GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF MINERAL RESOURCES

NOTICE 253 OF 2020

"The Minister of Mineral Resources and Energy herby publish a court order handed down by the Labour Court, Johannesburg on Friday 1 May 2020, for general notice.

This court order must be read with the Directions published under Government Notice No. 250 in Government Gazette No. 43256 of 29 April 2020."

IN THE LABOUR COURT OF SOUTH AFRICA, JOHANNESBURG

Case No.: J427/2020

The Honourable Van Niekerk J ORDERED on 1 May 2020

In the matter between:

ASSOCIATION OF MINEWORKERS AND CONSTRUCTION UNION	Applicant
and	
MINISTER OF MINERAL RESOURCES AND ENERGY	First Respondent
CHIEF INSPECTOR OF MINING	Second Respondent
MINISTER OF CO-OPERATIVE GOVERNANCE AND TRADITIONAL AFFAIRS	Third Respondent
MINERALS COUNCIIL	Fourth Respondent

ORDER

HAVING HEARD COUNSEL FOR THE PARTIES, and having considered the matter:

IT IS ORDERED THAT:

1. The Second Respondent's decisions not to:

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2020 -05- 01
LC-JHB-001

LABOUR COURT

1.1. require employers to prepare and implement a code of practice on the Covid-19 viral pandemic present and spreading in South Africa in terms of section 9(2) of the Mine Health and Safety Act, 1996 (**MHSA**); and

1.2. issue guidelines in terms section 9(3) of the MHSA,

are reviewed and set aside.

2. The Second Respondent is directed by no later than 18 May 2020 to publish a notice ("the Notice") in the Government Gazette –

2.1. containing guidelines in terms of section 9(3) and 49(6) of the MHSA; and

2.2. in terms of section 9(2) thereof requiring employers (as defined in the MHSA) to prepare and implement a code or codes of practice, to mitigate the effect of the outbreak of Covid-19 on the health and safety of employees (as defined in the MHSA) and persons who may be directly affected by the disease at the mine.

3. Before publishing the Notice in terms of paragraph 2, the Second Respondent shall:

3.1. consult with the Mine Health and Safety Council, if constituted at the date of the order of this court;

3.2. elicit and consider all available expert advice, including but not limited to the expert opinions of Professors Ehrlich, Murray, Naidoo, Sonnenberg, and Rees contained in the Applicant's papers;

3.3. meaningfully engage with the relevant trade unions, including but not limited to the Applicant, relevant employer organisations, including but not limited to the Fourth Respondent, Mining Affected Communities

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United in Action, and such other interested persons as the Second Respondent may determine regarding the content of the guidelines;

3.4. consider the directions issued by the First Respondent on 29 April 2020 in terms of regulation 10(8) of the regulations issued in terms of section 27(2) of the Disaster Management Act No. 57 of 2002 ("the Directions"); and

3.5. after having completed the steps in paragraphs 3.1 to 3.4, but no later than 11 May 2020, publish the draft guidelines for public comment.

4. Pending the publication of the Notice and the lodging of codes of practice with the Chief Inspector in terms of section 9(5) of the MHSA, and in addition to complying with any regulations and directions issued under section 27(2) of the Disaster Management Act ("the Regulations"):–

4.1. all employers as defined in the MHSA shall, at a minimum, comply with the Standard Operating Procedures, a copy of which is attached hereto marked "A", to the extent that it is not inconsistent with the Regulations, and as read with, but not limited by, -

4.1.1. the Directives issued by the Second Respondent to employers on 26 March 2020, a copy of which is attached marked "B"; and

4.1.2. paragraphs 1 and 3(a) to (d) of the Directions, a copy of which is attached marked "C";

4.2. compliance with paragraph 4.1 will be deemed to constitute compliance with paragraph 2 of the Directions.

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5. In order to publicise this order, the First Respondent shall publish a copy of this order in the Government Gazette within 5 days.

6. Judgment on the question of costs is reserved.

BY THE COURT



REGISTRAR

LABOUR COURT

STANDARD OPERATING PROCEDURE FOR SOUTH AFRICAN MINES: FOLLOWING COVID -19 LOCKDOWN

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1 INTRODUCTION

Given the recent spread of the COVID-19 virus to various parts of the world, including to South Africa and the 21-day lockdown declared on 26th March 2020, this Standard Operating Procedure (SOP) has been developed to assist in preventing the transmission of COVID-19 in South African mines.

