



Republic of Zambia



International
Labour
Organisation

Ministry of Labour and Social Security

COVID-19 WORKPLACE SAFETY AND HEALTH GUIDELINES

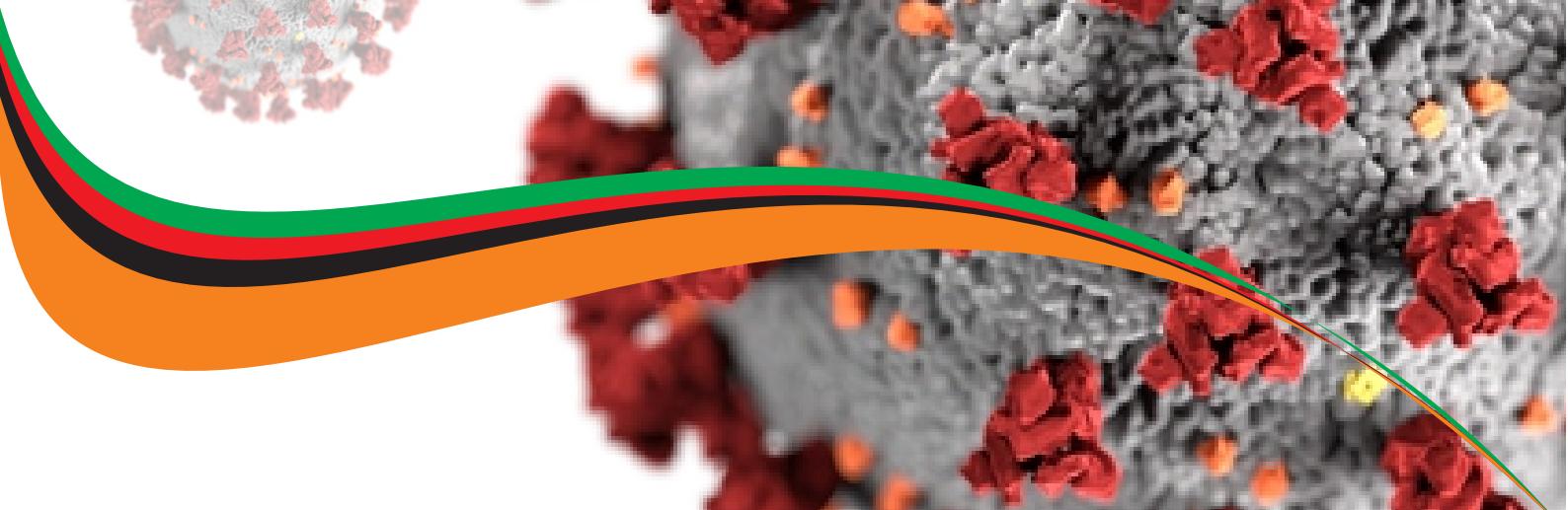
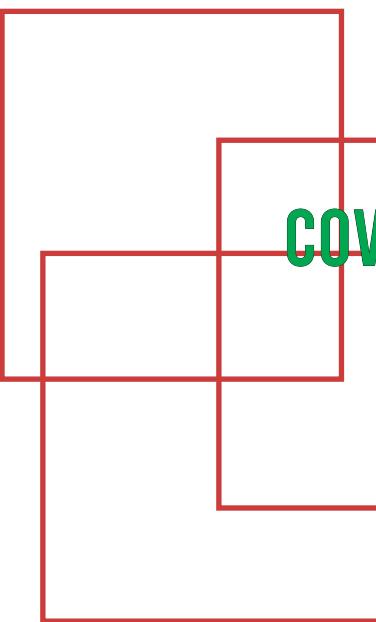


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LIST OF ABBREVIATIONS AND WORKING DEFINITIONS

BMI	Body Mass Index
CDC	Centers for Disease Control and Prevention
COPD	Chronic Obstructive Pulmonary Disease
COVID-19	Coronavirus Disease 2019
SARS-CoV-2	The virus that causes COVID-19
GDP	Gross Domestic Product
ICU	Intensive Care Unit
MOH	Ministry of Health
OSH	Occupational Safety and Health
PARP	Poly ADP-ribose Polymerase
PPE	Personal Protective Equipment and Clothing
SCID	Severe Combined Immunodeficiency
SI	Statutory Instrument
Sis	Statutory Instruments
TB	Tuberculosis
WHO	World Health Organisation

FOREWORD



I am pleased to present the Covid-19 Workplace Safety and Health guidelines which are intended at assisting enterprises reopen in a safe environment as part of government's effort in building back better.

The first case of COVID-19, in Zambia, was registered on 18th March, 2020. Since then, the disease has spread across the country thereby affecting nearly every aspect of life. By 22nd April, 2021, Zambia had reported a cumulative total of 1,365,448 cases of COVID-19 and 1,240 COVID-19 and COVID-19 associated deaths. The outbreak of the COVID-19 pandemic has had a negative impact on various sectors of our economy including the employment and labour market.

