



COVID-19

STRATEGIC PREPAREDNESS AND RESPONSE PLAN

Purpose

COVID-19 is rapidly spreading worldwide and the number of cases in South Africa is rising with increasing pace in several affected areas, there is a need for immediate targeted action. This procedure is specifically designed for the whole of the company to ensure that through providing lockdown procedures and guidelines that such procedures and guidelines when followed will ensure staff handle, minimize and maintain all essential lockdown regulations that will potentially affect activities, and will essentially and effectively protect all identified 'Essential Services' employees within DGI.

Scope

To ensure that all National COVID-19 Lockdown Processes and Procedures are followed and maintained that will affect or threaten to affect the health and safety of 'Essential Services' employees within DGI.

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1. RESPONSIBILITIES AND AUTHORITIES

- 1.1. Top Management has the responsibility and approval authority for this procedure.
- 1.2. Top Management is responsible to determine and provide the resources needed to establish, implement, maintain and continually improve this procedure and the instructions thereof.
- 1.3. The Emergency Committee's main functions are to ensure that all departments and all individuals are certain what role they have to play to prevent, control and take corrective action. The committee managers will compose of the following persons:

Contracts Manager	=	_____
HR Manager	=	_____
SHE Manager	=	_____
Quality Assurance Manager	=	_____
Site Coordinator	=	_____
SHEQ Officer	=	Gert Frankfurth

- 1.4. Top Management is responsible to actively monitor where COVID-19 is circulating and advise the company and relevant personnel in advance on the required actions to take to prevent transmissions and the overall protection of personnel.
- 1.5. Top Management is responsible to ensure that the following requirements are complied with:
 - 1.5.1. 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;
 - 1.5.2. 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 risk hierarchy of controls;
 - 1.5.3. Current risk assessments need to be reviewed and updated, taking into account the new hazards posed by exposure to COVID-19 in the workplace. This is in accordance with Section 8 (2) (d) of the OHS Act.
- 1.6. Top Management is responsible to ensure that the objectives and intended outputs of this process are obtained and effective:
 - 1.6.1. increased communication and enforcement of personal hygiene and social distancing;

- 1.6.2. enhanced cleaning protocols in the places of work and continual improvement on strategic cleaning techniques;
- 1.6.3. appropriate actions in respect of individuals whom display symptoms or who are confirmed to have been infected;
- 1.6.4. travel and transportation requirements;
- 1.6.5. compliance towards, enforcement, monitoring and continual improvement on lockdown requirements and needed processes.

2. REFERENCES AND DEFINITIONS

2.1. Reference:

- This plan addresses Clause 8.6.2 of the ISO 45001:2018 standard covering, Emergency Preparedness and Response
- European Centre for Disease Prevention and Control
- Centers for Disease Control and Prevention
- World Health Organization
- The National Institute for Communicable Diseases (NICD)
- The National Institute for Occupational Health (NIOH)
- The National Health Laboratory Services (NHLS)
- The United States of America's Department of Labor (OSHA)
- Occupational Health and Safety Act 85 of 1993
- Labour Relations Act 66 of 1995
- The President of the Republic of South Africa
- Disaster Management Act No 57 of 2002
- Amendments to Acts and Regulations as determined by the South African

2.2. Definitions:

- ***Emergency / Disaster:***

An uncontrolled, unplanned event that has the potential to result in the loss of life, serious injury or major damage to property

There are normally three types of disasters or emergencies, namely:

- **Natural disasters** - earthquakes, lightning, storms, floods, etc.
- **Man-made disasters** - malfunctioning of equipment and or machinery, negligent behaviour resulting in explosions, fire, chemical spills, etc normally causes them.
- **Disaster caused by deliberate actions** of an individual or group of individuals such as sabotage, labour unrest, strikes, riots and bomb blast or bomb threats.
- **Pandemic emergencies:** involving a sudden onset of contagious disease

that affects health, disrupts services and businesses, brings economic and social costs.

- **COVID-19 / International Epidemic / Disaster:**

Coronaviruses are a large family of viruses found in both animals and humans. Some infect people and are known to cause illness ranging from the common cold to more severe diseases such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS). A novel coronavirus (COVID-19) is a new strain of coronavirus that has not been previously identified in humans. The new, or “novel” coronavirus, now called COVID-19, had not previously detected before the outbreak was reported in Wuhan, China in December 2019.

