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AU COVID-19 AT WORKPLACE GUIDANCE IN AFRICA

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1. Introduction:

The rapidly evolving COVID-19 pandemic is causing unprecedented levels of suffering globally and Africa remains severely threatened. The global progression of the disease and the associated mortality to date is a major cause of concern. The African Union's priority in the face of this pandemic is the safety and health of all workers and the public. It is against this background that these guidelines were developed by the AUC-Department of Social Affairs, Africa-CDC, AUDA-NEPAD and ILO, in consultation with Business Africa, OATUU and ITUC – Africa. The guidelines aim to provide broad principles of infection prevention and control of COVID-19 for workers, employers and policymakers. These guidelines are not meant to replace existing government response procedures and occupational health and safety measures but rather, to complement them. These guidelines are in line with occupational safety and health management systems as espoused by the International Labour Organization and they also take into consideration measures set in the COVID-19 guidelines adopted by several member states.

2. COVID-19 Disease: Basics

The novel Coronavirus (2019-nCoV) caused an outbreak in Wuhan City, Hubei Province, China and was reported to the WHO Country Office in China on 31 December 2019. The outbreak was declared a Public Health Emergency of International Concern on 30 January 2020. Below is a basic description of COVID 19.

COVID-19 is an airborne communicable disease which can be transmitted from one person to the other through contaminated droplets. These droplets are often emitted from an infected person through sneezing, coughing and talking. It is understood that droplets released through sneezing and coughing are often above 1 micron in diameter. This implies that these particles are often released into the air compartment and can remain there for a relatively shorter period. Once suspended the micro-droplets will settle on the surface due to gravitational mechanism. The droplets contaminated with COVID-19 virus can remain on surfaces such as toilet seats, basins, kitchen tops, working tables, Personal protective Equipment (PPE) etc. The lifespan of the virus on surfaces is still not yet known. It is better to treat all surfaces in the workplaces as highly infectious zones.

2.1.   Clinical Presentation of COVID-19

The most common symptoms of COVID-19 are **fever, tiredness, and dry cough**. Other symptoms include aches and pains, nasal congestion, runny nose, sore throat or diarrhoea. About 80% of patients recover from the disease without any need for any special intervention. About 17% of patients progress to develop a more serious condition characterized by difficulties in breathing. Certain medical conditions make people more susceptible to infection. People with diabetes, high blood pressure, heart problems, lung diseases, cancer, obesity and the elderly are more susceptible to COVID 19.

2.2.   How COVID-19 Spread

The virus is spread through the following ways:

- Through droplets from the mouth or nose when an infected person coughs, sneezes or exhales.
- Exhaled droplets can land on surfaces and objects and when people touch these surfaces and objects and then proceed to touch their eyes and/or mouth, they, in turn, get infected
- The droplets can land on the surface and the next person can use or touch contaminated surface then later the person might touch his/her mouth (ingestion-oral intake route), eye (penetration- ocular intake route) or nose (inhalation intake route) resulting in the intake of the virus. The virus enters the human body using the three intake routes known to date i.e. mouth, nostrils and eyes.
- The virus can be taken home through PPE and those who touch the PPE infected with the virus might intake the virus.
- The use of finger-based biometric system might be another indirect exposure pathway for the virus since there are no studies to date confirming the efficacy of the biometric laser in destroying biological agents.
- Haring of kitchen utensils (spoons, forks, plates and mugs) at the workplace also present an exposure pathway for the organism.
- Physical contacts such as handshake and elbow greeting contacts also may lead to increased exposure. Hands and elbows are widely used to capture droplets discharged during coughing and sneezing.

- Office sharing/ occupying shared confined spaces increases the risks of these micro-droplets' exposure.
- contact with door handles, elevator buttons, keyboarders and computers, cell phones, tablets, car dashboards and any surface on which droplets can be projected or deposited

2.3. Diagnosis of COVID-19

Genetic tests (RT-PCR tests) are used to diagnose coronavirus disease COVID-19 through the extraction of the virus's genetic code.

3. Basic Preventive Precautions for COVID-19

The following basic preventive precautions must always be observed, this must be preceded by a comprehensive workplace risk assessment.

- Strict personal hygiene must always be observed. This must include frequent and thorough handwashing with soap and running water.
- Hands must be washed for at least 20 seconds after sneezing, coughing, using the bathroom, or after blowing the nose.
- Where there is no water, an alcohol-based sanitizer containing 60% alcohol must be used.
- Do not touch your eyes and mouth with unclean hands
- Maintain a 1-meter distance between yourself and anyone who is sneezing or coughing.
- If you are not feeling well, stay at home and contact the nearest facility before going there.
- If you are pregnant, or 65 years or older, or suffering from any chronic disease, refrain from visiting places where many people gather.

4. How COVID-19 Could Affect Workplaces

COVID -19 can adversely affect the overall well-being of workers and has the potential to spread fast at the workplace. Adverse effects can include the following:

- Psychosocial risks. The workforce can suffer significant stress and depression from actual infection, fear of infection or knowing of infected work colleagues. Both acute and chronic stress can have long term effects on the wellness of workers.

