

UNIVERSITY OF JOHANNESBURG

COVID-19 Health Management Plan

1. INTRODUCTION & BACKGROUND

Ever since the beginning of COVID-19 outbreak, life as we know it has changed. This disease was declared a global pandemic by WHO on 11 March 2020 and this has led to the President declaring a National Disaster status for South Africa.

South Africa began to struggle with this problem in March and this has led to National Lockdown, affecting many places of work, businesses, and academic institutions negatively in different ways. This has led to many institutions allowing non-essential employees to work from home, leaving only essential employees to coming to work on a daily basis. Essential workers are potentially exposed to hazardous conditions that could increase the risk of contracting Covid-19 either at work or through their public transportation systems.

The Department of Employment and Labour has gazetted regulations that every employer must implement in their workplaces to ensure that employees are protected from acquiring Covid-19 at their places of work. This document outlines how UJ will assess and manage all its employees and relevant stakeholders during the easing of National Lockdown. This aims to protect all persons on UJ campuses and external facilities who may be at risk of getting infected, and also outlines how those who have been infected by the virus will be managed.

2. RISK GROUPS TASKS & AREAS

The following areas and groups of people will be prioritized for regular health risk assessments and intensified medical surveillance programs respectively.

2.1 Hygiene Workers (Cleaners and other Auxiliary Personnel)

These groups of personnel are generally at a higher risk of contracting the Covid-19 infection due to their occupational predisposition. The university has put in place measures that will minimize the risk of infection amongst cleaners. These include intense training programs and essential personal protective equipment such as rubber gloves and face masks. Workers that have been assigned to high risks areas such as clinics, bathrooms, entrances, and residential areas will be properly trained to handle biohazard waste without putting their own health at risk.

This group of employees has been prioritized in terms of medical surveillance and COVID-19 screening procedures in order to ensure early case-finding and diagnosis.

2.2 Vulnerable Groups

The following workers are classified as vulnerable due to their likelihood to suffer more severe effects of the disease should they contract the virus:

- Age greater than 60
- Cardiovascular disease
- Diabetes mellitus
- Chronic respiratory disease
- Chronic renal disease
- Cancer with or without treatment
- Pregnant workers

- Employees on immunosuppressive therapy i.e. systemic corticosteroids
- HIV diagnosed workers who are virally unsuppressed

This group of workers will be accommodated to work from home where possible. Workers whose occupations would not allow them to work from home should be provided with Personal Protective Equipment (PPE) such as masks and other risk mitigation measures to limit their potential exposure to the virus. A carefully prescribed medical surveillance program and individualized risk assessment has been designed to ensure that they are consulted on a frequent basis and provided with pharmacological immune system support based on their medical requirements.

2.3 Protection Services & Maintenance Staff

Protection Officers (Security Officials) are our frontline workers who are highly exposed to the outside world. They are also at a higher risk of contracting the virus due to the nature of their occupation. This group of workers together with maintenance personnel has also been prioritized in terms of medical surveillance and COVID-19 screening. Policies have been put in place to ensure social distancing and hand hygiene at all security points to minimize the risk of occupational infections.

2.4 Gates and Entrances

The entrances to buildings and gates present a high-risk point of entry for Covid-19. Measures such as sanitization of all entrances and gates as well as deactivation of biometric scanners at all gates and entrances are effective ways in which the risk of contamination and infection are managed. These measures will be intensified by sanitizing door handles and turnstiles regularly especially when academic activities resume. Doors that can be kept open without compromising security will be left open to limit physical contact and the risk of contamination.

2.5 Health Care Workers (HCW)

HCW's are particularly at risk of contracting COVID-19 due to the intimate nature of their work. Their work environment has been adjusted to facilitate adequate physical spacing between them and patients where close contact is unnecessary (i.e avoid coming too close to high risk patients and avoiding performance of aerosolizing procedures such as lung function tests). Infection prevention and control (IPC) etiquette must be continuously practiced and educated to junior, administrative, and cleaning personnel to render the environment healthy, safe, and infection-free. The full PPE will always be available to ensure adequate protection whenever all the other protection methods have been exhausted and cannot provide full protection.

