

*African*

April 2020

**OS&H**



# CORONAVIRUS



**Effective  
protection  
for people  
and products**

**DUPONT**™



Formerly known as National Safety



**COVID-19 special edition. Publication date April 2020**

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## **Editor's Comment**

When we first heard about the new coronavirus that was ravaging China towards the end of 2019, very few of us were worried. It was far away and we weren't affected. But within just a few months it had jumped from country to country and WHO declared it a pandemic. By now most countries worldwide have implemented different degrees of lockdown.

For the first time since WWII, borders have been closed - the only difference, this time all countries are fighting the same war.

As we stand, there is no end in sight. The earliest date for a vaccination seems to be about 18 months away, while scientists and doctors worldwide are grappling for a cure.

Even after the pandemic has passed, the economic effects of **COVID-19** will be felt for a long time. Some businesses will close down and employees will be retrenched, laid off, or in the best scenario shortened working hours and salary cuts will be implemented.

New terms that have been added to our daily lives include: social distancing; contact tracing; self-isolation; herd immunity; lockdown.

The implementation of preventative measures such as social distancing and hand washing have been so effective, that everytime I see people on TV standing too close together, my instinct is to jump up and reprimand them.

The availability of free online resources has been heartening from school / educational programmes, fitness classes, to virtual tours of museums and live theatre or ballet, to name a few.

This special edition of **AFRICAN OS&H** is dedicated to this new virus as our industry is at the forefront of the crisis - from medical, paramedical personnel to healthcare workers to manufacturers and suppliers of PPE equipment.

The articles published in this issue were received during different stages of the outbreak. During a crisis such that we are experiencing, the situation changes minute by minute.

Many of the PPE manufacturers have been registered as essential suppliers and are working frantically around the clock to keep up the demand for **COVID-19** related products.

The frontline emergency responders including nurses, doctors and all other healthcare workers are under severe pressure with extended working hours, some sadly losing their lives to the illness and others becoming infected while performing their duties.

We have reported often on the future of work in our magazine - but none of us could have imagined that a new coronavirus would add a totally new dimension to this. The **COVID-19** story is far from over, and we will continue to report on its path as the year progresses.

In the meantime, stay well, healthy and safe.

*Debbie Myer*

# COVID-19 - understanding the virus and disease

Today the world is faced with a global pandemic in the form of a novel coronavirus called COVID-19. Thus far, this little understood virus, has resulted in many thousands of infections, and even deaths. The global economy has been thrown into turmoil, travel restricted, supply chains disrupted and ordinary people's livelihoods severely impacted.

At DuPont, we are committed to stopping its spread, whilst providing first responders and health care workers with the highest level of PPE to keep them safe as they attend to the affected population.

## 1. UNDERSTANDING THE VIRUS AND THE DISEASE

### What is Coronavirus?

According to the World Health Organisation, the Novel Coronavirus is a new strain which has not been previously identified in humans, causing illnesses such as influenza to Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV). See Figure 1.

### What are the symptoms?

Headache, fever, cough, shortness of breath. Symptoms appear in 2-14 days, noting that the incubation period is 14 days.

The vast majority will experience mild symptoms, whilst others may require hospital care.

### Who are the vulnerable?

Based on data from Northern Hemisphere, people over 60 are at higher risk, particularly those suffering from chronic conditions such as diabetes, heart and lung diseases, and people undergoing cancer treatment.

### How is it spread?

The virus is mainly transmitted through droplets when an infected person coughs, sneezes or speaks.

You can be infected by breathing in the virus if you are

less than 1m from a person who has COVID 19, or by touching a contaminated surface and then touching your eyes, nose or mouth before washing your hands.

## 2. PREVENTING THE SPREAD

The following recommendations are illustrated in Figure 3.

- **Personal hygiene.** Three critical, yet basic behaviours can contribute significantly to reducing the spread of the virus:
  - Wash hands for a minimum of 20 seconds
  - No handshakes
  - Sanitise your hands regularly
- **Workplace actions.** The following habits can contribute significantly to reducing the spread of the virus:
  - Social distancing
  - Sanitise, wipe and disinfect meeting rooms and workplace spaces
  - use paper towels for door handles, lift buttons and avoid hand rails
- Travel restrictions
- Lockdown

Figure 1. Understanding the virus and disease

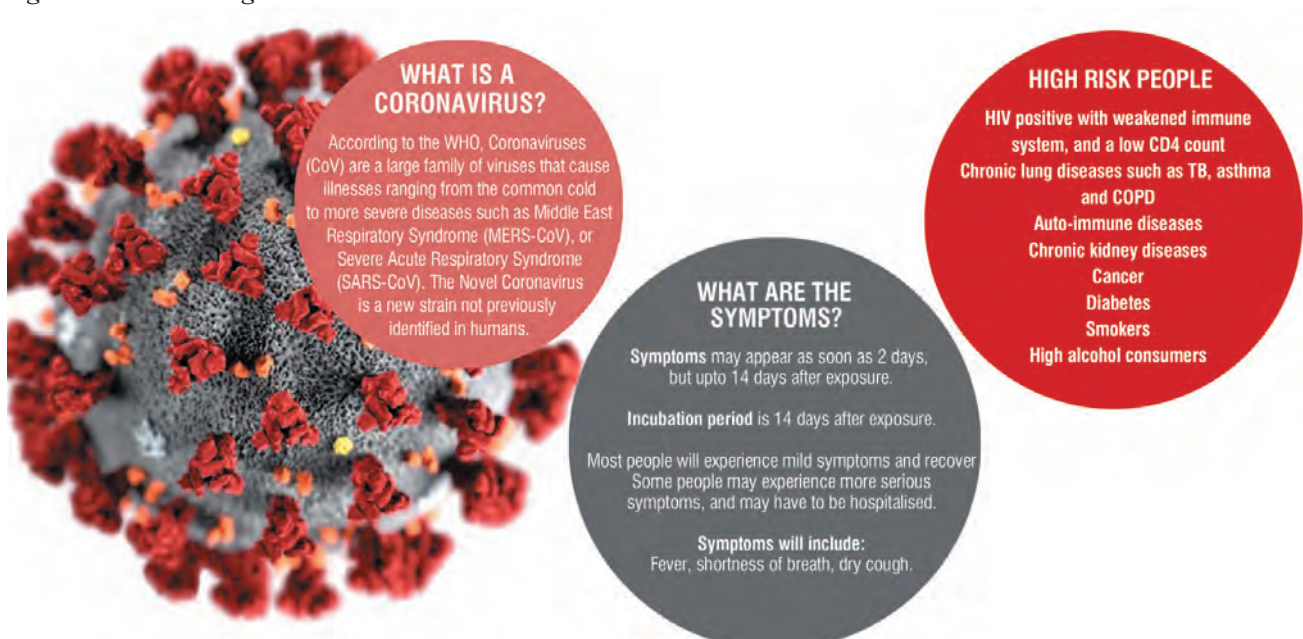




Figure 2. Every infected person spreads the virus to 2.5 people.

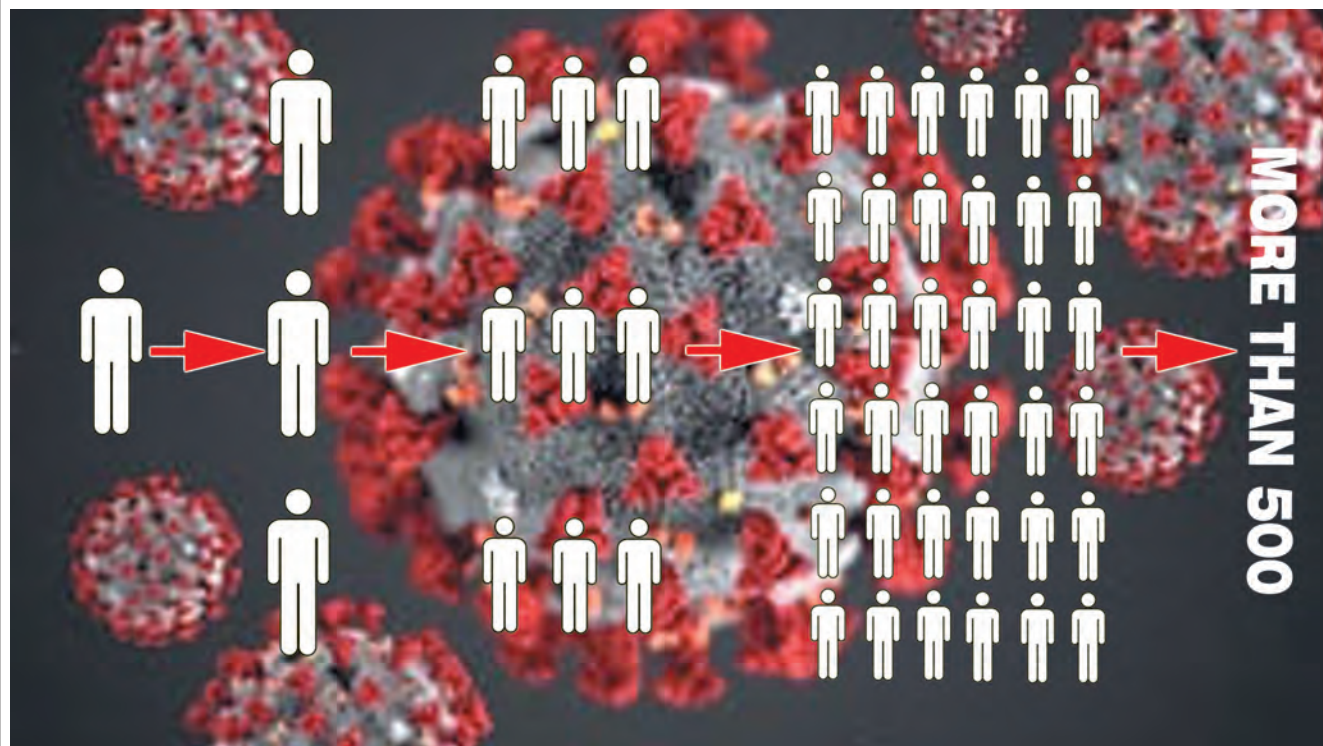


Figure 3. Preventing the spread

### 1. Personal hygiene



### 2. Workplace actions – social distancing and good workplace practice



### 3. RESPONDING TO SUSPECTED OR CONFIRMED CASES

The National Institute for Communicable Diseases' definition for Positive Case is as follows. As illustrated in Figure 4, persons with acute respiratory illness, with sudden onset of at least one of the following symptoms:

cough, sore throat, shortness of breath or fever, more than 38°C (measured) or history of fever (subjective) irrespective of admission status AND in the 14 days prior to onset of symptoms met at least one of the following epidemiological criteria:

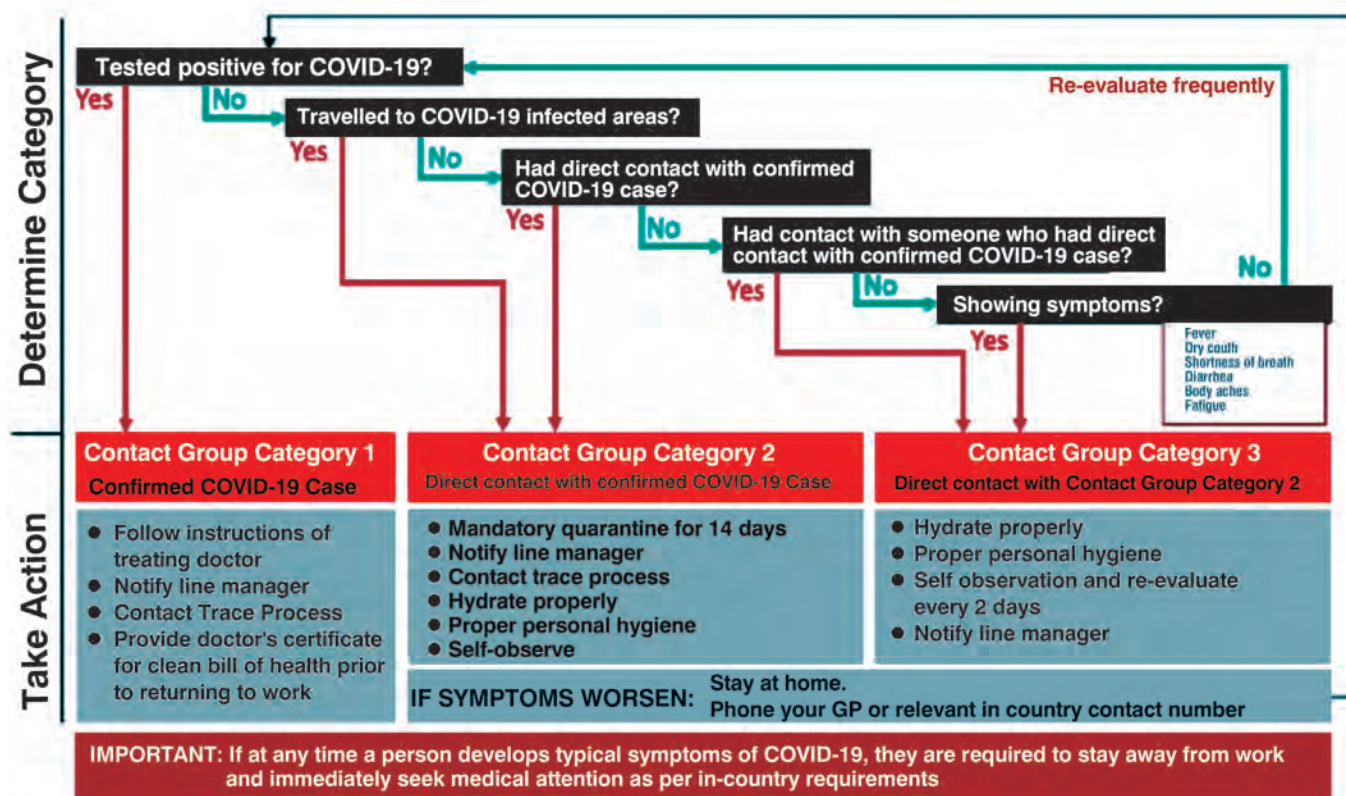
- Were in close contact with a confirmed or probable case of COVID-19 infection;
- Had a history of travel to areas with local transmission of COVID-19;
- Worked in or attended a healthcare facility where patients with COVID infections were being treated;
- Admitted with severe pneumonia of which the reasons

are unknown;

- A general practitioner will evaluate each case on its own merits, as per any suspected illness.

