



FS DEPARTMENT OF EDUCATION

STANDARD OPERATING PROCEDURE (SOP) ON MANAGEMENT/CONTAINMENT OF COVID- 19 CONFIRMED POSITIVE CASE

Title	FS SOP ON THE PROCESS OF MANAGEMENT/ CONTAINMENT OF COVID-19 confirmed positive case
Purpose	The Purpose of this SOP is to provide guidelines on how handle a COVID-19 confirmed positive case in the workplace environment

RESPONSIBILITY	PROCESS DESCRIPTION	TIMEFRAME
The employee	<ul style="list-style-type: none"> • Report the positive confirmed case to the supervisor • Provide proof of the confirmed positive result • Assist the supervisor in compiling her contact tracing list <p>Notice: Reduction in the isolation period for patients with confirmed COVID-19 infection document Asymptomatic employee:</p> <ul style="list-style-type: none"> • Isolate for 10 days after the initial positive test 	Immediately

	<p>Mild disease:</p> <ul style="list-style-type: none"> • Isolate for 10 days after the symptoms onset <p>Severe disease:</p> <ul style="list-style-type: none"> • Isolate for 10 days after clinical stability ACHIEVED 	
<p>The Supervisor</p>	<ul style="list-style-type: none"> • Isolate the positive confirmed official and allow him/her to go home • Calls less than 15 minutes meeting to notify other officials about the confirmed case (identity of the individual to be protected) • Identify, trace the contact of Covid-19 case • Compile contact tracing list • Identify the close contact/ high risk exposure (HRE) vs casual contact/ low risk exposure (LRE) • Provide all contacts with a FORM to monitor and manage their symptoms and infections for a period of 10 days • Ensure that the low risk contacts are at work BUT monitored daily at close range <p>QUESTIONS TO ASCERTAIN EXPOSURE:</p> <ul style="list-style-type: none"> • How long were you in contact with the confirmed positive case? • How far apart did you stay? • Were people following hand sanitizing or mask wearing rules? • Did you share any meals together? • Dis you share stationery together? • Did you work in an office together? ➤ Size of the office, ventilation etc. 	<p>Immediately</p>

	<ul style="list-style-type: none"> • Do you socialize outside of work with the person? • Do you use the same bathroom? • Ensures the employee is treated with dignity and respect • Ensures the employee is not stigmatized • Report the confirmed case to EHW Deputy Director by submitting the following: <ul style="list-style-type: none"> ➢ The results of the official concerned ➢ The cell number of the employee ➢ His/her persal and office number ➢ The building occupied by the particular employee • Monitor contacts of COVID- 19 by using the form: MONITORING AND MANAGEMENT OF EMPLOYEES FOR SARS- CO-2 INFECTION 	
<p>SHERQ Coordinator</p>	<ul style="list-style-type: none"> • Analyze the risk assessment checklist • Identify the non- compliant directorate/ building • Arrange the Virtual meeting with non- compliant directorate • Communicate with Occupational Health and Safety Committee • Compile monthly/quarterly report for HOD 	<p>2-3 days</p>
<p>The Contacts</p>	<p>Guidelines for symptom monitoring and management of workers for SRSA- CoV-2 infection (AUGUST 2020)</p> <ul style="list-style-type: none"> • The employee will receive a FORM from supervisor to monitor his symptoms • Daily symptom self-check until 10 days since the last COVID-19 exposure 	

	<ul style="list-style-type: none"> • The employee shall return a completed and signed form after 10 days of quarantine to the supervisor • If asymptomatic, return to work 10 days after last day COVID-19 exposure, without further testing 	
<p>Deputy Director: EHW</p>	<ul style="list-style-type: none"> • Act as a liaising officer between DoE and DoH • Report the confirmed case to DoH (date of testing/date of test results • Ensure that the contact tracing list of employees is compiled and submitted to EHW and Health • Ensure that the clinical condition of the employee is assessed and treated • Ensure the employee has mental health support • Coordinate the process of testing for the directorates in need • Establish collaboration between District COVID-19 champions and EHW district officials • Ensure that the incident-based investigation is conducted • Ensure that the officials isolated in the workplace are provided with necessary PPE • Submit DoE COVID- 19 weekly reports to Premier's office • Ensure that the database of COVID-19 cases is established • Ensure that the database of High- risk exposed contacts is established 	