- **Close contact:**

a) being within approximately 1.8 meters of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case;

– or –

b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on);

- **Probable Case:** A suspect case for whom testing for COVID-19 is inconclusive. Inconclusive being the result of the test reported by the laboratory;

- **Confirmed Case:** A person with laboratory confirmation of COVID-19 infection, irrespective of clinical signs and symptoms;

- **Isolation:** Remaining at home or in a designated setting, in a single, dedicated, adequately ventilated room and preferably using a dedicated toilet. This measure can be recommended for people while showing symptoms or for a certain period of time. Isolation for public health purposes may be voluntary or compelled by government, municipal or local public health order;

- **Quarantine:** refers to the separation and restriction of movement of people who have potentially been exposed to COVID 19, but who are currently healthy and do not show symptoms. In general, quarantine is mandatory and is mainly at home, duration is minimum 14 days, but in specific situations can be done in a hospital or in dedicated facilities.

- **Congregate settings:** crowded public places where close contact with others may occur, such as workplaces, training venues, canteens and cafeterias etc.;

- **Social distancing:** remaining out of congregate settings, avoiding mass gatherings, and maintaining distance approximately 1.8 meters from others when possible;

- **Exposure:** apply to the 14 days prior to assessment;

- **Cleaning:** the removal of dirt and impurities, including germs, from surfaces. Cleaning alone does not kill germs. But by removing the germs, it decreases their number and therefore any risk of spreading infection;

- **Disinfecting:** using chemicals to kill germs on surfaces. This process does not necessarily clean dirty surfaces or remove germs. But killing germs remaining on a surface after cleaning further reduces any risk of spreading infection.

3. INSTRUCTION

3.1. COVID-19 INFORMATION

3.1.1. How Does the Virus Spread

The new coronavirus is a respiratory virus which spreads primarily through contact with an infected person through respiratory droplets generated when a person, for example, coughs or sneezes, or through droplets of saliva or discharge from the nose.

3.1.1.1. Transmission Routes:

I. Person-to-person spread:

- a. Between people who are in close contact with one another (within about 1.8 Meters);
- b. Through respiratory droplets produced when an infected person coughs or sneezes;
- c. People are thought to be most contagious when they are most symptomatic (the sickest);
- d. Some spread might be possible before people show symptoms; this is not thought to be the main way the virus spreads.

II. Spread from contact with contaminated surfaces or objects:

- a. Touching a surface or object that has the virus on it and then touching mouth, nose, or possibly eyes, but this is not thought to be the main way the virus spreads;
- b. May be transmitted through feces and invade the circulatory system.

3.1.1.2. Vulnerable population groups:

Older adults: (people over 40 seem to be more vulnerable than those under 40). Personnel over the age of 60 shall be required to stay at home until the most suitable time determined by DGI, supposedly as soon as the national pandemic, in regards with the COVID-19, has been declared safe;

People with weakened immune systems: Wellness monitoring conducted on a daily basis, recorded and reported to all interested parties;

People who have serious chronic medical conditions: Such medical conditions must be reported to the HR Manager should the company not have record of this. These conditions include but are not limited to:

- Diabetes;
- Heart disease;
- Kidney disease;
- Lung disease.

Personnel must acquire a positive attitude towards safety that will recognize safety and health as the prime requirement for working efficiently. They must promote and foster this attitude with all staff.

3.1.2. What are the Symptoms of the Virus?

The most general symptoms that can be displayed once a person has been infected:

- Fever;
- Cough;
- Shortness of breath, difficulty breathing;
- Persistent pain or pressure in the chest;
- New confusion or inability to arouse;
- Bluish lips or face;
- Muscle pain;
- Tiredness.

The symptoms vary between Mild Symptoms to very Severe Symptoms and can be categorized into 3 phases:

Phase One: Coughing, Fever, Shortness of Breath

Phase Two: Flu like symptoms (pneumonia) Vomiting and Diarrhea

Phase Three: Severe Pneumonia and Kidney Failure

PLEASE BE AWARE: VERY SEVERE CASES MAY RESULT IN DEATH!!

3.1.3. How Dangerous Is It?

As with other respiratory illnesses, infection with COVID-19 can cause mild symptoms including a runny nose, sore throat, cough, and fever.

