

SAFCEC Guideline

COVID-19 Contractor Work Plan

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1. Introduction

Construction sites operating during the Coronavirus COVID-19 pandemic need to ensure they are protecting their workforce and minimising the risk of spread of infection. This guidance is intended to introduce consistent measures on construction sites of all sizes in line with the Government's recommendations on social distancing when conducting their workplace risk assessments. These are exceptional circumstances and the industry must always comply with the latest Government advice on Coronavirus including compliance with the Occupational Health and Safety Act No.85 of 1993 and the Disaster Management Act, of 2002, and the subsequent regulations.

Given the nature of the construction industry and its strict health and safety regulatory environment in which we have always and continue to operate, we are an industry that is able to deal with such an unprecedented global pandemic. With trained health and safety practitioners within organisations - driven by existing health, safety, environment, risk and quality policies and procedures - already exist within the construction industry, all of which is prescribed by the Occupational Health and Safety Act No.85 of 1993 and in particular, Section 8 of the Act that places the onus on employers to provide and maintain a working environment that is safe and without risk to the health of their employees. The Construction Health and Safety Accord signed by Government, Organised Labour and Organised Business further reinforces these considerations.

2. Background

In November 2019, the first cases of a new disease, later named COVID-19 by the World Health Organization (WHO), were reported by healthcare workers from Wuhan, China. In January 2020 the WHO declared COVID-19, as a public health emergency of international concern. On 15th March 2020 the State President of South Africa declared a national state of disaster on COVID -19, in terms of the Disaster Management Act which introduced several restrictions aimed to curb the disease. Despite these measures, the numbers of COVID-19 increased dramatically.

On the 26th of March 2020, a lockdown was declared in South Africa, lasting until the 16th April 2020 and later extended up until 30 April 2020.

On 23 April 2020, President Cyril Ramaphosa announced that government decided on a gradual and phased recovery of economic activity to commence beyond Thursday, 30 April 2020. Because there is still much that is unknown about the rate and manner of the spread of the virus within the South African population, government will implement a risk adjusted strategy. The strategy will take a deliberate and cautious approach to the easing of the current lockdown restrictions, whilst the actions taken must be measured and incremental to prevent a massive resurgence in infections.

As part of this approach by government, there are 5 (five) Coronavirus levels:

Level 5 means that drastic measures are required to contain the spread of the virus to save lives.

Level 4 means that some activity can be allowed to resume subject to extreme precautions required to limit community transmission and outbreaks.

Level 3 involves the easing of some restrictions, including on work and social activities, to address a high risk of transmission.

Level 2 involves the further easing of restrictions, but the maintenance of physical distancing and restrictions

on some leisure and social activities to prevent a resurgence of the virus.

Level 1 means that most normal activity can resume, with precautions and health guidelines followed at all times.

According to government, South Africa is currently at Level 5, which requires a full national lockdown to contain the spread of the virus, although the National Coronavirus Command Council met on 23 April 2020 and determined that the national coronavirus alert level will be lowered from level 5 to level 4 with effect from Friday the 1st of May. As a result, under specific conditions some businesses will be allowed to resume operations whilst adhering to detailed health and safety protocols to protect employees. Employers are also required to develop and implement workplace plans to enable disease surveillance and prevent the spread of infection, including the return of the workforce in batches of no more than one-third.

This document has been developed to detail the steps that will be taken in addition to the work already done in preventing the transmission of COVID-19 within the South African construction projects. It is furthermore developed in line with the Construction Health and Safety Accord which is an agreement between Government, Organised Labour and Organised Business to improve the status of health and safety in the construction sector in South Africa. This collaborative approach with stakeholders will ensure that the health and safety of employees, users and the public are taken into consideration during this challenging time.

This document is for the purpose of a coordinated approach and common action to deal with identifying COVID-19 cases and risks within the construction industry and communities.

3. Responsibilities

To ensure and maintain a safe and healthy working environment for employees and members of the public, it is advised that all the construction companies should assess the workplace risks posed by the COVID-19 pandemic, giving due consideration to the response measures announced in the president's speech. The contractor therefore determine mitigation measures to minimize risk as far as reasonably practicable, allowing work to continue safely and without harm to all relevant stakeholders, including clients, employees, contractors, suppliers, manufacturers and all interested and affected parties.

4. Risk assessment

4.1 Identification of exposure levels

Regulation 6(1) of the Regulations for Hazardous Biological Agents (2001) requires an employer or self-employed person to determine if any person might have been exposed to an HBA. The contractor will therefore develop a risk assessment to give effect to the minimum measures required by the Department of Employment and Labour COVID-19 Direction on Health and Safety in the Workplace COVID-19 (C19 OHS), 2020, taking into account the specific circumstances of the workplace. The contractor will furthermore communicate the COVID-19 risk assessment to all workers.

If the contractor employs more than 500 employees, that contractor must submit a record of its risk assessment together with a written policy concerning the protection of the health and safety of its employees from COVID-19 as contemplated in section 7(1) of OHS to its health and safety committee established in terms of section 19 of OHS in addition to the Department of Employment and Labour.

Prior to reopening operations, a contractor which is permitted to commence operations in accordance with the government risk adjusted strategy Levels, is required to develop a plan for the phased return of their workers to the workplace, prior to commencing with work. This plan must be retained for inspection whilst corresponding with company risk management procedures.

