



**health**

Department:  
Health  
REPUBLIC OF SOUTH AFRICA



# **Strategy to protect the health and safety of health workers in the face of the COVID-19 pandemic**

**August 2020**

## FOREWORD

The World Health Organization declared COVID-19 a global pandemic on 11 March 2020. The first case was diagnosed in South Africa on 5 March 2020, and the country faced a particular challenge given the risk of infection amongst frontline health workers. Caring for patients has often involved critical life and death decisions and the psychological burden of all these factors has weighed heavily on health workers, in many cases undermining their mental health and causing occupational burnout.

The national *Strategy to protect the health and safety of health workers* seeks to protect the both the physical and mental health of frontline health workers and acknowledges their need for social support. The strategy aims to protect the physical health of health workers through prevention and mitigation of COVID-19 infections by providing a safe physical environment. It also seeks to promote mental health of health workers through psychological support and to provide necessary social support. It focuses on educating and training health workers to manage COVID-19 cases and implement occupational health and safety protocols and it recognises the importance of communication among health workers.

The strategy incorporates key infection prevention and control guidelines that protect the physical health of health workers. These include patient placement, sufficient ventilation in facilities, hand hygiene, environmental cleaning and wearing of personal protective clothing appropriate to the task being performed. Active, well-functioning occupational health and safety committees should play a critical role by monitoring medical surveillance of health workers, undertaking risk assessments of the workplace, and ensuring that risk mitigation measures are implemented.

The mental health of health workers should be promoted through psycho-education, creating a culture of compassionate leadership, and strengthening team coherence at all levels of the healthcare system. When it comes to social support, health workers should be engaged about their needs, concerns and possible solutions. Training or refresher training must be conducted to ensure the proper and safe management of patients with suspected or confirmed COVID-19. Healthcare workers must receive regular training on occupational health and safety. Ongoing communication is essential and can be established by conducting daily “huddles” that takes less than 15 minutes to focus on safety of health workers.

The strategy further outlines key aspects of the roles and responsibilities of the employer and health workers to ensure a safe working environment. Continuous monitoring and evaluation of the package of care is required and further needs are to be analysed as and when changes arise.



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**Date: 16 September 2020**

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## **1. Purpose**

This document seeks to put in place a comprehensive strategy to protect the health and safety of health workers. The health worker is referenced as both health care workers in clinical care as well as support staff. World Health Organization (WHO) (1) defines Health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Therefore, in order to take care of the complete human being, a package of care, including physical, psychological and social support for health workers who are involved in the COVID-19 fight is proposed. Key objectives with relevant actions, financial implications, key performance indicators, financial considerations as well as an implementation plan are reflected in the strategy.

The strategy, once approved needs intense facilitation to ensure that it is implemented as a matter of urgency by all Provincial Departments of Health in all health facilities.

## **2. Background**

Health workers are at the front line in the fight against COVID-19, putting them under tremendous pressure to perform at their best in their efforts to prevent unnecessary casualties. Health workers need to ensure that their skills are sharp, they remain client centric, that they are alert and focused while providing a caring service. Medical staff caring for COVID-19 patients face mental stress, physical exhaustion, separation from families, stigma, and the pain of losing patients and colleagues. Many of them have acquired SARS-CoV-2 and some have died. (2)

In South Africa, there were more than 4 800 confirmed cases of healthcare workers that have been infected with COVID-19 up to 29 June 2020 (3). The highest percentage of infections are of nurses at 51 per cent. Doctors make up 8 per cent of infections and 41 per cent were lay counsellors and other categories of healthcare workers (HCWs).