2 SCOPE AND PURPOSE

This procedure provides guidelines for the management of the healthcare workers and employees returning to work following the COVID-19 South African lockdown. The guidelines address possible exposure to SARS-CoV-2 the virus responsible for COVID-19 and subsequent illness, isolation and quarantine, in addition to the usual return to work procedures of the industry. The aim is to ensure good health and safety of employees on return to work (RTW). This procedure should be read together with, but not limited by, the SOP for Addressing Cases of COVID-19: prepared for members of the Minerals Council South Africa, approved by the Minerals Council Board on 23th March 2020. One should also be cognisant of, but not limited by, the Guiding Principles on Prevention and Management of COVID-19 in SAMI published by the Department of Minerals and Energy (DMRE) on 26th March 2020.

3 BACKGROUND

In November 2019, the first cases of a new disease, later named COVID-19 by the World Health Organization (WHO), were reported by healthcare workers from Wuhan, China. In January 2020 the WHO declared COVID-19, as a public health emergency of international concern. On 15th March 2020 the State President of South Africa declared a national state of disaster on COVID -19, in terms of the Disaster Management Act which introduced several restrictions aimed to curb the disease. Despite these measures, the numbers of COVID-19 increased dramatically and on 25th March 2020, the Minerals Council Board adopted the SOP for Addressing Cases of COVID-19, in a bid to advise its members on how to manage the unfolding epidemic.

On 26th March 2020, a lockdown was declared in South Africa, lasting till 16th April 2020 when work is expected to resume on 17th April. During this period most mines were under care and maintenance while others were granted exemptions to work on a full-scale capacity or partial scale capacity.

The mining industry has a formal procedure for medical surveillance of any workers returning to work following a significant period of time away from work, based on the Department of Minerals Resources and Energy's (DMRE) standards of fitness to work. This SOP outlines the additional special steps and procedures to be followed in light of workers going back to work after the Lockdown.

4 PROCEDURE

4.1 Before arrival of employees

Before arrival of employees, employers must comply with the following:

(a) Develop a procedure for the management of the return to work after the lockdown, which should include a history of COVID contact from areas of residence during the lockdown.

(b) Communicate your plan with the local DMRE office to ensure their concurrence on issues such as the extension of expired certificates of fitness and deferment of non-urgent medical surveillance procedures.

(c) Communicate with Department of Health (DOH) District Communicable Diseases staff to be familiar with the district plan and how your operation will collaborate with the district, including diagnostic, isolation and quarantine, reporting and testing procedures for COVID-19. Arrangements for workers to access medical care, including arrangements for transportation to medical institutions.

(d) Ensure sufficient availability of resources:
- Facilities - pre-screening areas, isolation areas, quarantine areas,
- Staff - security personnel, medical staff, social worker, counselling psychologists, employee assistance programme specialists and administrative assistants, as far as reasonably practicable,
- Equipment and medical supplies including soap and water, sanitisers, appropriate personal protective equipment (PPE) and face masks for healthcare workers and employees, and waste disposal receptacles for used PPE,
- Prophylaxis - Flu vaccination that prioritises those at high risk of disease and INH prophylaxis where required,
- Cleaning and disinfection consumables and services

(e) Communicate new procedures for medical surveillance to employees before they leave areas of residence during lockdown.

(f) Screen healthcare workers and staff assisting with the RTW before mass screening of employees, and then daily (self-screening).

(g) Screening of employees must be done in labour sending areas before they embark on their journey and isolation and quarantine at source as required.

(h) If providing transport for the return of employees, implement screening mechanisms before boarding and isolation and quarantine at source where required.

(i) Implement dedensification / physical distancing opportunities for mass transport and at areas of the mine where close contact may occur.

(j) Workplaces must implement a staggered approach on the number of employees screened per day for return to work to minimise crowding at the screening areas and at the medical centre as well as transporting employees to the medical centre.

(k) Intensify employee awareness and education on signs and symptoms of COVID-19 on their return.

