MINISTRY OF LABOUR, INDUSTRIAL RELATIONS AND EMPLOYMENT CREATION

NAMIBIA COVID-19/OCCUPATIONAL SAFETY AND HEALTH

"KEEPING NAMIBIA SAFE AT WORK"

GUIDELINES

2021

COVID-19/Occupational Safety and Health Guidelines

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INTRODUCTION

Coronavirus Disease (COVID-19) is a viral infection of the upper respiratory system which presents with flu -like symptoms ranging from mild fever, dry cough, runny nose, sneezing to moderate and severe symptoms like productive cough, high fever, shortness of breath and general body weakness.

To reduce the impact of COVID-19 outbreak conditions on businesses, workers, customers, and the public, it is important for all employers to plan to fight and supress the spread of COVID-19. Some employers have already planned for curbing the outbreak by reducing numbers of employees on duty, employing measures to minimize the risk of exposure.

Adequate safety and health measures at work play a crucial role in containing the spread of the disease, while protecting workers and society at large. Employers have the overall responsibility of ensuring that all practicable preventive and protective measures are taken to minimize occupational risks. This include the responsibility of providing adequate protective clothing and personal protective equipment (PPE) as provided by the Labour Act, 2007 (Act 11 of 2007), at no cost to the employee.

With the second wave of COVID-19 pandemic affecting Namibia, it is important that Namibia strengthens a Workplace COVID-19 safety and health measures to safeguard the health of workers and the health of community at large.

1. PURPOSE

The purpose of these Guidelines is to:

a) promote the integration of COVID-19 prevention and management into the broader workplace safety and health management, and
b) outline minimum preventative measures that employers should take to curb the spread of COVID-19 at workplace.

2. POLICIES AND PROCEDURES TO MANAGE COVID-19

a) An employer should develop and implement an OSH Policy that incorporates COVID-19, in consultation with OSH Committee. The written Policy shall contain a declaration of the management commitment to reduce the risk of exposure to occupational hazards including the transmission of COVID-19 at the workplace.

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b) Develop flexible attendance and sick leave measures that encourage employees to stay home when sick or when caring for sick family members on well-defined terms and conditions.

c) Develop an emergency response plan and contingency measures to be put in place in the event of a serious accident, outbreak of a disease or a disaster, and

d) Develop a procedure setting out steps describing who, what, where, when and why establishing compliance and accountability actions.

3. PLANNING

a) Develop a Preparedness and Response Plan (PRP) for COVID-19 prevention at workplace, considering all work areas and tasks performed by workers and potential sources of exposure.

b) Establish a Workplace System (WS) for providing up to-date reliable information to workers on the emerging situation on COVID-19, with reference to information released by the Ministry of Health and Social Services (MOHSS).

c) Integrate safety and health measures into the contingency and business continuity plan (CBCP) and consider other labour related requirements including where operations must be done with a reduced workforce.

d) Establish a monitoring and evaluation mechanism (M&E) of the COVID-19 Prevention Strategies and Plans (PSP).

e) Establish a Return-to-Workplace Planning Committee
   i. Committee to be constituted of management, OSH and Wellness Representative and organization communication personnel
   ii. The Committee to set a Return to Work Plan, taking into account the various human resources, facilities, and technological needs of the business and its workforce.

4. WORK ORGANISATION

The organisation of work is crucial to a successful return to the workplace and must be discussed with OSH and Workers Representatives at workplace. The following are some of the key elements employers should consider:

a) Conduct Risk Assessment (RA) or review the existing risk assessment to include COVID-19 as new hazard in consultation with OSH Representatives and must be continuously monitored.

b) Promote teleworking methods where possible, for workers who may work remotely to minimize the spreading of COVID-19 in workplace. Ensure that staff have adequate facilities at home to do their job, and do it safely.

c) Determine timing and procedures for returning employees to work,:-

    i. Analyse the workforce and prioritize the order of return, considering which categories of employees are most essential for on-site operations and how many are needed in each category,

    ii. Decide when and how to return employees to the workplace, considering a phased approach where some employees will be permitted to continue teleworking, and

    iii. Design duty rosters that allow employees to rotate for work to reduce the number of people at workplace at any time.

