

African Union COVID-19 / Occupational Safety and Health **GUIDELINES SERIES**

*Clinical Occupational
Health*

Volume 6



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ISBN: 978-0-621-48635-3

July 2020

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Recommended citation:

African Union, African Union Development Agency - NEPAD and ILO. 2020. African Union COVID-19 / Occupational Safety and Health Guidelines Series: Clinical Occupation Health: Volume 6. AUDA-NEPAD, Midrand, South Africa.

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Foreword



The COVID-19 pandemic is significantly impacting economies, social cohesion and health systems of African Countries. The effects of the pandemic, if not efficiently and effectively addressed, will have an adverse impact on the realisation of continental goals set in the African Union (AU) Agenda 2063, the Sustainable Development Goals and other developmental goals and targets at the continental, regional and national level.

In February 2020, the AU Member States adopted a strategy that aims to prevent severe illness and death from COVID-19 infection and to minimize social disruption and economic consequences of COVID-19 outbreak. The AU has so far established a Coronavirus fund with commitments to-date totalling USD20 million. At the national level, most African countries have implemented lockdowns, testing (of suspected cases) and contact tracing.

On the 4th of April 2020, the African Union Development Agency (AUDA-NEPAD) published a White Paper on AUDA-NEPAD Response to COVID-19 and other epidemics. The Paper features five key priorities with an aim of strengthening: health systems; food systems; skills development and employment; education; and national planning and data systems.

As part of AUDA-NEPAD's White Paper, particular focus has been placed on occupational safety and health (OSH) for both frontline health care workers and the working population at large. It is evident that the impact of COVID-19 on the working population is significant, especially the working population that have high exposure risks due to the nature of their work. This cohort includes healthcare workers, laboratory workers, border management teams, those in the food supply, logistics and public transportation industry, death-care workers, and waste management workers, amongst others. Similarly, the pandemic has posed significant risks to other workers, inter alia, increased absenteeism; loss of wages and jobs; loss of man-hours and productivity; increase in medical costs in the face of limited medical insurance cover and social protection; changes in the way of doing business; and interruption of supply chains.

There is, therefore, need for a coordinated response by the AU Member States to minimise the impact of COVID-19 on the working population. Such efforts will, amongst others, promote the efficient and effective deployment of expert support thereby making available technical support and evidence-based guidance and advice on occupational safety and health needs within the realm of AU's COVID-19 response Plan.

It is with the foregoing that AUDA-NEPAD in collaboration with the African Union Commission, the International Labour organisation and other partners have developed the COVID-19/OSH Guidelines for Specific Workplaces. The guidelines covering thematic areas such as Occupational Safety, Health and Wellness of Health Workers and Clinical Occupation Health, serve as key technical reference instruments for all stakeholders, including national and sub-national governments, regional bodies, civil society, academia and development partners, to work in a coordinated and coherent manner in addressing occupational safety and health at workplaces in the face of the Covid-19 pandemic.

It is our sincere hope that the values and imperatives that are framed in the guidelines will inspire all of us to promote occupational safety and health at workplaces as part of the concerted efforts to fight against the effects of the global pandemic and advance the Continent's development agenda encapsulated in Agenda 2063.

Dr Ibrahim A Mayaki
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Acknowledgements

AUDA-NEPAD on behalf of the African Union Member States would like to thank and acknowledge the following contributors, reviewers and content management team for their selfless contribution during the stressful COVID-19 pandemic under the leadership of Ms Chimwemwe Chamdimba: AUDA-NEPAD Principal Policy Specialist, Mr Sabelo Mbokazi: AUC Head of Employment and labour and inputs from the AU Expert Group Advisory Group comprising of International Labour Organisation (ILO), OSHAfrica, Southern African Institute for Occupational Hygiene (SAIOH), National Institute for Occupational Health (NIOH), Medical Bureau of Occupational Diseases (MBOD), Governments of South Africa, Namibia, Lesotho, Tanzania, Nigeria, Zambia, Malawi, Kenya, etc:

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Definition Of Terms

Clinician: Health care professional who works as a caregiver of a patient in a hospital, skilled nursing facility, clinic, or patient's home. A clinician may diagnose, treat, and otherwise care for patients.