(l) Inform employees of the duty to report should they have tested positive for COVID-19 during the nationwide lockdown. Require results where available and a clearance letter from the relevant health facility stating the date of onset of symptoms, diagnosis, date of specimen collection of positive test if applicable, and expected date when isolation ends. Communicate this to employees before they embark on their journey to return home.

(m) Establish a procedure for screening all visitors to the site and ensuring that they comply with protective measures including PPE and social distancing while on site.

(n) If this paragraph 4.1 was not complied with before arrival of employees, it must be done, where still appropriate, by 6 May 2020.

4.2 After arrival of employees

4.2.1 Infection Prevention and Control measures

After arrival of employees, employers must comply with the following:

(a) Infection prevention and control measures must be applied to all modes of transport for employees, screening areas and departments.

(b) Education of workers must be given on:

i. Maintaining physical distancing.
ii. Regular washing of hands with soap.
iii. Regular sanitising of hands with alcohol-based hand rub (ABHR) or other appropriate sanitisers.
iv. Avoid touching your face areas (mouth, eyes and nose).
v. Avoid physical hand contact such as handshakes.
vi. Avoid using other people's personal belongings such as stationery, cell phones and sharing food etc.
vii. When coughing or sneezing do not use your hands, rather use a tissue/toilet paper or the inside of your elbow.
viii. Use disposable tissues rather than a handkerchief; immediately dispose of these tissues in a closed bin and wash or sanitise your hands thereafter
ix. Avoid big crowds and travelling.
x. Avoid touching objects before sanitising, like trollies, toilet seats, turnstiles, tables and chairs.
xi. Coach and teach family members.
xii. Wearing and handling of appropriate PPE.

(c) Posters on Infection Prevention to be visible at all areas of the medical centre.

(d) Sanitisers (as per World Health Organisation guidelines) must be made available at the entrance and exit points of all screening facilities, security entrances and all entrances and exits at the medical centre, and at the starting points and end points of all places where close contact among workers is likely to occur, including in underground working places.

(e) Sanitisers (as per World Health Organisation guidelines) must be available in each consultation room and testing areas at the medical centre, and sanitisation must take place before and after every consultation.

(f) PPE is required for all staff, and PPE management programmes must be in place to ensure that PPE is worn correctly (including fit testing), replaced as necessary, stored correctly and disposed of safely.

(g) Employees not able to socially distance by NICD guidelines, such as on underground transport, must be provided with appropriate masks in line with NICD guidelines and Minerals Council South Africa Guidance on Personal Protective Equipment For Covid-19 Pandemic, dated 21 April 2020 (p10). Notwithstanding anything in this paragraph, all persons, even those working above ground, must wear face masks in line with the amended DMA regulations dated 29 April 2020.

(h) Provide education on donning and doffing of PPE to reduce the spread of the infection.

(i) Provide receptables for used PPE and effective sanitising facilities for reusable PPE, as well as sanitisation procedures to allow for sanitisation after every single use of reusable PPE.

(j) Re-enforce compliance with the taking of chronic medication.

4.2.2 Screening and testing at the designated areas

Employers must comply with the following:

(a) Where there is company accommodation, initial pre-screening must be done at the residences, before getting to the work site. This is to isolate and quarantine any possible cases and suspects.

(b) At work, pre-screening of workers must be done each day before entering the facility (at the gate) either by nursing or security staff as per agreed-on protocol. This must include a temperature check.

(c) Employees with elevated temperatures must be referred directly to the isolation area for assessment by a Registered Nurse.

(d) Employees who do not have elevated temperatures must be referred to the Medical Centre for COVID-19 Risk Assessment and to complete a return to work medical (Annexure 1).

(e) RTW medical must include a questionnaire and vital signs – temperature, blood pressure, blood glucose (for known diabetics).

(f) Employees with pre-existing conditions that will predispose them to COVID-19, must be identified and only permitted to work after a finding by an occupational medical practitioner. Where employees are not permitted to work due to a confirmed pre-existing condition, mining companies must arrange for transportation back to their home.

(g) A risk-based method to prioritise high-risk individuals (pre-existing occupational lung diseases, HIV with low CD4, non-compliant HIV patients and smokers) must be utilised for more active interventions such as prophylaxis and individualised counselling.