<p>OHS Representatives</p>	<p>Conduct an incident based investigation/ assessment</p> <ul style="list-style-type: none"> • Visit the site of an incident at all reasonable times • Investigate the mode of exposure including any lapses in controls by using the following forms: <ol style="list-style-type: none"> 1. OHS Risk assessment Checklist (Annexure B) 2. Reporting of incident and occupational disease (Annexure C) • Review the risk assessment to ensure that the necessary controls and PPE requirements are in place • Ensure that the risk assessment checklist is completed and submitted to SHERQ Coordinator <p>Questions to be asked</p> <ul style="list-style-type: none"> • What happened? • What was the date, time and duration of the incident or behavior? • How many times did this happen? • How did it happen? • Did anyone else see it happen? • Was there physical contact? • Where PPE's used during the incident? 	<p>Immediately</p>
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	<p>Upon return to work ensure that:</p> <ul style="list-style-type: none"> • The employee has completed the mandatory days of self-isolation and quarantine for an exposed individual • The employee wear mask at all times 	Ongoing
<p>Security and Risk</p>	<ul style="list-style-type: none"> • There is adherence to hand hygiene, respiratory hygiene, and cough etiquette • Ensure there is adequate screening tool (symptoms monitoring tool) at the entrance • Ensure officials are completing the screening tool before entering the building • Ensure that officials are temperature screened at the end of the shift to check whether have they experienced sudden onset of any symptoms • Ensure adherence to Social distancing • Ensure officials are sanitizing before entering the building • Report any non-compliance of officials to OHS rep in the building • Isolate officials who are symptomatic and contact EHW 	
<p>COVID-19 OFFICERS(Assistant Directors)</p>	<ul style="list-style-type: none"> • Compile contact list in their building • Do contact categorization • Do incident Investigation in collaboration with OHS representative • Report to the Director in the particular building • Provide feedback to EHW Deputy Director 	

Compliant officer	<ul style="list-style-type: none"> • Ensure the affected building or section is closed when necessary • Ensure appropriate cleaning / decontamination of the workplace is done • Enquire about the envisaged date of Reopening 	
Health Practitioners	<ul style="list-style-type: none"> • Develop a plan in preparation for reopening of the building and return to work by employees • Attend to possible psychological and emotional stressors of the affected (Mental Health issues) in terms of National Institute of Occupational Health • Addresses confidentiality in managing the reported cases of COVID-19 • Accompany officials to the testing sites (psychosocial support in group testing) • Provide psycho-education via zoom or virtual facilities 	
IT	<ul style="list-style-type: none"> • Upgrade technology (Zoom/ Teams) for psycho- education and psychological support at Head Office including the Districts and schools • Write Media Release on COVID-19 issues at hand 	As cases are unfolding and buildings are closed
Communication	<p>Develop posters :</p> <ul style="list-style-type: none"> • Procedure on management of a positive case • Quarantine/ Isolation • Social distancing 	

	<ul style="list-style-type: none"> • Hand washing 	
HR	<p>Provide advice on the type of leave to be taken</p> <ul style="list-style-type: none"> • Quarantine leave • COVID- 19 leave ➤ Occupationally Acquired: Special leave ➤ Community Acquired : Sick leave • Assist with the process of COIDA • Send an email to the Chief Inspector of the Regional Department of Employment and Labour using the WCL 1 form for Occupationally Acquired COVID-19 case 	
Responsibilities of COVID-19 District Champions	<ul style="list-style-type: none"> • Act as a liaising officer between District and HO • Report the confirmed case at HO • Compile the contact tracing list and submit it at HO • Ensure that the clinical condition of the employee is assessed and treated by Health Practitioner • Ensure the employee has mental health support • Coordinate the process of testing for the district directorates in need in collaboration with EHW officials in the particular districts • Collaborate intensively with EHW district officials • Compile DoE COVID- 19 reports as required by circular 07 of 2020 and submit to HO 	Weekly submission
Responsibilities of EHW Officials	<ul style="list-style-type: none"> • Encourage employee to alert the supervisor and Health Department 	

