

South Africa

Mine Health and Safety Act, 1996

Guideline for the Compilation of a Mandatory Code of Practice for the Mitigation and Management of COVID-19 Outbreak

General Notice 280 of 2020

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Guideline for the Compilation of a Mandatory Code of Practice for the Mitigation and Management of COVID-19 Outbreak

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I, David Msiza, Chief inspector of Mines, under section 49(6) of the Mine Health and Safety Act, 1996 ([Act No. 29 of 1996](#)) and after consultation with the Council, hereby issue the Guideline on the Mitigation and Management of COVID-19 outbreak, as set out in the Schedule.

David Msiza

Chief Inspector of Mines

Part A – The guideline

1. Foreword

- 1.1 During late 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 and later in March 2020 declared it a global pandemic.
- 1.2 On 15 March 2020 the 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 and, on the 26th of March 2020, a document called the "Guiding Principles on the Prevention and Management of COVID-19 in SAMI" was issued by the Department, in a bid to provide guidance to the SAMI members on how to prevent and manage the spread of COVID-19 pandemic. The Guiding Principles were developed through the Mine Health and Safety Council (MHSC) in consultation with the tripartite stakeholders.
- 1.3 The President further announced that Companies whose operations require continuous processes such as furnaces and underground mine operations will be required to make arrangements for care and maintenance to avoid damage to their operations. The lockdown was extended from the 16th of April 2020 to the end of April 2020.
- 1.4 On the 29th of April 2020, the Minister of Mineral Resources and Energy issued directions in terms of regulation 10(8) of the regulations issued in terms of section 27(2) of the Disaster Management [Act No. 57 of 2002](#).
- 1.5 Following an order handed down in the Labour Court of South Africa on the 1st of May 2020, the CIOM in consultation with MHSC developed a guideline in accordance with Section 9 of the Mine Health and Safety Act of 1996 (Act "29 of 1996 as amended) (the MHSA") (as amended). The guideline requires employers to prepare and implement a code of practice for the prevention, mitigation and management of COVID-19 outbreak.

- 1.6 This guideline has been developed to provide a framework to mitigate and manage COVID-19 outbreak amongst employees in the South African Mining Industry and any other person/s (SAMI) and any other person/s they may contact in the community.

2. Legal status of the guideline and codes of practice

- 2.1 In accordance with Section 9(2) of the Mine Health and Safety Act, 1996 ([Act 29 of 1996](#)), as amended (MHSA), an employer must prepare and implement a Code of Practice (COP) on COVID-19 pandemic present and spreading in South Africa. This COP must comply with any relevant guidelines and instructions issued by the CIoM [Section 9(3) MHSA], including regulations and guidelines from Disaster Management Act ([Act no 57 of 2002](#)) and all other applicable statutory obligations related to COVID-19. Failure by the employer to prepare and implement the mine's COP in line with this guideline constitutes a criminal offence and a breach of the MHSA.

3. Objectives of the guideline

The objective of this guideline is to assist employers as far as reasonably practicable to establish and maintain a COVID-19 prevention, mitigation and management programme at mines.

4. Definitions and acronyms

"**CIoM**" means Chief Inspector of Mines;

"**confirmed case**" means a person who has been diagnosed with COVID-19 by means of a laboratory diagnostic method approved by the Department of Health;

"**COP**" means Code of Practice in terms of section 9 of the MHSA;

"**COVID-19**" means Corona Virus Infection Disease 2019 caused by the severe acute respiratory syndrome corona virus 2 (SARS-CoV-2);

"**Disinfect**" means the process of cleaning using chemicals to destroy microorganisms;

"**DMRE**" means the Department of Mineral Resources and Energy;

"**DOH**" means the Provincial Department of Health;

"**EAP**" means Employee Assistance Programme;

"**Employee**" means any person who is employed or working at a mine (including the mine's contractors);

"**Exposure**" means the state of having no protection from something harmful, for purposes of this guideline exposure is in reference to SARS-CoV-2;

"**health care worker**" means all healthcare professionals primarily engaged to enhance health by providing preventative, curative, promotional or rehabilitative health care services;

"**Isolation**" means separating a sick individual with a contagious disease from healthy individuals that are not infected with such disease in a manner that aims to prevent the spreading of infection or contamination;

"**MHSA**" means Mine Health and Safety Act, 1996 ([Act No 29 of 1996](#)) as amended;

"**MHSC**" means the Mine Health and Safety Council, established in terms of section 41(1) of the MHSA;

"**NDOH**" means National Department of Health;

"**NICD**" means National Institute for Communicable Diseases;

"**OMP**" means a medical practitioner who holds a qualification in occupational medicine or an equivalent qualification, recognised by the Health Professions Council of South Africa;

"**PPE**" means Personal Protective Equipment;

"**PUI**" means Person Under Investigation;

"**Quarantine**" means the restriction of activities or separation of a person, who was or may potentially be exposed, to COVID-19 and who could potentially spread the disease to other non-exposed persons, to prevent the possible spread of infection or contamination to healthy individuals; with the objective of monitoring their symptoms and ensuring the early detection of cases;

"**RTW**" means Return to Work;

"**SAMI**" means South African Mining Industry;

"**Self-Isolation**" means separating yourself from others to the greatest extent possible, when you are sick with signs of COVID-19 and you have been told by a health care provider to separate yourself from others;

"**Vulnerable employees**" means Employees with known or disclosed health issues or comorbidities or with any condition which may place such employees at a higher risk of complications or death if they are infected with SARS-CoV-2; also employees above the age of 60 who are at a higher risk of complications or death if they are infected with SARS-CoV-2; and

"**WHO**" means World Health Organization.

