

Covid-19 workplace responses - Preparing for the “New Normal”

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Introduction

The first documented COVID-19 hospital admissions in Wuhan, China have been dated to 16 December 2019. In just over six months since then the SARS-CoV-2 virus has spread, like the proverbial “wild fire”, across the Globe to each continent except Ant Arctica! Millions of people have been infected and well over half a million have so far succumbed to Covid-19. Economies all over the world are “bleeding” and, at a personal level, the pandemic has caused untold financial hardship and will continue to do so for “who knows how long”.

The COVID-19 pandemic has been described as “a crisis of unprecedented proportions, the defining global health crisis of our time and the greatest challenge we have faced since World War Two”.

Epidemics are not new phenomena but the Covid-19 pandemic is “unprecedented” because of the nature of the virus that causes the disease. SARS-CoV-2 is **extremely** infectious (compared to other known viruses) and the way in which the virus “attacks” the human body is also unique. More bad news is that the virus is mutating and the latest research suggests that **the new mutated strain/s are EVEN MORE INFECTIOUS (x10) than the original strain!**

Health experts all over the world are working tirelessly to understand exactly how the virus “goes about its business” and how to respond to the effects on the human body. The whole world is eagerly awaiting the anticipated “big event”, the development of an effective vaccine that will protect us from infection and the devastating effects of Covid-19.

In the mean-time, despite the devastating effects of Covid-19, the reality is that life, and work-life, must go on. However, another stark reality is that the “world” and “life” as we knew it will never be the same again, at least not for the foreseeable future. All indications are that the virus will be with us for a considerable time and if we are to survive until the much anticipated “big event” we (private enterprise, government institutions and individuals) will, very rapidly, have to adapt to what is now touted as the “new normal”!

In this article I will attempt to give readers a realistic glimpse of what this “new normal” may look like in terms of Health and Safety management against the background of the, now well known, facts around the Covid-19 pandemic.

What should be abundantly clear by now is that the way we do business and how we conduct ourselves in the workplace requires a paradigm shift to adapt to the so called “new normal”. Going forward, EVERY WORKPLACE will need robust Plans in place to effectively respond to the threats posed by the SARS-CoV-2 virus.

Current Covid-19 H&S Responses vs Time Honoured Established H&S Management Principles

It has been interesting to note how authorities all over the world have responded to the Covid-19 pandemic. In particular the initial responses to curb the transmission and spreading of the virus in the general public domain. In general, it is fair to say that the initial responses were designed to achieve “flattening of the infection curve” in order to enable healthcare facilities to prepare for the “inevitable” surge that could overwhelm healthcare systems. This strategy resulted in an “hyper fixation” on the consequences of being infected with SARS-CoV-2.

From a humanitarian point of view, it would be irresponsible to criticize this “fixation” however, the first principle of managing infectious diseases is to PREVENT TRANSMISSION AT SOURCE and ALONG THE PATH (Source → Receiver). In this regard the most effective control measure is to effectively SEPARATE A SOURCE (SARS-CoV-2 positive person) FROM ANY POTENTIAL RECEIVER (a healthy individual).

Admittedly almost all initial responses to the pandemic emphasised this principle (social distancing) from day one however, effective implementation of this **CRITICAL CONTROL MEASURE** has failed dismally considering the extent of infections globally. In the South African context, the response has not been any different from that which is

done in the rest of the world. It is well known that some of the most stringent “lock-down” regulations in the world were (and still are) in force. Current statistics clearly show that the imposed measures are not achieving the desired results.

The affective application of this *critical control*, in combination with other “time honoured” control measures, would have had a profound effect on the overall efforts to curb the spreading of the virus IF ONLY authorities had the ability to enforce these measures effectively within the general public domain. The main underlying cause of the “dismal failure” is unquestionably resistance to change (i.e. behavioural change) that is almost impossible to achieve unless very drastic measures are enforced on the masses at large.

However, this article is about Workplace Readiness where different dynamics are in play. For starters, the Law is clear in that “as far as is reasonably practicable” the employer MUST ensure that a safe working environment is established and maintained, which includes worker adherence to the H&S measures. In a recent briefing aired on the SABC the Chief Inspector, Occupational Health and Safety, Tibor Szana made a statement along the following lines “if YOU don’t close yourself down, WE the DEL H&S Inspectorate will close you if you are not compliant with legislation”. This statement was made on the back of statistics that show overall workplace compliance with OHSA and Covid-19 regulations are at an unacceptable level of around 57% and also the possibility that, if cluster infections occur in your workplace, you will be compelled to shut down in order to disinfect the affected areas in your workplace.

