Seriti COVID-19 Management Approach

June 2020

COVID-19 DASHBOARD

MINERALS COUNCIL SOUTH AFRICA

Mining industry statistics	
Total number of mines	385
Total number of employees	438,790
Total screening	332,038
Total tests	41,344
Total positive cases	11,449
Active cases	1,102
Deaths	126

Global statistics

Global cases
20,820,389

Global deaths
747,476

Global recovered
13,719,719

RSA statistics

RSA cases
568,919

RSA deaths
11,010

RSA recovered
432,029

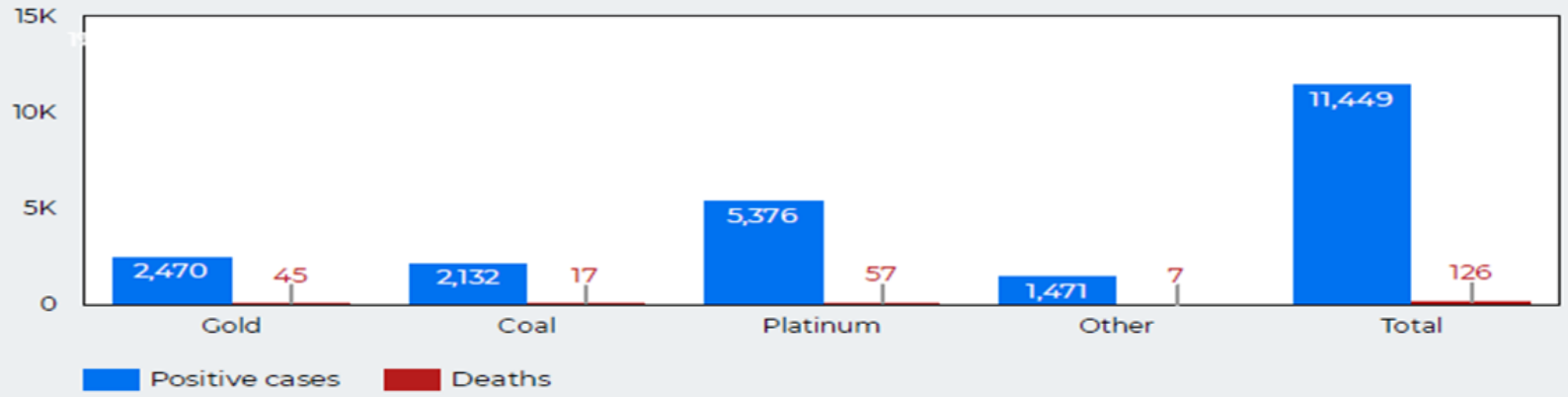
Testing rates by population

Global test rate
4.87%

RSA test rate
5.55%

Mining test rate
9.42%

Cases and deaths per commodity



Minerals Council position on COVID-19

13 August 2020, DAY 161

Presentation Overview

- Our approach to mitigating Covid-19 spread at operations
  - Cascading the guidelines
  - Maturity model
  - Scenario planning
- A comprehensive multi-faceted response
  - Understanding the pathway
  - Managing the risk
  - An adaptive response
- Trigger Action Response Plan
- Health Preparedness
  - Managing vulnerable employees
  - Return to Work screening
  - Testing
- Ongoing Strategy Monitoring and Evaluation

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Cascading of Guidelines & Regulations down to Mine level

World Health Organization

Global medical & technical **Guidelines**

The Presidency of the Republic of South Africa

National State of Disaster **Regulations**

mineral resources
Department:
Mineral Resources
REPUBLIC OF SOUTH AFRICA

Industry Regulation & **COP**

MINERALS COUNCIL SOUTH AFRICA

Minerals Council **Guidelines**

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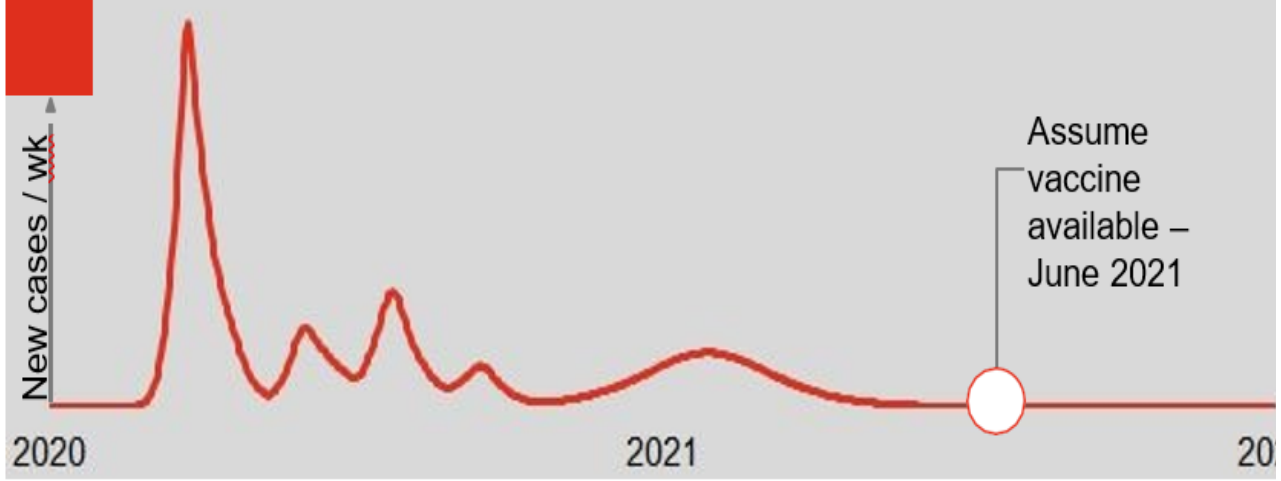
Seriti **Policies, COP, Procedures & TARP**

Maturity model for the management and control of Covid-19

	Emerging	Developing	Progressing	Advanced	Pioneering
Sustaining employee health; Including safe Return-to Work, management of risk to health and alignment with public health protective measures	Employer has no risk-adjusted method in place for sequencing RTW. low levels of employee awareness of own risk factors (incl other medical conditions) Poor compliance with influenzas and other protective vaccines	Employer has no risk-adjusted method in place for sequencing RTW. Employees aware of own risk to health (incl. underlying medical conditions) Compliance with Influenza and other protective vaccines	Employer has risk-based method of RTW, comprehensively applied. Employers aware of and manage individual risk (incl. underlying conditions) . Good application of chronic medication practices.	Risk based method of RTW applied and WHO occupational risk categories locally refined. Employer align individual risk factors with at-risk worker ca111gories. Availability of influenza vaccines and vaccine drives at work and communities, ARVs as per usual HIV/TB industry measures.	Risk based RTW applied and operations rapidly adjusted to individual risk profiles. Comprehensive monitoring programme for individual health vulnerabilities and follow ups, including other protective measures such as chronic medication and flu vaccines
Organisational preventative; Effective isolation & treatment of cases	Employees unsure of the need for self isolation when feeling unwell. No operational isolation or treatment measures in place.	Employees understand need for self isolation on early signs of COVID19. Essential measures in place at work for isolation PPE for positive patients or PUI.	Employees understand how to effectively self-isolate and follow early stage protocols. Ready availability of self-isolation areas at work.	Employees proactively self- isolating at home. Avail ability of self-isolation areas in work and communal environments. Treatment measures in place for positive patients or PUI.	Employees proactively self-isolating at home. Availability of self-isolation areas for employees unable to isolate at home. Holistic treatment available for positive patients or PUI.
Organisational preventative; Regular screening and early detection	Employees unable to recognise symptoms and don' t know what to do. No operational screening or detection in place.	Employees can recognise symptoms and know what to do. Temperature checks when arriving and leaving work.	Employees understand the importance of reporting symptoms Testing facilities and materials in place, effective case tracking.	Employees timely reporting of symptoms to Supervisors and to NICD/DoH. Facilities in place for random testing of employees to mi· gate against asymptomatic individuals.	Employees report suspected PUI who display symptoms from broader work force. Testing, contact tracing and systems for temperature checks from home.
Employee preventative; Effective social distancing behaviours	Low levels of awareness and understanding amongst employees. Few education materials, social distancing protocols available.	Employees aware of the threat of physical contact and importance of social distancing. Clear social distancing protocols in place.	Widespread social distancing practices inside the mine gate. Workplace operations de-densified inside the mine-gate.	Widespread social distancing practices inside and outside the mine gate. De-densification practices extended to beyond mine-gate (e.g. subsidised taxis).	Employees as change agents in the community, role modelling social distancing. Employer supporting de-densification measures in the community.
Employee preventative; Effective PPE and hand hygiene practices	Low levels of awareness and understanding amongst employees. Few education materials, PPE, hand hygiene facilitates available.	Employees aware of the threat of infection and importance of hand washing/PPE/RPE. Sufficient provision of PPE / hand hygiene facilities throughout operating environment	Widespread correct use of PPE and RPE / masks and regular hand hygiene. Good workstation hygiene practices (trolleys, turnstiles, chairs etc).	Widespread role modelling of hygiene practices, even when not monitored. Hygiene practices extended beyond the mine gate.	Employees as change agents in the community, role modelling hygiene and use of PPE/RPE. Employer supporting hygiene practices in the community.
Communications and education	Few communications or education materials available, or poorly designed / deployed.	Comprehensive company specific communications and education in place.	Communications and education well designed and aligned to DMRE, WHO etc.	Interactive communications and education rapidly updated , including heuristic design	Interactive communications and education integrated with adjacent communities and agencies.
COVID-19 Governance & Control	Few specific Covid-19 related accountabilities assigned, few structures or reporting processes established. Some SOPs in place	Comprehensive Covid-19 related accountabilities assigned, and robust structures & reporting processes in place. Comprehensive SOPs in place	Active reporting and monitoring, rapid shar in g of employee compliance and case tracking allows reactive response. SOPs regularly applied	Advanced scenario planning, reporting and monitoring, lead and lag indicators, allow proactive response to changing situation. SOPs applied and regularly reviewed or updated	Governance allows rapid collabo ration, coordination and alignment with adjacent agencies (community, education, health care, etc).

