
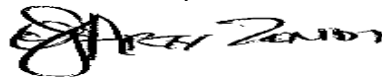


ETHEKWINI MUNICIPALITY
Occupational Health & Safety Unit



COVID 19 Health and Safety Specification

Document Title	COVID 19 Health & Safety Specification
Client	eThekweni Municipality – CSCM Department
Project Name	Provision of Credit Information Bureau Services for 36 months
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ETHEKWINI MUNICIPALITY OCCUPATIONAL HEALTH AND SAFETY UNIT

COVID 19 HEALTH AND SAFETY SPECIFICATION

Background:

Corona viruses are a large family of viruses that are found both in humans and animals. Some of these viruses are known to cause illnesses ranging from common cold to severe respiratory diseases. Corona virus (COVID-19) was identified in December 2019 in China. COVID-19 infections have spread to other countries in the world. Exposure to Covid-19 may cause flue like symptoms such as coughing, sneezing, headaches, fever, sore throat and at times affect the lungs and airways of employees. Symptoms can be mild, moderate, severe or fatal.

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by the SARS-CoV-2 virus. To reduce the impact of COVID-19 outbreak conditions on businesses, workers, customers, and the public, it is important for all employers to plan now for COVID-19. For employers who have already planned for influenza outbreaks involving many staff members, planning for COVID-19 may involve updating plans to address the specific sources of exposure, routes of transmission, and other unique characteristics of SARS-CoV-2 (i.e. compared to influenza virus outbreaks).

Introduction

The legislation governing workplaces in relation to COVID-19 is the Occupational Health and Safety Act, Act 85 of 1993, as amended, read with the Hazardous Biological Agents

Regulations. Section 8 (1) of the Occupational Health and Safety (OHS) Act, Act 85 of 1993, as amended, requires the employer to provide and maintain as far as is reasonably practicable a working environment that is safe and without risks to the health of employees. Specifically, section 8(2)(b) requires steps such as may be reasonably practicable to eliminate or mitigate any hazard or potential hazard before resorting to Personal Protective Equipment (PPE). However, in the case of COVID-19, a combination of controls is required, although the main principle is to follow the hierarchy of controls.

While engineering and administrative controls are considered more effective in minimizing exposure to SARS-cov-2, 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

This is a risk assessment for dealing with the current COVID-19 situation in the construction site. It may not likely to cover all scenarios therefore Construction Management should develop Standard Operating Procedures as there may be unique circumstances and make a necessary call in the interest of the health and safety of employees

This is a risk assessment for dealing with the current COVID-19 situation in the construction site. It may not likely to cover all scenarios therefore management should develop SOP's as there may be unique circumstances and make a necessary call in the interest of the health and safety of Contractor employees

Definitions

"BCEA" means the Basic Conditions of Employment Act, 1997 (Act No.75 of 1997)

"COVID-19" means Coronavirus Disease 2019

"Disaster Management Act" means the Disaster Management Act, 2002 (Act No.57 of 2002)

"OHSA" means the Occupational Health and Safety Act, 1993 (Act No.85 of 1993)

"PPE" means personal protective equipment

"virus" means SARS-Cov-2 virus

"Worker" means any person who works in an employer's workplace including an employee of the employer or contractor, a self-employed person or volunteer

“workplace” means any premises or place where a person performs work

“NICD” means National Institute for Communicable Diseases

“OMP” means Occupational Medical Practitioner

Hand Hygiene:

- The Service Provider must provide 70% alcohol-based hand sanitizers to his/her employees.

Social Distancing:

- The Service Provider must ensure social distancing when supplying and delivering of the equipment between workers and as far as practicable that there is a minimum of 1,5meter distance between workers.

Personal Protective Equipment (PPE)

- The Service Provider must be provided with cloth masks to be worn when conducting an EIA assessment.

Point of entry screening

- The Service Provider must complete the daily point of entry screening when entering eThekweni Municipality premises.

Symptomatic employees

- The Service Provider must be encouraged to stay at home if she/he is sick with continuous cough, sore throat, difficulty breathing, or high temperature.

Emergency Numbers

- Corona virus (COVID-19) 24-Hour Hotline number: 0800 029 999
- Corona virus (COVID-19) WhatsApp Number: 0600 12 3456
- COVID-19 National Crisis Helpline - 0861 322 322
- NICD (National Institute of Communicable Diseases) 24-Hour toll-free hotline number: 0800 029 999 or 0800 111 132
- SAPS gender-based violence service complaints (SAPS) - 0800 333 177
- GBV (Gender Based Violence) Command Centre -0800 428 428/ *120*7867# (free from any cell phone)/ SMS Line: 32312
- Women Abuse Helpline - 0800 150 150
- People Opposing Women Abuse (POWA) - Tel: 011 642 4345/ Afterhours cellphone: 0837651235
- Child Line - 0800 055 555
- Lifeline South Africa - 0800 012 322 (free on mobile networks including landlines)
- FAMSA - Advice on family relationships - 011 975 7107
- Human trafficking - Report cases of human trafficking - hotline operated by the Salvation Army and Be Heard - 08007 37283 (0 8000-rescue)
- National Human Trafficking Helpline - 0800 222 777
- Persons with Disabilities - SMS 'help' to 31531
- National AIDS Helpline - 0800 012 322
- Suicide Helpline - 0800 567 567
- Stop Gender Violence - 0800 150 15
- Substance Abuse Helpline - 0800 12 13 14

References

- COVID-19 Disaster Management Act
- Occupational Health & Safety Act 85 of 1993
- The Department of Employment and Labour: Workplace Preparedness: COVID-19 (SARS-CoV-19 virus)
- COVID-19 Occupational Health and Safety Measures in Workplaces COVID-19 (C19 OHS), 2020
- Hazardous Biological Agents Regulations
- National Institute for Occupational Health (NIOH)

COMPANY LOGO

Covid-19 access into eThekweni Municipality premises, point of entry screening questionnaire

eThekweni Municipality: _____

Name and Surname: _____ Co No: _____

Line Manager Name: _____

Question:	Yes	No
1. Have you had flu or symptoms of flu in the last few weeks?		
2. Do you have a persistent cough that has started in the last few days?		
3. Do you have symptoms of fever? (red, tearing or burning eyes, sweats, clammy hands)?		
4. Do you have any signs of a respiratory infection, shortness of breath, difficulty breathing? (<i>Self-test: Hold in your breath for 10 seconds</i>)		
5. In the last 14 to 21 days, have you travelled outside the borders of South Africa?		
6. In the last 14 to 21 days, have had contact with anybody that has travelled outside the Provincial or South African borders?		
7. Have you been near or in contact with anyone who has symptoms or tested positive for COVID-19?		
If you have answered yes to any of the above questions, please inform your supervisor immediately. Brief description of events (When, where and who else were you with: _____ _____ _____		
Personal Commitment		
✓ I further undertake to immediately report any change in my medical condition to my supervisor/manager!		
✓ I will always maintain excellent personal and company hygiene standards!		
✓ I will maintain and keep the minimum social distance of 1m between myself and other employees!		
✓ I will utilize PPE and sanitizers provided to me to prevent the spread of the virus!		
✓ I will ensure all equipment / materials handed over to another person has been cleaned and sanitized!		
✓ I will not abuse, misuse, share or lose the PPE and related materials / equipment issued to me!		
Employee Signature		
Date		

Temperature: _____ °C. (if temperature is at 38°C or higher refer to Process Flow Annexure 1 document then deny entry, isolate and start reporting process)

Entry Cleared Yes ☐ No ☐

Construction Manager/Supervisor: _____ Signature: _____ Date: _____

Comments: _____