Compliance with minimum H&S Legislative Requirements

The foundation of any H&S management system will always be compliance with legal requirements. Notwithstanding the myriad of Covid-19 specific Regulations and Directions applicable under the Disaster Management Act, the Occupational Health and Safety Act (OHSA) remains the primary and overriding piece of legislation that must be considered for any workplace H&S Plan/System.

In relation to Covid-19, the second important and relevant piece of legislation that must be complied with are the requirements of the Regulations for Hazardous Biological Agents (HBA). ***(In accordance with HBA Regs. the SARS-CoV-2 virus is categorised as a Group 4 Hazardous Biological Agent)***

The third and currently most relevant legislation are the Covid-19 Specific Regulations, Directives and Guidance documents published in terms of the Disaster Management Act.

Due to space limitations any detailed discussion of all the relevant requirements of these pieces of legislation is not possible in this article. Instead a brief summary of the most important requirements, in relation to SARS-CoV-2 is given below:

🚧 Occupational Health and Safety Act, Act No. 85 of 1993 as amended

The OHSA sets out the overall requirements that an “employer” must have in place to give effect to the objectives of the Act. Section 8 (2) (d) provides for a risk assessment of “***any work which is performed***”. In practice this assessment will be the baseline risk assessment that will identify any high-risk hazards/work activities that require deeper analysis in order to develop effective controls;

🚧 Regulations for Hazardous Biological Agents, 2001

The HBA Regulations have been around for quite some time but in general practice these regulations have to a large extent been “under the radar”. SARS-CoV-2 has however been a “brutal wake-up call” and the hazard and overall clinical consequences of Covid-19 is by now well-known. In relation to Covid-19 these regulations give effect to the general duties of “employers” (Section 8, 9, and 14 of OSHA) as well as the duties of “employees” (Section 14 of OSHA). In the context of this article the following HBA Regulations are of particular importance:

- *Reg. 4. Information and training;*
- *Reg. 5. Duties of persons who might be exposed to HBA;*
- *Reg. 6 Risk assessment by employer or self-employed person;*
- *Reg.10 Control of exposure to HBA;*
- *Reg.11 Personal protective equipment and facilities*

It is important to note here that the requirements of above-mentioned pieces of legislation should have been fully complied with **BEFORE** the onset of the pandemic. Therefore, if this was not done in the baseline risk assessment an **“updated risk assessment”** must now be in place and available for inspection.

🚧 Regulations, Directives and Guidelines published under the Disaster Management Act:

A vast number of informative regulations, directives, guidelines, notices, training presentations, etc. have been published on official Government websites. (Visit <https://www.gov.za/coronavirus/guidelines> for a **comprehensive list of publications**). Navigating through the plethora of documents in order to find the most relevant directives and guidance for a particular economic sector or industry could be a daunting task. For purposes of this article the most relevant and current directive will be used as reference for discussions i.e. the Consolidated COVID-19 Direction on Health and Safety in the Workplace, dated 3 June 2020. Annexure B - Sectoral Guidelines, of this directive provides the framework of essential elements that **MUST** be covered in the Workplace Preparedness Plan.

Note two important observations about the directives that have been issued:

- These Directives do not reduce the existing obligations of the employer in terms of OHSA; and
- These directives **do not prevent an employer from implementing more stringent measures** in order to prevent the spread of the virus. This is important to remember when considering control measures for the workplace. Employers **may enforce** more stringent measures in the workplace provided that these measures are not in conflict with any other legal provisions!

Strategic considerations for maximising preparedness efforts

I wish to, upfront, make an important point here based on practical experience and observations in the field. It is not necessary to develop elaborate and “paper heavy” documents when developing a Covid-19 Workplace Plan. It is also not necessary to “reinvent the wheel”. Be cautious of simply “cutting and pasting” volumes of unnecessary “nice to have” information that can be referenced and easily accessed via hyperlinks to the source. I have seen Plans that take up as much as 40 to 50 A4 pages and still do not address the most essential information!

The message is - stick to the basics of the *“Time Honoured Established H&S Management Principles”* and you will be in good shape. As the “employer/CEO” YOU are accountable for what occurs in your workplace and YOUR plan must be fit-for-purpose for YOUR organisation.

Considering the potential impacts that failure, to prevent cluster infections in the workplace, may have on any organisation it goes without saying that the development of the Plan must be “driven” from the highest possible level within the organisation. A clear strategy with well-defined long-term objectives must be in place to ensure that the necessary resources will be available to sustain the Plan over the entire (anticipated) period of “increased vigilance”.