Generally, where no symptoms develop over the 14 days in quarantine, even if the person has not seen a doctor, the person could be deemed fit to resume duties.

Figure 4. Action plan for suspected cases



## DuPont ramps up Tyvek® garment production for COVID-19

DuPont has fully activated 19 garment production facilities across 9 countries to deliver the requirements of health care personnel across the globe. DuPont is expediting production and delivery of Tyvek® and Tychem® products critical to protecting doctors and nurses during the coronavirus pandemic. Tyvek® disposable garments are critical to provide the best protection to healthcare workers and hence preventing them from contracting the virus themselves.

These garments are being supplied through government agencies and commercial distribution channels in support of the COVID-19 response. The suits have been widely used by medical personnel in US, China, Italy, Spain, the rest of Europe and now in South Africa – built on the excellent barrier properties and biological certifications achieved by Tyvek®.

The following DuPont Safety PPE provides protection from the COVID-19 virus:

- Tyvek® and Tychem® disposable coveralls
- Tychem® long-sleeved gowns
- Tychem® gloves
- Tyvek® and Tychem® accessories, such as sleeves and overboots.

“At DuPont South Africa, the team is working very hard to secure as many Tyvek® garments to support first responders and healthcare workers in South Africa, giving them the protection from this Novel Coronavirus”, added Ajen Maharaj, Business Leader at DuPont.

DuPont apparel options meet the requirements of international standards for protection against viral and other biohazards.



## DUPONT GARMENT AND GLOVE PORTFOLIO FOR HEALTH CARE PROFESSIONALS

The table below features some of the DuPont Tyvek® and Tychem® garments, accessories and gloves that meet the requirements of international standards for protection against viral and other biohazards.

DuPont options	Biohazard protection			Fluid & particle protection
	ISO 16603	ISO 16604	ISO 22610 ISO/DIS 22611 ISO 22612	
<b>Tyvek® 500 Xpert</b> Protects against light liquid aerosols and airborne solid particles	✓		✓	Category III, Type 5-B and 6-B
<b>Tyvek® 600 Plus</b> Offers chemical permeation barrier to low-concentration water-based inorganic chemicals including infective agents and bodily fluids	✓		✓	Category III, Type 4-B, 5-B and 6-B
<b>Tyvek® 800 J</b> Liquid-tight garment that protects against low-concentration, water-based, inorganic chemicals under pressure	✓	✓	✓	Category III, Type 3-B, 4-B, 5-B and 6-B
<b>Tyvek® 500 Boot covers</b> Knee-length overboot available with slip-retardant sole. Can help offer enhanced protection against light liquid aerosols and airborne solid particles, when used together with the proper body protection	✓		✓	Category III, Type PB [6-B]
<b>Tychem® 2000 C</b> Can help reduce the risk of cross-contamination in pandemic preparedness activities when paired with masks and gloves	✓	✓	✓	Category III, Type 3-B, 4-B, 5-B and 6-B
<b>Tychem® NT420</b> Chemical splash and oil protection; designed for jobs requiring barrier protection, while keeping tactile discrimination	✓	✓		Category III EN ISO 374-1:2016
<b>Tychem® NT430</b> Lightweight with "second skin" feel; resistant to oils, hydrocarbons, and greases; lint-free, dust-free cuff prevents dirt from entering the glove	✓	✓		Category III EN ISO 374-1:2016
<b>Tychem® NT470</b> Bisque finish allows secure handling in wet and dry conditions; unlined, with an ergonomic design to maximize comfort	✓	✓		Category III EN ISO 374-1:2016
<b>Tychem® NT480</b> Resistant to a range of solvents, animal fats, and other chemicals	✓	✓		Category III EN ISO 374-1:2016

ISO 16603 - Resistance to penetration by blood and body fluids using synthetic blood

ISO 16604 - Resistance to penetration by blood-borne pathogens using a bacteriophage ("virus" penetration simulation)

ISO 22610 - Resistance to penetration by biologically contaminated liquids (wet bacterial penetration)

ISO/DIS 22611 - Resistance to penetration by biologically contaminated liquid aerosols

ISO 22612 - Resistance to penetration by biologically contaminated solid particles (dry microbial penetration)

The selection of appropriate PPE (including respiratory, eye, head, foot, and hand protection) is the responsibility of the end user and must be made following a thorough hazard assessment of the work tasks and the environment.

### Contact your DuPont specialists:

Loren Pearson: +27 823776765

Patricia Ntsekhe: +27 823056279

Refer to DuPont Safespec, web-based tool selector ([www.safespec@dupont.com](http://www.safespec@dupont.com)), for a full list of garments that have been tested and have passed the requirements of EN 14126.

Visit our web-based, garment selector tools:

**DuPont® SafeSPEC™**  
 Our powerful web-based tool can assist you with finding the appropriate DuPont garments for chemical, controlled environment, thermal, and mechanical hazards. The SafeSPEC™ App is also available for mobile use. [safespec.dupont.co.uk](http://safespec.dupont.co.uk)





# THE NEW CORONAVIRUS

## What You Need To Know

In January 2020, a new type of coronavirus was identified as the cause of an outbreak of pneumonia in China. This virus is currently referred to as 2019 Novel Coronavirus (2019-nCoV). The latest updates on this virus can be found on the [WHO website](#).

Please be aware that given the novelty of this virus, Ansell has not specifically tested products against 2019-nCov. However, Ansell offers a wide range of personal protective equipment (PPE) that complies with [WHO guidance](#) regarding infection prevention and control during healthcare when a novel coronavirus is suspected.

### KEY FACTS

Based on latest information as of January 30, 2020. See [WHO](#) for details.

**2019 Novel Coronavirus (2019-nCoV)** is part of a larger family of coronaviruses that are common in animals, and can spread to people.

This new coronavirus causes pneumonia, and those infected suffer coughs, fever and breathing difficulties.

Evidence to date suggests that person-to-person spread happens via respiratory droplets produced when an infected person coughs or sneezes.

Thousands of cases of people infected by 2019-nCov have been reported in many countries. For the most up-to-date information on the spread of this virus visit the WHO coronavirus site.

### PPE GUIDANCE

This summary is based on guidance published to date by [WHO](#), the [European Centre for Disease Prevention and Control \(ECDC\)](#) and the [U.S. Centers for Disease Control and Prevention \(CDC\)](#) for healthcare personnel and is subject to change as additional information becomes available.

	EXPOSURE RISK LEVEL			
	LOW	MEDIUM	HIGH	
	Workers who may have minimal / brief contact with people with respiratory symptoms	Workers with high frequency interaction / close contact with people suspected to be infected	Workers exposed to aerosols from those known to be infected	
	<ul style="list-style-type: none"> <li>Police Officers</li> <li>Government Workers</li> <li>Other Security Officers</li> </ul>	<ul style="list-style-type: none"> <li>Healthcare Workers</li> <li>Emergency Medical Technicians</li> <li>Medical Transport</li> <li>Patient Family Members / Visitors</li> </ul>	<ul style="list-style-type: none"> <li>Healthcare Workers performing aerosol generating procedures</li> <li>Medical Examiners</li> <li>Morticians / Funeral Workers</li> </ul>	<ul style="list-style-type: none"> <li>Lab Workers handling specimens</li> <li>Decontamination Workers</li> </ul>
<b>Disposable Gloves</b> <ul style="list-style-type: none"> <li>AQL of 1.5 or lower</li> <li>Conform to EN 374-5 or ASTM F1671 (viral penetration)</li> </ul>	•			•*
<b>Disposable Medical Gloves</b> <ul style="list-style-type: none"> <li>AQL of 1.5 or lower</li> <li>Conform to EU MDD/MDR or FDA 510K (medical device)</li> </ul>	•	•	•*	•*
<b>Quarantine Disposable Protective Clothing</b> <ul style="list-style-type: none"> <li>Quarantine gowns (AAMI Level 4) or full body protective clothing (EN Type 5 / 6) certified EN 14126 or ASTM F1671 depending on safety protocols</li> </ul>	•			
<b>Protective Fluid Resistant Clothing</b> <ul style="list-style-type: none"> <li>Quarantine gowns (AAMI Level 4) or full body protective clothing (EN Type 3 / 4 / 5) certified EN 14126 or ASTM F1671 depending on safety protocols</li> </ul>		•	•	•
<b>Respirators</b> <ul style="list-style-type: none"> <li>NIOSH-certified N95, EU FFP2, Powered Air Purifying Respirator (PAPR) or equivalent</li> </ul>	•	•	•	•
<b>Chemical Protective Gloves</b> <ul style="list-style-type: none"> <li>Conform to EN 374-5 or ASTM F1671 (viral penetration)</li> </ul>			•	•**
<b>Eye Protection</b> <ul style="list-style-type: none"> <li>Disposable or Reusable Goggles or Face Shields</li> </ul>		•	•	•

In order to make an informed decision, product purchasers and users should stay abreast of the latest and most complete information regarding appropriate PPE to protect against 2019-nCov for their intended use in their particular environment.

\* Consider double gloving and/or use extended cuff for extra protection in high risk exposure settings.  
 \*\* Only for non-patient use and decontamination in areas where strong disinfectants are used.



# UNDERSTANDING THE STANDARDS

When choosing PPE for protection against viruses like 2019-nCoV, it's important to know which regulatory standards to look for. Several top selling Ansell styles that meet relevant EN and ASTM standards are featured below. Please consult individual product information for details regarding the specific standards different products meet.

**EN 455**  
+  
**ASTM D6319**  
+  
**ASTM D3578**

Standards for gloves used for medical examinations.

**EN ISO 374-5**  
  
**VIRUS**  
Standards for hand and body protection against chemicals and micro-organism risks.

**ASTM F1671**  
  
**EN 14126**  
Standard for protective clothing against infectious agents.\*

**EN 149:2001**  
+  
**A1:2009**  
Standards for respiratory tract protection against airborne particulates.

## Disposable Gloves



## Disposable Medical Gloves



## Chemical Protective Gloves



## Chemical Protective Clothing



## Respiratory Protection



**For more information** or to find additional products that comply with WHO guidance, contact your Ansell representative.

**Contact your Ansell sales representative or Customer Service for inventory availability.**

Contact: Raymond Rainbird  
Email: raymond.rainbird@ansell.com  
www.ansell.com



\* EN 14126: 2003 defines performance requirements for clothing materials to protective against infectious agents. Test method ISO 16604 is relevant for resistance to penetration by blood-borne pathogens.

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**As the COVID-19 continues to escalate across the world, we find ourselves in uncharted territory.**

**In countries whose health infrastructure has been overwhelmed by the sheer volume of severe COVID-19 cases, healthcare workers have been infected at an alarming rate leading to calls for greater clarity on PPE.**

The World Health Organization (WHO) and Centers for Disease Control and Prevention (CDC) released several preventive and mitigative measures, including the correct selection and usage of personal protective equipment (PPE) such as masks, goggles, gloves and protective coveralls.

Please note that there have been global supply and logistical challenges and as a result some of the products below are periodically not available. We are constantly monitoring availability on a daily basis and communicate regularly to our markets.

At uvex Safety South Africa, we are wholeheartedly committed to our mission of protecting people and we're doing all we can to pivot our manpower and product support into helping the front-line responders fight this epidemic. Our intention is to provide product solutions and service support to ensure precisely this.

In accordance with the WHO guidelines and international safety standards, we recommend the following industrial safety products available for use against the COVID-19 virus.