Cloth mask: is a mask, consisting of two or more layers of breathable fabric, which acts as a barrier to droplets secreted during talking, sneezing or coughing.

Surgical mask: A single-use filtration device made of fabric and worn over the nose and mouth of surgical staff to prevent contamination of the operative field and to protect the wearer from splashes and splatter.

Face shield: A mask, typically made of clear plastic, that protects the mucous membranes of the eyes, nose, and mouth during patient-care procedures and activities that carry the risk of generating splashes of blood, body fluids, excretions, or secretions.

Acronyms

CDC	Centres for Disease Control and Prevention
COVID-19	Corona Virus Disease
FFD	Fitness for Duty
NIOH	National Institute of Occupational Health
OHP	Occupational Health Practitioner
OMP	Occupational Medical Practitioner
OREPs	Occupational Risk exposure profiles
PCR	Polymerase Chain Reaction
PPE	Personal Protective equipment
RPE	Respiratory Protective Equipment
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2
SRSW	Safe return to a safe workplace
WHO	World Health Organization

1. Introduction

The promotion and maintenance of the safety and health of workers are key and should fully embrace the current COVID 19 pandemic. The safe return to a safe workplace and the continued performance of duties must always be guaranteed. One of the important interventions in this context is ensuring that the health status of workers is comprehensively evaluated and regularly monitored. Occupational Medical Practitioners (OMPs)/and clinicians charged with the responsibility of performing employment evaluations must do so in a comprehensive and evidence-based approach.

2. Scope of Application

These guidelines apply to OMPs and clinicians.

3. Purpose

The objectives of these guidelines are to:

- Describe the principles of fitness for duty evaluations for workers who are either returning to work or at work during the COVID 19 pandemic.
- Describe the occupational health evaluations for workers exposed to SARS-CoV-2 at the workplace.
- Outline the principles of a safe return to a safe workplace post-COVID-19 Infection.
- Describe the diagnostic process of COVID 19 as an occupational disease.

4. Guidelines

In the evaluation of fitness for duty of workers, Health care workers should consider fundamental occupational health principles that include:

COVID-19 specific Occupational Risk Exposure Profiles

In the evaluation of fitness for duty on return to work, clinicians should always consider the following:

- OMPs/ OHPs/clinicians should conduct medical examinations that are linked to the occupational risk profiles of the workers.
- Organizations should conduct a risk assessment for COVID 19 for all their work and environments and provide the full risk profile specific to COVID-19 and other attendant risks (Refer to the Risk Assessment Guidelines).
- The specific risk assessment should be available to the OMP/ OHP/clinician to ensure that they have a good working knowledge of the organizational work processes and risks they are rendering medical services to.

- Examining OMPs/clinicians should ensure that they have adequate PPE, RPE and washing and sanitization processes in the consulting rooms.

Fitness for Duty Examinations

In assessing the fitness of workers upon return to work during the imposed restrictions/lockdowns, OMPs/ clinicians should consider the following important principles.