	<ul style="list-style-type: none"> • Encourage the employee to talk about their symptoms, contacts and recent travel (if any) to areas affected by COVID-19 • Monitor the emotional state of contacts and contact of contacts; and refer to Health Practitioner where necessary • Assist supervisors in monitoring the Low Risk contacts on daily basis. These officials must be at work unless indicated otherwise by the supervisor. • Provide advises and recommendations to managers e.g. Trainings, PPE's, etc. • Arrange for mass screening and testing of COVID-19 in the district • Visit the testing sites arranged within the Department to identify and address challenges • Ensures attendance register is available and completed by all officials • Establish the database of contacts in the district • Establish database of closure of buildings due to COVID-19 and report weekly at Head Office • Provide telephonic counselling as far as possible to the employees affected by COVID-19 	<p>Per request</p> <p>Every Friday</p>
<p>Auxiliary Services</p>	<ul style="list-style-type: none"> • Cleaners must clean with water, soap and mechanical friction to reduce pathogen load and dirt • Cleaners must sanitize (clean or lower disinfection) 	

	<ul style="list-style-type: none"> • Cleaners must disinfect (easily deactivated by organic matter and dirt • Cleaners must sterilize <p>Clean first (to reduce pathogen load, organic matter and dirt), the disinfect (to kill the remaining pathogen)</p> <p>If approved disinfectants are unavailable:</p> <ul style="list-style-type: none"> • Use 70- 90% ethanol(on other types of alcohol e.g. Isopropyl alcohol • Use chlorine solution (sodium/calcium hypochlorite aka bleach/ jik <ul style="list-style-type: none"> ➢ 0,1% (1000 ppm) for general environmental disinfection) ➢ 0,5% (5000 ppm) for blood and bodily fluid spills • Hydrogen peroxide at +/- 0,5% • Contact time (the time for disinfectant to be in contact with surface in order to kill pathogens) for above disinfectant is 1 minute • The type of disinfectant will be determined by the type of surface to be cleaned 	
<p>District committees COVID-19</p>	<ul style="list-style-type: none"> • To be established by the District Directors • Chaired by the District Director • Membership will comprise of Senior management such as: <ul style="list-style-type: none"> ➢ The CES: EDS, Cur, Governance ➢ The DCES ➢ The DMT ➢ The SES's 	


<p>Responsibilities of the district committee members</p>	<ul style="list-style-type: none"> ➤ ISHP Coordinator ➤ District Wellness official ➤ Any other relevant official • Report the confirmed case at HO • Compile the contact tracing list and submit it at HO • Ensure that the clinical condition of the employee is assessed and treated by a practitioner • Ensure the employee has mental health support • Coordinate the process of testing for the district directorates/ sections/ buildings in need • Collaborate intensively with EHW district officials • Compile DoE COVID- 19 reports as required by circular 07 of 2020 and submit to HO 	<p>Ongoing</p>
<p>Responsibilities of the District Director</p>	<ul style="list-style-type: none"> • Establish the Departmental District steering committee COVID- 19 • Ensures that all officials in the District are trained • Appoint the officials in writing • Draws the agenda for virtual meetings • Ensures that the attendance register is signed by all officials • Chairs all virtual District steering committee meetings on Covid- 19 • Ensures that Programme on Covid- 19 are developed and implemented in the District • Ensures that Covid- 19 coordinators are established at school level. • Provides feedback to Provincial Chairperson • Decides on the dates for next meetings 	<p>Ongoing</p> <p>Weekly report</p>

<p>Transport Officers</p>	<ul style="list-style-type: none"> • Ensure that all GG cars are sanitized every day before and after use <p>CORONA VIRUS CAN LEAVE ON THE SURFACE:</p> <ul style="list-style-type: none"> • 2 days on the cloth • 3 hours on paper and tissue paper • 24 hours on cardboard 	<p>Ongoing</p>
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REFERENCE:

- 1 National Department of Health
- 2 National Institute for Communicable Diseases
- 3 National Institute of Occupational Health
- 4 World Health Organization
- 5 Department of Employment and Labour