It can be more severe for some persons and can lead to pneumonia or breathing difficulties. More rarely, the disease is fatal. Older people and people with pre-existing medical conditions (such as, diabetes and heart disease) appear to be more vulnerable to becoming severely ill with the virus.

3.1.4. How Long Does the Virus Survive on Surfaces?

It is still not known how long the COVID-19 virus survives on surfaces, although preliminary information suggests the virus may survive a few hours or more. Simple disinfectants can kill the virus making it no longer possible to infect people.

3.1.5. How Long Is the Incubation Period?

The incubation period is the time between infection and the onset of clinical symptoms of disease. Current estimates of the incubation period range from 1-12.5 days with median estimates of 5-6 days. These estimates will be refined as more data becomes available.

Based on information from other coronavirus diseases, such as MERS and SARS, the incubation period of COVID-19 could be up to 14 days. The WHO recommends that the follow-up of contacts of confirmed cases is 14 days.

3.2. Risk Management

3.2.1. Risk Categories for Exposures

RISK LEVEL	EXPOSURES IDENTIFIED THROUGH CONTACT INVESTIGATION
High (direct exposure)	<i>Personal:</i> Living in the same household as, being an intimate partner of, or providing care in a non-healthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection <i>Work:</i> Working extended hours amongst or having direct contact with, a person with symptomatic laboratory-confirmed COVID-19 infection
Medium (assumes no direct exposure)	Close contact with a person with symptomatic laboratory-confirmed COVID-19 Transported, being seated within 1.8 meters of a traveler with symptomatic laboratory-confirmed COVID-19 infection; this distance correlates approximately with 2 seats in each direction
Low (assumes no exposure)	Being in the exact same environment (e.g., an office, workplace, a hospital waiting room) which hosted a person whom had confirmed COVID-19, but does not meet the specifications of High or Medium Risk categories
No identifiable risk (assumes no exposure)	Having a colleague at work whom has a laboratory-confirmed COVID-19 infection but does not meet the specifications of High, Medium or Low exposure categories

3.2.2. Risk Category Action Plan

RISK LEVEL	ACTION PLAN
High (direct exposure)	<p>Should the person be exposed to another person whom have been diagnosed with the COVID-19 Infection, at home, as a result of living with this person or providing care, it shall be required that the infected person first be declared a non-risk of asymptomatic transmission to another person before the employee may submit doctor reports to the office. The self-isolation period of the employee shall start from the date of the declaration from the doctor.</p> <p>Personnel must stay at home, self-isolate for 14 days, and a COVID-19 test report from a reputable Laboratory is required confirming no infection before returning to work.</p>
Medium (assumes no direct exposure)	<p>Personnel must stay at home, self-isolate for 14 days, and a COVID-19 test report from a reputable Laboratory is required confirming no infection before returning to work.</p>
Low (assumes no exposure)	<p>Personnel must conduct Self-Observation and Self-Monitoring Techniques for 14 days and a doctor report from a Medical Practitioner is required confirming no signs of infection before returning to work.</p>
No identifiable risk (assumes no exposure)	<p>Self-Observation and Self-Monitoring Techniques required. Should infection symptoms appear, low-risk action plan must be followed. Should the symptoms worsen, medium and high risk action plans need to be followed.</p>

3.2.3. Prevention strategies:

3.2.3.1. Individual Preparedness:

- Educate yourself on COVID 19 from trusted sources.
- Refill your prescription medicines or consider using a mail order for your medications.
- Continue practicing specific preventive measures, as prescribed by your health provider, in connection to your ongoing treatment.
- Have over the counter medicines and medical supplies (e.g. tissues, thermometer to treat fever).

- As much as feasible, keep physically active to ensure good physical condition.
- Have enough groceries and household items, approximately 2 - 4 weeks. Prepare gradually and avoid panic buying.
- Activate your social network. Contact family, friends, neighbours or community health care workers in advance and make joint plans on what to do when COVID 19 is spreading in your community or if you become ill.
- Follow instructions from national authorities on how to prepare for emergencies.
- Continue to practice general hygiene.

