

# COVID IN THE WORKPLACE



FEROZA MOTARA

# ORIGINS

- On **31 December 2019** – WHO office informed of a cluster of pneumonias in Wuhan City, Hubei Province in China
- Unknown source of infection at that time – thought to have arisen from bats/poultry/seafood????? –

**PANIC!!!!**

- Novel coronavirus identified on **7 January 2020**
- **31 January** WHO –Public health outbreak of international concern
- Global pandemic **March 11**
- SA first case **5 March** – holiday makers in Italy

# SO WHAT!!

- With first cases in China, European spread – CMJAH one of the Dedicated Covid Central Hospitals in Gauteng
- Drs from EM, Int Med, Cr Care at CMJAH – February 2020 – first Covid clinical meeting
- Very little information available – but able to learn from China, Italy, Korea, Singapore....
- HUGE amounts of fake news/conspiracy theories/suspicious – BOMBARDMENT and information OVERLOAD – first challenge was sifting through this



# TRAINING

- FEAR – PANIC – ANXIETY major issues to deal with amongst all staff – TRAINING on donning and doffing of PPE – REPEATEDLY done and still being done (Porters and Cleaning Staff)
- PROTOCOLS for screening and testing – drawn up using WHO and NICD guidelines - shared with Province and rest of country
- PPE usage in different designated areas

# SIGNAGE

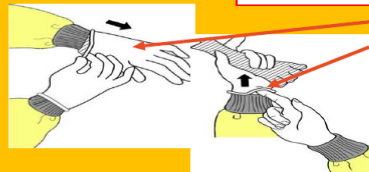


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## SEQUENCE FOR DOFFING PPE

**SANITIZE YOUR HANDS BEFORE AND AFTER EACH STEP**

### Step 1 Removing first pair of gloves



1. Grasp outside edge near wrist
2. Peel away from hand, turning glove inside-out
3. Hold in opposite gloved hand
4. Slide clean gloved finger under the wrist of the remaining glove
5. Peel off from inside, creating a bag for both gloves
6. Discard



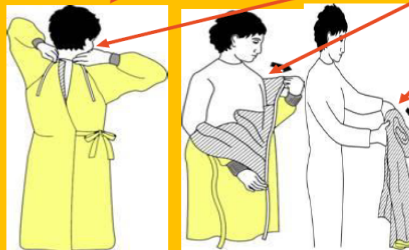
### 2<sup>nd</sup> step Removing A Face Shield/Visor and hair cover/cap



1. Grasp ear or head pieces with clean gloved hands
2. Lift away from face
3. Place in designated receptacle for disinfecting



### Step 3 & 4 Removing A Plastic apron and Gown



1. Remove plastic apron first by breaking tie on the neck of the apron and the waist tie
2. Unfasten ties of a gown
3. Peel gown away from neck and shoulder
4. Fold contaminated side inward
5. Fold or roll into a bundle
6. Discard

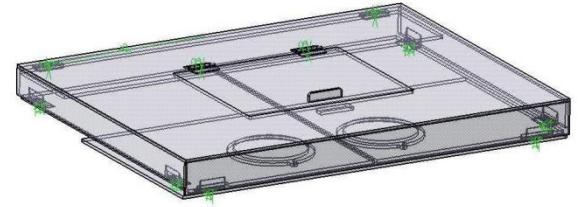
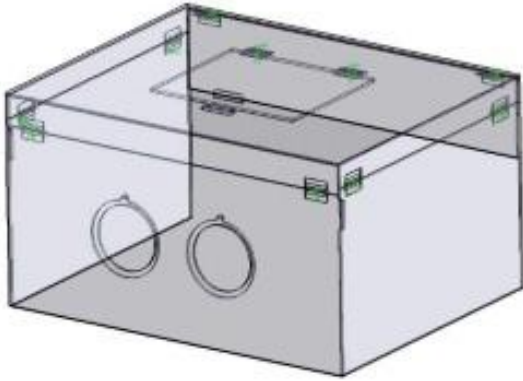
**INFECTION PREVENTION AND CONTROL**