(h) Dates must be scheduled for flu vaccination for all employees, prioritising those with pre-existing conditions.

(i) A RTW Note must be provided to employees with normal vital signs and who are not presenting with any symptoms. These employees may proceed to their respective departments and resume work.

4.2.3 Referral

Employers must comply with the following:

(a) Refer employees with abnormal findings, e.g., an elevated blood pressure and glucose to the medical centre for further assessment and management. Provide the employee with the RTW Note to submit to the medical centre.

(b) Refer employees with any psycho-social symptoms to medical centre to facilitate referral to EAP (Employee Assistance Programme).

(c) Refer employees with a high temperature (37.5º C) and/or respiratory symptoms to the identified COVID-19 isolation area for further assessment.

(d) Consider the differential diagnosis for elevated temperature and respiratory symptoms in mineworkers and exclude underlying conditions such as tuberculosis and bacterial pneumonia.

4.3 Isolation Area Assessment

Employers must comply with the following:

(a) Employees must be assessed for COVID-19 signs and symptoms in the isolation area provided by the employer.

(b) Employees who meet the NICD criteria of a person under investigation (PUI) must be referred to the designated Isolation Centre for testing.

(c) Employees whose test results are positive for COVID-19, are not very sick and have the capacity to self-isolate may do so at home for 14 days. Provide the necessary PPE and commence contact tracing of mine workplace contacts, and inform district health authorities to start community contact tracing.

(d) The occupational medical practitioner and/or the medical centre team must follow-up telephonically with the employee on a daily basis, record progress and refer to hospital if required.

(e) Inform the medical centre if the employee is not fit to return to work.

(f) Keep a register of employees presenting with symptoms, i.e. persons under investigation (PUI) and who are referred for isolation, as per DOH guidelines.

4.4 Follow-up

Employers must comply with the following:

(a) Require employees to call the medical centre to arrange for an assessment and the issuing of a clearance letter after the isolation/admission period.

(b) Following the fitness to work assessment, issue a RTW Note and advise the Line Manager.

4.5 Continuous Measures

Employers must comply with the following:

(a) Training of staff and employees

(b) Continually re-enforcing of universal hygiene precautions

(c) Enforce physical distancing in the workplace

(d) Continue use of facemasks.

(e) Promotion of good hygiene practices.

5 Reporting and monitoring, outbreak early warning and response system

(a) Case reporting must be done through the NICD surveillance programme, Reports should also be submitted to the Minerals Council, DMRE, and relevant health and safety structures with due regard to confidentiality.

(b) COIDA reporting must be done if a healthcare worker becomes infected from a known source in the workplace (importance of registers of PUIs).

(c) The employer must allocate an appropriate person to monitor and document compliance with this SOP.

6 Annexures

Annexure 1: COVID-19 Risk Assessment form (as amended periodically based on developing medical information)

7 References

- https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html
- https://www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html
- https://www.mineralscouncil.org.za/downloads/send/68-covid-19/1003-guidance-on-personal-protective-equipment-for-covid-19-pandemic-21-april-2020
- https://www.nicd.ac.za/wp-content/uploads/2020/04/Covid-19-Infection-and-Prevention-Control-Guidelines-1-April-2020.pdf

ANNEXURE 1

Return to Work Medical Screening

Surname:		**First Name:**		**Company Number**	
Date Of Birth:		**Occupation:**		**Department:**	
Date Employed:		**Date Discharged:**		**Length Of Service:**	

1.

2.	**Vital Data**		
	Blood Pressure	**mmHg**	
	Pulse	**Bpm**	
	Temperature	**ºC**	
	HGT (for known diabetics)	**mmol/L**	
3.	**Have you ever had a serious occupational accident or an occupational disease?**	**Yes**	**No**
	Describe		
4.	**Chronic Disease**	**Yes**	**No**
	Hypertension		
	Diabetes		
	Epilepsy		
	Asthma		
	TB		
	Psycho-social problems **		
	If yes and symptomatic, or any vital signs out of normal limits, refer to the medical centre		
	**** If yes, refer to the medical centre for referral for EAP**		
5.	**Do you take <u>any</u> medication (List Below)**	**Yes**	**No**

6.	**Symptom Check**	**Yes**	**No**
	Fever		
	Cough		
	Sore Throat		
	Shortness of breath		
	Any contact with person diagnosed with COVID—19		
	If any symptoms are present refer the employee to the isolation area		
7.	**Status** **(Tick appropriate box)**		
	Fit to work		
	Refer to medical centre		
	Refer to isolation area		

I hereby declare that all the information furnished above is, to the best of my knowledge, true and correct and that no information has been omitted or withheld.

