodology offers a simple and collaborative approach to assess COVID-19 risks as a step to containment and measures to protect the safety and health of employees in the world of work.

3. HAZARD IDENTIFICATION AND RISK ASSESSMENT (HIRA)

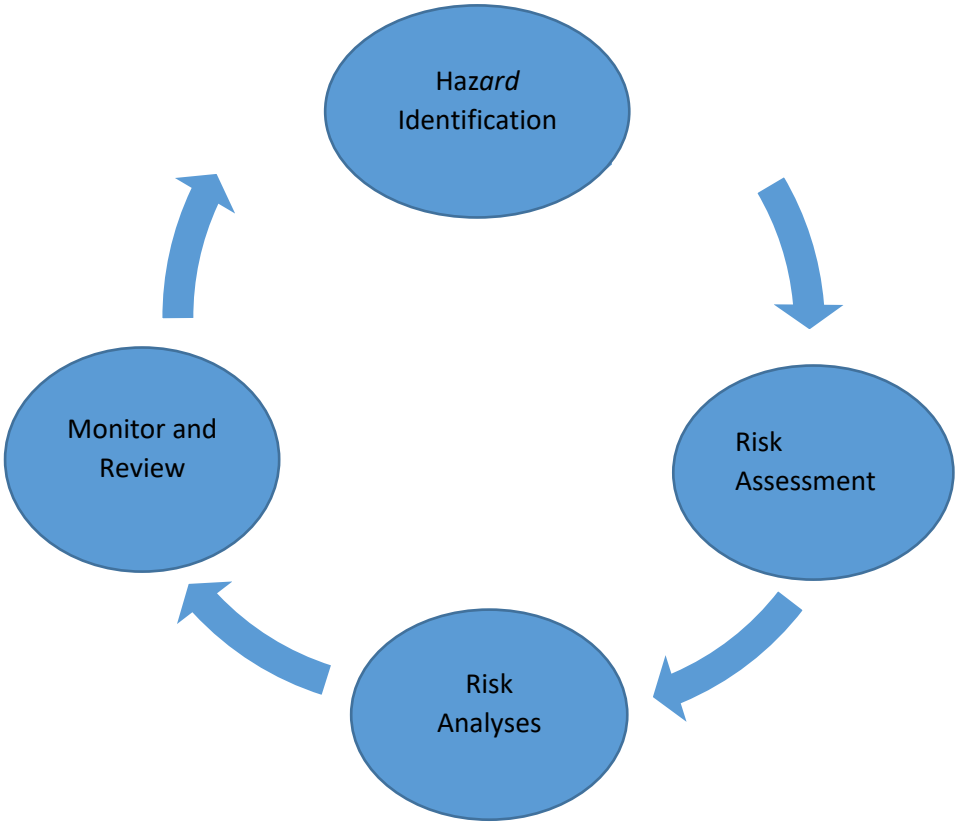
HIRA is a risk assessment tool that can be used to assess which hazards pose the greatest risk in terms of how likely they are to occur and how great their potential impact may be. It is not intended to be used as a prediction tool to determine which hazard will cause the next emergency.

3.1. Purpose of HIRA

The purpose of HIRA is to prevent, mitigate, prepare, respond and recover from different types of hazards.

3.2. The process of HIRA

Four Steps to conduct a HIRA



3.2.1. **Hazard Identification**: (Develop a checklist as a starting point in identifying hazards)

In this step the hazards that could impact the workplace or community are separated from those that cannot. This requires a review of all hazards and their causes to determine whether they may be a threat to the workplace/community. This may require the consultation with the scientific workplace, community, historical records and government agencies.

3.2.2. **Risk Assessment**: (How likely is it that the community could be impacted by the hazards identified in the previous steps)

In this step the level of risk for each hazard is examined. This may involve speaking with hazard experts, researching past occurrences and possible scenarios. The likelihood of the hazard occurring and the potential impacts of the hazard on people, property, the environment, business, finance and critical infrastructure.