3.2.3.2. Arrange with DGI to work from home, if possible;

3.2.3.3. Stay at home (i.e. don't go to work, school or public places);

3.2.3.4. Ask friends, neighbours or community health care workers for help to run essential errands, e.g. grocery and medicine shopping;

3.2.3.5. All personnel are encouraged to have a flu vaccine taken against influenza viruses;

3.2.3.6. Self-observation:

- Personnel should remain alert for subjective fever, cough, or difficulty breathing. If they feel feverish or develop cough or difficulty breathing during the self-observation period, they should take their temperature, self-isolate, limit contact with others, and seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

3.2.3.7. Self-monitoring:

- Personnel should monitor themselves for fever by taking their temperatures twice a day and remain alert for cough or difficulty breathing. If they feel feverish or develop measured fever, cough, or difficulty breathing during the self-monitoring period, they should self-isolate, limit contact with others, and

seek advice by telephone from a healthcare provider or their local health department to determine whether medical evaluation is needed.

3.2.3.8. Cleaning ones hands often:

- Wash hands often with soap and water for at least 20 seconds;
- Use disinfectant solution on site at the end of the stairs rail on each floor. Cover all surfaces of hands and rub them together until they feel dry;
- Avoid touching eyes, nose, and mouth with unwashed hands;
- Additional key times to clean hands include:
 - After blowing one's nose, coughing, or sneezing;
 - After using the restroom;
 - Before eating or preparing food;
 - After contact with animals or pets;
 - Before and after providing routine care for another person who needs assistance (e.g., a child).

3.2.3.9. Avoiding close contact with persons:

- Avoid close contact with people who are sick;
- Distance oneself and other people if COVID-19 is spreading in the community. This is especially important for people who are at higher risk of getting very sick.

3.2.3.10. Taking steps to protect others:

- If you become ill with symptoms of cough, fever and difficulty breathing, use medical facemasks, to protect those around you from getting infected;
- Cover the mouth and nose with a tissue when coughing or sneezing or use the inside of ones elbow;
- Throw used tissues in the trash;

- Clean and disinfect frequently touched surfaces daily. This includes tables, doorknobs, light switches, countertops, handles, desks, phones, keyboards, toilets, faucets, and sinks;
- If surfaces are dirty, clean them: Use detergent or soap and water prior to disinfecting.

3.2.4. Office contact Prevention Methods:

3.2.4.1. Daily Entry Controls

- Temperatures measured and rigid screening of employees must take place every day before entering the workplace.
- Employees must advise if a member of their family is ill, or if they have been in contact with someone who has been tested positive.
- Place doormats sprayed with disinfectant or household bleach at all doorways and entrances and make sure that everyone entering the premises walks over them. Shoes can be contaminated from infected droplets that fall on the ground.
- Masks must be provided for employees and visitors at entrances, and hands must be washed thoroughly before putting on.
- Hand washing/sanitising must be enforced at all entrances and exits.
- Doors should be automated where possible.

3.2.4.2. Employee Health

- Educate employees about the importance of maintaining a healthy lifestyle to boost their immunity which includes a balanced diet, regular exercise and adequate sleep.
- Encourage employees not to smoke and to avoid alcohol and explain the reasons.
- Particular attention must be given to employees with reduced immune systems, including those who are HIV positive, diabetics, or who have heart or lung complaints etc.

3.2.4.3. Ventilation

- Increase ventilation rates and the percentage of outdoor air that circulates into the system.

- Open all windows, use fans and exhaust fans.
- Fresh air inlet of an air conditioner should be set to the maximum level.

3.2.4.4. Etiquette and Hygiene Controls

- Employees must be trained in respiratory, sneezing and coughing etiquette and other hygiene controls, such as coughing into elbows, or sneezing into a tissue and immediately disposing of it into a dustbin.
- Provide tissues and no-touch disposal receptacles.
- Hand sanitising practices must be in force for employees, customers, and worksite visitors.
- Provide soap and water in the workplace wherever possible for hand washing. Or multiple hand sanitising stations with alcohol based hand sanitiser that is at least 70% alcohol. Soap and water should still be chosen over hand sanitiser. Adequate supplies of soap and hand sanitisers must be maintained.
- Provide disposable paper towels for drying hands.
- Display posters that encourage and educate hand hygiene and other hygiene practices at entrances and any other visible areas.
- Discourage handshaking and other methods of contact.
- Long finger nails can be receptacles for the virus, therefore they must be cut short.