Signature of employee: _____

Assessed by: _____

Department of Mineral Resources and Energy

Enquiries: Dr L. Ndelu
Tel: (012) 444 3667
E-mail: Lindiwe.Ndelu@dmr.gov.za

Date: 26 March 2020

GUIDING PRINCIPLES ON PREVENTION AND MANAGEMENT OFCOVID 19 in SAMI

1. INTRODUCTION

On 31st December 2019, the World Health Organization (WHO) was alerted to a cluster of pneumonia of unknown aetiology in patients in Wuhan City, Hubei Province of China. One week later the novel coronavirus (severe acute respiratory syndrome coronavirus 2: SARS-CoV-2) was identified as the cause. The resulting illness was named COVID-19 on the 11th February 2020. The clinical spectrum of COVID-19 ranges from an asymptomatic or mild flu-like illness to a severe pneumonia requiring critical care. After 114 countries had recorded cases of COVID-19, the World Health Organization (WHO) Director General declared the COVID-19 as a pandemic on the 11th March 2020.

On the 5th March South Africa recorded its first case of COVID 19 and since then more cases have been identified. This led the President of the Republic of South Africa to declare a national disaster on COVID 19, wherein a comprehensive plan was outlined, detailing how the country will respond.

2. BACKGROUND

On the 23 March 2020 the President of the Republic, HE Cyril Ramaphosa, in his address to the nation, announced the escalation of measures to combat COVID-19

epidemic. He announced that the analysis of progress of the epidemic informed government that there is a need to urgently and dramatically escalate South Africa's response. In this regard, a decisive action was taken to institute a nationwide lockdown from 23:59pm on Thursday 26 March 2020.

The President further announced that Companies whose operations require continuous processes such as furnaces, underground mine operations will be required to make arrangements for care and maintenance to avoid damage to their continuous operations. He further emphasized that the nation-wide lockdown is necessary to fundamentally disrupt the chain of transmission across society.

In support of the President's decisive action, the Minister of Mineral Resources and Energy, Mr Gwede Mantashe (MP), met key stakeholders from the sector to consolidate plans to deal with the spread of COVID -19.

Considering that the South African Mining Industry (SAMI) is labour intensive with congregate settings, and has both underground and surface operations, the Department of Mineral Resources and Energy through collaboration with the tripartite stakeholders at the Mine Health and Safety Council (MHSC) considered measures to be taken to manage COVID-19 exposure within the SAMI. The decision was taken to issue a communique on guiding principles with regards to preparedness, mitigation and management of COVID-19 exposure.

3. ISSUES OF CONCERN

The following have been identified by the stakeholders:

a) In-house (hostels) accommodation of mine employees.
b) Close contact on transportation of mine employees to and into the mine.
c) Use of biometrics and turnstiles for entry and exit f at mines and its working places.
d) Testing on mine employees for alcohol using breathalysers.
e) General awareness and precautionary measures to prevent the disease
f) Medical surveillance (spirometry, audio booths, eye test, etc.).
g) Compliance to Regulation 9.2(2) in terms of personal monitoring (personal sampling equipment).

4. GUIDING PRINCIPLES

4.1 Risk based approach

In terms of section of 11 of the Mine Health and Safety Act (MHSA), the employer to should assess and respond to risk.

The employer is required to conduct a risk-based assessment covering all workings at mines considering the following:

a) Identifying the risk of exposure for vulnerable employees (occupational diseases, communicable and non-communicable diseases).

b) Determining if workers could be exposed to activities or materials where the virus may be encountered.

c) Considering the number of employees at workplaces, meetings, etc. taking into account the recommended social distance.

d) Review HR policies around business travel, sick leave, and other related policies to account for COVID-19.