- Absenteeism due to COVID-19 infection or from isolation following close contact with an infected person.
- Reduced productivity. The associated country lockdowns directly impact production.
- Possible job losses as a result of some companies failing to recover from lost production during this period.
- Other effects include but not limited to bankruptcy, loss of man-hour, insurance cost-related, increased medical costs, change in the pattern of commerce, etc.

5. Promoting Health and Safety at the Workplace

Organizations must protect their workers by ensuring safe and healthy workplaces. The strategic repositioning of workplaces to deal with the COVID-19 pandemic calls for the development of comprehensive and robust occupational safety and health management systems (OSHMS).. In addition to relevant international labour standards (ILS), such as Occupational Safety and Health Convention, 1981 (No. 155), Occupational Health Services Convention, 1985 (No. 161), Promotional Framework for Occupational Safety and Health Convention, 2006 (No. 187), Employment Injury Benefits Conventio, 1964 (No.121), Violence and Harassment Convention, 2019 (No. 190), and the ILO Recommendations on the List of Occupational Diseases, the ILO framework for OSHMS serves as a key guide to managing the risks posed by COVID-19.

The key elements of OSHMS include:

1. Policy
2. Organizing
3. Planning and Implementation
4. Evaluation
5. Action for Improvements

5.1. Workplace Policies

5.1.1. COVID-19 Specific Occupational Safety and Health Policies and Procedures.

Organizations must in consultation with workers, develop concise and written COVID-19 specific occupational safety and health policies to protect all workers. The policy should be integrated in the general OSH policy of the organization. The policies must aim to promote a preventative safety and health culture by defining rights and duties of all and stating the organizations' commitment to the health and safety of its workers in the face of COVID-19 These must detail the organizations' approach to managing the risk posed by COVID-19 and the organizations' strategic response and commitment to the promotion and maintenance of workers' health. The policies must address compliance with national regulations and policies addressing the occupational safety and health in general and COVID-19 pandemic in particular. Elaboration, monitoring, evaluation and review of the policy should involve the management, OSH professionals and the workers (through their representatives) and requires their total commitment to apply the policy directives. They must also provide for workers involvement and participation in developing implementing and reviewing these policies. The COVID-19 policy must interface and be in sync with other organizational policies. These policies must also be accompanied by detailed procedures in work performance and dealing with the current pandemic at the organizational level.

5.2. Organizing

5.2.1. Accountability and responsibility

The organization must take responsibility and accountability in safeguarding the health and welfare of workers against COVID-19. Management shall ensure the following:

- Provision of financial and human resources, to set up preventive mechanisms for COVID-19 transmission as well as managing those infected and affected by COVID -19.
- Management should set up risk management systems for COVID-19 that should include the following:
  - ✓ Identification of all work processes that pose a COVID-19 infection risk.
  - ✓ Assess all the associated risks of COVID-19 infection.
  - ✓ Establish prevention and health promotion programs for COVID-19.

✓ Develop mechanisms for workers to participate in preventive programs.

5.2.2. Competence and Training on COVID-19

- Organizations should develop training programs for creating awareness on the pandemic.
- The safety and health representatives should receive basic training in OSH on COVID-19.
- Training should be provided to all participants at no cost and should take place during working hours, if possible.
- Training must take place while respecting the precautions to prevent covid-19: washing hands and surfaces, absence of inter-human contact, social distancing with very small groups, disinfection of places, surfaces and training material between groups

5.2.3. Communication

Organizations must establish good communication systems, both internal and external, to convey accurate and relevant information on the pandemic, preventive measures and the organization's response to the pandemic. Communication tools and channels must be adapted to the target audience; we may have to develop several tools depending on the category of workers.

6. Planning and Implementation

6.1. Initial review and Risk management

All organizations should do an initial review of the OSHMS in the face of the COVID-19 pandemic. This should include a thorough examination of relevant laws, regulations and national policies including that have been put in place to deal with the pandemic. Furthermore, it should include conducting a baseline hazard identification and risk assessment process in the context of the pandemic. It should further include the determination of the adequacy or inadequacy of existing controls against COVID-19 and aim to minimize harm as far as reasonably practicable. The surveillance data of workers must also be assessed to get an informed status of the health care institutions preparedness for COVID-19. Organizations must take proactive steps to manage all workplace hazards including biological hazards such as COVID-19. Most importantly, as countries are establishing and/or expanding their laboratories' scope to include testing of COVID-19, it is

recommended that risk assessment guidelines should be urgently reviewed. Annex 1 provides the basic health risk assessment checklist to be considered by countries, ministries, institutes and industries as a benchmark when reviewing the guidelines. Organizations are encouraged to follow the hierarchy of controls.

6.2. Risk control and Hierarchy of Controls

Eliminating risk is the most effective and preferred risk treatment methodology. However, if it is not applicable the next step consisting of substitution is preferred. In all circumstances, organizations should always aim to eliminate hazards in the workplace concerning COVID-19. It will be key to remove from the working environment all persons with the disease or have been in contact with a COVID-19 patient. Figure 1 below shows the hierarchy of controls from the most effective to the least effective.

