

COVID-19 Workplace Preparedness and Response Plan

Triple Play Fibre Optic Solutions cc



VAT Registration Number: 4330219769
Close Corporation Number: 2004/096319/23



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Legislation

The legislation governing workplaces in relation to COVID-19 is the 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. Specifically, 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 hierarchy of controls.

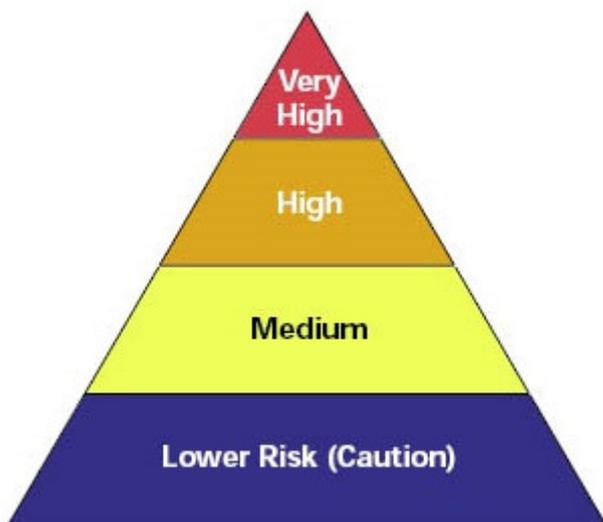
Background

These guidelines are applicable to all essential services workers covered by regulation GN R.398 of Government Gazette 43148 under section 3 of the Disaster Management Act, 1957 (Act 57 of 2002) as amended on 25 March 2020 wherein essential services are defined in Annexure B

Considerations to determine the level of risk associated with Triple Play

1. Non-occupational risk factors at home and in community settings.
2. The general public, fellow students, staff, and lecturers.

The Occupational Risk Pyramid shows the four exposure risk levels in the shape of a pyramid to represent probable distribution of risk. Most workers will likely fall in the lower exposure risk (caution) or medium exposure risk levels.



Lower Exposure Risk (Caution)

Lower exposure risk (caution) jobs are those that do not require contact with people known to be, or suspected of being infected with COVID-19, nor frequent close contact with (i.e. within 2-m) of the general public. Workers in this category have minimal occupational contact with the public and other co-workers.

Risk Assessment

A risk assessment will be performed on each student, using our Covid-19 Student Screening Questionnaire (see page-3) and mindful of the following symptoms: cough, sore throat, shortness of breath or fever/chills, or $\geq 38^{\circ}\text{C}$ measured temperature.



Covid-19 Student Screening Questionnaire

Questions		YES	NO
A	Symptom Check		
1	Are you suffering from fever, high temperature or temperature fluctuations?		
2	Do you have a dry cough?		
3	Do you have a sore throat?		
4	Do you have redness of eyes?		
5	Do you experience shortness of breath or difficulty in breathing?		
6	Have you got unusual body aches or muscle pain?		
7	Do you experience a loss of smell or taste?		
8	Do you feel nauseous or have you been vomiting?		
9	Have you got diarrhea?		
10	Do you suffer from fatigue, physical weakness or tiredness?		
B	Contact / Exposure Risk		
1	Have you been exposed to someone diagnosed with Covid-19 or had recent contact with someone who is self-isolating whilst waiting for a Covid-19 test result?		
2	Have you been in quarantine or self-isolation for the past 14 days?		
C	Other Risk Factors		
1	Do you suffer from any pre-existing medical condition or chronic illness that may have compromised your immune system i.e. respiratory disease, diabetes, heart disease, or any other chronic illness that could compromise your immune system?		
2	Are you 65 years of age or older?		
Name & Surname			
ID or Passport #			
Mobile #			
If any symptoms mentioned in questions A1 to A10 are experienced: <ul style="list-style-type: none"> ✓ You will not be permitted access to the classroom. ✓ Consult your Healthcare Worker to find out if testing or self-quarantine will be necessary. ✓ You may only enter the classroom once you have been cleared by your Healthcare Worker. 			

I hereby attest that the information provided above is a true reflection of my screening results.