d) Communicate the developed COVID-19 policies, procedures and risk assessment in the workplace.

e) Provide appropriate controls including the supply of relevant and effective personal protective equipment and instructions on how to properly use and maintain them, written in a language commonly understood by employees.

f) Train management, workers and their representatives on the adopted measures to prevent risks of exposure to the virus and on how to act in case of COVID-19 infection. The Training should include, but not limited to:

    i. personal hygiene and hand washing practices,

    ii. the use hand sanitizers,

    iii. the correct use, maintenance and disposal of Personal Protective Equipment (PPE), and

    iv. the use of Emergency Toll Free (ETF) number - 0800 100 100 for any suspected case.

g) Ensure that clients and contractors comply with safety and health measures when on-site or workplace.

h) Ensure that contractors and visitors are subjected to the same screening and testing procedures.

5. RISK MANAGEMENT

5.1 RISK ASSESSMENT

Employer should assess the interaction of workers, contractors, customers and visitors at the workplace, to determine the risks of exposure to COVID-19. The International Labour Organization (ILO) outlines the Five(s) steps of the Risk Assessment as follows:

Step 1: Identify the hazards;

Step 2: Identify who might be harmed and how;

Step 3: Evaluate the risk – Identify and decide on the safety and health risk control measures;

Step 4: Record who is responsible for implementing which control measure, and the time-frame; and

**Step 5**: Record the findings, monitor and review the risk assessment, and update when necessary.

The assessment should be inclusive of: -

i.   biological, physical, chemical and ergonomic hazards, and
ii.   psychosocial hazards- psychological distress due to high risk exposure to COVID-19, exposure to long working hours, fatigue, occupational burnout, physical and psychological violence.

5.2   CLASSIFYING WORKER EXPOSURE TO COVID-19

Worker Risk of Occupational (WRO) exposure to COVID-19 may vary from very high, high, medium, or lower (caution) risk as per Occupational Safety and Health Administration (OSHA, 2020). The level of risk depends on the sector type, occupation and need for contact with people known to be, or suspected of being infected with the virus. The Occupational Risk Pyramid (ORP) below shows the four (4) exposure risk levels in the shape of a pyramid to represent probable distribution of risk.

Figure 1: Occupational Risk Pyramid for COVID-19

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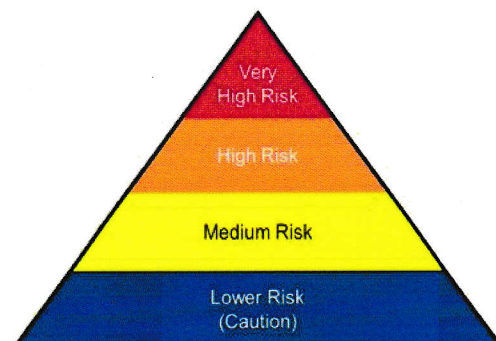
a) Very High Exposure Risk (VHER)

Very high exposure risk jobs are those with a very high potential for exposure to known or suspected sources of COVID-19 during specific medical, post-mortem, or laboratory procedures. Workers in this category include: -

i. Healthcare workers (doctors, nurses, dentists, paramedics, emergency medical technicians) performing procedures like intubation, bronchoscopies, dental procedures or specimen collection on known or suspected COVID-19 patients.

ii. Laboratory personnel collecting or handling specimen from known or suspected COVID-19 patients.

iii. Mortuary workers performing procedures on the bodies of people who are known to have, or are suspected of having COVID-19 at the time of their death.

b) High Exposure Risk (HER)

High exposure risk jobs are those with a high potential for exposure to known or suspected sources of COVID-19. Workers in this category include: -

i. Healthcare delivery and support staff e.g. hospital staff who must enter patients' rooms, exposed to known or suspected COVID-19 patients.

ii. Medical transport workers e.g. ambulance operators moving known or suspected COVID-19 patients in enclosed vehicles.

iii. Mortuary workers involved in preparing bodies for burial or cremation of people known to have, or suspected of having, COVID-19 at the time of death.

c) Medium Exposure Risk (MER)

Medium exposure risk jobs include those that require frequent/close contact with people who may be infected, but who are not known to have or suspected of having COVID-19. Workers in this category include:

i. Those who may have frequent contact with travellers who return from international locations with widespread COVID-19 transmission.