**RECOMMENDED  
COVID19 PERSONAL PROTECTIVE EQUIPMENT (PPE)  
Patient Under Investigation (PUI)**



# INNOVATION AT CMJAH

## INTUBOX



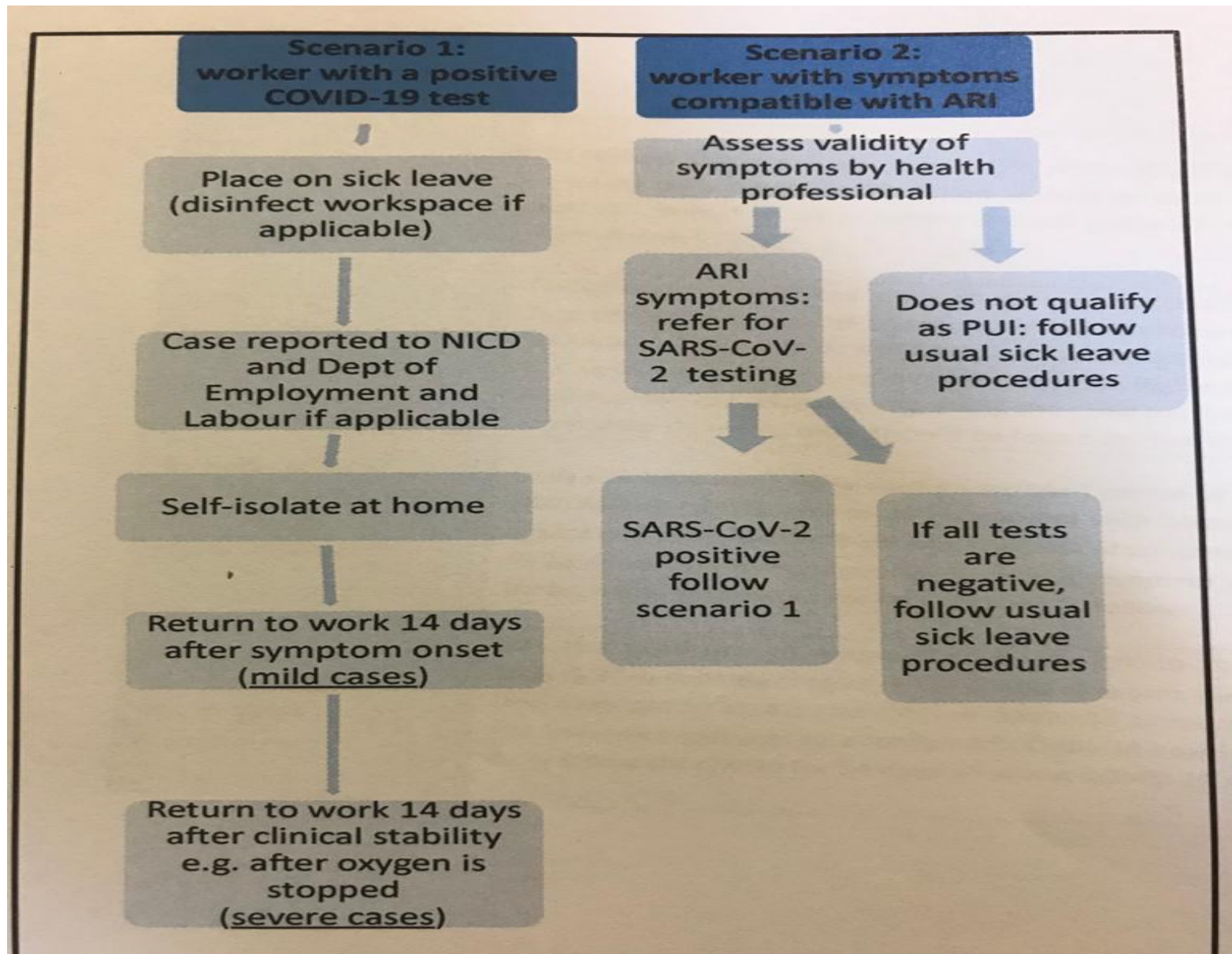
# NEW NORMAL



# OHS

- Staff fear and panic - HUGE issue – underestimated this as a major threat to plans
- Repeated training, meetings, reassurance – still needed as staff become positive
- All staff – 4000+ screened and swabbed as baseline
- Temperature and symptom monitoring – daily
- Protocols for staff management – OHS/NICD/WHO/DOH – often confusing

# PROTOCOLS FOR STAFF EXPOSURE



**Scenario 3:  
High risk + confirmed  
COVID-19 exposure, worker  
asymptomatic**

Line manager to assess +  
confirm COVID-19 exposure  
risk

If confirmed high-risk<sup>#</sup>  
exposure, HOD to approve self-  
quarantine

Report staff exposure to NICD

Self-quarantine at home for  
minimum of 7 days. Daily  
symptom self-check until 14  
days since last COVID-19  
exposure

Evaluate for early return to work  
on day 8 post-exposure with RT-  
PCR on NP/OP samples. If  
negative and well, return to  
work & follow work restrictions

If possible COVID-19 symptoms  
develop, follow scenario 2

**Scenario 4:  
Low risk + suspected  
COVID-19 exposure, worker  
asymptomatic**

Line manager to assess  
COVID-19 exposure risk

For low risk exposure or contact  
with suspected COVID-19 case,  
person continues to work but self-  
monitors temp+symptoms x 14  
days

Line manager/Occupational health  
obtains possible index case's  
COVID-19 test result urgently

If index case tests negative for  
COVID-19, no action needed

If index case is COVID-19 positive,  
but person wore full PPE,  
continue to work + self-monitor  
x14 days

If possible COVID-19 symptoms  
develop, follow scenario 2

# HIGH RISK STAFF

- High risk occupations- frontline staff – doctors and nurses aerosolising procedures, intubation, dental, ENT, Scopes, Lab worker
- Don't forget – cleaners, porters , radiographers, security , mortuary staff
- Over 60, male, co-morbidities – **uncontrolled** HT, DM, asthma, COPD – redeployed to non frontline areas – screen all staff at risk

# LESSONS LEARNT

- Don't underestimate fear and anxiety amongst staff – can derail entire program
- SOCIAL and PSYCHOLOGICAL support essential
- Equipment, PPE and consumables essential tools of the trade – substandard PPE being dumped in all areas
- Ongoing training and repeat training essential – updated as new evidence comes to light

# SA COME TO THE PARTY



# CONCLUSION

If I've learnt anything from this entire experience its that I have to constantly relearn, redo and review what we are doing – the landscape is forever changing and evolving **BUT** I will not change the group of people I do it with .....

THANK YOU