Figure 1: Hierarchy of Controls

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┌─────────────────┐     ┌─────────────────┐     ┌─────────────────┐
│                 │     │                 │     │  combatting     │
│  Avoiding risks │ ──▶ │  assessing risks│ ──▶ │  risks at the   │
│                 │     │                 │     │  source         │
└─────────────────┘     └─────────────────┘     └─────────────────┘
                                                         │
                                                         ▼
┌─────────────────┐     ┌─────────────────┐     ┌─────────────────┐
│  Replace what   │     │  Taking technical│    │                 │
│  dangerous with │ ◀── │  development    │ ◀── │  adapt work to  │
│  what's less    │     │  into account   │     │  people         │
└─────────────────┘     └─────────────────┘     └─────────────────┘
        │
        ▼
┌─────────────────┐     ┌─────────────────┐     ┌─────────────────┐
│                 │     │                 │     │  Giving employees│
│  Plan prevention│ ──▶ │  Collective     │ ──▶ │  the approproate │
│                 │     │  prevention     │     │  instructions    │
└─────────────────┘     └─────────────────┘     └─────────────────┘
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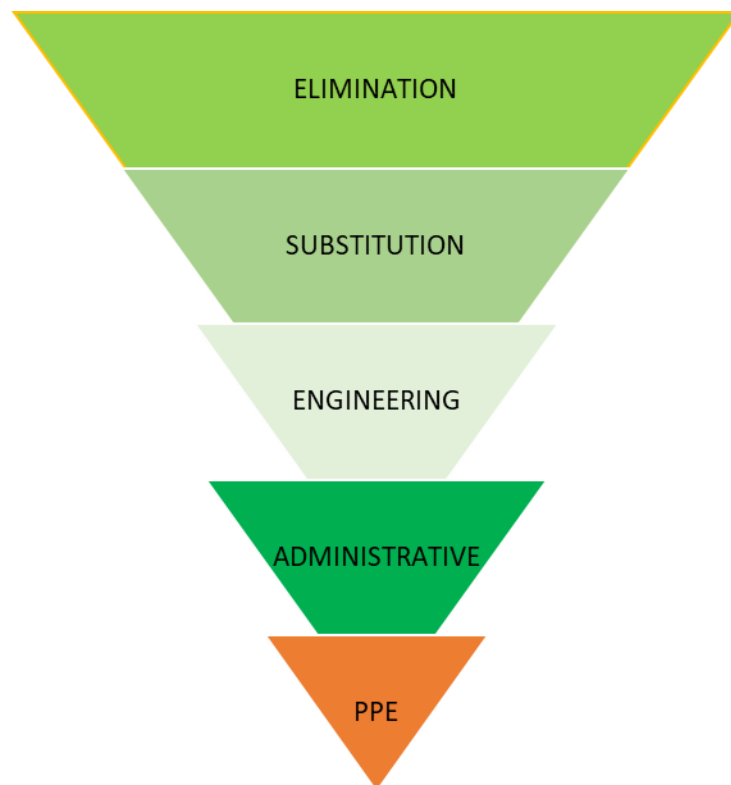
1. **Avoiding risks** means removing the danger or exposing the danger.
2. **Assessing the risks** means assessing the exposure to the danger and the importance of the risk in order to prioritize the preventive actions to be taken.
3. **Combating risks at source** means integrating prevention as early as possible, especially when designing workplaces, equipment or operating procedures.
4. **Adapt work to people**, taking into account individual differences, in order to reduce the effects of work on health.
5. **Taking technical development into account** means adapting prevention to technical and organizational developments.
6. **To replace what is dangerous with what is less** is to avoid the use of dangerous processes or products when the same result can be obtained with a method presenting lesser dangers.
7. **Plan prevention by integrating technique, organization and working conditions, social relations and the environment.**
8. **Give priority to collective protection measures and only use personal protective equipment in addition to collective protection** if it turns out to be insufficient.
9. **Giving employees the appropriate instructions** means training and informing employees so that they know the risks and the preventive measures.

7. Steps to Reduce Workers' Risk of Exposure to COVID-19

The foregoing discussion provides specific recommendations for employers and workers. It is recommended that employers should stay abreast of guidance from the ministry of health and

consider how to incorporate those recommendations and resources into workplace-specific plans. Plans should also consider and address the other steps that employers can take to reduce the risk of worker exposure to COVID-19 as described in the sections below.

7.1. Develop an Emergency Prevention, Communication, Preparedness and Response Plan

Developing emergency communications plans, including a forum for answering workers' concerns and internet-based communications, where feasible.

- Identify the potential for accidents and emergency situations and address the prevention of OSH risks associated with them.
- Provide relevant information and training to all workers, at all levels, including regular testing of emergency prevention, preparedness and response procedures
- Provide functional and accessible first-aid, medical assistance and evacuation procedures and facilities
- Establish and maintain a link with external emergency services and other bodies responsible for emergency and medical services

7.2. Prepare to Implement Basic Infection Prevention Measures

Emphasis should be on basic infection prevention measures. As appropriate, all employers should implement good hygiene and infection control practices, including the steps discussed in section 3 above. In addition to these precautionary measures, organizations should:

- Maintain regular housekeeping practices, including routine cleaning and disinfecting of surfaces, equipment, and other elements of the work environment.

- Follow the manufacturer's instructions for use of all cleaning and disinfection products (e.g., concentration, application method and contact time, PPE).