Scenario Planning – looking ahead

1 **NPIs introduced have a significant impact on the spread of the disease.**



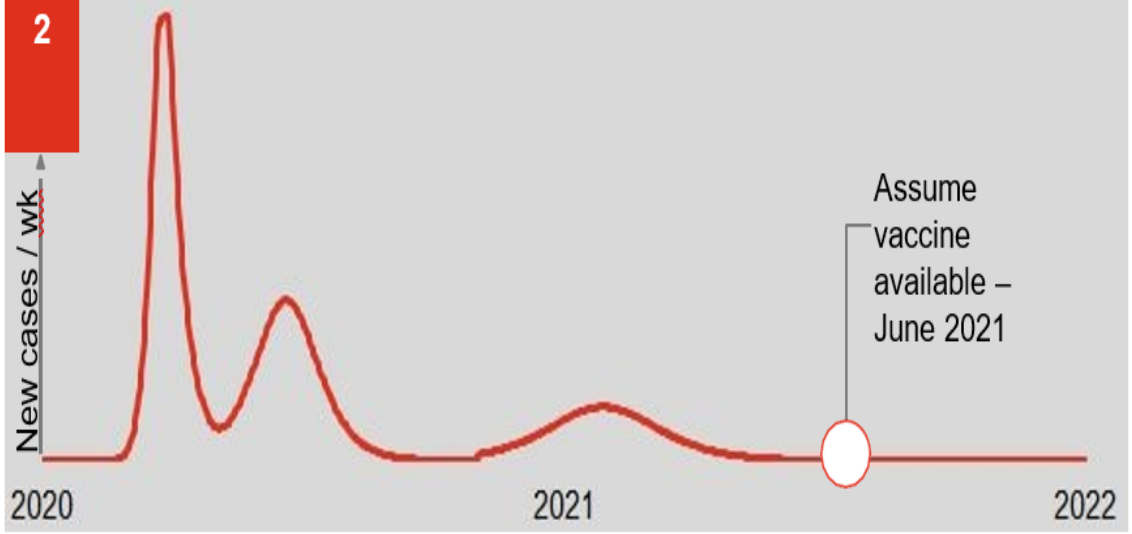
Assumptions:

- Successful implementation of NPIs including testing, contact tracing, quarantine of cases and social distancing prevent an ongoing rapid increase in cases.
- Ongoing implementation of NPIs is required to prevent a significant recurrence of the disease as pre-symptomatic and mild cases prevent complete containment of the virus until a vaccine becomes available. Some NPIs may be lifted and re-introduced to limit the number of cases.

Timeframe:

- **Peak:** July-October 2020
- **Total duration:** 12 to 18 months (until a vaccine is available).

2 **The implementation of NPIs is less successful, leading to a higher peak in cases with increased risk of recurrence.**



Assumptions:

- Weaker adoption of NPIs leads to a steeper, higher rise in cases.
- Variability in success of implementation of NPIs leads to ongoing but smaller peaks in the disease until the development of a vaccine. Seasonality of the virus is currently unknown but may contribute to the timing and scale of these subsequent peaks.

Timeframe:

- **Peak:** July -October 2020
- **Total duration:** 12 to 18 months (until a vaccine is available).

N.B. In both scenarios, the timing of latter peaks is dependent on when NPIs are lifted.

*NPI: Non-pharmaceutical Interventions

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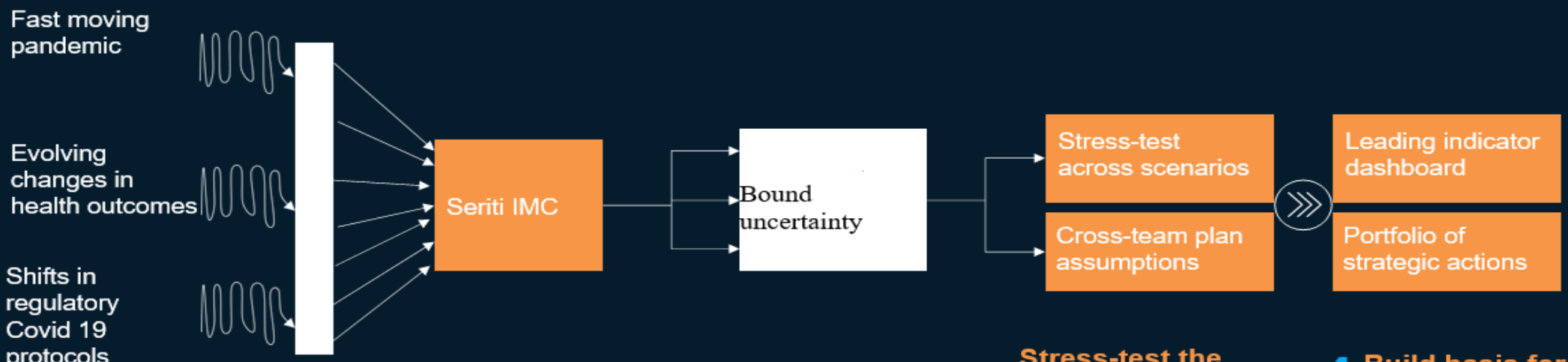
Managing uncertainty

Develop ability to absorb uncertainty & incorporate learnings fast



1 **Capture the full scope of the uncertainty** that emphasize future evolution, not just facts about the past

2 **Bound the uncertainty** through tangible scenarios that include 2nd order effects

3 **Stress-test the portfolio** across multiple scenarios & ensure delivery teams have appropriate planning assumptions

4 **Build basis for rapid yet thoughtful actions** by building a leading indicator dashboard & portfolio of strategic actions

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A comprehensive multi-faceted response

1. Education & Communication
2. Screening, Testing & Rapid Isolation
3. Health worker safety
4. Incident management committee
5. Pandemic supply chain coordination
6. Travel restriction
7. Business impact analysis
8. Reporting
9. Covid PCR test
10. Quarantine & Isolation facilities

Health management (Optimising Health Status

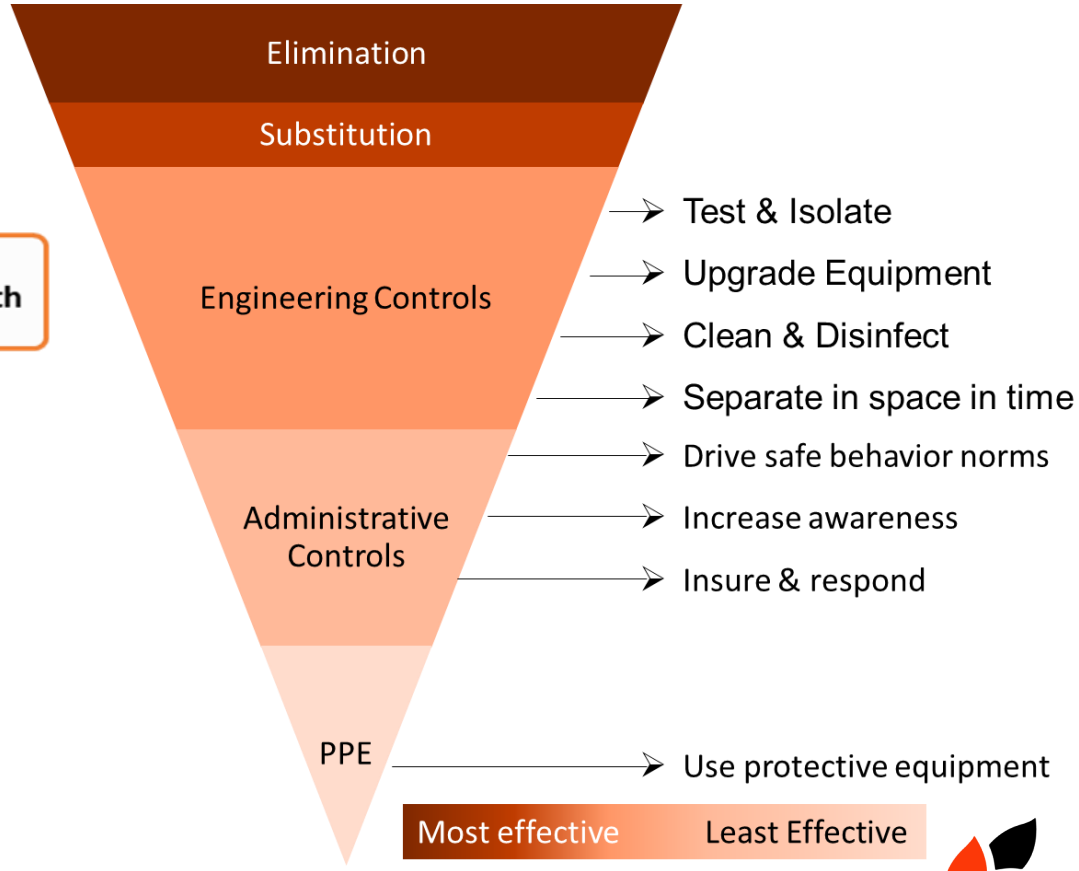
- Strengthen Chronic Diseases Management
- Flu Vaccination Isoniazid Prophyloxis
- Optimise access to general Health & Emergency Health Services
- Isolation Facility
  Case management
  DOH & NICD Notification
  Return to work

Workplace Controls

- Education & Communication
  Behavior change
- Screening & Testing
  Contact tracing
- PPE
  Social distancing
  Hyggiene/Cleaning measures