Risk Assessment Consequence is divided into six categories based on recommended practices:

a) Social Impacts - The direct negative consequences of a hazard on the physical health of people.

b) Property Damage - The direct negative consequences of a hazard on buildings, structures and other forms of property, such as crops. Critical Infrastructure Service Disruptions/Impact - The negative consequences of a hazard on the interdependent, interactive, interconnected networks of institutions, services, systems and processes that meet vital human needs, sustain the economy, protect public safety and security, and maintain continuity of and confidence in government.

c) Environmental Damage - The negative consequences of a hazard on the environment, including the soil, water, air and/or plants and animals.

d) Business/Financial Impact - The negative economic consequences of a hazard.

e) Psychosocial Impacts - The negative response of employees or a subset of the workplace to a hazard caused by their perception of risk. This includes human responses such as self-evacuation, mass panic and other potential undesirable responses.

f) The total consequence value can be obtained by adding the values obtained from each of the sub variables. Note: The social impacts sub variable is **further divided** into the fatality rate, injury rate and evacuation rate. Since human impacts are often the most 'jarring' result of an emergency and have an unquantifiable impact on the workplace environment, social impact was intentionally weighted higher than the other sub variables. The magnitude categories in this HIRA methodology are a scale of impact, rather than a prioritization. The same value in two categories does not mean that the consequences of the two are equal and interchangeable.

3.2.3. **Risk Analysis**: Once the Frequency, Magnitude and Changing Risk Work Sheets is completed, hazards have to be prioritized using the HIRA equation: **Risk = Frequency* Consequence* Changing Risk**

The information collected in the risk assessment step will be analysed in this step. The desired outcome of the risk analysis is the ranking of the hazards. This highlights the hazards that should be considered a current priority for emergency management program. Once the risk for the hazards has been calculated, they should be grouped based on their level of risk using the table below. This is particularly useful if there are several hazards with the same risk values. Hazards should be entered into the work sheet below according to their calculated risk from the Risk Analysis Worksheet.

Level of Risk	Level of Risk Description
< 10	Very Low
11 - 20	Low
21 - 30	Moderate
31 - 40	High
41 - 50	Very High
>50 Extreme	>50 Extreme

The Risk Analysis Worksheet

3.2.4. **Monitor and Review**: <u>(Hazards and risks may change over time so it is important to review HIRA annually)</u>

It is important to remember that a HIRA is an ongoing process and hazards and their associated risks must be monitored and reviewed.

4. IMPLEMENTATION OF WORKPLACE CONTROLS

The framework called the "hierarchy of controls" to select ways of controlling workplace hazards should be taken into consideration. The best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers to reduce their exposure. Studies show that the COVID-19 virus survived 4 hours on copper, 24 hours on cardboard and up to 72 hours on plastic and stainless steel. During a COVID-19 outbreak, when it may not be possible to eliminate the hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and Personal Protective Equipment (PPE).

4.1. Engineering Controls

Engineering controls involve isolating employees from work-related hazards. These types of controls reduce exposure to hazards without relying on worker behaviour and can be the most cost-effective solution to implement. Engineering controls for COVID-19 include:

4.1.1. Installing high-efficiency air filters.

4.1.2. Increasing ventilation rates in the work environment.

4.1.3. Installing physical barriers, such as clear plastic sneeze guards

4.1.4. Installing a drive-through window for customer service.

4.1.5. Specialized negative pressure ventilation in some settings, such as for aerosol generating procedures (e.g., airborne infection isolation rooms in healthcare settings and specialized autopsy suites in mortuary settings).

4.2. Administrative Controls

Administrative controls require action by the both employer and employee. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard.

Administrative controls for COVID-19 include:

4.2.1. Encouraging sick workers to stay at home.

4.2.2. Minimizing contact amongst employees, and customers by replacing face-to-face meetings with virtual communications and implementing remote work arrangement.

4.2.3. Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.

4.2.4. Discontinuing nonessential travel to locations with ongoing the spread of COVID-19.

4.2.5. Developing emergency communications plans, including a forum for answering workers' concerns and internet-based communications, if feasible.