**It is important to note that uvex disposable dust masks, disposable suits and gloves are not medically tested against COVID-19 virus.**

**Only PPE products certified according to local SABS and international safety standards should be used.**

#### **Respiratory protection - EN149:2001+A1:2009 - filtering half-masks for protection against particles.**

- To make it clear upfront, uvex safety industrial respirators (FFP1, FFP2 and FFP3) should not be worn in a healthcare setting where there is a possibility of infection [patient to patient or doctor to patient contact]. In this case, we recommend an FDA approved, surgical N95 mask as covered by the EN 14683:2005 and SANS 1866-2:2018 requirements for surgical masks.
- uvex safety industrial respirators can be used outside of a healthcare setting to limit the possible spread of the virus.
- Our recommendation is a FFP2 or FFP3 mask (FFP3 has a higher filter protection medium that allows for a 99% protection level against particles with a particle size of 0,3micron.)



- uvex safety industrial respirators are single use only, for a maximum of 8 hours and should under no circumstances be shared amongst users.
- Correct fitment includes adjusting straps, adjusting the nosepiece to conform to the contours of the user's nose. All facial hair must be shaved off to ensure a proper seal against the skin. Failure to do this can result in as much as 20% inward leakage rendering the mask ineffective.

#### **Eye and face protection – EN 166:2002 - personal eye protection specifications.**

- Goggles are recommended to be used against the spread of the virus.
- According to the EN 166 standard, the goggle should have the following designated marking/s on the frame that stipulates its recommended area of application.

Designation	Description of application areas
None	General use
3	Liquids
4	Coarse dust particles
5	Gas and fine dust particles
8	Short circuit electric arc
9	Molten metal and hot solids

- All uvex safety eyewear can be disinfected with alcohol or iso-propanol based disinfectants if the concentration of said liquids is below 70%, use of harsh solvents, detergents or abrasives not recommended.
- uvex goggles can be worn over prescription spectacles
- Correct fitment is essential, the strap must be adjusted tight enough to prevent any liquids or splashes entering the face.
- uvex recommends that a faceshield be used in conjunction with a goggle where there is infected patient to patient or doctor to patient contact.

#### **Suitable products include:**





## Disposable Protective Coveralls - DIN EN ISO 13688 Protective clothing – general requirements.

- uvex safety disposable coveralls have been designed for use in industrial applications and the following disposable suits have been certified as per EN 14126
  - Protective clothing against infective agents



uvex Type 3B  
classic



uvex Type 5/6  
classic



uvex Type 4B

- The following essential points should be noted:
  - The suit must be inspected before use; make sure that the material has not been compromised (no punctures or tears).
  - Correct fitment to protect as designed, this includes using the attached hood, zipper and sealing tape.
  - The elasticated cuff should be fitted over a glove and taped to prevent any contamination.
  - The elasticated leg should be fitted over a boot and taped to prevent any contamination.
  - The correct mask and goggle should be fitted, with the hood over the goggle strap and taped to prevent any contamination.
- Disposable suits are single use only and should be discarded once contaminated, or when suspected of being contaminated and should under no circumstances be shared amongst users.

## 4. Chemical Protective Gloves - ISO 374-5:2016 Protective gloves against dangerous chemicals and micro-organisms.

- Only gloves certified as protective gloves which form a protective barrier to microbiological agents and viruses should be considered for infected patient to patient or doctor to patient contact.
- uvex NF33 art no:60122 conforms to this standard and can be used



- Special care should be taken to inspect the glove for any visible tears or punctures before use.
- Users donning the glove should remove all jewellery to prevent any damage to the glove
- users should ensure that fingernails are clipped to prevent puncturing the glove when donning.
- the glove should be taped to prevent any inward leakage
- correct sizing is critical to ensure ease and dexterity in use.

**At uvex Safety, the safety of our customers, partners and employees is our primary concern.**

We support the Government's actions to contain the Coronavirus and to make provisions in the best interests of all South Africans.

uvex operates as an importer and distributor of protective clothing and equipment and certain aspects of our business are deemed Essential Services. We have received our Essential Services Business Certificate and therefore exempt from the National Lockdown declared by the President.

Accordingly, we shall continue to distribute and supply protective clothing and products from our warehouse in Durban which is directly associated with the Government Regulations and Guidelines to contain the Coronavirus.

We have developed and implemented responsible and compliant policies, systems and processes to best safeguard our staff as well as our suppliers, customers and stakeholders.

Only a limited number of staff will continue working during the National Lockdown to ensure essential product supply to the market, and although mainly operating from home, our Product Consultants will continue to support our customer base as best we can through this difficult period.

In these uncertain times the one thing that remains unwavering is our focus on providing you with the high level of service you've come to expect from uvex.

For more information or queries please contact

**Christo Nel (cnel@uvex.co.za) or**

**Clyde Beattie (cbeattie@uvex.co.za).**



# Understanding FFP2 vs N95 dust masks

SAPEMA IS DEDICATED TO PROMOTE THE DISTRIBUTION AND MANUFACTURE OF QUALITY ITEMS OF PERSONAL PROTECTIVE EQUIPMENT COMPLYING WITH RECOGNISED SAFETY STANDARDS.

We see a lot of confusion in South Africa when it comes to the respiratory standards.

All respiratory products sold in South Africa are required to be homologated with the SABS (SANS 50149), as per VC8072 from the National Regulator for Compulsory Standards (NRCS).

For this reason, the “normal” NIOSH N95 products are not legally allowed in South Africa. The European standards make provision for Health Care Particulate Respirators. These products must be tested to EN 14683:2005 “Surgical masks – Requirements and test methods” and EN 149:2001+A1:2009 “Respiratory protective devices – Filtering half masks to protect against particles – Requirements, testing, marking”. CE approved to the Medical Device and PPE Directives. (See below extract of EN14683:2005).

This changes slightly when we refer to NIOSH approved, and FDA cleared “Surgical Masks”. In South Africa, these products will fall under SANS 1866-2:2018 (Medical devices Part 2: Medical Respirators).

As you know, this covers the material, classification and performance requirements for medical respirators, intended to limit the transmission of infective agents in the healthcare environment.

The challenge (and contradiction to SANS 50149) is that it allows for both NIOSH and EN149 respiratory standards. For this reason, products that are classified as “N95 and FDA cleared for use as surgical mask” products are allowed in the country.

## EXTRACT FROM EN14683: 2005

The European Standard specifies construction and performance requirements and test methods for surgical masks intended to limit the transmission of infective agents from staff to patients, and (in certain situations vice-versa)

during surgical procedures in operating theatres and other medical settings with similar requirements. This European Standard is not applicable to masks intended exclusively for the personal protection of staff.

This standard is intended to help facilitate the choice of surgical face masks in the European market by standardising the information and performance data required for the masks. There are three test methods used to classify surgical masks.

### 1. Bacterial filtration efficiency in vitro (BFE) (ASTM F2101-07)

This test is used to determine the amount of infective agent that is retained by the surgical facemask which is directly related to the amount of bacteria released through the mask into the air of the surgical theatre.

Classification:

BFE  $\geq$  95% Type I

BFE  $\geq$  98% Type II

### 2. Breathing Resistance (Delta P)

This test is used to determine the resistance of the facemask.

Classification:

TYPE I & II (non-splash resistant) =  $<29.4$  Pa/cm<sup>2</sup>

TYPE R & IR (splash resistant) =  $<49.0$  Pa/cm<sup>2</sup>

### 3. Splash Resistance (ASTM F1862.07)

This test is used to determine the resistance penetration of potentially contaminated fluid splashes.

Classification:

TYPE I & TYPE II not applicable

TYPE IR & TYPE IIR  $> 120$  mmHg

120mmHg is a minimum value. It corresponds to the average systolic arterial blood pressure, and intends to protect against ruptures in small arteries causing small sprays of blood. Some products offer protection even in excess of the 20 mmHg.

## Minimum performance requirements according to the new facemask standard

### EN14683

EU Standard Class	Bacterial Filtration Efficiency	Breathing Resistance (Pa/cm <sup>2</sup> )	Splash Resistance (mmHg)
Type I	95%	$<29.4$	NA
Type IR	95%	$<49.0$	$>120$
Type II	98%	$<29.4$	NA
Type IIR	98%	$<49.0$	$>120$



#### CURRENT STANDARD EN14863: 2014

The reason for referring to the 2005 standard is because the Medicines Council for SA has still not adopted the current standard – EN 14683:2014.

In respect to EN 14683:2005, the following changes have been made:

- a) change/extension of title and scope to the more general and broader use for medical face masks;
- b) adjustment to ISO 22609 concerning the request for resistance to liquid splashes;
- c) addition of requirements for microbiological purity and general biocompatibility;
- d) adjustment of Table 1 on performance requirements for medical face masks;
- e) update of Annex A on user information;
- f) complete revision of Annex B on method for in-vitro determination of the bacterial

filter performance in particular with regard to the testing conditions and the structure of the test apparatus;

- g) complete editorial revision, including update of all normative references, the Bibliography and Annex ZA on the relationships to the EU Directive 93/42/EEC.

(Manufacturers of currently approved medical devices will have a transition time of three years until May 26th 2020 (date of application) to meet the requirements of the MDR. The new MDR provides an additional time after the date of application allowing to place new products under the MDD for max. 4 more years on the market. Additional requirements and limitations will apply for this extended transition period.)

#### FITTING INSTRUCTIONS OF A DUST MASK

1 & 2	Re-stretch around entire length of each strap by pulling at 3cm intervals between both hands
3	Cup respirator in one hand with nosepiece at fingertips, allow headbands to hang freely below hand
4	Hold respirator under chin, with nosepiece up
5	Locate the upper strap across the crown of the head and the lower strap below the ears
6	Straps must not be twisted
7	Using both hands, mould nose clip to the shape of the lower part of the nose to ensure a close fit and good seal. Pinching the nose clip using only one hand may result in less effective respirator performance
8	The seal of the respirator on the face should be fit-checked before entering the workplace



# Coronavirus COVID-19 - Masks: who needs them?



By Rani Naidoo, Sr.  
Application Engineer –  
Technical & Regulatory  
Manager at 3M

To wear or not to wear? That has become the key question during this pandemic as respirators and face masks have become a symbol of our changed lives under coronavirus. Still, months after the pandemic began to spread, many people remain unsure whether a respirator or face mask is essential to keep them safe.

During disease outbreaks recommendations are often made for healthcare workers to use N95, FFP2 or equivalent filtering facepiece respirators. Healthcare facilities often standardise on approved surgical respirators.

In Europe, surgical respirators must be tested to EN 14683:2005 “Surgical masks - requirements and test methods” as well as EN 149:2001+A1:2009 “Respiratory protective devices. In the U.S., surgical respirators are both certified by NIOSH as N95 respirators. They are also cleared by the FDA as a surgical mask. These products are frequently referred to as medical respirators, healthcare respirators, or surgical respirators.

However, during outbreaks availability of these products may become limited, and organisations should evaluate whether other more readily available respirators would be appropriate.

The U.S. Centres for Disease Control and Prevention (CDC), the European Centre for Disease Prevention and Control (ECDC) and the World Health Organization (WHO) recommend N95, FFP2 or equivalent particulate respirators. The CDC indicates that reusable respirators and powered air purifying respirators are also appropriate for use in healthcare settings.

These recommendations do not specify the need for a surgical respirator.

All filtering facepiece respirators that are certified as N95, FFP2, or equivalent can effectively filter airborne

biological particles such as viruses and bacteria. There is no difference in the filtration effectiveness

between comparable standard filtering facepiece

respirators and surgical filtering facepiece respirators. Both are approved as particulate respirators by the U.S. National Institute for Occupational Safety and Health (NIOSH), European Union Notified Bodies or equivalent agencies in other countries.

In South Africa, filtering facepiece respirators need to comply with and be homologated in accordance with SANS 50149:2003, which is adapted from the European standard EN 149:2001 +A1:2009. SANS 50149:2003 does not make provision for the NIOSH N95 approved products. Surgical respirators, however must comply with SANS 1866-1:2008 Part 2, under the general title Medical Devices. SANS 1866-1:2008 Part 2, allows for both EN and NIOSH approved respirators if it meets the general and performance requirements of the said standard. Therefore, only surgical N95 products should be used in South Africa.

## PRIORITISING RESPIRATOR USE

Prioritisation of respirator-use can help ensure that surgical respirators are available for those healthcare workers who are in surgery, need to work in a sterile field, or may be exposed to high-velocity streams of bodily fluids.

If a healthcare facility is prioritising respirator use, workers' expected tasks and exposures should be evaluated to determine whether it's necessary for them to use surgical respirators or whether a different type of respirator may be acceptable instead.

It may be appropriate for healthcare workers who will not be performing medical procedures or do not need to maintain a sterile field to use respirators other than surgical respirators.

Examples of tasks requiring respiratory protection, but likely not requiring surgical respirators, include triage and evaluating patients with respiratory symptoms, as well as caring for patients with known viral or bacterial infections.