Community Responce

- Communication
  Support Local Health Care System



Seriti 8-to-12-month journey

	Phase 1: Focus on preventative measures (2-3 mo.)	Phase 2: Scale capabilities at all levels (3-6 mo.)	Phase 3: Use outcomes to learn and set future direction (6-12mo.)
Strengthen Preventative services	Daily IMC + Exco Covid COP & SOP DMRE compliance (screening, rapid triage, isolation + quarantine) requirements	Scenario mapping exercise to narrow the portfolio of interventions Dedicate Return-specific **"muscle" teams within BUs** Continue **stress testing** / improving plan with new information	ICM-Strengthen ability to **rapidly make decisions** emerging from the crisis Continuously **adapt leading indicators** to new data to tap into emerging realities **Extend 'fast twitch' capabilities**
Business continuity	Identify few **key capabilities** to get right (e.g., remote work, digital sales) Determine workforce segments and **supply / demand relationship**	Create feedback loops with BUs team to **identify emerging gaps** and mitigate **Adapt to changing conditions and new information**	Institute processes for **continuous capability building** Identify policies to **enable business continuity during Covid 19 Peak**
Learn from environment and bound uncertainty	Create leading indicator and internal intervention **monitoring capabilities** **Stay ahead** of local health guidelines, regulation, NICD, DOH, DMRE	**Continuously adapt 1-2-month future-state hypothesis** based on real-time feedback from actions & monitoring dashboards **Tech platform** to support decision	Establish **org-wide processes** to enable ability to handle uncertainty **Improve hypotheses and take actions** based on past prediction results

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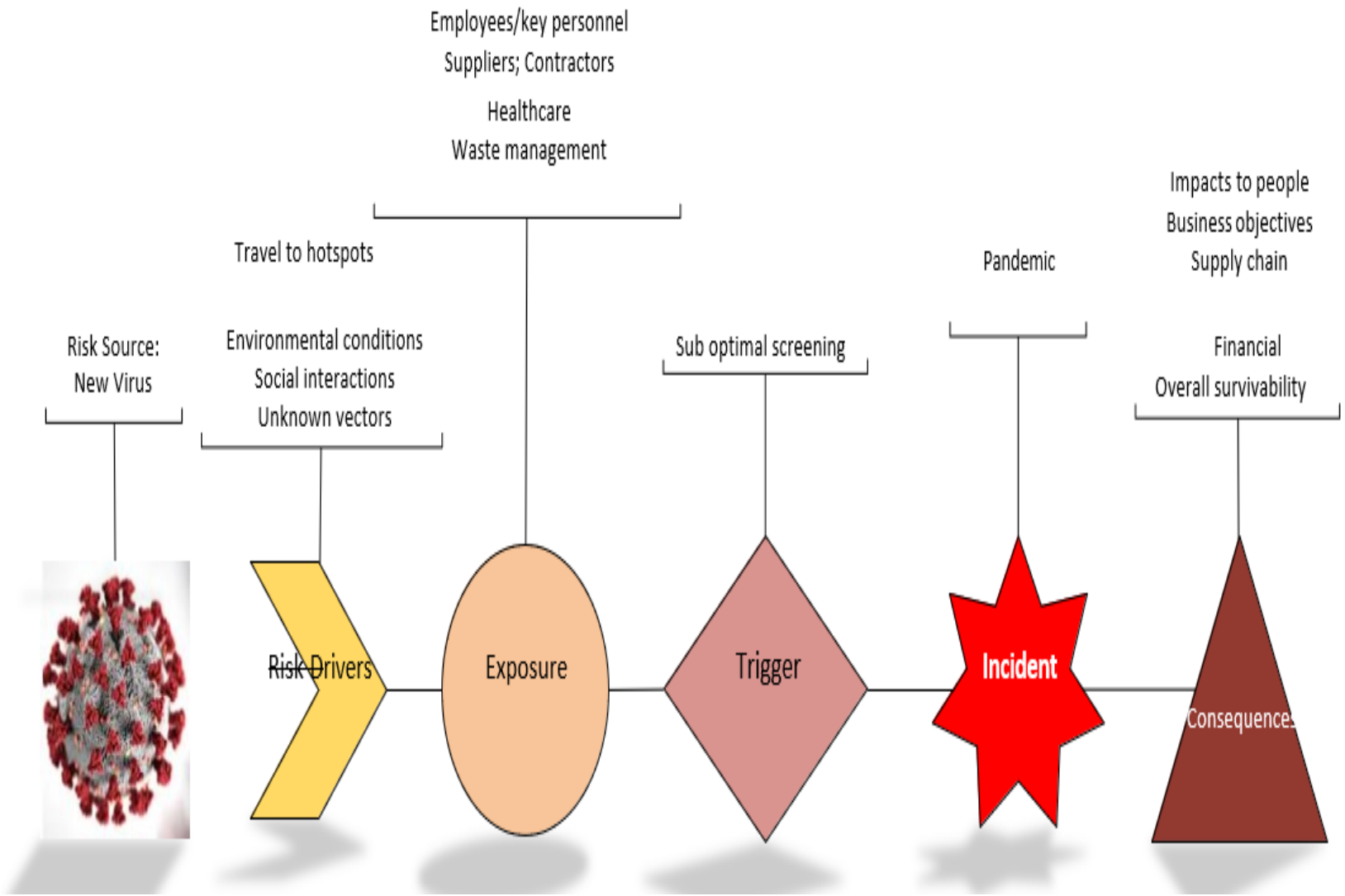
Understanding the risk pathway



Risk assessments completed and reviewed

COVID 19										
No	Step in Operation or Task Performed	Energy	Hazard	Potential Incidents or Accidents	Risk Ranking				Current Controls	Possible New Controls
					C	L	Risk Rating	Risk Level		
1	Travel to mine	Biological	Exposure to COVID-19	People become exposed and get ill. Can result in fatality	4	3	18	Significant	Reduction of occupants within vehicles. PPE (Mask & Gloves) Self hygiene 1 m social distance	
2	Enter the mine through access gates	Biological	Exposure to COVID-19 Person to Equipment Person to Person	People become exposed and get ill. Can result in fatality	4	3	18	Significant	Hand sanitising Personal Hygiene PPE (Mask & Gloves) Clean workstations and surfaces/turnstiles Netcare & MRT's testing temperatures Soap availability in bathrooms / changehouses MRT's wearing HAZMAT suits 1 m social distance	
3	Alcohol testing / Temperature testing	Biological	Exposure to COVID-19 Person to Equipment Person to Person	People become exposed and get ill. Can result in fatality	4	3	18	Significant	Hand sanitising Personal Hygiene PPE (Mask & Gloves) Clean workstations and surfaces/turnstiles Netcare & MRT's testing temperatures Soap availability in bathrooms / changehouses MRT's wearing HAZMAT suits 1 m social distance	
		Ergonomics	Employees / Contractors refuse testing	People become exposed and get ill. Can result in fatality	4	3	18	Significant	Frequent awareness to employees / contractors and report individuals refusing to test	

Covid 19 Risk Clsssification

VERY HIGH-RISK	HIGH-RISK	MEDIUM-RISK	LOW-RISK
☐ Intensive Care Unit. ☐ **Occupational health practitioners conducting cough- inducing procedures, e.g. spirometry**. ☐ **HCWs collecting specimens for diagnosis of COVID-19, e.g. throat swabs.** ☐ **Ambulance personnel that do intubation into trachea**. ☐ **Health Care Workers (HCWs) that**	☐ HCWs that examine workers (at Occupational health centers, medical stations and other places with potential to be in contact with a COVID-19 patient (known and unknown), ambulance drivers transporting the sick. ☐ **Underground workers who are in crowded environments during waiting to be transported, during transportation to underground and to various working stations.** ☐ Security staff at high volume access points or conducting temperature checks and/or alcohol testing. ☐ **Health and safety reps during investigation of underground working sites.** ☐ Hospital waste cleaners. ☐ **Change room attendants.** ☐ **Cleaners involved in workplace**	☐ **Security staff at entrances to facilities and mines**. ☐ **Mine workers in work areas where social distancing is possible and being practices**. ☐ Change room cleaners. ☐ Laundry staff. ☐ **Occupational hygienists - personal sampling procedures**. ☐ **Clerks working at occupational health centres.** ☐ Human resource	☐ Office workers. ☐ Control room operators

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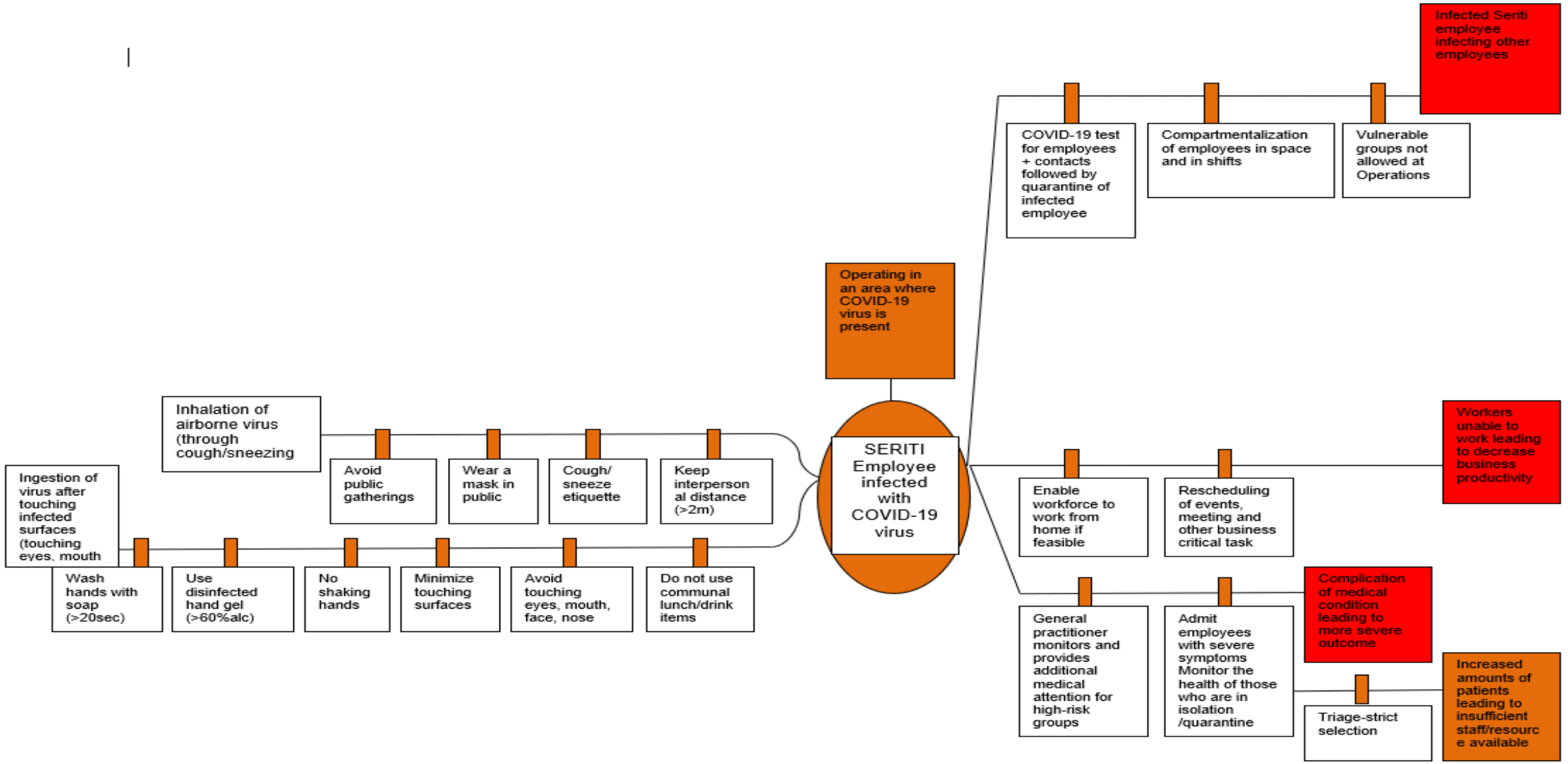
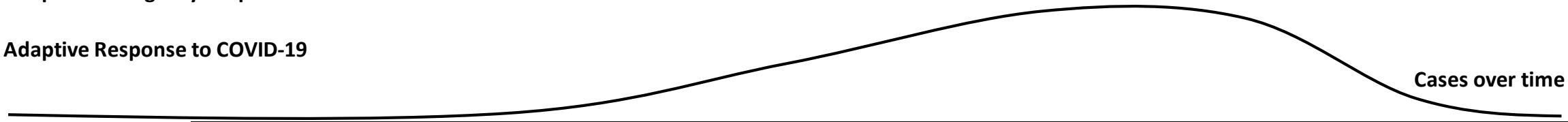
Risk management – prevention and mitigation



