

Newsflash

**Guidance for abattoir worker (ZULU version)
Current COVID 19 Statistics in SA
Guidelines for symptom monitoring and management
Skills Development Levy announcement**

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28 April 2020

Dear Abattoir Owners

Video guidelines in ZULU for Abattoir Personnel

South Africa is in the 27th day of the National Lockdown period. Thank you for your diligent effort in providing an essential service during this difficult time for the industry.

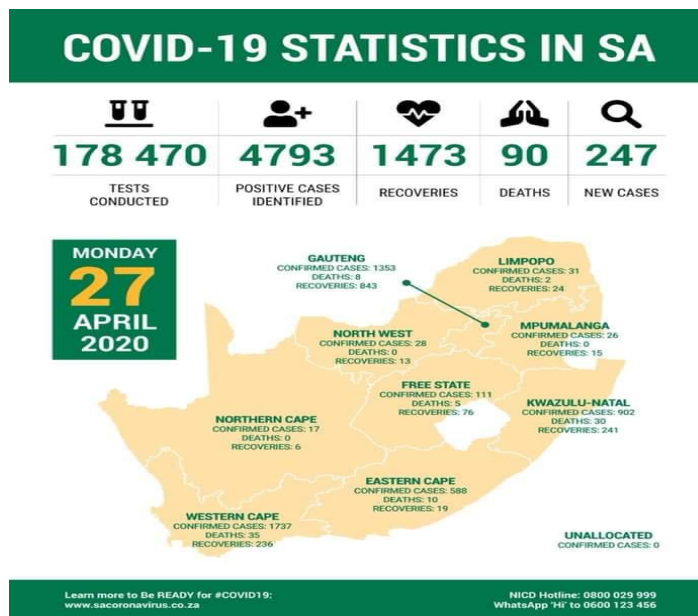
In the GUIDELINES FOR THE SOUTH AFRICAN RED MEAT ABATTOIR INDUSTRY issued on 30th March 2020, a specific section was dedicated to guidance for abattoir personnel. This information is now also contained in a Tswana video presentation available to be downloaded. It is very important that this video is presented to your abattoir workers for their information to ensure adherence to COVID 19 guidelines.

YouTube link: <https://youtu.be/jgRSsCdIUcg> (Zulu)

YouTube link: <https://youtu.be/MbrDBQoyxyY> (Tswana)

YouTube link: https://youtu.be/zl_vVqSPOh0 (English)

South Africa Current Statistics as on 27 April 2020: 4793 Positive cases and 90 Deaths



Proposed Phased Easing of Lockdown Regulations

The proposed phased easing of the lockdown will be applied according to the following alert levels and might differ per province or district. More details will be provided in the final *Schedule of service: FRAMEWORK FOR SECTORS* on which the RMAA commented in terms of the feedback from members and current issues with regard to the red meat value chain.

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Summary of alert levels

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ALERT LEVEL 5	ALERT LEVEL 4	ALERT LEVEL 3	ALERT LEVEL 2	ALERT LEVEL 1
OBJECTIVE				
Drastic measures to contain the spread of the virus and save lives.	Extreme precautions to limit community transmission and outbreaks, while allowing some activity to resume.	Restrictions on many activities, including at workplaces and socially, to address a high risk of transmission.	Physical distancing and restrictions on leisure and social activities to prevent a resurgence of the virus.	Most normal activity can resume, with precautions and health guidelines followed at all times. Population prepared for an increase in alert levels if necessary.

