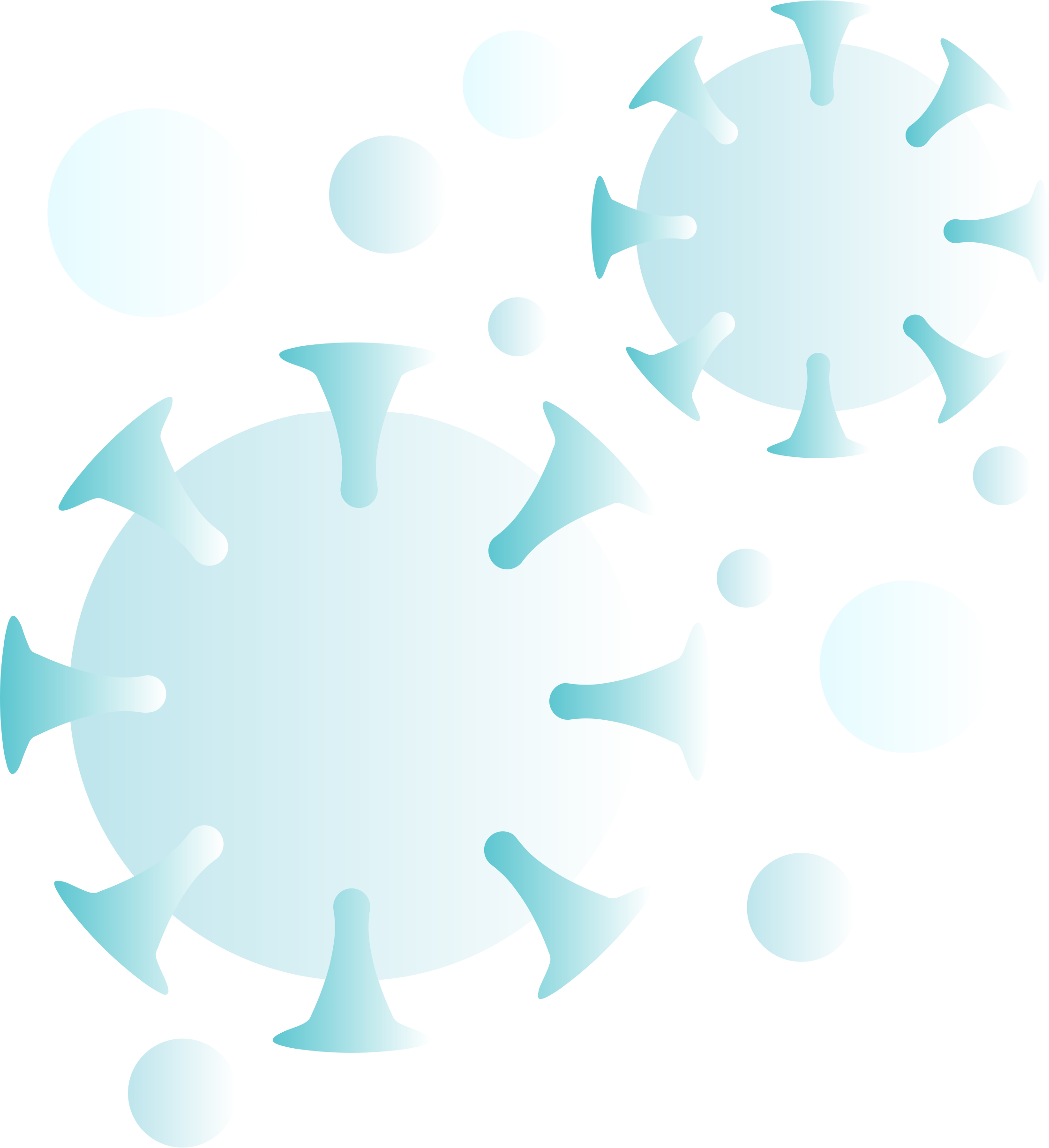
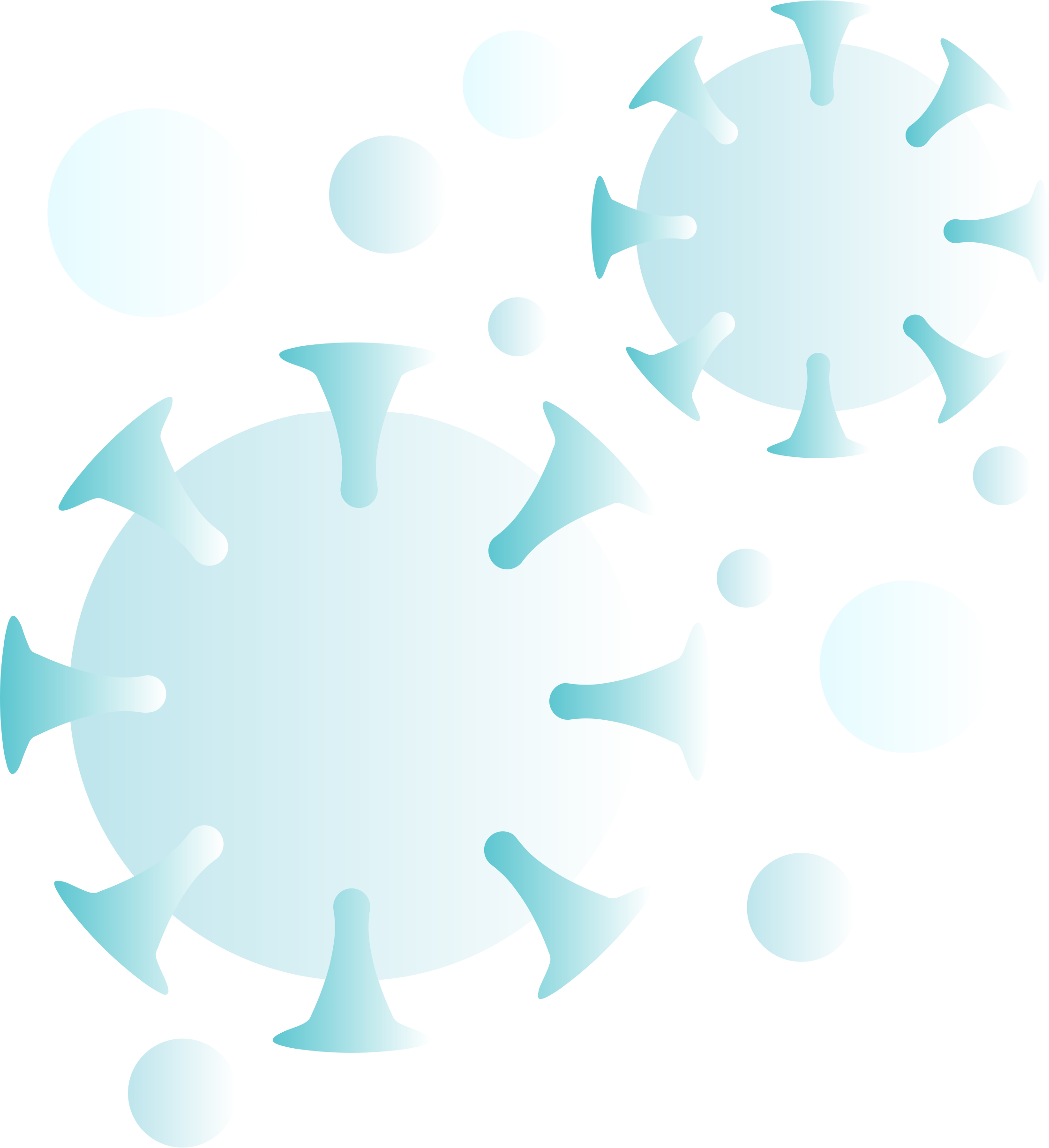
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**COVID-19**

BACK TO WORK

POLICY PACK

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**Covid-19 Policy Pack Overview **

The Department of Employment and Labour together with the Department of Health have issued a number of regulations and directives which employers, who are permitted to operate at their relevant Alert Level, need to comply with to ensure a safe working environment. In order to assist employers with comply with these regulations, where appropriate, we have pulled together a Policy Pack which may be used to implement the necessary measures.

Not all requirements will apply to each business and the document and contents are generic. Each business needs to assess the risk of their workplace, based on their size and areas of risk, and amend where necessary.