An adaptive response

Adaptive Emergency Response to COVID-19

Adaptive Response to COVID-19



Disease Control	Early detection (lab, clinical) and isolation at Seriti isolation facility
	Contact tracing
	Health care infection prevention and control
	Appropriate clinical care
	Local community engagement
Non-Pharmaceutical Interventions (NPIs)	Everyday personal NPIs (wash hands, wear mask)
	Environmental NPIs (clean surfaces, increase ventilation)
	Pandemic personal NPIs (Stay home when ill, wear mask in community)
Pharmaceutical Interventions	Specific treatments (e.g. antivirals)
	Vaccines

Containment → Mitigation

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Health Preparedness

IMPACT

Seriti Health preparedness

MEDIUM-TERM RESULTS

- Reduced risk of COVID-19 infection among employees
- Reduced morbidity & mortality due to COVID-19 related illness among employees

SHORT-TERM RESULTS

- •Prevent/limit COVID-19 transmission through containment strategies
- •Strengthened multi-disciplinary coordination of prevention & preparedness
- •Efficient prevention and preparedness
- •Community engagement and risk communication

INPUTS & OUTPUTS

Improving supply and quality of prevention & preparedness services	Increasing utilisation & demand creation	Enabling environment
Robust prevention, detection and responding services Provide Covid related PPE/Sanitisers Corvid social distancing protocols	Expand strategic communications & tailored behaviour change efforts at all levels Increase ownership and active engagement in prevention & preparedness	Efficient data collection & results monitoring Develop capacity, partner coordination, and management IMC-Improve efficiency & stewardship of the Seriti Covid response

Monitor a variety of real-time indicators to use as the basis for context specific decision making

Identifying and sourcing critical protective supplies

Critical supply category	Examples
1 Respiratory protection (e.g., PAPR, N95, surgical mask)	
2 Eye/Face protection (e.g., face shield, goggles)	
3 Body protection (e.g., isolation gowns, lab coats, coveralls)	
4 Hand protection (e.g., gloves)	
5 Sanitizers and disinfectants (e.g., alcohol-based hand rub)	
6 Diagnostic tests	
7 HVAC / Air purification	
8 Thermal measurement	

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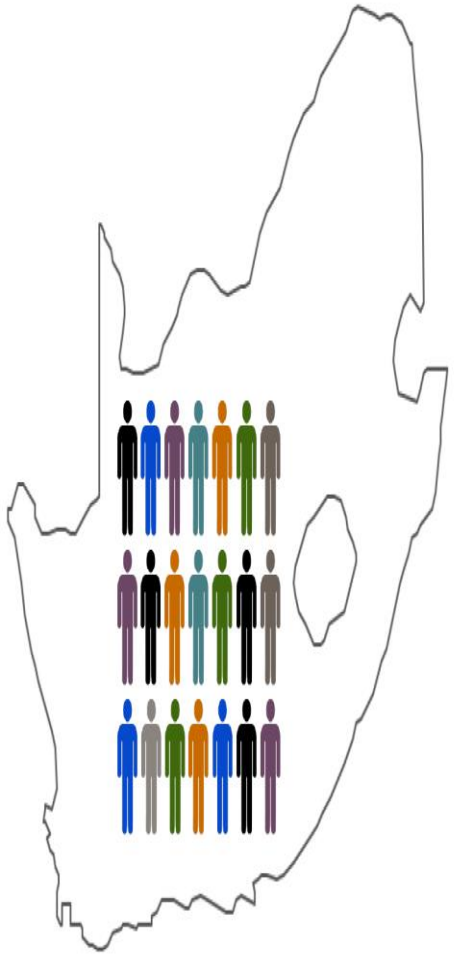
COVID-19 TRIGGER-ACTION-RESPONSE PLAN

Proactive escalation of controls with escalation in risk

	Green Risk: None	Yellow Risk: Very Low	Orange Risk: Low	Red Risk: Medium
Level Trigger	**0 Active** COVID-19 cases in **South Africa**	**>0 Active** COVID-19 cases in **South Africa**	**>0 Active** COVID-19 cases in **region**	**>1 Active** COVID-19 Cases at **Seriti**
Operation Capacity	100% employees allowed at work.	100% employees allowed at work Ensure Government lockdown regulations adhered to with special consideration for vulnerable employees to work from home.	**100% employees** allowed at work; If Operations impacted by restricted numbers, prioritize according to value chain key constraints.	100% employees allowed at work; Review temporary personnel restrictions informed by a risk adjusted consideration of case specifics & DMRE regulations. Implement TARP response plans for Level Red.
Social Distancing	Usual practice & training.	No large (100+) groups gatherings Limited operation at the medical facility, exclude lung function and audio assessments	No large (50+) groups gatherings, maintaining 1.5m social distancing Maintain **low risk contact tracing** status:	No large (50+) groups gatherings, maintaining 1.5m social distancing Virtual meetings enforcement and further limit all boardroom attendance. Daily, rigorous sanitising and cleaning of work surfaces and deep cleaning of infected areas.
Screening & Travel	No screening required with normal access control and alcohol testing protocols in place.	Compulsory daily temperature screening at all site access points, with all employees and contractors to undergo OHP symptom examination at least once before working on site Stop biometric requirements for access & less aerosol emitting alcohol tests procedure (Straw)	Compulsory, daily temperature screening + questionnaire at all site access points. If employee left the province, access blocked until COVID screening by OHP.	Compulsory, daily temperature screening + questionnaire at all site access points. Limit medical facilities to testing and screening until deemed safe to continue.

What Predisposes to Poor Covid 19 Outcomes

What predisposes to poor COVID-19 outcomes in South Africa?



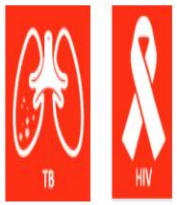
Known risk factors from other settings

√ Older age
√ Male sex

√ Diabetes
√ Cardiac disease
√ Respiratory disease
√ Kidney disease
√ Liver disease
√ Overweight
√ Organ transplant
√ Recently diagnosed cancer

? Tuberculosis

? HIV



Contributors to disease progression and effect

Latent factors	Age profile	Young age profile by international standards should keep mortality rates low
	Comorbidities	Moderate relative burdens of NCDs
	HIV and TB	High burden but not yet indicated as significant risk factors. HIV not on treatment remain a concern
	Obesity	Moderate to high levels of obesity
	Density	High proportion of population in urban areas Large geographies have low density
Policyfactors	Early lockdown	Early lockdown bought time for scaling up testing, planning, training, facility preparedness
	Testing	High levels of testing by international standards, positive rate of +/- 1/30 tests but delays are a problem
	Bed capacity	Overall hospitals bed capacity
	Education Awareness Mobility NPI Compliance	High general awareness and education of hand washing, social distancing, mask wearing