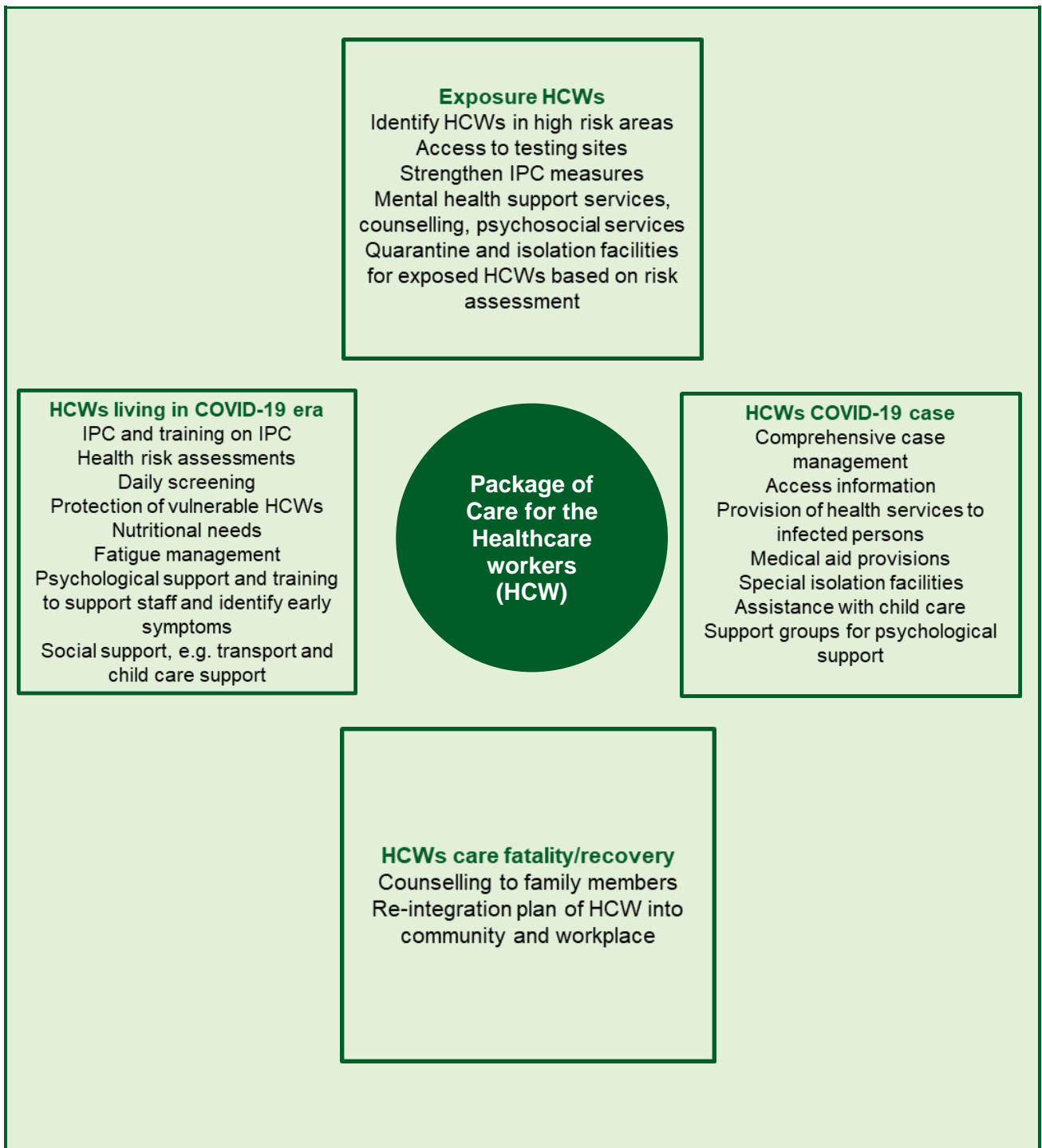
The COVID-19 pandemic puts healthcare workers in an unprecedented situation. There is a risk not only to themselves but also the risk that they bring to their families. Keeping the balance between their own physical and mental healthcare needs and those of patients and how to align their desire and duty to patients with those to family and friends is a constant challenge. Furthermore, moral injury is described in times where people are faced with challenges that go against their moral code (4). In the time of COVID-19, critical life and death decisions such as those concerning who will be put on a ventilator versus those who are not, in circumstances where unavoidably, there will be a shortage of resources and possible rationing of care, intensifies the ethical dilemmas of healthcare workers. The psychological burden of all these factors weigh heavily on the health care worker, predisposing them to psychological distress, mental health issues and occupational burnout at a time when they are critical to the fight against COVID-19.

## **3. Strategic approach**

The strategic aim is to protect the physical and mental health of frontline health workers (5).

The approach is to provide a package of care for all healthcare workers encompassing physical health, psychological well-being and social support, spanning all the phases of COVID-19 exposure.

Figure 1: Package of Care



This model can be applied for implementation at local level that facilitates discussion with all role players and available resources in ensuring that the burdens of life in and outside of the workplace become easier to manage.

The diagram in figure 2 shows further details relating to psychological and social support but it is not limited to these initiatives.