5. Scope

- 5.1 This guideline applies to all mines or part/s thereof, employees, irrespective of employment category, and in the SAMI that might be exposed to COVID-19 in the performance of their duties.
- 5.2 This guideline provides minimum requirements and best practices for the compilation of a COP for the prevention, mitigation and management of COVID-19 outbreak. The aim is to ensure that mine employees returning to work and any other person/s at mines, are protected from transmission of the Coronavirus at the workplace, and where reasonably practicable, in the community, whilst providing guidance to all stakeholders regarding their roles and responsibilities in the management of COVID-19 outbreak.
- 5.3 This Guideline must be read in conjunction with the following documents and any other applicable statutory obligations related to COVID-19:
 - 5.3.1 Regulations issued in terms of section 27(2) of the Disaster Management Act, 2002.
 - 5.3.2 Directions issued by the Minister of Mineral Resources and Energy in terms of regulation 10(8) of the regulations issued in terms of section 27(2) of the Disaster Management [Act No. 57 of 2002](#).
 - 5.3.3 Guiding Principles of Management of COVID-19 in SAMI.
 - 5.3.4 Guidelines developed by the World Health Organization; National Department of Health, and National Department of Employment and Labour.

6. Members of the task team

State	Organised Labour	Employers
Dr L. Ndelu	Mr. J. Kok	Dr. T Balfour
Dr D. Mokoboto	Mr. D. Blaauw	Mr. B Mongoma
Ms C. Kekana	Ms S. Nongingi	Mr. J Oosthuyzen
Ms D. Mahlaba	Mr. A. Hlakoana	Dr K. Baloyi
Ms M. Hlapane		Mr. T Letanta

Part B – Author's guide

1. The COP must, where possible, follow the sequence laid out in Part C: Format and content of the COP. The pages as well as the chapters and sections, must be numbered, where possible, to facilitate cross-referencing. Wording must be unambiguous and concise.
2. It must be indicated in the COP and on each annexure to the COP whether:
 - 2.1. The annexure forms part of the COP and must be complied with or incorporated in the COP or whether aspects thereof must be complied with or incorporated in the COP; or
 - 2.2. The annexure is merely attached as information for consideration in the preparation of the COP (i.e. compliance is discretionary).
3. When annexures are used, the numbering must be preceded by the letter allocated to that particular annexure and the numbering must start at one again. (e.g. 1, 2, 3 and A1, A2, A3).
4. Whenever possible illustrations, tables, graphs and the like, must be used to avoid long descriptions and/or explanations.
5. When reference has been made in the text to publications or reports, references to these sources must be included in the text as footnotes or side notes as well as in a separate bibliography.

Part C – Format and content of the mandatory COP

1. Title page

The COP must have a title page reflecting at least the following:

- 1.1 The name of the mine;
- 1.2 The heading: "Mandatory Code of Practice for the prevention, mitigation and management of COVID-19 outbreak";
- 1.3 A statement to the effect that the COP was drawn up in accordance with guideline DMRE16/3/2/5-A3 issued by the COP;

- 1.4 The mine reference number for the COP;
- 1.5 The effective date;
- 1.6 The revision dates (if applicable); and
- 1.7 The DMRE mine code number.

2. Table of contents

The COP must have a comprehensive table of contents.

3. Status of the mandatory code of practice

- 3.1 This section must contain statements to the effect that:
 - (i) Due to the highly transmissible nature of the SARS-CoV-2, the employer will collaborate as far as possible with national, provincial and the local authorities in dealing with the control of the pandemic including in the community.
 - (ii) The guideline has been compiled specifically with the view to provide guidance to all stakeholders regarding their roles and responsibilities with regards to the mitigation and management of COVID-19 outbreak.
 - (iii) This guideline requires the mitigation and management of COVID-19 outbreak at the mine. In implementing the requirements of this guideline, the employer is required to continue complying with the provisions of MHSA as amended and it's the related guidelines including the Guiding Principles on the Management of COVID-19 in the SAMI Instruction issued by the (CIoM).
 - (iv) In ensuring that mine employees are provided with a healthy and safe working environment that is also maintained, the employer must put a procedure in place to be followed by employees to exercise the right in section 23 of the MHSA during the COVID-19 outbreak.
 - (v) This guideline must be considered as a living document which may need to be updated as new developments on the prevention and management of COVID-19 emerges.
 - (vi) The employer must apply the requirements of this guideline as a minimum (where applicable) guiding principle in developing his/her own guideline in preventing and managing COVID-19 transmission.
- 1.2 The COP was drawn up in accordance with guideline DMRE16/3/2/5-A3 issued by the CIoM;
- 1.3 This is a mandatory COP in terms of Section 9(2) of the MHSA;
- 1.4 The COP may be used in an investigation to ascertain compliance and to establish whether the COP is effective and fit for purpose;
- 1.5 All managerial instructions, recommended procedures (voluntary COPs) and standards on the relevant topics must comply with the COP and must be reviewed to ensure compliance.

4. Members of the drafting committee.

- 4.1 In terms of Section 9(4) of the MHSA the employer must consult with the health and safety committee and any other affected parties on the preparation, implementation or revision of any COP.
- 4.2 It is recommended that the employer must, after consultation with the employees in terms of the MHSA, appoint a steering committee for COVID-19 responsible for the drafting of the COP.

- 4.3 The members of the drafting committee assisting the employer in drafting the COP, must be listed giving their full names, designations, affiliations and experience. This committee must include competent persons sufficient in number to effectively draft the COP.