In addition to the development of the workplace plan, contractors are required to conduct a COVID-19 workplace risk assessment to determine the COVID-19 associated risks of transmission. Similar to all workplace risk assessments, the COVID-19 risk assessment will:

- identify health or safety hazards associated with any work which is performed at the workplace (including the risk of transmission of COVID-19);
- determine the risks associated with the identified hazards;
- put into place mitigation and precautionary measures associated with the risks determined;
- monitor and review the control measures put into place determining the effectiveness thereof; and
- review the risk assessment when required to ensure improved and or continued effectiveness.

The contractor or self-employed person must keep a record of the risk assessment and consider matters such as:

- the nature and dose of the SARS-CoV-2 virus to which an employee may be exposed and the suspected route of exposure and exposure scenarios;
- where SARS-CoV-2 virus might be present and in what physical form it is likely to be;
- the nature of the work, process and any reasonable deterioration, or failure of, any control measure;
- what effects the SARS-CoV-2 virus can have on an employee; and
- the period of exposure

The contractor to review the COVID-19 risk assessment:

- when the government risk adjusted strategy, levels change in the respective workplace municipality or metro,
- change in process or numbers of employees that may lead to transmission risk
- should any employee within the workplace contract COVID-19, as new risks emerge, or when determined by the contractor otherwise
- when a possible cure becomes available and recommended by the Department of Health

The COVID-19 workplace risk assessment must:

- determine all health or safety hazards associated with the risk of transmission of COVID-19 in relation to any work which is performed at the workplace
- identify anticipated high exposure areas depending on the sector, that will need immediate assessment, then others that will require assessment, less urgently include the following areas:
 - Entry points to the workplace
 - Change house facilities
 - On-site canteen and similar dining areas
 - Waiting areas
 - Reception areas
 - Evacuation and gathering places

Workplace canteens

Planning	Identify Hazards	Analyse Risks	Evaluate Risks	Control Risks	Monitor and Review
<ul style="list-style-type: none"> Establish team to do risk assessment. List all the activities or tasks in the workplace. Resources needed while conducting risk assessment. Develop training awareness and communication to be done to ensure workers are informed. 	<ul style="list-style-type: none"> Categorise activities to determine exposure. (e.g. direct contact, indirect contact). Identify hazards from all activities and classify (e.g. biological hazards, environmental hazards). Identify exposure <ul style="list-style-type: none"> From community, visitors or contractors Occupationally acquired 	<ul style="list-style-type: none"> Examine identified hazards to determine risk and the impact. Classify risks <ul style="list-style-type: none"> High risk Medium risk Low risk Assess risk impact <ul style="list-style-type: none"> Health (COVID 19) Safety Environmental Consider risk of vulnerable workers. (age, medical conditions, etc.) 	<ul style="list-style-type: none"> Determine whether the activity is normal, abnormal or an emergency activity. Establish the methodology to evaluate risk. Different criteria can be used such as below. <ul style="list-style-type: none"> Severity Probability Exposure 	<p>Hierarchy of controls.</p> <ul style="list-style-type: none"> Eliminate: change in process to have zero risk. Substitute: modify process to reduce the risk. Engineering controls: limit the hazard at its source. Administrative controls: work instructions or working procedures. Personal protective equipment (PPE): reduces risk by protecting individual and to be considered as last resort. 	<ul style="list-style-type: none"> Monitor and evaluate if the implemented control measures are effective. If not take corrective measures. Review the risk assessment.

4.2 Identification of “high contact” activities

Whilst performing the COVID-19 workplace risk assessment, contractor are required to identify all activities and areas where “high contact” is probable in relation to the transmission of COVID-19. These activities or areas include although not limited to:

- Labour intensive activities,
- Confined working spaces,
- Mass gatherings or meetings,
- Toolbox talks,
- Canteen areas,
- Open plan workspaces
- Workshops,
- Common areas within or outside the workplace
- Workplace access points, etc.

Following the identification of these “high contact” activities or areas the contractor will ensure social distancing measures are implemented as determined by the risk assessment. Minimal contact between workers to be enforced and as far as practicable through supervision, ensure that there is a minimum of one and a half metres between workers while they are working. The contractor will ensure that at site access

points:

- ad-hoc visitors to sites or offices are to be denied access.
- a strict visitor access control policy to be implemented for all sites or offices, which should include application, pre-screening procedures (including a medical and travel history questionnaire), and authorisation procedures.
- all individuals will be required to wash their hands with a hand sanitiser or soap and water, before and immediately after using a fingerprint reader such as those used for access control.
- introduce staggered start times or multiple access points to reduce congestion.
- have in place safety representatives equipped with the necessary PPE to ensure adequate distancing between workers (2m) is enforced at access points.
- no breathalysers are to be used. Should an individual display suspected intoxication, alternative methods of testing will be considered.
- entrances to offices and sites must have a hand washing facility and all individuals entering and exiting the site must wash their hands - alternatively hand sanitiser must be provided.
- hand washing technique posters shall be displayed near the hand wash area.
- a fever screening process will be implemented at all site access points.
- visitor registers at entry points will be completed by the security guard and not by the visitor.
- security guards will wash their hands every time they use the visitors register and pen.