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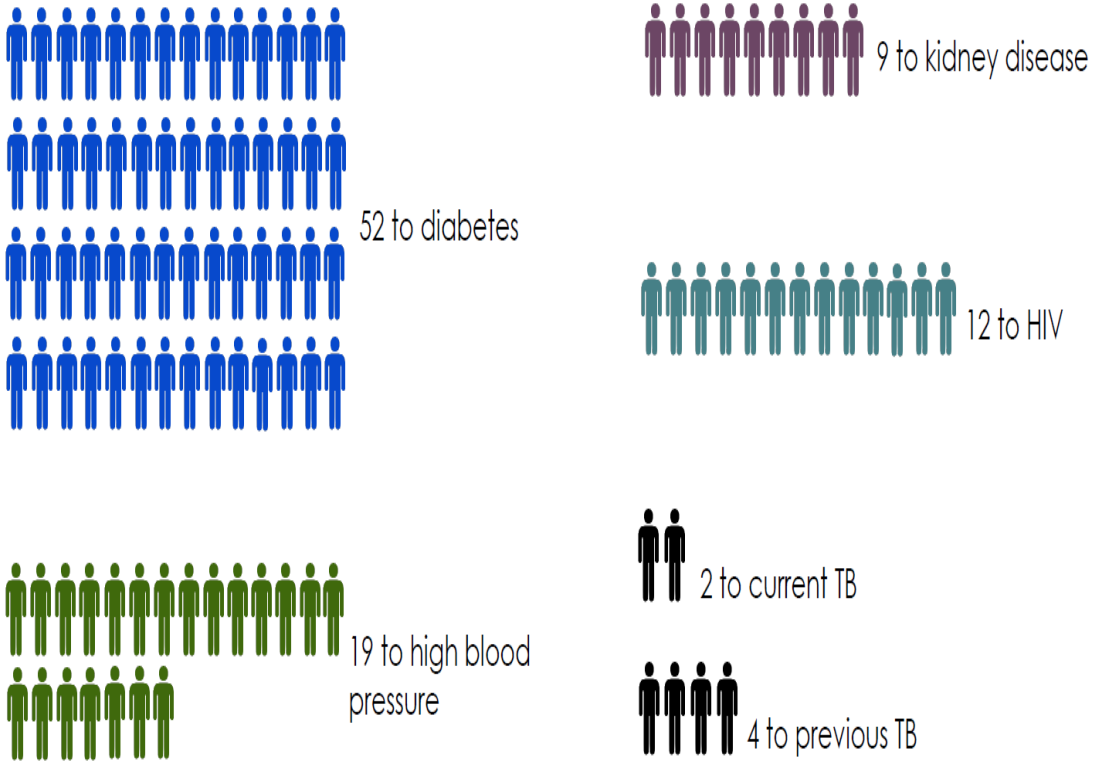
What Predisposes to Poor Covid 19 Outcomes

How much are these factors contributing to COVID-19 deaths in WC?

For every 100 people in the public sector who have died from COVID-19 – we can attribute as follows:



Age	Emp #	DM	HIV	HPT	Heart
<20	1	0	0	0	0
		0.00%	0.00%	0.00%	0.00%
20 - 29	549	1	14	6	
		0.18%	2.55%	1.09%	0.00%
30 - 39	1569	27	188	69	
		1.72%	11.98%	4.40%	0.00%
40 - 49	1041	73	209	169	3
		7.01%	20.08%	16.23%	0.29%
50 - 59	528	75	107	189	2
		14.20%	20.27%	35.80%	0.38%
60+	115	22	24	55	1
		19.13%	20.87%	47.83%	0.87%
		198	542	488	6
Total	3803	5.21%	14.25%	12.83%	0.16%

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Critical Care Bed Distribution

Table 1: Critical care bed distribution in the public and private sectors

Sector	Province	Total critical care	ICU beds	HC beds
Private	Eastern Cape	159	93	66
	Free State	310	114	196
	Gauteng	1 871	1 132	739
	KwaZulu-Natal	516	305	211
	Limpopo	44	28	16
	Mpumalanga	97	63	34
	Northern Cape	34	27	7
	North West	197	87	110
	Western Cape	552	291	261
Private Total		**3 780**	**2 140**	**1 640**
Public	Eastern Cape	241	110	131
	Free State	184	109	75
	Gauteng	819	330	489
	KwaZulu-Natal	386	273	113
	Limpopo	69	34	35
	Mpumalanga	51	25	26
	Northern Cape	34	21	13
	North West	81	54	27
	Western Cape	395	222	173
Public Total		**2 260**	**1 178**	**1 082**
Overall Total		**6 040**	**3 318**	**2 722**

Source: Compiled by the author from various sources including the Department of Health and the Hospital Association of South Africa.

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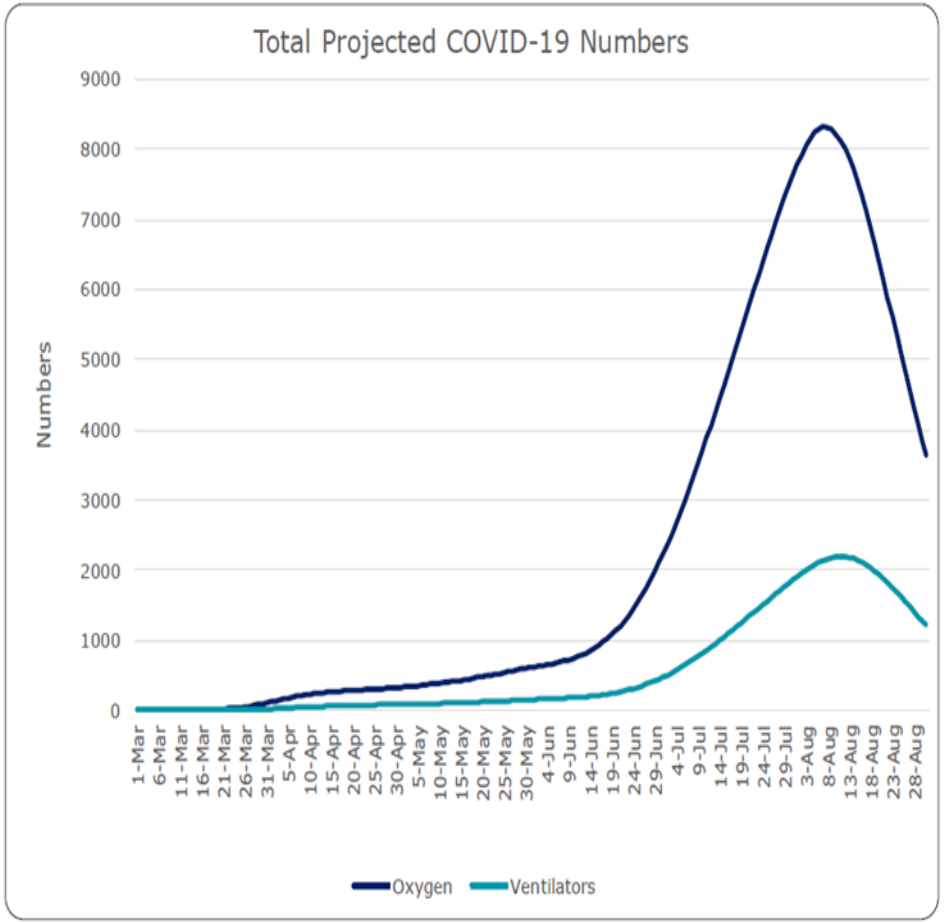
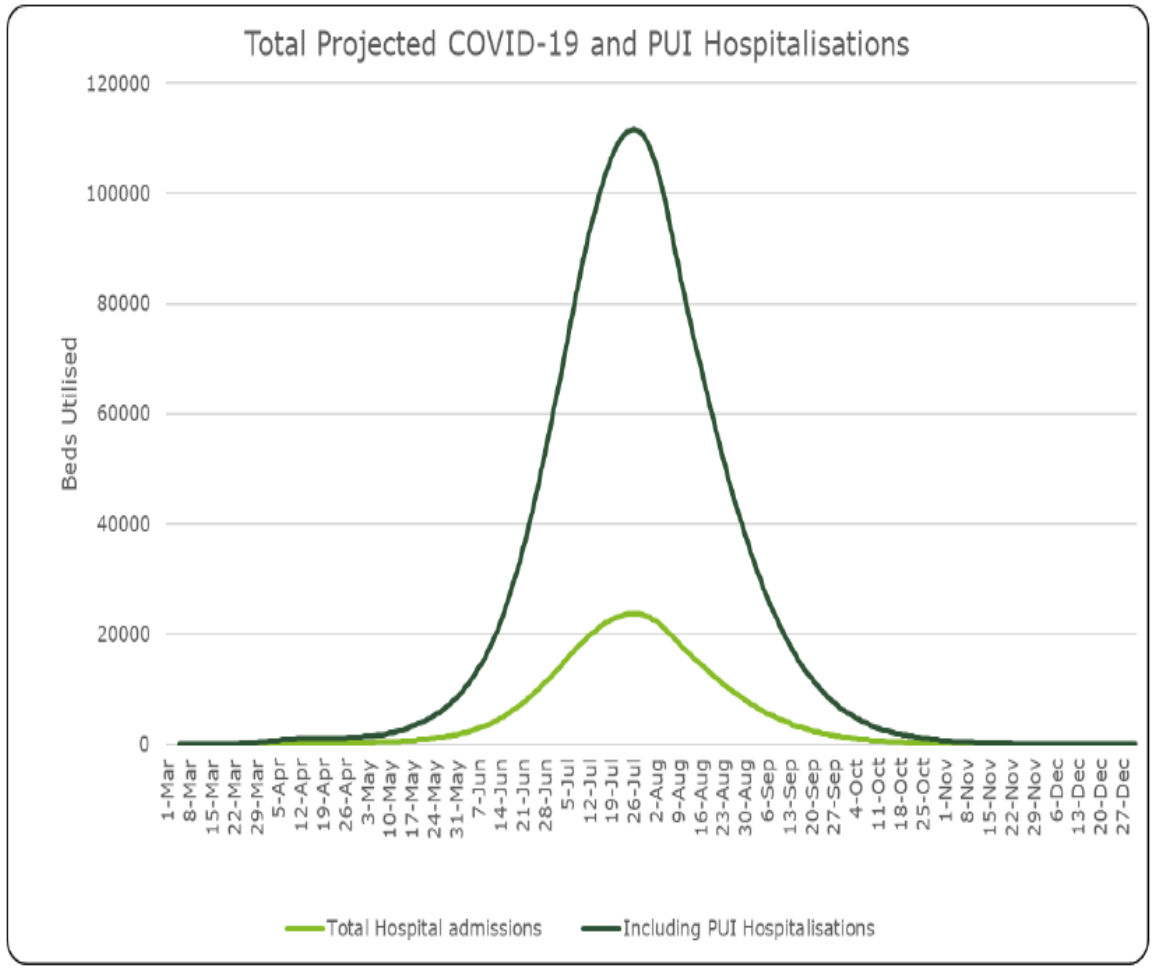
Projected Ventilators and Oxygen Required

Projected Ventilators & Oxygen Required Assumptions





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Management of vulnerable employees

We segmented employees into six risk levels and staggered its return-to-work plan accordingly

Level zero—employees, those who have tested positive for COVID-19 antibodies
Level one—employees, those younger than 55 and without any health conditions
Level two—those younger than 55y with single controlled comorbidities/risk factors
Level three—those younger than 55y with controlled multiple chronic comorbidities/risk factors
Level-four—those who are between 55y and 60y with controlled single comorbidities/risk factors
Level five—those who are between 55y and 60y with multiple controlled comorbidities/risk factors