5. General information

General relevant information relating to the mine must be stated in this section of the COP, which must include at least the following:

- 5.1 A brief description of the mine and its location;
- 5.2 The commodities produced;
- 5.3 The mining method or combination of methods used at the mine must be listed. This section must discuss the degree of mechanisation, taking care to identify the potential risk of exposure to SARS-CoV-2, and possible exposure scenarios;
- 5.4 The general controls in place to prevent exposure to SARS-CoV-2;
- 5.5 Other related regulations, COPs and management standards must be reviewed concurrently to avoid conflict of requirements as laid down by the employer. The objective would be to have an integrated system; and
- 5.6 The unique features of the mine that have a bearing on this COP and cross-reference them to the risk assessment conducted.

6. Terms and definitions

Any word, phrase or term of which the meaning is not absolutely clear, or which will have a specific meaning assigned to it in the COP, must be clearly defined. Existing and/or known definitions must be used as far as possible. The drafting committee must avoid jargon and abbreviations that are not in common use or that have not been defined. The definitions section must also include acronyms and technical terms used.

7. Risk management

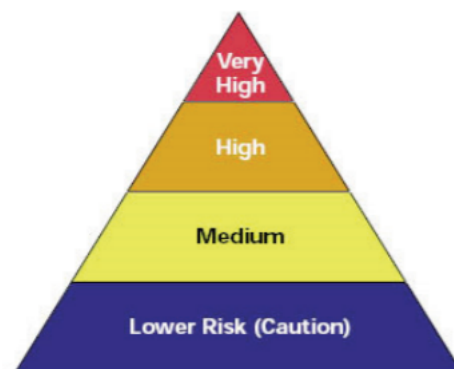
- 7.1 Section 11 of the MHSA requires the employer to identify hazards, assess the health and safety risks to which employees may be exposed and other affected persons may be exposed, record the significant hazards identified and risks assessed. The employer must determine how the significant risks identified in the risk assessment process must be dealt with, having regard to the requirement of Section 11(2) and 11(3) that, as far as reasonably practicable, attempts must first be made to eliminate the risk, thereafter to control the risk at source, thereafter to minimise the risk and thereafter, insofar as the risk remains, to provide personal protective equipment and to institute a programme to monitor the risk.
- 7.2 To assist the employer with the risk assessment with all reasonable available information such as incidents statistics, research reports, manufacturers specifications, approvals, design and performance criteria for all relevant equipment must be obtained and considered.
- 7.3 In addition to the periodic review required by Section 11(4) of the **MHSA**, the **COP** must be reviewed and updated within a reasonable period after implementation thereof, taking into account the number of COVID-19 illnesses at the mine and the results of investigations conducted in terms of section 11(5) of the MHSA

8. Key elements to be addressed in the COP

The following key elements must be addressed in the COP:

- 8.1 Risk assessment and review

- 8.2 Start-up and on-going procedure for mines
- 8.3 COVID-19 Management Programme
- 8.4 Monitoring and reporting
- 8.5 Compensation for occupationally acquired novel corona virus (COVID-19)
- 8.1 Risk assessment
 - 8.1.1 In terms of Section of 11 of the (MHSA), the employer must assess and respond to risk.
 - 8.1.2 The employer is required to conduct a risk-based assessment covering all workings at mines and the risk assessment should be described with reference to but not limited to:
 - 8.1.3 All sources of SARS-CoV-2 infection transmission.
 - 8.1.4 Health effects associated with exposure to SARS-CoV-2.
 - 8.1.5 Nature of the key workplace operations and activities that pose all potential risk of SARS-CoV-2 transmission.
 - 8.1.6 Occupations and number of employees who are likely to be exposed to and spread the SARS-CoV-2.
 - 8.1.7 Mines essential occupations or critical skills that might be impacted by SARS-CoV-2 transmission.
 - 8.1.8 The risk of vulnerable employees to SARS- CoV- 2 while at work.
 - 8.1.9 Control measures in place, i.e. engineering, administrative, personal protective equipment etc.
 - 8.1.10 De-densification of employees on transport modes and other spaces.
 - 8.1.11 The additional control measures required to be instituted in order to reduce exposure and the spread of SARS-CoV-2, such as the review of Human Resource policies around business travel, sick leave, and other related policies to account for SARS-CoV-2.
 - 8.1.12 Frequency of any ongoing monitoring to assess the effectiveness of the controls mentioned above.
 - 8.1.13 The mine's risk assessment methodology to take cognisance of the WHO classification of the risk of SARS-CoV-2 infection into 4 risk groups, which are illustrated by the following below Figure 1:



- (i) Very high exposure risk
 - High potential for exposure to known or suspected sources of SARS-CoV-2 during specific medical, post-mortem, or laboratory procedures.

(ii) High exposure risk

High exposure risk jobs are those with high potential for exposure to known or suspected sources of SARS-CoV-2.

(iii) Medium exposure risk

Medium exposure risk jobs include those that require frequent and/or close contact with i.e., within 2 meters of people who may be infected with COVID-19, but it is unknown.

(iv) Low exposure risk

Low exposure risk jobs are those that do not require contact with people known to be or suspected of being infected with COVID -19 nor frequent contact (within 2 metres) with the general public.

NOTE: The attached Annexures 1 - 3, can be utilized by employers for the purpose of conducting COVID-19 risk assessment.

8.1.14 Scientific and evidence-based approach

In implementing any solution driven measure, the employer must aim to apply the best available evidence gained from scientific methods for decision making in preventing exposure SARS-CoV-2.