WHATSAPP SUPPORT 0600 123 456 EMERGENCY NUMBER 0800 029 999 sacoronavirus.co.za

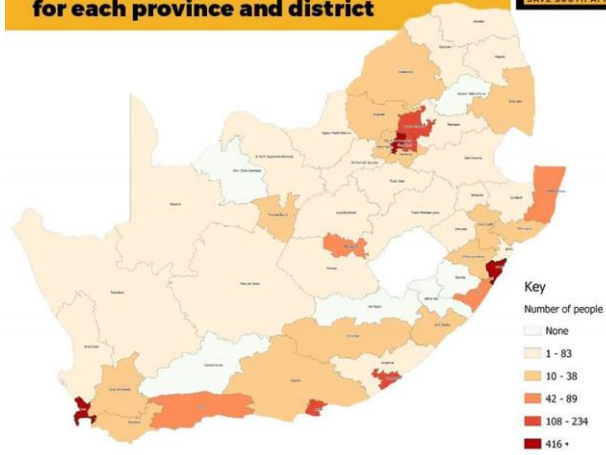
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Alert levels will be determined for each province and district

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A phased easing of the lockdown

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- As the full national lockdown ends, South Africa will shift to a system of alert levels at the provincial and, in some cases, the district level.
- Clear criteria based on the rate of infection as well as health system capacity will be used to determine the alert level in each area. Where the alert level is lower, economic activity can resume more quickly.
- The National Command Council will review the alert level at each meeting, and will impose a lower or higher level as necessary.
- Many restrictions on public life and gatherings, as well as higher-risk activities, will remain regardless of the alert level.

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How the alert system works

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- The level of alert at any given time will be decided based on the rate of transmission, as well as the capacity of the health system to provide care to those infected.
- Different parts of the country may be at different levels simultaneously.
- It is possible to move up and down levels, as well as to skip levels if necessary.
- Essential goods and services will continue to be available at all levels.
- Some precautions will remain in place at all levels, including social distancing guidelines and safe hygiene practices.

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"This is a crucial moment in our struggle against the coronavirus. It is a time for caution. It is a time to act responsibly. It is a time for patience."

- President Cyril Ramaphosa

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STAY HOME SAVE SOUTH AFRICA

"We have to balance the need to resume economic activity with the imperative to contain the virus and save lives."

- President Cyril Ramaphosa

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Skills Development Levy Announcement

On the 21 April, President Ramaphosa announced a 4-month holiday for levy payers.

“In addition to existing tax relief measures, we will also be introducing a 4-month holiday for companies’ skills development levy contributions, fast-tracking VAT refunds and a 3-month delay for filing and first payment of carbon tax.”



Guidelines for symptom monitoring and management of essential workers for COVID-19 related infection

(Document prepared by the Occupational Health and Safety Committee – Covid-19 Response)

Please note: This is an **interim guide** that may be updated as the outbreak in South Africa intensifies, to guide additional workforce preserving strategies. (CDC. Operational Considerations for the Identification of Healthcare Workers and Inpatients with Suspected COVID-19 in non-US Healthcare Settings; accessed 12 April 2020)

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 (see Addendum 1). The aim of this guideline is to enable:

1. Early and timeous identification and diagnosis of workers at risk of COVID-19 infection
2. Early referral for appropriate treatment, care and timeous return to work of affected workers
3. The protection of other unaffected workers, consumers, visitors and clients of these groups of workers