4.2.6. Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviours (e.g., cough etiquette and care of PPE).

4.2.7. Training workers who need to use personal protecting equipment how to put it on, e.g facemask.

4.3. Safe Work Practices

Safe work practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard.

Safe work practices for COVID -19 include:

4.3.1. Provide resources and a work environment that promotes personal hygiene. For example, provide tissues, hand soap, alcohol-based hand rubs containing at least 70 percent alcohol, disinfectants, and disposable towels for workers to clean their work surfaces.

4.3.2. Requiring regular hand washing or using of alcohol-based hand rubs. Workers should always wash hands when they are visibly soiled and after removing any PPE.

4.3.3. Post hand washing signs in restrooms.

4.4. Personal Protective Equipment (PPE)

PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies. Updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of COVID-19. Employers are obligated to provide their workers with PPE needed to keep them safe while performing their jobs.

The example of PPE are:

- Gloves, Goggles, Face Shields, and Facemasks, when appropriate.

All types of PPE must be:

4.4.1. Selected based upon the hazard to the worker. (e.g. medical vs non-medical environments require different PPE requirements based on the level of risk exposure)

4.4.2. Properly fitted and periodically refitted, as applicable (e.g., respirators).

4.4.3. Consistently and properly worn when required.

4.4.4. Regularly inspected, maintained, and replaced, as necessary.

4.4.5. Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

5. PRINCIPLES OF ENVIRONMENTAL CLEANING AND DISINFECTION

5.1. Disinfectant solutions must be prepared and used according to the manufacturer's recommendations for volume and contact time. If approved disinfectants are unavailable, use:

- 70-90% alcohol (e.g. ethanol)
- Chlorine solution (sodium/calcium hypochlorite aka bleach/jik)
- 0.1% (1000 ppm) for general environmental disinfection
- 0.5% (5000 ppm) for blood and bodily fluid spills
- Hydrogen peroxide at ≥ 0.5%
- Contact time for above disinfectants: 1 minute
- Contact time: Time for disinfectant to be in contact with surface in order to kill pathogen
- Type of disinfectant will be determined by type of surface to be cleaned (contact manufacture if unsure).

5.2. Detergent and/or disinfectant solutions must be discarded after each use in areas with suspected/confirmed employee with COVID-19.

5.3. It is recommended that fresh solution be prepared on a daily basis or for each cleaning shift.

5.4. Use fresh cloths at the start of each cleaning session (e.g. routine daily cleaning in workplace).

5.5. Discard cloths that are no longer saturated with solution.

5.6. Buckets should be washed with detergent, rinsed, dried and stored inverted to drain fully when not in use.

6. WORKPLACE DISINFECTION

6.1. The difference between **regular**, **day-to-day routine cleaning** and **deep Cleaning.**

6.1.1. **Regular, day-to-day routine cleaning**

- Before COVID:
  - ✓ Regular routine day-to-day cleaning with detergent only (no disinfection; except for health care settings)
- During COVID:
  - ✓ Day-to-day cleaning with detergent
  - ✓ At least once a day but frequency will increase if:
  - ✓ Workplace operates in shifts (clean between shifts).
  - ✓ Equipment is shared (clean between uses).
  - ✓ Disinfect only when there is likelihood of contamination
  - ✓ High volume of workers, customers or visitors that are likely to touch surfaces (high-touch surfaces of entry and exit points e.g. door knobs, lift buttons, receptionist desks etc.)

6.1.2. **Deep cleaning**

- ✓ Conducted every time COVID-19 case suspected/identified
- ✓ Cleaning always followed by disinfection of all affected areas (high-touch and low touch surfaces in affected areas)
- ✓ Follows incident-based risk assessment.

6.1.3. **Fogging as a deep cleaning method not recommended**

- Deep cleaning does not mean fogging (spraying, demisting etc.)
- The National Department of Health (NDoH), WHO, CDC, EPA etc. do not recommend fogging:
  - ✓ Disinfectant inactivated by organic matter (cleaning still required)
  - ✓ May miss surfaces shielded by objects/folded fabric etc.
  - ✓ Increased inhalation exposure of disinfectant to workers and community.
- The NDoH and WHO recommend deep cleaning via wiping disinfectant on contaminated surfaces with a cloth/wipe (high- and low-touched, as identified by a risk assessment) after thorough cleaning.