In order to contain the spread of the pandemic and mitigate its impact on the economy, various Sector Ministries introduced measures aimed at addressing the challenges brought about by the COVID-19 pandemic.

Some of the challenges posed by the COVID-19 pandemic to the employment and labour market include failure to meet statutory obligations such as payment of annual leave benefits and gratuity, to mention but a few. To address these challenges, special sittings of the Tripartite Consultative Labour Council (TCLC) were convened on 26th March and 7th May in 2020. The consensus reached by stakeholders during the TCLC meetings led to resolutions giving some relief to employers whose businesses are facing financial distress while at the same time safeguarding the livelihoods of workers who otherwise may have been laid off. To give effect to the resolutions reached by stakeholders through the TCLC, government gazetted the Employment Code (Exemption) Regulations, SI No. 48 of 2020, on 8th May, 2020.

Much as SI No. 48 of 2020 provides some relief to employers and workers, stakeholders and my Ministry realise that the COVID-19 pandemic's impact on the employment and labour market has had far-reaching consequences and has affected some aspects not addressed by the SI – such as occupational safety and health. For this reason, stakeholders found it necessary to develop these guidelines in order to address workplace safety and health challenges posed by the pandemic so as to minimise disruptions to the operations of businesses and the employment and labour market.

These Guidelines take a risk assessment based approach to addressing occupational health and safety. This being a proactive approach to dealing with issues of workplace safety and health, it is my sincere hope that the diligent application of these guidelines by employers will help prevent the spread of COVID-19 in our workplaces and thus avoid crippling effects upon the employment and labour market.

A handwritten signature in blue ink, appearing to read "Joyce Nondé Simukoko".

Honourable Joyce Nondé Simukoko, MP
MINISTER OF LABOUR AND SOCIAL SECURITY

ACKNOWLEDGEMENTS



The development of these COVID-19 Workplace Safety and Health Guidelines was made possible by the contribution of many individuals from various institutions. The Ministry of Labour and Social Security, therefore, wishes to thank the following institutions for their contribution towards the development of these guidelines: Ministry of Health (MOH); Ministry of Mines and Minerals Development (MMMD); Federation of Free Trade Unions of Zambia (FFFTUZ); Lusaka City Council (LCC); Occupational Health and Safety Institute (OHSI); Zambia Congress of Trade Unions (ZCTU); and Zambia Federation of Employers (ZFE). The Ministry further wishes to thank the various business enterprises that participated in pre-testing the checklist that informed the development of these guidelines. The pre-tests carried out in their workplaces and the subsequent feedback they provided was very valuable.

Special thanks go to staff in the Ministry of Labour and Social Security, in particular the Department of Occupational Safety and Health Services, for spearheading the development of these guidelines.

Lastly, but not the least, sincere gratitude goes to the International Labour Organization (ILO) for supporting the development of these guidelines and their dissemination in workplaces.

A handwritten signature in blue ink, appearing to read "Chanda Kaziya".

Chanda Kaziya
Permanent Secretary
MINISTRY OF LABOUR AND SOCIAL SECURITY

1. INTRODUCTION

Coronavirus Disease 2019 (COVID-19) is a respiratory disease caused by a new coronavirus known as SARS-CoV-2. It causes respiratory illness similar to a common cold and in severe cases leads to Pneumonia, kidney failure and may result in death. COVID-19 is spread through close contact with a person who has the disease, contact with animals or animal products infected with the virus, touching one's eyes, mouth or nose after touching an object or surface contaminated with the virus and contact with air droplets dispersed by an infected person who is coughing or sneezing. The common signs and symptoms of COVID-19 include fever, cough, shortness of breath and difficulty in breathing. On average, it takes 2-14 days (CDC, 2020) from the time of infection to the manifestation of symptoms; in most cases, people remain asymptomatic.

COVID-19 was first identified in Wuhan, the Capital of Hubei Province – China. The World Health Organisation (WHO) declared it a global public health emergency on 30th January, 2020 and a pandemic on 11th March, 2020. The first case of COVID-19 was registered in Zambia on 18th March, 2020, and has since spread across the country thereby affecting every aspect of life. By 22nd April, 2021, Zambia had reported a cumulative total of 1,365,448 cases of COVID-19 and 1,240 COVID-19 and COVID-19 associated deaths.