2.6 Healthcare Facilities

Our clinics are at a higher risk of contamination and could also serve as breeding grounds of the virus, and will therefore require a high level cleaning and disinfection program that will be continuously monitored to eliminate the University's risk of liability as a result of occupationally and publicly acquired infections.

2.7 Gyms & Sport

Due to the high risk of infection associated with use of these facilities and participation in contact sporting codes, these will remain closed until the National, Provincial, or local Alert Levels have been reduced to 1.

2.8 Food Outlets & Retailers

Food outlets on campuses must always follow strictest food hygiene and infection prevention practices and remain transparent to allow the Occupational Health Practice to conduct regular risk Hazardous Biological Agents Risk assessments that will ensure

compliance and low risk of virus transmission. These will be opened and operated according to National Covid-19 Command Council (NCCC) regulations and the University has a responsibility to hold them to account.

2.9 Residences

Student residences remain high risk areas of possible transmissions on our campuses. Current social distancing and sanitization programs will be intensified and continued to ensure the safety of students and university employees such as cleaners and protection officers.

2.10 Academic & Information Services Venues

Regulations have been put in place to limit traffic and number of students in academic lecture halls, libraries, and information technology laboratories. Strict social distancing and hand hygiene practices will be enforced, with adequate supply of hand sanitizers at all key areas. Seating arrangements will be set up in a way that encourage adequate distancing and discussion rooms could be closed at least until the Alert Levels have improved and it is safe to have small discussion groups. Workers that are stationed in these areas must be properly trained in basic infection control principles and ensure strict sanitization and use of PPE (masks).

2.11 Offices, Boardrooms, & Venues

Academic personnel and other administrative personnel (including ICS personnel) should be encouraged to avoid physical meetings in unventilated rooms and offices, use face masks at all times, and always practice social distancing and hand hygiene. Some of these employees are particularly at risk due to their workspace configurations (shared workspaces). These spaces may need to be reconfigured, in addition to allowing staff members to work from home, to limit the risk of infections. Meetings and academic sessions that can be conducted online must be done on such platforms to minimize physical contact, and work that can be performed from home must also be done outside academic premises to limit time spent on campus in offices.

These conditions will be relaxed accordingly as National Alert Levels improve. Regular health risk assessments will be conducted by the OHP to ensure strict compliance to social distancing and hygiene policies.

2.12 Travel

Local and international travel should continue to be prohibited until the restrictions have been lifted at National levels. If staff members travel under exceptional circumstances, they should always consult the Occupational Health Practice for pre- and post-travel assessments before returning to work. High risk areas will be evaluated and classified constantly for a proper risk assessment and travel advise.

2.13 Public Areas

Public areas where gatherings could occur should be restricted until such gatherings are permitted by the Government. This also applies to social, cultural, and religious events that employees and students may want to participate in.