6.2. Workplace must be kept clean and hygienic at all times.

6.3. Surfaces must be wiped with disinfectant (desk, tables, telephones, keyboards).

6.4. PPE should be worn at all times when cleaning the surfaces.

6.5. Wash hands before and after removing the gloves.

6.6. Promote hands washing to all employees

6.7. Restrooms should be cleaned every hour. A time schedule cleaning roster should be monitored daily.

6.8. Sanitizers/ hand rub dispensers should be placed at all entrances, lifts and all floors.

6.9. Entrance at all parking areas should have sanitizers hand rub dispenser.

6.10. When implementing this guide, the DPSA Circulars on COVID-19 related matters should be considered.

7. STANDARDISED DECONTAMINATING OF GOVERNMENT BUILDING AFTER CONFIRMED COVID-19 EMPLOYEES ACCESSING THE BUILDING

7.1. The recommended types of chemicals to be used by the NICD to decontaminate the building are namely***: A Chlorine Based Chemical, which is 70-80% alcohol and sodium hypochlorite Solutions***.

7.2. After the decontamination, the government building can be closed for a **minimum period of *8 hours and maximum period of 24 hrs.***

7.3. Close off area and direct work to another clean facility (it is not necessary to close entire business).

7.4. Increase air circulation (open doors/windows/air con with outside air intake).

7.5. If no windows available, wait for as long as possible before cleaning.

7.6. Wait 24 hours before cleaning. If 24 hours is not feasible, wait as long as possible.

7.7. Minimize exposure to possible viable COVID-19 on surfaces and within suspended air droplets from coughing/sneezing/talking.

7.8. Wear Personal Protective Equipment (PPE): mask, disposable or utility gloves, dedicated overall (plastic aprons), and closed shoes.

7.9. Clean and disinfect all communal areas and equipment (focus on highly touched surfaces).

7.10. Deep cleaning involves cleaning walls, ventilation shafts, grills, storage areas, floors, windows, ceilings, etc. in all clinical and non-clinical areas.

7.11. Wipe twice with 0.05% (500 ppm) chlorine solution (or once with 0.1).

7.12. Avoid exposure to infected person's fomites (i.e. pens, computer, eating utensils, dishes).

7.13. Flood bodily fluid spillage with 0.5% (5000 ppm) chlorine solution, cover with absorbent material, and leave for 30 min before cleaning.

7.14. Cleaning equipment (e.g. buckets) must be separated from regular cleaning equipment.

7.15. Closure period of workplace: Disinfectant vapours have disappeared and all surfaces air-dried.

7.16. Thereafter, continue routine, everyday cleaning and disinfection practices.

7.17. Deep cleaning not needed ***if more than 7 days*** have elapsed since infected person was present in facility.

7.18. Deep cleaning only required if reoccupation of affected area is ***necessary for essential services to resume*** (***i.e. in less than 7 days***).

- ✓ *COVID-19 positive case must have had spent considerable amount of time in workplace touched and handled many objects, equipment and surfaces and had close contact with several co-workers.(i.e. more than 15 minutes).*
- ✓ *Deep cleaning not necessary if positive COVID-19 case simply passed through workplace without touching any surfaces or spending much time in face-to-face communication with others*.

