

Prevention of COVID-19 in the workplace

The World Health Organization (WHO) declared coronavirus disease 2019 (COVID-19) a pandemic on 12 March 2020.^[1] The first confirmed case of COVID-19 in South Africa (SA) was reported on 5 March, with 61 cases reported by 15 March. Like other affected countries, SA may not be able to escape the economic impact of the pandemic and, concomitantly, minimise mortality.^[2] Every SA employer needs to anticipate that COVID-19 will affect their business. However, the outbreak in SA is in its early stages, creating a window of opportunity for businesses to implement proactive interventions that could contain the spread of COVID-19, and ultimately minimise the economic and social impact of the disease.

Workplaces represent an environment that could accelerate the spread of COVID-19. The September 2019 Quarterly Employment Statistics (QES) survey showed that an estimated 10 million (10 142 000) people were employed in the formal non-agricultural sector of the SA economy.^[3] These employees spend an average of 8 hours in the workplace daily, potentially in environments where people congregate in large numbers. Social distancing, as a preventive measure recommended by the WHO,^[4] may be a challenge owing to the nature of some work processes that require people to work in close proximity. Poor workplace hygiene may contribute to contaminated work areas. Communal ablutions and the sharing of food and eating utensils in canteens could contribute to the spread of the disease.

Workplaces with workforces consisting of unskilled labour drawn from poor communities are at risk of introducing community-based risk factors into the workplace, contributing to a multiplier effect that could greatly exacerbate the spread of the disease. The risk factors associated with poor socioeconomic communities include high population density, widespread poverty, malnutrition, a high prevalence of HIV and TB, uncontrolled chronic diseases such as diabetes, hypertension and concomitant heart disease,^[5] chronic respiratory disease and cancer, which may facilitate community spread of the disease. Many employees may not have the financial means to access the influenza vaccine. Individuals concomitantly infected with influenza and COVID-19 are probably at increased risk of severe illness or death. The risk is even higher if the person has an underlying condition like HIV that results in immune deficiency.

Three critical principles underpin the employer response to COVID-19. Firstly, businesses have a moral imperative to create a healthy workplace that does not harm the mental and physical health, safety and wellbeing of workers.^[6] Secondly, since employees are the most valuable asset of a business, it makes sense to maintain the wellbeing of employees to ensure business continuity, productivity and ultimately business sustainability and profitability.^[6] Finally, employers have a legal obligation to respond to COVID-19 within the framework of occupational health and safety legislation.^[6] The Occupational Health and Safety Act No. 85 of 1993^[7] obligates employers to provide and maintain a workplace that is safe and without hazards to health. This includes biological agents such as severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2), the cause of COVID-19. The Employment Equity Act No. 55 of 1998^[8] prohibits unfair labour practices such as discrimination on the basis of health. It also prohibits medical testing of employees unless such testing can be justified. The Basic Conditions of Employment Act 75 of 1997^[9] provides regulations pertaining to leave benefits.

The WHO^[10] and Public Health England^[11] consider the following to be essential elements of a workplace intervention strategy. Management should commit to an intervention strategy to address

COVID-19. All businesses should establish a risk-response team, including representatives from stakeholders. The risk-response team should adopt a systematic, comprehensive strategy to contain the spread of COVID-19. The containment strategy should involve acquiring the necessary human, financial, and material resources; conducting a risk assessment; determining which interventions are required and how best to prioritise them; developing a comprehensive project plan with specific actions; and consulting experts in relevant fields such as labour law, occupational health, public health and infection control, where required. Once implemented, the acceptance and effectiveness of the plan should be evaluated on an ongoing basis and improvements made where necessary.