8.1.2. Review of the risk assessment

8.1.2.1 The employer must review the risk assessment regularly and whenever circumstances arise or change at the mine that could have an impact on the original assessments and the risk of contracting COVID-19 and at least in the following instances when:

- (i) Outcomes of local outbreaks or community surveillance become known to the mine.
- (ii) Outcomes of medical surveillance programmes indicate the need for it;
- (iii) a MHSA Section 11(5) investigation and /or any other investigation/s indicates the need;
- (iv) New or revised legislation is introduced;
- (v) New mining methods are introduced;
- (vi) Process changes are introduced (e.g. in process plants);
- (vii) New types of machinery are introduced; and
- (viii) New epidemiological, public health and medical information on the infection, spread of, symptoms or any other relevant information comes to light in respect of the pandemic that may influence the risk assessment.

8.2 Start up procedure for mines

The employer must put a start-up procedure in place to address the following:

- 8.2.1 Prior to allowing any mine or shaft to commence with their mining activities after a prolonged stoppage; a safe precautionary start-up procedure is developed (See Annexure 4).
- 8.2.2 The start-up procedure must be aligned with the Instruction referenced COVID-19 issued by the CIOm on the 20th April 2020 (See Annexure 5).

- 8.2.3 Routine cleaning or disinfection or industrially sanitising of surfaces that employees come into contact with such as the following areas (but not limited thereto), as determined by the mine's risk assessment:
 - 8.2.3.1 All transportation of employees provided by employer to the mine.
 - 8.2.3.2 Change Houses and its surrounding facilities.
 - 8.2.3.3 Lamp rooms.
 - 8.2.3.4 Waiting areas.
 - 8.2.3.5 Refuge Bays.
 - 8.2.3.6 Offices especially in open plan spaces.
 - 8.2.3.7 Healthcare facilities (fixed and mobile).
 - 8.2.3.8 Kitchen and dining areas.
 - 8.2.3.9 Mine accommodation.
 - 8.2.3.10 Security access points and guard houses.
 - 8.2.3.11 Functional and physical assessment areas and heat tolerance screening centres.
- 8.2.4 Screening and testing procedures.
- 8.2.5 Withdrawal procedures, to be used by mines in the event of a localised COVID-19 outbreak.
- 8.2.6 Measures in place to collaborate with the DOH with the prevention and management of COVID-19 for migrant workers at ports of entry.
- 8.3 COVID-19 Mitigation and management programme
 - 8.3.1 In considering management of COVID-19 infection transmission, the employer must consider the following principles:
 - 8.3.1.1 Ensure that employees returning from areas which are regarded as epicentres of COVID-19 are quarantined for 14 days before they return to work.
 - 8.3.1.2 To prevent the COVID-19 workplace infection, the employer must develop a policy and/or integrate COVID-19 management into the existing mine's policies, COPs and standard operating procedures for Health and Safety.
 - 8.3.1.3 The mine's COP and procedure must include the following for employees who have signs and/or symptoms of COVID-19:
 - (i) A dedicated 24-hour hotline which employees will use to reach the mine's dedicated healthcare workers or the mine's contracted service/s of healthcare workers assigned to assist with COVID-19;
 - (ii) Procedure to report when an employee is sick or experiencing symptoms of COVID-19;
 - (iii) How, where and the duration (the required number of days being determined by the NICD) of isolation will take place for employees suspected of being infected with COVID-19;
 - (iv) The site/s where employees with suspected COVID-19 infection will be screened, diagnosed and treated. This must include what will lead to admission to a health care facility and all associated transport arrangements; and
 - (v) The requirements of self-isolation

8.3.1.4 The mines COP and procedures must also include steps that will be taken by employees who have been in contact with confirmed COVID-19 cases and are/not symptomatic which, must include as a minimum:

- (i) A dedicated 24-hour hotline which employees will use to reach the mine's dedicated healthcare workers or the mine's contracted service/s of health care workers assigned to assist with COVID-19 from home/mine accommodation;
- (ii) Procedure to be followed and arrangements for the employees to be tested (including the associated PPE required for such an employee). This must include what will lead to admission to a health care facility and all associated transport arrangements; and
- (ii) How, where and the duration (the required number of days being determined by the NICD) of self-quarantine or isolation (as determined by the test results and the advice of the health care worker) will take place for those employees;

NOTE: The criteria for a PUI are dynamic and change from time to time. For the latest criteria visit the NICD website.

8.3.2 The following must be considered in the development of the COVID-19 COP:

8.3.2.1 Provide adequate, usable, and appropriate training, and information material about:

- (i) Mine's relevant job functions;
- (ii) Proper hygiene practices and the use of any workplace controls (including PPE);
- (iii) Prevention of COVID-19 stigma and discrimination amongst the suspected, the infected and their families;
- (iv) The provision of the mine's support service or collaboration/contracted support service for the employees through the Employee Assistance Programme (EAP) or collaboration with the Public Service;
- (v) The employer must develop a process where an employee will be able to disclose any pre-existing conditions prior to returning to work; and
- (vi) The available Covid-19 National Hotline/s for their knowledge and information sharing with other community members.

8.3.1.2 The employer must as far as possible with employees' consent and respecting medical confidentiality be informed through the designated healthcare worker if the employees have pre-existing conditions that will make them more susceptible to severe COVID-19. Such employees will only be permitted to work after receiving a certificate of fitness to work from an occupational medical practitioner. Where employees are not permitted to work due to a confirmed pre-existing condition, the employer must arrange for transportation of such employees back to their homes.

8.3.1.3 The employer must utilize a risk-based method to prioritise high-risk individuals for more active interventions such as prophylaxis and individualised counselling.

8.3.1.4 Review of the mines emergency response plans in consideration of COVID-19.

8.3.3 Before arrival of employees at the mine's premises, the employer must:

8.3.3.1 Develop a procedure for the management of the return to work of employees after the lockdown, which must include a history of COVID-19 contact from areas of residence during the lockdown through the use of a questionnaire.

