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DIRECTORATE OF OCCUPATIONAL SAFETY AND HEALTH SERVICES

DOSHS Vision: A Healthy Worker in A Safe Work Environment

14 March 2020

OCCUPATIONAL SAFETY AND HEALTH ADVISORY ON CORONAVIRUS (COVID-19)

Purpose of the Advisory

To provide a national advisory to workplaces in Kenya to help minimize the spread and reduce the economic impact of corona virus(COVID-19) in workplaces.

What is a coronavirus?

Coronaviruses (CoV) are a large family of viruses that are common and are typically associated with mild illnesses, similar to the common cold.

A novel coronavirus (nCoV) is a new strain that has not been previously identified in humans. The severe diseases have included:

- Middle East Respiratory Syndrome (MERS-CoV) (first reported in 2012, all cases have been linked to countries in or near the Arabian Peninsula)
- Severe Acute Respiratory Syndrome (SARS-CoV)

On 31 December, 2019, a new coronavirus was identified in China (Wuhan City), and was initially known as 2019 Novel Coronavirus (2019-nCoV). It has been now formally named COVID-19. Its identification was confirmed on 07 January 2020.



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What can a workplace do?

Workplaces should have a policy in place that outlines specific requirements when sick or ill staff may be absent to attend hospital and to staff who are not sick or ill but need to be absent to care for others, especially family members. The policy should also include standard operating procedures indicating how to notify the workplace if they have to visit the hospital for suspected case(s), and clearly defined requirements for a doctor's note and by when.

All workplaces should develop infection control plans and policies to include the following details:

1. Promote and practice hygiene

- i. Providing clean and well maintained hand washing facilities.
- ii. Clean hands at the door and schedule hand washing reminders by email
- iii. Offering alcohol-based hand sanitizers when regular facilities are not available (or to field staff and those on the road).
- iv. Regular cleaning objects that are touched frequently, such as doorknobs, handles, railings, kettles, etc. more often with regular disinfectants or soap and water and assigning specific staff to do so.
- v. Providing sufficient boxes of tissues and encourage their use.
- vi. Reminding staff to not share cups, glasses, dishes and cutlery. Specific staff to be assigned responsibilities to ensure dishes are washed in soap and water after use.
- vii. Removing magazines and papers from waiting areas or common rooms (such as tea rooms and kitchens).
- viii. Making sure ventilation systems are working properly. Workplaces may contact DOSHS-Approved Air Quality Monitors to verify the status of the air quality. Increase ventilation by opening windows or adjusting air-conditioning.



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- ix. Cleaning workstations or other areas where they have been if a person has been suspected or identified with an infection
- x. Limit all forms of employee gatherings
- xi. Provide specific protection to persons living with disabilities at the workplace and ensure effect measures are in place to promote their safety and health.

2. *Be careful with meetings and travel*

- i. Using social distancing techniques, such as using telephone, video conferencing, or the internet to conduct as much business as possible (including within the same building), allow employees to work from home, or to work flexible hours to avoid peak public transportation times or crowding the workplace.
- ii. Assess the risks of business travel and ensure no travel is conducted without an approved travel risk assessment.

3. *Promote safe food handling*

- i. Limit food sharing
- ii. Strengthen health screening for cafeteria staff and their close contacts
- iii. Ensure cafeteria staff and their close contacts practice strict hygiene.

4. Promote Home stay policies for employees

- i. Ask employees to stay at home and go to hospital if they are feeling sick
- ii. Ask employees to stay at home if they have a sick family member in their home.

5. Promote prompt reporting of suspected cases

- i. All employers and workplaces should ensure reporting of all suspected cases among their workforce and in turn employers must provide mechanisms of recording and reporting the incidences to the Directorate of Occupational Safety and Health Services.



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How does a coronavirus spread?

Coronaviruses are zoonotic, meaning they usually begin in animals. While rare, coronaviruses can evolve to infect people. For example, investigations found that SARS-CoV was transmitted from civet cats to humans, and MERS-CoV was transmitted from dromedary camels to humans.

In some cases, the coronavirus can evolve further and spread from person-to-person. The route of transmission is not always known, but viruses are generally thought to spread by respiratory droplets when people are in close contact.

What is meant by “close contact”?

Generally speaking, examples of “**close contact**” include:

- Having cared for or lived with a person known to have the virus, including being within 2 metres (6 feet) or within the room or care area of a patient with the virus without wearing personal protective equipment.
- Direct contact with droplets from coughing or sneezing by someone affected by the virus.
- When a person touches a surface contaminated with infectious fluids and then touches their mouth, nose, or eyes

What are symptoms of infection from coronavirus?

Each coronavirus will vary in the severity of infection it causes. Common signs of infection include respiratory symptoms, fever, cough, shortness of breath and breathing difficulties. In more severe cases, infection can cause pneumonia, respiratory issues, kidney failure, and sometimes death.



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COVID-19 presents with fever and symptoms of lower respiratory illness (e.g., cough or difficulty breathing). Fever may not be present in all patients. Identification of COVID-19 is made through tests as well as patient history (especially recent travel).

Which occupations are at risk?

People caring for individuals with a coronavirus are at the greatest risk for contracting the disease such as health care workers in acute care hospitals, rehabilitation hospitals, mental health hospitals, long term care facilities, emergency departments, and others who work close to their clients or patients.

Persons living with individuals with a severe coronavirus may also be at risk for contracting the disease.

What are the recommendations to prevent transmission of a coronavirus?