NB: THE SOP WILL BE AMENDED AS AND WHEN NEW DEVELOPMENTS EMERGE UNDER COVID-19


 Adv T.H MALAKOANE
 SUPERINTENDENT GENERAL: EDUCATION
 FREE STATE PROVINCE

DATE: 01/09/2020



MONITORING AND MANAGEMENT OF EMPLOYEES FOR SARS- CO-2 INFECTION

Surname	First name	Date of birth										
Contact number	Directorate	Sub-directorate										
E-mail address												
Next of kin or alternative contact (please provide name, relationship and contact details)												
Work address & details:												
Home address												
Days post exposure	1	2	3	4	5	6	7	8	9	10		
Date: DD/MM												
1. Temperature (no meds)												
2. Respiratory rate (Normal/ difficult breathing)												
Symptoms (Circle Y or N) (Circle H or W)	Daily	Daily	Daily	Daily	Daily	Daily	Daily	Daily	Daily	Daily	Daily	
Cough	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
Sore throat	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
Shortness of breath	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
Body aches	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
Redness of eyes	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
Nausea/vomiting/diarrhoea	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
Fatigue/weakness	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	Y/N	
At home/work	H/W	H/W	H/W	H/W	H/W	H/W	H/W	H/W	H/W	H/W	H/W	
Clinical and Progress Notes and Exposure History												

SIGNATURE (CONTACT PERSON): _____

DATE: _____



OHS RISK ASSESSMENT CHECKLIST AT THE WORKPLACE FOR COVID-19

ASSESSMENT DATE: _____
 BUILDING: _____
 WORK-LANDLINE: _____

DIRECTORATE: _____
 EMAIL: _____

ACTION	Yes	No	Comments
1. ENTRANCE OF BUILDING			
1.1. Are there any social distancing markers at the entrance?			
1.2. Are the protocol visible and displayed for:			
1.2.1. Office staff?			
1.2.2. Visitors?			
1.2.3. Restrictions if any?			
1.3. Is there a solid physical barrier?			
1.4. Are employees sanitized when they enter the building?			
1.5. Do they have proof of screening and affirmation? Access card?			
1.6. Is there marked sanitizer container?			



ACTION	Yes	No	Comments
1.7. Is there a register for cleaning of reception area, desk and equipment?			
1.8. Do they confirm health status per register?			
1.9. Is temperature screening done and recorded?			
1.10. Are the premises accessible to disabled people?			
2. SAFETY/ SECURITY	Yes	No	Comments
2.1. Access control procedure in place (Visitors Register)?			
2.2. Office bearers register with affirmation on screening questions?			
2.3. Contact protocol with office bearers?			
2.4. Disinfection of visited areas? Doors, handles, windows, lift buttons?			
2.5. Emergency numbers visible and displayed?			
2.6. Lift usage, staircase and restrictions?			
2.7. Physical security attendance register with screening protocol?			



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ACTION	Yes	No	Comments
2.8. OHS COVID-19 team?			
3. HYGIENE & CLEANING MEASURES			Comments
3.1. Surfaces and equipment are cleaned and disinfected with approved disinfection/sanitizing products on a regular basis.			
3.2. Is the procedure/protocol in place to dispose of any used masks, gloves, tissues and wipes?			
3.3. Are Personal Protective Equipment provided & utilized properly?			
3.4. Are marked sanitizer containers available in all common areas (boardroom, kitchen, waiting area etc)?			
3.5. Are offices kept clean at all times?			
3.6. Is waste in the office removed regularly?			
4. PHYSICAL HAZARDS			Comments
4.1. Ergonomics: Is the work environment adjusted to suit the workers?			



ACTION	Yes	No	Comments
4.2. Social distancing of 1.5 m demarcations?			
4.3. Restrictions on inter-office visits?			
4.4. Strict mask protocol?			
4.5. Illumination: Suitable lighting in passageways & offices?			
4.6. Ventilation: Is there enough ventilation (natural or artificial)?			
5. FACILITIES			
5.1. Are there paraplegic toilets in the workplaces?			
5.2. Toilets maintained in hygienic condition?			
5.3. Hand washing sink with soap & approved (70% alcohol) hand sanitizer, are available?			
5.4. Cleaning schedule?			
5.5. Cleaning equipment protocol?			
5.6. Toilet paper provided?			
5.7. Disposable hand towels available or hot air blowers?			
5.8. Toilet well ventilated?			