- Discourage workers from using other workers' phones, desks, offices, or other work tools and equipment, when possible.

- Encourage workers to stay home (self-isolate) if they are sick.

- Develop COVID-19 cleaning and disinfect specific program for your workplace;

Engineering Controls

Engineering controls for COVID-19 include:

- Increasing ventilation rates in the work environment.

- Installing high-efficiency air filters.

- Installing physical barriers, such as clear plastic sneeze guards.

- Installing a drive-through window for customer services.

- Specialized negative pressure ventilation in some settings, such as for aerosol-generating procedures (e.g., airborne infection isolation rooms in healthcare settings and specialized autopsy suites in mortuary settings).

7.3. Administrative Controls

Organizations should also explore administrative controls that shall include but not limited to the following:

7.3.1. Policies and Procedures

- Develop policies and procedures to guide sick leave, return to work, fitness for duty, isolation and management of COVID-19 exposed and infected workers.

- Put in place procedures detailing the prompt identification and isolation of potentially infectious individuals for workers, customers, visitors, and others at the worksite.

- Maintain flexible policies that permit employees to stay home to care for children out of school and doing e-schooling or a sick family member. Employers should be aware that more employees may need to stay at home to care for sick children or other sick family members than is usual.

7.3.2. Work organization or good housekeeping

- Isolation of people suspected of having COVID-19 from those with confirmed cases of the virus to prevent further transmission.

- Move potentially infectious people to locations specified by the Ministry of health as isolation centres.

- Rearrangement of the workplace to minimize close contact of workers.

- Adoption of shifts or work arrangements that reduce the number of workers at workstations or being transported to and from work.

- Employers should explore whether they can establish policies and practices, such as flexible worksites (e.g. telecommuting) and flexible work hours (e.g., staggered shifts), to

increase the physical distance among employees and between employees and others if the use of social distancing strategies is recommended.

- Minimizing contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications and implementing telework if feasible.
- Establishing alternating days or extra shifts that reduce the total number of employees in a facility at a given time, allowing them to maintain distance from one another while maintaining a full onsite work week.
- Providing resources and a work environment that promotes personal hygiene. For example, provide tissues, no-touch trash cans, hand soap, alcohol-based hand rubs containing at least 60 per cent alcohol, disinfectants, and disposable towels for workers to clean their work surfaces.
- Requiring regular hand washing or using alcohol-based hand rubs. Workers should always wash hands when they are visibly soiled and after removing any PPE.
- Installing handwashing signs in restrooms
- Discontinuing nonessential travel to locations with ongoing COVID-19 outbreaks

7.3.3. Education and Training

- Provide adequate, usable, and appropriate training, education, and informational material about business-essential job functions and worker health and safety, including proper hygiene practices and the use of any workplace controls (including PPE).
- Providing workers with up-to-date education and training on COVID-19 risk factors and protective behaviours (e.g. cough etiquette and care of PPE).
- Training workers who need to use protective clothing and equipment and how to put it on, use/wear it, and take it off correctly, including in the context of their current and potential duties. Training material should be easy to understand and available in the appropriate language and literacy level for all workers.
- Cleaners and laundry workers should be separately trained to manage COVID-19
- The bulk of the working population within this category of workers are not educated, they must be trained at their level and the language they understand
- All necessary PPEs as hand gloves, nose mask, disposable gowns as HAZMAT SUITS must be made available to them and trained on how to safely use them

- Handling of infectious waste among this category of workers must be adequately supervised

7.3.4. Personal Protective Equipment (PPE)

- While engineering and administrative controls are considered more effective in minimizing exposure to COVID-19, PPE may also be needed to prevent certain exposures. While correctly using PPE can help prevent some exposures, it should not take the place of other prevention strategies.

- Employers are obligated to provide their workers with PPE needed to keep them safe while performing their jobs. The types of PPE required during a COVID-19 outbreak will be based on the risk of being infected while working and job tasks that may lead to exposure.

- Examples of PPE include gloves, goggles, face shields, face masks, gowns and respiratory protection, when appropriate. During an outbreak of infectious diseases, such as COVID-19, recommendations for PPE specific to occupations or job tasks may change depending on geographic location, updated risk assessments for workers, and information on PPE effectiveness in preventing the spread of COVID-19. Employers should check the national OSHA and Africa-CDC websites regularly for updates about recommended PPE.

All types of PPE must be:
- Risk specific.
- Properly fitted and periodically refitted, as applicable (e.g., respirators).
- Consistently and properly worn when required.
- Regularly inspected, maintained, and replaced, as necessary.
- Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.
- Workers, including those who work close to patients known to be, or suspected of being, infected and those performing aerosol-generating procedures, need to use respirators that are:
- Approved filtering face-piece respirators or better still must be used in the context of a comprehensive, written respiratory protection program that includes fit-testing, training, and medical examinations.

- When approved disposable filtering facepiece respirators are not available, consider using other respirators that provide greater protection and improve worker comfort.

- When choosing respirators, factors to be considered include, function, fit, ability to decontaminate, disposal, and cost.

- Respirator training should address selection, use (including donning and doffing), proper disposal or disinfection, inspection for damage, maintenance, and the limitations of respiratory protection equipment.