4.3 Identification of vulnerable workers and special measures for their protection, including protection against unfair discrimination or victimization

The contractor will be required to identify vulnerable workers at the workplace, in addition to the special measures required for their protection, including protection against unfair discrimination or victimization. a vulnerable person as identified by an Occupational Health Practitioner includes people:

- People 60 years and older
- People with underlying medical conditions, particularly if not well controlled, including people with one of or a combination of the following:
 - chronic lung disease or moderate to severe asthma,
 - diabetes,
 - pregnant,
 - serious heart conditions,
 - chronic kidney disease undergoing dialysis,
 - liver disease, and
 - those who compromised immune systems

Special measures required in relation to vulnerable workers include, although is not limited to:

- Working from home,
- Reduced working hours,
- Providing of specialised PPE appropriate to the risk identified in the risk assessment,
- Workplace administrative or engineering controls tailored to the circumstances of the Vulnerable Worker (i.e. stricter physical distancing protocols or additional hygiene measures),
- A vulnerable worker can fulfil a different role and responsibility which has a lower risk for COVID-19 transmission,

- Reducing interaction with other people or the use of public transport, etc

5. Engineering controls

5.1 Ventilation

The contractor will as far as practical ensure the workplace is well ventilated by natural or mechanical means to reduce the SARS-CoV-2 viral load. Where reasonably practicable workplaces must, have an effective local extraction ventilation system with high-efficiency particulate air HEPA filters, which is regularly cleaned and maintained, and its vents do not feed back in through open windows. The contractor will ensure that filters are cleaned and replaced in accordance with the manufacturer's instructions by a competent person as required by the manufacturer.

Contractor to as far as practicable ensure the workplace is well ventilated by:

- Opening windows and doors within all offices, workshops or any enclosed areas
- Conduct training such as induction outside whilst enforcing social distancing
- Keep windows and doors open in boardrooms

5.2 Physical barriers

Contractor is required to ensure minimal contact between workers and as far as practicable ensure that there is a minimum of one and a half metres between workers.

If it is not practicable to arrange a worker's workstation(s) to be spaced at least one and a half metres apart, the contractor should:

- Arrange physical barriers to be placed between workers' working places or erected on workers' desks to form a solid, physical barrier between workers while they are working; or
- If necessary, supply the worker free of charge with appropriate PPE based on a risk assessment of the working place.

If practicable the contractor will:

- Erect temporary or mobile screens between work areas
- Erect physical screens at reception and information areas
- Restrict visitors from entering offices if practicable (electronic discussions to be encouraged)

5.3 Adaptation of workstations to increase social distance

Every contractor must arrange the workplace to ensure minimal contact between workers and as far as practicable ensure that there is a minimum of one and a half metres between workers while they are working, for example, at their workstations. Depending on the circumstances of the workplace or the nature of the sector, the minimum distance may need to be longer. Reducing the number of workers present in the workplace at any time in may assist in achieving the required social distancing. Place markings on the floor / ground to define routes and indicate minimum social distancing requirements.

6. Administrative controls

In terms of clause 16.2 of the OHS directive, within 14 days following the recommencement of any construction site as stipulated in the Disaster Management Act of 2002 where the workforce exceeds 500 employees, the client must submit the revised baseline risk assessment in terms of CR5(1)(a) and the client health and safety specification CR5(1)(b) to The Department of Employment and Labour. If an contractor employs 500 employees the must submit a record of its written policy concerning the protection of the health and safety of its employees from COVID-19 as contemplated in section 7(1) of OHSA within 14 days following the recommencement of any construction work as stipulated in the Disaster Management Act of 2002:

- Its health and safety committee established in terms of section 19 of OHSA; and
- The Department of Employment and Labour

6.1 Screening/ reporting of symptoms/ sick leave

The potential for cross contamination is higher at site entry and exit points and where there are high levels of surface contact points such as in welfare areas, site walkways, stairs access etc.

The contractor will put in place control measures at access points including:

- Turnstiles to be by-passed with open door access to site
- Biometric access devices should be by-passed / turned-off
- Multiple entry points to be used if practical
- Security guards to record all names rather than having multiple persons signing-in using shared pen or booklet
- Sanitising stations in position at all site entry points
- Regularly clean common contact surfaces in reception, office, access control and delivery areas (e.g. scanners, turnstiles, screens, telephone handsets, desks, particularly during peak flow times)

Therefore, the contractor is required to:

- Comply with any guidelines issued by the National Department of Health in consultation with the Department in respect of symptom screening and if in addition required to do so, medical surveillance and testing
- Adequately train identified company personnel to perform daily workplace COVID-19 symptom screening.
- Provide medical screening equipment if required
- Provide prescribed personal protective equipment (PPE) to those assigned to perform the screening.
- Require workers to immediately inform the contractor if they experience symptoms associated with COVID-19.
- Keep record of all such screening,

6.1.1 Interim Screening Process

The contractor is required to comply with any guidelines issued by the National Department of Health in consultation with the Department in respect of symptom screening.

Contractors must develop a screening procedure in addition to identifying adequate number of screening officers at every workplace. The screening officers must receive relevant information and awareness

regarding:

- The company approved screening procedure
- how to safely use the PPE
- How to use the specific thermometer at the workplace according to OEM specification (if applicable)

The contractor will:

- Provide screening equipment (thermometers) if required
- Provide prescribed personal protective equipment (PPE) to those assigned to perform the screening.
- Keep record of all COVID-19 screening performed,

Non-Contact Screening Process (Guideline only)

All employees will receive a “non-contact” temperature screen prior to being permitted access to the workplace. The screening will be performed by the company identified and trained screening officer.