Standard recommendations from the World Health Organization to prevent the spread of infection include:

- Frequently clean hands by using alcohol-based hand rub or soap and water
- When coughing and sneezing cover mouth and nose with flexed elbow or tissue – dispose tissue away immediately and wash hands
- Avoid close contact with anyone who has a fever and cough
- If you have fever, cough and difficulty breathing, seek medical care early and share previous travel history with your health care provider
- When visiting live markets in areas currently experiencing cases of novel coronavirus, avoid direct unprotected contact with live animals and surfaces that have been in contact with animals



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- The consumption of raw or undercooked animal products should be avoided. Raw meat, milk or animal organs should be handled with care to avoid cross-contamination with uncooked foods, as per good food safety practices

Additional Precautions for health care workplaces

The following precautions should help prevent transmission. In addition, check with organizations such as the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO) who will be monitoring any new situation, and will include specific infection control guidance for workers at risk as the information becomes available.

In addition to the consistent application of routine practices, follow contact and droplet precautions. This procedure includes the appropriate selection and use of personal protective equipment:

- Gloves; and
- A long-sleeved gown; and
- Facial protection: Surgical/procedural mask and eye protection, face shield, or surgical/procedural mask with visor attachment.
- An N95 respirator (plus eye protection) should be used when performing aerosol-generating medical procedures (AGMPs) on a person under investigation (PUI) for COVID-19 infection.

Hand hygiene should be performed whenever indicated, paying particular attention to during and after removal of PPE, and after leaving the patient care environment. Note that no single respirator or any type of personal protective equipment (PPE) can be expected to provide protection against all types of hazards. Be sure you are wearing the correct PPE for the task. If PPE is used, it should be managed as part of a complete PPE program which will include selection, fitting, training, inspection, use, cleaning, maintenance, and storage as appropriate.



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The following are practices that can be used in healthcare or similar workplaces. In all cases, follow the recommendations of your workplace as there may be considerations specific to a situation that require other practices. The Directorate of Occupational Safety and Health Services should be consulted for specific workplace requirements.

Hand Hygiene

Use of alcohol-based hand rub at the point-of-care as the preferred method for hand hygiene in all healthcare settings unless certain exceptions apply. Hands must be cleaned before and after contact with a patient, after contact with body fluids, and after contact with items known to be contaminated with respiratory secretions.

Disposable Gloves

Gloves should be used as an additional measure, not as a substitute for hand washing. Gloves must be put on before contact with the patient and they should be removed and hands washed before leaving the patient's room. Disposal of used gloves should be in accordance with healthcare waste disposal guidelines.

Gowns

Long sleeved gowns should be worn by all health care workers if direct contact with the patient is anticipated.

Respirators / Masks

Respirators used in health care settings should be selected according to the efficiency of respirator filters in its ability to filter aerosols and according to the type of procedure to be carried out.



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All healthcare facilities should adopt the use of the N95 disposable respirator. N95 filters contain air purifying particulate filters. N95 type respirators are recommended by the U.S. Centers for Disease Control and Prevention (CDC) for use by health care workers in contact with patients with infections that are transmitted from inhaling airborne droplets and are also recommended for health care staff working with patients having or suspected of having a severe coronavirus).

In comparison, surgical masks, while not a respirator by definition, can be effective barriers for retaining large droplets which can be released from the wearer through talking, coughing, or sneezing. The mask must cover the user's mouth and nose. However, surgical masks are not designed to protect the wearer by filtering or blocking very small particles in the air.

It is important to understand the benefits and limitations of each type of respirator or mask. Respirators must be fitted to the face appropriately for a good seal to be effective. After handling a used respirator or mask, wash your hands immediately.

It is strongly noted that using the wrong respirator or misusing one can be as dangerous as not wearing one at all.

Eye / Face Protection

Eye protection, face shields (with safety glasses or goggles), and/or visors are recommended for health care workers where there is a potential for splattering or spraying of blood or other body fluids.

Footwear

If recommended at your workplace, dispose of used shoe covers in appropriate Yellow-coloured waste bins. Do not reuse shoe covers.

Cleaning and Disinfecting



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In many cases, regular detergents or cleaning solutions can be used to clean the items, utensils, bedding and clothing that have been in contact with an infected patient. Items that are regularly touched such as doorknobs, handles, and bed rails should be cleaned more often by persons assigned and instructed on how to conduct the cleaning and disinfection.

Healthcare Waste Management

Reckless waste management practices may lead to massive spread of COVID-19 from and within healthcare facilities and to the other working populations and economic sectors. Health care waste should be segregated according to the color codes recommended by the Ministry of Health and the National Environmental Management Authority (NEMA.). Proper waste management should include the following steps:

- i. Segregation: The waste is sorted by category into various containers according to type at the source it is produced.
- ii. Containment: Various containers are used for managing sharps including sharps containers, needle cutters, and safety boxes.
- iii. Handling and storage: Waste is collected at its point of generation and transported to a secure storage area prior to disposal.
- iv. Transport: Waste is transported from storage to the disposal site (which may be at the facility or offsite). Wheelbarrows, trucks, trolleys, tractors etc., may be used but these must be properly disinfected to reduce the risk to waste handling staff.
- v. Treatment and destruction: Waste treated and destructed to be made as harmless as possible before final disposal. This often includes incineration.
- vi. Disposal: The waste is discarded. Recommended disposal methods include burying, protected ash pit, municipal land fill, protected sharps pits, or barrels



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Containment: Various containers are used for managing sharps including sharps containers, needle cutters, and safety boxes.

All infectious waste and highly infectious waste shall be disposed of through incineration and all incinerator operators must be protected from hazardous waste by enabling them to access suitable personal protective equipment, information, simple educational and effective communication materials.

For further information, please contact:

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