To make the Directive easier to understand and apply, it has been summarised for two scenarios based on business size:

1. Employers with less than 10 employees
2. Employers with more than 10 employees

Should you wish to view the accompanying regulations, please [click here](https://www.gov.za/sites/default/files/gcis_document/202004/43257gon479.pdf).

**Summary of Covid-19 OHS Directive**

**(Less than 10 employees)**

All workplaces (excluding medical and health services) operating under level 4 and providing essential goods and services need to comply with the new COVID-19 OHS Directive.

**OHS COMPLIANCE**

* Undertake a risk assessment that takes into account the workplace’s specific circumstances.
* Notify all staff about the COVID-19 OHS Directive.
* Ensure that there is strict compliance with the COVID-19 OHS Directive and risk assessment plan through monitoring and supervision.
* Take any other measures required by the employer’s risk assessment.

**WORKPLACE READINESS**

* The workplace must be arranged so that staff are at least 1,5m apart, or physical barriers should be placed between them.
* The employer must ensure that social distancing measures are implemented through supervision in the workplace and common areas inside and outside the immediate workplace through queue control (e.g. canteens and lavatories). These measures ****may include dividing the workforce into groups or staggering break-times to avoid concentration of staff in common areas.
* Take measures to minimise contact between staff as well as between staff and members of the public.

**EMPLOYEE WELLNESS**

* Staff presenting with any observable COVID-19 symptoms are not allowed to work.
* Observable symptoms include:
  + Fever (>38°C)
  + Cough
  + Sore throat
  + Redness of eyes
  + Shortness of breath (or difficulty in breathing)
* Employer is to immediately contact the Corona Hotline on 0800 029 999 for instructions for the employee to follow.

**EMPLOYEE PERSONAL PROTECTION PRECAUTIONS**

* Provide cloth masks or require staff to wear cloth masks covering their mouth and nose.
* Provide each employee with hand sanitisers, soap and clean water to wash their hands and disinfectants to sanitise their work areas.
* Ensure that each employee washes their hands with soap and sanitises their hands.
* Ensure that work areas are disinfected regularly.

**MONITORING & ENFORCEMENT OF DIRECTIVE**

The Department of Labour’s inspectors will enforce the Directive. Contraventions of the Directive may lead to fines of R50 000 or to imprisonment for not more than a year, or both.

***Resources:***

[*http://www.labour.gov.za/department-of-employment-and-labour-unveil-guidelines-to-deal-with-covid-19-at-workplaces*](http://www.labour.gov.za/department-of-employment-and-labour-unveil-guidelines-to-deal-with-covid-19-at-workplaces)

[*http://www.gpwonline.co.za/Gazettes/Gazettes/43257\_29-04\_Labour.pdf*](http://www.gpwonline.co.za/Gazettes/Gazettes/43257_29-04_Labour.pdf)

**Summary of Covid-19 OHS Directive**

**(More than 10 employees)**

All workplaces (excluding medical and health services) operating under level 4 and providing essential goods and services need to comply with the new COVID-19 OHS Directive.

**OHS COMPLIANCE**

* Undertake a risk assessment that takes into account the workplace’s specific circumstances.
* Notify all staff about the COVID-19 OHS Directive.
* Ensure that there is strict compliance with the COVID-19 OHS Directive and risk assessment plan through monitoring and supervision.
* Notify staff that if they are sick or have possible COVID-19 symptoms, they must not come to work and must take their paid sick leave in terms of the BCEA.
* Appoint a manager or senior staff member to address employee/workplace representative concerns and to keep them informed and to consult with the health and safety committee.
* Employers with more than 500 staff must submit a record of their risk assessment together with a written COVID-19 policy to its health and safety committee and to the Department of Labour.
* Take any other measures required by the employer’s risk assessment.

**WORKPLACE READINESS**

* As far as is practical, reduce the number of staff at the workplace through rotation, staggered working hours, shift systems, remote working arrangements or similar measures.
* Arrange the workplace to ensure minimal contact between staff and as far as possible, ensure that there is a minimum of 1,5m between staff whilst working. The minimum distance may need to be longer depending on the workplace circumstances or nature of the sector.
  + If it’s not practical to arrange work areas at least 1,5m apart, then the employer must arrange physical barriers between work areas to form a solid barrier; or
  + If necessary, supply staff with appropriate PPE (Personal Protection Equipment) based on the risk assessment at no cost to the employee.
* The employer must ensure that social distancing measures are implemented through supervision in the workplace and common areas inside and outside the immediate workplace through queue control (e.g. canteens and lavatories).
* These measures may include dividing the workforce into groups or staggering break-times to avoid concentration of staff in common areas.
* Take measures to minimise contact between staff as well as between staff and members of the public. Where reasonably practical, the employer must ensure that:
  + There is a distance of 1,5m between staff and members of the public or between members of the public, or
  + Put in place physical barriers or provide staff with face shields or visors.
  + ****If appropriate, undertake symptom screening of persons other than staff**** entering the workplace.
* If appropriate, display notices advising persons other than staff entering the workplace of the precautions they are required to take.
* Require member of the public, including suppliers, to wear masks when inside the employer’s premises.
* The employer must keep the workplace well ventilated by natural or mechanical means to reduce the SARS-CoV-2 viral load.
* Where reasonably practicable, have an effective local extraction ventilation system with high-efficiency particulate HEPA air filters, which is regularly cleaned and maintained, and its vents don’t feed back in through open windows.
* Ensure that filters are cleaned and replaced in accordance with the manufacturer’s instructions by a competent person.
* Biometric systems must be disabled or made COVID-19 proof.

**EMPLOYEE WELLNESS – TRAINING**

* Provide staff with information that raises awareness about COVID-19, its transmission, personal hygiene, social distancing, use of masks, cough etiquette, and where to go for screening or testing.

**EMPLOYEE WELLNESS - SCREENING**

* Staff must be screened at the time of reporting for work to ascertain whether they have any COVID-19 observable symptoms, namely:
  + Fever, (or ≥ 38°C measured temperature), cough, sore throat, redness of eyes or shortness of breath (or difficulty in breathing).
  + Staff must report whether they suffer from any of the following additional symptoms: body aches, loss of smell or loss of taste, nausea, vomiting, diarrhoea, fatigue, weakness or tiredness.
  + Staff must inform the employer immediately if they experience any of the above symptoms whilst at work.
  + The employer must comply with the Department of Health’s “Guidelines for symptom monitoring and management of essential staff for COVID-19 related infection”.
* If the staff member presents with these symptoms or advises the employer of these symptoms:
  + the employer must not allow the staff member to enter the workplace or report for work;
  + If the staff member is already at work immediately:
    - Isolate the staff member, provide the staff member with a FFP1 surgical mask and arrange for the staff member to be transported in a manner that doesn’t place other staff or members of the public at risk, so that the staff member can either self-isolate or be medically examined; and
    - Assess the risk of transmission, disinfect the area and the staff member’s workstation, refer those staff who may be at risk for screening and take any other appropriate measure to prevent transmission.
  + Ensure that the staff member is tested or referred to an identified testing site.
  + ****Place the employee on paid sick leave or if the employee’s sick leave has been exhausted, apply for the COVID-19 illness benefit.
  + Ensure that the employee is not discriminated against on the grounds of having tested positive for COVID-19.
  + If there is evidence that the employee contracted COVID-19 as a result of occupational exposure, lodge a COIDA claim for compensation.
* If a staff member has been diagnosed with COVID-19, an employer must:
  + Inform the Department of Health by phoning 0800 029 999 as well as the Department of Labour.
  + The employer must investigate the cause, including any control failure and review its risk assessment to ensure that the necessary controls and PPE requirements are in place.
* If a staff member has been diagnosed with COVID-19 and isolated in accordance with the Department of Health guidelines, an employer may only allow a staff member to return to work on the following conditions:
  + The staff member has undergone a medical evaluation confirming that the staff member has tested negative for COVID-19.
  + The employer ensures that personal hygiene, wearing of masks, social distancing, and cough etiquette is strictly adhere to by the staff member; and
  + The employer closely monitors the staff member for symptoms on return to work.