8.3.3.2 Communicate and establish a process for collaborating with the Department of Health (DOH) District Communicable Diseases unit in order to be familiar with the district's plan including the district's process on early outbreak detection, diagnosis

(testing) procedures, isolation, quarantine, reporting procedures for COVID-19 and arrangements for hospitalisation of employees who require it (if a mine does not have the hospital facilities).

8.3.3.3 Ensure sufficient availability of resources such as:

- (i) Facilities - pre-screening areas, isolation areas, quarantine areas;
- (ii) Staff - security personnel, medical staff, social worker, counselling psychologists, employee assistance programme specialists and administrative assistants;
- (iii) Equipment and medical supplies including soap and water, sanitisers, appropriate PPE for healthcare workers and employees, and waste disposal receptacles for used PPE;
- (iv) Flu vaccination that prioritizes those at high risk of contracting COVID-19 and give prophylaxis where required, and
- (v) Cleaning and disinfection consumables and services.

8.3.3.4 As far as reasonably practicable communicate to employees'; new procedures to be implemented for medical surveillance before they leave areas of residence during and after the lockdown.

8.3.3.5 Develop a calibration or a verification procedure for non-contact thermal scanning/ screening i.e. when, where, who and how to calibrate or verify the non- contact instrument/s to correlate with the core body temperature. The calibration or verification procedure should be in line with the Original Equipment Manufacturer's specification.

8.3.3.6 Screen on a daily basis healthcare employees and staff assisting with the RTW before mass screening of employees.

8.3.3.7 Screen employees from labour sending areas within South Africa who use their own transport at the mine before they return to work.

8.3.3.8 Where the employer transports the migrant employees, screening must be done before boarding the transport, in collaboration with the relevant DOH

8.3.3.9 The employer must at the start and increase of capacity at the mine make arrangements to transport employees from their homes to their respective areas of operations and put mechanisms in place to screen employees before boarding, isolation and quarantine at source where required.

8.3.3.10 In cases of employees commuting using public transport the employer must provide two cloth face masks.

8.3.3.11 The determination of the appropriate PPE used, must be done in combination with a risk assessment and expert advice on the characteristics and limitations of each type of PPE, in the context of reasonably practicable.

8.3.3.12 Apply de-densification and/physical distancing (between 1-2 metre/s) opportunities and provision of the relevant PPE for mass transport and at areas of the mine where close contact may occur.

8.3.3.13 Apply a staggered approach on the number of employees screened per day for return to work to minimise crowding at the screening areas and at the medical centre as well as transporting employees to the medical centre.

8.3.3.14 Create awareness material for employees on COVID-19 and where necessary update with the latest available information. Awareness material should be created as far as possible in predominant language spoken in the peri-mining community area.

- 8.3.3.1 Display posters on COVID19 to be visible at all areas of the mine as identified through the risk assessment.
- 8.3.3.1 Inform employees of their duty to report should they test positive for COVID-19 during the nationwide lockdown, long weekend or leave.
- 8.3.3.1 The employee is obliged to provide COVID-19 test results to the employer where available, and with a letter from the relevant health facility stating the date of onset of symptoms, diagnosis, date of specimen collection of positive tests if applicable, and expected date when isolation ends.
- 8.3.3.1 The employer is obliged to provide COVID-19 test results to the employee
- 8.3.3.1 Establish a procedure for screening all persons entering the mine and ensuring that they comply with protective measures including PPE and social/physical distancing while on site.
- 8.3.4 Arrival of employees at the mine's premises, the employer must:
 - 8.3.4.1 Implement an Infection Prevention and Control (IPC) measures at all areas as identified by the mines risk assessment.
 - 8.3.4.2 Ensure that hand hygiene practices are maintained at the strategic points as identified by the risk assessment and work places where close contact among employees is likely to occur including in underground working places.
 - 8.3.4.3 Ensure that in highly congested areas (such as residences, kitchens, cages and underground working places), a maximum occupation/capacity as guided by the relevant regulation/s and risk assessment is always maintained.
 - 8.3.4.4 Implement social/physical distancing between 1-2 metre/s when in contact with other people, and where this is not possible, issue appropriate PPE.
 - 8.3.4.5 Induct and regularly update employees' awareness training material on signs and symptoms of COVID-19 on their return.
 - 8.3.4.6 Implement a calibration or verification procedure for non-contact thermal scanning/ screening i.e. when, where, who and how to calibrate or verify the non- contact instrument/s to correlate with the core body temperature.
 - 8.3.4.7 As far as possible with employee consent and respecting medical confidentiality be informed through the designated healthcare worker if an employee has pre-existing condition that will cause an employee to be unfit to return to work or classified as vulnerable employee.
 - 8.3.4.8 Intensify awareness on the importance of adherence to taking of chronic medication for management of non-communicable diseases.
 - 8.3.4.9 Ensure that hand hygiene practices are maintained at the strategic points as identified by the risk assessment and work places where close contact among employees is likely to occur including in underground working places.
 - 8.3.4.10 Specify minimum standard required PPE to be worn in order to prevent exposure to SARS-CoV-2 (including to and from work) and these requirements must take into consideration other standards and regulation dealing with PPE for occupational hazards at mines (See Annexure 6).

NOTE: Taking into account the risk classification groups described in [section 8.1.13](#) of this guideline, a guide is made in Table 1 to classify the risk for the purpose of providing appropriate PPE, jobs in the mining industry according to the level of risk. This exercise can only be refined and concluded by the individual mining companies,

depending on such mining company's specific circumstances and within the context of what is reasonably practicable.