ii. Those who may have contact with the general public e.g. schools, high population density work environments, and some high-volume retail settings.

d) **Lower Exposure Risk (caution) (LER)**

Lower exposure risk (caution) jobs are those that do not require contact with people known or suspected of being infected with COVID -19, nor frequent close contact with the general public. Workers in this category have minimal occupational contact with the public and other co-worker. They may include: -

  i.   Remote workers i.e. those working from home during the pandemic.
  ii. Office workers who do not have frequent close contact with co-workers, customers, or the public.
  iii. Manufacturing and industrial facility workers who do not have frequent close contact with co-workers, customers, or the public.
  iv. Long-distance truck drivers.

5.3   CLASSIFIACTION OF EMPLOYEE BY VULNERABILITY

a) Very high vulnerability

This group includes employees who are likely to develop severe, rapidly progressive, and fulminant disease. Examples include:

  i.   Solid organ transplant recipients on immunosuppressive treatment
  ii. People with specific cancers or receiving immunosuppressive treatment for their cancer
    ✓ undergoing active chemotherapy or radical radiotherapy for lung cancer
    ✓ cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment
    ✓ receiving immunotherapy or other continuing antibody treatments for cancer
    ✓ receiving targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or Poly ADP-ribose Polymerase (PARP) inhibitors
  iii. People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppressive drug.
  iv. People with severe respiratory conditions including cystic fibrosis, severe and unstable asthma and severe Chronic Obstructive Pulmonary Disease (COPD), or current active tuberculosis of the lung.
  v.   People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe Combined Immunodeficiency (SCID), homozygous sickle cell).
  vi. People on immunosuppressive therapies not otherwise mentioned above, sufficient to significantly increase risk of infection. (e.g. high doses of steroids)

vii.   Pregnant women who have significant heart disease, congenital or acquired.

viii.   People who are older than 65 years, although healthy, elderly can be handled on a case by case basis

b) High vulnerability group

Employees who fall in this group include employees who are more likely to develop severe disease. Examples include:

i.   Those of age 60 – 65 years

ii.   Those with moderate chronic lung disease or severe asthma

iii.   Those with previous pulmonary TB with confirmed significant structural damage on imaging or impairment on spirometry

iv.   Those with serious heart conditions

v.   Those who are moderately or intermittently immunocompromised

vi.   Those with severe obesity (body mass index [BMI] >40)

vii.   Those with poorly controlled chronic medical conditions, such as diabetes, renal failure, hypertension or liver disease

viii.   Pregnant women over 28 weeks gestation

c) Medium vulnerability group

Employees who fall in this group include those conditions that place them at risk, but which are controlled. Examples include:

i.   Pregnant women fewer than 28 weeks gestation but otherwise healthy

ii.   Those of age 40 – 60 years, with controlled medical conditions such as hypertension, diabetes, cardiovascular disease, etc.

iii.   Those with a previous history of TB, who have recovered with no or minimal residual impairment or structural lung damage

iv.   Those with moderate obesity (BMI >35)

d) Medium Low vulnerability group

Employees who fall in this group include those who do not have a condition which places them at an unknown (but presumed increased) risk, or they suffer a condition for which there is no evidence, but first principles (physiology, pathophysiology) suggests that they may likely be at a theoretically increased risk. Examples include:

i.	Those under the age of 40 with controlled medical conditions such as hypertension, diabetes, cardiovascular disease, etc
ii.	Those who are obese (BMI >32)

e) Low vulnerability group
Employees who fall in this group include those without specified risk factors.

5.4 WORKPLACE RISK CONTROLS

Regulation 2 (1) (c) of the Regulations Relating to Health and Safety of Employee at Work requires the employer to, after investigating and identifying hazard and risk at workplace, eliminate the hazards or reduce the risk by employing appropriate measures, including the removal of hazards, or changing of the organization or schedule of the work performed.

The hierarchy of risk controls include elimination, substitution, engineering, administrative and Personal Protective Equipment (PPE).