In the event, there is not a thermal scan thermometer available on site to measure an employee’s temperature, site access will be determined by observation and verbal screening.

The contractor will put measures in place to ascertain whether any worker or visitor, when arriving at work, has any observable symptoms common with COVID-19. People will be questioned and observed by the screening officer for symptoms consistent with COVID-19 company screening procedure as per annexure A including:

- fever,
- cough,
- sore throat,
- shortness of breath,
- difficulty in breathing

The contractor will furthermore encourage employees to report secondary symptoms including:

- body aches
- redness of eyes
- loss of smell
- loss of taste
- nausea
- vomiting
- diarrhea
- fatigue
- weakness or tiredness

The screening officer will then question:

- if the employee interacted with a person who has been found Covid-19 positive in the past two weeks
- Traveled from any other province within the past 2 weeks.

Any positive (**yes**) responses will require individual to be recommended for further medical screening including the completion of the screening questionnaire under Annexure B by an additional screening

officer.

If a thermometer is used and employee's temperature is less than 38 degrees, and they **DO NOT**, exhibit symptoms consistent with the COVID-19 virus, employee may access the jobsite to proceed with work.

If an employee has a temperature of **38** degrees or greater, or **DOES** exhibit symptoms consistent with COVID-19, or have in the past two weeks interacted with a person who has been found Covid-19 positive, the employee will undergo further screening. This will require a completion of a brief questionnaire (Annexure B). Individuals must be Isolated and or recommended for further medical evaluation based upon the findings.

Should a worker show any positive symptoms related to COVID-19, then the contractor will:

- Know where to refer workers for testing if presenting with the above symptoms or notify the National Department of Health through their helpline (0800 029 999) to obtain further directions
- Not permit the worker to enter the workplace or report for work

Should the worker already be at work, then the contractor will:

- 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

Should the employee not require hospital admission and is sent home, the contractor will:

- ensure that the employee has been informed that he/she undergoes self-isolation at home if appropriate, or at a designated isolation accommodation identified by the National Department of Health;

If a worker has been diagnosed with COVID-19 and isolated in accordance with the Department of Health Guidelines, the contractor will only allow a worker to return to work on the following conditions:

- the employee has undergone a medical examination confirming that s/he has been tested negative for COVID-19 after at least 14 days isolation;

All health and safety precautions must be taken by those conducting temperature screening to ensure their safety and the safety of those being screened. At a minimum:

- Wear appropriate PPE (safety glasses, and FFP1 or surgical type mask)
- Follow all social distancing measures.
- Ensure all equipment (e.g. thermometers) used must be cleaned in accordance with manufacturer's instructions between every use.

6.2 Minimizing contact

The contractor will ensure that social distancing measures are implemented through supervision both in the workplace and in the common areas outside the immediate workplace through queue control or within the workplace such as canteens and lavatories. These measures may include dividing the workforce into groups or staggering break-times to avoid the concentration of workers in common areas. The contractor will ensure that:

The following will apply to all individuals:

- There will be no hand shaking with any person.
- Avoid the unnecessary touching of other individuals.
- When talking, sitting or eating with others, keep a distance of at least 1,5m between yourselves.
- Avoid close contact with anyone who has a fever or cough and request that site or office management follow these procedures and guidelines in terms of dealing with this person.
- Lifts should be avoided, as they are a confined space. Use stairways, ensuring hand sanitizer is used afterwards. Hand rails to be sanitised throughout the day.
- Where tasks require workers to be in close contact, the site shall provide the appropriate PPE for this.
- Wherever possible, work that requires close contact shall be planned to reduce the number of individuals involved in the activity at any one time

The contractor will ensure that:

- Meetings where spacing of individuals would be less than 1,5m apart are not to be permitted as far as practicable.
- Toolbox talks shall be limited to a maximum duration of 15 minutes and shall be in groups that allow for a 1,5m spacing between individuals but do not require the speaker to shout.
- Toolbox talks must be held in well ventilated areas.
- The awareness of hand washing and other hygiene behaviours is to be communicated daily.
- Meetings shall be reduced to only those that are essential and shall wherever possible be held via video conference.
- Hold meetings in open areas where possible
- Wherever possible, meetings and / or briefings shall be held in open areas with good ventilation
- A one-way system on access routes throughout the site where possible. Increasing access points can help establish a one-way system if possible. Where a one-way system is not possible widening pedestrian routes so social distancing can be maintained on main site walkways.

First Aid Responder Guidance:

- COVID-19 infects people through contact with the mucous membranes. First Aid Responders must think of these as being the mouth, nose and eyes. It does not infect through the skin.
- The greatest element of risk for a First Aid Responder is transfer of the virus to the mucous membranes by contact of contaminated hands (including contaminated gloved hands) with the eyes, nose or mouth.
- To minimise hand contamination, avoid touching your face and clean your hands frequently with soap and water or alcohol-based hand sanitiser.
- There is also a significant risk of direct transfer of the virus on to mucous membranes by droplet transmission, that is, by direct impact of larger infectious virus droplets generated from the person's respiratory tract landing directly in your eyes, nose or mouth. This risk is managed by use of appropriate PPE (mask and eye protection) and by providing the ill or injured person with a mask to cover their nose and mouth when coughing or sneezing (respiratory hygiene and cough etiquette).
- First Aid Responders should be familiar with the symptoms of COVID-19.