**EMPLOYEE PERSONAL PROTECTION PRECAUTIONS**

* At no cost to staff, the employer must ensure that there is sufficient quantities of hand sanitiser based on the number of staff or other persons with access to the workplace at the entrance of, and in, the workplace which the staff or other persons are required to use.
* Hand sanitiser must have at least 70% alcohol content and meet the Department of Health’s recommendations.
  + If the employee works away from the workplace, but not at home, then he must be provided with an adequate supply of hand sanitiser.
  + If a staff member interacts with the public, the employer must provide the staff member with sufficient supplies of hand sanitiser at that staff member’s workstation for both the staff member and the person with whom the staff member is interacting.
* The employer must take measures to ensure that all work surfaces and equipment are disinfected before work begins, regularly during the working period and after work ends. All areas such as toilets, common areas, door handles, shared electronic equipment must be regularly cleaned and disinfected.
* The employer must ensure that:
  + There are adequate facilities for washing hands with soap and clean water.
  + Only paper towels are provided to dry hands – the use of fabric towelling is prohibited.
  + The staff are required to wash their hands and sanitise their hands regularly while at work.
  + Staff interacting with the public are instructed to sanitise their hands between each interaction with the public.
  + ****Surfaces that staff and members of the public come into contact with are routinely cleaned and disinfected.
  + All persons must wear cloth masks when in public. Accordingly, every employer must provide its staff, free of charge, with a minimum of two cloth masks that comply with the DTI’s recommended guidelines, for the employee to wear while at work and while commuting to and from work.
  + Any other staff (contractors, self-employed persons or volunteers) must also wear masks in the workplace.
  + The number of replacement cloth masks must be determined by the employee’s working conditions, particularly where masks may become wet or soiled.
  + Staff must be informed, instructed, and trained on the correct use of cloth masks.
  + Employers must make appropriate arrangements for the washing, drying and ironing of cloth masks in accordance with the DTI’s guidelines.
* The use of masks does not replace the necessary accredited PPE where required by the risk assessment.

**MONITORING & ENFORCEMENT OF DIRECTIVE**

* The employer must assist with administrative support to the Department of Health’s contact tracing measures.
* The employer must regularly check the Department of Health’s, NICD’s, and National Institute of Occupational Health’s websites whether any additional PPE is required given the nature of the workplace or the staff member’s duties.
* The Department of Labour’s inspectors will enforce the Directive. Contraventions of the Directive may lead to fines of R50 000 or to imprisonment for not more than a year, or both.

Resources:

<http://www.labour.gov.za/department-of-employment-and-labour-unveil-guidelines-to-deal-with-covid-19-at-workplaces>

<http://www.gpwonline.co.za/Gazettes/Gazettes/43257_29-04_Labour.pdf>

**Work Place Readiness Policy**

This generic Work Place Readiness policy may be adapted to suit your environment in getting ready to return to work.

**WORK PLACE READINESS POLICY**

1. **WHERE AN EMPLOYER EMPLOYS 10 OR LESS EMPLOYEES**

Where an employer employs less than 10 (TEN) employees, the following health and safety measures should be taken, apart from requirements under the Occupational Health and Safety Act;

* 1. The workplace should be arranged in such a manner to ensure that employees are at least 1.5 (ONE AND A HALF) apart, or place physical barriers between them to prevent possible transmission of COVID-19 where the former is not possible;
  2. ****An employer may not permit an employee who displays symptoms of COVID-19 to work;
  3. Should an employee display symptom of COVID-19, the employer must contact the COVID-19 hotline on 0800 02 9999 and instruct employees to act in accordance with the communicated instructions;
  4. The employer must provide employees with 2 cloth masks or require an employee to wear some form of cloth mask which covers their mouth and nose while at work;
  5. The employer must provide all employees with hand sanitiser, soap and clean water and ensure employees practice appropriate hygiene in the workplace by washing their hands and cleaning / disinfecting their work stations;
  6. Employees must ensure that their workplaces are cleaned and disinfected every hour;
  7. Employers must take any other measures necessitated by a risk assessment.

1. **THE SPREAD OF COVID-19 IN THE WORKPLACE**

It is mandatory that all employees familiarise themselves with how COVID-19 is spread in the workplace.

* 1. When someone is infected with COVID-19 coughs or exhales, they release droplets of infected fluid.
  2. Most of these droplets fall on nearby surfaces and objects - such as desks, tables or telephones.
  3. People are infected with COVID-19 by touching contaminated surfaces or objects – and then touching their eyes, nose or mouth.
  4. If people are standing within one meter of a person with COVID-19 they can be infected by breathing in droplets coughed out or exhaled by them. In other words, COVID-19 spreads in a similar way to the flu.
  5. Most persons infected with COVID-19 experience mild symptoms and recover.
  6. Some experience more severe symptoms and may require hospitalisation.

1. **POLICY BRIEF AND PURPOSE**

This company policy includes the measures [COMPANY NAME] is actively taking to avoid the spread of COVID-19 in our workplace. You are instructed to follow all these rules diligently, in order to sustain a healthy and safe workplace in this unique environment, as required by the applicable South African legislation. It is important that we all respond responsibly and transparently to the regulations and rules as depicted in the policy. This COVID-19 company policy is susceptible to changes with the introduction of additional governmental guidelines or should circumstances in the workplace change. If so, we will update you as soon as possible via email.

1. **SCOPE**

This policy applies to all [COMPANY NAME] employees who physically work in our office(s) and all visitors/clients to [COMPANY NAME]’s offices.

1. **RESPONSIBLE PARTIES**

[COMPANY NAME] and its employees are the responsible parties and are responsible for ensuring safe and healthy conduct, as well as the for reporting of any unsafe practices. In addition, those appointed in terms of statute must fulfil their roles, as must the committees they participate in.

1. **COVID-19 WORKPLACE PLAN**

[COMPANY NAME] has compiled a COVID-19 Workplace Plan which shall, where applicable, be read in conjunction with this policy. All representatives are instructed to familiarise themselves with the COVID-19 Workplace Plan and all Annexures thereto in order to ensure the appropriate performance of their duties.

1. **PERIOD OF APPLICATION**

This policy will remain in force for as long as the declaration of the national disaster published in *Government Gazette* 43096 on 15 March 2020 remains in force.

1. **REQUIRED ACTION**

This policy outlines the required actions of [COMPANY NAME]'s employees and visitors and/or clients in order to protect themselves and their co-workers from a COVID-19 infection and its possible spread. A list of all the required actions are depicted in this document.

****

1. **RISK AND HAZARD ASSESSMENTS**
   1. The Company has appointed [NAME AND SURNAME] as the Compliance Officer. The Compliance Officer will appoint a representative in each respective office, who shall appoint one designated person in the office to ensure that a daily risk and hazard assessment is done.
   2. Appropriate risk analyses must be done at the office before any work is resumed. Measures necessary to eliminate or control those risks must be identified and implemented.
   3. The representative as selected above shall provide a copy of all documented information on a weekly basis to the Compliance Officer of [COMPANY NAME] before close of business every Thursday.
   4. After work has recommenced, a daily analysis on COVID-19 at the office must be done and a written record of the risk analyses must be kept by the representative appointed by the Compliance Officer. The analysis should consist of, at least, the following:
      1. The identification of all possible hazards and risks;
      2. An analysis of the nature of the risks;
      3. Steps to be taken to eliminate or control these risks.
      4. If an employer employs more than 500 employees, the employer shall submit a record of its risk assessment together with a written policy which concerns the health and safety of its employees to;
      5. The health and safety committee of the employer and
      6. The Department of Employment and Labour

**Workplace Readiness Plan**

This generic Workplace Readiness Plan may be adapted to suit your environment in getting ready to return to work.

1. **WORKPLACE READINESS PLAN BRIEF AND PURPOSE**

This COVID-19 Workplace readiness plan is developed, in a bid to facilitate the proper and effective application of the Occupational Health and Safety Act, the COVID-19 Direction on Health and Safety in the Workplace, issued by the Minister in terms of regulation 10(8) of the National Disaster Regulations and the regulations issued in terms of Section 27(2) of the Disaster Management Act.

1. **THE DATE (COMPANY NAME) WILL OPEN AND THE HOURS OF OPERATION**

Despite some [COMPANY NAME] employees working from home during the lockdown period of 27 March – \_\_\_\_\_\_\_\_\_\_\_ 2020, all [COMPANY NAME] offices will re-open on                                   and the trading hours will be from                                       .