- The appropriate form of respirator will depend on the type of exposure.

7.3.5.　　Health Promotion programme

Prevention requires backing from good health promotion programme, therefore risk management must include the assessment and control of health conditions including psychosocial risks and their impact on prevention and mitigation of occupational hazards including COVID-19.

Elements of Health Promotion programme include, but not limited to, management of non-communicable disease, prevention of workplace violence and harassment, and prevention of work-related stress.

7.3.6.　　Recording and Reporting

In accordance with national legislation, procedures must be established in relation to reporting and recording of work-related injuries, exposure related incidents and occupationally acquired COVID-19.

7.3.7.　　Management of other risks:

although in the context of COVID-19 pandemic, the biological risk is the preponderant risk, we should not omit to evaluate and to propose preventive measures for the other risks in particular the psychosocial risks. The stress caused by the fear of infection, Isolation and loss of social contact, especially in a telework situation, the increase in tasks secondary to the reduction in staff, the anxiety generated by the risk of job loss are all situations that can aggravate existing psychiatric pathologies or decompensate pre-morbid states and transform them into proven pathology. This can have direct and indirect effects on health (aggravation of pathologies predisposing to serious forms of covid-19: high blood pressure-diabetes ...). It can also cause overconsumption of

medication which can threaten the safety of the person and colleagues (anxiolytics or anti-depressants with effects on alertness, reactivity ...). These psychiatric alterations can lead to serious behavior troubles with risks for the person or colleagues (aggression, suicidal tendencies with increased risk of acting out).

Psychosocial risk management should be correctly managed in these circumstances. The following measures (not exhaustive) may be applied according to the risk assessment and available resources.

- Information of workers on the infection, the risks and preventive measures as specified previously
- Maintain continuous contact and information of workers on the evolution of the situation and explain them the measures taken by the national authorities
- Educate workers on the assessment of the relevance of information, particularly on social media, and the differentiation of real information from false information (a lot of intox circulate mainly in social media and increase anxiety of the population)
- Provide a psychosocial support to workers that they can contact respecting the confidentiality rules and COVID-19 prevention measures (remoting consultation).
- Communicate on the state of health of the company and discuss regularly with workers to propose solutions to the crisis: communication must be focused on solutions and not problems
- offer online coaching sessions that allow workers to have confidence in themselves and think of alternative solutions if they lose their job (positive anticipation of the future helps reduce stress and anxiety)

when workers are in teleworking modalities, keep a regular contact with them through online meetings and virtual meetings with fun activities (virtual cafe - discussions on themes of everyday life ...). Other risks (chemical, mechanical…) should be assessed regularly and adequate prevention measures should be proposed.

8. The Healthcare Industry and Health Workers

Health workers (including healthcare professionals and auxiliary health workers) play a critical role in the response against COVID-19. These, depending on country conditions, may include

those in care work outside traditional healthcare facilities, e.g. caregivers in nursing homes and private households. The occupational risk exposure profile of health workers can be very high by virtue of encountering infected patients or performance of high-risk procedures such as those that involve aerosol generation. Unlike other workplaces, the health care industry presents a special and unique workplace that requires specific and stringent occupational safety and health management systems

8.1. Prevention of transmission

It is the responsibility of every health institution in consultation with health workers, to develop, implement and review a robust and appropriate management plan to identify patients with potential Coronavirus infection and protect the well-being of health workers. This will also take into consideration prevention of nosocomial transmission.

8.1.1. Roles and responsibilities

8.1.1.1. Management

It will be the responsibility of the health institution management to:

- Establish an occupational safety and health management system specific to health workers at the institution.
- Define the risk exposure profiles for COVID-19 and communicate this to the health workers.
- Training of health care workers on management of patients with suspected or confirmed COVID-19 infection. Specific teams having experience in managing patients with transmissible diseases should be defined (expose as low as possible workers to the risk and prefer experienced workers that are used to manage these patients with correct preventive measures) and specifc process and rules to manage these patients should be elaborated, communicated and periodically evaluated.
- Ensure that a clear hierarchy of controls is put in place that shall define:
  - ✓ Preventive Precautions
  - ✓ Elimination or substitution of high-risk procedures such as aerosol-generating procedures that include non-urgent testing like spirometry evaluations where applicable, etc.

- ✓ Engineering controls such as exhaust ventilation, automatic sanitization etc.
- ✓ Administrative controls that describe the different training for COVID-19, workplace re-organization with regards to shifts and working arrangements such as fitness for duty, return to work, sick leave, isolation procedures following close contact to patients with or those health workers recovering from COVID-19
- ✓ Provide health workers with sufficient and adapted PPE (conform to international standards) and training them to use these equipment's.
- ✓ The range of personal protective clothing to be given to health workers in different workstations as categorized by their risk exposure profiles.
- ✓ designate the occupational medical service or a referent doctor to take charge of these people and direct them to specific care circuits, according to local procedures (self-isolation, hospitalization, etc.)

8.1.1.2. Employees (Health Workers)

It shall be the responsibility of health workers to:
- ✓ Strictly adhere to all set precautionary measures, policies and procedures directed towards COVID-19.
- ✓ To immediately report to management and isolate should they fall sick.