Table 1: Risk classification for the purpose of providing PPE

Classification	Mine employees at risk (This list is not exhaustive)
Very high risk	a) Intensive Care Unit b) Occupational health practitioners conducting cough inducing procedures, e.g. spirometry. c) HCWs collecting specimens for diagnosis of COVID-19, e.g. throat swabs. d) Ambulance personnel that do intubation into trachea. e) Health Care Employees (HCWs) that do removal of cardiorespiratory organs for autopsy.
High risk	a) HCWs that examine employees (at Occupational health centres, medical stations and other places with potential to be in contact with a COVID-19 patient (known and unknown), ambulance drivers transporting the sick. b) Underground employees who are in confined environments during waiting to be transported, during transportation to underground and to various working stations. c) Security staff at high volume access points or conducting temperature checks and/or alcohol testing. d) Health and Safety reps during investigation of underground working sites e) Hospital waste cleaners f) Change room attendants g) Cleaners involved in workplace disinfection e.g. Following the removal of a PUI and underground sanitation employees.
Medium	a) Security staff at entrances to facilities and mines b) Mine employees in work areas where social/physical distancing is possible and being practiced c) Change room cleaners

	<p>d) Laundry staff</p> <p>e) Occupational hygienists -personal sampling procedures</p> <p>f) Clerks working at occupational health centres</p> <p>g) Human resource practitioners that interact very closely with people</p> <p>h) Office cleaners</p>
Low risk	<p>a) Office employees</p> <p>b) Control room operators</p>

8.3.4.1 Ensure that awareness is conducted in respect of correct PPE usage, fit testing (where applicable), removal, storage, disposal and workplace practices required to prevent exposure to SARS-CoV-2. Awareness should be conducted as far as possible in predominant language spoken in the peri-mining community area.

8.3.4.1 Provide receptacles for all used PPE and where applicable receptacles for hazardous biological waste.

8.3.4.1 Ensure that waste management procedure is in place and that it addresses equipment handling; transport and disposal sites.

8.3.5 Screening and testing for COVID-19

8.3.5.1 The employer must put a system in place to screen all persons (who are not employees) entering all mine premises, at the designated areas. Anyone who fails screening must be denied access and advised to seek medical assistance.

8.3.5.2 The employer must put in place a system to screen all the employees on a daily basis at mine's accommodation, at a designated areas. This is to isolate and quarantine any possible cases and suspects.

8.3.5.3 The employer must establish a system of symptom screening by a designated person at the start and end of every shift at designated areas. Pre-shift screening must include a temperature check. Any reported symptoms during or at the end of the shift must be referred for a temperature check.

Note: The employer must note and follow the calibration or verification procedure prior to screening the employees.

8.3.5.4 The employer must put systems in place to ensure that employees with elevated temperature $\geq 37.5^{\circ}\text{C}$ to be referred for further assessment by the healthcare worker and employees with the temperature of $\geq 38.0^{\circ}\text{C}$ to be isolated (isolation in this cases referring to separation of such employees into temporary waiting areas while awaiting assessment) for assessment by a healthcare worker.

8.3.5.5 Employees will be tested only if they meet the PUI criteria, which includes having symptoms of a respiratory illness of recent or sudden onset. (See Annexure 7 and Annexure 7(a) on the PUI criteria).

8.3.5.6 The employer must ensure that results are communicated with the employee.

- 8.3.5.7 Employees returning to work at the start and increase of capacity at the mine, and pass the COVID-19 screening test must be referred to the Occupational Health Centre for fitness to work assessment.
- 8.3.5.8 Employees with pre-existing conditions that will make them more susceptible to severe COVID-19 must be identified and only be permitted to work after being declared fit by an occupational medical practitioner
- 8.3.5.9 A risk-based method to prioritise high-risk individuals for more active interventions such as prophylaxis and individualised counselling, must be used.
- 8.3.5.10 Scheduling of dates for flu vaccination should be made when vaccines are available and employees with pre-existing conditions must be prioritised.
- 8.3.5.11 The employer must put in place a contact tracing programme for contacts of COVID-19 cases identified on the mine and communicate with the DOH on tracing of contacts beyond the mine. The NICD contact tracing protocol must be followed.
- 8.3.6 Isolation
- 8.3.6.1 The employer must identify and implement designated areas for isolation, whereby the following must apply:
- (i) Assessment of employees for COVID-19 signs and symptoms.
 - (ii) Referral of employees who meet the NICD criteria of a PUI.
 - (iii) For employees who show symptoms whilst at work, the employer must put systems in place in order to ensure that such employees are removed from the working place to designated isolation area, in order to protect the other employees.
- 8.3.6.2 The employer must put in place a contact tracing programme for contacts of COVID-19 cases identified on the mine and communicate with the DOH on tracing of contacts beyond the mine. The NICD contact tracing protocol must be followed.
- 8.3.7 Follow up system
- 8.3.7.1 The employer must implement a follow up system, whereby the following will be applied:
- (i) An arrangement will be made for medical assessment and a letter be obtained from the isolation/health care facilities. In case of self-isolation an employee must submit a letter from the legal health care worker.
 - (ii) The fitness to work assessment and issuing of a certificate of fitness
- 8.3.8 Referral for further management for other conditions other than COVID-19
- 8.3.8.1 The employer must implement a referral system that will assist in determining the following:
- (i) Employees with abnormal findings (which are not related to COVID-19) to a medical centre for further assessment and management.
 - (ii) The provision of psychosocial support services by the mines through inhouse or contracted Employee Assistance Programme (EAP) or collaboration with the Public Service.
- 8.3.8.2 Differential diagnosis for elevated temperature and respiratory symptoms in mine employees and exclude underlying medical conditions.