1. **PHASED RETURN OF EMPLOYEES**
   1. A phased approach will be adopted where employees are to return to work. This approach is adopted in order to ensure that our statutory endeavours in securing a safe and healthy working environment are achieved. This phased return shall last up to                    weeks and shall gradually reintroduce employees to the [COMPANY NAME] offices.
   2. Employees will be reintroduced in the workplace in                  phases:
      1. In ‘phase 1’               % of employees shall return to the workplace.
      2. In ‘phase 2’               % of employees shall return to the workplace.
      3. In ‘phase 3’               % of employees shall return to the workplace.
      4. In ‘phase 4’ employees with underlying medical conditions shall return to the workplace.
   3. Employees who are reintroduced to the workplace in ‘phase 1’ shall return to the office on                                      and shall abide by all instructions and recommendations as provided in the [COMPANY NAME] Covid-19 Return to Work Policy, as well as those set out in this document.
   4. Employees who are reintroduced to the workplace in ‘phase 2’ shall return to the office on                                      and shall in the interim period, being from                                            , make all necessary attempts to conduct their work from hom****e at the highest standards as required by [COMPANY NAME].
   5. Employees who are reintroduced to the workplace in ‘phase 3’ shall return to the office on                                      and shall in the interim period, being from                                            , make all necessary attempts to conduct their work from home at the highest standards as required by [COMPANY NAME].
   6. Employees who disclosed any underlying medical condition in the submission of their Health Disclosure, shall return to work in ‘phase 4’ and shall be reintroduced into the [COMPANY NAME] office from the week of                                                      . These employees shall in the interim period, being from                                       , make all necessary attempts to conduct their work from home at the highest standards as required by [COMPANY NAME].
   7. The table at the bottom of the document, marked Annexure A, shall be used to divide employees into the separate phases and allows for the reintroduction of these employees within the [COMPANY NAME] office.
2. **STEPS THAT WILL BE TAKEN TO ENSURE A COVID-19 READY WORKPLACE**
   1. As provided for in the [COMPANY NAME] Return to Work Policy, [COMPANY NAME] will take all reasonable steps to ensure compliance with its statutory health and safety obligations.
   2. The Compliance Officer or duly appointed representative, of each respective premises shall appoint one agent/employee of the office to ensure that a daily risk and hazard assessment be done.
   3. The employee / agent as selected in 4.2 shall provide a copy of all documented information on a weekly basis to the Compliance Officer of [COMPANY NAME] before close of business on a Thursday.
   4. Appropriate risk analysis will be done at the office before any work is resumed and includes;
      1. All [COMPANY NAME] employees will, prior to commencing work after the lockdown has been lifted, complete a(n) Employee / Visitor Travel History and Health Disclosure document and such documents shall be kept on file;
      2. Employees must ensure that all equipment, stationary, and tools are thoroughly cleaned after use;
      3. [COMPANY NAME] will as far as practicable, minimize the number of workers on at the workplace at any given time through rotation, staggered working hours, shift systems, remote working arrangements or similar measures in order to achieve effective social distancing;
      4. All work surfaces and equipment will be disinfected before work begins;
      5. The Compliance Officer or duly appointed representative of the premises shall appoint an employee who will be responsible for:
   5. Ensuring adequate hygienic products such as soap and hand sanitiser in the [COMPANY NAME] office;
   6. Ensuring that all door handles are sanitised every hour;
   7. Provide employees with hand sanitiser and two or three cloth masks.
3. **LIST OF EMPLOYEES**
   1. According to the Regulations issued in terms of Section 27(2) of the Disaster Management Act, a list of employees must be compiled to include employees;
      1. Who can work from home;
      2. Who are over the age of 60;
      3. Who have comorbidities
   2. A table annexed to the bottom of this document marked, Annexure B, sets out the information as depicted above.
4. **ARRANGMENTS FOR EMPLOYEES IN THE ESTABLISHMENT** 
   1. **Sanitary and social distancing measures and facilities at the entrance and exit of the workplace:**
      1. Employees must practice social distancin****g of at least 1.5 meters away from any other person in all circumstances.
      2. Employees and visitors shall be required to sanitise their hands upon arrival and departure of the [COMPANY NAME] office;
   2. **Screening facilities and systems:**
      1. [COMPANY NAME] may, at its discretion screen any employee and/or visitor reporting / arriving at the premises, to ascertain whether they have any of the observable symptoms associated with COVID-19, namely fever, cough, sore throat, redness of eyes or shortness of breath (or difficulty in breathing); and require every worker and/or visitor to report whether they suffer from any of the following additional symptoms: body aches, loss of smell or loss of taste, nausea, vomiting, diarrhea, fatigue, weakness or tiredness;
   3. **Attendance record-system and infrastructure:**
      1. An attendance register is attached at the bottom of this document and marked Annexure C.
      2. The designated representative, as appointed by the Compliance Officer at the respective premises shall ensure that a register of attendance is kept of all visitors to the respective [COMPANY NAME] premises.
      3. The designated representative shall, together with the attendance register, require all visitors to [COMPANY NAME] to complete the Employee/ Visitor Travel History Report as attached to the Return to Work Policy issued by [COMPANY NAME] and subject such visitor to screening.
   4. **Employee work-area:**
      1. Where employees working spaces are less than 1,5 meters apart, effective measures shall be implemented to ensure that all employees are at least working 1,5 meters apart from one another.
      2. Where the action in 6.4.1 is not possible, a physical barrier needs to be placed between employees to prevent the possible transmission of the virus.
   5. **Staff rotation arrangements:**
      1. [COMPANY NAME] may as far as practicable, minimize the number of workers at the workplace at any given time through rotation, staggered working hours, shift systems, remote working arrangements or similar measures in order to achieve effective social distancing.
      2. By all means necessary, [COMPANY NAME] shall ensure effective staff rotation arrangements through the attached Annexure A, alternatively, within its discretion against the backdrop of creating and maintaining a safe and healthy working environment for its employees.
5. **ARRANGEMENTS FOR VISITORS**
   1. No handshakes or other physical contact is allowed between employees or employees and visitors/clients.
   2. Visitors should sanitise their hands upon entering the [COMPANY NAME] office with alcohol-based hand sanitiser, with an alcohol content of at least 70%.
   3. Visitors must wear face masks or other facial protective equipment when entering the premises and are not allowed to take it off whilst on the premises.
   4. Visitors must practice social distancing of at least 1.5 meters away from any [COMPANY NAME] employee or other visitors in all circumstances.
   5. Any visitor to the [COMPANY NAME] office must complete the attached travel history report and should be kept on record.
   6. Visitors shall be screened for any symptoms associated with COVID-19 and will not be allowed onto the premises if any symptoms are displayed.

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| **ANNEXURE A: STRUCTURED PHASING PLAN** | | | | |
| Applicable [COMPANY NAME] Office: | | | *City* | |
| Number of employees in office: | | | *6* | |
| Calculated one-third of the number of employees in the applicable office: | | | *2* | |
| Date | Name and surname of employee | Phase | Return to work | |
| *4-8 May ‘20* | *Employee One* | *1* | *Yes* |  |
|  | *Employee Two* | *1* | *Yes* |  |
| *11-15 May ‘20* | *Employee Three* | *2* |  | *No* |
|  | *Employee Four* | *2* |  | *No* |
| *18-22 May ‘20* | *Employee Five* | *3* |  | *No* |
|  | *Employee Six* | *3* |  | *No* |
|  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Annexure B: LIST OF EMPLOYEES** | | | | | | | |
| No. | Employee name and surname | Can work from home | | Over the age of 60 | | Underlying comorbidities | |
| Yes | No | Yes | No | Yes | No |
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| **Annexure C: ATTENDANCE REGISTER** | | | | | |
| Applicable [COMPANY NAME] Office: | | | | | |
| Reporting month: | | | | | |
| Date | Name of visitor | Contact number | [COMPANY NAME] Employee visited | Travel History Report completed | Information filed and sent to Compliance Officer |
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**Employer Responsibilities**

As an employer, you have a vital role to play to ensure the well-being of your staff during this time. The following framework assists you in complying to these responsibilities. Not all the requirements are applicable to every workplace but each employer will have to assess the risks and applicable requirements to its particular workplace.

|  |  |
| --- | --- |
| **DATE** |  |
| **SITE** |  |
| **COMPLIANCE OFFICER** |  |

1. **DETAILED INSPECTION CHECKLIST**

The purpose of this detailed inspection checklist is to:

* 1. Provide an assessment framework in terms of assessing the “as-is” context in respect of OHS from a COVID-19 perspective;
  2. To implement the assessment framework requirements and to determine the nature, scope and extent of the compliance gaps, based on the merits of each case in relation to applicable law and required practice;
  3. To create tools, templates and process guidelines available for the responsible persons to use as part of the disposal of their obligations in this regard;
  4. To ensure that there is a gap analysis, feedback and continuous improvement protocol in order to enhance the achievement of objectives; and