COVID-19 has had varying negative impacts at both global and national levels. On the economic front, information from Ministry of Finance indicated that the annual global GDP was projected to contract by 4.9% in 2020 due to the adverse effects of the COVID-19 pandemic. Information from the Ministry further indicated that the impact of the COVID-19 pandemic on economic activity in Sub-Saharan Africa was such that it was projected to contract by 3.2%, in 2020, following a growth of 3.1% in 2019. With regards to Zambia's economy, real GDP growth was projected at -4.2% in 2020 due to the impact of the COVID-19 pandemic. This is as a result of most businesses facing several challenges including massive disruptions in demand, supply chains and transportation. These challenges have negatively affected the revenues of most businesses thus making it difficult for some of them to meet their obligations including payment of wages. The sectors hit hardest by the pandemic include tourism, mining, manufacturing, construction as well as the wholesale and retail sectors.

The COVID-19 pandemic has come with challenges relating to occupational safety and health upon workplaces. Being meeting places for people with various social interactions from various sections of society, workplaces provide ideal conditions for the transmission of COVID-19.

To prevent COVID-19 transmission in workplaces and ensure the continuity of operations, employers have to introduce extra measures in addition to the existing safety and health procedures. Some of the recommended measures include: physical distancing; hand washing and/or sanitizing; coughing etiquette; quarantine of suspected cases and those who have been in contact with positive cases. Some of these measures, such as those involving extended periods of social isolation of workers, have had negative psychosocial strains on workers. Apart from the psychosocial strains put on workers, the standards of hygiene in some of the facilities where workers are quarantined are poor, partly due to the fact that they were not designed to serve as living quarters for workers in the first place.

1.1. Related Legal framework for Prevention and Management of COVID-19 at Workplaces

To mitigate the impact of COVID-19 on public health and workplaces, Government has had to introduce legislation through various Statutory Instruments (Sis). The SIs introduced by Government to manage COVID-19 include:

I. The Public Health Act Chapter 295 of the Laws of Zambia, Statutory Instruments:

Public Health (Notifiable Infectious Disease) (Declaration) Notice, No. 21 of 2020 which declared COVID-19 as a notifiable infectious disease; and

Public Health (Infected Areas) (Coronavirus Disease 2019) Regulations, No. 22 of 2020 which provides the public health measures to prevent the spread of COVID-19. The measures include mandatory quarantine for suspects or those in contact with a confirmed case, restrictions on gatherings, provision of sanitation and hygiene in public premises including workplaces.

II. The Employment Code Act, No 3 of 2019, Statutory Instruments:

The Employment Code (Exemption) Regulations, SI No 48 of 2020, allows the employer, upon authorization by the Ministry of Labour and Social Security, to be exempted from the application of certain provisions of the Employment Code Act No 3 of 2019 in order to survive the effects of COVID-19.

III. The Factories Act Chapter 441, Occupational Health and Safety Act No 36 of 2010 and the Mines and Minerals Development Act No. 11 of 2015.

It is a requirement under the occupational safety and health legislation in Zambia, for an employer to, so far as is reasonably practicable, maintain a workplace in a condition that is safe and without any risk to the health and safety of employees.

These guidelines have been developed to better carry out the provisions of these pieces of legislation. The guidelines provide a risk based approach in addressing the safety and health of workers with regards to threats posed by the COVID-19 pandemic in workplaces. If diligently applied, the guidelines will help minimise the spread of COVID-19 in workplaces, and subsequently minimise disruptions to the operations of the country's businesses. This document is a guide to employers and employees alike in addressing the emerging challenge of COVID-19 in the workplace. It is necessary to ensure that Zambia's economy remains viable.

2. SCOPE

These guidelines apply to all workplaces in Zambia. Employers should use them to systematically carry out occupational safety and health based COVID-19 risk assessments in their workplaces. The employer should ensure that the risk assessment is carried out by a competent person. The employer should further see to it that the workplace safety and health committee fully participates in the risk assessment process to ensure that the views and concerns of both the employer and workers are addressed.

3. OBJECTIVES

3.1. Overall Objective

To guide employers on how to reduce workers' risk of exposure to COVID-19 at the workplace.

3.2. Specific Objectives

The following are the specific objectives of these guidelines:

- I. To guide employers on how to identify and evaluate the risk of exposure to COVID-19 at the workplace.
- II. To guide employers on how to identify appropriate control measures with which to eliminate or reduce exposure to COVID-19 at the workplace.
- III. To facilitate integration of COVID-19 prevention and control measures in occupational safety and health programs.
- IV. To promote adherence to occupational safety and health legislation.

4. COVID-19 WORKPLACE RISK ASSESSMENT

Under the Factories Act Chapter 441 of the laws of Zambia, the Occupational Health and Safety Act number 36 of 2010 and the Mines and Minerals Development Act of 2015, every employer is required to, so far as is reasonably practicable, maintain a workplace in a condition that is safe and without any risk to the safety and health of employees and others who may be present in the workplace. Risk assessment is a process for systematically evaluating and comparing risks and is an effective, proactive approach to the management of occupational safety and health. It is the means by which the employer can effectively manage the safety and health of employees at the workplace.

