



MINISTRY OF LABOUR, INDUSTRIAL RELATIONS AND EMPLOYMENT CREATION

WORKPLACE PREPAREDNESS

“RETURN NAMIBIA TO WORK”

FOR

COVID-19 GUIDELINES

2020

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WORKPLACE PREPAREDNESS FOR COVID-19 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 suppress 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 includes the responsibility of providing adequate protective clothing and personal protective equipment (PPE) as provided by the Labour Act (Act 11 of 2007), at no cost to the employee.

These Guidelines are intended for planning purposes and also as a tool to implement back to work COVID-19 safety and health measures. Employers and employees should use these Guidelines to help identify risk levels in workplaces and to determine any appropriate control measures to be implemented to minimize risks.

1. IMPLEMENTING MEASURES AT WORKPLACE TO MINIMIZE THE RISKS

The International Labour Organization (ILO) has prepared a Management Tool aiming to implement practical actions to mitigate the spread of COVID-19 pandemic at the workplace. The successful implementation of the Tool depends on the cooperation between employers, supervisors and workers to make positive changes in the workplace and to improve preparedness and response to for COVID-19.

2. POLICY, PLANNING AND ORGANIZING

- a) Develop and post a Statement of Management's (SM) commitment and responsibilities to reduce the risk of exposure to and transmission of COVID-19 at the workplace in consultation with workers representatives (Workers' Committees).
- b) 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.
- c) 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).
- d) 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.
- e) Promote teleworking for some workers who may work remotely to minimize the spreading of COVID-19 in workplace.
- f) Establish a monitoring and evaluation mechanism (MEM) of the COVID-19 Prevention Strategies and Plans (PSP).

3. RISK MANAGEMENT

- a) 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 sanitizer,
 - iii. the correct use, maintenance and disposal of personal protective equipment (PPE).
 - iv. the use of Emergency Toll Free (ETF) number - **0800 100 100** for any suspected case.
- b) 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, and
- c) assist workers to manage any emerging psychosocial risks and new forms of work arrangements.

4. RISK ASSESSMENT

- a) Assess the risk of potential interaction with workers, contractors, customers and visitors at the workplace.
- b) A risk assessment should be conducted in the workplace to determine the risks of exposure to COVID-19 and be communicated to all workers.
- c) 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. 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 (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



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.

6. IMPLEMENT WORKPLACE 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.

However, with COVID-19 it may not be possible to eliminate the hazard, therefore it is importance to apply the framework called “**Hierarchy of Controls**” to select ways of controlling workplace hazard. The best way to control a hazard is to systematically remove it from the workplace, rather than relying on workers to reduce their exposure themselves. During a COVID-19 outbreak, when it may not be possible to eliminate the hazard, the most effective protection measures are (listed from most effective to least effective): engineering controls, administrative controls, safe work practices (a type of administrative control), and Personal Protective Equipment (PPE).

6.1 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) Installing a drive-through window for customer service.
- 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)

6.2 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. Examples of administrative controls for COVID-19 include:

- a) Encouraging sick workers to stay at home.
- b) Minimizing contact among workers, clients, and customers by replacing face-to-face meetings with virtual communications e.g. skype, conference calls, zoom, etc., and implementing telework.
- c) Minimizing the number of workers at workplace at a given time.
- d) Discontinuing none essential travel to locations with ongoing COVID-19 outbreaks.
- e) 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).
- f) Training workers who need to use protecting clothing and equipment 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.

6.3 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.

6.4 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 not be the first resort. Examples of PPE include: gloves, goggles, face shields, face masks and respiratory protection, when appropriate.

- a) 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.
- b) According to the Ministry of Health and Social Services Coronavirus Disease (COVID-19) Standard Operating Procedures (SOP), 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.

7. 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.

8. 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.

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.

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. Guidance for Preparing Workplaces for Coronavirus; USA Department of Labour. <https://www.dol.gov/>
- E. ILO, 2020. In the face of a pandemic: Ensuring Safety and Health at Work
- F. OSHA, 2020. Guidance on Preparing Workplaces for COVID-19. www.osha.gov