1. **PURPOSE**

This tool is to be used by the appointed Occupational Health and Safety representatives to assess:

* 1. the potential risk of exposure to COVID-19;
  2. control measures; and
  3. provide recommendations to management

1. **OBJECTIVES**
   1. To identify and assess the potential risk of exposure to COVID-19 at screening and testing facilities and workplaces.
   2. To identify control measures (or the absence of control measures) and assess their effectiveness to prevent exposure.
   3. To inform the management and employees of the risk of potential exposure to COVID-19 and additional controls that may be required.
2. **REQUIREMENTS**
   1. Conduct a risk assessment to ensure compliance with the minimum measures required.
   2. Notify all workers of the contents of the Department of Employment and Labour directive and the way it will be implemented.
   3. If a worker has been diagnosed with COVID-19, an employer must:
3. inform the Department of Health (report may be made to the COVID-19 hotline: 0800 02 9999) and the Department of Employment and Labour; and
4. give administrative support to any contact-tracing measures implemented by the Department of Health.
5. Every employer must regularly check on the websites of the National Department of Health, National Institute of Communicable Diseases and the National Institute for Occupational Health whether any additional Personal Protective Equipment (PPE) is required or recommended in any guidelines given the nature of the workplace or the nature of a worker’s duties.
6. **RISK ASSESSMENT BY THE EMPLOYER OR SELF-APPOINTED PERSON**

**DETAILED WORKPLACE INSPECTION LIST / RISK ASSESSMENT FRAMEWORK**

**This template has been aligned to the “Document prepared by the Risk Assessment Group within the Occupational Health & Safety Workstream of the National Department of Health-Covid-19 Response – Version 1, 1 May 2020”**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** | **Basic education & awareness campaigns** | **Yes** | **No** | **NA** |
| 1.1 | Staff COVID-19 education/communication programme |  |  |  |
| 1.2 | Contractor staff COVID-19 education/communication programme |  |  |  |
| 1.3 | PPE donning and doffing, usage, storage and replacement training programme |  |  |  |
| 1.4 | Health status self-monitoring and reporting / or questionnaire for employees |  |  |  |
| 1.5 | Provide workers with information that raises awareness in any form or manner, including where reasonably practicable leaflets and  notices placed in areas informing workers of the dangers of the virus, the manner of its transmission, the measures to prevent transmission such as personal hygiene, social distancing, use of masks, cough etiquette and where to go for screening or testing if presenting the symptoms |  |  |  |

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| --- | --- | --- | --- | --- |
| **2.** | **Hygiene / cleaning measures/ Sanitisers/ Disinfectants etc** | **Yes** | **No** | **NA** |
| 2.1 | Work surfaces are sanitised with appropriate disinfectants at appropriate intervals (not less than 4 hours) |  |  |  |
| 2.2 | Equipment are sanitised before and after use |  |  |  |
| 2.3 | Hand washing facilities are available |  |  |  |
| 2.4 | Soap and paper towels/hand dryers are available at handwashing basin |  |  |  |
| 2.5 | Hand washing procedure is done, on entering the workplace, after removing PPE, and before leaving and at various times of the day e.g. (after use of toilets, etc) |  |  |  |
| 2.6 | Hand sanitiser must be one that has at least 70% alcohol content and is in accordance with the recommendations of the Department of Health and additional sanitisation must be placed at door entrances |  |  |  |
| 2.7 | Every employer must, free of charge, ensure that –   * there are sufficient quantities of hand sanitiser based on the number of workers or other persons who access the workplace at the entrance of, and in the workplace which the workers or other persons are required to use; * every employee who works away from the workplace, other than at home, must be provided with an adequate supply of hand sanitiser |  |  |  |
| 2.8 | If a worker interacts with the public, the employer must provide the worker with sufficient supplies of hand-sanitiser at that worker’s workstation for both the worker and the person with whom the worker is interacting |  |  |  |
| 2.9 | Waste pertaining to masks, gloves and paper towels should be disposed of in a bin |  |  |  |
| 2.10 | There is a procedure for surface decontamination |  |  |  |

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| **3.** | **Reduce physical contact (social distancing)** | **Yes** | **No** | **NA** |
| 3.1 | Facility access and visitation is limited or restricted |  |  |  |
| 3.2 | Limit crowds or gatherings (e.g. large groups >10 or groups in restricted spaces) |  |  |  |
| 3.3 | Discourage physical contact of employees (e.g. handshakes, hugs) |  |  |  |
| 3.4 | Closure of communal areas (e.g.  gyms) |  |  |  |
| 3.5 | Ensure that employees are more than two meters apart when dining and not sitting face to face. Ensure that utensils and frequent disinfect |  |  |  |
| 3.6 | Eliminate frequent contact of surfaces (e.g. leave door open were possible) |  |  |  |
| 3.7 | Stagger tea and lunch breaks to limit employee groupings |  |  |  |
| 3.8 | Work areas rearranged to ensure at least 1,5 meters distance between employees |  |  |  |
| 3.9 | No clustering in and near elevators.  Elevators not to take more than 50% of their carrying capacity and be aware of contact points in elevators |  |  |  |
| 3.10 | All employees/visitors entering the company are screened for COVID-19 symptoms |  |  |  |
| 3.11 | All employees and visitors entering the company who screen positive for COVID-19 symptoms are immediately provided with FFP1 masks and are chaperoned to the next point at the workplace where an isolation zone is provided |  |  |  |
| 3.12 | Minimize contact between workers as well as between workers and members of the public |  |  |  |

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| **4.** | **Ventilation control measures** | **Yes** | **No** | **NA** |
| 4.1 | Mechanical ventilation is in working order (inward flow, not recirculated to other areas of building, HEPA filtered when reconditioned and recirculated in laboratory, exhausted air discharged through HEPA filters) |  |  |  |
| 4.2 | Physical barriers / screens as a barrier between employees and visitors |  |  |  |
| 4.3 | If A/C must be used, disable re-circulation of internal air. Weekly clean/disinfect/replace key components and filters |  |  |  |
| 4.4 | Immediate assessment of high exposure areas including:   * Entry points to the workplace * Changing Facilities * On-site canteen and similar dining / eating areas * Waiting areas / Reception / Visitor areas * Gathering places * Etc. |  |  |  |

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| --- | --- | --- | --- | --- |
| **5.** | **Administrative controls** | **Yes** | **No** | **NA** |
| 5.1 | Reliable and sustainable source for procurement of key components, including PPE |  |  |  |
| 5.2 | Adequate supplies of PPE, sanitary materials and cleaning products |  |  |  |
| 5.3 | Procedures are in place for employees to self-check and/or supervisors and colleagues to verify that all relevant PPE is used by employees during all times |  |  |  |
| 5.4 | Emergency communication plans are current and in place |  |  |  |
| 5.5 | Access to psychological support services |  |  |  |
| 5.6 | Is the COVID-19 Infection Prevention and Control Guidelines for South Africa available, and have they been explained to employees? |  |  |  |
| 5.7 | Notify employees that if they are sick or have symptoms associated with the COVID–19 that they must not come to work and to take paid sick leave in terms of the BCEA |  |  |  |
| 5.8 | Appoint a(n) manager/officer to address employee or workplace representative concerns and to keep them informed and, in any workplace in which a health and safety committee has been elected, consult with that committee on the nature of the hazard in that workplace and the measures that need to be taken |  |  |  |