4.1. Identification of COVID-19 Hazards at Work

To control a hazard, one has to first identify it. The first undertaking of the employer in carrying out risk assessment is therefore to identify the COVID-19 hazards to which workers may be exposed in the workplace. Some of the means by which the hazards may be identified include:

- I. A walk-through inspection in the workplace, analysing all working areas and activities, will yield information on possible sources of COVID-19 transmission.
- II. Prompting workers to share information on their work and work practices can also provide information regarding possible sources of COVID-19 infection.

4.2. Identification of Persons Who Might be at Risk of Contracting COVID-19 and How

For each possible source of COVID-19 transmission identified, the employer should determine who might be exposed to the source of infection. The employer should also identify how the individuals at-risk may be exposed to the source of COVID-19 infection. The identification of workers likely to be exposed to the source of infection need not be by name, rather it can be by:

- I. Category of workers, e.g. front office workers, cleaners.
- II. Work areas, e.g. receiving bay, dispatch bay, lobby. Interviews with workers can also reveal the extent of exposure to COVID-19 hazards and possible routes of exposure for workers.

4.3. Evaluation of Risks of Exposure to COVID-19

Having identified the possible sources of COVID-19 transmission, who might be exposed and how the exposure may occur, the employer should evaluate the risk of exposure. Table 1 below is an exposure rating mechanism produced by the World Health Organisation (WHO) to assist in evaluating the risks of various exposure sources to COVID-19 in the workplace.

WHO classifies the exposure risk of COVID-19 infection into 4 risk groups as outlined in Table 1 below. The Table presents information to assist determine Exposure Probability and not Exposure Severity.

Table 1. COVID-19 Minimum Exposure Probability Risk Classification

EXPOSURE RATING	DESCRIPTION OF EXPOSURE SOURCES
Very High Exposure Risk	High potential for exposure to known or suspected sources of COVID-19 during specific medical, post-mortem, or laboratory procedures. The very high-risk exposure activities include performing aerosol-generating procedures (for example intubation, cough induction procedures, bronchoscopies, or invasive specimen collection) on known or suspected COVID-19 patients.
High Exposure Risk	High exposure risk jobs are those with high potential for exposure to known or suspected sources of COVID-19. In the case of the mining industry, medical surveillance procedures such as spirometry and breathalysers fall into this category.
Medium Exposure Risk	Medium exposure risk jobs include those that require frequent and/or close contact, i.e., within 2 meters of people who may be infected with COVID-19, but it is unknown. In areas without ongoing community transmission, workers in this risk group may have frequent contact with travellers who may return from international locations with widespread COVID-19 transmission. In areas where there is ongoing community transmission, workers in this category may have contact with the general public for example in schools and high-population-density work environments.
Low Exposure Risk	Low exposure risk jobs are those that do not require contact with people known to be or suspected of being infected with COVID -19 nor frequent contact (within 2 metres) with the general public. These workers have minimum contact with the general public and co-workers.

Adults of any age with certain underlying medical conditions are at increased risk of severe illness from the virus that causes COVID-19. Severe illness from COVID-19 constitutes hospitalization, admission to the ICU, intubation or mechanical ventilation, or death.

In view of the above, the employer should prioritise the protection of employees with underlying conditions that could put them at increased risk of severe illness from the virus that causes COVID-19. Table 2 below, extracted from Volume 1 of the Africa Union COVID-19 Occupational Safety and Health Guidelines, gives a rating of employee vulnerability to COVID-19 in respect of the underlying conditions the employee might have.

Table 2. Classification of Employees' Vulnerability to COVID-19 According to their Underlying Conditions

VULNERABILITY RATING	EMPLOYEE UNDERLYING CONDITIONS
Very High	<p>This group includes employees who are likely to develop severe, rapidly progressive, and fulminant disease. Examples include:</p> <ul style="list-style-type: none"> • Solid organ transplant recipients on immunosuppressive treatment. • People with specific cancers or receiving immunosuppressive treatment for their cancer, <ul style="list-style-type: none"> ➢ undergoing active chemotherapy or radical radiotherapy for lung cancer. ➢ cancers of the blood or bone marrow such as leukaemia, lymphoma or myeloma who are at any stage of treatment. ➢ receiving immunotherapy or other continuing antibody treatments for cancer. ➢ receiving targeted cancer treatments which can affect the immune system, such as protein kinase inhibitors or Poly ADP-ribose Polymerase (PARP) inhibitors. • People who have had bone marrow or stem cell transplants in the last 6 months, or who are still taking immunosuppressive drugs. • People with severe respiratory conditions including cystic fibrosis, severe and unstable asthma and severe Chronic Obstructive Pulmonary Disease (COPD), or current active tuberculosis of the lung. • People with rare diseases and inborn errors of metabolism that significantly increase the risk of infections (such as Severe Combined Immunodeficiency [SCID], homozygous sickle cell). • People on immunosuppressive therapies not otherwise mentioned above, sufficient to significantly increase risk of infection. (e.g. high doses of steroids).