3.2.4.5. Chemical Storage

- Most companies will have to buy special disinfectant chemicals during the crisis.
- Manufacturers instructions on spillage, usage, disposal and storage must be followed.
- Do not eat, make food, drink or smoke in the workspace where chemicals are stored and keep the passageway clear where the chemicals are stored.
- Containers must be properly labelled and securely covered and stored in dry, cool and well-ventilated areas.
- Use the appropriate PPE when handling the chemicals.
- Understand all emergency and first aid measures for chemical spillages/mishandling.
- Hands, arms and face must be cleaned immediately after handling chemicals.

3.2.5. Site contact Prevention Methods:

- #### **3.2.5.1. Transportation:** The transportation company transporting DGI personnel (if and when applicable) and internal transportation

should have effective preventative and control systems in place to prevent the spreading of the virus by:

- Ventilate the vehicle as much as possible;
- Maintaining a suitable standard within the busses and taxis by cleaning and disinfecting the vehicles periodically each day;
- Providing disinfecting wipes or hand sanitizer to commuters before boarding the vehicles;
- Maintaining at least one seat open between seated commuters;
- Commuters on public transport that shows symptoms must be separated from other commuters and must also wear a face mask (this must be issued by the transporter). Should employees show symptoms when transporting internally, this person shall be sent home for at least 24 hours self-monitoring basis.

3.2.5.2. Training: All DGI employees shall receive frequent and adequate training with regards to:

- Effective hand washing techniques;
- Importance of hand washing;
- Difference between Cleaning and Disinfecting, including the importance thereof;
- Ventilating the cleaning areas;
- Effective PPE Use, Removal, Storage, Cleaning and Disposal;
- Facts about the Corona Virus, including symptoms and prevention techniques;
- Cleaning schedules and techniques designed by DGI.

3.2.5.3. Tools and Equipment:

- All tools and equipment shall be disinfected immediately after each use.

3.2.5.4. PPE:

- PPE shall be selected based upon the hazard to the worker;
- PPE shall be properly fitted;
- PPE shall be consistently and properly worn when required;

- PPE shall be regularly inspected, maintained, and replaced, as necessary;
- PPE shall be properly removed, cleaned, and stored or disposed of, as applicable, to avoid contamination of self, others, or the environment;
- Gloves should be removed after working in an area occupied by symptomatic persons. Clean hands immediately after gloves are removed;
- Personnel should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor. New replacement items shall be issued should it be torn or damaged;
- Personnel and others should clean hands often, including immediately after removing gloves and after contact with a symptomatic person, by washing hands with soap and water for at least 20 seconds.

3.2.5.4.1. When to wear a Mask?

- If you are healthy, you only need to wear a mask if you are taking care of a person with suspected COVID-19 infection.
- Wear a mask if you are coughing or sneezing.
- Masks are effective only when used in combination with frequent hand-cleaning with alcohol-based hand rub or soap and water.
- If you wear a mask, then you must know how to use it and dispose of it properly.

3.2.5.4.2. How to Put On, Use, Take off and Dispose of a Mask?

- Before putting on a mask, clean hands with alcohol-based hand rub or soap and water.
- Cover mouth and nose with mask and make sure there are no gaps between your face and the mask.
- Avoid touching the mask while using it; if you do, clean your hands with alcohol-based hand rub or soap and water.
- Replace the mask with a new one as soon as it is damp and do not re-use single-use masks.
- To remove the mask: remove it from behind (do not touch the front of mask); discard

immediately in a closed bin; clean hands with alcohol-based hand rub or soap and water - (throw it away don't keep it and re-use)

3.2.6. Procedure to follow when an employee travels outside of the province:

- Avoid all non-essential travel;
- Personnel, whom have traveled outside of their residing province need to self-isolate for minimum 24 hours, conduct self-observation and self-monitoring techniques during this period and report to the office that this travelling was done and advise should symptoms arise.