5.4.1 Elimination

Elimination is the most effective control measure because it removes the hazard and incident of exposure.

a) Workers suspected of or who tested positive to COVID-19 should immediately be isolated.

b) Workers, contractors and visitors with symptoms of COVID-19 should not be allowed in the workplaces.

c) Workers who recently travelled should self-isolate for 7 days before entering the workplace.

5.4.2 Substitution

a) Substitution involves replacing high exposure activity to less exposure activity.

b) Encourage teleworking and providing resources for workers working from home reduce the exposure risk to COVID-19, such as internet, access to databases, computers, etc.

c) Minimize contact among workers and visitors by replacing face-to-face meetings with virtual communications e.g. skype, conference calls, zoom, etc.

d) Minimize contact between workers and suppliers including control and sanitization of parcels delivered

5.4.3　Engineering Controls

Engineering controls involve isolating employees from work-related hazards. Engineering controls for COVID-19 include:

a) Installing high-efficiency air filters.
b) Increasing ventilation rates in the work environment.
c) Installing physical barriers, such as clear plastic sneeze guards.
d) Automate process where possible which reduce person-person interaction.
e) Specialized negative pressure ventilation in some settings, such as for aerosol generating procedures (e.g., airborne infection isolation rooms in healthcare settings and in mortuary settings)

5.4.4　Administrative Controls

Administrative controls require action by the worker or employer. Typically, administrative controls are changes in work policy or procedures to reduce or minimize exposure to a hazard.

a) Screen all workers and visitors upon arrival at the workplace for COVID-19 symptoms
b) Instruct sick workers to stay at home and refer them to COVID-19 testing facilities where necessary.
c) Minimize the number of workers at workplace at a given time through shift work.
d) Provide workers with education and training on hazards associated with their work including COVID-19 risk factors.
e) Train workers on how to use protecting clothing and equipment.
f) Revisit workplace procedures to include issues of social distancing
g) Stagger arrival time to work, tea or lunch breaks and time to leave for home
h) Place COVID-19 signs encouraging personal hygiene and providing useful information

5.4.5 Safe Work Practices

Safe work practices are types of administrative controls that include procedures for safe and proper work used to reduce the duration, frequency, or intensity of exposure to a hazard. Examples of safe work practices for COVID-19 include: -

a) Providing resources and a work environment that promotes personal hygiene. For example, provide tissues, no-touch trash cans, hand soap, alcohol-based hand rub or hand sanitizers containing at least 60 percent alcohol, disinfectants, and disposable towels for workers to clean their work surfaces.

b) Requiring regular hand washing or using of alcohol-based hand rubs. Workers should always wash hands when they are visibly soiled and after removing any PPE.

c) Put sanitizing hand rub dispensers in prominent places around the workplace and make sure these dispensers are regularly refilled.

d) Provide employees, customers and visitors with ample and easily accessible places where they can wash their hands with soap and water, disinfect hands with sanitizers.

e) Promote a culture of regular wiping of desks and workstations, doorknobs, telephones, keyboards and working objects with disinfectant and regularly disinfect common areas including rest rooms. Surfaces frequently touched should be cleaned more often.

f) Post hand washing signs in restrooms.

5.4.6 Personal Protective Equipment (PPE)

Section 39(1)(d) of the Labour Act 2007, obliged employers to provide their employees with adequate PPE, if reasonably necessary, to keep them safe while performing their jobs. The types of PPE required during a COVID-19 outbreak should be based on exposure risk. While correctly using PPE can help prevent some exposures, it should be regarded as a last resort and considered when all the other controls in the hierarchy of control have been exhausted. Examples of PPE include: gloves, goggles, face shields, face masks and respiratory protection, when appropriate.

a) Employers should provide workers with at least two washable facemasks within six months or one disposable mask daily during COVID-19. The PPE provided to workers should recognise other hazards that the worker is exposed to at work.

b) The types of PPE required during a COVID-19 outbreak should be based on exposure risk.

c) All types of PPE must be:

    i.   Selected based upon the hazard to the worker.

    ii.   Properly fitted and periodically refitted, as applicable (e.g., respirators).

    iii.   Consistently and properly worn when required.

    iv.   Regularly inspected, maintained, and replaced, as necessary.

    v.   Properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment.

d) According to the Ministry of Health and Social Services Coronavirus Disease (COVID-19) Standard Operating Procedures (SOP), the World Health Organisation (WHO) recommended the following PPE for Healthcare Workers as a minimum for the care of all possible COVID-19 cases.

    i.   Standard PPE:

- ✓ medical mask,
- ✓ gown,
- ✓ gloves, and
- ✓ eye protection.

    ii.   When performing procedures with high risk of aerosol spray from the patient additional equipment included: -

- ✓ respirator N95 or filtering face piece (FFP) that has varying degrees of filtration of particles. (FFP 1 filters up to 80% of particles FFP 2 is equivalent to a N95 respirator and filters >90% of particles, and
- ✓ apron.