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| **6.** | **Personal Protective Equipment, including cloth masks** | **Yes** | **No** | **NA** |
| 6.1 | PPE is selected based on a documented risk assessment, and should meet the minimum recommendations without using excessive PPE for the setting/task and should be appropriate to the route of transmission |  |  |  |
| 6.2 | PPE must be available in the appropriate sizes |  |  |  |
| 6.3 | Disposable gloves |  |  |  |
| 6.4 | Disposable plastic apron |  |  |  |
| 6.5 | Closed shoes, non-slip soles and shoe covers |  |  |  |
| 6.6 | Eye protection (goggles/face shield or visors) |  |  |  |
| 6.7 | Respiratory protection (FFP1/N95 or better respirators) for high risk situations (e.g. aerosol-generating procedures), and surgical masks for infectious persons |  |  |  |
| 6.8 | PPE is consistently and properly worn when required |  |  |  |
| 6.9 | PPE is regularly inspected, maintained and replaced, as necessary |  |  |  |
| 6.10 | PPE is properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment |  |  |  |
| 6.11 | Documented respiratory fitment programme that includes fit testing, training, and medical assessments |  |  |  |
| 6.12 | Facial hair (clean shaving) policy for areas where respirators are mandatory |  |  |  |
| 6.13 | All persons must wear cloth masks when in a public place |  |  |  |
| 6.14 | Every employer must –   1. provide each of its employees, free of charge, with a minimum of two cloth masks which comply with the requirement set out in the Guidelines issued by the Department of Trade, Industry and Competition, for the employee to wear while at work and while commuting to and from work; and 2. require any other worker to wear masks in the workplace |  |  |  |
| 6.15 | The number and replaceability of cloth masks that must be provided to an employee or required of other workers must be determined in accordance with any sectoral guideline and in the light of the employee or worker’s conditions of work, in particular, where these may result in the mask becoming wet or soiled |  |  |  |
| 6.16 | Every employer must ensure that workers are informed, instructed and trained as to the correct use of cloth masks |  |  |  |
| 6.17 | An employer must make appropriate arrangements for the washing, drying and ironing of cloth masks in accordance with the Guidelines |  |  |  |
| 6.18 | The general requirement for workers to wear masks does not derogate from the fact that, where a risk assessment indicates that PPE is required, those categories of workers must be provided with the accredited PPE in accordance with Department of Health guidelines |  |  |  |

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| **7.** | **Safe Work Practices** | **Yes** | **No** | **NA** |
| 7.1 | Eating, drinking, application of cosmetics and smoking in the workplace is prohibited |  |  |  |
| 7.2 | Pens, pencils and or other equipment must not be placed in the mouth whilst at the workplace |  |  |  |
| 7.3 | Cuts/broken skin is covered before entering the workplace |  |  |  |
| 7.4 | Jewellery is covered (must not affect integrity of gloves) or removed before entering the workplace |  |  |  |
| 7.5 | Mobile electronic devices kept in areas where they cannot be contaminated, if not decontaminated frequently |  |  |  |
| 7.6 | No storage of food or drink or personal items (coats, bags) in the work area |  |  |  |
| 7.7 | Workplaces and working areas rearranged to ensure maximum distance between employees |  |  |  |

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| **8.** | **Waste management** | **Yes** | **No** | **NA** |
| 8.1 | Waste management policy and contract with service provider |  |  |  |
| 8.2 | Waste management contractor complies with occupational health and safety requirements for their employees |  |  |  |
| 8.3 | Records of waste removal, destruction and treatment available |  |  |  |
| 8.4 | Covid-19 related waste that may contain hazardous material brought to the attention of the waste contractor, if applicable |  |  |  |

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| **9.** | **Safety equipment** | **Yes** | **No** | **NA** |
| 9.1 | First aid kits are available |  |  |  |
| 9.2 | Eye wash bottles or fountains available and in working order |  |  |  |
| 9.3 | Firefighting equipment is available, in good working order and serviced in the past 12 months |  |  |  |

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| **10.** | **Emergency response** | **Yes** | **No** | **NA** |
| 10.1 | Response plan in case someone falls ill with symptoms of COVID-19 in the workplace |  |  |  |
| 10.2 | Suspected COVID-19 case isolation areas and protocols |  |  |  |
| 10.3 | System to track and trace potential interactions |  |  |  |
| 10.4 | Self-quarantine protocols available and current |  |  |  |

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| **11.** | **Symptom screening** | **Yes** | **No** | **NA** |
| 11.1 | Every employer must take measures to-   * screen any worker when they report for work, to ascertain whether they have any of the observable symptoms associated with COVID-19, namely fever, cough, sore throat, redness of eyes or shortness of breath (or difficulty in breathing); * require every worker to report whether they suffer from any of the following additional symptoms: body aches, loss of smell or loss of taste, nausea, vomiting, diarrhoea, fatigue, weakness or tiredness; and * require workers to immediately inform the employer if they experience any of the said symptoms while at work |  |  |  |
| 11.2 | Employers must comply with any guidelines issued by the National Department of Health in respect of –   1. symptom screening; and 2. in addition, required to do so, medical surveillance and testing |  |  |  |
| 11.3 | If a worker presents with the said symptoms or advises the employer of these symptoms, the employer must –   1. not permit the worker to enter the workplace or report for work; or 2. if the worker is already at work immediately- 3. isolate the worker, provide the worker with a FFP1 surgical mask and arrange for the worker to be transported in a manner that does not place other workers or members of the public at risk either to be self-isolated or for a medical examination or testing; and 4. assess the risk of transmission, disinfect the area and the worker’s workstation, refer those workers who may be at risk for screening and take any other appropriate measure to prevent possible transmission; 5. ensure that the worker is tested or referred to an identified testing site; 6. place the employee on paid sick leave in terms of the BCEA or if the employee’s sick leave entitlement under the section is exhausted, make application for an illness benefit in terms of UIF and related schemes; 7. ensure that the employee is not discriminated against; 8. if there is evidence that the worker contracted COVID-19 as a result of occupational exposure, lodge a claim for compensation in terms of the Compensation for Occupational Injuries and Diseases Act, 1993 (Act No. 130 of 1993). 9. If a worker has been diagnosed with COVID-19 and isolated in accordance with the Department of Health Guidelines, an employer may only allow a worker to return to work on the following conditions: 10. The worker has undergone a medical evaluation confirming that the worker has been tested negative for COVID-19; 11. the employer ensures that personal hygiene, wearing of masks, social distancing, and cough etiquette is strictly adhered to by the worker; and 12. the employer closely monitors the worker for symptoms on return to work |  |  |  |

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| --- | --- | --- | --- | --- |
| **12.** | **Measures in respect of workplaces to which public have access** | **Yes** | **No** | **NA** |
| 12.1 | Employees need to be protected from being exposed to the virus through their interaction with the public and to protect members of the public from being exposed to virus through their interaction with workers or other persons present in such a workplace |  |  |  |

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| **13** | **General** | **Yes** | **No** | **NA** |
| 13.1 | Have employees over 60 years of age as well as those with comorbidities been engaged in respect of working from home and accommodated as best possible? |  |  |  |
| 13.2 | Are disease surveillance protocols and practices in place? |  |  |  |
| 13.3 | Are staff screened on a daily basis for symptoms of COVID-19 and does this include a symptom check and a temperature assessment? |  |  |  |
| 13.4 | Are all employees using cloth masks particularly where social distancing is not possible nor viable? |  |  |  |
| 13.5 | Are hand sanitisers or appropriate hand-washing facilities available? |  |  |  |
| 13.6 | Are stringent social distancing measures in place in the workplace? |  |  |  |

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**NAME & SIGNATURE OF CEO / DESIGNATED PERSON DATE**

**Employee Screening & Risk Assessment Template**

When returning to work, it is vital to apply a Risk-based approach for your employees.

|  |  |  |
| --- | --- | --- |
| LOW RISK (return with first %) | MEDIUM RISK (return with second %) | HIGH RISK (Return with last %) |
| AGE – Younger than 50 | AGE – Between 50-59 years | AGE – 60 years and older |
| No Heart conditions | Heart conditions | Heart Conditions |
| No diabetes | Diabetes | Diabetes |
| No chronic respiratory disease | Chronic respiratory disease | Chronic respiratory disease |
| No cancer |  | Cancer |
| Not immuno-compromised |  | Severe Obseity: BMI>40 |
| * If you are younger than 50 years of age, but with chronic condition, you move to the medium risk category * Pregnancy is not considered as increased risk (unless accompanied with other high-risk conditions) | | Dialysis |
| Immuno-compromised |
| Liver Disease |

To on-board employees safely and to keep the workplace free of Covid-19 exposure, the following template may be used to screen employees. This template has been aligned to the “Document prepared by the Risk Assessment Group within the Occupational Health & Safety Workstream of the National Department of Health-Covid-19 Response – Version 1, 1 May 2020”.