The CEO (as contemplated in OHSA Section 16.1) has overall accountability and, as provided for in Section 16.2, the CEO may designate other employees to assist with carrying out his/her duties. The *Consolidated COVID-19 Direction Clause 20.6* explicitly requires that the “employer” (read CEO) appoints a **manager** as a COVID -19 compliance officer to *“oversee the adherence to the health and safety measures established in the workplace to give effect to requirements of this Direction”* (Note that a compliance officer must be appointed for EACH WORKPLACE if the employer has more than one workplace).

The process of developing a Plan requires a multidisciplinary approach. It must be a systematic and workplace specific approach to ensure a fit-for-purpose Plan. Unfortunately, there is no “ONE SIZE FITS ALL” solution!

A suggested strategy, to ensure due focus and a good quality Plan, would therefore be to appoint a senior manager with the necessary authority as the designated Covid-19 Compliance Officer to head up a project team to develop the Plan/s. The project team members should at least include the following:

- a competent Risk Assessor to lead and coordinate the risk assessment and hazard analysis exercises;
- a competent Occupational Hygienist;
- an HR and Labour Law Specialist;

- the Regulations also require that consultation must take place with any representative trade union, any health and safety committee established for the workplace or in the absence of such a committee, a health and safety representative designated for the workplace. It would be wise to invite these parties to give input in order to get their “buy in” at the earliest possible stage of Plan development.

This suggested strategy may seem a bit “overboard” however, the stakes are just too high to risk a haphazard approach and it may be worthwhile to invest in the required resources NOW rather than later when the organisation may be forced to implement drastic changes.

Plan composition, potential pitfalls and best practice guidance

As indicated earlier, space limitations prevent detailed discussion of all the essential elements that must be addressed in a Covid-19 Workplace Plan. I will however very briefly look at the most critical elements, highlight some potential pitfalls that should be avoided and where necessary, consider some best practice examples to enhance your efforts.

The Plan framework expectations

The Sectoral Guidelines in Annexure B of the Directive provide for 6 very specific elements that must be addressed in the Plan. Element 1 of this framework, Workplace Risk Assessment, is the foundation on which the Plan must be built. Two sub-elements are specifically listed for Risk Assessment and Hazard Analysis purposes:

1.1 Identify high-risk exposure work processes; and 1.2 Identify high-risk work practices.

Elements 2 through 6 list the expected control measures to be addressed for managing the “high-risk scenarios” identified in the Risk Assessment. The main body of the Directive deals quite clearly and comprehensively with the expectations in relation to the elements of the framework. There are however some areas where the intentions are not very clear and guidance on how to deal with these issues will be given in the paragraphs to follow.

The Workplace Risk Assessment and Hazard Analysis

The workplace risk assessment and hazard analysis are arguably the most important components of the Plan as it is the critical information source that informs the rest of the Plan. It MUST therefore be done properly to ensure that **ALL** potential causes of virus transmission are identified and described in order to develop effective controls to prevent infections in the workplace. Therefore, the rest of this article will be devoted entirely to this important aspect.

The Directive is not prescriptive insofar as the risk assessment process and methodology is concerned. There are a number of useful techniques and methodologies that could be applied however, the methodology of choice should at least report on the following:

- a) The hazard under consideration (which is well known by now as the SARS-CoV-2 virus);
- b) What are the potential consequences if the hazard is released (the overall clinical consequences of Covid-19);
- c) The initiating event/s that could lead to the potential consequences (the infection pathway/s which is by now also well known);
- d) Identify and describe all the acts and/or conditions (threats) in the workplace that could cause the Initiating Event; **(This event, also known as the Top Event is the PRIMARY FOCUS of the exercise. Prevention measures are aimed at PREVENTING the Top Event from occurring)**
- e) Identify/describe the prevention control measures (barriers) that must be in place to prevent the Initiating Event;
- f) Identify/describe the recovery control measures (barriers) that must be in place to mitigate the potential consequences resulting from the Initiating Event.

Risk assessment guidance is available on the official Government websites however, I have found that applying some of the suggested methodologies and techniques (*particularly in the area of risk assessments and hazard analysis*) can be rather confusing and overly complex, especially to uninitiated users. It is therefore paramount that a competent H&S Risk Assessor is part of the Covid-19 Project Team to provide specialist guidance that will ensure good quality risk assessments.

To assist specifically with assessing the likelihood of exposure in a workplace I have developed a simplified tool which is shared in Figure 1 below. This tool was developed in response to personal frustrations when assisting employers with their workplace Plans. I found that the “conventional” risk assessment matrices are not ideally suited for application in relation to Covid-19 risk assessments. The tool has proved to very handy *for Identifying high-risk exposure work processes and practices* as required in the Directive.