8.1.1.3. Vulnerable Health Workers

All health workers in the category of vulnerable workers should not be at work. Hence, all workers falling into the following categories should be classified as unfit for the duty:
- ✓ Health workers with severe respiratory conditions that include severe asthma, chronic obstructive airways disease, extensive fibrosis as in cystic fibrosis, silicosis etc.
- ✓ Those on immunosuppressive therapy such as high dose steroids, chemotherapy etc.
- ✓ Pregnancy with severe heart conditions.
- ✓ Those over the age of 70 years.

✓ Those with bone marrow or stem cell implants in the previous 6 months or are currently on treatment.

✓ Those with uncontrolled arterial hypertension

✓ Those with uncontrolled severe heart failure

✓ Those with immunodepressive diseases

8.2. Classifying Health Worker Exposure to COVID-19 infection:

WHO' tool for risk assessment and management of exposure of health care workers in the context of COVID-19 classifies workers into two categories:

    a. High risk for COVID-19 virus infection

    b. Low risk for COVID-19 virus infection

Other classifications also categorize exposures as close contacts or casual contacts. Health care organizations should carry out a risk assessment that will classify health workers as either being at high risk or low risk for COVID-19 virus infection The key classification elements of the WHO risk assessment tool include the following:

✓ Health worker interactions with a COVID-19 patient.

✓ Health worker activities performed on a COVID-19 patient in a health care facility.

✓ Adherence to Infection Prevention Control (IPC) procedures during health care interactions.

✓ Accidents with biological material.

8.3. Follow-up Procedures

Health care institutions should consider adopting the following procedures for the different risk categories:

    a. High risk for the COVID-19 virus infection or close contacts

- Not fit for duty
- Must be linked to the occupational health unit of the institution
- Must restrict movement
- Contacted daily by the occupational health unit
- Self-monitor for symptoms for 14 days after the exposure incident

    b. Low risk for the COVID-19 virus infection or casual contacts

- Asymptomatic low risk can remain at Work

- Symptomatic Casual Contacts Must not remain at work

- Casual Contact specific advice provided

- Self-monitor for symptoms for 14 days after the last potential exposure

- Contact Occupational Health should they develop symptoms.

c. We have to apply the same measures then those applied to general population (described above) and provide specific measures including: the provision of accommodation far from the family and close to the hospital (avoid the stress caused by the fear of contaminating the family) with the necessary equipment to relax and stay in contact with those close to you (internet connection- food - entertainment - showers ...). These places must offer the maximum comfort rules (particularly in terms of soundproofing, hygiene, thermal comfort and ergonomics) to allow quality rest and recuperation between the different shifts.

d. Good recovery and good management of psychosocial risks, especially in highly exposed healthcare staff, should allow better control of psychosocial, biological risks (better alertness) and other risks

9. Travel Health Advisory

The current pandemic poses serious risks to any regional and international travel. This also applies to all local travel to risky areas. All organizations should halt all unnecessary travel at this stage. Any travel arrangements should comply with current national and governmental regulations and travel health advisory should be sort on TRAVAX and WHO travel advisory on internet sites. Compulsory employee's declaration of intended travel destinations to management for safe travel advice, including recent reception of any travelers from any parts of the country or world.

10. Institutional Engagement:

Every effort should be made by all role players in the tripartite (Government, Business and organized labour) arrangements to minimize the impact of COVID-19. Organizations should engage with all relevant government ministries and departments for issues that affect the health and safety of workers and those that have a legal bearing. In the events of employee terminations, suspensions or company closures, it is recommended that companies consult with

the ministries of labour. Worker representatives should engage with their organizations and government departments on matters affecting the health and safety of workers with regards to Covid-19. Development of any occupational safety and health policies, procedures and programs should be done in collaboration with all parties concerned. The sections below provide a summary of roles and responsibilities for each part of the tripartite mechanism:

Government should:

- Meet employers over challenges posed by Covid-19.
- Facilitate the engagement of existing relevant institutions in the labour market with the aim of building consensus on COVID-19 prevention and mitigation measures.
- Ministry of Labour, including the social security agencies and social partners' organizations, should cooperate with the Ministry of Health to develop OSHA Guidance on Preparing Workplaces for COVID-19, to help employers respond in the event of coronavirus in the workplace.
- Ministry of labour to issue legal advice related to the COVID-19 for guidance of Employers.
- Put in place and enforce enabling regulations to ensure health and safety of all workers
- Put in place and enforce enabling regulations to ensure employers report any plan for retrenchment to the ministries responsible for labour
- Institute regulations to prohibit retrenchment, wage increases, rental rebates for shops and aircraft landing and parking, transportation and house rentals
- Tax rebates and temporary cash flow support for small and medium enterprises

Social security institutions should:

- Devise and implement appropriate measures in light of the COVID-19 outbreak to ease the burden on enterprises during the period of prevention and containment of the spread of COVID-19 (reduces or waives employer obligations on social security contributions for a specified period of time). This should not adversely impact the employee's rights to social security benefits.

Business (Employer) should:

- Develop comprehensive and robust occupational safety and health management systems.

- Report the ministry of labour on any plans to retrench or lay off employees as a way cut costs.