According to the European Safety Federation (trade organisation of PPE suppliers), masks produced 'at home' or 'artisanal' using many different materials have not gone through the conformity assessment procedures (including testing). In many cases, these are made of materials that would not pass the relevant standards. Given the crisis we are now in, the EU Federation strongly condemns the use of artisanal masks as they do not offer proven protection. They should not be used by health care workers as replacement of medical or PPE





masks with CE mark and proven protection levels.

In this context, the guidelines of the health authorities should always be followed. The World Health Organization (WHO) has not yet issued any recommendation for the use of respirators and face masks for the general population. Using a respirator or face mask may pose an additional risk to people with underlying conditions, e.g. asthma.

It seems to be more effective to consistently follow the recommended hygiene rules as well as social distancing.

WHO recommends that respirators and face masks be worn by the following people during this period:

- Those who are sick. WHO officials recommended those infected with the COVID-19 coronavirus should wear respirators or face masks to prevent spreading it to someone else.
- Those who are home caregivers for someone sick. People caring for the sick should wear

masks to protect themselves and to prevent further transmission throughout a family unit.

- Those who are frontline healthcare workers. Right now, the people most at risk from this virus are frontline health workers who are exposed to the virus "every second of every day".

#### SOURCES:

WHO - <https://www.weforum.org/agenda/2020/03/who-should-wear-a-face-mask-30-march-who-briefing/>

When to use a mask - <https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

South African Bureau of Standards

European Safety Federation: Concerns following the appeal by many (health) authorities to produce "artisanal" masks at home or at any possible production site. 18/03/2020

## Supporting your mental health and keeping your spirits up during the lockdown



Sandy Lewis, a clinical social worker and head of therapeutic services at Akeso mental health facilities

Some people may find the idea of lockdown and having time to spend with family an attractive prospect. Others may dread the idea of being cut off from the outside world, alone, or in the company of a partner, or a few family members.

"In either case, many people are likely to find it challenging to stay at home for this period in lockdown, particularly as the COVID-19 pandemic is creating a great deal of uncertainty and anxiety.

"Some people may struggle with 'cabin fever' and social isolation. Others who have to work from home may find it difficult focusing on their job while having to contend with children playing around and demanding their attention," says Sandy Lewis, a clinical social worker and the head of therapeutic services at Akeso mental health facilities.

"It is important to note that prolonged isolation can take a toll on mental health and we should look at ways to reduce the chances of becoming anxious or depressed.

"There are a number of measures that you can take to help you keep up your spirits as well as to support your physical and mental health

during this time," adds Lewis.

"For those with families, the fact that we have fewer outlets to "escape" family situations may well place additional psychological strain on us and on our relationships, and this has the potential to result in conflict between family members.

"Given the uncertainties of the current situation, people may well be more irritable, tense and even volatile.

"It is a good idea to be conscious of, and acknowledge, this. There is a need for us all to be more understanding of one another at this time.

"It can be a good idea to discuss these issues with your adult loved ones."

Lewis says that one can consider potential areas of conflict proactively and look at how you can reduce these.

Should you find yourself in a situation of an explosive conflict, you can usually diffuse it by taking a 15-minute time-out from one another, and getting a break on your own, even if it is to go out into the garden or to sit on the fire-escape of your apartment block. In each case where you find tensions rising, ask yourself

whether a particular issue is really worth the battle.

“If your relationship has long simmering underlying issues, try not be fixated on these and make statements such as ‘You always do this’ and ‘You always let me down’.

Take it one day at a time, rather than looking forward or trying to predict the future, as this can result in increased levels of anxiety.

“If you find you are feeling overwhelmed consider how you can positively distract yourself with pleasant activities such as tending to your garden, cooking, reading, playing with your animals, watching a movie on TV, or indulging in your favourite hobby or learning a new one – anything that is pleasant and positive for you. Try to find activities that appeal to all of the senses,” she recommends.

Mark de la Rey, a clinical psychologist at Akeso Kenilworth in Cape Town, says “Communities need to pull together in the way we care for each other and look out for one another, maintaining communication within the social distancing guidelines,” he advises.

“Staying cooped up in your home and doing nothing else will likely increase negative emotions and thoughts, so I recommend that you get yourself up in the morning, and prepare for the day as you would for any other.

“If you spend all day watching the news and over-focusing on COVID-19, you are likely to feel much more anxious.

“It is important to stay in touch with what is going on, but one also needs to find a balance.”

### RECOMMENDATIONS TO REDUCE STRESS

- Routine creates structure, which is particularly reassuring for children.  
Planning activities and having daily goals can assist in keeping one motivated, so consider developing and sticking to a schedule for things such as meal times, exercise time and bedtime.
- Look after yourself and practice self-care. This includes adopting a diet that is best for you and following good sleep practices.  
Studies show that poor sleep or a lack of sleep can have negative effects on both physical and mental health.
- Getting 20 minutes of exercise a day can also help lift your mood and reduce feelings of tension, as it releases endorphins, the ‘feel good hormone’.  
It can furthermore assist in supporting the immune system.

So haul out that old exercise bike, or download one of the myriad exercise apps that are available today and get moving!

- Should you be on your own and/or have problems with “cabin fever”, try to stay connected with loved ones and friends through a phone or video call or by messaging them regularly.

If you live on your own try and find a “buddy” to check in on each other regularly.

- Helping others can provide a great distraction from our own anxieties.
- Try to use the time to engage meaningfully with your family.
- Stay focused on the present moment and your own current issues that need addressing rather than stressing about a future we are not able to predict.
- Provide your children with factual information, but try to avoid projecting your own anxieties and scaring them.

Keep in mind that stress can manifest itself in the child becoming either more isolated or more defiant.

- If you feel self-isolation is having a negative impact on your mental health, you should seek professional advice.

There are a number of organisations that provide telephonic mental health support.

- Remember, a sense of humour keeps things light, especially with children and older family members who might be feeling particularly anxious.

We all need to keep our spirits up so that we can help ourselves and each other.



# The science behind social distancing



As yet there is no cure, no vaccine or magic solution for curing Covid-19 - all we have is human behaviour. And while social distancing is not the panacea, it's the best we've got for now.

Basically this means keeping a fair distance from the person next to you who may be infected. No symptoms are shown during the first 5 days of infection so there is no way of knowing who is infected. Rather be safe than sorry and keep a reasonable distance.

For this to be effective, it has to be properly implemented, understood and adhered to, otherwise there is a high probability that the rapid spread of the virus will overwhelm health systems which are not adequately prepared.

If properly implemented with commitment from government down to the general public, this action can break up or at least slow down the chain of transmission. "Flattening the curve," will prevent a surge of the illness and give the health systems time to prepare for an influx of infected people.

This is a massive campaign for most countries, but for those with slums and informal settlements it is an even bigger nightmare.

Social distancing has never been tried on the present scale but there is evidence that it can work. Lessons from history such as the 1918

Spanish influenza pandemic, indicate these measures do work.

This preventative measure is the reason behind current lockdowns. Countries that enforced early lockdown procedures have seen a lowering of infections, and hospitalisations have started to decline.

With an infected person spreading the virus to an average of 2.7 during the earlier days of the virus, that number appears to drop down to 1.4 when social distancing is practiced because the number of people they will come into contact with is limited.

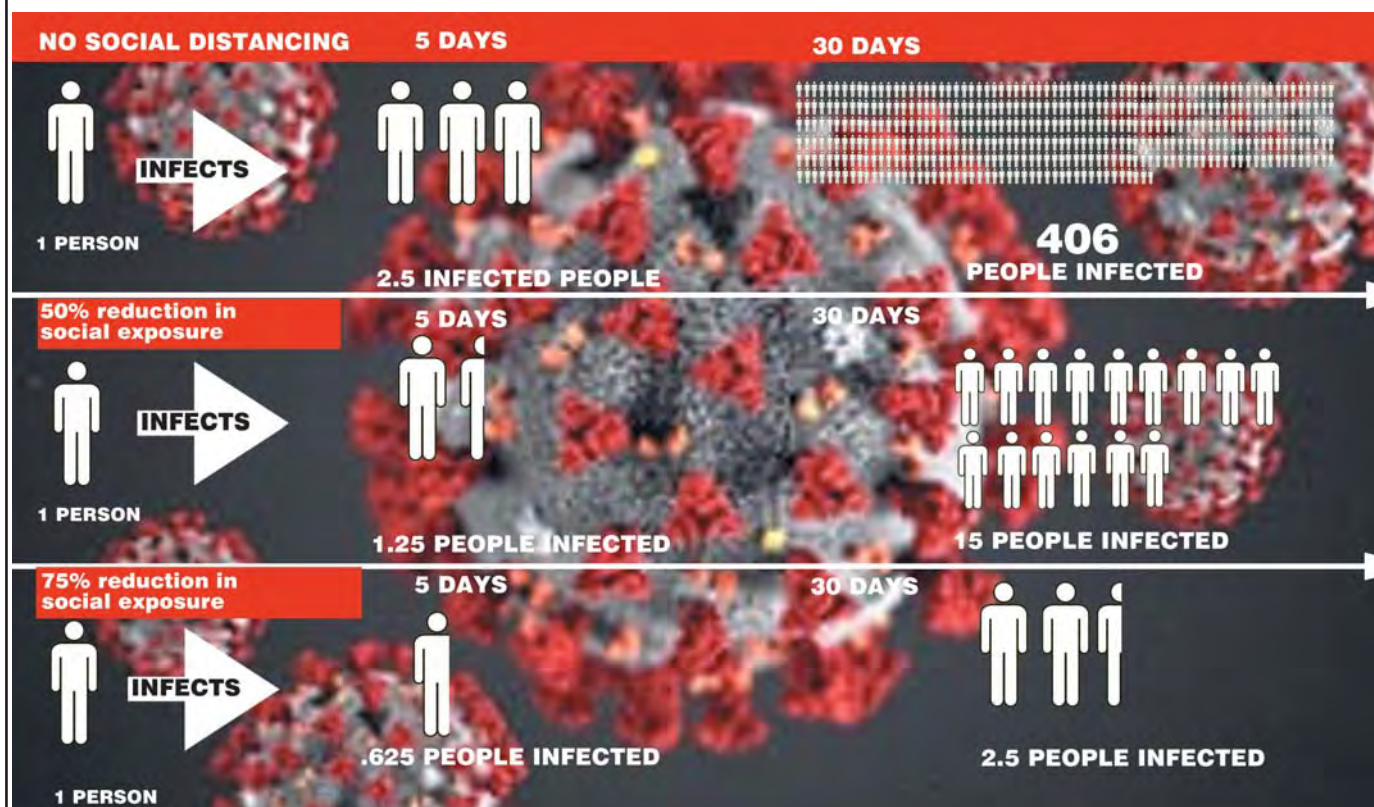
Along with physical distance, proper hand-washing is also important because infection occurs when the person with contaminated hands touches their eyes, nose or mouth.

Social distancing can never prevent 100% of transmissions, but by following these simple rules, individuals can play a critical role in slowing the spread.

Even after the end of our lockdowns, the threat of a rebound is a reality so we cannot let our guards down too soon.

Social distancing will remain part of our lives for a long time to come.

Employees who can work from home will be encouraged to do so, meetings will continue online and activities such as social gatherings and travel may still be restricted.



# You can't be safe if you're not healthy



Dr. Bill Pomfret brings an unrivaled perspective on risk, regulation and liability from over 50 years of experience as a safety consultant working for leading companies around the world.

He also spent nearly a decade in the North Sea exploration and production as a safety manager. Dr Bill is a passionate advocate for safety training.

In this article I will look at the implications for business as the Coronavirus (COVID-19) continues to impact the business landscape around the world. Executive leaders are turning to business continuity and risk management programmes to determine risks to their organisations and help make vital business decisions. As the virus continues to spread and affect new regions, are you seizing the opportunity to demonstrate value and bring more awareness and visibility to your programme today? I have written to all my clients advising them on precautions to take.

To start, a comprehensive workplace pandemic plan should include the following elements tailored to the particular needs of your organisation, and developed in consultation with the joint occupational health and safety committee or worker's representative, and union representative, where appropriate:

## LEADERSHIP

Ensure your organisation is prepared to address the issue. Designate key employees who will manage the employer's response to any pandemic. Make an actual plan to respond to the risk of a pandemic impacting the workplace.

## COMMUNICATION

Consider what types of information you will need to obtain in the event of a pandemic and the information you will need to disseminate. Identify in advance where you will be able to find up-to-date and reliable information about a disease outbreak, including its current status, symptoms and prevention strategies, and where to receive medical care. Develop a strategy for communicating the necessary information to employees in a format that is easily accessible from home.

## RISK MANAGEMENT AND CONTAINMENT

Consider workplace strategies for reducing the spread of illness. Ensure basic supplies such as hand-hygiene products, tissues and receptacles are available in all locations.

## IMPLEMENTATION OF POLICIES

Consider policies that would be implemented in the event of a pandemic to limit the opportunities for disease transmission, such as employee "work from home" strategies, staggering shift starts and breaks to reduce the number of people in the workplace at a time and arranging work stations to maintain distance between individuals.