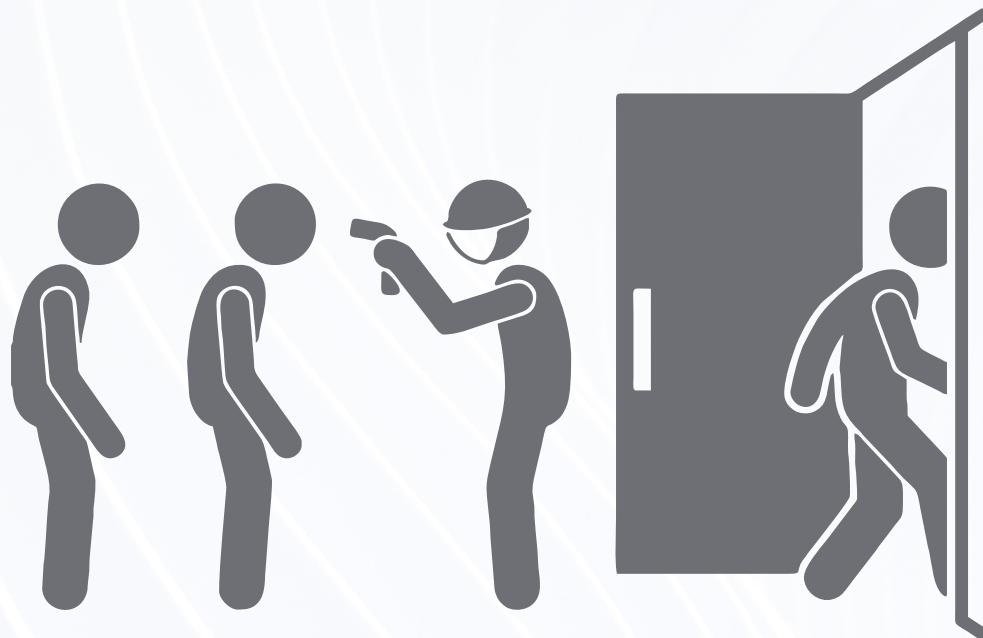
	<ul style="list-style-type: none"> • Pregnant women who have significant heart disease, congenital or acquired. • People who are older than 65 years although healthy elderly can be handled on a case by case basis.
High	<p>Employees who fall in this group include employees who are more likely to develop severe disease. Examples include:</p> <ul style="list-style-type: none"> • Those of age 60 – 65 years. • Those with moderate chronic lung disease or severe asthma. • Those with previous pulmonary TB with confirmed significant structural damage on imaging or impairment on spirometry. • Those with serious heart conditions. • Those who are moderately or intermittently immunocompromised. • Those with severe obesity (body mass index [BMI] >40). • Those with poorly controlled chronic medical conditions, such as diabetes, renal failure, hypertension or liver disease. • Pregnant women with over 28 weeks gestation.
Medium	<p>Employees who fall in this group include those with conditions that place them at risk, but which are controlled. Examples include:</p> <ul style="list-style-type: none"> • Pregnant women with fewer than 28 weeks gestation but otherwise healthy. • Those of age 40 – 60 years, with controlled medical conditions such as hypertension, diabetes, cardiovascular disease, etc. • Those with a previous history of TB, who have recovered with no or minimal residual impairment or structural lung damage. • Those with moderate obesity (BMI >35).
Medium to low	<p>Employees who fall in this group include those who do not have a condition that places them at an unknown (but presumed increased) risk, or they suffer a condition for which there is no evidence, but first principles (physiology, pathophysiology) suggests that they may likely be at a theoretically increased risk. Examples include:</p> <ul style="list-style-type: none"> • Those under the age of 40 with controlled medical conditions such as hypertension, diabetes, cardiovascular disease, etc. • Those who are obese (BMI >32).
Low	<p>Employees who fall in this group include those without specified risk factors.</p>

4.4. Identification and Selection of COVID-19 Control Measures

Following the evaluation/assessment of the risks of exposure to possible sources of COVID-19 hazards, the employer should proceed to identify and implement appropriate control measures in order to eliminate or reduce the risks associated with exposure to COVID-19.

The following are some of the main measures that may be considered with regards to the control of risks associated with COVID-19.

4.4.1. Screening of Workers and Clients



To minimize the risk of transmission of COVID-19, the employer should at the point of entry to the workplace:

- I. Carry out workers and client's temperature checks. Employees or clients with temperatures higher than 37.5 degrees Celsius should be referred to the relevant health authorities.
- II. Use a questionnaire to look out for coughs, sore throat, flu, headache, fever, chest pains and other special conditions.