Signature: _____ **Date:** _____

Our actions taken to reduce the spread of COVID-19	
1	No students from outside the district where a course is offered, will be allowed to attend
2	People from outside the borders of South Africa, will not be permitted to attend
3	Any person who is currently ill, will be asked to re-schedule at no additional cost
4	Non-contact infrared thermometer temperature screening, will done early morning and after lunch A \geq 38°C measured temperature, will be retested and if repeated, this person will be denied entry
5	Student induction presentation on how to protect yourself against COVID-19
6	Students will be provided with the following PPE: ~ Face shields ~ Face masks ~ Surgical gloves
7	Demonstrate to students on how to put on, use/wear and take it off PPE correctly
8	Rearrange desks to face in the same direction (rather than facing each other)
9	Rearrange seating to maximize the 1.5m social distancing between students
10	Takeaway “grab-and-go” bagged lunches will be delivered
11	Make available 60% alcohol-based hand-gel and soap to sanitise hands
12	Inform students and others when they need to wash their hands: ~ Before and after eating ~ Before and after consuming something to drink ~ After coughing or sneezing ~ After going to the toilet ~ After touching potentially contaminated surfaces
13	Inform students of the following good hygiene measures to limit the spread of the virus: ~ Cover coughs and sneezes with an elbow or a tissue ~ Avoid touching the face, eyes, nose and mouth ~ Dispose of tissues hygienically ~ Clean and disinfect surfaces and shared equipment ~ Stay more than 1.5 metres away from others ~ Do not shake hands and avoid any other close physical contact
14	If surfaces are dirty, we clean them using detergent or soap and water prior to disinfection
15	Recommended hand sanitizers (minimum of 60% alcohol) are provided for each table
16	No cutlery is hand-washed, we only make use of dishwashers
17	All door handles and toilets are sprayed between 8 to 12 times a day with sanitizers
18	The training venue is properly sterilized, including tables and chairs after each contact session

COVID-19 Compliance Officer Check List		Yes	No
1	Covid-19 student screening questionnaire completed by all students		
2	Temperature screening performed and recorded		
3	Social distancing of 1.5m maintained		
4	Prescribed PPE worn		
5	Prescribed hygiene measures followed		
6	60% alcohol-based hand-gel and soap made available		
7	The training venue is properly sterilized		
8	Seating arranged to maximize the 1.5m social distancing		
9	Areas left "broom clean" at the end of each workday		
10	The work area will be kept free from any potential tripping hazards		
11	A first aid box provided		
12	All toilets and urinals and clean and hygienic		
13	Emergency evacuation procedure explained and displayed		
14	Fire equipment demarcated		
15	The training venue is properly sterilized after each contact session		
Comments			

Inspection performed by:	
Name & Surname	
ID #	
Date	
Signature	

COVID-19 Compliance Officer
OCCUPATIONAL HEALTH AND SAFETY ACT, 1993
HEALTH AND SAFETY REPRESENTATIVE APPOINTMENT SECTION 17

I, **Joe Botha** the appointee for Triple Play, hereby appoint you **Stephen Pointer** in terms of Section 17 as COVID-19 Compliance Officer and Health and Safety Representative for all Training Venues.

In terms of Section 18, the following are your functions:

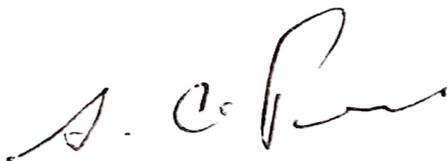
1. Carry out health and safety inspections at Training Venues.
2. Bring to the attention of your committee any deviations in respect to health and safety that come to your attention.
3. Participate in internal audits.
4. Order the required PPE

The committee will determine dates and times of health and safety committee meetings. Such meetings as determined by the committee must be attended.

This appointment is valid from 02 June 2020 to 18 December 2020

ACCEPTANCE

I, Stephen Pointer understand the implications of the appointment as detailed above and confirm my acceptance.



02 June 2020

ID # 6009135269087

Contact # 084 247 3968

COVID-19 Compliance Officer
OCCUPATIONAL HEALTH AND SAFETY ACT, 1993
HEALTH AND SAFETY REPRESENTATIVE APPOINTMENT SECTION 17

I, **Joe Botha** the appointee for Triple Play, hereby appoint you **Kevin Botha** in terms of Section 17 as COVID-19 Compliance Officer and Health and Safety Representative for all Training Venues.

In terms of Section 18, the following are your functions:

1. Carry out health and safety inspections at Training Venues.
2. Bring to the attention of your committee any deviations in respect to health and safety that come to your attention.
3. Participate in internal audits.
4. Order the required PPE

The committee will determine dates and times of health and safety committee meetings. Such meetings as determined by the committee, must be attended.

This appointment is valid from 02 June 2020 to 18 December 2020

ACCEPTANCE

I, Kevin Botha understand the implications of the appointment as detailed above and confirm my acceptance.



02 June 2020

ID # 8807165152083

Contact # 072 731 0909