Figure 2: Psychological and Social support



Notes: The specific items in the package may differ subject to available resources and sponsorships. Potential resources and services are listed in Annexure B.

## 4. Strategic Objectives

Objectives of the strategy include the following:

1. Protect the physical health of HCWs through prevention and mitigation of COVID-19 infections
2. Promote mental health of healthcare workers through psychological support
3. Provide social support for health workers
4. Education and training of health workers in screening, clinical management and care of Covid-19 suspect or positive persons and occupational health and safety, including training in Infection prevention and control in accordance with national guidelines
5. Maintain / establish ongoing communication with health workers

### 4.1. Protect the physical health of HCWs through prevention and mitigation of COVID-19 infections

The COVID-19 Infection Prevention and Control guidelines were revised and signed by the Acting Director General on 21 May 2020. (6).

The triad of controls to manage the risk to healthcare workers consist of engineering / environmental controls, management / administrative controls and personal protective equipment (PPE) as contained in the IPC guideline. These apply to clinical and non-clinical areas such as dining rooms.

- Environmental and engineering controls (7) include
  - Standards for adequate ventilation according to specific areas in health-care facilities,
  - Adapted structural design or spatial separation. Suspected cases of COVID-19 should be identified as soon as possible in triage areas and isolated; limiting the number of HCWs in isolation areas.
  - Adequate environmental cleaning.
  - Physical barriers such as glass or plastic windows can also reduce health workers' exposure to the COVID-19 virus and can be implemented in the areas of health-care facilities where patients first present, such as screening and triage areas, registration desk, or at the pharmacy window where medication is collected.
- Administrative measures related to health workers include:
  - Provision of adequate training for health workers on IPC (including the correct use, maintenance and disposal of personal protective equipment (PPE)) as well on COVID-19 infections, clinical protocols, etc.;
  - Ensuring an adequate patient-to-staff ratio;
  - Monitoring health workers' compliance with standard precautions and providing mechanisms for improvement as needed.
- The rational and correct use of PPE reduces exposure to pathogens. The effectiveness of PPE strongly depends on:
  - Staff training on donning and doffing of PPE;
  - Prompt access to sufficient supplies of relevant PPE
  - Appropriate hand hygiene;
  - Health worker compliance
  - Regular monitoring and feedback by IPC personnel
  - Regular IPC audits to identify areas of non-compliance with institution of remedial measures

Mitigation of COVID-19 infections through Occupational Health Care includes:

- Daily screening of HCWs including symptoms and signs, risk screening and laboratory testing where indicated.
- Preferential access to testing sites should be given to symptomatic HCWs.
- Guidance to workplaces in the event of identification of a COVID-19 positive employee (8).
- Identification and management of vulnerable employees (9).
  - HCWs above 60 years of age and/ or with chronic diseases must be assessed and optimal medical management instituted.
  - The protection and management includes the reduction of the risk of exposure and temporary alternative work arrangements or redeployment.
  - Where applicable leave and incapacity benefits must be applied.

- Monitoring of the vulnerable employee post COVID-19 illness is to continue when returned to work.
- Medical surveillance of employees and risk assessment
  - Baseline medical examinations of employees and routine follow-up medical examinations according to risk exposure and employees at risk.
  - The goals of HCW risk assessment and monitoring (10) is to allow for early identification of HCWs at high risk of exposure to COVID-19, re-inforce the need for HCWs to self-monitor and avoid work when ill, and to limit introduction and spread of COVID-19 within healthcare facilities by HCWs.

#### **4.2. Promote mental health of healthcare workers through psychological support**

Practical guidance (11) for managers and health workers respectively includes prevention through psycho-education such as information sharing, support mechanisms e.g. daily check-in strategies; psychological first aid to recognise a colleague in distress and react immediately; as well as appropriate referral.

Further mechanisms to help workers reduce stress and anxiety associated with the COVID-19 pandemic (12) to consider:

- Engaging in clear, regular and accurate communication with workers, providing as much information as is needed to answer main questions but without fuelling speculation
- Making sure workers know whom to contact in case they need support or are feeling overwhelmed
- Setting a culture of compassionate leadership: equip line managers with the skills and tools necessary to have conversations with their teams to check in on how they are doing and recognise signs of distress.
- Reminding workers of the details of the Employee Assistance Programme as a key resource on issues such as mental health or finance. Other sources of information and advice regarding mental health and well-being e.g. from WHO and mental health organisations can be shared.