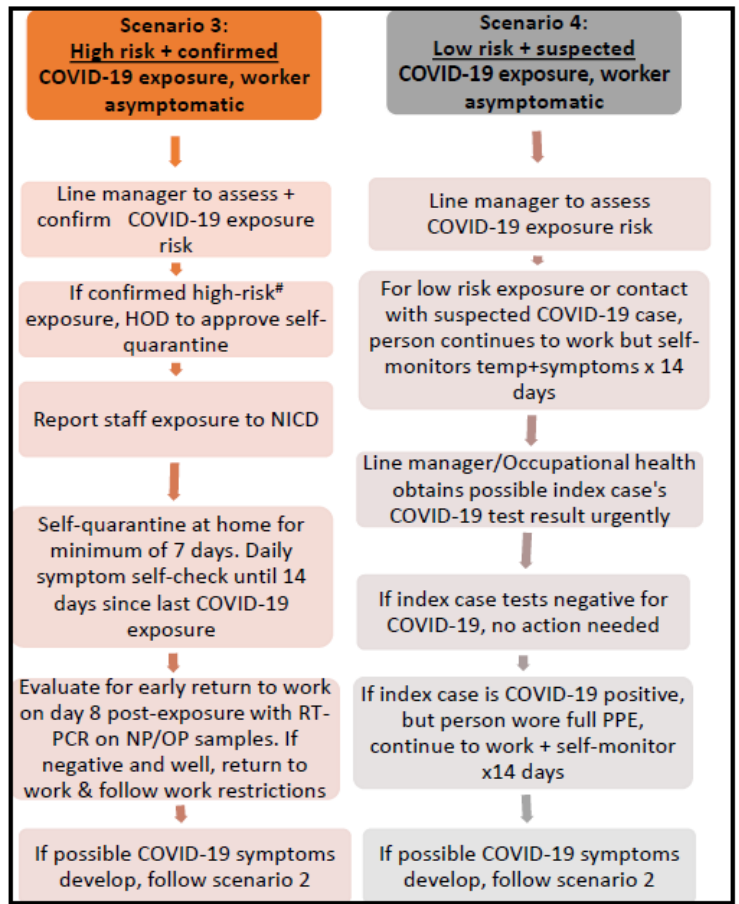
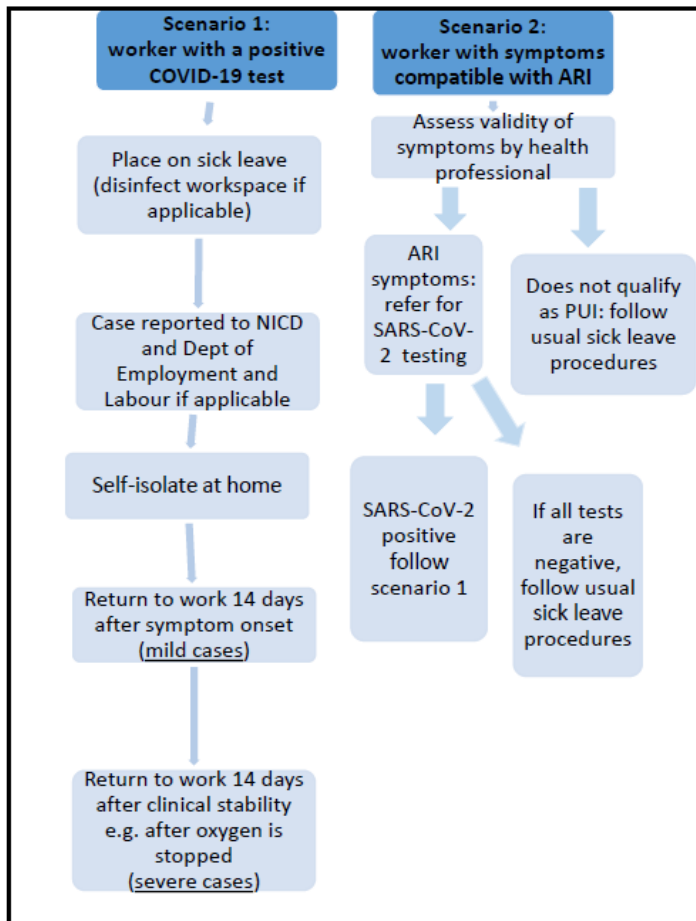
RECOMMENDED PROCEDURE