- Fitness for duty evaluations should include the following key aspects:
 - » A completed questionnaire that includes symptoms review, social circumstances,
 - » Medical and travel history and exposures to suspected or confirmed COVID 19 cases.
 - » Temperature and symptom screening prior to examination by the OMP/clinician.
 - » A completed organizational occupational risk exposure profile specific to COVID 19 and other key risks should be available.
 - » The physical examination should take place after the review of the completed questionnaire.
- Workers with pre-existing medical conditions that make them more susceptible to COVID 19 infection should be evaluated against their OREPs.
- Workers with a pre-existing medical condition should be provided with resources to perform their duties from home as far as reasonably practicable.
- Even though certain medical conditions could render workers susceptible, fitness for duty decisions must be risk-based.
- Fitness for duty outcomes should be stated in functional terms such as:
 - » Fit for duty
 - » Unfit for duty
 - » Fit for modified duties. In such cases, an explicit description of the limitations and restrictions should be clearly stated.
- For workers that are certified as unfit, the following information should be stated:
 - » Period of absence from work
 - » Date of likely return to work.
 - » Whether the employee will fit to perform full duties or not.
 - » Limitations and restrictions
 - » Whether the worker will be able to resume their normal duties upon return.
 - » Whether a worker has a compensable or non-compensable disease.
- Attending OMPs/Clinicians must ensure that confidentiality and patient privacy is always maintained.

- In cases where there are workers that are likely to or may have been exposed to COVID 19 at the workplace, the OMP/Clinician should take immediate steps to ensure that such workers are identified and managed appropriately.
- Symptomatic cases consistent with COVID 19 must be urgently managed as per the country' standing protocols for dealing with suspected cases.

COVID 19 Confirmed Cases and return to work

Workers who have been confirmed positive for COVID-19 should be managed as described hereunder for a safe return to a safe workplace (SRSW).

Symptomatic COVID 19 confirmed cases

Two strategies can be used to determine the SRSW. This will also depend largely on the national policies/protocols and availability of resources. There are two recommended strategies for evaluating the safe return to work of a worker who is a confirmed case of COVID 19. OMPS/Clinicians can use either of the two strategies outlined below depending on the national policies and practices.

- Symptom Based Strategy
Using the symptom-based strategy, confirmed COVID 19 workers can only be allowed to work after taking the following into account:
 - » At least 3 days (72 hours) have passed since recovery as shown by a normal temperature without the use of fever-reducing medications and,
 - » Improvement in respiratory symptoms (e.g., cough, shortness of breath) and
 - » At least 14 days have passed since symptoms first appeared
- Test Best Strategy
Depending on resources and in-country national policies and practices, a test-based strategy can be considered. The CDC recommends that when using a test-based strategy for evaluating a return to work, the following process should be used.
 - » Resolution of fever without the use of fever-reducing medications and,
 - » Improvement in respiratory symptoms (e.g., cough, shortness of breath) and,
 - » Two consecutive negative respiratory specimens were taken more than 24 hours apart

Asymptomatic Confirmed COVID 19 cases

Two strategies can be used to evaluate asymptomatic COVID 19 cases for return to work. Either of the two strategies can be employed depending on the availability of resources and national policy provisions.

- Time-Based Strategy
When using the time-based strategy, a worker can only return to work when 14 days have passed since the date of their first positive COVID-19 diagnostic test.
- Test-based strategy
The test-based strategy requires that a total of at least two consecutive negative respiratory specimens that have been taken at least 24 hours apart.



Management of workers who have been exposed to COVID 19 at the workplace

When an employee has been exposed to a COVID 19 case at the workplace, their assessment must review the exposure risk and the OMP/Clinician must consider the following:

- The exposure risk must be assessed and classified as either high-risk exposure or low-risk exposure.
- A high-risk exposure entails a worker who has been at less than one metre from a COVID-19 case) for a duration greater than 15 minutes and without using appropriate RPE or using faulty RPE PPE, had physical contact with a COVID-19 case or unprotected direct contact with a case (e.g. coughed)
- Low-risk exposure to a COVID-19 case at the workplace is defined as an exposure to a COVID 19 case at more than one metre for less than 15 minutes while correctly using the appropriate RPE.
- For exposed workers who have been classified as high risk, the OMP/Clinician should consider the following:
 - » Confirmation of the exposure characteristics to the COVID 19 case in terms of distance and duration of exposure.
 - » Whether RPE PPE was used
 - » Knowledge of correct use.
 - » Recommend self-quarantine
 - » Instruct them to work from home
 - » Correct and consistent use of a mask and physical distancing while at home.
 - » The exposed worker should be advised to perform daily symptom self-check and complete symptom monitoring form until 14 days since last COVID-19 exposure.
 - » If asymptomatic through day 7, consider for return to work, following a negative RT-PCR on day 8.
 - » Advise to use a surgical mask
- For exposed workers who would have been classified as low risk by virtue of their distance and duration of exposure from a confirmed COVID 19 case, the following recommendations should be considered
 - » The worker can continue performing their duties at work.
 - » Self-monitoring for temperature twice daily for 14 days
 - » Daily symptom check for 14 days after last COVID-19 exposure.
 - » Should the worker develop symptoms, they should contact health personnel to guide them with arrangements for a COVID 19 Test.