#### **4.3. Provide social support for HCWs**

A culture of care (13) should be created and HCWs should be engaged about their needs, concerns and ideas. Measures to support HCWs can include:

- Child care support, e.g. helping staff to organise together into groups for childcare and avail any unused facility
- Explore options for safe housing near health facilities or alternatively dedicated transport to and from work
- Equipment or resources e.g. data bundles or access to Wi-Fi in order to remain in contact with families and also to access information to assist them in their work.

#### **4.4. Education and training of health workers**

Training or refresher training must be conducted in management of Covid-19 suspect or positive persons and clinical aids must be available. Targeted interventions are required according to the category of HCWs.

Training on occupational health and safety should focus on IPC and posters (6) are to be displayed at health facilities to re-enforce key principles e.g. donning and doffing of PPE and appropriate PPE based on the exposure risk. IPC teams and facility managers should also be trained on conducting risk assessments and to improve controls where shortcomings are identified.

#### **4.5. Maintain / establish ongoing communication with health workers**

Daily “huddles” taking less than 15 minutes at each level can be instituted to focus on safety and zero harm to patients and HCWs (14). The safety of HCWs should be a transparent process and each incident should be investigated to identify the root cause and develop a solution within 48 hours. These check-ins can also be used to enquire about the well-being of HCWs – a form of emotional support and to prevent stigmatisation. Various communication platforms should be considered to ensure the needs of HCWs are addressed and information is shared throughout the organisation.



## **5. Roles and Responsibilities**

Health workers have the right to a safe working environment for which the employer is responsible. Health workers however also have an obligation to comply with policies and procedures. The sections below summarise a few key aspects of these responsibilities (15).

### **5.1. Employers and managers in health facilities**

The Employer's role includes the following:

- Taking all necessary preventive and protective measures to minimize occupational safety and health risks.
- Providing information, instruction and training on occupational safety and health, including:
  - Refresher training on infection prevention and control (IPC)
  - Use, putting on, taking off and disposal of personal protective equipment (PPE)
- Providing adequate IPC and PPE supplies (masks, gloves, goggles, gowns, hand sanitizer, soap and water, cleaning supplies).
- Creating a blame-free environment for workers to report on incidents and to adopt measures for immediate follow-up, including support to victims.
- Advising workers on self-assessment, symptom reporting and staying home when ill.
- Honouring the right to compensation, rehabilitation and curative services if infected with COVID-19 following exposure in the workplace.
- Providing access to mental health and counselling resources.
- Enabling co-operation between management and workers and/or their representatives and ensure thorough engagement and briefing of unions.

### **5.2. Health Workers**

Health workers should:

- Follow established occupational safety and health procedures, and participate in employer-provided occupational safety and health training.
- Apply safety precautions when travelling to and from work as well as in the home environment.
- Use provided protocols to assess, triage and treat patients.
- Safely apply Infection prevention and control protocols when putting on, using, taking off and disposing of personal protective equipment.
- Self-monitor for signs of illness and self-isolate or report illness to managers, if it occurs.
- Report to their immediate supervisor any situation which they have reasonable justification to believe presents an imminent and serious danger to life or health.

## 6. Action plan

The actions (5) required to address the objectives are summarised in the template below. NDoH need to establish a co-ordinating committee and provinces need to designate responsible officials to ensure the actions are implemented. Actions should be prioritised and timeframes set according to the impact of the item, considering ease of implementation and available or accessible resources in each province.

