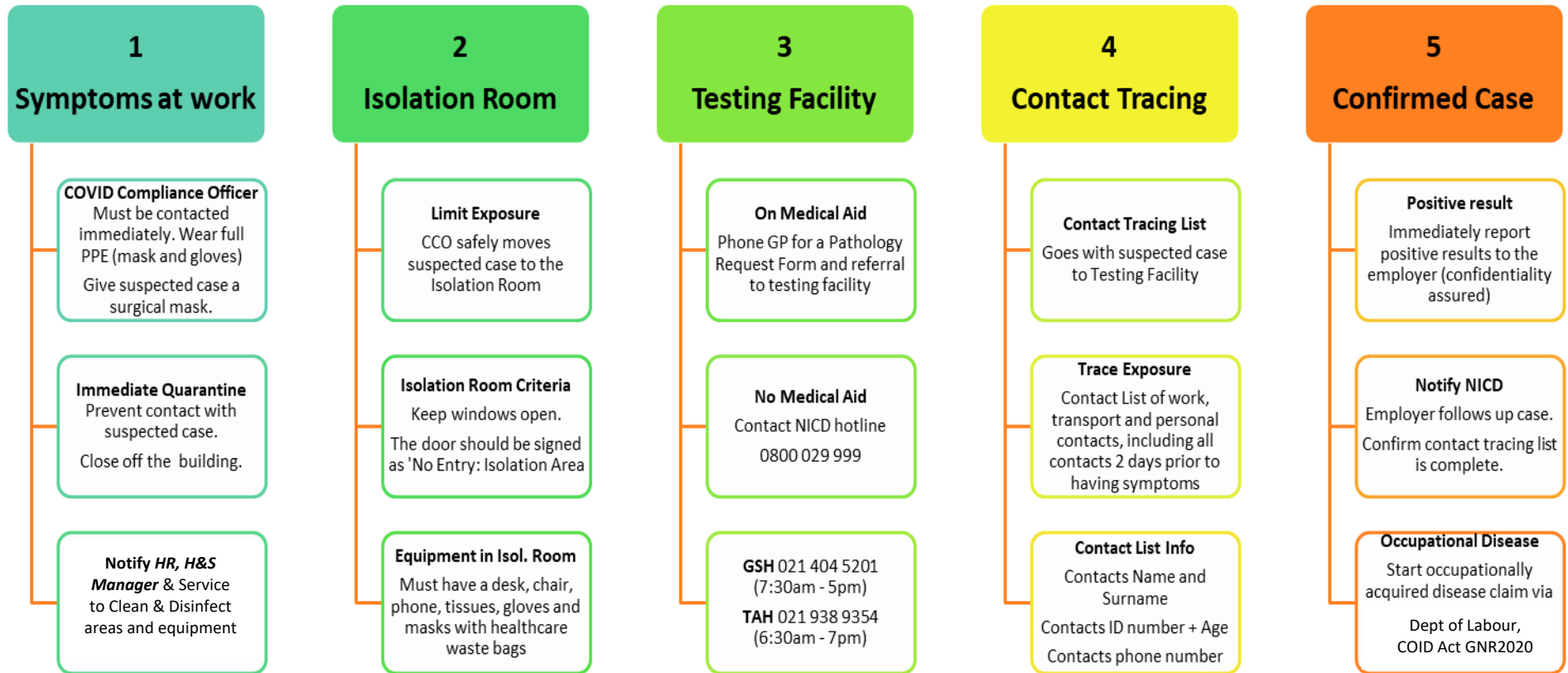


**WORKPLACE GUIDELINE: MANAGING AN ON-PREMISES SYMPTOMATIC CASE OF SUSPECTED COVID-19**



**The efficacy of the procedure depends on the following: -**

- A written letter of appointment of a COVID-19 Compliance Officer for your area (*template attached – Appendix A*).
- Identifying a suitable Isolation Room and setting it up as required in point 2 and Cleaning Contaminated Areas (*attached Appendix B and Appendix D*).
- All staff to have their GP/Medical Practitioners contact number saved on their cellphone or kept on a note in their wallet/purse.
- The attached contact tracing list should be populated daily as a register of contacts. This will curb delays if staff become infected (*Appendix C*).
- All staff to must monitor their symptoms daily via the Dept of Health online tool <https://coronavirus.westerncape.gov.za/risk-assessment-covid-19>

- If sick at work, do not go to a health facility or any public place if you think you may be infectious.