## CONTINUITY

Consider the potential impact of a pandemic on your business. Is demand for your products or services likely to increase or decrease? Identify the essential employees to meet the change in demand. Consider how a pandemic might affect your ability to obtain other critical inputs (e.g. shipping of raw materials). What if your employees are subject to a quarantine? Does the business need to operate every day? Can it sustain a shutdown? Employee absenteeism is likely to be one of the biggest concerns. Employees may be sick themselves, may need leave to care for sick family members, or may wish to remain home due to fear of contracting illness. Predictions for absenteeism during a local outbreak vary by industry, but a general recommendation for employers is to plan for an absenteeism rate of between 20 to 25% during a peak two-week period of an outbreak in a specific area, with lower absenteeism in the weeks before and after. Refer to South African occupational health and safety legislation, employment standards legislation, as well as your organisation's own policies and collective agreement (if applicable), to determine what types of leave are available to employees, including the issue of work refusals.

## RECOVERY

The return to "business as usual" will likely take place gradually as the pandemic ends. Consider phases of recovery in your workplace pandemic plan. Which aspects of your business are likely to return to normal first?

While this article provides the basics of developing a workplace pandemic plan, the World Health Organization has just published specific guidance on how to prevent the spread

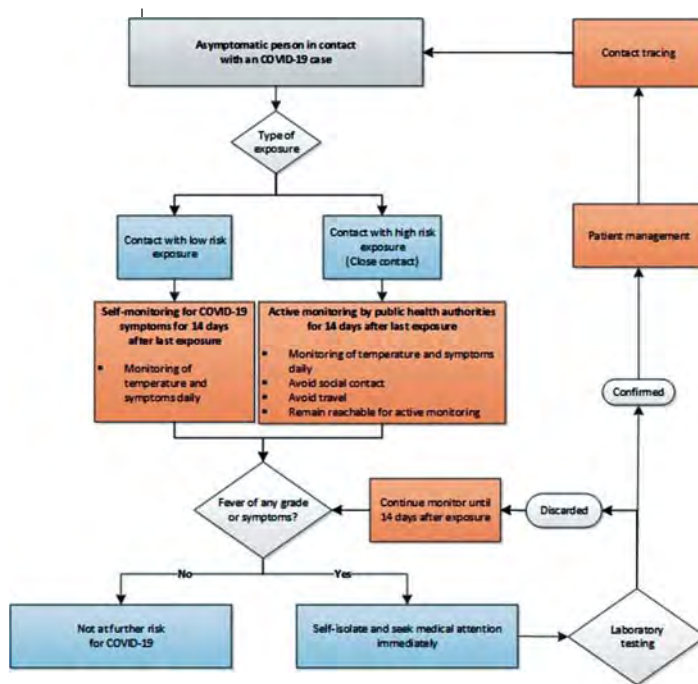
# Coronavirus COVID-19

## What Should I Do?



Coronavirus  
COVID-19  
Public Health  
Advice





of COVID19 in the workplace and encourages employers to adopt these measures. Additional planning tools are available to employers from provincial municipalities in South Africa. Once you and your team have developed your plan, set dates for its review.

Consider testing some aspects of the plan as needed.

Though workplace pandemic plans, by design, contemplate the worst scenarios of disease outbreaks, employers can play a role in preventing the everyday spread of illness by encouraging good health practices among employees. For example, posters and employee handouts can be used for education and awareness at the workplace.

Efforts at preventing the spread of illness at the workplace may benefit employers before any extraordinary measures are required.

On the left is a simple flow chart which can easily be adapted.

## The mining industry's adherence

### COAL COMPANIES SUPPLYING COAL TO ESKOM POWER STATIONS ARE REGARDED AS ESSENTIAL

The National Union of Mineworkers (NUM) Special National Executive Committee (NEC) pronounced that the coal mining companies that supply Eskom Power Stations with coal 24/7 are regarded as essential service during the 21 days of lockdown.

Those that do not supply Eskom with coal have joined the 21 days lockdown except the care and maintenance employees. This decision was taken at a meeting with the Minister of Minerals Resources and Energy Gwede Mantashe.

Workers that would remain in the care and maintenance of the mines will be provided with basic necessities such as sanitisers, proper food, water, protective clothing and medical care. The mines should ensure that they are not exposed to any kind of risks to the virus.

### THE MINING INDUSTRY MUST ADHERE TO THE 10-POINTS ACTION PLAN DESIGNED TO FIGHT CORONAVIRUS

The National Union of Mineworkers (NUM) called on all mining companies to respect and be guided by the high-level measures designed with the sole purpose of controlling and curbing the daily spread of the COVID-19.

The following 10-point action plan was agreed to before the lockdown with the Mineral

Council of South Africa:

1. Employees education and health promotion for employees, contractors and suppliers
2. Health worker readiness
3. Ensuring access to consumables
4. Proactive influenza vaccination
5. Understanding the potential impact on employees who may be immune-compromised
6. Case definition and management of suspected cases or contacts of cases
7. Isolation of employees should the need arise
8. Travel advice
9. Reporting and communication in the mining industry in the event of a case
10. Monitoring

“After meeting with the Mineral Council of South Africa, we are happy that the mining companies are coming on board. They are taking this pandemic seriously, We met with the council and we agreed that we will meet from time to time as the need arises, to assess the situation going forward”, said NUM General Secretary David Sipunzi.

We urge the companies to immediately develop policies that will specifically address the outbreak. By all costs, these companies must minimise the risks of infection at all working stations.

The NUM recognises that the mining and the construction sectors are operating with loopholes that could result in many workers

becoming more vulnerable to COVID-19 infection. Workers in these sectors are in most cases forced to work under or travel close proximity.

It was acknowledged that South Africa has a short window of opportunity to flatten the curve prior to the infection point. This has consequences for the individual health, workplace impact and the country's general economy.

"The NUM has noted the many efforts by the government to allay fears amongst the general population. We are calling on all stakeholders – the organised labour, the business community and the general public to also play their role.

"We have to observe the highest standards of hygiene and practice social distancing said Sipunzi.

#### NATION-WIDE LOCKDOWN

After the announcement of the lockdown, NUM posted the following:

"We welcome President Cyril Ramaphosa's last night announcements that South Africa will go on a nation-wide lockdown for 21 days with effect from midnight on 26 March 2020. This is a very decisive and a responsible move by the state president. This move will provide an opportunity for all of us to reflect and to deal

head-on with the spread of this virus", said Sipunzi.

Actions we have taken include:

- The NUM took the immediate decision to suspend all shop stewards council meetings, mass meetings, the upcoming policy conference and the planned regional conferences.
- The NUM requested that special arrangements be made by employers to transport those workers who are expected to continue working and to ensure that they are not exposed to this virus.
- The COVID-19 outbreak is a threat to the human race and we urge all workers to follow all precautionary measures announced by the government to prevent further spread.
- All workers are urged to contact the coronavirus helpline centre at 0800029999 for inquiries related to the novel virus.
- All workers in the mining industry will not be going to work during the 21 days lockdown except the care and maintenance employees. Workers that would remain in the care and maintenance of the mines must be provided with basic necessities such as sanitisers, proper food, water, protective clothing and medical care. The mines should ensure that they are not exposed to any kind of risks to the virus."

## Hand sanitisers - industry's troubles during the COVID-19 crisis



Annette Devenish,  
marketing director at  
Infection Protection  
Products, manufacturers  
of Sani-touch

The past month has seen a frenzied rush on hand sanitisers by both consumers and businesses as the Covid-19 pandemic becomes an increasingly more imminent threat in South Africa. And as a result of a country-wide shortage of sanitisers, a number of somewhat questionable suppliers have emerged. The question is, are these unregulated products safe for use and what exactly do they contain?

The sanitiser (typically used for hands) and disinfectant (typically used for surfaces) sector is a complex one. In 2016 the South African Health Products Regulatory Authority (SAHPRA) – which at the time was known as the Medicines Control Council – ruled that all disinfectants, antiseptics and germicides – including hand sanitisers, rubs and pre-saturated wipes – that were being used in healthcare environments needed to be controlled and registered under the Medicines and Related Substances Act. Manufacturers were therefore required to obtain manufacturing and distribution licenses and register their products with SAHPRA.

"There is no doubt that the disinfectant and sanitiser industry did need better regulation and control," concedes Annette Devenish, marketing director at Infection Protection Products, manufacturers of Sani-touch products.

Manufactures of surface disinfectants have always had to comply with regulations and register their products with the National Regulator for Compulsory Specifications (NRCS). Good manufacturing practices and ISO quality standards are critical in the manufacture of all of these products, and was a prerequisite in order to obtain a SAHPRA manufacturing licence. Those in the industry argue that the requirement to then further register disinfectants and pre-saturated medical wipes as medical products was perhaps a step too far. The unintended consequence of this regulation is that a number of manufacturers decided to exit this segment of the market as the cost, complexity and time needed to comply with these new regulations was simply too high and too onerous.





At the outset of the Covid-19 crisis SAHPRA requested that all manufacturers who intended to register their products could contact them in writing of their intention to register, so that they were aware of the legitimate products in the market amidst the current chaos.

The manufacturers remaining in the industry take both compliance and quality of standards very seriously. Infection Protection Products, for example, has both ISO certifications and two SABS marks on its sanitisers.

The World Health Organisation's recommended formulations for a hand rub and surface disinfectant to counter Covid-19 are either 80% ethanol or 70% isopropanol.

"We have always used ethanol in our sanitising products because it is sustainably plant derived as opposed to an IPA which is chemically derived," explains Devenish. "Further than that, however, we only use a specific quality and grade of ethanol and include 80% ethanol in our sanitisers."

SteriTech has a similar stance on only using high quality and high grades of either isopropanol or an isopropanol-ethanol blend. Its products carry the necessary ISO certifications as well as NRCS registrations.

Both SteriTech and Infection Protection Products buy their alcohol – consisting of both ethanol and isopropanol – from large solvent suppliers who obtain the product under license from either Sasol or Illovo.

However, now with demand exceeding supply, alcohol supplies throughout the country have been under pressure. Devenish reports that demand for disinfectant wipes such as the Sani-touch trolley wipes increased by more than 500% in March. Production of Medi-wipes increased by more than 380% but was still not sufficient to meet the increased demand. Its Sanispray product has seen a similar increase in demand.

SteriTech too has seen an exponential spike in demand for its products. Monthly customer orders increased by 833% in March. However, the company was only able to meet 30% of the demand as a result of an intermittent alcohol supply.

Both companies supply sectors that are deemed essential services, including hospitals, clinics and blood banks. Despite assurances from the Department of Trade and Industry that consistent supplies of alcohol would be guaranteed, supplies since the onset of the crisis have been sporadic.

"We have long-standing contracts to supply a number of provincial departments of health and private hospital groups with products and they are desperate for sanitisers and disinfectants, but we are simply unable to supply them," reveals Melanie Kuster, technical director of SteriTech. "In a normal month we require around six tonnes of alcohol. Currently, we need around 200 tonnes simply to meet backorders."

Infection Protection Products has been under pressure from retailers and the medical sector to significantly increase its supply of Sani-touch pre-saturated wipes, a request the company is unable to meet despite its best efforts as it battles inadequate supplies of ethanol. "To be honest, the last few weeks have been soul destroying," reveals Devenish. "To have to tell long-standing, loyal clients that we simply can't meet their needs in the midst of this crisis is our worst nightmare."

Adding to the industry's woes is the fact that some suppliers of ethanol have more than doubled their prices in recent weeks. Solvent wholesalers blame Sasol for hiking prices although the company has claimed a price increase of only 10%.

Despite being offered ethanol at vastly inflated prices by new entrants to the market, both Devenish and Kuster say their businesses have been hesitant to use unknown suppliers who are not able to verify the type, grade or quality of the alcohol on offer.

A number of fly-by-night operators have stepped into the breach, offering so-called sanitisers at vastly inflated prices to meet the needs of increasingly desperate consumers. Whether these sanitisers contain the requisite alcohol required by the WHO to provide sufficient protection against Covid-19 is highly doubtful, says Kluster. "These products typically don't contain a list of ingredients, so who knows what they contain. Ultimately, it's a terrible reflection on our industry."

Whether unlabelled sanitisers that have suddenly appeared on the market contain even 60% alcohol is highly questionable.

Established manufacturers also question where these operators are getting their alcohol from given that they themselves are battling to source sufficient quantities of alcohol in order to meet the current demand.

# Global pandemic planning



Dr. Liaqat Amin Satti  
Deputy CEO of "The  
Strategic Center for  
Consultancy and  
Technology (SCCT), an  
expert in pandemic  
planning, business  
continuity, and crisis  
management

The World Health Organization (WHO) has declared a global health emergency over the new coronavirus, which causes an illness officially known as COVID-19.