The response team should consider the following specific interventions:

- Communicate preventive measures using posters, pamphlets, emails, video and public announcements.
- Encourage employees with symptoms to stay at home and self-isolate, stressing the responsibility to keep the workplace safe and without risk to health.
- Enquire from people entering the workplace whether they have symptoms of the disease. Prohibit persons with symptoms from entering the workplace and advise them to seek medical care and testing immediately.
- Prohibit all non-essential travel.
- Advise employees to self-isolate on return from travel to affected countries.
- Promote frequent hand washing. Every person entering the workplace should be required to cleanse their hands. Wherever possible, install hand-cleansing stations at entrances to the premises and canteens, in addition to those in ablution facilities.
- Limit the number of entrances to workplaces – preferably have a single entrance.
- Maintain a high standard of workplace hygiene – conduct regular cleaning of ablutions, canteens, work surfaces and door handles.
- Advise employees to practise good respiratory hygiene by avoiding touching their nose and mouth; coughing and sneezing into a tissue or the bend of the arm; and immediately discarding used tissues into designated waste bins.
- Provide waste bins/packets.
- Exercise effective waste management.
- Provide masks for sick employees who need to go to the hospital.
- Avoid gatherings/meetings.
- Encourage employees to work from home. Provide employees who can work from home with the necessary tools and equipment.

Workplace interventions should consider the prediction that individual behaviour will be crucial to contain the spread of COVID-19. Behaviours such as self-isolation, seeking medical assistance timeously and social distancing are crucial.^[12]

Robin George

Occupational Health, Momentum Metropolitan Health, Centurion, South Africa

Ann George

*Centre for Health Science Education, Faculty of Health Sciences, University of the Witwatersrand, Johannesburg, South Africa
ann.george@wits.ac.za*

1. World Health Organization. WHO Director-General's opening remarks at the media briefing on COVID-19 – 11 March 2020. <https://www.who.int/dg/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---11-march-2020> (accessed 14 March 2020).
2. Anderson RM, Heesterbeek H, Klinkenberg D, Hollingsworth T. How will country-based mitigation measures influence the course of the COVID-19 epidemic? *Lancet* 2020 (epub 9 March 2020). [https://doi.org/10.1016/S0140-6736\(20\)30567-5](https://doi.org/10.1016/S0140-6736(20)30567-5)
3. Statistics South Africa. Quarterly Employment Statistics. 25 June 2019. <http://www.statssa.gov.za/?p=12246> (accessed 14 March 2020).
4. World Health Organization. Coronavirus disease 2019. (COVID-19): Situation Report – 39. 28 February 2020. https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200228-sitrep-39-covid-19.pdf?sfvrsn=aa1b80a7_4 (accessed 14 March 2020).
5. World Heart Federation. Preventing COVID-19 spread in poor areas. 5 March 2020. <https://www.world-heart-federation.org/news/preventing-covid-19-spread-in-poor-areas/> (accessed 14 March 2020).
6. Lee M, Hudson H, Richards R, Chang C, Chosewood L, Schill A. Fundamentals of total worker health approaches: Essential elements for advancing worker safety, health, and well-being. National Institute for Occupational Safety and Health Office for Total Worker Health, December 2016. https://www.cdc.gov/niosh/docs/2017-112/pdfs/2017_112.pdf (accessed 14 March 2020).
7. Republic of South Africa. Occupational Health and Safety Act, 1993 (Act No. 85 of 1993). Government Gazette No. 14918:1158. 2 July 1993. https://www.gov.za/sites/default/files/gcis_document/201409/act85of1993.pdf (accessed 14 March 2020).
8. Republic of South Africa. Employment Equity Act, 1998 (Act No. 55 of 1998). Government Gazette No. 19370:1323. 19 October 1998. <https://www.gov.za/documents/employment-equity-act> (accessed 14 March 2020).
9. Republic of South Africa. Basic Conditions of Employment Act, 1997 (Act No. 75 of 1997). Government Gazette No. 18491:1631. 5 December 1997. <https://www.gov.za/documents/basic-conditions-employment-act> (accessed 14 March 2020).
10. World Health Organization. Getting your workplace ready for COVID-19. 27 February 2020. <https://www.who.int/docs/default-source/coronaviruse/getting-workplace-ready-for-covid-19.pdf> (accessed 14 March 2020).
11. Public Health England. COVID-19: Guidance for employers. <https://www.gov.uk/government/publications/guidance-to-employers-and-businesses-about-covid-19/guidance-for-employers-and-businesses-on-covid-19> (accessed 14 March 2020).

S Afr Med J 2020;110(4):269-270. <https://doi.org/10.7196/SAMJ.2020.v110i4.14723>