



Department of Mineral Resources and Energy

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GUIDING PRINCIPLES ON PREVENTION AND MANAGEMENT OF COVID 19 in SAMI

1. INTRODUCTION

On 31st December 2019, the World Health Organization (WHO) was alerted to a cluster of pneumonia of unknown aetiology in patients in Wuhan City, Hubei Province of China. One week later the novel coronavirus (severe acute respiratory syndrome coronavirus 2: SARS-CoV-2) was identified as the cause. The resulting illness was named COVID-19 on the 11th February 2020. The clinical spectrum of COVID-19 ranges from an asymptomatic or mild flu-like illness to a severe pneumonia requiring critical care. After 114 countries had recorded cases of COVID-19, the World Health Organization (WHO) Director General declared the COVID-19 as a pandemic on the 11th March 2020.

On the 5th March South Africa recorded its first case of COVID 19 and since then more cases have been identified. This led the President of the Republic of South Africa to declare a national disaster on COVID 19, wherein a comprehensive plan was outlined, detailing how the country will respond.

2. BACKGROUND

On the 23 March 2020 the President of the Republic, HE Cyril Ramaphosa, in his address to the nation, announced the escalation of measures to combat COVID-19

epidemic. He announced that the analysis of progress of the epidemic informed government that there is a need to urgently and dramatically escalate South Africa's response. In this regard, a decisive action was taken to institute a nationwide lockdown from 23:59pm on Thursday 26 March 2020.

The President further announced that Companies whose operations require continuous processes such as furnaces, underground mine operations will be required to make arrangements for care and maintenance to avoid damage to their continuous operations. He further emphasized that the nation-wide lockdown is necessary to fundamentally disrupt the chain of transmission across society.

In support of the President's decisive action, the Minister of Mineral Resources and Energy, Mr Gwede Mantashe (MP), met key stakeholders from the sector to consolidate plans to deal with the spread of COVID -19.

Considering that the South African Mining Industry (SAMI) is labour intensive with congregate settings, and has both underground and surface operations, the Department of Mineral Resources and Energy through collaboration with the tripartite stakeholders at the Mine Health and Safety Council (MHSC) considered measures to be taken to manage COVID-19 exposure within the SAMI. The decision was taken to issue a communique on guiding principles with regards to preparedness, mitigation and management of COVID-19 exposure.

3. ISSUES OF CONCERN

The following have been identified by the stakeholders:

- a) In-house (hostels) accommodation of mine employees.
- b) Close contact on transportation of mine employees to and into the mine.
- c) Use of biometrics and turnstiles for entry and exit f at mines and its working places.
- d) Testing on mine employees for alcohol using breathalysers.
- e) General awareness and precautionary measures to prevent the disease
- f) Medical surveillance (spirometry, audio booths, eye test, etc.).
- g) Compliance to Regulation 9.2(2) in terms of personal monitoring (personal sampling equipment).

4. GUIDING PRINCIPLES

4.1 Risk based approach

In terms of section 11 of the Mine Health and Safety Act (MHSA), the employer should assess and respond to risk.

The employer is required to conduct a risk-based assessment covering all workings at mines considering the following:

- a) Identifying the risk of exposure for vulnerable employees (occupational diseases, communicable and non-communicable diseases).
- b) Determining if workers could be exposed to activities or materials where the virus may be encountered.
- c) Considering the number of employees at workplaces, meetings, etc. taking into account the recommended social distance.
- d) Review HR policies around business travel, sick leave, and other related policies to account for COVID-19.

4.2 Scientific and evidence-based approach

In implementing any solution driven measure, the employer must aim to apply the best available evidence gained from scientific methods for decision making in preventing COVID-19 exposure.

5. ISSUES ADDRESSED IN THIS COMMUNIQUE

In considering the following, the employer must also consider the guiding principles above:

5.1 De-densification of employees on transport modes and other spaces

The employer should conduct a risk assessment to determine the areas/activities in the context of de-densification.

When necessary hygiene measures proposed by WHO, NDOH and NCID, personal protective equipment, should be provided, with appropriate education.

5.2 Breathalyser testing

For alcohol testing, the employer should use his/her discretion on which tests to implement depending on feasibility and availability e.g. single use (lowest risk) or

multiple use (medium risk and used with protective measures in place). The employer must also assess the health and safety risks in order to prevent cross infection in implementing breathalyzer testing. **(Please see Annexure A attached hereto)**

5.3 Use of biometrics

The use of Biometric systems can be applied by the employer provided the following are complied with:

- a) Use of sanitizers at all times.
- b) Employees are educated.
- c) All necessary health and safety measures as informed by Risk Assessment are adhered to.

5.4 Alignment of medical surveillance system and hygiene programmes to the COVID-19 pandemic

Protection of health for all is paramount. The employer should perform a risk assessment with regards to potential cross infection linked to the different activities and equipment (e.g. spirometry, eye testing, audiometry, temperature measurements, personal sampling equipment etc.) embodied in the medical surveillance system. Where equipment is utilized appropriate personal protection (masks, eye protection, gloves) for the health care staff and workers should be provided and donned. **(See note in Annexure B for spirometry testing)**

Administrative controls should be put in place to reduce crowding and preference should be given to initial and exit medical examinations. Periodic examinations should be conducted where these are essential. The mandatory COP for fitness to work at a mine, should be updated to reflect the administrative that will be implemented in relation to the risk assessment.