| No | Objective  | Required actions  | Responsible authority |
|----|--|---|-----------------------|
| 1  | Protect the physical health of HCWs through prevention and mitigation of COVID-19 infections             | Guide safe care-seeking behaviours by disseminating information to the public, including new pathways for services, opening hours, precautions, etc. These should be disseminated through various media outlets including social media, but also through public and community organisations.  | NDoH                  |
| 2  |  | Ensure rapid learning cycles are in place to adjust healthcare services to respond to risk, population specificities, workforce supply, but also to input from patients and the health workforce.   | NDoH                  |
| 3  |  | Implement identified strategies for HR surge capacity to attain appropriate HR workforce availability   | NDoH                  |
| 4  |  | Review work schedules and ensure distributed workloads, as far as possible.   | PDoH                  |
| 5  |  | Ensure adherence to the COVID-19 infection prevention and control guidelines (6) relating to facility and environmental management.   | PDoH                  |
| 6  |  | Secure and allocate personal protective equipment for the health workforce providing frontline services (in health facilities and communities).   | NDoH                  |
| 7  |  | Ensure the health workforce is properly trained in terms of the rational use and disposal of personal protective equipment which is adequate for the risk and how to practice infection prevention and control procedures. This training should be complemented by display of relevant posters from the IPC guidelines (6)                      | NDoH                  |
| 8  | Protect the physical health of HCWs through occupational health services to mitigate COVID-19 infections | Undertake risk assessments (16) of the workplace based on health worker assessment, health and safety representative assessment and occupational hygiene assessment to identify transmission risk and interventions   | PDoH                  |
| 9  |  | Implement biomedical services that includes daily symptom screening, baseline medical assessments and follow-up medical examinations based on risk exposure, and personal profile assessments (vulnerable employees) and manage staff according to the guidance on vulnerable employees and workplace accommodation in relation to COVID-19 (9) | PDoH                  |
| 10 |  | Ensure all health workers know how to identify and report any symptoms and understand when they must self-isolate. (17)   | PDoH                  |

| No | Objective   | Required actions   | Responsible authority |
|----|---|--|-----------------------|
| 11 |   | Perform risk assessment for all health workers that were exposed to a confirmed Covid-19 positive case and manage according to the risk category (18)  | PDoH                  |
| 12 |   | Identify dedicated testing sites for health workers and expedite turn-around-time  | PDoH                  |
| 13 |   | Ensure access to quarantine facilities when needed and consider dedicated facilities for health workers  | PDoH                  |
| 14 |   | Consider financial support and expansion of sick leave arrangements to support and encourage reporting of symptoms by health workers.  | NDoH                  |
| 15 |   | Medical aids to review out of pocket expenses (Note COVID-19 is confirmed as Prescribed Minimum Benefit (PMB))   | NDoH                  |
| 16 |   | Pursue additional benefit pay-out by insurance companies (Old Mutual example)  | NDoH                  |
| 17 | Promote mental health of healthcare workers through psychological support | Ensure implementation of the guidelines on psychosocial support for health professionals (11)  | PDoH                  |
| 18 |   | Consider training for supervisors and managers to support staff and identify early symptoms.   | NDoH                  |
| 19 |   | Establish support groups / virtual support groups e.g. on WhatsApp to support affected healthcare workers  | PDoH                  |
| 20 | Provide social support for health workers                                 | Consider putting in place optional accommodation arrangements for hospital-based health workers to reduce time spent travelling to/from home and to protect health workers' families from indirect exposure.                   | PDoH                  |
| 21 |   | Consider dedicated transport for health workers  | PDoH                  |
| 22 |   | Identify domestic support measures (e.g. travel, childcare, online school support, care of ill or disabled family members) that could enhance staff flexibility for shift work.  | PDoH                  |
| 23 |   | Acquire possible items or arrangements to assist employees to have contact with family and access to information, e.g. data bundles, Wi-Fi   | NDoH                  |
| 24 |   | Acquire possible items or arrangements to enhance the well-being of employees, e.g. fruit packs, meals, individual sanitizers, dedicated lines at supermarkets for health workers etc.   | PDoH                  |
| 25 |   | Partner with existing organisations e.g. DENOSA or SAMA and examples such as the "Exceptional Nurse campaign" to support health workers, e.g. "Nurture a Nurse"-campaign on Facebook or banners to acknowledge health workers. | NDoH                  |

| No | Objective   | Required actions  | Responsible authority |
|----|---|---|-----------------------|
| 26 | Education and training of health workers in screening, clinical management and care of Covid-19 suspect or positive persons and occupational health and safety, including training in Infection prevention and control in accordance with national guidelines | Training of healthcare workers, especially clinical staff, on management of a suspect or Covid-19 positive person   | NDoH                  |
| 27 |   | Provide Occupational Health and Safety training to the health workforce that includes risk assessment, managing vulnerable employees, symptom monitoring and management of essential workers for COVID-19 related infection   | NDoH                  |
| 28 |   | Provide training to the health workforce on Infection prevention and control in accordance with national guidelines. (6)  | NDoH                  |
| 29 |   | Create zoom focus group discussions per district to determine needs and priorities in a bottom up approach  | PDoH                  |
| 30 | Maintain / establish ongoing communication with health workers  | Establish communication platforms where healthcare workers can access help immediately, e.g. toll free number (Healthcare Workers Care Network) or WhatsApp similar to CORONA VIRUS (COVID-19) WhatsApp Number of 0600 12 3456 that can be dedicated for healthcare workers | NDoH                  |
| 31 |   | Continuous review mechanisms to keep everyone informed with relevant information that is accessible and reliable  | NDoH                  |
| 32 |   | Engage with HCWs and organised labour on needs and actions to protect the health and safety of health workers on a regular basis  | NDoH                  |