**Immediately contact the following numbers: -**

- Blanche Claasen- Hoskins on 021 650 5620 or Margie Tainton on 021 650 3028 during working hours.
  - Medical Aid contact numbers:** Discovery Health- 086 099 8877 and/or KAELO – 086 149 3587
- The OH Unit has all necessary documents to report an IOD Claim for occupationally acquired COVID-19. To request copies email: [ohs@uct.ac.za](mailto:ohs@uct.ac.za)

*Note that the criteria for determining testing for COVID-19 will change over time, therefore the latest version should always be used. Any changes to procedures will be communicated via VC Desk Announcements.*

**Appendix A: COVID-19 Compliance Officer Letter of Appointment**

**University of Cape Town  
 Office of the Registrar  
 Private Bag X26  
 Lovers Walk  
 7701**

I, \_\_\_\_\_, am a permanent employee at the University of Cape Town and agree to be appointed as the COVID-19 Compliance Officer as stated in the COID Act 130 of 1993 GNR2020 Instruction for Occupationally Acquired COVID-19.

*Area/Faculty/Dept. that I will oversee:*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*I understand that this is a voluntary appointment and agree to notify my employer when I no longer feel comfortable to fulfill this role.  
 I confirm that I do not have any pre-existing medical conditions that could place me at high risk of becoming infected. I agree that my contact details may be published for staff, students and visitors to contact me.*

My email: \_\_\_\_\_

My cellphone: \_\_\_\_\_

*Appointee (sign):* \_\_\_\_\_ *Date:* \_\_\_\_\_

*HOD signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

**Appendix B: COVID-19 Isolation Room Checklist**

*Identify the most suitable area in your setting that meets the criteria for a suitable Isolation Room. A meeting room could be used given that nobody should have face-to-face meetings under current lockdown restrictions.*

The room has windows that can open for cross ventilation.....

I have secured a suitable desk.....

I have secured enough chairs for “patient” and the CCO (x2) .....

The room has a working phone.....

I have arranged tissues/disposable hand towels.....

I have appropriate PPE (Face shield, gloves and masks).....

There is hand sanitizer in the room.....

There is a toilet close by for the “patient” to use exclusively.....

I have arranged for a healthcare waste bag.....

I have placed a “NO ENTRY: ISOLATION AREA” sign on the door.....

I have a plastic lined bucket/bin in the room for vomit.....

I have a plastic bag for the “patients” belongings to be sealed in.....

I have organized bottled water and a glass for the “patient” to use.....

The patient travelled to work with their own car.....Yes  No

I have discussed with UCT Traffic about how to manage the “patients” car or how their family will safely collect the vehicle.....

*Isolation Room number/details:* \_\_\_\_\_

*Date Approved by HOD:* \_\_\_\_\_

**Appendix C: COVID-19 Contact Tracing List**

<b>Name:</b> _____ <b>Age:</b> _____ <b>ID number:</b> _____ <b>Cellphone:</b> _____ <b>Date of Contact:</b> _____	<b>Name:</b> _____ <b>Age:</b> _____ <b>ID number:</b> _____ <b>Cellphone:</b> _____ <b>Date of Contact:</b> _____
<b>Name:</b> _____ <b>Age:</b> _____ <b>ID number:</b> _____ <b>Cellphone:</b> _____ <b>Date of Contact:</b> _____	<b>Name:</b> _____ <b>Age:</b> _____ <b>ID number:</b> _____ <b>Cellphone:</b> _____ <b>Date of Contact:</b> _____
<b>Name:</b> _____ <b>Age:</b> _____ <b>ID number:</b> _____ <b>Cellphone:</b> _____ <b>Date of Contact:</b> _____	<b>Name:</b> _____ <b>Age:</b> _____ <b>ID number:</b> _____ <b>Cellphone:</b> _____ <b>Date of Contact:</b> _____
<b>Name:</b> _____ <b>Age:</b> _____ <b>ID number:</b> _____ <b>Cellphone:</b> _____ <b>Date of Contact:</b> _____	<b>Name:</b> _____ <b>Age:</b> _____ <b>ID number:</b> _____ <b>Cellphone:</b> _____ <b>Date of Contact:</b> _____