## PROPER PLANNING IS ESSENTIAL

It is critically important for businesses, educational institutes / schools, transportation and airlines, organisations, cities, and countries to have pandemic plans in place to be able to continue operations and minimise losses in the event of a global pandemic.

Businesses need to plan their responses of such emergencies by setting forth clear policies for monitoring the situation, roles and responsibilities and decision making for worst-case scenarios.

Senior management of the organisations should set out the guiding principles they will use in the event of a pandemic. These can include the level of care that will be provided to their employees, how the critical functions and process will continue, what are the minimum staffing levels required etc.

The purpose is to ensure people and organisations address all phases of pandemic planning (Risk Assessment, Mitigation, Prevention, Preparedness, Response, Recovery, and Continuity).

The plan must be flexible enough to address multiple hazards (be "all-hazard plans") and practiced regularly.

The plan must be developed in an interactive, cross-cutting manner, in collaboration with community partners and stakeholders. It should also be coordinated with the Ministry of Public Health pandemic planning efforts, as well as state policy and planning efforts.

## COMMUNICATIONS IS IMPORTANT

A pandemic business plan should include a communications programme that will allow messages and information to disseminate, despite the possibility that everyone may not be able to access their offices.

This should include the ability of top management to communicate any decisions they make to staff to keep the business operating.

Investors and stakeholders should also be kept informed to reduce investor panic.

Local governments can help with communications by assisting businesses in the development of a plan.

## FLEXIBLE WORKING CONDITIONS

Pandemic planning may involve putting flexible working systems into place.

Businesses may need to change their policies on flexible work schedules, working from home and absenteeism.

Some staff and management may also need to be able to take over other positions within the company or work in conjunction with other companies in the same market sector to maintain critical services, functions, and processes.

## CONTINUITY PLANS

During a pandemic, there may be shortages of raw materials, equipment, and supplies etc.

A pandemic plan should consider how these shortages will be dealt with and businesses must set out the number of materials that will need to be stockpiled to keep business running at an acceptable level.

The international best practices suggest all businesses prepare continuity plans detailing how they can keep their business operations with high absenteeism and shortages. This may mean focusing only on essential services or scaling down production.

## PREVENTION OF DISEASE TRANSMISSION AMONGST THE WORKFORCE

The Occupational Safety and Health protocols suggest that business pandemic planning should include ways to safeguard the workplace from disease transmission.

Businesses should set out in advance the engineering and administrative controls they will use in the event of a pandemic. Engineering controls may include erecting physical barriers between staff and customers or installing sneeze guards, for instance.

Administrative controls include developing policies to allow staff to work from home and minimise face to face contact.

## CONSULT THE EXPERTS

Strategic Center for Consultancy and Technology (SCCT) experts are available 24/7 to help you to plan, develop and implement your pandemic and continuity plans.



# COVID-19: Lockdown and beyond



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“Resilience is very different than being numb. Resilience means you experience, you feel, you fail, and you hurt. But, you keep going.”

Like many of you I’m sure, I’ve pondered what life will be like once we can all go outside and enjoy the conviviality of friends and family again.

Will we spontaneously hug one another at first sight, or be afraid and remain slightly apart? Will we lose our human touch? Will our businesses and economies be fit enough for purpose? Has our purpose changed? How will the economic world evolve to take account of the new paradigm?

There is no simple answer, and no one has a crystal ball - we can make only educated guesses. My guess is that the conjectures will be modelled on by now, more or less defunct systems.

Some countries are coming out of enforced hibernation and are kick-starting their economies, but there is a problem. The rest of the world is still in lockdown. That means business remains restricted. It is therefore going to be a stalemate for some time to come.

## PANDEMIC PLANNING AND RESPONSES

### Government intervention

Countless examples of governments mobilising like never before. Having now proven that it can be done, I am not sure any citizenry will allow the government to rest on its laurels ever again.

Citizens need governments that have their best interests at heart, and who invest in their population by providing for example better healthcare, better living conditions and less proximity.

### Technology

This crisis has provoked change, even for those who have never been online before.

The former Baby Boomers, have become Baby Zoomers. They have been forced to connect online via video conferencing and the like, taught by grandchildren who were born into the digital age.

There has been an explosion of activities in the “connected” world such as online learning, fitness programmes and shopping. Those who were previously hesitant now understand the many benefits to not having to leave the house (or forgetting where they parked the car).

### Remote working

This is essential to the present scenario and one of the upsides is far less congestion and pollution on our roads.

Many companies failed to plan for remote working and have had to play catch up overnight.

### Business continuity

When governments introduced lockdowns and interventions, we witnessed a scramble for business continuity plans.

Many industries witnessed firsthand and for the first time what business continuity actually meant.

Prior to this it had been a word floated around at conferences and workshops, but unfortunately many did not take the time to review and implement a plan as part of their business.

Companies that have applied strong business analysis impact (BIA) have been able to survive the first wave of the epidemic.

### Human factor

We have witnessed first hand the various behaviours that this crisis has identified and the varying risk tolerance levels of both governments and our society, sadly for many this has come at a price.

We have pressed pause on the pulse of the planet and have been given a golden opportunity to restructure the way forward across all aspects of life.

Let us not waste it. Let us all adapt or face the consequences.

# Living through the **COVID-19** pandemic in India



Fabian Buckley, President HSE Connection Point has been working in the HSE industry for over 16 years as a corporate safety, health and environmental manager. Fabian has a Nebosh International Diploma as well as many other qualifications, and is a registered Construction Health and Safety Manager and an assessor and moderator registered with SACPCMP. He also sits on the Technical Advisory Council appointed by the Chief Inspector of the Department of Labour.

I arrived in India Tamil Nadu on the 01st February 2020 for a 6 months project.

When I arrived at the airport, a few people were wearing masks, and as we waited in line for immigration I chatted with some people in the queue. They were all jovial and not really concerned at that stage, but it was definitely on their minds.

There was a separate line for those coming from Novel Corona Virus countries, but that line was vacant.

The Indian immigration officer wearing his surgical mask talked very abruptly to three Chinese gentlemen, and asked them to wear their masks. We could sense a bit of panic in his tone, but we played it off as we continued to chat.

I was looking forward to working in India, and ready mentally for the task ahead, or at least I thought. What happened next was totally unexpected to say the least.

The project was going well and we were making good progress, with excellent HSE results and zero major injuries, besides a minor first aid case.

We were all becoming settled and focused until the Novel Corona Virus started becoming a louder sounding drum in everyone's ears.

When I arrived, the virus was mostly isolated to Wuhan China and a few other countries and was not really a major concern for us in India.

There were a total of 3 cases in the country which were isolated to Kerala and seemed to be under control.

We were informed that they all had recovered and it was work as usual on the project which was already ahead of the schedule.

The first internal meeting I attended opened with information about Novel Corona Virus. Our instructions were to carry out a procedure for the project on prevention strategies with our main contractor.

By now the numbers were starting to increase drastically, even in an extremely small country like Singapore.

A colleague prepared a presentation about Novel Corona Virus which was later updated by WHO to COVID-19.

I developed a project jointly with our main contractor on Novel Corona Virus procedure for when we would need it and for us to be well prepared if it became a concern for us.

We started conducting mass Toolbox talks very early in February with all the employees.

The contractor's doctors shared the symptoms and some precautions to be taken to prevent contracting and spreading it among others.

Jump to March, and the numbers started swelling, with deaths escalating as well.

Many countries had started closing their borders and going on partial or complete shut downs - especially in severe hit countries.

The Indian government started issuing notices baring people travelling to and from high risk areas.

The daily updates showed frightening figures as it moved from Asian countries to Europe which was becoming the new epicentre of the pandemic. Many of our colleagues were still travelling from other countries. Medical screening requirements were implemented at airports, and eventually the government stopped all travel into India from all foreign countries. We could see that an all out shut down was on the horizon.

We created a task team and provided hand sanitisers at entrances to all the offices as well the bottom and top of our staircases. We procured N95 masks, surgical masks and awareness posters. Our security guards started taking temperature checks of anyone entering our offices with an infrared thermometer.

We contacted the local Tamil Nadu hot line who confirmed that we were well prepared, especially considering there was not a single case reported within the Tamil Nadu state as yet.

Numbers were still very low in India but we still had to make sure that none of our employees would contract it. We did well. Working together with our main contractor, we did not have a single case amongst the over 1000 plus employees working on site and residing within a camp facility. We also had to consider that most of the employees were from all over the country including a few hot spot, high risk areas.

The Prime Minister Narendra Modi held an address to the nation where he announced a one day self-imposed Janata Curfew from 07:00 - 21:00 on the Sunday. This had our aerals on high alert as we could smell something was coming.

After reviewing the situation, the chief Minister ordered a shutdown until March 31 all across the state, with 75 specific areas which were being locked down.

We went to work Monday morning as usual because the area where we were working was



not included in the Tamil Nadu lock down, although it did affect Chennai where we were residing.

We arranged additional buses and vehicles to make sure social distancing was in place to get the workers to our company.

Our main offices in Mumbai had already started sending out 'work from home' emails. Some of our colleagues were getting nervous and a sense of panic was setting in, because most of them came from the areas being shut down. They were concerned about the well-being of their families. This was a feeling I completely understood.

We as management had many lengthy social distanced meetings with them to try and quell their fears. We tried to assure them that we had implemented many mitigations to try and prevent any of them from contracting the COVID-19 virus.

I was contacted by a colleague who forwarded a video clip which indicated that Section 144 (lockdown) was being implemented from 18:00 because many people were not taking the instructions seriously enough.

We closed the site and headed home before the Section 144 was implemented. We had to make sure we had enough supplies.

We bought what we could carry and rushed home before the 18:00 lockdown.

At this time my family at home in South Africa were fine. I informed them to stock up extra supplies just in case they needed it.

When I heard the news of the 21 day lockdown in SA I was relieved because I knew they wanted to get the curve down before it got out of control.

I have been in daily contact with my family. Chatting to my wife and kids and knowing that they are well gives me great peace of mind during these difficult times.

Even though I wish I was at home with them, I know they are safe.

It has been hard here in India with shoot on sight instructions given in some states. Watching police hitting their fellow brothers with large sticks has left many people fearing. Added to this is a general lack of food. Many are left ignorant, not knowing what is happening in the country because so many reports are being given, with many conflicting stories and statements. The newspapers indicated food would still be delivered and food supplies would not be an issue, but food supplies are running short and not one food delivery service was working at the time of the lockdown.

We could see the police at barricaded roads,

stopping the few motorcyclists, asking them for their paperwork and reasons for travelling.

Being foreigners, we probably stand out like sore thumbs, so we were careful as we walked around, keeping to our new social distancing and ensuring we were back in our hotels very quickly.

We joked between ourselves to keep up our spirits. We imagined ourselves being in the series *The Walking Dead*, rummaging for food. Even the hotel we stayed in which always had enough food supplies was not getting in food. They had to give us the local diet for breakfast which most of us didn't eat, but under the circumstances we were forced to lump it down or be hungry. The food situation has improved slightly, and we are able to get eggs and bread.

We were told police had been stopping truck drivers from entering Tamil Nadu to bring in food supplies. Truck drivers had been forced to leave their trucks laden with fresh produce to rot. Pictures were doing their rounds of cows eating the vegetables. Prices of food items were increasing drastically.

We read the news daily and things were not looking positive, especially when the nearest supermarket which we frequented daily had become an illegal shop. Instructions from the police were that shops were not allowed to open.

We made an arrangement with the owner where he would open for a few of us to enter in the back one or two at a time. We literally had to sneak into his shop to buy a few supplies. Soon afterwards the food shop was legally allowed to be open from 10:00 - 14:30 with limited patrons at a time.

The hotel started to restrict the times we could use the gym from 18:00 - 20:00. But at least with these exercises we still managed to keep fit.

The pool was still open but only to two people at a time. This was soon stopped by some government officials.

Very much like South Africa, we are only allowed out for essentials, otherwise we are bound to stay in our hotel rooms.

During all this time we were still working from our hotel rooms and communal social distanced rooms. We still had a lot to do, so keeping busy helped make the time go quicker.

This has been a real wake up call for everyone worldwide. It has brought most of us back to reality, and made us realise how easily our lives can be turned upside down where a simple thing like a plate of food we took for granted can become so important.

# Working from home: Beyond COVID-19



Salatiso Mdeni is a property entrepreneur with Environment, Health and Safety (EHS) experience. He advises companies on risk management and assists them to comply by implementing risk based solutions with legal emphasis, towards statutory compliance

Most of us never thought it would happen to us, but many African countries, as is the case with most of the world have been confined to home to contain the spread of the Coronavirus disease (COVID-19).

However, despite being home, work must still get done if we are to survive this, fortunately the industrial and technological revolutions mean this is possible.

## MY EXPERIENCES OF WORKING FROM HOME

I was first formally introduced to the concept of working from home by one of my previous employers. In a drive to increase efficiency within the company, a comprehensive redesign of the workplace was done in order to ensure that the approach would be supported by the requisite infrastructure from an IT perspective to enable remote work, and also there had to be agile workspace design for the times employees need to be at work. The benefits were incredible, and I learned so much.