## 7. Budget implications

1. Secondment or contracting of Occupational Health Practitioners and Occupational Hygienists to ensure risk assessments and occupational health services are available in each province.
2. Allocation of required budgets for PPE and essential equipment
3. Addressing HR surge capacity needs / demands to ensure adequate workforce
4. Additional costs relate to the marketing of the package of care
5. Additional resources can be sourced from a dedicated healthcare workers philanthropic fund
6. Partnerships, e.g. South African Depression and Anxiety Group (SADAG), South African Medical Association (SAMA), Old Mutual, Discovery, Solidarity Fund, Professional Protection Society (PPS), Health and Welfare SETA (HWSETA)

## 8. Monitoring and Evaluation

Continuous monitoring and evaluation of the package of care is required and further needs are to be analysed as and when changes arise.

Compliance to infection prevention and control guidelines must be monitored by Infection control teams, Health and Safety representatives and Occupational Health Practitioners. District Quality Assurance teams can be considered to augment the aforementioned monitoring as well as the availability of the comprehensive package of care.

High level key indicators will be monitored to ensure that the objectives of the strategy are met.

| No | Objective  | Indicator   | Target |
|----|--|---|--------|
| 1  | Protect the physical health of HCWs through prevention and mitigation of COVID-19 infections             | % health facilities with at least one copy of the updated infection control and prevention guidelines   | 100%   |
| 2  |  | % health facilities where all health workers have required PPE based on the care provided (Triage, General ward, COVID ward, Aerosol generating procedures)   | 100%   |
| 3  |  | % health facilities where health workers have been trained on Covid-19 and the infection control and prevention guidelines  | 100%   |
| 4  |  | % health facilities with functional triage and isolation areas implemented  | 100%   |
| 5  | Protect the physical health of HCWs through occupational health services to mitigate COVID-19 infections | % health facilities where daily symptom screening of health workers is done   | 100%   |
| 6  |  | % health facilities where risk assessments are done   | 95%    |
| 7  |  | % health facilities where action plans were compiled to mitigate risks that were identified in the risk assessments   | 90%    |
| 8  |  | % health facilities where risk assessments were conducted by employees, health & safety representatives, and occupational hygienists based on the risk assessment guideline <sup>13</sup>                     | 100%   |
| 9  | Provide mental health and psychosocial support for health workers  | % health facilities where health workers are aware of psychosocial support services (dedicated helpline, guidance on vulnerable employees and workplace accommodation in relation to COVID-19 <sup>10</sup> ) | 100%   |
| 10 | Provide social support for health workers  | % health facilities with appropriate work schedules and workloads   | 80%    |

| No | Objective                 | Indicator  | Target |
|----|---------------------------|--|--------|
| 11 |                           | % health facilities where at least 2 additional initiatives to provide social support to HCWs are implemented                    | 85%    |
| 12 | Education and training    | % health workers trained in management of a suspect or Covid-19 positive person  | 100%   |
| 13 |                           | % health workers trained in occupational health and safety   | 100%   |
| 14 | Monitoring and evaluation | % health facilities reporting weekly on symptom screening, testing and positive health workers                                   | 100%   |
| 15 |                           | Number of health workers tested positive as reported on a weekly basis   |        |
| 16 |                           | % health facilities with positive health workers where remedial actions were implemented following investigation of the incident | 85%    |

## 9. Implementation plan

This implementation will require intense facilitation and integration of existing services offerings that are currently provided throughout provinces and that this is addressed as a multi-sectoral initiative. The implementation will need to involve multiple stakeholders such as the department of Public Service (DPSA), South African Medical Association (SAMA), Hospital Association of South Africa (HASA) and trade unions e.g. the Democratic Nursing Organisation of South Africa (DENOSA), the National Education, Health and Allied Workers' Union (NEHAWU) and the Hospital Personnel Association of South Africa (HOSPERSA).

The strategy needs to be implemented by all the provinces as soon as possible and last for the duration of the COVID-19 pandemic. The strategy must be reviewed and adjusted as the pandemic progresses.