Material	Routine Cleaning			Following suspected/confirmed case	
	Highly-touched surfaces	Minimally-touched surfaces	Method	Highly/ Minimally-touched	Method
Hard plastics	Clean at least daily or every shift change	Clean weekly	Detergent	Clean and disinfect as you become aware	Detergent + Disinfectant
Soft plastics	As above	As above	Damp dust + Detergent	As above	Detergent + Disinfectant
Metal surfaces (stainless steel, uncoated steel, zinc, coated steel, aluminum)	As above	As above	Detergent	As above	Detergent + Disinfectant* *uncoated steel more susceptible to rust when disinfected. Disinfect only when necessary, and treat for rust as appropriate
Deliberately Greased or Oiled metal surfaces	As above	As above	Clean according to manufacturer recomm.	As above	Clean according to manufacturer Recommendations
Wood	As above	As above	Damp dust + Detergent	As above	Detergent + Disinfectant
Laminate	As above	As above	Detergent	As above	As above
Glass	As above	As above	Detergent	As above	As above
Concreate (polished)	As above	As above	Detergent	As above	As above
Concreate (rough)	As above	As above	Vacuum (HEPA) or Detergent	As above	As above
Leather	As above	As above	Clean according to manufacturer recomm.	As above	

Fabric	As above	As above	Vacuum (HEPA) Damp dust + Detergent. If launderable, was on warmest possible setting according to manufacturer recomm. With laundry detergent	As above	Clean and disinfect according to manufacturer recommendations
Paper	Not suitable for cleaning	Not suitable for cleaning	Use alternate, cleanable options, such as electronic tables. If use is un-avoidable, and individual use is not feasible, use a plastic protective sheet over page	Not suitable for cleaning. Leave undisturbed for a minimum of 72 hours.	Detergent + Steam clean. If launderable, wash on warmest possible setting according to manufacturer recommendation with laundry detergent

Source: https: www.safeworkaustralia.gov..au/doc/how-clean-and-disinfect-your-workplace-covid-19

8. EXPOSURE TO COVID-19

Employee risk exposure to COVID-19 virus during an outbreak may vary from high or low risk. Those employees who develop symptoms (***meet the person-under- investigation (PUI) criteria***) should be tested and managed appropriately by a health professional or DoH protocol facility.

8.1. Employee Risk is categorized, as either High or Low Risk should be managed according to Department of Health (DoH) guidelines.

8.1.1. **High Transmission Risk**: Employees working in a high risk of exposure environment being in close proximity (<1.5m) with an infected person for a prolonged period of time (<15 minutes) without the use of personal protective equipment.

8.1.2. **Low Transmission Risk**: Employee working in an environment which does not expose them to the public (not in contact with service recipients).

8.2. Environmental Risk is categorised according to possibility of exposure as High, Medium and Low Risk as determined by the Department of Employment and Labour as follows:

8.2.1. **High Exposure Risk**- close daily contact work environment with High Transmission possibilities
(e.g. mainly medical and essential services environments)

8.2.2. **Medium Exposure Risk-** daily contact with random limited transmission individuals per population data (e.g. frontline Services, education)

8.2.3. **Low Exposure Risk –** very limited contact with any individuals (e.g. office environments).

8.3. Categories of employees who are classified and regarded as vulnerable **for the period of the COVID-19 pandemic only**, need to be formally *Risk Assessed* ***for Vulnerabilities and Comorbidities*** for the following conditions, including the following:

8.3.1. Employees that are 60 years and older, ***with one or more stated comorbidities***, which are **not well managed/controlled,** as medically determined. It must be noted that employees 60 years and above, with no medically confirmed comorbidities, are not included in this category;

8.3.2. An employee in any vulnerable trimester period, especially after 27 weeks pregnancy timeline;

8.3.3. Employees with registered disabilities, especially where assistive equipment/devices and physical support are required. Employees with manageable disabilities with no expressed physical or medically confirmed risks, are excluded from this category;

8.3.4. Any persons, of any age cohort who have the following underlying medical conditions, **if not well managed or controlled,** as determined by the DoH, namely, Cardiovascular Disease; Respiratory Disease; Kidney Disease; Immunosuppression; Metabolic Syndrome .