3.2.7. Procedure to follow when an employee is sick or have possibly been infected with COVID-19:

- The company shall perform a contact tracing 'risk assessment' and evaluation once notification has been received of a possible and or actual infection.
- Personnel whom could have been infected or knows of relatives or other persons, whom have or might have been infected, must report this to the office immediately for preventative action to be taken by the company. This person must self-isolate for at least 24 hours, conduct self-observation and self-monitoring techniques during this period and keep the company informed;
- Personnel who believe they have been infected at work must report this to management immediately. This person must self-isolate for at least 24 hours, conduct self-observation and self-monitoring techniques during this period and keep the company informed. The company shall inform the client of the possible infection and continue to advise on the progress of the persons' conditions;
- Should symptoms lessen or disappear after a day of leave taken, a doctor's note shall be required to validate that the person is fit for work;
- Employees who appear to have acute respiratory illness symptoms (i.e. cough, shortness of breath), severe fever, diarrhea or a severe runny nose, upon arrival to work or become sick during the day should notify their supervisor immediately. This person shall be separated from other employees and be sent to the hospital immediately. These employees shall stay home and not come to work until they are free of fever

(38.0°C), signs of a fever, and any other symptoms. The person must present a sick note from a reputable medical practitioner before he/she will be allowed to continue with work on site. Sick leave shall be enforced after 24 hours of staying at home. Should the employee not have any sick leave available, unpaid leave shall be applied. Should the person be subjected to a quarantine procedure of the illness (infection), UIF benefits shall apply according to the prescribed Department of Employment and Labour directives;

- Should the symptoms get worse within 7 days of the initial symptoms shown, this person(s) must contact the National Helpline **COVID-19 Helpline – 0800 029 999** or **WhatsApp Helpline – 0600 123 456** and or a Doctor for an evaluation. The required documentation must be completed by the person as well as the doctor for referral to the hospital or as directed by the practitioner, for testing for the infection. The results of the tests shall be available within 48 hours and this must be shared with management as soon as the results have been received. Should the results be negative or positive, the recommendations by the doctor must be completed and the person must be declared fit to work by the doctor.
- The employee shall be required to report to the supervisor on a daily basis as a general follow-up and for relevant information purposes to the office (management);

3.2.8. Procedure to follow for employees who have been infected (confirmed cases):

- Patients with confirmed COVID-19 should remain under home isolation until the risk of secondary transmission to others is thought to be low. The decision to discontinue home isolation precautions should be made on a case-by-case basis, in consultation with healthcare providers and governmental health departments;
- Personnel who are mildly ill with COVID-19 must isolate at home during their illness, this shall be communicated with the person by the medical personnel. The person should restrict activities outside the home, except for getting medical care. Employees should not go to work, schools, or public areas. They should avoid using public transportation, ride-sharing, or taxis;
- Stay in a specific room and away from other people in the home. Also, they should use a separate bathroom, if available;

- Wear a facemask when around other people (e.g., sharing a room or vehicle) or pets and before entering a healthcare provider's office. People living with the infected person should not stay in the same room, or they should wear a facemask if they enter the room;
- Restrict contact with pets and other animals while sick with COVID-19, just like around other people. When possible, have another member of the household care for the animals while sick. If sick with COVID-19, avoid contact with pets including petting, snuggling, being kissed or licked, and sharing food. If one must care for the pet or be around animals while sick, wash hands before and after interacting with pets and wear a facemask;
- Do not share dishes, drinking glasses, cups, eating utensils, towels, or bedding with other people or pets. After using these items, they should be washed thoroughly with soap and water;
- Clean all high touch surfaces include counters, tabletops, doorknobs, bathroom fixtures, toilets, phones, keyboards, tablets, and bedside tables. Also, clean any surfaces that may have blood, stool, or body fluids on them;
- Seek prompt medical attention if the illness is worsening (e.g., difficulty breathing).

3.2.9. Procedure for working within site areas which hosted confirmed infection cases:

- Areas used by ill persons must be closed off, and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets;
- Open outside doors and windows to increase air circulation in the area. If possible, wait up to 24 hours before beginning cleaning and disinfection;
- Personnel shall clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces;
- Industrial Aprons, Cleaning Gloves, Respiratory Protection and Goggles shall be worn irrespective of all other required PPE when cleaning these 'infected areas'. These PPE items shall be disposed as contaminated medical PPE;

- In areas where ill persons have visited or used, continue routine cleaning and disinfection as per the cleaning and disinfecting schedule.