8.3.9 Self-Isolation

8.3.9.1 The employer must allow the employees to self-isolate where possible, under the following conditions:

- (i) Under the guidance of a healthcare worker employees whose test results are positive for COVID-19 and have mild disease, with the capacity to self-isolate may do so at home for 14 days.
- (ii) Employees must be provided with the necessary PPE and contact tracing must commence thereafter in accordance with NDOH procedures.
- (iii) The medical centre team/healthcare worker must follow-up telephonically with the employee on a daily basis, record progress and recommend further medical assessment, as required.
- (iv) A register of employees presenting with symptoms, i.e. PUI and who are referred for isolation, as per NDOH guidelines, must be kept, as well as list of contacts.

8.3.10 Prevent infection to employees and those visiting the mine operation

8.3.10.1 Alignment of medical surveillance system to the COVID-19 pandemic:

- (i) The employer must perform a risk assessment with regards to potential cross infection linked to the different activities (e.g. spirometry, eye testing, audiometry, temperature measurements, Heat Tolerance Screening, etc.) embodied in the medical surveillance system. Protection of Health for all is paramount. Consider as an option full protective gear where applicable for protection of health care workers. Unless sufficient infection prevention control (IPC) measures are put in place, all spirometry and/or audiometry is to be suspended.
- (ii) At the discretion of the appointed occupational medical practitioner, the employer must conduct a Heat Tolerance Screening Test as per the mine's risk assessment, and if not practical to implement Heat Tolerance Screening Test only allow specific occupation/s to undergo natural acclimatization.

8.3.10.2 The employer must establish and maintain a personal hygiene programme in mitigation of transmission of COVID-19, and to the following but not limited to:

- (i) Maintaining physical distancing.
- (ii) Regular washing of hands with soap.
- (iii) Regular sanitising of hands with alcohol-based hand rub (ABHR) or other appropriate sanitisers.
- (iv) Avoid touching of face areas (mouth, eyes and nose).
- (v) Avoid physical hand contact such as handshakes.
- (vi) Avoid using other people's personal belongings such as stationery, cell phones and sharing food etc.
- (vii) When coughing or sneezing do not use hands, rather use a tissue/toilet paper or the inside of the elbow.
- (viii) Use disposable tissues rather than a handkerchief; immediately dispose of these tissues in a closed bin and wash or sanitise hands thereafter.
- (ix) Avoid big crowds and travelling.

- (x) Avoid touching objects before sanitising, like trollies, toilet seats, turnstiles, tables and chairs.
- (xi) Coach and teach family members.
- (xii) Wearing and handling of appropriate PPE.

8.3.10. The employer must develop and implement measures that will prevent the spread of COVID-19 infection to employees and any person entering the mine operations reasonably practicable.

8.3.11 Use of breathalyser testing

For alcohol testing, the employer must use his/her discretion on which tests to implement depending on feasibility and availability e.g. single use (lowest risk) or multiple use (medium risk and used with protective measures in place). The employer must also assess the health and safety risks in order to prevent cross infection in implementing breathalyser testing. (See Annexure 8).

8.3.12 Use of biometrics

8.3.12. The use of Biometric systems can be applied by the employer provided the following are complied with:

- (i) Use of sanitizers at all times and all employees are informed.
- (ii) All necessary health and safety measures as informed by Risk Assessment are adhered to.
- (iii) The biometric system is regularly disinfected before and after each use.

8.3.12. The employer must specify the action required and care to be taken when preparing, handling, issuing, retrieving and disinfect occupational hygiene equipment. (See Annexure 9).

8.4 Monitoring and reporting

The employer must establish a steering committee for COVID-19 to address the following:

- 8.4.1 Record and report to the relevant authority (NICD) and relevant mine's health and safety structure as per available guidelines (confidentiality must be adhered to), using forms provided by NICD.
- 8.4.2 Investigate all confirmed Covid-19 positive cases at the mine, in terms of section 11(5)(a)(ii) and (iii) and report within 24 hours to the Principal Inspector of Mines using the NICD form.
- 8.4.3 Consolidate the NICD reports into a monthly report and that must be reported to the Principal Inspector of Mines as determined by the DMRE.
- 8.4.4 Keep the COVID-19 data (data for monitoring and investigation reports) at the mine as required by the NDOH and NICD.
- 8.4.5 Appoint a COVID-19 Compliance Officer in line with the DMA with the necessary powers to provide oversight on the implementation of this guideline.

8.5 Compensation for occupationally acquired novel Corona Virus Disease (COVID-19)

- 8.5.1 The employer must follow the process stipulated in the Notice on Compensation for occupationally acquired novel Corona Virus Disease. (See Annexure 10).

Part D – Implementation

1. Implementation plan

- 1.1 The employer must prepare an implementation plan for its COP that makes provision for issues such as organisational structures, responsibilities of functionaries and programmes and schedules for the COP, that will enable proper implementation of the COP (a summary of and a reference to, a comprehensive implementation plan may be included).
- 1.2 Information may be graphically represented to facilitate easy interpretation of the data and to highlight trends for the purposes of risk assessment.

2. Compliance with the code of practice

The employer must institute measures for monitoring and ensuring compliance with the COP.

3. Access to the code of practice and related documents

- 3.1 The employer must ensure that a complete **COP** and related documents are kept readily available at the mine for examination by any affected person.
- 3.2 A registered trade union with members at the mine or where there is no such union, a health and safety representative on the mine, or, if there is no health and safety representative, an employee representing the employees on the mine, must be provided with a copy. A register must be kept of such persons or institutions with copies to facilitate updating of such copies.
- 3.3 The employer must ensure that all employees are fully conversant with those sections of the **COP** relevant to their respective areas of responsibilities.