Key Control Measures for First Aiders

- Standard infection control precautions to be applied when responding to any first aid incident in the workplace. Hand washing with warm water and soap or an alcohol-based hand sanitizer must be

performed before and after providing any first aid treatment.

- Any person presenting with symptoms consistent with COVID-19 should be treated as a suspected case.
- In such cases, move individual to a first aid room / isolated room to minimise risk of infection to others.
- Only one First Aid Responder to provide support/ treatment, where practical.
- Additional PPE should be worn by First Aid Responders when responding to all first aid incidents where close contact cannot be avoided. Also have a mask available to give to person if they are displaying symptoms consistent with COVID-19 to limit droplet dispersion.
- If you suspect a person has experienced a cardiac arrest, do not listen or feel for breathing by placing your ear and cheek close to the person's mouth. If you are in any doubt about confirming cardiac arrest, the default position is to start chest compressions only until help arrives.
- Persons with minor injuries (cuts, abrasions, minor burns) - where practical, a First Aid Responder should avoid close contact and advise the injured party what steps to take in treating their injury.
- No reusable equipment should be returned to service without being cleaned or disinfected appropriately.

6.3 Rotation and shift work

The contractor will, as far as practicable, minimize the number of workers on at the workplace at any given time to mitigate the impact of COVID-19 through rotation, staggered working hours, shift systems, remote working arrangements or similar measures in order to achieve social distancing,

6.4 Work-at-home strategies

The contractor will, as far as practicable, enforce work-at-home strategies and workers who can work from home should work from home particularly where they are Vulnerable Workers. The contractor will develop a directive or guidance on working from home to provide clear advice to all workers working from home.

The contractor will develop a work at home plan or strategies as far as practicable to provide clear advice to all workers working from home. The plan could include:

- Details of all persons working at home
- Roster if people are working at home on different days
- Communication details
- Emergency contact details whilst working at home
- Etc.

Preference to be given to identified vulnerable persons when developing the plan whilst workers who can work from home should work from home. The contractor will develop a directive or guidance on working from home.

6.5 Communication and information strategies

Where workplace meetings can be held via an online collaboration platform, it is strongly encouraged, although where workplace meetings cannot be conducted virtually, strict protocols should be implemented in respect to in-person meetings including:

- the maximum occupancy of the workplace meeting room should be determined having regard to social distancing principles including a distance of 1,5m apart if possible;

- the layout of workplace meeting rooms should conform with social distancing principles in so far as possible;
- the number of attendees that may attend a workplace meeting should be limited to the prescribed occupancy requirements of the room;
- the number of workplace meetings and the duration of workplace meetings should be reduced;
- attendees should avoid social niceties such as shaking of hands and hugging;
- all attendees should wear a face mask with nose and mouth covered;
- all attendees should wash hands or apply hand sanitizer before entering and exiting the workplace meeting room;
- doors and windows to be left open during and between workplace meetings to avoid touching handles;
- desks / equipment / seat handles in meeting room should be sanitised immediately before and after meetings;
- meeting refreshments are permitted where the coffee cups are disposable, beverages are sealed and food is wrapped.

6.6 Role of health and safety committees and representatives

The contractor will appoint a COVID-19 manager to address employee or workplace representative concerns and to keep them informed. Should an health and safety committee that has been elected already exist in the workplace then the appointed manager must consult with that committee on the nature of the hazards and risks in relation to COVID-19 in that workplace in addition to the measures that need to be taken.

In terms of clause 16.5 of the OHS directive, the PC must in writing appoint the construction manager as the COVID-19 manager who manages all workplace activities with the duty of managing COVID-19 requirements ensuring occupational health and safety compliance within the workplace.

The COVID-19 manager must address established health and safety committees and representatives regarding COVID-19 workplace strategies and plans, informing them of the risks associated by COVID-19 and the measures put in place to prevent transmission of the pandemic.

Health and safety committees and representatives are required to assist the COVID-19 manager with communicating and ensuring the compliance to the workplace strategies and plans developed to regarding COVID-19.

6.7 Education and training

The contractor will provide workers with information that raises awareness in any form or manner, including where reasonably practicable leaflets and notices placed in conspicuous places in the workplace informing workers of the dangers of the COVID-19 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 with the symptoms;

The contractor will obtain relevant information, recommendations and topics regarding the COVID-19 pandemic from the World Health Organization's (WHO) website (www.who.int) for use in the education of employees, and to display the information in prominent areas within every workplace. Such information should also be included in health and safety briefings both on project sites as well as offices. Detailed information on symptoms and protection can be found on the Corona Virus Q&A section of the WHO website

(direct link: <https://www.who.int/news-room/q-a-detail/q-a-coronaviruses#>).