## OBLIGATIONS TO LEGISLATION

In the Occupational Health and Safety Act, 1993 a workplace “means any premises or place where a person performs work in the course of his employment”. Even if the employee is working from home the employer is not absolved of her obligations. Fortunately the same principles of risk assessments can be used by the employee anywhere they choose to work.

It also helps that we were not pioneers in the field. The Health and Safety Executive from the United Kingdom as well as the Canadian Centre for Occupational Health and Safety have a wealth of information on the subject, to mention a few.

Section 14 of the Act lists the duties of employees, one of which is to “take reasonable care for the health and safety of himself and of other persons who may be affected by his acts or omissions”. This means if one - amongst other things - suspects they might expose their colleagues, it is reasonable to stay at home, the lockdown confirms this. Work can still be done at home, thus no-one loses.

## PRODUCTIVITY AND WORKING FROM HOME

Beyond COVID-19 one of its legacies will be working from home. Trust is one of the barriers to a successful implementation of work from home or agility programme, a rare commodity in South Africa.

At one point or another we have borne

witness to the warzone our country becomes during salary negotiation season.

To most, the effects were only felt at a macro level but we mustn't forget the problem of children growing up without parents who lost their lives in these standoffs between employers and employees.

Deadlines still need to be met by the employees, and the employer needs to trust this will happen - unfortunately seldom is this the case. To compensate for this lack of trust employers insist on the physical presence of the employee at work as an indicator that the employee is working - a difficult observation to make if the employee is out of their employers' line of sight.

This management by sight, however, is ineffective. Over the last decades human resource boffins have made strides in advancing the field of performance management. Ultimately the aim of any company is productivity, effective performance management can ensure this and for some employees, it is seldom dependent on them being in a fixed workplace.

An article by Clayton C. Hendricks and Noluthando S. Matsiliza (2015) titled *Management of employee performance in the South African Public Service: the case of the National Department of Rural Development and Land Reform in the Western Cape. Problems and Perspectives in Management*, 13(3-1), 125-131, however, shows that we are far from getting performance management right. The performance of the public service is a good indicator of why it is still difficult to manage employee performance, even with the best of tools!

Perhaps the hindrance with the government is its size, whereas most small companies and sole proprietors often start and continue conduct their businesses from home.

With only an android smartphone one can generate and collaborate on documents with people from anywhere in the world.

Need a library? There's Google Scholar. Technology has enabled remote working. As long as one has a stable internet connection and a smartphone there is little hindrance.

Most employers now issue their employees with mobile computers, something that can be done by the small business owner without breaking the bank with Chromebooks.

What Ernest Renan said for education holds true for the employee with only a smartphone “The simplest schoolboy is now familiar with



truths for which Archimedes would have sacrificed his life”.

### **BENEFITS OF WORKING FROM HOME**

The motivation for working from home makes its case with COVID-19 which has just reinforced what we already knew.

Real estate costs drop because you need to only avail nominal space for the few times the team needs to meet face to face.

Agility can increase the visibility of an entity's employees to their clients / sites by having them work from different sites where the entity has operations.

Top management or centres of excellence who are normally confined to head office while making decisions about operations would be able to work from any site, thus gaining more information.

Ultimately the savings are significant whether direct because of the reduced real estate costs or risk-based decisions by managers who now have first hand perspective of the entity's operations.

There are risks, but maturity is key to working from home. The requisite IT infrastructure and outcome based performance management enable working from home.

Investec joins big firms in adopting flexible leave and dress code was a headline from Business Day last year. To stress the importance of productivity, the article states, “Investec says paying people for output should prevent abuse

of the system as the conversation with any offenders will be about their performance, rather than why you didn't come to work on Monday”.

The employee must commit, especially in terms of honesty and meeting one's targets. Immediately after the school run, you can have your first face-to-face meeting via Hangouts while you collaborate with all the participants on that crucial presentation.

If your creative juices rise after everyone has gone to sleep, working from home will afford you the flexibility.

If objectives and targets are met, that dreaded annual performance meeting by both the employer, who has to increase the employee's salary if the employee has performed might not be that bad.

The employer should have more money to spend on salaries because of the savings from not paying for excessive real estate.

The employee will have more money because of all the savings on transport/petrol from not having to spend 3 hours in traffic.

Ultimately the family is happy, because now they actually recognise your face, no longer do they see you only once a week because of those mornings you had to leave early before everyone woke up to fight the traffic!

Be safe and productive at home.

## **What to do and what not to do - if you suspect you have *COVID-19***

Information issued by the  
Netcare Group

Most people are understandably concerned about the possibility of becoming infected with COVID-19. Even though there is a lot of information available in the media, there is still a lot of uncertainty what steps to take if you fall ill.

The steps are simple for individuals who meet case criteria, and suspect that they may be infected. They must ensure that they access healthcare appropriately, so that they can be assisted as efficiently and effectively as possible.

“It is every person's responsibility to take the necessary precautions to prevent the possible spread of COVID-19. We encourage everyone to remain calm, follow the appropriate steps to protect their health and that of others, and to

access healthcare resources in a responsible manner,” says Mande Toubkin, Netcare's general manager: emergency and trauma.

### **WHAT NOT TO DO**

**Do not go to a hospital or emergency department for screening or testing.**

“Emergency departments are specialised facilities that are equipped to provide urgent life-saving care to patients with traumatic injuries or medical emergencies. Over 80% of people with COVID-19 will have minor to moderate symptoms and there is no reason for them to be seen in an emergency department,” she says.

“Coming to a hospital if you suspect that you

have COVID-19, places the hospital community or others at unnecessary risk. What is important is that you practise social distancing and self-quarantine at home so you don't spread the infection to others."

### WHAT YOU SHOULD DO

Phone your primary healthcare provider if you meet the case definitions and suspect you may be positive.

#### **Do not go to the GP's rooms without phoning in advance.**

When phoning your GP, bring any relevant information to their attention including your recent travel history, contact with persons who had recently travelled, personal contact with an infected person, or any symptoms associated with COVID-19 that you are experiencing.

The doctor may ask specific questions to assess you, advise whether you need to be tested, and give you a referral to a pathology laboratory.

If your doctor wants you to come to the consulting rooms, they will be able to take the necessary safety precautions to assist you promptly when you arrive whilst safeguarding themselves and others at the facility from possible infection.

Your doctor may examine you and take a swab from inside your nose and mouth, which will be sent to the laboratory for testing. You should receive the results within 48 to 72 hours, and you should quarantine yourself at home until the results are known.

### SELF-QUARANTINE AT HOME

If you suspect that you have COVID-19, you need to self-quarantine.

It is crucial that you do not have contact with other people while waiting for the results, so that there is no risk that you could pass on the infection to them.

- DO NOT leave your house to go to any public place.
- If you live with other people, avoid them or keep any contact to a minimum. Keep a distance of at least two metres between you, and do not spend time in the same room with another person.
- Stay in a room that is well ventilated. Keep windows open for ventilation.
- Don't allow visitors into your home.
- If you have a cough, wear a mask but make sure you follow the guidelines for the correct way of putting on the mask, wearing it and disposing of it.

- Dispose of tissues immediately after use in a separate rubbish bag.
- Clean your hands often and thoroughly with alcohol based hand rub or hand spray, or wash them with soap and hot water for at least 20 seconds.
- If you have to share a bathroom with others, clean the bathroom, door handles, taps and any other surfaces you may have touched with a bleach-based disinfectant each time you have used it.
- Do not share towels with other people.
- Ask friends or family to deliver essential groceries and medicines you may need. Alternatively, arrange for these items to be delivered by your supermarket or pharmacy. They will most probably leave the deliveries outside the home for you to fetch.
- Don't eat with other people. If possible, use disposable crockery and utensils, and dispose of these in a separate rubbish bag.

If you use normal crockery and utensils, you yourself should wash the items you have used immediately in hot water and dishwashing liquid or in a dishwasher at high temperature, separate to other people in the home.

Keep the crockery and utensils you use separate.

- Maintain good home hygiene, and clean any surfaces you may have touched often and thoroughly with a bleach-based disinfectant.
- Wash your clothing separately at high temperature.
- If your symptoms worsen, phone the doctor who tested you for guidance.
- If you believe your symptoms have worsened to the point that you are facing a medical emergency, contact an emergency medical services provider and make them aware that you have been tested for COVID-19 and are awaiting the results.

"The over 80% of people with confirmed COVID-19 who have little or mild symptoms do not need to be admitted to hospital but will be able to recover at home, in self-quarantine. Only persons whose condition is such that they require in-hospital care need to be admitted," Toubkin concludes.



# Reflections on COVID-19



Wellington Mudenha is an experienced and qualified professional in the field of Safety, Health, Environmental and Quality Management. He has a wealth of experience in SHEQ legal compliance as well as SHEQ ISO management systems development, implementation, maintenance and audit. Wellington is a SHEQ trainer / facilitator and SETA registered assessor.

When the Corona Virus COVID-19 disease broke out in China in late 2019, little did we know that it would have the kind of impact that it has had on South Africa and other countries across the African continent.

Initially, like many others, I passively followed news about the Corona Virus and thought that it was a matter of time before it was under control. However, as the disease slowly began to spread across the globe it quickly became apparent that its impact was far greater than it first appeared.

On 11 March 2020 after 118,000 cases in 114 countries and 4,291 people had lost their lives to the disease, the WHO declared COVID-19 a global pandemic. This announcement came 6 days after South Africa had recorded its first confirmed case after a 38-year-old male who had travelled to Italy with his wife tested positive on 5 March 2020.

By 15 March the number of confirmed cases in South Africa were 61 when the South African Government declared a national state of disaster in terms of the Disaster Management Act, and implemented measures to combat the spread of the disease.

## OSH INDUSTRY'S RESPONSE TO DISEASES

Just to be clear, occupational diseases are not new to the field of OSH. Many diseases are known across our different industrial sectors, with the professionals working continually to measure, monitor and control the risks of workers contracting these diseases.

Many of the diseases we encounter in workplaces are chronic in nature and develop over a long period of time. As OSH practitioners, we have time to research, plan, consult, test and seek guidance from organisations such as the Southern African Institute for Occupational Hygiene (SAIOH).

The COVID-19 pandemic has come as a big wake-up call to occupational health and safety practitioners and has presented a completely different set of circumstances compared to those we are used to.

Not many OSH professionals have witnessed the mass hysteria, anxiety and panic in the workplace from such a disease within a short space of time.

COVID-19 will completely change how we work in the field of OSH and how we view or prioritise occupational hygiene.

In many workplaces, OSH professionals would merely put up a few posters here and

there about basic hygiene for compliance purposes. Yet going forward, greater effort in monitoring and control of hygiene is needed. We will need to research well, consult occupational hygienists and develop better procedures on hand washing and sanitation at work.

## LOOKING FORWARD - OSH'S RESPONSIBILITY TO DISASTER

OSH professionals shall also have to polish up emergency response procedures and business continuity plans.

This disease forced most organisations to make decisions very quickly. Emergency preparedness and response is essential and usually is inclined to safety issues as opposed to health, however COVID-19 has given impetus to the development of procedures that provide guidelines when there is an immediate threat to the health of workers.

## Training

Our external and in-house training will most certainly change in future. We have to develop better, detailed and practical occupational health and hygiene content. Let us take advantage of the vast amounts of training material available online to polish up our in-house training material on occupational health and hygiene.

If you were procrastinating taking up a professional development course on occupational hygiene, perhaps it is time to reconsider that.

## Communications

COVID-19 will also change how information is distributed in the workplace. Our communication plans as OSH professionals must be reviewed and revised.

Never take anything for granted. Give out as much information as possible to keep your staff informed.

Use different platforms such as internal emails, memos, posters, social media etc. We have a big role to play to ensure that everyone is always informed.

## Travel

The COVID-19 virus will also change travel policies in various organisations and OSH has a role to play in this.

If you have staff travelling abroad, conduct some research into their destination and perform a basic risk assessment before they leave.

After the COVID-19 virus broke out and

spread across the world, many employers allowed their employees to travel to COVID-19 affected countries for work or social visits which in hindsight was not the best thing to do.

### **Social distancing**

To protect people from contracting the disease, the concept of 'social distancing' has come into workplace and social discourse. Social distancing is a public health measure recommended by health experts which must be implemented during highly contagious outbreaks. People are encouraged to keep a distance of at least one meter from a sick person so that they avoid breathing in any droplets expelled by another individual when they sneeze or cough. As we don't know who is positive for the virus, this is currently recommended for all situations.

As OSH professionals, we will have to re-look at our workplaces in relation to the working space between people. Social distancing should be implemented at work too.

### **Work from home**

Lastly, many workers were instructed to work from home or to self-isolate after they returned from work-related or personal trips to COVID-19 affected countries.

The OSH professional has a crucial role to

ensure that these workers and any others who are at high risk of contracting the disease, do not spread the disease in the workplace. Workplace procedures will also have to include working from home and self-isolation as well as the circumstances that dictate for such actions.