Level six—those who are 60 and above with controlled single/multiple comorbidities/ risk factors

Low risk

Return to work

Moderate risk

Enhance social distancing, masks + hand hygiene
Enhanced medical surveillance

Moderate to high risk

Get treating specialist report to exclude comorbidities
Monthly medical surveillance-fit if optimally controlled

High risk

Temporary unfit if inherent job specification deemed high Covid 19 risk
Get detailed medical report excluding target organ damage
Each case will be treated as per its clinical merits

High Risk Requirements Outcomes

Parade to Colliery Health center

OMP to assess control of chronic disease and exclude complications

High Risk Individuals:

- HIV infection with a low CD4 count
- Poorly controlled Diabetes
- Poorly controlled Hypertension
- Organ transplant patient
- Renal conditions
- Cancer (employees on current treatment)
- Employees suffering from asthma
- TB
- Employees 60 years and older

Assign risk category

Send back to work

Detection of symptoms process apply

Alternatives may include the following:

- Adjusting current work arrangements, i.e. moving from night shift to day shift
- Provide additional immune boosters
- Report to mine nurse before and after each shift
- Provide additional PPE to employee i.e. additional hand sanitizer, additional Jik solution to take home, thermometer for self assessment during times he is not at work
- Daily check in over weekend
- Constant education send to the individual to practice
- general hygiene

Nurse informs HR of HRI request (level 5 & level six employees who do not meet the COF requirements

HR consults with line to establish if operational requirements permits employee to be sent home?

HR & Line engage employee on preparedness to go home and to complete acknowledgment form

Employee prepared

HR & employee to make final arrangements for absence period (i.e. Leave on ESS & review dates)

Engagement session for feedback to employee (HR, mine nurse, line manager, employee)

Preparedness :

- Educate yourself on Covid 19 from trusted sources
- Refill prescription medicines or consider using mall order meds Continue practicing specific preventive measures
- Have over the counter med and med supplies to treat fever available Keep physically active
- Have enough groceries and household items available
- Activate social network
- Follow national authority instructions
- Practice general hygiene

Engagement session for feedback to employee (HR, mine nurse, line manager, employee)

Investigate alternatives to assist HRI employee

Document recommendations and acknowledgment by all parties

Mine nurse to monitor recommendations before and after shift

HR to follow up with mine nurse compliance to recommendations

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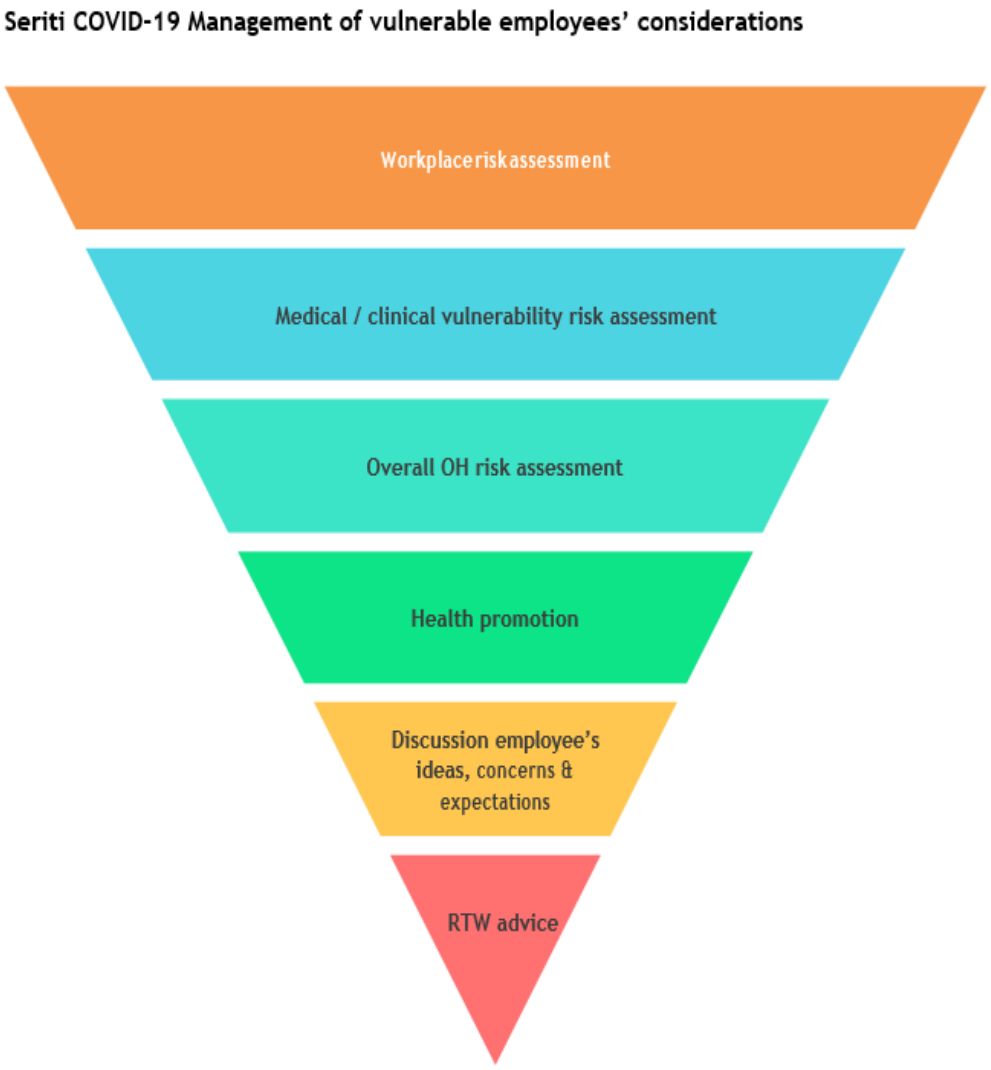
Considerations for managing Vulnerable employees



All reasonable steps taken by Seriti including:

- COVID-19 risk assessments performed
- Workspaces re-design to maintain two meter distances between people wherever possible
- Where people cannot be two meters apart, we manage the transmission risk by putting in place mitigating measures. (these include erecting physical barriers in shared spaces (office), creating workplace shift patterns or fixed teams to minimise the number of people in contact with one another and spend the minimum amount of time in close proximity where possible.
- Workplaces are cleaned more frequently, paying close attention to high-contact objects like door handles and keyboards
- Seriti provided handwashing facilities, hand sanitisers and cloth masks
- Daily thermal screening and Covid 19 questionnaire
- Limiting passengers in pool vehicles
- The use of personal protective equipment (PPE) and face coverings.
- As those who can work from home should still be working from home
- Alternate means of alcohol-testing and limiting interaction with third parties.

Workplace risk assessment overview

General considerations in COVID-19 exposure and transmission risk:

- Nature of work/workplace e.g. opencast/U/G/Office work
- Work organisation:
    i. Ability to maintain social distancing at work >2m (confined space/required proximity to work colleagues)
    ii. Number of different people sharing the workplace
- Travel to and from work – pool transport use/private transport
- Workplace entry and exit
- Availability, need for and use of personal protective equipment (PPE)
- Ability to maintain hand hygiene/availability of handwashing facilities
- Workplace environment cleanliness control
- Arrangements for toilet facilities and canteen use
- Ability to avoid symptomatic people

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Employees Return to Work Process | Screening

ANNEXURE 1

HEALTHCARE WORKER SCREENING

Name & Surname:

Industry No:

COVID-19 QUESTIONNAIRE

Questions:	Yes	No
1. Did you come into close contact with anyone with known or suspected/confirmed COVID-19?		
2. Do you have fever?		
3. Have you been coughing recently?		
4. Do you have shortness of breath?		
5. Were you sick or admitted to a hospital during the break?		
6. If on chronic medication, did you miss or skip any of your treatment during the break?		

Please note:

If you answered yes ANY of these questions, you must be referred to your healthcare provider for further assessment immediately.