INCREASING LIKELIHOOD OF EXPOSURE TO/CONTACT WITH SARS-CoV-2	
LOW	MEDIUM
HIGH	VERY HIGH
INCREASING LIKELIHOOD SCALE AND DECIPTION OF POTENTIAL RISK LEVELS	
LOW	Given the nature of the workplace, Threats can be adequately controlled and is likely to remain so (<i>Workplace space, layout, work processes, tasks, and occupation are such that CRITICAL CONTROLS, for example, minimal contact between workers and required social distancing, can be applied and maintained with ease</i>)
MEDIUM	Threats can be controlled but controls cannot always be adequately applied (<i>Given the workplace space, layout, work processes, tasks, and occupation, there is a possibility that some CRITICAL CONTROLS may not always be effectively maintained</i>)
HIGH	Given the workplace space, layout, work processes, tasks, and occupation, some CRITICAL CONTROLS could fail regularly.
VERY HIGH	Potential Exposures are excessive. Given the nature of workplace, work processes, tasks, and occupation Threats cannot be adequately controlled. CRITICAL CONTROLS are likely to fail continuously and will almost certainly result in cluster infections.

Figure 1

Developing Prevention and Recovery (Mitigating) controls

The Hazard Control Hierarchy (Figure 2 below) is the tried and trusted model for guidance on developing and assessing the efficacy of workplace hazard controls. The model is used as reference for the discussions that follow.

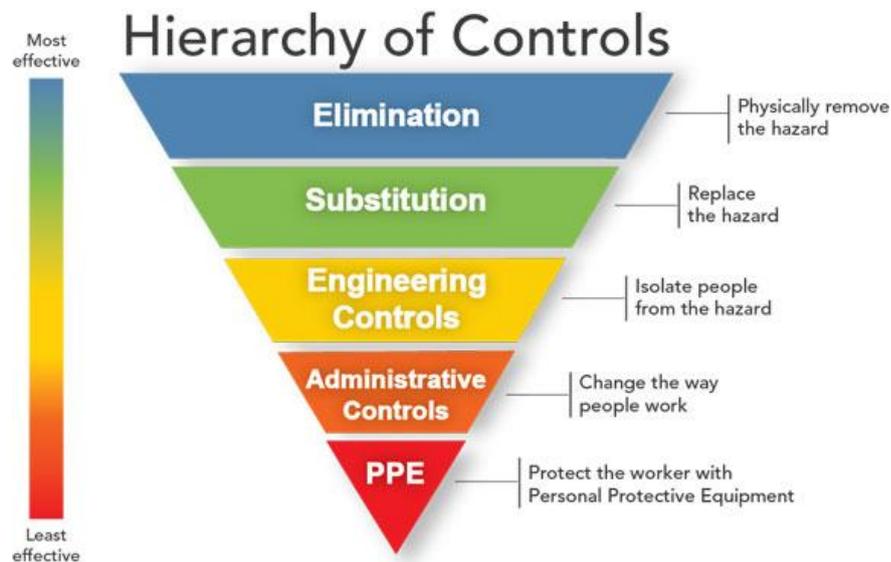


Figure 2

At the time of writing this article South Africa is experiencing the much talked about and predicted “surge” building up to, what is believed to be, the peak of SARS-CoV-2 infections sometime in August. When searching for “reasons” why the infection rate is taking on the proportions currently experienced (despite the most stringent lockdown measures that were imposed) one does not need to be the proverbial “rocket scientist” to come up with a meaningful answer. In my opinion, one of the main underlying causes is unquestionably that the imposed measures have been unable to bring about the required BEHAVIOURAL CHANGE in the community at large.

Admittedly, in the South African context, socio economic conditions in the infection “hot spots” are also playing a large part in the current exponential escalating of infections however, there is enough evidence that irresponsible behaviour in severely affected communities is a major contributor to especially “cluster infections”.

In the public domain the term “social distancing” has become the narrative to describe what is known in Occupational Hygiene practice as “isolation or separation”. The principle is that if the hazard cannot be totally eliminated or replaced, separating the hazard source from the potential receiver (target) is the next control option to consider. In the control hierarchy this is known as Isolation and it can be achieved in a number of ways of which “distancing” is but one. Social distancing has failed in the public domain for various reasons and it would be unfair to criticize the Government for the failure.