The contractor will acknowledge the associated risks of the virus, act accordingly, and to put into place extraordinary health and safety measures. The contractor will avoid disinformation in social media and to reference the following sources for official, accurate information and updates:

- | | | |
|---|--|-----------------------|
| ▪ The World Health Organisation | www.who.int | Twitter @who |
| ▪ The National Institute of Communicable Diseases | www.nicd.co.za | Twitter @nicd_sa |
| ▪ National Department of Health | www.health.gov.za | Twitter @HealthZA |
| ▪ The Presidency | | Twitter @PresidencyZA |

The contractor will implement a suitable training and awareness campaign in respect of:

- the dangers of COVID-19 disease;
- the manner of its transmission;
- the measures to prevent transmission such as social distancing, personal hygiene practices, PPE requirements and utilisation (including cloth masks), social etiquette (including cough etiquette, greetings, respiratory hygiene);
- safe transport to and from work; and
- symptom monitoring, screening and confirmatory testing.

6.8 Reporting of incidents for regulatory purposes

If a worker has been diagnosed with COVID-19, the contractor will-

- inform the Department of Health and the Department of Employment and Labour; and
- inform SAFCEC through the use of the online reporting tool.
- investigate the cause including any control failure and review its risk assessment to ensure that the necessary controls and PPE requirements are in place; and
- it must give administrative support to any contact-tracing measures implemented by the Department of Health.
- Report the incident on the SAFCEC online reporting tool at www.constructionsector.online.co.za for industry statistics capturing.

6.9 Reporting for purposes of public health, contact tracing, screening, testing and surveillance

If an employee has been diagnosed with COVID-19 and isolated in accordance with the Department of Health Guidelines, the worker may only return to work if:

- the worker has undergone a medical examination confirming that s/he has been tested negative for COVID-19 after at least 14 days isolation;
- the worker wears the minimum of a FFP1 or surgical mask at all times for the remaining period of 21 days from the date of initial testing;
- the contractor will ensure that the worker adheres to social distancing, hygiene and cough etiquette; and
- the contractor will closely monitors the worker for symptoms on return to work.

The contractor will report all alleged, presumed and confirmed cases of COVID-19 related occupational

disease to the Compensation Commissioner in the prescribed format using the relevant documentation as required in terms of the Compensation for Occupational Injuries and Diseases Act 130 of 1993 (COIDA) in order to facilitate procedures for all worker's compensation benefits available to employees, including:

- leave for temporary disability;
- assessment by an occupational medicine specialist in cases of complex disease that may result in permanent disability;
- cover of medical expenses for the treatment and testing, as well as permanent disability assessments; and
- compensation to dependents in case of death.

7. Healthy and safe work practices

7.1 Disinfectants, sanitisers and personal hygiene

The contractor will ensure that:

- there are adequate facilities for the washing of hands with soap and clean water at all times;
- no fabric toweling is allowed, only paper towels are provided to dry hands after washing
- adequate rubbish bins are to be provided for the disposal of paper towels
- workers are required to wash their hands and sanitize their hands regularly while at work
- all work surfaces and equipment are disinfected before work begins, regularly during the working period and after work ends
- common areas and ablution facilities are sanitised more regularly;
- as far as practicable, crockery and eating utensils should be disposable
- workers are provided with the necessary tools and equipment required to perform their job to avoid sharing of workers' tools and equipment, insofar as it is reasonable and practicable to do so;
- there are sufficient quantities of hand sanitizer (with at least 70% alcohol content) having regard to 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 worker who works away from the workplace, other than at home, should be provided with an adequate supply of hand sanitizer;
- if a worker interacts with the public, the contractor will provide the worker with sufficient supplies of hand-sanitizer at that worker's workstation for both the worker and the person with whom the worker is interacting and instructed to sanitize their hands between each interaction with public;
- the workplace is sufficiently ventilated.
- disable biometric systems or make them COVID-19-proof
- cleaning registers are to be provided in the areas where regular cleaning is required.

The contractor will ensure enhanced cleaning procedures are in place across all sites to prevent cross contamination, particularly in communal areas and at touch points including:

- Taps and washing facilities
- Toilet flush and seats
- Door handles and push plates
- Handrails on staircases and corridors
- Lift and hoist controls
- Machinery and equipment controls

- Food preparation and eating surfaces
- Communications equipment
- Keyboards, photocopiers and other office equipment
- Rubbish collection and storage points should be increased and emptied regularly throughout and at the end of each day
- Regular cleaning of site welfare facilities, handrails and touch points should be undertaken

All individuals shall wash their hands with soap and water for at least 20 seconds or use approved 70% alcohol based sanitizer when: -

- after coughing or sneezing
- before and after preparing food
- you were in contact with someone who has a fever or respiratory symptoms (cough, shortness of breath, difficulty breathing)
- before and after being on public transport if you must use it
- entering or leaving a site;
- before and after being in a crowd (especially an indoor crowd)
- before and after eating
- before having a cigarette or vaping
- when you arrive and leave buildings including your home or anyone else's home
- after eating;
- after site walks;
- after using ablutions;
- after touching hand rails, door handles, paper, envelopes etc;

Basins with soap and water or alcohol based hand sanitizer must be provided at: -

- site access points;
- offices;
- ablution facilities;
- eating areas; and
- appropriate areas around the site such that a person does not need to walk further than 50m to access these facilities

Where soap and water are provided for hand washing, so too must paper towels be provided for drying of hands. Workers who work in close contact shall have regular access to hand washing facilities.