In order to facilitate implementation, the following needs to be addressed:

| No | Item  | Responsible person | Timeframe |
|----|---|--------------------|-----------|
| 1  | Identify a champion who will facilitate the co-ordination of a team of experts such as epidemiologists, psychologists, nutritionists, sociologists, etc., in the implementation of the healthcare workers' care package | DDG HR             | July 2020 |
| 2  | Coordination of COVID-19 healthcare worker relief funding to support the package  | Co-ordinating team | Mid Aug   |
| 3  | Conduct rapid assessment to establish existing resources, training needs and capacity gaps  | Co-ordinating team | Mid Aug   |
| 4  | Use the information from the abovementioned rapid assessment to identify healthcare workers at high risk and put in necessary additional measures   | Co-ordinating team | End Aug   |
| 5  | Strengthen the healthcare workers' package of care services by facilitating collaboration of Department of Health with relevant sectors   | Co-ordinating team | Ongoing   |

## 10. References

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4. **Neil Greenberg, et al.** *Managing mental health challenges faced by healthcare workers during covid-19 pandemic.* s.l. : The BMJ: BMJ 202,368:m1211, 26 March 2020.
5. **Europe, World Health Organisation Regional Office for.** *Strengthening the Health Systems Response to COVID-19 Technical working guidance #1 Maintaining the delivery of essential health care services freeing up resources for the COVID-19 response.* s.l. : World Health Organisation, 18 April 2020.
6. **Group, Prof Shaheen Mehtar on behalf of the Infection Prevention and Control Technical Working.** *COVID-19 Disease: Infection Prevention and Control Guidelines Version 2.* s.l. : South African Department of Health, 21 May 2020.
7. **Organisation, World Health.** *Infection prevention and control during health care when COVID-19 is suspected.* s.l. : WHO, 29 June 2020.
8. **Response, Academic Group within the Occupational Health and Safety Workstream of the National Department of Health – Covid-19.** *Guidance note for workplaces in the event of identification of a COVID-19 positive employee (V5) .* s.l. : Department of Health, South Africa, 14 May 2020.
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14. **Toussaint, Kenneth T. Segel and John S.** *Health Care Workers Protect Us. It's Time to Protect Them.* s.l. : Harvard Business Review, 19 June 2020.
15. **Organisation, World Health.** *Coronavirus Disease (COVID-19) Outbreak: Rights, Roles and Responsibilities.* s.l. : World Health Organisation, 2020.
16. **Response, Risk Assessment Group within the Occupational Health and Safety Work stream of the National Department of Health – Covid-19.** *COVID-19 Walk-through Risk Assessment Guideline.* s.l. : Department of Health, South Africa, 1 May 2020.

17. **Response, Occupational Health and Safety Committee – Covid-19.** *Guidelines for symptom monitoring and management of essential workers for COVID-19 related infection.* s.l. : Department of Health, South Africa, 12 April 2020.
18. **Organisation, World Health.** *Guidance note on Risk Assessment and Management of exposure of health care workers in the context of Covid-19 .* s.l. : WHO , 19 March 2020.



## Annexure A: Guidelines

An array of guiding documents is available to the health workforce, including managers, on the Department of Health Knowledge Hub <https://www.knowledgehub.org.za/e-library>

The guidelines are also available on the National Institute for Communicable Diseases (NICD) and National Institute for Occupational Health (NIOH) websites. These guidelines are reviewed and updated as and when new information presents. It is important that all health facilities are implementing these guidelines and that healthcare workers are familiar with the policies and guidance notes.

Key documents are listed below.

<https://www.nicd.ac.za/diseases-a-z-index/covid-19/covid-19-guidelines/>

- COVID-19 Disease: Infection Prevention and Control guidelines, Version 2 (21 May 2020)  
The guideline outlines all aspects of infection control including the administrative, the built environment and environmental controls as well as details on PPE, cleaning, healthcare waste management, disposal of bodies, etc.

<https://www.nicd.ac.za/diseases-a-z-index/covid-19/covid-19-resources/>

- COVID-19 quick reference for clinical healthcare workers, 25 May 2020  
The clinical presentation, case definition, infection control, specimens, forms to be completed, and case notification are summarised in the quick reference.
- Guidelines for symptom monitoring and management of essential workers for COVID-19 related infection (12 April 2020)  
Early and timeous identification and diagnosis of healthcare workers at risk of COVID-10 infection; early referral for appropriate treatment, care and timeous return to work; protection of unaffected workers; as well as the management algorithm and post-exposure checklist are included in the guidelines.