5.5 Respiratory protective equipment

The selection of respiratory protective equipment and identification of face mask/respiratory zones should be informed by risk assessment outcomes. The primary purpose is to reduce cross infection.

5.6 Personal hygiene measures

An employer should establish and maintain a personal hygiene programme in mitigation of transmission of COVID-19.

6. ROLES AND RESPONSIBILITIES

For employees presenting with signs the WHO principles should apply.

6.1.1 Employees with COVID-19 signs and symptoms

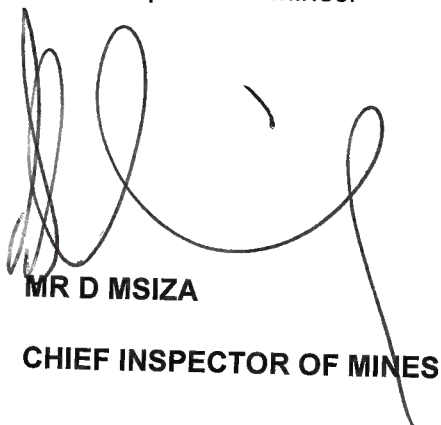
The employees with suspected signs and symptoms of COVID-19 exposure should report to the employer.

6.1.2 Employers

- a) Employers should ensure that employees have been assessed for COVID-19 exposure prior to entering the mine premises.
- b) The employer should have a workplace policy and procedure and ensure workers are familiar with it.
- c) The policy should include medical management procedures to address COVID-19 in the workplace.
- d) Communicate and make available a platform for workers to access the latest policy and relevant information around COVID-19 and include an updated list affected country.
- e) Clear messages/guidance should be given to employees with signs and symptoms of COVID-19.
- f) Explore options to promote access to and time for consultation with health services for symptomatic employees.
- g) Employee education on Symptoms and required actions is key.

7. APPLICATION

This guiding principles shall apply from date of signature until it is rescinded by the Chief Inspector of Mines.



MR D MSIZA
CHIEF INSPECTOR OF MINES

ANNEXURE A

CONTROL MEASURES TO MANAGE THE RISK OF EXPOSURE TO BREATHALYSER

1. It is recommended that the procedure is performed outdoors. Where the procedure must be performed indoors, there has to be adequate ventilation and natural or artificial UV light to reduce the amount of viable organism in the air.
2. The breathalyser must be held with an extended arm away from the operator. The person must blow into the blow point, directed past the operator. This is in cases where the operator is required to hold the device.
3. It is recommended for an operator to wear mask, gloves and goggles. This is provided that they are fully trained and competent in the use of this PPE in infection control.
4. The operator will require training to put on and take off the mask without contaminating their faces and autoinoculation of their mucus membranes.
5. If possible, the people being tested can hold the device themselves - this would be preferable.
6. The mouth of the person being tested must be at a distance of 50mm from blow point.
7. Workers must be instructed not place lips on blow point.
8. The person must be instructed to blow steadily towards the blow point for 2 to 3 seconds.

ANNEXURE B

NOTE ON SPIROMETRY TESTING

Process evaluation for spirometry testing

During the spirometry manoeuvre, the client is required to take a deep breath and exhale maximally into the spirometer to produce a Spirograph. This has to be done at least three times to produce an acceptable test result. This forced manoeuvre often results in coughing and spluttering which can result in the release of droplets from the airway into the environment. The technician conducting the spirometry is usually sitting below the standing client or next to the client when sitting and there is a likelihood of the droplets landing on the face and mucus membranes of the tester. The client cannot

move far away due to the cord connecting the spirometer to the computer. The operator must be in close proximity to the client to assess for any change in condition and to possibly support the client. The filters that are normally used will protect the spirometer from most microbes but it does not prevent the droplets from the client's mouth going into the environment if they cough or splutter during or after the manoeuvre.

With the current pandemic, there may be individuals who are infected, asymptomatic and shedding the virus. The SARS CoV-2 cannot be compared to other respiratory pathogens in that it is highly contagious and extremely virulent and if not always deadly, results in morbidity and required isolation resulting in absenteeism. The impact that it has had on the world is unprecedented. The impact it could have on the working community in mines and industry will be devastating.

Control measures

In the usual day to day management of risk, spirometry requires standard infection control precautions such as adequate ventilation and airflow, UV lights, use of appropriate filters, adequate environmental cleaning, the use of gloves by the operator and effective hand hygiene. In the current environment the operator is required to do a risk assessment on the client to establish risk of infection by utilising a respiratory questionnaire. In the case where there is any doubt, the test is delayed and the client referred for medical assessment. Should spirometry be essential, then a mask, eye protection and gloves should be donned for the procedure.