- Consider the implementation of Flexible Working Schedules (FWS) to optimize the use of employees during the different stages of business (peaks), and employees are assured of a stable monthly income and in turn this will minimize psychosocial stress and mental breakdown.

- Notify workers and the relevant ministries of any cost saving measures during the COVID-19 that will affect the monthly salaries of employees. The measures should be done in a responsible way not to subject workers to incidents and accidents. Safety should come first in all the cost saving measures put in place to stimulate the business and economy.

Organized Labour (Employees)

- Engage with their organizations and government departments on matters affecting the health and safety of workers with regards to Covid-19

- Participate in the development and implementation of occupational safety and health management systems

- Ensure that any cost-saving measures is done in fair, safe and responsible manner in order keep the working population safe and healthy.

- Intensify coverage of occupational safety and health in scope of collective agreements

- The organized labour needs to recognize that cost-saving measures will have to be implemented in order to keep business afloat, therefore, they must work with government and business in a mutual agreeable manner to save lives, jobs and overcome the impact of COVID-19.

Social Dialogue Institutions should:

- Facilitate social dialogue to prevent and stop COVID at workplace and prepare for recovery time. Where they exist, Social Dialogue Institutions will play a role, while including representation of workers in the informal economy and rural sector. Consultations could expand to include representatives of Ministry of Health and Ministry

of finance and Economy. Social Dialogue Institutions are appropriate structures to discuss post-COVID-19 recovery measures, with the participation of key ministries (e.g. ministry of economy, finance, industry, etc.)

Categories of vulnerable workers:

Vulnerable workers present individual risk factors (e.g., older age; presence of chronic medical conditions, including immunocompromising conditions; pregnancy, types of work, sector of activity, etc).

Healthcare workers:

Healthcare includes pre-hospital and medical transport workers, healthcare providers, clinical laboratory personnel, and support staff. It expands to death care (coroners, medical examiners, and funeral directors).

Considering the state of the health systems in the Member States, priority should be given to the protection of healthcare workers. They should be given all they need to stay safe (personal respiratory devices) during the COVID-19 outbreak and continue providing the service to the populations. Their working conditions should allow flexibility to avoid exhausting.

Female workers with family responsibilities:

Measures taken to close schools will increase the family caring responsibilities of female workers. The closure come with arrangements for home and e-schooling increasing their responsibility at home. This could require flexible working hours and conditions to be considered by the employer. Measures could be considered for pregnant and lactating women.

Cleaning Workers:

Doing deep cleaning, disinfecting and scrubbing the surfaces, they are among those most at risk of COVID-19, being at the front lines of the virus pandemic. This category of COVID-19 vulnerable workers includes domestic workers, housekeeping and office cleaning crews, etc. Additional risk factors: elderly and women.

Workers in the informal economy, Micro, Small and Medium Sized Enterprises:

The impact that the novel coronavirus (COVID-19) is having on small to medium, private and family businesses is different to large organizations.

The informal economy contributes on average for 39% of the GDP in Africa and provides for at least 80% of jobs creation. Workers (all categories) in this sector are not covered by social security services, making them vulnerable. Self-employed persons will take reasonable steps to protect their own and other people's health and safety. The Government should consider engaging with their organizations or structures in charge of their development and facilitate the protection of workers in the informal economy, in particular the handicraft enterprises, with basic protection measures, housekeeping measures.

As an initial step to provide protection to these workers, the decentralized health structures will collaborate with the social security institutions for a progressive reach out of these workers.

Migrant workers:

National labour and social security regulations accord rights to non-national workers. Several regional instruments (e.g. ECOWAS) further recognize and regulate the rights to social security for migrant workers. These rights are reflected in the African Union Protocol on Free Movement of Persons still to come into force.

Health and COVID-related new immigration provisions are taken by countries of destination in Europe, Asia, Latin America, Canada and the USA as well.

Ministry of Labour and Ministry of Health will work with the public and private agencies operating on oversea employment to protect national migrant workers, including in collaboration with Embassies in countries of destination.

Labour externalization operations must be suspended for weeks.

During the period of the suspension of externalization, closely monitor the situation in liaison with the embassies of the destination countries, the Ministry of Foreign Affairs, as well as our diplomatic representation abroad.

Returning labour migrants from high risk countries must be subjected to the mandatory 14 Day quarantine.

Africa- CDC will compile the COVID-19 and other health related regulations on immigration to assist Member States. The information will be made available on Africa-CDC website.

Retired workers:

Though they are no more working, retirees are under responsibility of the social security system to which they are contributing in their working days. Retirees are vulnerable persons. They are also among the most vulnerable groups to COVID-19 and account for the large share of deaths. The Retirement/Pension Fund institutions should take measures to avoid or reduce their exposition to the virus when visiting the offices. The exposure risk can be very high during pension payment with long queues poorly managed. They will consider special measures for the treatment of those infected by the virus and support their family. They will step up their investment in health coverage and facilities.