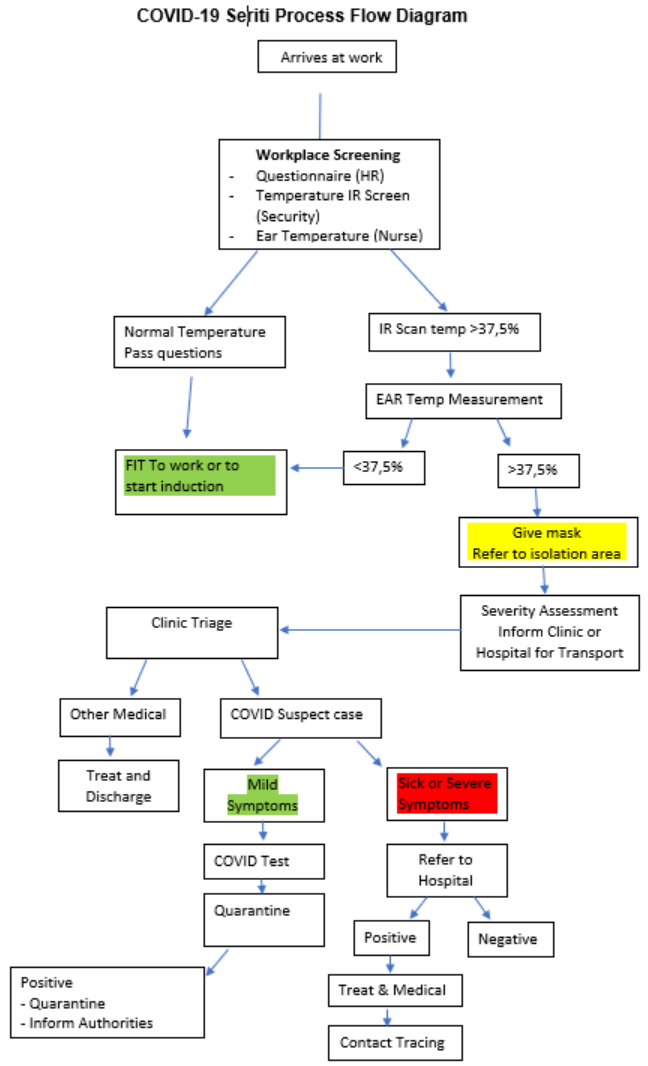
Temperature screen: Pass | Fail

Temperature Ear: °C

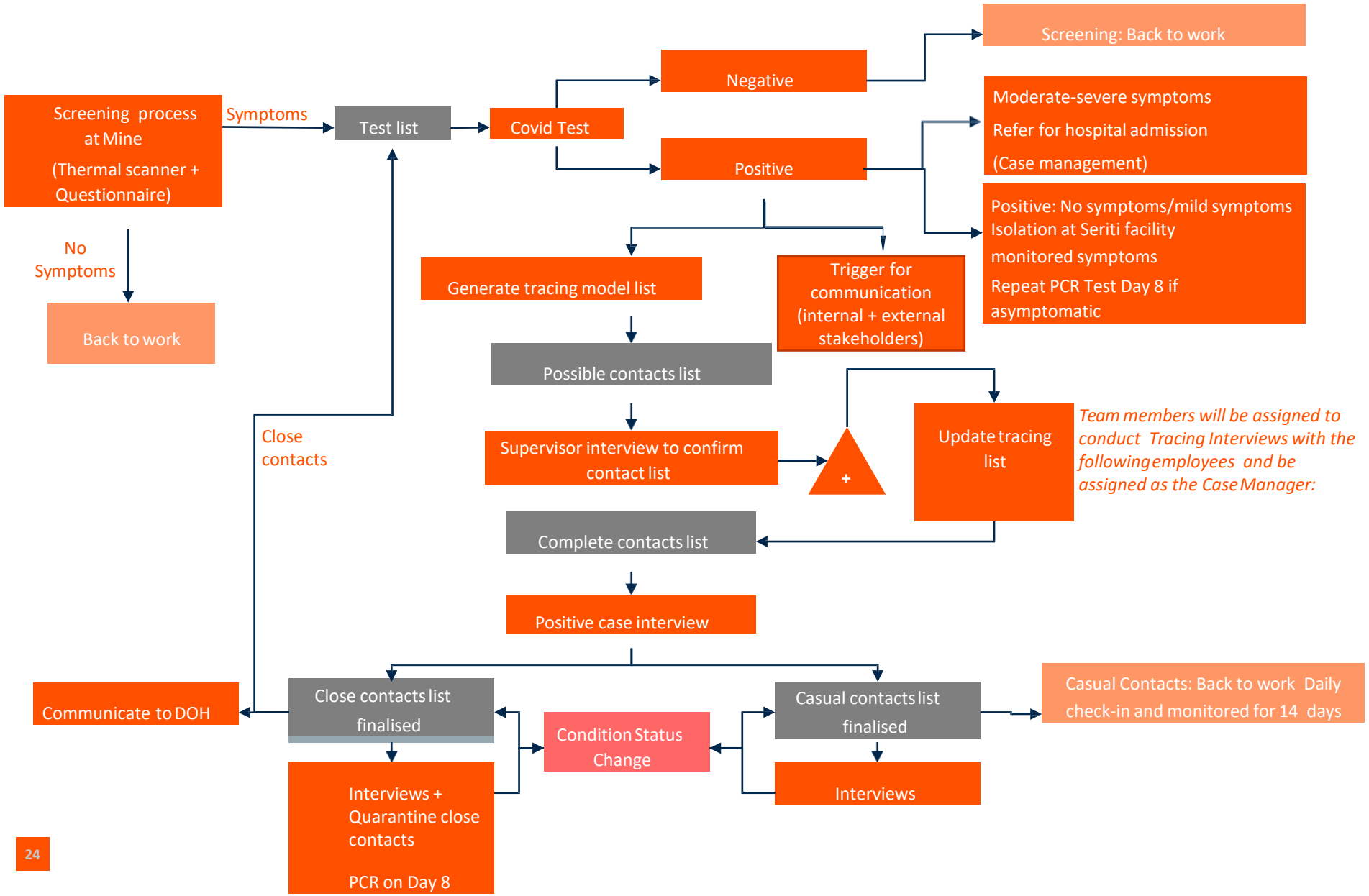
Member Signature: _____ DATE: _____

COVID -19 TRIAGE PROCEDURE

	CRITERIA	CLINICAL SIGNS	HIGH RISK PATIENTS	ACTION
TRIAGE 1- GREEN	Asymptomatic 1. History of staying in the same home or neighbour who was seriously sick with flu-like illness. 2. History of travelling with a suspected COVID-19 individual (contacted and informed by DOH)	SpO_2 > 95 RR < 25 HR <120 Temp < 37.5 ° C Mental status - Normal	NO CHRONIC ILLNESS - NO HEART FAILURE -NO ASTHMATIC -NO COPD -NO CANCER -NO DIABETES -WELL CONTROLLED HIV	DETERMINE THE POSSIBILITY OF SELF-ISOLATION ;HOUSEHOLD LIVING CONDITIONS ;SHARING OF ONE BATHROOM ↓ NOT SUITABLE REFER FOR ADMISSION AT ISOLARION FACILITY
TRIAGE 2- YELLOW	Mild Symptoms 1. Fever 2. Dry cough 3. Fatigue, Myalgia 4. Headache, sore-throat, nasal congestion 5.Diarrhoea,nausea, vomiting	SpO_2 >95% RR <25 HR<120 TEMP> 37.5-39^0 C Mental Status - Normal	NO CHRONIC ILLNESS -NO HEART FAILURE -NO ASTHMATIC -NO COPD -NO CANCER -NO DIABETIES -WELL CONTROLLED HIV	DETERMINE THE POSSIBILITY OF SELF-ISOLATION ;HOUSEHOLD LIVING CONDITIONS ;SHARING OF ONE BATHROOM ↓ NOT SUITABLE REFER FOR ADMISSION AT ISLATION FACILITY
TRIAGE 3 - ORANGE	Moderate Symptoms 1. Fever 2. Dry cough 3.Respiratory distress ,shortness of breath 4. Fatigue, Myalgia 5. headache, sore-throat, 6.Diarrhoea	SpO_2< 90% ON ROOM AIR RR > 30 BPM HR < 120-130 Temp > 37.5 -39 ° C Mental Status- NORMAL	HAS A CHRONIC CONDITION -HEART FAILURE -ASTHMATIC -CANCER -DIABETES =HGT >10 mmol -HIV ;CD4 count =<350 , Log value = >3.00 -HYPERTENSIVE > BP 140/90	CONTACT MEDICAL DOCTOR FOR PATIENT ASSESSMENT ↓ POSSIBLE ADMISSION AT HOSPITAL
TRIAGE 4 -RED	SEVERE SYMPTOMS 1.ACUTE RESPIRATORY DISTRESS 2.HYPOTENSION 3.SEPTIC SHOCK	SpO_2< 80% ON ROOM AIR SBP < 90 – HYPOTENSION RR <25	HAS A CHRONIC CONDITION HEART FAILURE DIABETES RENAL FAILURE HIV COPD	CONTACT MEDICAL DOCTOR FOR PATIENT ASSESSMENT ↓ POSSIBLE ORGANISE ADMISSION INTO INTENSIVE CARE UNIT



Our COVID-19 testing and case management procedure



"Casual Contact" means :

Potential contact with a positive case:

"Close Contact" means :

- < 2m Face to face contact for longer than 15 minutes; or
- Physical contact

"Isolation" means separating a sick individual with a contagious disease from healthy individuals that are not infected with such disease in a manner that aims to prevent the spreading of infection or contamination

"Quarantine" means the restriction of activities or separation of a person, who was or may potentially be exposed, to COVID-19 and who could potentially spread the disease to other non-exposed persons, to prevent the possible spread of infection or contamination to healthy individuals; with the objective of monitoring their symptoms and ensuring the early detection of cases.

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Ongoing Strategy Monitoring & Evaluation

Seriti response plan M&E				
Main focus	**Activities**	**Responsibility**	**Completion date**	**Status**
Education & inform	• Become a resource for COVID-19 information • Tailor ready to use messages and materials (fact sheets, checklist & frequently ask questions) • Identify everyone in our chain of communications (internal & external stakeholders) • Address gaps in communication resources, material or process	Health and communications	Daily + weekly messages	On target
Rapidly identify an isolating suspected case	• Thermal scanners • Paramedic quote received • PPE ordered • Patient flow revised	Health supported by Supply chain	19/03/2020	On target
Health care worker safety	• EMS simulation done • Airborne precaution training done by EMS • PPE ordered via supply chain (goggles, gowns, masks & gloves)	Health supported by Supply chain	19/03/2020	On target
Pandemic supply chain coordination	• Coordinate procurement and supply of crucial supplies (PPE + Hand sanitizers) • Analyse our Collieries PPE inventory, supply chain & utilisation rate • Tracking stockpiles of PPE across Collieries and liaise with manufactures and distributors	Supply chain supported by health	20/03/2020	On target
Travel restrictions	• Limit non-essential travel (see CEO communique)	Health and communication	completed	On target
Integrated incident management	• Maintain situational awareness • Incident debriefing and incident summary • Managing incidents with lasting implications	Health, HR and Safety	Ongoing as per incident merit and pandemic phase	On target
Business impact analysis	• Identifying specific trigger points, potential scenario and impacts on business -absenteeism -sustained transmission at operations -comply with government directives	Health and HR	ongoing	On target
Technical expertise and guidance (NICD)	• Comply to NICD surveillance, prevention, isolation and treatment guidelines	Health	ongoing	On target
Reporting and communications	• Establish systems for sharing information • Identify agreed upon platforms to help disseminate information • Decide on what type of data can be shared-legal, statutory, privacy and intellectual property considerations	Health and communications	ongoing	On target
Isolation facility	• Big Bear • Maccauflei	Health and safety	05/06/2020	Established
Covid 19 PCR Test MOU	• Anglo American • Exxaro	Health and safety	In the final stages	In progress