1. Employees should be screened for COVID-19 related symptoms and report such symptoms to a designated person and / or occupational health practitioner prior to entry into the workplace or work area in order for a decision to be made as to the staff member's continued attendance at work.
2. At the start of a shift and prior to ending the shift, designated persons and / or occupational health practitioner must check with employees whether they have experienced sudden onset of any of the following symptoms: cough, sore throat, shortness of breath or fever/chills (or $\geq 38^{\circ}\text{C}$ measured temperature if this is available at the worksite), in the past 24 hours as outlined in the symptom monitoring sheet. These are the current criteria for the identification of persons under investigation (PUI).
3. Should an employee report any of the abovementioned symptoms, s/he should immediately be provided with a surgical mask and referred to the designated staff at the workplace so that arrangements can be made for COVID-19 testing at the closest testing centre.
4. Should an employee report any additional symptoms as outlined in the symptom monitoring sheet, s/he should be provided with a surgical mask and referred to the occupational health clinic, family practitioner or primary care clinic for further clinical evaluation and requirement for COVID-19 testing if indicated.
5. On receiving their results the employee and/or health professional supporting the employee should notify their workplace so that the employee is managed accordingly. The workplace should proactively take steps to obtain this information to avoid any delays in reporting.
6. The employee should be managed according to either scenario 1 or 2 in the algorithm outlined below.
7. A positive COVID-19 test in an employee will require all potential contacts in the workplace to be assessed using scenarios 3 or 4 in the algorithm outlined below.
8. All employees on returning to work after isolation or quarantine period, should follow general work restrictions that include:
 - undergo medical evaluation to confirm that they are fit to work
 - wearing of surgical masks at all times while at work for a period of 21 days from the initial test
 - implement social distancing measures as appropriate (in the case of health workers avoiding contact with severely immunocompromised patients)

- adherence to hand hygiene, respiratory hygiene, and cough etiquette
- continued self-monitoring for symptoms, and seek medical re-evaluation if respiratory symptoms recur or worsen

Surname			First Name			Date of Birth	
Contact Cell number			E-mail address		Category of Essential Worker (Select from addendum 1)		
Alternative contact number					Job Title		
Next of Kin or Alternative Contact (Please provide name, relationship and contact details)							
Work address & details:							
Home address:							
Days post exposure	1	2	3	4	5	6	7
Date: DD/MM							
Document morning + evening	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
Temperature (no meds)	I	I	I	I	I	I	I
Respiratory rate	I	I	I	I	I	I	I
Pulse rate	I	I	I	I	I	I	I
Symptoms (Circle Y or N)	Daily	Daily	Daily	Daily	Daily	Daily	Daily
Fever/Chills	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Cough	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Sore throat	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Shortness of breath	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Body aches	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Redness of the eyes	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Loss of smell OR loss of taste	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Nausea/vomiting/diarrhoea	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Fatigue/ weakness	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
At Home or work?	H / W	H / W	H / W	H / W	H / W	H / W	H / W
Clinical and Progress Notes and Exposure History:							

Surname			First Name			Date of Birth	
Contact Cell number			E-mail address		Category of Essential Worker		
Alternative contact number					Job Title		
Next of Kin or Alternative Contact (Please provide name, relationship and contact details)							
Work address & details:							
Home address:							
Days post exposure	8	9	10	11	12	13	14
Date: DD/MM							
Document morning + evening	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
Temperature (no meds)	I	I	I	I	I	I	I
Respiratory rate	I	I	I	I	I	I	I
Pulse rate	I	I	I	I	I	I	I
Symptoms (Circle Y or N)	Daily	Daily	Daily	Daily	Daily	Daily	Daily
Fever/Chills	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Cough	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Sore throat	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Shortness of breath	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Body aches	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Redness of the eyes	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Loss of smell OR loss of taste	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Nausea/vomiting/diarrhoea	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Fatigue/ weakness	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
At Home or work?	H / W	H / W	H / W	H / W	H / W	H / W	H / W
Clinical and Progress Notes and Exposure History:							