Workers and clients should be screened for COVID-19 each day when reporting for work and only those who do not display any symptoms should be allowed into the premises.

4.4.2 Hand and Respiratory Hygiene/Cough Etiquette



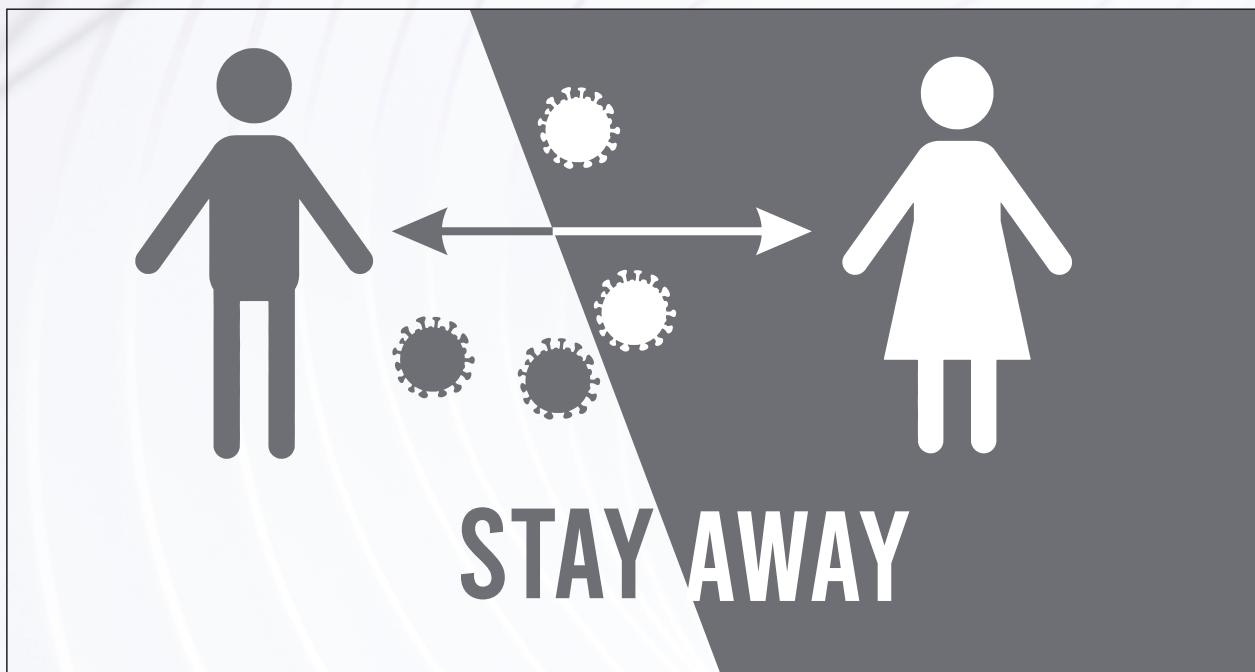
To reduce the risk of transmission of COVID-19, the following hand and respiratory hygiene measures will have to be put in place:

- I. The employer should provide adequate hand washing stations with running water and soap for workers and clients to wash their hands frequently.
- II. The employer should also provide an approved alcohol-based hand sanitizer.
- III. Hand washing and sanitizing should be correctly performed. (See Appendix 1).
- IV. The employer should provide posters at hand washing stations to remind the workers to practice hand hygiene

To further enhance cough etiquette and hand hygiene, workers should be advised:

- To use a flexed elbow when sneezing or coughing and not their hands (See Appendix 2). Alternatively, they should cover their mouths and/or noses with disposable tissue paper (handkerchiefs are discouraged).
- Not to touch their eyes, noses and mouths.
- To wash their hands with running water and soap or apply an approved hand sanitizer after coughing or sneezing.

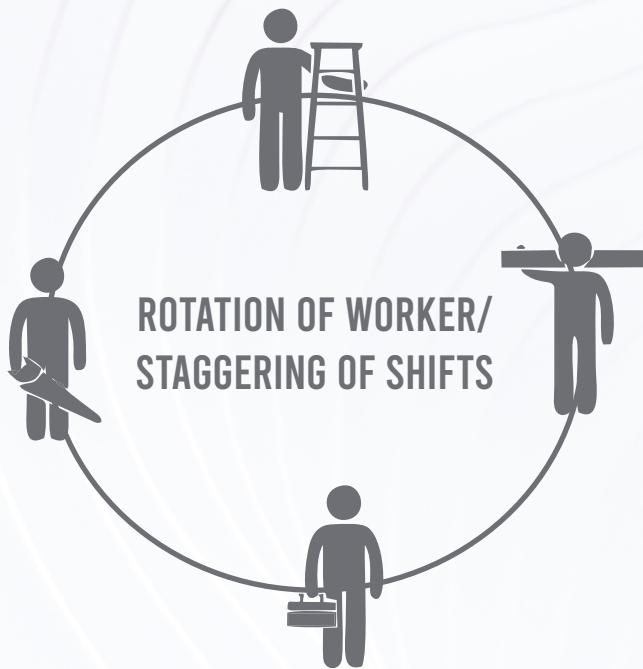
4.4.3. Social Distancing



To avoid the transmission of COVID-19 through close contact, the employer should ensure that:

- I. The numbers of people congregating are limited as per the guidelines provided by Ministry of Health.
- II. Social distance is encouraged. Where possible, workers should work from home and meetings should be held virtually.
- III. A physical distance of between 1-2 meters apart, as recommended by Ministry of Health, is maintained between workers. Where necessary, markings (e.g. on floors) and signs should be used to remind workers to maintain physical distancing.
- IV. Physical barriers between individual work stations are employed in open plan, shared offices to prevent workers from being exposed to mouth and nasal droplets.
- V. Workers limit carpooling/car-sharing or lift sharing.
- VI. Where the employer provides transport to take workers to and from the workplace, the number of passengers in each vehicle should be reduced to comply with the physical distancing rules or employ any other such measures that will prevent close contact.
- VII. Work shifts, rotations, mealtimes, and break times are staggered to reduce overcrowding.

4.4.4 Administrative Measures



To give effect to other control measures, management should also explore, identify and implement administrative measures that would further limit the possible transmission of COVID-19 in the workplace. Management should ensure that:

- I. The sharing of tools, equipment and workstations among workers is discouraged. Where possible, each worker should have his/her own tools, equipment and workstation.
- II. Where tools, equipment and workstations are shared, protocols for cleaning and disinfecting them are developed and implemented diligently.
- III. Protocols for cleaning and disinfecting workplaces should be developed and implemented diligently.
- IV. Occupational safety and health and COVID-19 public health information, education and communication materials including posters and brochures are displayed in prominent, easily accessible locations in the workplace.
- V. Persons screening workers are oriented by MOH or any other relevant authority on how to safely carry out screening activities. To reduce the risk of exposure to persons carrying out screening activities, the employer should ensure that these activities are not carried out by the same persons all the time.
- VI. Some shop floor personnel are appointed to monitor and encourage their fellow workers to adhere to the guidelines on matters such as social distancing and wearing of personal protective clothing and equipment (PPE) while on the work floors.

4.4.5 Personal Protective Equipment And Clothing(PPE)



The employer should provide approved personal protective clothing and equipment (PPE) in addition to other control measures in order to reduce transmission of COVID-19 in the workplace. The employer should further ensure that:

- I. Persons designated to screen workers and clients are provided with appropriate PPE.
- II. Workers wear face masks/shields correctly at all times in the workplace.
- III. Persons designated as screeners and other workers are oriented on how to properly put on, take off, and dispose of (or clean if reusable) all PPE. Measures should be instituted to prevent workers from taking PPE used in the workplace home.
- IV. Workers are provided with individual facilities for storage of their reusable PPE to prevent cross-contamination.

4.5 Monitoring and Review of the Risk Assessment



Taking into consideration that the conditions and the environment in the workplace are dynamic, and not static, risk assessment requires monitoring and periodic review in order to make it relevant to ongoing changes in the workplace. Changes in the workplace, such as introduction of new equipment, processes, materials and staff will most likely present new challenges which could render the control measures introduced less effective. It is therefore essential that a review of the effectiveness of the controls is carried out soon after changes are introduced in the workplace.

To monitor the effectiveness of the COVID-19 control measures being implemented in the workplace, periodic inspections will have to be carried out by those assigned to monitor and evaluate the impact of occupational safety and health interventions in the workplace. Feedback from workers is also essential in determining the effectiveness of the controls. This way, the risk assessment will stay relevant.

To give effect to the monitoring and review of the risk assessment process, the employer should ensure that:

- I. A team is appointed to monitor and review the effectiveness of the risk assessment.
- II. A timeframe within which the control measures are to be implemented is expressly stated.
- III. The date of implementation of control measures is noted down.
- IV. The manager is tasked with the responsibility of implementing the control measures that have been identified and selected.
- V. The review date of the risk assessment is noted.
- VI. The risk assessment monitoring and review schedule is communicated to all concerned parties.

5. COORDINATION OF COVID-19 GUIDELINES

To ensure effective and efficient coordination and implementation of the control measures relating to COVID-19 in the workplace, the employer should identify and appoint a Workplace COVID-19 Coordinator. Preferably, the Coordinator should be competent in occupational safety and health as the implementation of these guidelines requires an OSH risk assessment based approach.