3. RESUMPTION OF OCCUPATIONAL ACTIVITIES

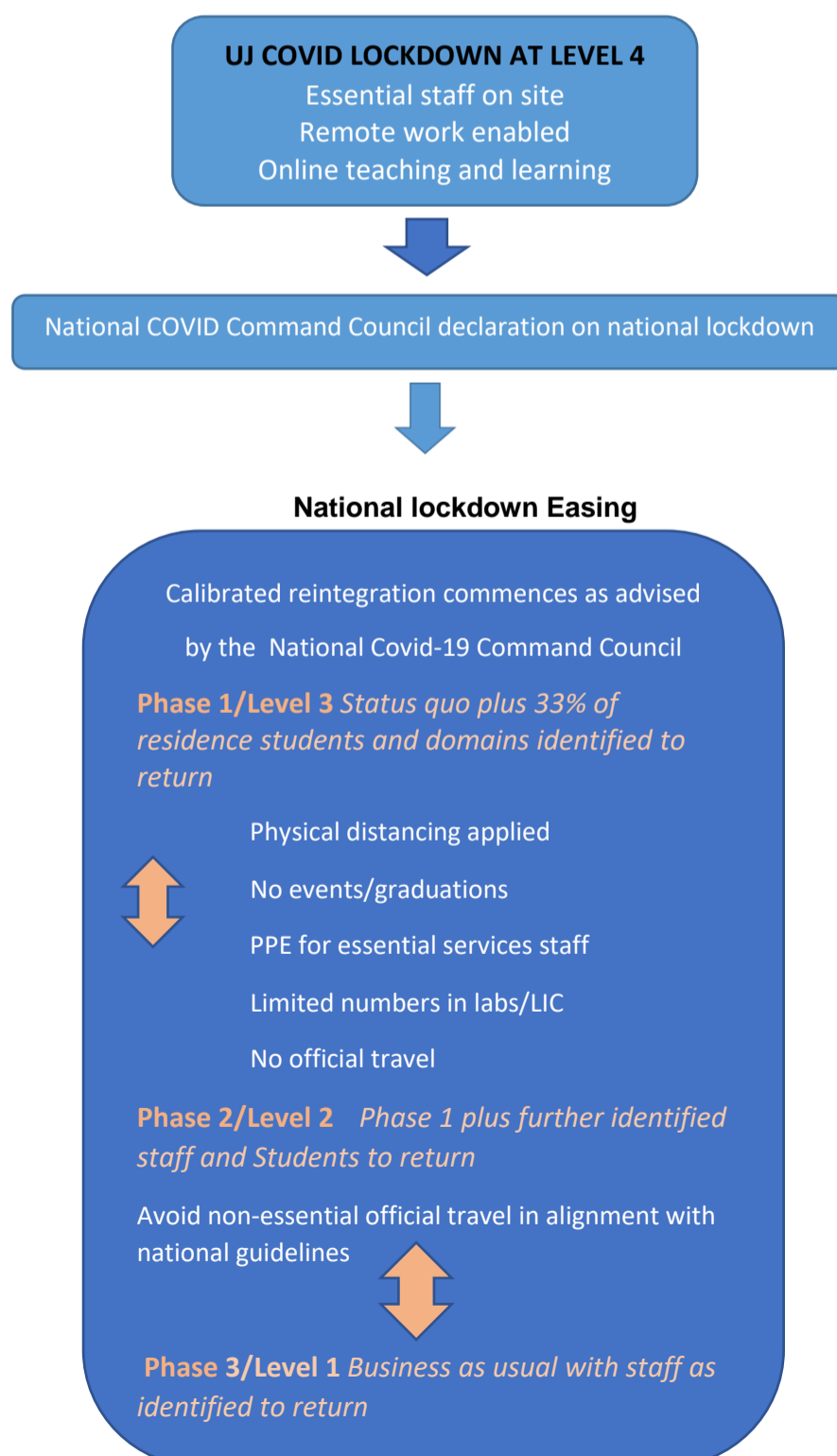
The University has adopted an incremental approach (Figure 1) to resumption of both academic and occupational services. This will allow a smooth and effective occupational health management of employees as they gradually return to work.

Following the lifting of a full National lockdown status and implementation of Alert Level 3 in June 2020, the Occupational Health Practice will assume the following responsibilities:

- Ongoing assessment of essential workers and referral to Careways and PsyCad for psychological support and debriefing where indicated.

- Screening and identification of potentially affected employees and referral to public and private health institutions for treatment and further management.
- Planning and scheduling of disinfection and decontamination of relevant offices and work areas.
- Training and monitoring of cleaners on proper use of disinfectants.
- Provision of relevant PPE and ongoing consultation on health-related matters.
- Determining and encouraging vulnerable groups who should work from home or require additional protection due to their vulnerability.
- Continuous education on respiratory and hand hygiene, as well as social distancing.
- Coordination of all officials responsible for enforcing social distancing and hand hygiene policies.
- Educate employees on regular self-check, one staff member to check temperatures before and after shift. Recordkeeping and facilitation of clinical referrals.
- Regular HRA in high risk areas.
- Medical assessments done to determine if employees are fit to perform their work.
- Return to work medical assessment done on high risk employees.
- Enforce social distance between HCW's.
- Conduct training and health promotions campaigns.
- Conduct medical surveillance as revised.
- Assessment of employees returning to work post-exposure.
- Follow workplace management Scenario 1 – 4 as stated by NICD guidelines.
- Supporting ER24 with their campaign to manage Covid-19 screening at the gate.