Scenario 1: worker with a confirmed positive COVID-19 test	To remain consistent with the advice in the NDOH clinical management of COVID-19 disease Guideline ³ , scenario 1 (COVID-19 confirmed in a worker), will require self-isolation of staff member for 14 days after symptom onset (mild cases) and 14 days after clinical stability (severe cases). Should an early return to work policy be needed in future owing to severe workforce shortages, the US CDC criteria may be reconsidered. ¹
Scenario 2: worker with current flu-like symptoms	Consider latest NICD and international criteria (US CDC): any staff in with direct COVID-19 contact who develops an acute respiratory infection (e.g. cough, shortness of breath, sore throat) with or without fever ($\geq 38^{\circ}\text{C}$) or history of fever (e.g. night sweats, chills) is a suspected COVID-19 case. Complete NICD PUI form ² and select appropriate essential worker tick box PLUS notify to NICD. Perform SARS-COV-2 RT-PCR testing. For staff, with a negative RT-PCR test, but high-risk COVID-19 exposure and COVID-19 compatible symptoms, discuss with occupational health/infectious diseases regarding the need for further testing and/or self-quarantine. If an alternate diagnosis is made (e.g. influenza), the criteria for return to work should be based on that diagnosis and duration of infectivity for other respiratory infections. ⁴
Scenario 3: High risk, confirmed COVID-19 exposure, asymptomatic	High risk exposure: close contact within 1 metre of a COVID-19 confirmed case for >15 minutes without PPE (no face cover/eye cover) or with failure of PPE and/or direct contact with respiratory secretions of confirmed COVID-19 case (clinical or laboratory). Line manager to assess and confirm COVID-19 exposure risk (if uncertain, refer to WHO tool for assessing exposure risk). ⁵ Notify exposure to NICD. Staff member to perform daily symptom self-check and complete symptom monitoring form until 14 days since last COVID-19 exposure. If asymptomatic through day 7, consider for return to work, following a negative RT-PCR on day 8
Scenario 4: Low risk, suspected COVID-19 exposure, asymptomatic	Low risk exposure: >1 metre away from a COVID-19 confirmed case for <15 minutes OR within 1 meter but wearing PPE (face cover, eye cover). Also consider lower risk if COVID case was wearing a surgical mask (source control). Line manager to assess and confirm COVID-19 exposure risk (if uncertain, refer to WHO tool for assessing exposure risk). ⁵ For low-risk exposures to a confirmed COVID-19 positive case, worker can continue to work with self-monitoring (twice daily temperature and daily symptom check) for 14 days after last COVID-19 exposure. (use symptom monitoring form below)

**ADDENDUM 1: CATEGORISATION OF ESSENTIAL GOODS AND SERVICES DURING LOCKDOWN -
REGULATION 11A**

Categories of essential services shall be confined to the following services:

1. Medical, Health (including Mental Health), Laboratory and Medical services;
2. Disaster Management, Fire Prevention, Fire Fighting and Emergency services;
3. Financial services and Insurance services;
4. Production and sale of essential goods (food, cleaning and hygiene products, medical, fuel, basic goods (e.g. airtime, electricity);
5. Grocery stores, including spaza shops;
6. Electricity, water, gas and fuel production, supply and maintenance;
7. Critical government services including social grant payments
8. Birth and death certificates, and replacement identification documents;
9. Essential municipal services;
10. Care services and social relief of distress;
11. Funeral services, including mortuaries;
12. Wildlife Management, Anti-poaching, Animal Care and Veterinary services;
13. Newspaper, broadcasting and telecommunication infrastructure and services;
14. Production and sale of any supplies for the medical or retail sector;
15. Cleaning, sanitation, sewerage, waste and refuse removal services;
16. Courts and legal services;
17. Essential SARS services defined by the Commissioner of SARS;
18. Police, peace officers, traffic officers, military medical personnel and soldiers, correctional services officials and traffic management services;
19. Postal services and courier services related to transport of medical products;
20. Private security services;
21. Air-traffic Navigation, Civil Aviation Authority, Cargo Shipping and dockyard services;
22. Gold, gold refinery, coal and essential mining;
23. Accommodation used for persons rendering essential services;
24. Production, manufacturing, supply, logistics, transport, delivery, critical maintenance and repair in relation to the rendering of essential services including components and equipment;
25. Transport services for persons rendering essential services;
26. Services rendered by politicians in local, provincial and national government;
27. Commissioners of Section 9 structures
28. Transport and logistics in respect of essential goods to neighbouring countries.