Let’s now briefly examine how the Hierarchy of Controls can be effectively applied to ensure legal compliance and a good quality Covid-19 Workplace Plan. Some of the pitfalls that should be avoided will also be highlighted. In doing so we need to keep in mind the PRIMARY FOCUS as described in the suggested Hazard Analysis methodology i.e. to prevent the TOP EVENT from occurring. The Top Event under consideration is **Exposure to and Contact with infected droplets from a (SARS-CoV-2) infected person.**

The first option is **Elimination the Hazard.** An almost insurmountable option given the nature of the virus. However, consider the following. One of the well-known infection pathways is that infected droplets may settle on surfaces in the workplace. Recent research also suggests that infected microscopic droplets may actually linger (in suspension) in the atmosphere for some time, especially in closed and poorly ventilated environments. By applying safe work practices and engineering controls such as, regular disinfecting workplace surfaces and maintaining an extraction ventilation system with high- efficiency particulate air HEPA filters, the virus can be killed (eliminated) in a workplace where the virus may be present.

We will ignore the second option of **Substitution** i.e. replacing the hazard with something less hazardous. Although we would love to do this it is simply not possible.

The third option of the hierarchy is **Engineering Controls** which is generally accepted as very efficient because to a large extent it eliminates the “human behaviour factor” which accounts for the single largest causal failure in hazard management. In relation to SARS-CoV-2, Isolating workers from the virus is regarded as the **PRIMARY CRITICAL CONTROL** for preventing our Top Event. Physical barriers can be very effective, in especially workplaces where “distancing” is an issue and it should be a top priority, given the very real threat of **RESISTANCE TO BEHAVIOUR CHANGES.**

The fourth option of the hierarchy is **Administrative Controls** which because of the “human behaviour factor” is generally regarded as poor controls for purposes of preventing our Top Event. However, the Covid-19 Directive prescribes a number of administrative controls that must addressed in the Plan and employers much ensure that these are in place. Some of these controls will have an effect on preventing our Top Event and others are mainly aimed at mitigation of the consequences of Covid-19.

The fifth and final option of the hierarchy is **Personal Protective Equipment (PPE).** PPE is generally regarded as a last resort for control purposes. The principle is that if all the forgoing options are not completely effective PPE must be provided to protect workers from a particular hazard. In relation to SARS-CoV-2 PPE, and in particular the wearing of cloth face masks, is somewhat of a conundrum.

I shall not dwell on the pros and cons of face masks in general or cloth masks specifically. Suffice to say that despite clear scientific evidence that face masks, as opposed to fit-for-purpose industrial type face masks with appropriate filters, DO NOT AFFORD FULL PROTECTION to the user the Government has now regulated mandatory wearing of CLOTH FACE MASKS in workplaces. This in itself creates other health hazards when non-filtered masks are worn for prolonged periods.

There is probably a case to be made for cloth masks LIMITING the viral load in close-contact situations however, in re-designing the workplace it is clearly a much better option to apply effective engineering controls (Isolation/separation) that will allow workers to work without the added burden of continuous wearing of masks. Workers could still have cloth masks readily available to wear for short periods where close-contact situations are unavoidable.

Closing remarks

At conclusion of this article I would like to offer some wise philosophical advice to the CEO's reading this:

"I find the great in this world is not so much where we stand, as in what direction we are moving: To reach the port of heaven, we must sail sometimes with the wind and sometimes against it,-but we must sail, and not drift, nor lie at anchor." Oliver Wendell Holmes US author & physician (1809 - 1894)

As a Business community we have moved from a state of hopelessness a few months ago to where we now have to adapt to a whole new way of doing business. A medical GP recently wrote in a local newspaper that we have two choices in response to Covid-19 - *to act responsibly or continue to live in fear!* The mistakes made in the public domain must not be, and need not be, repeated in the business community. What will be required though is clear strategies, commitment from the highest management level and unquestionably, ZERO TOLERANCE for transgressions of H& Rules that are in place to protect YOUR workplaces against invasion of this deadly virus.

In the Workplace there should be no "insurmountable" problems with effective application of the principles of the Hazard Control Hierarchy. To put it bluntly, ***As CEO, YOU make the rules and have the power to enforce the rules to ensure compliance. As long as the rules are not in conflict with any workers rights or other legislation, employees are obliged to adhere to any measures taken in the interests of worker health and safety. Right now, there is no time to indulge in "elaborate and fancy" programs aimed at changing behaviour. This behaviour will have to demanded by enforcing critical controls and acting swiftly where undesired behaviour is observed.***

Useful information sources

General regulations, directives and guidelines - <https://www.gov.za/coronavirus/guidelines>

Consolidated Coronavirus COVID-19 Direction on Occupational Health and Safety Measures in Certain Workplaces -<https://www.gov.za/documents/disaster-management-act-direction-minister-employment-and-labour-terms-regulation-4-10> (Note: Annexure A of this directive contains further links to guidelines that will assist with compliance of the directive)