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OCCUPATIONAL HEALTH & SAFETY ACT 85/1993 AS AMENDED BY OCCUPATIONAL HEALTH & SAFETY AMENDMENT ACT, NO. 181/1993

ACTION	Yes	No	Comments
5.9. Water supply source from Local Municipality			
6. SICK BAY/ ISOLATION ROOM			
6.1 Is it accessible?			
6.2 Disinfection of the room before and after use?			
6.3 First aid kit available?			
6.4 Is there enough ventilation?			
6.5 PPE available?			
6.6 Blanket, pillow and linen available?			
6.7 Emergency contact numbers visible and displayed?			
7. ADMINISTRATIVE MEASURES			
7.1 Duty roster for employees?			
7.2 Staggering of work force?			
7.3 Staggering of break time?			
8. FIRE PREPAREDNESS			
8.1. Is the fire and evacuation plan in place?			
8.2. Are the fire exit doors marked properly and free of obstructions?			
8.3. Have the fire extinguishers been serviced in the past 12 months?			



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ACTION	Yes	No	Comments
8.4. Is there any of the following equipment in your workplace and is it tested regularly for functioning and record kept: 8.4.1. Smoke detectors 8.4.2. Sprinkler system 8.4.3. Emergency alarm			

RECOMMENDATIONS/REMARKS

OHS REP: _____

SIGNATURE: _____

DATE: _____



**OCCUPATIONAL HEALTH AND SAFETY ACT, 1993
(ACT NO 85 OF 1993)**

**REGULATION 8 OF THE GENERAL ADMINISTRATIVE REGULATIONS
REPORTING OF INCIDENT AND OCCUPATIONAL DISEASE**

Name of the infected person:

Identify number: Persal no:

Address of the infected person:.....

.....

Tel no (Office): (051) Cell no:

Name of employer:

Address of employer:.....

.....

DETAILS OF INCIDENT

Date of incident:..... Time:

Location of incident:

What personal protective equipment was used (if any)?.....

.....

Describe, step-by-step the events that led up to the infection:.....

.....

.....

Names of contacts (if any) please attach a list:

.....

.....

Was there any close physical contact? Yes / No

If yes, please explain:

.....

.....

What could have been done to prevent this incident?.....

.....

.....



WHY DID THE INCIDENT HAPPEN?

Please indicate any **unsafe workplace conditions**: (Check all that apply)

- Face to face meetings
- Unguarded hazard
- Tool or equipment defective
- Workstation layout is hazardous
- Unsafe lighting
- Unsafe ventilation
- No social distancing markers
- Lack of needed personal protective equipment
- Lack of appropriate equipment / tools
- No training or insufficient training
- Other: _____

Indicate any **unsafe acts by people**: (Check all that apply)

- Failure to wear personal protective equipment
- Operating at unsafe speed
- Failure to sanitize hands
- Failure to follow social distancing protocol
- Using defective equipment
- Using equipment in an unapproved way
- Sharing same equipment/ stationary without sanitizing
- Other: _____

Were unsafe acts or conditions reported prior to the incident? Yes/ No

If yes, please indicate the manager/supervisor reported to:Date:

What measures were implemented?

Have there been similar incidents prior to this one? Yes/ No

HOW CAN FUTURE INCIDENTS BE PREVENTED?

What changes do you suggest to prevent this incident from happening again?

- Stop this activity
- Redesign task steps
- Routinely inspect for the hazard
- Other:
- Guard the hazard
- Redesign work station
- Train the employee(s)
- Write a new policy/rule
- Personal Protective Equipment
- Train the supervisor(s)
- Enforce existing policy

What should be (or has been) done to carry out the suggestion(s) checked above?

.....
Name of Supervisor

.....
Signature of Supervisor

.....
Date

.....
Name of Investigator

.....
Signature of Investigator

.....
Date