3.2.10. Management of Stress and Anxiety during infectious disease outbreaks:

3.2.10.1. People who may respond more strongly to the stress of a crisis include:

- Older people and people with chronic diseases who are at higher risk for COVID-19;
- Personnel children and teens;
- Persons who are helping with or whom have family members who are infected, ill or hospitalized;
- People who have mental health conditions including problems with substance use.

3.2.10.2. Stress can include:

- Fear and worry about ones health and the health of loved ones;
- Changes in sleep or eating patterns;
- Difficulty sleeping or concentrating;
- Worsening of chronic health problems;
- Increased use of alcohol, tobacco, or other drugs.

3.2.10.3. People with preexisting mental health conditions should continue with their treatment and be aware of new or worsening symptoms.

3.2.10.4. What to do to deal with stress or anxiety:

- Taking breaks from watching, reading, or listening to news stories, including social media;
- Taking care of oneself body. Taking deep breaths, stretching, or meditating. Eating healthy, well-balanced meals, exercising regularly, getting plenty of sleep, and avoiding alcohol and drugs;
- Making time to unwind. Focus on other activities one enjoys;
- Connecting with other persons. Keep in touch with family and friends via telephone, email or social media.
- DGI shall talk positively and emphasize the effectiveness of prevention and treatment measures. Encourage the sharing

of truth and facts and prevent the spread of misinformation that stigmatizes people who acquire COVID-19.

- A stigma around this illness will have negative impact as it can:
 - Cause people to hide their illness to avoid discrimination;
 - Prevent people from seeking healthcare immediately if symptoms arise;
 - Discourage people from adopting healthy behaviors that prevent the spread of COVID-19.

3.3. Disaster Management Act, 2002: Amendment Of Regulations Issued In Terms Of Section 27(2) Per Government Gazette No. 43148

3.3.1. The guidelines are issued in order to assist enterprises to comply with the Regulations as stipulated in the Disaster Management ACT.

DGI pledges herewith our adherence and support to the following Lockdown Stipulations:

- All enterprises operating within the borders of the Republic of South Africa are expected to be closed during the lockdown period.
- Only enterprises which produce, provide, distribute, trade or provide critical maintenance services to one or more of the listed goods and services in Annexure B of the Regulations may operate within the borders of the Republic of South Africa during the lockdown period.
- These enterprises **MUST** ensure that the absolute minimum number of staff necessary to safely operate at work during the lockdown period. During the lockdown, anyone not working in essential services must stay at home and stop all physical interactions with others outside of your household.
- These enterprises **MUST** minimise, or eliminate if possible, physical interactions among staff and with and between customers.
- These enterprises **MUST** ensure appropriate health, hygiene and safety measures are put in place.
- These enterprises **MUST** restrict activity to only what is essential during this period.

3.3.2. Mandatory Identification Required By Staff Working During The Lockdown Period

- All staff MUST at all times carry an original **PERMIT TO PERFORM ESSENTIAL SERVICE REGULATION 11B (3)**.
- All staff MUST at all times carry a photo identification issued by the Department of Home Affairs – for example an IS Document.

4. FORMS AND DOCUMENTED INFORMATION

- COVID-19 AREA ASSESSMENT
- COVID-19 QUESTIONNAIRE
- COVID-19 CLEANING SCHEDULE
- COVID-19 RISK ASSESSMENT
- COVID-19 INFORMATION POSTERS – to be placed on Notice Board
- Emergency Telephone Numbers (Legal Requirement)
- Incident Management Records (Legal Requirement)

5. REVISION HISTORY AND APPROVAL

Rev.	Date	Nature of Changes	Approved By
00	01.05.2020	Original Issue	KM

6. ESSENTIAL STAFF ACKNOWLEDGEMENT OF COVID-19 STRATEGIC PREPAREDNESS & RESPONSE PLAN

I hereby acknowledge that I understand the above-mentioned plan, and will adhere to the agreed Instructions stipulated within this plan.

No	Name and Surname	Signature	Date
1	Brian Kelly		2020/05/05
2	Kabelo Mashigo		2020/05/05
3	Andre Steenkamp		2020/05/05
4	Dave Lavis		2020/05/05
5	Riaan Leonard		2020/05/05
6	Christo Roos		2020/05/05
7	Gert Frankfurth		2020/05/05
8	Dennis Sherriff		2020/05/05
9	Victor Lehihi		2020/05/05
10	Wayne Bartle		2020/05/05
11			
12			