Individuals who sneeze must be considerate. Leave the group or room, cover their mouths and nose with a tissue and dispose of the tissue properly; alternatively sneeze into a flexed inside of the elbow.

Avoid touching one's eyes, nose and mouth with unwashed hands.

Do not wear disposable gloves in place of washing hands. The virus can get on gloves in the same way it gets on hands. Also, hands can become contaminated when gloves are taken off.

Disposable gloves are worn in medical settings. They are not as effective in daily life. Wearing disposable gloves can give a false sense of security.

A person might potentially:

- sneeze or cough into the gloves - this creates a new surface for the virus to live on
- contaminate yourself when taking off the gloves or touching surfaces
- not wash your hands as often as you need to and touch your face with contaminated gloves.

Tools, Equipment and Plant

- All tools and equipment should be properly sanitised to prevent cross contamination.
- Arrangements for one individual to use the same tool, equipment and plant as much as possible. Make available cleaning material for all tools to be wiped down with disinfectant between each user. Organise work practices to reduce eliminate or reduce transmission points and coach site personnel on the same.
- Cabs and touch points of site vehicles and plant (MEWPS, Excavators, Cranes, etc.) to be thoroughly cleaned and a cleaning regime by plant operators should be maintained daily thereafter.



7.2 Social distancing

Social distancing at the workplace and in the common areas outside the immediate workplace must be enforced and managed by the contractor through supervision. Every contractor must arrange the workplace to ensure minimal contact between workers and as far as practicable ensure that there is a minimum of one and a half metres between workers while they are working, for example, at their workstations.

Depending on the circumstances of the workplace or the nature of the sector, the minimum distance may

need to be longer. Reducing the number of workers present in the workplace at any may assist in achieving the required social distancing. Enforcement of social distancing could furthermore be done through queue control at areas including canteens, coffee shops and lavatories.

Enforcement of social distancing could furthermore be done through queue control at areas including eating areas, kitchens and lavatories. These measures may include:

- dividing the workforce into groups or staggering break-times to avoid the concentration of workers in common areas such as the canteen.
- closing of common areas to reduce pedestrian traffic.
- staggering start / finish / break times to reduce traffic in common areas.
- changing area layouts to create more space for movement.
- minimising handling of cash and encourage contactless payments only.
- markings on the floor / ground to define queueing quadrants to indicate minimum social distancing requirements.
- providing for outside, well-spaced eating areas.
- leaving doors open (where appropriate) at busy times to speed up the flow of pedestrian traffic (and to avoid workers touching door handles).
- disabling vending machines
- Where workplace meetings can be held via an online collaboration platform, it is strongly encouraged

8. PPE

The type of PPE to be used within the workplace will vary according to the work activity, medical risk factors in relation to Vulnerable Workers etc. The contractor should determine the PPE required following the information provided from the risk assessment. The contractor will ensure that:

- Workers who work in close contact with one another shall wear appropriate PPE
- Workers shall be trained on how to wear, remove and - where appropriate - dispose of their PPE properly.
- Bins for the disposal of masks shall be provided.
- Safety and supervisory personal shall ensure that workers who are using defective or inadequate PPE are stopped and provided with appropriate PPE.

8.1 Masks

The main benefit of everyone wearing a cloth mask is to reduce the amount of virus droplets being coughed up by those with the infection and transmitted to others and to surfaces that others may touch. Since some persons with the virus may not have symptoms or may not know they have it, the Department of Health requires that all persons wear cloth masks when in a public place.

To ensure that N95 masks, surgical masks and other medical masks are secured for those workers who have the highest health risk such as health care workers, persons with respiratory symptoms or those caring for COVID-19 patients at home, the contractor will ensure that all other workers do not use medical grade masks without good cause.

The contractor will ensure provision of cloth masks to every worker in the workplace. This is in the interests of health and safety of workers in the workplace and as a support to the public health measures. These

masks should be provided free of charge and the contractor will not require a worker to pay the contractor or any other person for a cloth mask or make a deduction from the worker's remuneration.

Employees will be able to indicate to the contractor if they are not be able to wash, dry and iron their own masks requiring the contractor to make appropriate arrangements for the washing, drying, ironing and disposal of cloth masks in accordance with the Department of Employment and Labour Directive or, if not reasonably practicable, provide facilities for the worker to wash and dry the cloth masks at the workplace.

The contractor will ensure that workers are informed, instructed, trained and instructed as to the correct use of both PPE as well as cloth masks.

In respect of cloth masks, awareness should explain:

- hands should be washed before and after donning or removing the cloth mask;
- that cloth masks should cover the nose and mouth completely;
- cloth masks should not be lowered when speaking, coughing or sneezing;
- cloth masks should never be touched except to put on and remove
- cloth masks should be washed with warm soapy water and iron when dry. Ironing assists with decontamination;
- cloth masks should be changed when wet or visibly soiled

8.2 Gloves and Facial Shields and Other PPE

The contractor will provide any other PPE to the employees guided by the workplace risk assessment that was performed. PPE remains the last resort and the contractor will ensure that adequate awareness is provided for all types of PPE.