Return to work Post Quarantine/Isolation

Workers returning to work post quarantine or isolation should be assessed for fitness for duty prior to the resumption of work. The OMP/Clinician should consider the following advice.

- Use of surgical masks consistently for 21 days
- Physical distancing measures.
- Hand-sanitization / washing
- Respiratory hygiene such as observance of good cough etiquette
- Continued self-monitoring for symptoms,
- If symptoms recur, the worker should be advised immediately to consult a medical practitioner.

Compensation for COVID 19

The eligibility for compensation of COVID 19 as an occupational disease should be guided by the country's legal provisions on the disease. In general, the process of classifying a disease as being occupational or work-related should be based on the following principles.

- An occupational disease is defined as a disease arising out of and during the performance of work duties.
- A confirmed diagnosis of COVID 19 using a PCR based test.
- There should be evidence that the worker was exposed to a COVID 19 case at the workplace.
- This could be proven retrospectively as evidence emerges following the confirmation of COVID 19.
- There should be an appropriate time relation from exposure to development of the disease.
- A detailed occupational history is a key to making the diagnosis.
- The occupational history should consider epidemiological evidence of other co-workers' COVID 19 statuses.
- An incident report where applicable should be available.



Vulnerable Workers

The OMP should ensure that vulnerable workers are identified during the assessment and their fitness for duty carefully considered in a manner that does not put them at risk or unnecessarily deny them an employment opportunity. Vulnerable workers fall into, but not limited to, the following conditions:

- Aged over 60 years
- Diabetes Mellitus
- Cardiovascular disease
- Chronic Renal diseases
- Chronic respiratory diseases and severe respiratory diseases
- HIV patients who are not virally suppressed
- Bone marrow transplant patients.
- Patients on long term immunosuppressive therapy
- Cancer such as lung cancer, blood cancers on chemotherapy, radiotherapy, or immunotherapy.

Medical Surveillance

It is the systematic assessment of workers exposed or potentially exposed to occupational hazards. During this COVID 19 pandemic, the medical surveillance of workers is an important requirement. OMPs/

Clinicians should consider the following issues when conducting medical surveillance of workers during this pandemic.

- Medical surveillance should consider the COVID 19 OREPs of the organization.
- The frequency and detail of the evaluation should be determined by the OREPs.
- Some of the strategies that can be used for the surveillance of workers in organizations include:
 - » Administration of Symptom Review Questionnaires
 - » Twice, daily temperature checks at the start and knock-off times.
- Two medical surveillance tools can be used for monitoring workers' symptoms and temperature. Organizations can choose to employ either of the two as described hereunder.

Self-Monitoring

Self-monitoring requires that workers check their temperature twice a day and record any COVID 19 related symptoms. Workers should be required to keep a recording of their temperatures and symptoms.

Active Monitoring

Under active monitoring, workers are actively followed up to check for their temperature and any COVID related symptoms. Daily recordings of the temperature and symptoms should be done. This responsibility can be delegated to an appointed person at the workplace. Confidentiality must be always maintained.

5. Key Documents

- WHO website and related guidance documents
- CDC Website and related guidance documents
- NIOH website and guidance documents
- AUDA-NEPAD Guidelines on Risk Management

Thank you to all our partners for making this project a success





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