Schedule

Annexure 1: For information purposes

Worker COVID-19 Risk Assessment

Annexure 2: For Information Purposes

Specialised health risk assessment for workplaces (by employers and self-employed persons)

Annexure 3: For Information Purposes

COVID-19 Walk-through Risk Assessment

Annexure 4: For Information Purposes

Guideline on safe and healthy start-up procedure post the COVID-19 lockdown, which resulted in extended shutdown of active mining operations

Annexure 5: Mandatory

Start-up procedure of mines by employers and employees following a 21 day national lockdown

Annexure 7: For Information Purposes

Criteria for Person Under Investigation

Persons with acute respiratory illness with sudden onset of at least one of the following: cough, sore throat, shortness of breath or fever [$\geq 38^{\circ}\text{C}$ (measured) or history of fever (subjective)] irrespective of admission status
AND

In the 14 days prior to onset of symptoms, met at least one of the following epidemiological criteria:

- Were in close contact¹ with a confirmed² or probable³ case of SARS-CoV-2 infection;

OR

- Had a history of travel to areas with presumed ongoing community transmission of SARS-CoV-2; i.e., China, USA, Spain, United Kingdom, South Korea, Japan, Iran, Hong Kong, Italy, and Taiwan (NB Affected countries will change with time, consult the NICD website for current updates); A history of travel to provinces or districts with high community transmissions should be considered as well.

OR

- Worked in, or attended a health care facility where patients with SARS-CoV-2 infections were being treated;

OR

- Admitted with severe pneumonia of unknown aetiology

¹*Close contact: a person having had face-to-face contact or was in a closed environment with a covid-19 case; this includes, amongst others, all persons living in the same household as a covid-19 case and, people working closely in the same environment as a case. a healthcare worker or other person providing direct care for a covid-19 case, while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection). A contact in an aircraft sitting within two seats (in any direction) of the case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the case was seated.*

²*Confirmed case: A person with laboratory confirmation of SARS-CoV-2 infection, irrespective of clinical signs and symptoms.*

³*Probable case: A PUI for whom testing for SARS-CoV-2 is inconclusive (the result of the test reported by the laboratory) or who tested positive on a pan-coronavirus assay.*

Clinicians must also be vigilant for the possibility of atypical clinical presentations among immunocompromised patients. Consider the possibility of influenza (Northern Hemisphere season ends in April or May) and bacterial pneumonia and manage accordingly.

Annexure 7 (a): For Information Purposes

Revised COVID-19 Notifiable medical conditions case definitions. 5 April 2020)

Annexure 8: For Information Purposes

Control Measures to Manage the Risk of Exposure to Breathalyser

1. It is recommended that the procedure is performed outdoors. where the procedure must be performed indoors, there has to be adequate ventilation and natural or artificial uv light to reduce the amount of viable organism in the air.
2. The breathalyser must be held with an extended arm away from the operator. The person must blow into the blow point, directed past the operator. This is in cases where the operator is required to hold the device.
3. It is recommended for an operator to wear mask, gloves and goggles. this is provided that they are fully trained and competent in the use of this ppe in infection control.
4. The operator will require training to put on and take off the mask without contaminating their faces and autoinoculation of their mucus membranes.
5. If possible, the people being tested can hold the device themselves - this would be preferable.
6. The mouth of the person being tested must be at a distance of 50mm from blow point.
7. Employees must be instructed not place lips on blow point.

8. The person must be instructed to blow steadily towards the blow point for 2 to 3 Seconds.

Annexure 9: For Information Purposes

Handling of occupational hygiene personal sampling with regards to COVID-19.

Annexure 10: Mandatory

Notice on compensation for occupationally acquired corona virus under COIDA, Amended Act

Annexure 11: For Information Purposes

Spirometry Testing

Note: To be suspended unless effective IPC can be guaranteed

Process evaluation for spirometry testing

During the spirometry manoeuvre, the client is required to take a deep breath and exhale maximally into the spirometer to produce a Spirograph. This needs to be done at least three times to produce an acceptable test result. This forced manoeuvre often results in coughing and spluttering which can result in the release of droplets from the airway into the environment. The technician conducting the spirometry is usually sitting below the standing client or next to the client when sitting and there is a likelihood of the droplets landing on the face and mucus membranes of the tester. The client cannot move far away due to the cord connecting the spirometer to the computer. The operator must be in close proximity to the client to assess for any change in condition and to possibly support the client. The filters that are normally used will protect the spirometer from most microbes but it does not prevent the droplets from the client's mouth going into the environment if they cough or splutter during or after the manoeuvre.

With the current pandemic, there may be individuals who are infected, asymptomatic and shedding the virus. The SARS CoV-2 cannot be compared to other respiratory pathogens in that it is highly contagious and extremely virulent and if not always deadly, results in morbidity and required isolation resulting in absenteeism. The impact that it has had on the world is unprecedented. The impact it could have on the working community in mines and industry will be devastating.

Control measures

In the usual day to day management of risk, spirometry requires standard infection control precautions such as adequate ventilation and airflow, UV lights, use of appropriate filters, adequate environmental cleaning, the use of gloves by the operator and effective hand hygiene. In the current environment the operator is required to do a risk assessment on the client to establish risk of infection by utilising a respiratory questionnaire. In the case where there is any doubt, the test is delayed and the client referred for medical assessment. Should spirometry be essential, then a mask, eye protection and gloves should be donned for the procedure.