Other clinical guidelines include the following:

- Clinical Management of suspected or confirmed COVID-19 disease (18 May 2020)
- Guidelines for quarantine and isolation in relation to COVID-19 exposure and infection (5 May 2020)

<http://www.nioh.ac.za/national-resources/>

- Psychosocial support for Health Professionals during COVID-19  
Practical guidance for managers and health workers respectively is provided in terms of prevention through psycho-education such as information sharing, support mechanisms e.g. daily check-in strategies; psychological first aid to recognise a colleague in distress and react immediately; as well as appropriate referral.
- Guidance on vulnerable employees and workplace accommodation in relation to COVID-19 (V4: 25 May 2020)  
This document aims to provide guidance to evaluate and manage vulnerable employees in the context of the current SARS-CoV-2 pandemic. It outlines the identification and assessment of vulnerable employees and calls for optimal medical management. The protection and management includes the reduction of the risk of exposure and temporary alternative work arrangements or redeployment. Where applicable leave and incapacity benefits must be applied. Return to work (RTW) and incapacity management of the vulnerable employee post COVID-19 illness is included.
- Guidance note for workplaces in the event of identification of a COVID-19 positive employee (V5: 14 May 2020)  
The guidance notes address personal health and public health communicable disease procedures as well as IPC and workplace health and safety procedures, such as an incident-based risk assessment with remedial actions. Organised labour must be involved. Relevant reporting, leave and worker's compensation arrangements are outlined.

- Reporting line for health workers  
The algorithm summarises the process flow from symptoms, reporting, including assessment and submission in terms of COIDA to return to work - <https://www.nioh.ac.za/wp-content/uploads/2020/04/Reporting-line-for-HW-31-MARCH-2020.pdf>
- Specialised health risk assessment for workplaces (COVID-19 employer risk assessment guide)  
Guidelines for identification and assessment of potential risk of exposure to SARS-CoV-2 virus at workplaces; identification of control measures and assessing effectiveness; informing employer of risks of potential exposure and additional controls that are required; risk assessment, risk management and control, guidance in terms of high exposure areas and screening of employees are detailed. The COVID-19 risk assessment report format is also included.
- COVID-19 Walk-through risk assessment (Health and Safety practitioners guide)  
This is a tool to assess potential risk of exposure to SARS-CoV-2 virus and current control measures, as well as providing recommendations to management to improve controls.
- Worker COVID-19 risk assessment  
The checklist is set to assess if it is safe to start work. It states the controls that must be in place. Tick boxes cover employee training and awareness, hygiene and cleaning measures, social distancing, PPE, personal well-being and emergency response.
- Reporting line for health workers  
The algorithm summarises the process flow from symptoms, reporting, including assessment and submission in terms of COIDA to return to work - <https://www.nioh.ac.za/wp-content/uploads/2020/04/Reporting-line-for-HW-31-MARCH-2020.pdf>

## Annexure B: Resources

- The Healthcare Workers Care Network (HWCN) has launched a 24-hour toll-free Helpline (0800 21 21 21), SMS 43003 and website <https://www.healthcareworkerscarenetwork.org.za/>) so that all healthcare workers can access immediate counselling and support.
- The [EMGuidance](#) App and the [Vulamobile](#) App for example are providing technical and logistical assistance and an innovative digital platform.
- NIOH offers a call centre for COVID-19 Occupational Health and Safety Queries at 0800 212 175. NICD developed a toolkit with relevant and current information concerning COVID-19, ranging from frequently asked questions, providing technical resources and guidelines, information on prevention, advice for returning travellers and communication resources that can be utilised across settings. The toolkit is available at <https://www.nicd.ac.za/diseases-a-z-index/covid-19/>
- Discovery Health is providing all private and public sector doctors with access to **Healthy Company for Health Professionals** at no cost. Healthy Company is a digitally enabled, comprehensive, fully integrated personal assistance programme that focuses on physical, emotional and financial wellbeing as well as providing legal support, on a personal and small business level, to those who may need this. Doctors should contact Healthy Company on 0800 320 420 or [healthcompanyqueries@discovery.co.za](mailto:healthcompanyqueries@discovery.co.za) to register and gain immediate access.