4.2 Scientific and evidence-based approach

In implementing any solution driven measure, the employer must aim to apply the best available evidence gained from scientific methods for decision making in preventing COVID-19 exposure.

5. ISSUES ADDRESSED IN THIS COMMUNIQUE

In considering the following, the employer must also consider the guiding principles above:

5.1 De-densification of employees on transport modes and other spaces

The employer should conduct a risk assessment to determine the areas/activities in the context of de-densification.

When necessary hygiene measures proposed by WHO, NDOH and NCID, personal protective equipment, should be provided, with appropriate education.

5.2 Breathalyser testing

For alcohol testing, the employer should use his/her discretion on which tests to implement depending on feasibility and availability e.g. single use (lowest risk) or

multiple use (medium risk and used with protective measures in place). The employer must also assess the health and safety risks in order to prevent cross infection in implementing breathalyzer testing. **(Please see Annexure A attached hereto)**

5.3 Use of biometrics

The use of Biometric systems can be applied by the employer provided the following are complied with:

a) Use of sanitizers at all times.
b) Employees are educated.
c) All necessary health and safety measures as informed by Risk Assessment are adhered to.

5.4 Alignment of medical surveillance system and hygiene programmes to the COVID-19 pandemic

Protection of health for all is paramount. The employer should perform a risk assessment with regards to potential cross infection linked to the different activities and equipment (e.g. spirometry, eye testing, audiometry, temperature measurements, personal sampling equipment etc.) embodied in the medical surveillance system. Where equipment is utilized appropriate personal protection (masks, eye protection, gloves) for the health care staff and workers should be provided and donned. **(See note in Annexure B for spirometry testing)**

Administrative controls should be put in place to reduce crowding and preference should be given to initial and exit medical examinations. Periodic examinations should be conducted where these are essential. The mandatory COP for fitness to work at a mine, should be updated to reflect the administrative that will be implemented in relation to the risk assessment.

5.5 Respiratory protective equipment

The selection of respiratory protective equipment and identification of face mask/respiratory zones should be informed by risk assessment outcomes. The primary purpose is to reduce cross infection.

5.6 Personal hygiene measures

An employer should establish and maintain a personal hygiene programme in mitigation of transmission of COVID-19.

6. ROLES AND RESPONSIBILITIES

For employees presenting with signs the WHO principles should apply.

6.1.1 Employees with COVID-19 signs and symptoms

The employees with suspected signs and symptoms of COVID-19 exposure should report to the employer.

6.1.2 Employers

a) Employers should ensure that employees have been assessed for COVID-19 exposure prior to entering the mine premises.
b) The employer should have a workplace policy and procedure and ensure workers are familiar with it.
c) The policy should include medical management procedures to address COVID-19 in the workplace.
d) Communicate and make available a platform for workers to access the latest policy and relevant information around COVID-19 and include an updated list affected country.
e) Clear messages/guidance should be given to employees with signs and symptoms of COVID-19.
f) Explore options to promote access to and time for consultation with health services for symptomatic employees.
g) Employee education on Symptoms and required actions is key.

7. APPLICATION

This guiding principles shall apply from date of signature until it is rescinded by the Chief Inspector of Mines.

MR D MSIZA

CHIEF INSPECTOR OF MINES

ANNEXURE A

CONTROL MEASURES TO MANAGE THE RISK OF EXPOSURE TO BREATHALYSER

1. It is recommended that the procedure is performed outdoors. Where the procedure must be performed indoors, there has to be adequate ventilation and natural or artificial UV light to reduce the amount of viable organism in the air.
2. The breathalyser must be held with an extended arm away from the operator. The person must blow into the blow point, directed past the operator. This is in cases where the operator is required to hold the device.
3. It is recommended for an operator to wear mask, gloves and goggles. This is provided that they are fully trained and competent in the use of this PPE in infection control.
4. The operator will require training to put on and take off the mask without contaminating their faces and autoinoculation of their mucus membranes.
5. If possible, the people being tested can hold the device themselves - this would be preferable.
6. The mouth of the person being tested must be at a distance of 50mm from blow point.
7. Workers must be instructed not place lips on blow point.
8. The person must be instructed to blow steadily towards the blow point for 2 to 3 seconds.