6. ADDRESSING STRESS, PSYCHOSOCIAL RISKS AND VIOLENCE AND HARASSMENT

Violence and harassment (both physical and psychological) can rise during an outbreak, adding to an increase in social stigma and discrimination of workers in occupation with a high level of risk exposure of COVID-19.

WHO and ILO (2018), recommended several measures to be implemented to prevent work-related stress among health workers and other frontlines workers. These measures are also relevant to other workers in other sectors. These measures include: -

    i.   psychosocial support session to reassure workers on the protection of their health,

    ii.   good communication and up-to-date information,

    iii.   multidisciplinary sessions to identify concerns and to work together on strategies to solve problems,

iv.   checklist to assess personal strengths and limitations, and recognize signs of stress and burnout,

v.   system to provide psychosocial support and monitor stress and burnout,

vi.   regulated rest periods for taking sufficient rest breaks during the work day,

vii.   opportunities to promote physical health (e.g. exercise, health eating habits),

viii.   psychosocial support for workers to share fears and worries confidentially, and

ix.   campaigns to reduce stigma.

ILO recommended the following measures for workers working from home during the COVID-19 pandemic: -

i.   management commitment and support and connection with supervisors and colleagues,

ii.   clear expectations (e.g. results to achieve, tasks, etc.),

iii.   disconnection from work at specified times reserved for rest and personal life,

iv.   appropriate equipment (e.g. laptops, apps for teleworking, adequate IT support) and dedicated workplace,

v.   good system of communication, and

vi.   support services, including employee assistance programs.

7. ARRANGEMENTS FOR SUSPECTED AND CONFIRMED COVID-19 CASES

a)   Develop a plan of what to do if a confirmed or suspected case of COVID-19 is identified at the workplace that includes among others reporting, monitoring, and disinfection in line with the national guidelines

b)   Encourage employees with suspected symptoms of COVID-19 not to come to the workplace but to follow the guidance of the MOHSS.

c)   Advise workers to call their healthcare provider or the Ministry of Health when they have serious health condition including trouble breathing, giving them details of their recent travel and symptoms.

d)   Arrange for isolation of any person who develops COVID-19 symptoms at the work site, while awaiting transfer to an appropriate health facility.

e)   Arrange for disinfection of the work site and health surveillance of persons who have close contact.

8. INCIDENCE AND DISEASE REPORTING AND NOTIFICATION

a) COVID-19 contracted through workplace exposures should be reported in form OD.1, to the Chief Medical officer of Occupational Health at the Ministry of Health, as required by Regulation 23 of the Regulations Relating to the Health and Safety of Employees at Work; and

b) to Social Security Commission as per Employee Compensation Act, 30 of 1941.

9. RISK COMMUNICATION

a) Developing Emergency Communications Plans (ECP), including a task team for answering workers' concerns and internet-based communications, if feasible.

b) Maintain regular communication with workers and workers' representatives, customers and members of the public, including over the internet, or when not possible, over the phone.

c) Inform workers of their right to leave dangerous place of work, as provided by section 42 of Labour Act and Regulation 11 of the Regulations Relating to the Health and Safety of Employee at Workplace.

REFERENCES

A. Namibia LABOUR Act 2007 (Act 11 of 2007)

B. Namibia Regulation 156: 'Regulations Relating to the Safety and Health of Employees at Work

C. Ministry of Health and Social Services, 2020, Coronavirus Disease (COVID-19) Standard Operating Procedures (SOP)

D. African Union COVID-19/ Occupational Safety and Health Guidelines Series. Workplace Sector Specific Risk Assessment. Volume 1

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