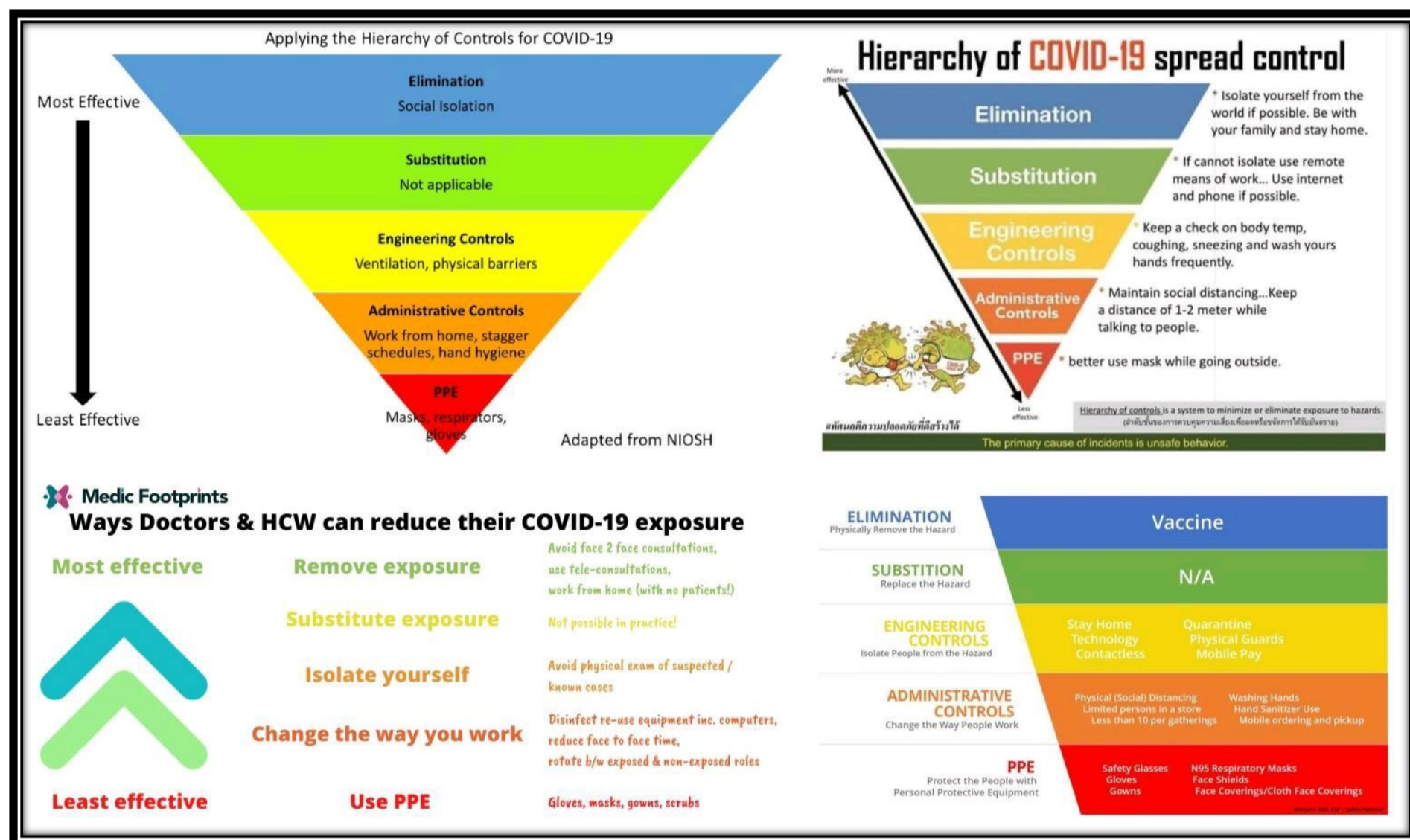
FIGURE 1: GRAPHICAL REPRESENTATION OF REINTEGRATION PLAN POST COVID-19 LOCKDOWN



4. RISK MANAGEMENT

Traditionally, risk in the workplace is managed through a universal and effective approach namely a Hierarchy of Controls. This model allows for a structured and efficient way of controlling hazards through elimination, substitution, engineering controls, administrative controls, and personal protective equipment as the least effective last resort. A typical risk control model (© NIOSH) to managing COVID-19 infection risk is illustrated in Figure 2 below:

FIGURE 2: HIERARCHY OF CONTROLS FOR COVID-19



3.1 Prevention

Protecting workers will depend on successful implementation of basic infection prevention measures at all campuses and University sites. UJ should implement good hygiene and infection control practices, including:

- Promotion of frequent and thorough hand washing, including providing staff and visitors with a place to wash their hands. If soap and running water are not immediately available, provide alcohol-based hand rubs containing at least 60% alcohol.
- Encouraging workers to stay home if they are sick.
- Encouraging respiratory etiquette, including covering coughs and sneezes.
- Provision of biohazard bins for throwing away used tissues etc. (red bin bags so cleaners know to be cautious)
- Explore and continue the establishment of policies and practices, such as flexible worksites to increase the physical distance among employees.
- Discouraging workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible.
- Maintaining regular housekeeping practices, including routine cleaning and disinfection of surfaces, equipment, and other elements of the work environment. Auxiliary staff need to be educated regarding safe cleaning procedures in the different environments where they work e.g. student residences, public toilets, and offices. The cleaners could be vectors of the virus within the work environment if they are not well-educated and do not practice adequate hygiene principles.
- Simple educational material including posters and electronic media accessible to all staff advising them to stay home if they have any symptoms.

- Thorough screening procedures that comprise of thermal scanning and symptom screening questionnaire at all gates and campus entrances.
- Provision of PPE as per exposure risk profile (Table 1)

TABLE 1: PPE REQUIREMENTS FOR COVID-19

Exposure risk to SARS-CoV-2	Typical groups	PPE advised
Very High (high potential for exposure to known or suspected sources of Covid-19 during medical procedures)	Healthcare workers (doctors, nurses, emergency care practitioners)	Approved N-95 filter respirators Eye protection or face shield Hair covers Shoe covers Gowns Gloves
High (high potential for exposure to known or suspected sources of Covid-19)	Healthcare support staff (including cleaning staff)	Surgical masks Gloves
Moderate (frequent and close contact within 2m of people who may be infected)	Protection Services staff Counselors	Surgical masks Face shield Gloves
Low (minimal contact sessions and < 2m of the public and co-workers)	Academia – no laboratory work Professional and Support staff not alluded to previous. Students	Cloth masks

3.2 Case Management

Should an employee develop and report symptoms of COVID-19, they will be given a surgical mask and relevant PPE before being referred for testing outside the University premises. Staff who may have come in contact with them will be located and managed in terms of COVID-19 case finding and clinical guidelines.

If an employee tests positive for COVID-19 and there is evidence that he/she contracted it at work, compensation of occupational disease forms will be completed in order for the case to be referred for compensation or management according to The Compensation of Occupational Injuries and Diseases Act (COIDA).

3.3 Return to Work & Reintegration

Employees who have recovered from COVID-19 and those who are returning from precautionary isolation will be assessed by the Occupational Health Practice before being allowed to return to work. UJ clinicians will require all the important information pertaining the diagnosis, treatment, and prognosis to determine the risk of reintegration and fitness of the employee to return to work.

A Covid-19 Suspect and Case register has been formulated and is continuously being updated by the OHP team.

3.4 Ongoing Support and Surveillance

Employees who have been reintegrated back to work following a COVID-19 infection or suspicion will continue to be monitored and reassessed on a regular basis to ensure adaptation to working environment and continued risk assessment process. The patient and his/her co-workers will be offered ongoing support medically and psychologically should it be required.

3.5 Occupational Disease Management

All occupationally related COVID-19 patient will be registered and managed as occupational disease as guided by the latest Occupationally acquired COVID-19 infection regulations. These workers will be identified by the Campus Health Services personnel and referred to private institutions as per University's occupational injuries and diseases protocol.