**APPENDIX D: CLEANING A CONTAMINATED AREA / TEMPORARY CLOSURE / RE-OPENING OF A WORK-SITE**

<b>1. Cleaning the Contaminated Area</b>	
<b>PROCESS</b>	<ul style="list-style-type: none"> <li>• Leave the contaminated areas empty for as long as possible, 24 hours but not less than 4 hours, with windows open/ventilation on, before cleaning takes place to allow droplets to settle and minimise risk for the Cleaners.</li> <li>• Clean all surfaces and objects that the infected person(s) may have come into contact with.</li> <li>• If large areas and many objects need to be disinfected, the work site may need to close while this is being done.</li> <li>• Cleaning staff must wash their hands thoroughly before and after cleaning.</li> </ul>
<b>WHAT TO WEAR</b>	<p><b>The following PPE must be worn during cleaning: -</b></p> <ol style="list-style-type: none"> <li>1. Heavy duty rubber Gloves</li> <li>2. Face mask</li> <li>3. Visor or goggles</li> <li>4. Apron</li> <li>5. Closed shoes</li> </ol>
<b>MATERIALS TO USE</b>	<p><b>Cleaning must be done before Disinfecting any surface</b></p> <ol style="list-style-type: none"> <li>1. <b>Cleaning:</b> Green household soap should be used to clean all equipment and environmental surfaces that can tolerate it (e.g. walls, floors, blinds, surfaces) prior to disinfecting.</li> <li>2. <b>Disinfecting:</b> Disinfectant (30ml Bleach per 1 litre Water) must be used to disinfect all equipment and surfaces.</li> </ol> <p style="color: red;">If the area/surface cannot be cleaned with soap and water, wipe down with 70% alcohol.</p> <p>Call UCT Cleaning Services 021 650 4554 or Email: <a href="mailto:desleen.saffier@uct.ac.za">desleen.saffier@uct.ac.za</a> or Online Cleaning Calls <a href="http://www.staff.uct.ac.za/">http://www.staff.uct.ac.za/</a></p>
<b>2. Possible temporary closure of the work site</b>	
<b>PROCESS</b>	<p><b>Temporary closure of the work site can be prevented by:</b></p> <ol style="list-style-type: none"> <li>1. Rapidly cleaning and disinfecting the surfaces and items that were contaminated.</li> <li>2. Quickly completing the screening of other, as yet unaffected staff and students.</li> </ol> <p>The Dept of Health may need to advise on closing the work site if it poses a public health risk by remaining open.</p>
<b>3. Re-opening of the work site</b>	
<b>PROCEDURE</b>	<p><b>For the work site to be re-opened, the following minimum requirements must be in place: -</b></p> <ul style="list-style-type: none"> <li>• Assessment of the circumstances which resulted in the exposure of staff or students to the Coronavirus.</li> <li>• Description of steps to remedy any shortcomings in prevention measures uncovered during the assessment.</li> <li>• Full training and refresher training of staff and students on Coronavirus prevention activities.</li> <li>• Confirmation of cleaning and disinfection of all surfaces and objects that have been contaminated.</li> <li>• The assessment and description steps taken should be compiled into a report, must be kept on record and made available to the Dept of Health, Dept of Employment and Labour and the University SHE Manager <a href="mailto:ohs@uct.ac.za">ohs@uct.ac.za</a></li> </ul>

## Appendix E: Useful Links and Resources

- **Dept of Health Resources in English, isiXhosa and Afrikaans** <https://coronavirus.westerncape.gov.za/resources>
  - How to set-up Quarantine, Isolation Facility, Cleaning and Disinfecting, Hand Hygiene, Business Toolkits, Personal Toolkits
- **Workplace Guidelines** <https://coronavirus.westerncape.gov.za/news/preventing-and-managing-coronavirus-infection-workplace>
- **Social Distancing** <https://coronavirus.westerncape.gov.za/news/social-distancing-guidelines>
- **Coronavirus Symptoms Self-Assessment Test** <https://coronavirus.westerncape.gov.za/risk-assessment-covid-19>
- **How to prevent and manage COVID-19 infections in the workplace** <https://coronavirus.westerncape.gov.za/frequently-asked-questions/frequently-asked-questions-how-prevent-and-manage-covid-19-infections>
- **Registering a claim for occupationally acquired COVID-19** <https://www.gov.za/documents/compensation-occupational-injuries-and-diseases-act-compensation-occupationally-acquired-0>

**If you have flu-like symptoms and have been in contact with someone who has COVID-19, please contact the Provincial Hotline on 021 928 4102 for advice on what to do next.**  
**Please always get a second opinion if you are at all concerned.**

## Additional Resources:

- *Please visit the following websites for additional information:*
  - **Western Cape Government** [www.westerncape.gov.za/coronavirus](http://www.westerncape.gov.za/coronavirus)
  - **Online resources and news portal** <https://sacoronavirus.co.za/>
  - **National Institute for Communicable Diseases (NICD)** <https://www.nicd.ac.za/>
  - **World Health Organization (WHO)** <https://www.who.int/>
- *Or contact the COVID-19 Hotlines:*
  - **National Emergency Hotline:** 0800 029 999
  - **Western Cape Provincial Hotline:** 021 928 4102
  - **WhatsApp Support Line:** 0600-123456
  - **Email:** [doh.dismed@westerncape.gov.za](mailto:doh.dismed@westerncape.gov.za)