REFERENCES

1. Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance). US Centers for Disease Control. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html> (accessed 30 March 2020)
2. NICD COVID-19 PUI criteria for testing: <http://www.nicd.ac.za/diseases-a-z-index/covid-19/> (Version 11, 2 April 2020)
3. NICD Clinical management of suspected or confirmed COVID-19 disease Version 3 (accessed 30 March 2020)
4. van Someren Gréve F, Ong DSY. Seasonal respiratory viruses in adult ICU patients. *Netherlands Journal of Critical Care*. 2017;25(6):198-204.
5. Risk assessment and management of exposure of health care workers in the context of COVID-19 Interim guidance. World Health Organization. 19 March 2020. Available from: https://apps.who.int/iris/bitstream/handle/10665/331496/WHO-2019-nCov-HW_risk_assessment-2020.2-eng.pdf (accessed 30 March 2020)

Training

Equipment handling as part of the slaughter process

PERSONAL EQUIPMENT

Abattoir workers will be issued with the following personal equipment which it is their duty to maintain and keep hygienically clean:

- Knives
- Scabbard with chain
- Sharpening steel
- Meat-hook
- Stainless steel safety glove
- Ear protectors
- Captive bolt – used for stunning the animal
- Electrical stunning apparatus – used for stunning the animal
- Horn cutter – used for removing horns
- Hoof cutter – used for removing hooves
- Brisket cutter – used for removing brisket
- Splitting saw – used to cut the carcass in half
- Hoists – used to lift the carcass so that it can hang
- Air pressure pneumatic flaying knives – used for removing the animal's hide



CHECKING EQUIPMENT

The procedures and regulations for the checking of equipment are set out in Standard Operating Procedures (SOP). The purpose of these procedures is to ensure that all equipment is checked properly and correctly as faulty equipment can cause damage to the product, delays due to break-downs, spread of infection due to inadequate cleaning, or accidents to personnel. Equipment in good working order will also ensure that the animals are treated humanely and that they are not stressed or upset.

IDENTIFY FAULT AND REPORT

If any of the equipment is faulty, dirty or unsatisfactory in any way this must be reported to the supervisor immediately so that it can be cleaned, repaired, or replaced. A pre-slaughter checklist is provided to assist personnel in ensuring that premises, equipment and facilities are in order before the slaughter process begins. Any items that do not meet requirements should be recorded and reported: this includes the stunning and bleeding areas.

STORING OF EQUIPMENT

Equipment needs to be stored correctly and in terms of manufacturer's recommendations in order to avoid the possibility of equipment failure, damage or loss due to environmental or other factors, specifically:



- To ensure that the equipment is not subject to an atmosphere which is high in humidity, saltiness or dampness
- To ensure that the equipment is not subject to vibration.
- To ensure that the equipment is not subject to very high or very low temperatures or rapid fluctuations in temperature (thermal shock).
- To ensure that the equipment is not subject to dust in the air.
- To ensure that the equipment is not subject to mechanical shock.
- To ensure that the equipment is not open to theft.
- To ensure that the equipment cannot be used by unauthorised, untrained or inexperienced personnel.
- To ensure that the equipment does not get wet.
- To ensure that the equipment does not come into contact with corrosive chemicals.
- To ensure that the equipment cannot be switched on accidentally.
- To ensure that the equipment can be easily found when it is needed.



Please feel free to contact us should you be in need of any assistance

Kind Regards

Gerhard Neethling
082 551 7232
General Manager
Red Meat Abattoir Association