Facial shields do not replace the requirement of providing each employee with two cloth masks, although if the risk assessment determines that face shields are required then the contractor will provide the employee with both

9. Provision of safe transport for employees

9.1 Personal hygiene

The contractor will train workers who rely on public transport or who utilise the contractor arranged transport the safety protocols to be followed:

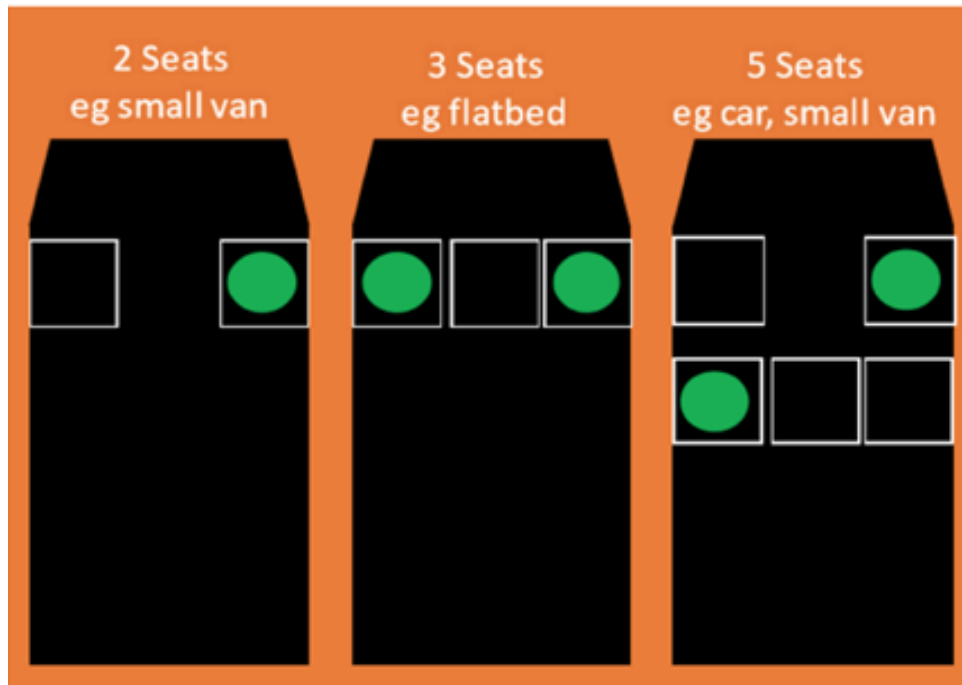
- Where transport is provided, occupancy of the vehicle should be reduced in line with government policy in the taxi industry.
- Company transport vehicles should be sanitized before and after each trip.

9.2 Social Distancing

The contractor will make employees aware of social distancing practices within company transport. As far as reasonably practicable social distancing should be implemented within company transport.

Single occupancy of vehicles is preferable and sit as far apart as the vehicle allows

Recommended Maximum Road Vehicle Occupancy



9.3 Arrangements to minimise exposure associated with commuting

The contractor will provide employees with training regarding the PPE and hygiene requirements whilst traveling. The contractor will:

- Where a worker exhibits any signs of COVID-19 or has been exposed to a confirmed case, they should not travel to work.
- Wherever possible, workers should travel to site alone using their company vehicle or their own means of transport.
- Where public transport is the only option for workers, then regular toolbox talks outlining how to reduce the possibility of infection should be implemented.
- When entering (and leaving) all company vehicles the driver should clean all common areas that are liable to be touched including the external door handles, keys and other internal furnishings.
- Keep windows at least partially open

9.4 Cloth masks (if commuter)

All commuters are required to have a cloth mask on whilst in transit.

9.5 PPE (driver/conductor of contractor-provided transport)

The contractor will ensure that safe transport arrangements are made, including:

- sanitisers for workers
- Cloth masks for taxi drivers
- social distancing and capacity arrangements.

11. Annexure B

Surname					First Name					ID No.					
Date of Birth	DD	MM	YY	YY	Age	Occupation				Dept					
Contractor (if applicable)															
1 Are you above the age of 60?												Yes	No		
2 Have you recently travelled to any high-risk country or any high-risk area defined under the National Disaster Regulations? <i>(Please ask Person on Duty to explain this question)</i>												Yes	No		
3 Have you in the past two weeks interacted with a person who has been found Covid-19 positive?												Yes	No		
If YES, provide details															
4 Do you suffer from any of the following conditions in a non-medicated or non-controlled manner?															
Hypertension			Yes	No	Diabetes			Yes	No	Epilepsy			Yes	No	
Asthma			Yes	No	Tuberculosis (TB)			Yes	No	Are you pregnant?			Yes	No	
<i>If YES and symptomatic, or any vital signs out of normal limits, refer to the medical service provider</i>															
5 SYMPTOM CHECK															
Fever		Yes	No	Cough		Yes	No	Sore Throat		Yes	No	Shortness of Breath		Yes	No
<i>If any symptoms are present refer the employee to the isolation area</i>															
6 Temperature Measurement Result (if performed)															

Decision on Access (Tick appropriate box)			
7	Access issued	Yes	No
	Refer to isolation area	Yes	No
	Refer to medical service provider	Yes	No

Assessment done by

Name _____

Designation _____

Signature

Date

I hereby declare that all the information furnished above is, to the best of my knowledge, true and correct and that no information has been omitted or withheld. I hereby grant(Company Name) permission to make use of the information contained in this document to determine my personal Covid-19 risk on site.