**COVID-19 Screening of employee & Risk Assessment**

* **Use the questions below to assess if safe to start work.**
* **If you answer “no” to any of the questions, report this immediately to your supervisor for further guidance.**

|  |
| --- |
| **Always practice these controls in your workplace.**   * + - 1. **Social distancing must be at least 1.5 meters away from any other person in any circumstance.**       2. **Wash hands with soap and water for 20 seconds or with alcohol-based hand sanitiser after contact with any person or after contact with frequently touched surfaces (phones, door handles, stairways, lifts, etc.)**       3. **Cough in the fold of your elbow or into a tissue which you need to discard immediately. Wash your hands.**       4. **These tips do not exclude any other PPE requirements, as needed.** |

|  |  |  |
| --- | --- | --- |
| **EMPLOYEE TRAINING & AWARENESS** | **YES** | **NO** |
| I have received training on Covid-19 and the virus causing it, how the virus is spread, the symptoms of the disease and how I can protect myself and others against infection |  |  |
| I am trained and familiar with the Covid-19 protocols in my workplace |  |  |
| I know the protocol of self-isolate at my home or at a quarantine site should I become ill with symptoms of Covid-19 |  |  |
| I know the protocol to report should I become ill with symptoms of Covid-19 |  |  |
| I have been told about the screening and testing procedure for Covid-19 |  |  |
| I have been told about contact-tracing for Covid-19 if I am tested positive for Covid-19 |  |  |
| I have been trained in the correct use, how many times PPE can be used before replacing, storage and safe disposal of used/contaminated PPE |  |  |
| **HYGIENE & CLEANING MEASURES** | **YES** | **NO** |
| Hand washing sink/s with soap and approved (70% alcohol) hand sanitiser is available |  |  |
| Surfaces and equipment are cleaned and disinfected with approved disinfection/sanitising products on a regular basis (minimum of every 4 hours) |  |  |
| I know the required personal hygiene practices such as:   * + Coughing/sneezing into my elbow   + Washing my hands regularly for 20 sec   + Not sharing stationary, equipment, tools, eating utensils and/or PPE equipment with my colleagues |  |  |
| I know that I must avoid all physical contact including hugs, handshakes, touching |  |  |
| I know that crowds or gatherings (groups larger than 10 people) must be avoided |  |  |
| I know that gatherings in spaces where this is not sufficient ventilation must be avoided |  |  |
| When dining at work, or during breaks, I need to always maintain a 1.5 meter distance from colleagues and I must not sit face to face or opposite any other person |  |  |
| **PERSONAL PROTECTIVE EQUIPMENT (PPE)** | **YES** | **NO** |
| I have all the PPE specific to my work tasks to protect me within the work space |  |  |
| My PPE is in good condition and I am familiar with how to use it and how to replace it if damaged, worn or lost. |  |  |
| **PERSONAL WELL BEING** | **YES** | **NO** |
| I monitor my own health for early Covid-19 symptoms (cough, sore throat, shortness of breath or fever  ≥ 38°C) or flu symptoms and know what to do and where I need to report to if I experience any of the abovementioned symptoms |  |  |
| I know the contact number and how to access support services should I need support within my company or external to my company |  |  |
| **EMERGENCY RESPONSE** | **YES** | **NO** |
| I am familiar with the procedure to report in case someone at home or in my workplace has symptoms of Covid-19 |  |  |

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|  |  |  |  |
| --- | --- | --- | --- |
|  |  | | |
| Date |  | | |
| Name & Surname |  | | |
| ID number |  | | |
| Contact number |  | | |
| 1. Have you travelled internationally in the last 14 days? | |  | |
| 1. Have you been in contact in the last 14 days with someone who is confirmed to have COVID-19 | |  | |
| 1. Are you currently suffering from any of the following symptoms? | |  |  |
| Fever | | Y | N |
| Cough | | Y | N |
| Sore throat | | Y | N |
| Body pains | | Y | N |
| Headache | | Y | N |
| Actual Temperature | |  | |

**DECLARATION**

I hereby declare to the best of my knowledge that the information disclosed is correct at the time of completion. I further undertake to inform \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Manager/Supervisor/CEO) should I be diagnosed with COVID-19 within the next 14 days so as to facilitate contact tracing.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee signature**

**Minutes of Covid-19 Meeting Template**

As an employer, it is essential that you meet with your employees to discuss operational and staffing requirements around Covid-19 in the workplace. The following template may be adapted for your business’ needs.

**MINUTES OF THE MEETING BETWEEN MANAGEMENT AND THE EMPLOYEES CONCERNING THE IMPLEMENTATION OF RELEVANT COVID-19 HEALTH AND SAFETY MEASURES IN THE WORKPLACE**

**DATE:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                      TIME:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**VENUE:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PRESENT:    EMPLOYER / MANAGEMENT AND THE FOLLOWING EMPLOYEES:**

|  |  |
| --- | --- |
| **EMPLOYEE (NAME)** | **EMPLOYEE SIGNATURE** |
|  |  |
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**DISCUSSION POINTS:**

1. It is compulsory that all employees make themselves familiar with how COVID-19 is spread in the workplace.
   1. When someone who has COVID-19 coughs or exhales, they release droplets of infected fluid.
   2. Most of these droplets fall on nearby surfaces and objects - such as desks, tables or telephones.
   3. People are infected with COVID-19 by touching contaminated surfaces or objects – and then touching their eyes, nose or mouth.
   4. If people are standing within one meter of a person who is infected with COVID-19, they can contract the virus by breathing in droplets coughed out or exhaled by them. In other words, COVID-19 spreads in a similar way to the flu.
   5. Most persons infected with COVID-19 experience mild symptoms and some are asymptomatic, displaying no symptoms at all.
   6. Some experience severe illness and may require hospitalisation.

1. The Occupational Health and Safety (OHS) Act, requires an employerto provide and maintain, as far as reasonably possible, a working environment that is safe and without risks to the health of its employees.

1. Employerswill implement applicable policies and plans to the effect of their statutory obligations in terms of the OHS Act.

1. Employeesare equally responsible in maintaining a safe working environment.

1. Employees should abide by the policies and plans discussed and implemented by the employer and must bring any health and risk-related issues under the attention of the employer.

1. The employer has decided to undertake the responsibilities as set out in regulation 10(8) of the National Disaster Regulations and the regulations issued in terms of Section 27(2) of the Disaster Management Act.
   1. The above regulations are summarised in an attached document titled ‘Detailed Employer Responsibilities’ and the employer shall, where applicable discuss, check, implement and abide by these regulations.
   2. The employer has furthermore decided that the following appropriate measures will be implemented in the workplace:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Measures** | **Applicable** | **Not applicable** |
| 1. | Employees may not engage in unnecessary meetings. Where applicable, virtual meetings should take place. |  |  |
| 2. | All employees should regularly wash their hands with soap and water for a minimum of 20 seconds. |  |  |
| 3. | Employees must ensure that all equipment, stationary, and tools are thoroughly cleaned after use. |  |  |
| 4. | No handshakes or other physical contact is allowed between employees or employees and visitors/clients. |  |  |
| 5. | Employees must cough into the fold of their elbow or into a tissue which must be discarded in a separate and dedicated waste bin afterwards, and then wash their hands immediately afterwards as set out above. |  |  |
| 6. | Employees should sanitise their hands regularly with alcohol-based hand sanitiser, with an alcohol content of at least 70%, after contact with any person or after contact with frequently touched surfaces. |  |  |
| 7. | Employees should disclose all travel history or health issues daily. |  |  |
| 8. | Employees should wear their face masks or other facial protective equipment and are not allowed to take it off. |  |  |
| 9. | Employees must immediately, or within a reasonable time, report any sign of illness, whether it be themselves or a co-employee. |  |  |
| 10. | Employees will undergo screening. |  |  |
| 11. | Employees should make use of a separate and designated waste bin to dispose of any tissues. |  |  |
| 12. | Employees must practice social distancing of at least 1.5 meters away from any other person in all circumstances. |  |  |

1. The employer will take the following measures with regards to pregnant or vulnerable employees:

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Measures** | **Yes** | **No** |
| 1. | Pregnant or vulnerable employees can work from home. |  |  |
| 2. | Pregnant or vulnerable employees are granted additional leave and will be able to work it back at a later stage. |  |  |
| 3. | A separate and isolated space will be created for any pregnant or vulnerable employees who are required to work from the office. |  |  |
| 4. | Other Measures: |  |  |

**** **Authorisation Letter & Appointment of Compliance Officer Letter**

The following templates may be adapted for your business’ needs.

**AUTHORISATION LETTER**

**[COMPANY NAME]**

**[COMPANY ADDRESS]**

**[DATE]**

I, the undersigned, [EMPLOYER], authorise that a COVID-19 Workplace Plan has been developed in a bid to facilitate the proper and effective application of the Occupational Health and Safety Act, the COVID-19 Directive on Health and Safety in the Workplace, issued by the Minister in terms of regulation 10(8) of the National Disaster Regulations and the regulations issued in terms of section 27(2) of the Disaster Management Act.