ANNEXURE B

NOTE ON SPIROMETRY TESTING

Process evaluation for spirometry testing

During the spirometry manoeuvre, the client is required to take a deep breath and exhale maximally into the spirometer to produce a Spirograph. This has to be done at least three times to produce an acceptable test result. This forced manoeuvre often results in coughing and spluttering which can result in the release of droplets from the airway into the environment. The technician conducting the spirometry is usually sitting below the standing client or next to the client when sitting and there is a likelihood of the droplets landing on the face and mucus membranes of the tester. The client cannot

move far away due to the cord connecting the spirometer to the computer. The operator must be in close proximity to the client to assess for any change in condition and to possibly support the client. The filters that are normally used will protect the spirometer from most microbes but it does not prevent the droplets from the client's mouth going into the environment if they cough or splutter during or after the manoeuvre.

With the current pandemic, there may be individuals who are infected, asymptomatic and shedding the virus. The SARS CoV-2 cannot be compared to other respiratory pathogens in that it is highly contagious and extremely virulent and if not always deadly, results in morbidity and required isolation

resulting in absenteeism. The impact that it has had on the world is unprecedented. The impact it could have on the working community in mines and industry will be devastating.

Control measures

In the usual day to day management of risk, spirometry requires standard infection control precautions such as adequate ventilation and airflow, UV

lights, use of appropriate filters, adequate environmental cleaning, the use of gloves by the operator and effective hand hygiene. In the current environment the operator is required to do a risk assessment on the client to establish risk of infection by utilising a respiratory questionnaire. In the case where there is any doubt, the test is delayed and the client referred for medical assessment. Should spirometry be essential, then a mask, eye protection and gloves should be donned for the procedure.



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AIDS HELPLINE: 0800-0123-22 Prevention is the cure

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DEPARTMENT OF MINERAL RESOURCES

NOTICE 250 OF 2020

DIRECTIONS ISSUED BY THE MINISTER OF MINERAL RESOURCES AND ENERGY IN TERMS OF REGULATION 10(8) OF THE REGULATIONS ISSUED IN TERMS OF SECTION 27(2) OF THE DISASTER MANAGEMENT ACT, 2002 (ACT NO. 57 OF 2002): MEASURES TO ADDRESS, PREVENT AND COMBAT THE SPREAD OF COVID-19 AND MEASURES FOR THE PROTECTION AND SAFETY OF PERSONS

I, **Samson Gwede Mantashe** , Minister of Mineral Resources and Energy hereby, under regulation 10(8) of the Regulations issued in terms of section 27(2) of the Disaster Management Act, 2002 (Act No. 57 of 2002), and published in Government Gazette 43107, Government Notice No. 318 of 18 March 2020, issue directions to address, prevent and combat the spread of COVID-19 and to alleviate, contain and minimise the effects of the national state of disaster and for the protection and safety of persons, as set out in the Schedule hereto.

SAMSON GWEDE MANTASHE
MINISTER OF MINERAL RESOURCES AND ENERGY

SCHEDULE

DIRECTIONS

1. In implementing regulation 11K of the Regulations issued in terms of section 27(2) of the Disaster Management Act, and published in Government Gazette 43232, Government Notice No. 465 of 16 April 2020, every employer conducting mining operations and activities in connection therewith at a mine, must implement appropriate measures to protect the health and safety of workers in respect of COVID-19.

2. The measures contemplated in paragraph 1 must be contained in a standard operating procedure which must be developed in consultation with organised labour or worker representatives at the mine.

3. In the development of the standard operating procedure contemplated in paragraph 2, the following must be applied:

   (a) Relevant guidelines issued by the World Health Organisation;
   (b) Directions and guidelines issued by the National Department of Health;
   (c) Guidelines issued by the National Institute of Communicable Diseases; and
   (d) The risk-based approach as embedded in the Guiding Principles of Prevention and Management of COVID-19 in the South African Mining Industry issued by the Chief Inspector of Mines of the Department of Mineral Resources and Energy on 26 March 2020.

Commencement

4. These Directions come into operation on the date of publication in the Government *Gazette*.



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