NB: The conditionality is for an employee to provide a valid concise medical report, (not older than 3 months), from a registered treating medical practitioner, stating that the employee has one of the broad stated comorbidities, which presents a risk and vulnerability. The employer is at liberty ***to seek a second opinion regarding any medical certificate and report provided,*** *through a Health Risk Manager Assessment, using departmental Supply Chain processes.*

8.3.5. A **medical report,** from the treating medical practitioner, which confirms that the employee suffers from any one of the above stated comorbidities in the stated groups, needs to be provided to corroborate and support the conditions as stated in the *standard medical certificate*. The standard medical certificate will be insufficient for this purpose and will not be accepted, without the attached short medical report, stating the following details/information:

(i) Medical Practitioner's Practice Details

(ii) Duration that they have been treating the patient for the stated condition

(iii) Confirmation that the employee does have a stated comorbidity, which is categorised in the broad group as determined by the DoH. If the employee as a patient agrees to

provide granular details of the actual stated sub-group condition, then such information can be provided.

Example: Comorbidity: Metabolic Syndrome (which includes poorly controlled Diabetes Mellitus as the details, amongst other conditions)

(iv) Confirmation that the stated comorbidity does present a medical risk and that such risk/s must be clearly stated in relation to that comorbidity.

(v) Confirmation of the recommended duration that the employee remains at risk and is recommended for a managed return to the workplace.

The **onus of proof** is upon employee to produce all relevant requested medical support report/s as requested by the employer to access the risks of the comorbidities and other vulnerabilities.

8.4. Confidentiality

The Employer must, in accordance with the constitutional rights to privacy, the Code of Conduct in the Public Service Regulations, treat at all times any information regarding the medical condition of an employee with the necessary respect and confidentiality. Such information may therefore not be disclosed to any other person(s) not authorised to receive such information. If an employee discloses such confidential information of one employee to any other unauthorized person, it must be viewed in a serious light and disciplinary steps against the transgressing employee should be taken.

9. QUARANTINE AND ISOLATION

9.1. Quarantine during COVID-19 Period

Quarantine may be applied in different ways during the course of the coronavirus epidemic, as determined by the DoH. The conditions for which quarantine is required may change over time. Currently quarantine is applied to:

- ✓ An employee or groups of employees who were in close contact with a person infected with COVID19;
- ✓ Persons at high risk of having been exposed during cross-border travel; and
- ✓ Symptomatic persons who have been identified as requiring testing or who have tested, but are awaiting test results. These persons can be discharged if they test NEGATIVE and may be expected to return to work.
- ✓ Only in evaluated cases, will quarantine be administered. Where quarantine is not mandatory, employees can self-quarantine at home providing they meet the criteria for self-

quarantine (see below). Individuals who are unable to quarantine at home or have failed to comply with quarantine requirements during self-quarantine should be admitted to designated quarantine sites.

9.1.1. **Criteria for an Employee to Self-quarantine**

In order to successfully self-quarantine, a person requires access to a separate room where the person should self-isolate (e.g. no-one else must sleep or spend time in the room). The person must also be able to contact and/or return to a health facility if their condition worsens. Where these requirements cannot be met, the employee should quarantine in a designated facility. Note that from a practical point of view self-quarantine and self-isolation have the same requirements. Practical advice on how to self-quarantine/self-isolate is provided by the DoH Guide.

9.1.2. **Period of Quarantine**

The recommended duration of quarantine for COVID-19 exposure is **10 days** from the time of exposure (close contact with a confirmed case). However, the DoH revises these guides for quarantine after clinical assessment and testing and employees should self-monitor and report development of any symptoms to their general practitioner, to the NICD hotline or to their local health facility. Those who develop symptoms should be tested, and managed according to clinical guidelines. People who test positive should isolate (i.e. hospital or self- isolation depending on severity).

9.2. Isolation During COVID-19

While isolation serves the same purpose as quarantine, it is reserved for those who are ***already sick and/or have tested positive for COVID-19 infections***, but do not require hospital admission for medical care. In the context of the COVID-19 pandemic, isolation may include:

- ✓ Isolation at a person's home known as self-isolation (see DoH Guidelines). This is the preferred option, but is dependent on the person meeting the self-isolation criteria (see below).
- ✓ Isolation in a health facility or at a designated isolation facility. Employees who cannot self-isolate at home should be considered for admission to a DoH facility.