Undoubtedly, the Corona Virus has already changed the way we work in OSH and more changes will come. No OSH professional must bury their head in the sand at this moment.

On 20 March 2020, the South African Government gazetted a Notice on Compensation for Occupationally-Acquired Novel Corona Virus Disease (COVID-19) under the Compensation for Occupational Injuries and Diseases Act. This applies to very high, medium and low exposure risk occupations. Even OSH legislation is changing to cater for the virus.

As OSH professionals, let us take the first step and proactively protect our staff from the Corona Virus.

If it however does happen that any of your staff contracts the disease it would be good to share the measures you took to control the onward spread of the virus as well as the business continuity plans you instituted in your organisation so that we can all learn from each other.



## **OSHAfrica COVID-19 Message from the President**



Ehi Iden President  
OSHAfrica

It has been over 3 months now that the Novel Corona Virus was discovered in Wuhan, China.

The disease has long spread across all the regions of the world and increasingly creating daily global concerns.

The African continent has not been left out of this spread which has grossly overwhelmed the already fragile healthcare systems that currently exists in the region. From the daily reports on newly confirmed cases, this is not looking good and we appeal to everyone to please comply with existing World Health Organisation's guidelines which all countries have adopted.

The need to stay at home and avoid crowded places has become crucial. This is one of the ways we can contain further spread of this virus. We are seeing a fast rate of newly infected cases and a slowly growing mortality rate and we must all stand together at such a time in ensuring this does not get worse.

Our heartfelt condolences to families who have already lost their loved ones to the disease.

We are with you during this moment of grief and we all need to be strong together in pulling through this phase.

It is shocking to see people who were vibrantly working for a living yesterday, fighting for survival today.

With all of us working from home, we need to think of ergonomics, healthy eating and intermittently getting off our seats to engage in physical activities.

It is important to keep in contact with relatives and friends we have not heard from for a while. We must stand together.

We need to look for some positive things to fill in this time during lockdown.

We salute the sleepless nights and the enormous sacrifices of every healthcare worker taking responsibility in the global fight against this COVID-19. When this phase is finally over, you will all deserve a medal.

Let's remember, no one is safe in this world until every one of us is safe.



# Our new reality - and a need to keep the economy going



Dr Claire Deacon PhD  
(Construction  
Management) -  
claire deacon and  
associates (cd&a)  
PR.CHSA (SACPCMP)

Day zero in the western Cape changed how many South Africans saw life. For me, life hasn't been the same since. The thought of actually running out of water and not being able to shower, wash hands, wash clothes and clean my home became a reality. Almost a Star Wars futuristic life on another planet. But the rains came, and we were saved. Now we have a new day zero. Coronavirus or Covid-19, a malicious little virus that hasn't just affected the western Cape, but the world.

Information abounds and Dr Google has been very busy. The memes, jokes and seriousness of the virus has been the focus of almost everyone on social media, the news and most informal or formal discussions. Countries have shut their borders and cities are in quarantine. South Africa has declared a state of emergency, and we are seeing the numbers of those who test positive on the rise. Those numbers relating to the ill are likely to increase substantially before they taper off. Aspects such as social distancing, self-quarantine and increased personal hygiene are among the immediate remedies to limit the spread.

A visit to the physiotherapist the day after the President's announcement raised some really interesting questions and thoughts. How to clean between patients, would be the same as cleaning a board room table after a meeting, or seeing a colleague, or visiting the shops to do grocery shopping. All 'routine' daily activities that we usually don't think about, now could have a devastating affect on us all.

## HOW TO MITIGATE THE RISKS

The shared ideas in this article are only some of the ways that could practically assist in managing the day to day realities we face.

Furthermore, some of the aspects could be used in mitigating the risks when doing a risk assessment for a working environment.

## HOW WE ARE MINIMISING THE RISK

So what did we do before the lockdown? In my office, I decided we would continue to work at our desks and visit our projects, but with a difference. All sanitisers were sold out so I decided to make my own. A 70% mixture of surgical spirits, and 30% aloe vera gel would suffice when out and about. Hand washing when back or wherever there is are toilets or public facilities to be used. I also found some plastic containers and bought a 5L container of

Jik. Each of our desks now has a container with a disposable cloth, and a small mixture of water and Jik to wipe down desks, chairs, computers, door handles and any other areas we touch regularly. Paper towels are used to dry hands rather than a hand towel.

I used to sterilise my instruments in a UV sterilizerm so I decided that a UV light on each desk would assist in further decontamination. The UV lights are left on when we leave the office. Social distancing works as we don't sit in close proximity. My administrator usually catches a taxi to work, but we now fetch her and get her home safely.

## ADVICE FOR CONSTRUCTION SITES

On my projects, I am advising a similar approach. A risk assessment to determine the risk of those employed and where the 'hot spots' are to reduce the risk and keep the economy going.

Workers getting to work using public transport are the highest risk, social distancing at taxi ranks, bus stops etc. is near impossible. Providing workers with masks and gloves may help in this case, but training in the use of and management of their disposal is necessary, otherwise the risk may be increased if not done properly. Shutting down sites has not happened, yet. Sites with large numbers of workers may well downsize, temporarily - this is something that needs to be discussed at length with the client and designers, as the contractual issues could be very complex.

The use of infra-red thermometers at entrances will only pick up those who are symptomatic, and that may possibly be too late. Toolbox talks, use of posters and including the topic as a point in a daily safety task instruction (DSTI) will heighten awareness among workers, and come up with practical ways to work. A DSTI must be linked to a method statement and risk assessment. While we normally ask workers to eat in specific areas, the opposite is now encouraged, as long as it is not in the actual workplace, and safe to do so. Continual cleaning using a Jik solution on all common areas in offices, canteens, toilet facilities is probably the cheapest solution and very effective.

Sanitisers must be provided where washing facilities are not available - especially at remote sites, or places where there are portable toilets. Supervisors should be on the lookout for

anyone not well and further protect those who may be immune compromised.

#### ADVICE FOR CLINICAL ENVIRONMENTS

In low key clinical settings such as physiotherapists, biokineticists, occupational therapists the need to physically keep social distancing is impossible. Working with gloves is also not always possible. The need to consider a Jik solution or an alcohol-based solution would be the best for wiping down surfaces. The minimal use of towels and rather the use of

plastic sheets where possible will also limit the need to do extensive washing and use our limited water resources. UV lights will assist with some equipment and surfaces, but will still need regular cleaning during the day.

We will still see whether what we and the rest of the world are doing is enough, but I particularly don't want to see day zero for the coronavirus.

Let's all do what we can, take this seriously and limit the outcome.

## Recommendations for people with asbestos related diseases



Arthur L. Frank, MD, PhD, ADAO Science Advisory Board Co-Chair recommended that for patients diagnosed with an asbestos-related disease, there are special reasons to follow the rules and guidelines set out by the Center for Disease Control. One's immune system may be compromised, or any medications being taken can weaken one's ability to respond to an infection with the virus. Also, if the lungs have been compromised by fibrosis, then the ability to fight off the effects of the coronavirus may also be reduced. Therefore, Dr. Frank urges everyone to stay at home, avoid as much as possible contact with others than those in your immediate household, keep a safe distance from others, and in every way, especially if older than 60, to follow these guidelines.

Since ADAO was founded, we have always

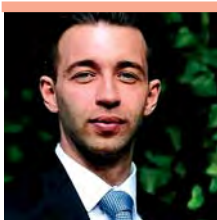
embraced technology to advance our mission and vision to prevent exposure and eliminate all asbestos-caused diseases.

As we work to adjust to our new normal, ADAO remains hard at work and has exciting things in the pipeline as we approach Global Asbestos Awareness Week (GAAW), which begins April 1 and lasts until April 7. Even during this difficult time, the organisation will continue to bring seven days of content to raise asbestos awareness and increase prevention.

Due to the coronavirus, Record Store Day has been rescheduled for June 20, 2020. To bring us all together, we are incredibly excited to announce that Jordan Zevon, ADAO spokesperson and son of musician Warren Zevon, will entertain us by showcasing some of his father's music.

## Issuing of **COVID-19** specific PPE in the workplace

*and compliance with Legislation (General Safety Regulations)*



Louis is a practising attorney specialising in safety, environmental (SHE) and corporate legal compliance and is currently employed at Higgs Attorneys in Randburg.

In terms of Regulation 2(5) of the General Safety Regulations, 1986 "an employer shall instruct his employees in the proper use, maintenance and limitations of the safety equipment and facilities provided."

Limitations are often-times overlooked in PPE training programmes.

In order to limit their own liability, it is very important for employers to explicitly stress that gloves, face-masks and respirators cannot guarantee total protection against contracting COVID-19.

Employers must inform and instruct employees that the PPE they use can only protect them to a certain degree.

## Postponement of Securex, A-OSH EXPO and Facilities Management Expo to August 2020

Specialised Exhibitions has taken decisive action following developments in the COVID-19 national state of disaster and opted to reschedule its Securex South Africa, A-OSH EXPO and Facilities Management Expo trade shows to 18 to 20 August 2020.

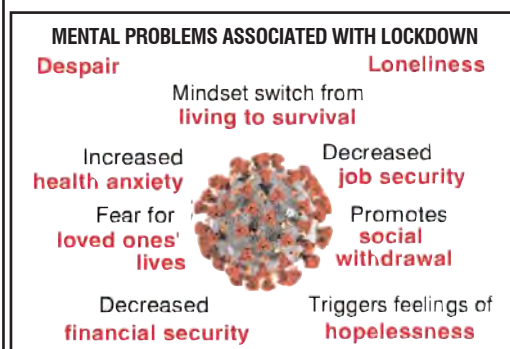
The three co-located shows will still take place at Gallagher Convention Centre in Johannesburg.

"Specialised Exhibitions looks forward to hosting a strong showing for the safety, security and built environments later this year, and appreciates the support of all stakeholders."

Queries around Securex, A-OSH EXPO and Facilities Management Expo can be directed to [svens@specialised.com](mailto:svens@specialised.com).



# The importance of exercise for health and mental stress



Exercise is one of those things that you either love or hate. Whichever category you fit into, during these frightening times the importance of exercise cannot be underestimated. Each and every person should find the motivation to engage

in some form of exercise, as much as is possible.

Exercising will strengthen your immune system, improve your mental health, and make you feel better about yourself.

Forget the exercise challenges that may be circulating on social media, rather do exercise in your own time at home. Doing at one exercise every day will help you get through these trying times.

If you are unable to do physical exercises, there are things you can do at home that work just as well.

Challenge yourself and give yourself goals, this will give yourself a goal to work towards and stimulate your mind as well as your muscles.

During these gloomy times, it is important to do things that make you happy, so choose the type of exercise or activities that you will enjoy and not what you think is a "must do".

You will also need to keep in mind the space you have.

## **Fitness DVDs**

Many of us probably have fitness DVDs packed away in our cupboards. This is the time to take them out and use them as a personal trainer.

## **Fitness youtube videos**

There is no cost to this and there are tons available.

## **Dancing**

Working out can be fun. Dancing is a great way to get your heart rate up and burn some calories. So put on music that you enjoy and start dancing to it.

## **Home gyms**

Some people may already have a lot of equipment at home such as dumbbells or exercise bicycles. Make sure you dedicate a certain amount of time every day at your home gym. Make the most of what you've got.

## **Yoga and Pilates**

If space is an issue for you, try yoga, pilates, barre, or something that includes some simple floor work

Yoga is great for the body and the mind, and hardly requires any space. Yoga is perfect for anyone who is feeling anxious, as the need to focus on your breathing will help you learn how to relax.

There are a lot of virtual yoga and pilates classes that are being offered during the lockdown period. Take advantage of them.

## **Fitness Apps**

A huge trend at the moment is the app TikTok. Download it and get practising!

Go to your app store and type in 'Fitness App', you'll be bombarded with options. Some are free, where others will let you have a free trial for a couple of weeks which should take you through the lockdown period.

You will be able to pick your level of fitness so there is no need for the attitude of "I can't do it".

There is something for everyone, depending on your experience, age, what you enjoy doing, and your goal.

## **Cleaning**

It's important that we keep everything at home squeaky clean during this pandemic. There are fantastic fitness benefits to this.

Cleaning your home is a great workout, and you can burn up to 190 calories on a tough job like scrubbing away dirt and grime.

Stripping your sheets, doing your laundry, and making your bed is a great upper body workout. Vacuum cleaning, dusting, washing up are all exercise.

## **Gardening**

Getting fresh air is a huge part of a successful workout for some.

If you have a garden, work on making it look beautiful during this time.

Gardening can be so pleasurable that you will be working out without realising you're exercising

You'll be doing squatting exercises while weeding. You will be working on your abs while chopping. Mowing the lawn adds to your step count and keeps your back muscles in shape. You can burn up to 280 calories an hour from mowing the lawn.

Carrying water cans and tools, pushing around a wheelbarrow, and picking are all great ways to tone up your arms and shoulders.