I confirm that, in terms of Annexure E of the Directive 43258 dated 29 April 2020:

1. [COMPANY NAME] will re-open on                                                                     .
2. The operating hours of [COMPANY NAME] will be                                         \_ .
3. The following operations are part of this business per region:
   1. .
   2. .
4. In order to ensure a planned, sustainable and effective reintroduction of employees to the workplace, the following steps were / will be taken:
   1. familiarisation with all pertinent regulations and directives;
   2. analysis and understanding of the various business requirements given the prevailing conditions (i.e. staff, equipment etc);
   3. the appointment of a Compliance Officer and respective representatives where applicable;
   4. the development of a detailed return to work and workplace health and safety checklist which incorporates the Department of Health as well as Department of Employment and Labour regulations;
   5. ensuring risk and hazard assessments are conducted daily;
   6. ensuring that these risk and hazard assessments are shared with the task force and Compliance officer and / or representatives;
   7. implementing work from home measures where applicable;
   8. detailed discussions with employees regarding the measures to work from home where possible, as well as to identify and reasonably accommodate vulnerable employees;
   9. ****ensure efforts towards travel history reports of both employees and visitors in a bid to provide a safe working environment; and
   10. provide a structured phasing in plan for reintroducing employees to the workplace.
5. The details of the measures indicated above are dealt with in the Return to Work Policy, the Return to Work Plan and the COVID-19-ready checklist of [COMPANY NAME].

**[EMPLOYER SIGNATURE]**

**COVID-19 COMPLIANCE OFFICER APPOINTMENT LETTER**

**[EMPLOYER NAME]**

**[CONTACT DETAILS]**

**[DATE]**

**APPOINTMENT AS COVID-19 COMPLIANCE OFFICER**

I, the undersigned, herewith appoint \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (ID NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) as the COVID-19 Compliance Officer for the following workplace(s).

I herewith instruct him / her to dispose of the responsibilities as set out below, including:

1. participating in the development and implementation of the COVID-19-ready Workplace Plan prior to the reintroduction of employees into the workplace;
2. such development and implementation must take place in accordance with the regulations issued in terms of section 27(2) of the Disaster Management Act and specifically, Annexure E thereof;
3. ensure close monitoring of the plan post re-opening; and
4. ensure adherence to health and safety protocols as issued and those identified in the risk and hazard assessments.

**[EMPLOYER NAME]**

**[EMPLOYER SIGNATURE]**

**[DATE]**

 I,                                                         ,  the duly appointed COVID-19 Compliance Officer accept the above appointment and warrant that I understand the roles and responsibilities assigned to me and understand that the assigned responsibilities are not exhaustive.

**[COMPLIANCE OFFICER NAME AND SIGNATURE]**

**[DATE]**

** Company Vehicles Policy**

The following policy may be applicable to your business.

**EMPLOYEES UTILISING COMPANY VEHICLES**

All employees driving company vehicles must ensure that:

* + - 1. All interior surface areas of the vehicle are cleaned and sanitised at the commencement of his/her shift and /or before driving the said vehicle.
      2. After driving the vehicle ensure that the steering wheel, indicators, radio controls and interior surface areas of the vehicle are cleaned and sanitised.
      3. Driver must ensure that his / her hands are sanitised in accordance with regulations.
      4. When transporting and / or driving with passengers, the driver must ensure that:
         1. No more than \_\_\_\_\_\_\_\_\_\_\_ passengers are permitted in the vehicle;
         2. All persons entering the vehicle have sanitised their hands in accordance with the regulations;
      5. Cloth face masks are worn by all occupants for the duration of the trip.
      6. Employees must be in possession of the necessary Company documentation authorizing their business activity, as required by the various Levels.
      7. No passenger will be allowed to enter any vehicle without having been screened for COVID-19 symptoms by the relevant appointed representative.
      8. Any passenger displaying COVID-19 symptoms may not be allowed to enter the vehicle, unless precautionary measures have been taken and authorised by the Compliance Officer.

**PPE Register Template**

The following template may be adapted to your business needs.

**COVID-19**

**PERSONAL PROTECTIVE EQUIPMENT ISSUING: REGISTER**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Employee | ID Number | Two cloth / Face masks | Face shield | Signature | Date |
|  |  |  |  |  |  |
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**Visitor Register Template & Covid-19 Checklist**

The following templates on the next pages may be adapted for your business’ needs.

**Disclaimer**

The material and information in this document is made available with the understanding that we are not engaged in professional advice.

Information, including text, graphics, images and any other material in this document is provided for information purposes only, and is not a substitute for professional advice.

All recommendations in this document must be applied in taking careful consideration to each environment and the statutory requirements for said environment.

We have included external site references as courtesy. We cannot be held responsible for content or advertising provided by external sites.

**Sources**

In the preparation of this Policy Pack, the following sources of information are referenced:

*Government Gazette – Disaster Management Act*

*Occupational Health & Safety Act – Covid-19 Compliance*

*LabourNet*

*Makrosafe Holdings*

*NEASA*

*DTI (PPE requirements)*

**VISITOR REGISTER**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OFFICE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **FULL NAME & SURNAME** | **ID NO OF VISITOR / DATE OF BIRTH** | **CONTACT NUMBER** | **REASON FOR VISIT / PERSON VISITING** | **TIME IN** | **TIME OUT** | **SIGNATURE** | **TEMP CHECK (if agreed)** |
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**COVID-19 CHECKLIST**

**The following COVID19-ready checklist will ensure statutory compliance with required policies, plans and measures:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Description** | **Fully compliant** | **Partially compliant** | **Not compliant** | **Issue identified and action required to correct** | **Responsible** | **Date** |
| **COVID-19 policy framework** |  |  |  |  |  |  |
| **COVID-19 employer Risk Assessment Report** |  |  |  |  |  |  |
| **COVID-19 compliance officer appointed and capacitated** |  |  |  |  |  |  |
| **Workplace Readiness plan completed** |  |  |  |  |  |  |
| **Detailed Walk Through Risk Assessment / inspection checklist** |  |  |  |  |  |  |
| **Visitor history register** |  |  |  |  |  |  |
| **Employee Screening** |  |  |  |  |  |  |
| **Structured phasing plan** |  |  |  |  |  |  |
| **List of employees** |  |  |  |  |  |  |
| **Attendance register** |  |  |  |  |  |  |

**COVID-19 EMPLOYER RISK ASSESSMENT CHECKLIST**

**The following COVID19-ready checklist will ensure statutory compliance with required legislation, policies, plans and measures and has been prepared using the “Document prepared by the Risk Assessment Group within the Occupational Health and Safety Workstream of the National Department of Health – Covid-19 Response)**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **COVID-19 EMPLOYER RISK ASSESSMENT CHECKLIST** | | | | | | | | |
| **Site:** |  | **Sector:** |  | **Date:** |  | | | |
| **Department:** |  | | | **Risk Assessor:** |  | | | |
| **Work Area/s:** |  | | | **Employer Representative:** | |  | | |
| **Occupations in Area/s:** |  | | | **Health & Safety Representative:** | |  | | |
| **RISK ASSESSMENT** | | | | | | | | |
| **Source of Hazard** | **Route of Exposure** | **Activities & Tasks** | **Existing Control Measures** | **Control Effectiveness** | **Risk Classification** | **Additional Controls Needed** | **Responsible Person/s** | **Due Date/s** |
|  |  |  |  |  |  |  |  |  |
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| **Department of Employment and Labour Exposure Risk Classification** | | | | | | | | |
| **Low Exposure Risk**  **Lower exposure risk jobs are those that do not require contact with people known to be or suspected of being infected with Covid-19, nor frequent close contact with (ie within 2 meters of) the general public** | | **Medium Exposure Risk**  **Medium exposure risk jobs include those that require frequent and/or close contact with (ie. Within 2 meters of people who may be infected) but who are not known or suspected to be infected with Covid-19** | | | **High Exposure Risk**  **High exposure risk jobs are those with high potential for exposure to known or suspected sources of Covid-19** | | **Very High Exposure Risk**  **Very high exposure risk jobs are those with high potential for exposure to known or suspected sources of Covid-19 during specific medical, post mortem or laboratory procedures** | |

**\*Mining, Agriculture, Fishing, Forestry, Manufacturing, Service**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME & SIGNATURE OF CEO / DESIGNATED PERSON DATE**