Note: All workers should be made aware of the Workplace COVID-19 Coordinator and his or her contact details.

5.1. Responsibilities of Workplace COVID-19 Coordinator

The responsibilities of the Workplace COVID-19 Coordinator will include the following:

- I. Ensure that the Workplace COVID-19 Guidelines are implemented and adhered to.
- II. Coordinate the education and sensitization of workers on how to prevent the transmission of COVID-19 in the workplace.
- III. Promote awareness relating to COVID-19 in the workplace.
- IV. Ensure that the workplace has an emergency response plan for dealing with suspected cases of COVID-19.
- V. Keep the contact details of all workers and clients who visit the premises in order to facilitate contact tracing in case of a positive case of COVID-19.
- VI. Keep abreast with information regarding the evolution of COVID-19 at the local level.
- VII. Avail management and workers with contact details, including telephone numbers, of health care facilities designated as COVID-19 centers.
- VIII. Ensures adherence to all applicable national legislation and guidelines relating to COVID-19.

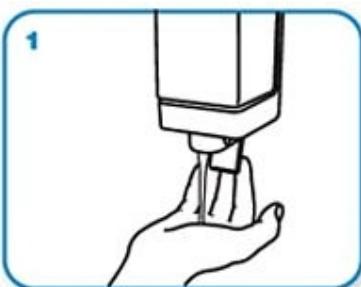
Note: It is recommended that the workplace COVID-19 coordinator works in conjunction with the existing OSH committee, unit, person or department.

APPENDICES

Appendix 1: Hand Washing Procedure



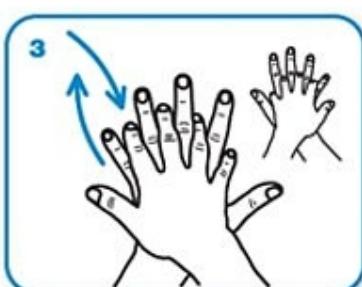
Wet hands with water



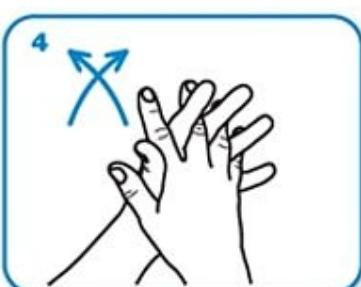
apply enough soap to cover all hand surfaces.



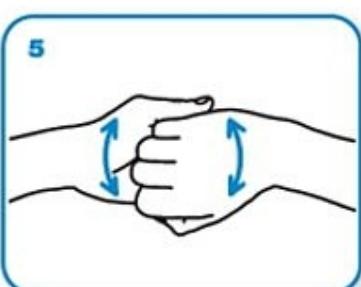
Rub hands palm to palm



right palm over left dorsum
with interlaced fingers
and vice versa



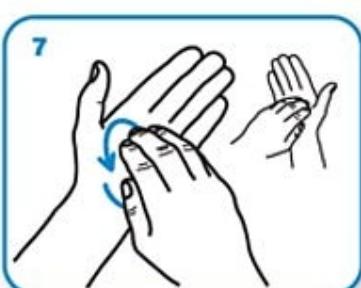
palm to palm with fingers
interlaced



backs of fingers to opposing
palms with fingers interlocked



rotational rubbing of left thumb
clasped in right palm
and vice versa



rotational rubbing, backwards
and forwards with clasped
fingers of right hand in left
palm and vice versa.



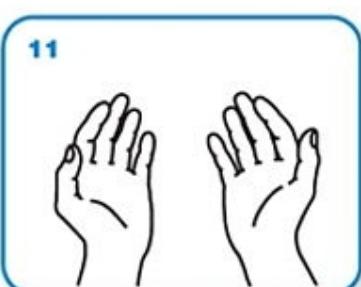
Rinse hands with water



dry thoroughly with a single



use towel to turn off faucet



...and your hands are safe.

APPENDICES

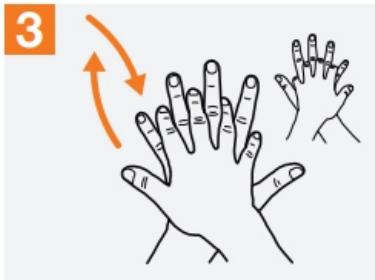
Appendix 2: Hand Washing Procedure



Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



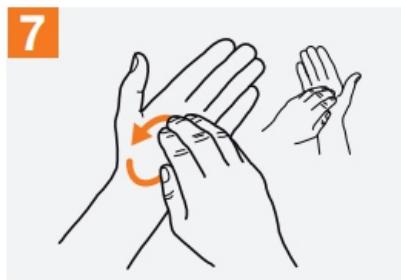
Palm to palm with fingers interlaced;



Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.

APPENDICES

Appendix 2: Respiratory and Cough Etiquette



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