The period of isolation is as follows:

- ✓ **Asymptomatic Patients**: 10 days from time of positive test;
- ✓ **Mild disease**: 10 days from onset of symptoms;
- ✓ **Moderate or severe disease**: 10 days following clinical stabilisation (no longer requiring oxygen).

Category	Quarantine	Isolation
Close Contact (asymptomatic)	Quarantine at home for 10 days. If not possible, admit to quarantine facility	Not Applicable
Health Care worker (asymptomatic) following exposure	Quarantine at home. IF well, test on day 8 and if results is negative consider early return to work	Not Applicable
Symptomatic person who meets testing criteria: awaiting test or test results	Quarantine at home for 10 days. If not possible, admit to quarantine facility (can be released from quarantine if test results is negative)	Only if test is positive (see below)
COVID-19 positive person with asymptomatic infection	Not Applicable	Isolate at home for 10 days from day of test. If unable to self-isolate at home, admit to isolation facility
COVID-19 positive person with mild infection	Not Applicable	Isolate at home for 10 days from onset of symptoms. If unable to self-isolate at home, admit to isolation facility
COVID-19 positive person who has been admitted to hospital	Not Applicable	De-isolate 10 days after clinically stable (not requiring oxygen) or 10 days after onset of symptoms (if did not require oxygen)

Source: National Department of Health May 2020.

10. EMPLOYEE RISK ASSESSMENT AND CATEGORIZATION WITH RESPECT TO MANAGEMENT OF COMORBIDITIES FOR COVID-19 PERIOD

This Guidance below should assist departments as follows, to be able to:

10.1. Determine the necessary ***Administrative Controls Mechanisms*****,** during a CHED (crisis, hazard, emergency and disaster) situation based on stepdown Alert Levels based on a *Risk Adjusted Strategy.*

10.2. Provide the ***PS Regulatory Employment Practices***, which should be used during any disaster and resultant emergency for different categories of *Key Employees* in order to determine which category of employees according to service delivery modes and typologies, can and may work offsite and which employees are mission critical to supporting essential services workers.

10.3. Identify and Manage, the Planning components of an ***Emergency Management Cycle***, to identify the actions to be taken according to risk timelines pronounced periodically during a disaster and/or resultant emergency and the utilization of employees.

10.4. How to assess the related risks and design an in-house ***Risk Assessed Response Plan*** for a decongested workplace, based on Occupational Health and Safety statutory requirements,

as well as any other prevailing prescripts from the Department of Employment and Labour, which are issued from time to time.

10.5. All employees, **must** be assessed by their employer according to risk categories, based on the need for a phased return to work arrangement, and be placed within a recommended BRAG Risk Assessed (blue; red; amber and green coding) category, based on an ***Employee Risk Assessment Profile Form (Annexure A),*** which justifies who qualifies for Remote Working options and for which duration and scheduling. The four colour coded categories are as follows:

Categories of Employees for Assessment of Risk ***All employees must complete an Employee Risk Assessment Form***	
BLUE	**Explanation:** No assessed Risks to employee. No identified vulnerabilities.
	Return To Work Action: Employees in this category **must** physically return to work or be on duty as required by the employer, including non-essential workers, who are performing functions that are mission critical as determined by the employer for operational and service delivery requirements for business continuity and services to the citizens. This category of employees are regarded as **key workers**, supporting essential services, to distinguish them from essential workers who are covered by separate legislation. **Decongestion Examples**: Employers can utilise an alternate day system or a partial day system divided into two daily cohorts. This will entail half-day at their physical workstation and half-day remote working.
	Example: All SMS and their direct administrative support staff; All Programme 1 Administration employees; All frontline services employees, professionals, albeit in a decongested working arrangement per sector directions must be at work on a daily basis to manage operations.
GREEN	**Explanation:** No assessed medical Risks to employee. No identified vulnerabilities.
	Return To Work Action: Depending on lockdown stepdown levels, all other employees **will be** scheduled to return to their normal workstations on a decongested approach, using a rotational or normal daily roster system as designed by each department based on physical distancing protocols.
	Example: All other employees, except those with registered uncontrolled comorbidities.
	Decongestion Examples: Employers can utilise an alternate day system or a partial day system divided into two daily cohorts. This will entail half-day at their physical workstation and half-day remote working. These employees can be required to work remotely on at least two days a week.
AMBER	**Explanation:** Employees with assessed identified medical Risks who have defined uncontrolled comorbidities and/or identified vulnerabilities, including registered disabilities, which require assistive mobility equipment and/or additional support. This arrangement is only applicable during the COVID-19 Pandemic period. Thereafter, such employees MUST RTW as directed by the employer.
	Return To Work Action: Such employees may from time to time, (where the employer can ensure limited health risks), be expected for reasonable functional administrative purposes, to physically attend and present at their workstation to attend to urgent matters, which impact directly on operations and which cannot be done remotely, albeit observing physical distancing protocols.
	Example: Where the employer has approved that such employee falls within such risk category.
RED	**Explanation:** Employees assessed to be under ***supervisory*** quarantine or isolation, as specified after following COVID-19 screening protocols, which categorize such high risk employees and the necessary medical proof thereto must be provided.
	Return To Work Action: Employees are not allowed to be at a workstation due to protocol periods and timelines related to any potential communicable infections or contagion, as determined by a registered health professional or a Presidential decree.
	Example: Any employee medically confirmed to be infected or affected by COVID-19. However, after been declared COVID-19 Free by a medical practitioner in terms of the DoH protocols, such employee reverts to the normal risk relevant category above.

Source: DPSA EHW 2020 BRAG/ROBOT CODING

All four BRAG categories should further be divided into Work Teams for Work Scheduling purposes as guided below:

BRAG COLOUR CODE	TEAMS	EXAMPLE	
BLUE	**TEAM A**	A1: All EXCO members and SMS Members in ALL Departments	Employees in this category, may be expected to work on a daily basis or as per sector arrangement, as they support mission critical services.
		A2:All FRONTLINE Services Employees who delivery transactional services to citizen	
		A3:ALL Middle MANAGERS/ ALL PROFESSIONALS IN INSTITUTIONS	
		A4: PROGRMME 1 employees	
		A5: ADMINISTRATIVE SUPPORT	
GREEN	**TEAM B**	Divide teams into 5 Weekdays and schedule on a decongested basis which teams work on which days or for which half-day schedule if day is broken down into TWO distinct cohorts of employees for morning and afternoon sessions	All other employees who do not fall within the BLUE category, will be scheduled to attend work on a decongested basis, based on employer schedules.
AMBER	**TEAM C**	Divide teams into different comorbidities based on assessed heighten risks.	Will be expected to report for duty based on urgent requests from the employer.
RED	**TEAM D**	Divide employees into supervised Quarantine and confirmed isolation in terms of COVID-19 screening protocols	Only return after medical protocols have been followed and are COVID-19 Free.

11. RETURN TO WORK PRACTICES AND WORK RESTRICTIONS

After returning to work, the Employee should:

- Compulsory wear a disposable facemask preferably instead of a cloth mask, for source control at all times while in the workplace and practice workplace social and physical distancing, until all symptoms are completely resolved or at baseline, where after a cloth mask can be used.
- After this time period, these employee should revert to their departmental policy regarding universal source control during the pandemic.
- Self-monitor for symptoms on an ongoing basis, and seek re-evaluation from occupational health if any respiratory symptoms recur or worsen.

11.1 Strategies to Mitigate Personnel Staffing Shortages

Maintaining appropriate staffing levels in all departments is essential to providing a safe work environment for all employees. As the COVID-19 pandemic progresses, employee shortages will likely occur due to exposures, illness, or need to care for family members at home.

Departments must be prepared for potential staffing shortages and have plans and processes in place to mitigate them, including considerations for permitting employees to return to work without meeting all return to work criteria above, as long as protocols can be followed.

12. Conclusion

This guideline will be implemented in conjunction with other COVID- 19 related prescripts.

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