Maritime industry, blue economy and seafarers' welfare:

Maritime industry is a vital sector for African economies, as recognized by the African Charter on Maritime Security and Safety and Development in Africa (Lomé Charter). The workers in the industry is exposed to the pandemic. Measures should be taken in line with the Charter and its annexures, the WHO International Health Regulations (IHR) Ship Sanitation Certificates, the ILO Maritime Labour Convention (2006), the ILO Work in Fishing Convention (20070 and the ILO/IMO Code of Practice on Security in Ports (2004). When adopting measures, it is recommended to refer to the WHO Interim guidance "Operational considerations for managing COVID-19 cases and outbreaks on board ships" (24 February 2020).

Ongoing information sharing and capacity enhancement

COVID-19 at Workplace Good Practices (Community of Practices-COP) Platform: The Platform will be accessible at the Africa CDC COVID-19 website: africa.cdc

OSH practitioners are invited to share their experiences and good practices though the Africa CDC Platform.

Additional information regarding the proper employer response to the virus can be found on the Africa-CDC website.

11.Useful tools

COVID-19 at Workplace Good Practices (Community of Practices-COP) Platform: The Platform will be accessible at the Africa CDC COVID-19 website: Africa.cdc

International Labour Standards and COVID-19 Frequently Asked Questions:
Key provisions of international labour standards relevant to the evolving COVID-19 outbreak. Accessible at https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---normes/documents/publication/wcms_739937.pdf

Prevention and Mitigation of COVID-19 at Work. Accessible at https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_740941.pdf

12.Further readings

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11. International Labour Organization. 2020 OSH tips for workplace (video) https://www.ilo.org/global/about-the-ilo/multimedia/video/institutional-videos/WCMS_740609/lang--en/index.htm

12. International Labour Organization. 2020 Conducting enterprises surveys during the COVID-19 crisis https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_ent/documents/instructionalmaterial/wcms_741012.pdf

13. International Labour Organization 2020. Prevention and mitigation of COVID-19 at the workplace- A checklist to assess risk and implement adequate measures https://www.ilo.org/wcmsp5/groups/public/---asia/---ro-bangkok/documents/publication/wcms_740941.pdf

14. International Labour Organization 2020- ILO standards and COVID-19 https://www.ilo.org/wcmsp5/groups/public/---ed_norm/---normes/documents/publication/wcms_739937.pdf

15. International Labour Organization. 2020 state practices to address COVID19 infection as a related workplace injury https://www.ilo.org/wcmsp5/groups/public/---ed_emp/---emp_ent/documents/publication/wcms_741360.pdf

Annexure 1: Health Risk Assessment Checklist for COVID-19 Testing Facilities and Laboratories

No	Requirement	Status			Comments
		Yes	No	NA	
1.	**General practices**				
1.1	Laboratory access is limited or restricted				
1.2	Biosafety laboratory practices are available and adopted				
1.3	Eating, drinking, application of cosmetics and smoking in the laboratory is prohibited				
1.4	No storage of food or drink or personal items (coats, bags) in laboratory				
1.5	Materials (pens, pencils, gum, etc) is not placed in the mouth while in the laboratory				
1.6	Cuts/broken skin is covered before entering the laboratory				
1.7	Jewellery is covered (must not affect the integrity of gloves) or removed before entering the laboratory				
1.8	Mobile electronic devices kept in areas where they cannot be contaminated, if not decontaminated frequently				
1.9	Interior surfaces of walls, floors and ceilings are water-resistant for easy cleaning				
1.10	Laboratory doors are kept closed (and biohazardous signage is displayed)				
1.11	Biosafety Cabinets are used for specified procedures				
1.12	There is a procedure for decontamination and spills				
1.13	Work surfaces are decontaminated with appropriate disinfectants at appropriate intervals, at least every six hours				
1.14	Equipment are decontaminated at appropriate intervals				
1.15	Specimens are placed in a container that prevents leakage during handling, processing, storage and transport				
1.16	Handwashing sink is present (located near room exit)				
1.17	The handwashing procedure is done, on entering the laboratory, after removing PPE, and before leaving laboratory)				
2.	**Waste management**				

2.1	There is a method for decontamination of laboratory waste, and it is used				
2.2	All potentially contaminated waste material is decontaminated or sterilized before disposal and removal				
2.3	Waste disposal site in line with biological agents disposal requirements				
3.	**Safety equipment**				
3.1	Adequate personal protective equipment (PPE) is used Disposable gloves Coveralls/Laboratory coat with full-arm sleeves Closed shoes, non-slip soles Eye protection (goggles/face shield) Respiratory protection (FFP2 or N95)				
3.2	PPE is replaced or reused and discarded appropriately				
3.3	Staff is adequately trained to perform their duties (good microbiological practices and procedures, hazards present and associated risks, safe working procedures, emergency preparedness)				
3.4	First aid kits (and eyewash bottles) are available				
3.5	Fire equipment is available and in good working order				
4.	**Facilities**				
4.1	Mechanical ventilation is in working order (inward flow, not recirculated to other areas of the building, HEPA filtered when reconditioned and recirculated in the laboratory, exhausted air discharged through HEPA filters)				
4.2	Biosafety Cabinets (Class I to III) are present and in good working order (incl. serviced, and validated in last 6/12 months				
4.3	Other laboratory equipment is in good working order				
4.4	Illumination is sufficient to perform tasks				
4.5	Change room (handwashing available) available				
4.6	Storage of PPE available (for reusable PPE such as laboratory coat – not taken home)				