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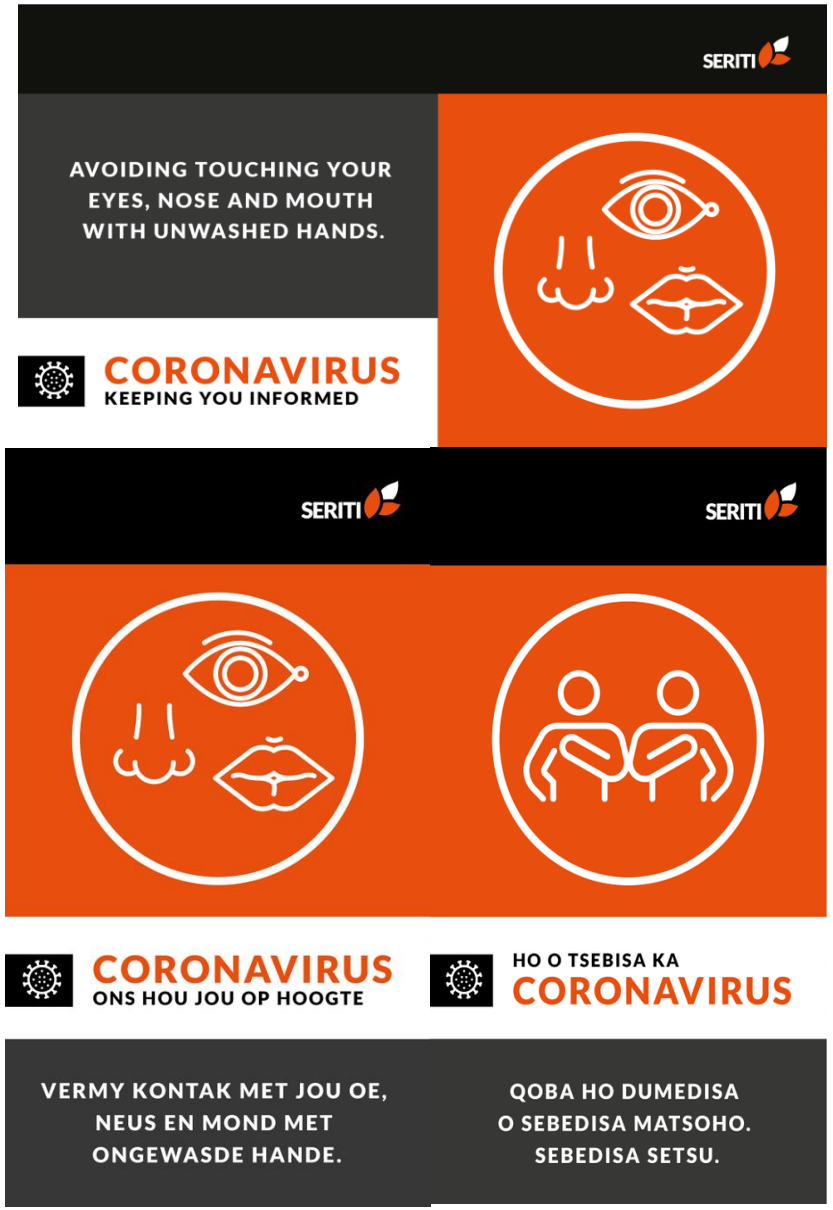
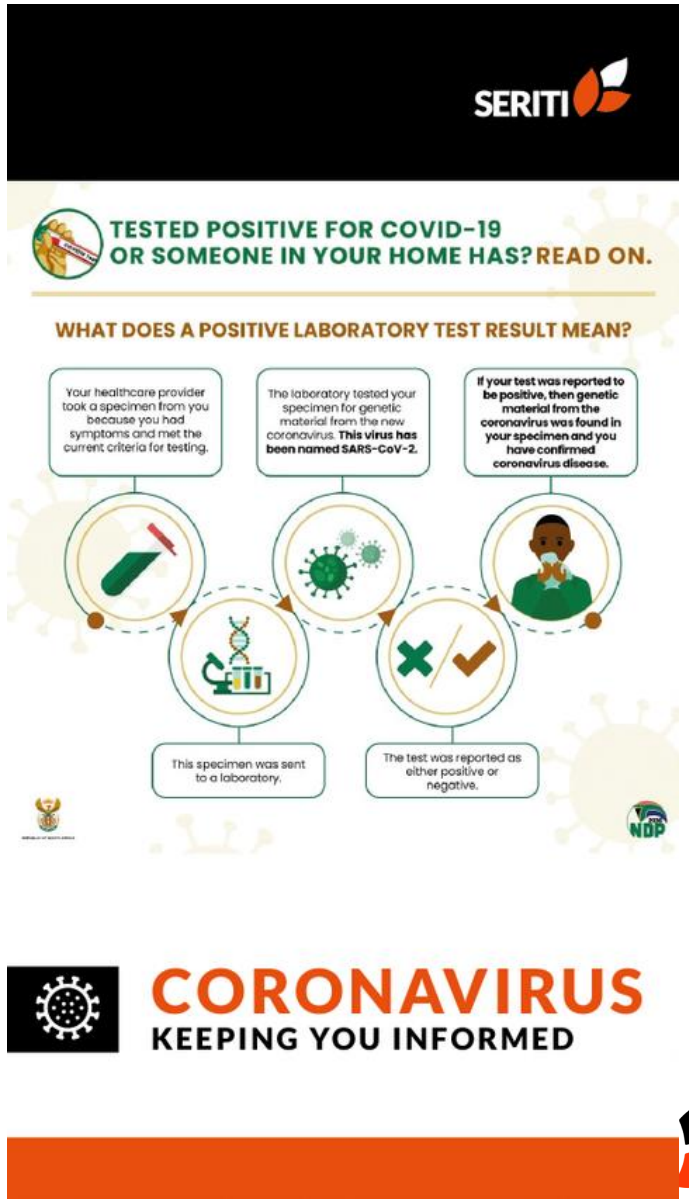
SERITI COVID-19 Base Response Plan

HOME	TRANSPORT	SECURITY	LAUNDRY	CHANGE HOUSE	LAMP ROOM	CAGE	LDV	WAITING PLACE	EQUIPMENT
SUPPLY CHAIN									
Social distancing & Isolation	Social distancing & Isolation		Laundry Personal Protection	Social distancing & Isolation	Social distancing & Isolation	Social distancing & Isolation	Social distancing & Isolation	Social distancing & Isolation	Disinfect
Sanitization	Sanitization		Disinfect	Disinfect	Disinfect	PPE	PPE	PPE	
PPE	PPE		Medical waste Disposal		Medical waste Disposal	Disinfect	Sanitization	Sanitization	
	Disinfect					Medical waste Disposal	Disinfect	Health check	
	Social distancing & Isolation	Sanitization	Sanitization	Sanitization	Sanitization			Medical waste Disposal	
	Screening process								
	Disinfect								
	Medical waste Disposal								

Priority

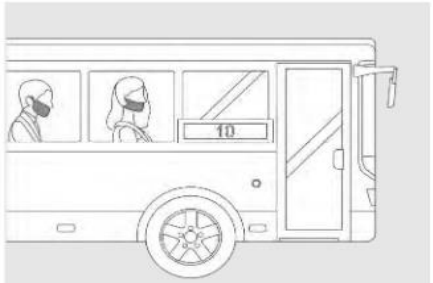
Illustrations –Social Distancing, Disinfection and Health Response



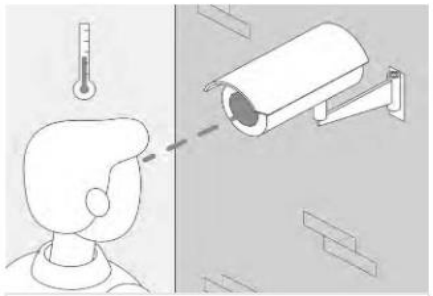


Seriti Approach: Work environment

Travel to work and pre-entry



Use of masks required during employee commutes



Temperature checks

Masks and other appropriate PPE required at all times

Clear posters on safety guidance and sickness protocols

At Work

Modularized spaces, with limited interaction across spaces

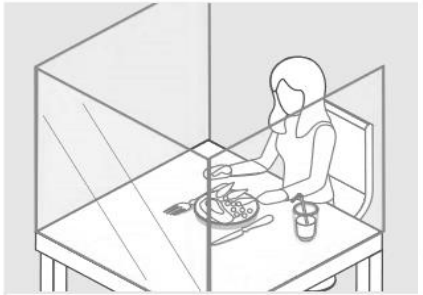
Masks and other appropriate PPE required at all times

High-frequency cleaning of high-touch surfaces and spaces

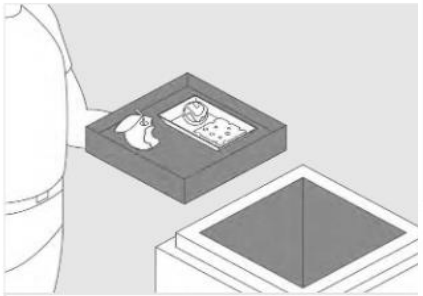
Improved air filtration/ ventilation

Clear posters on safety guidance and sickness protocols

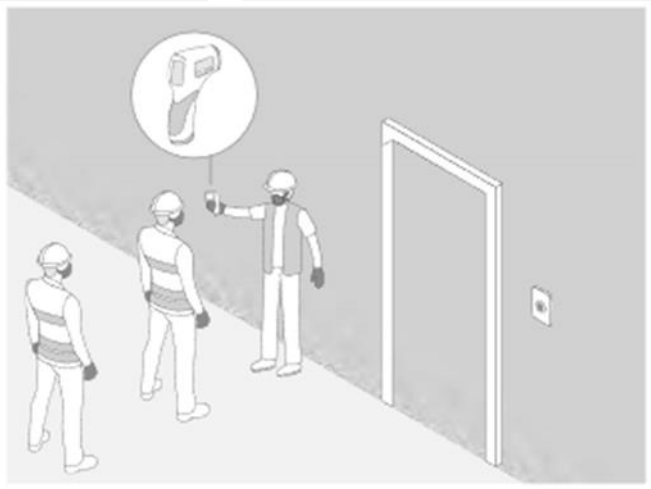
Common space use



Separated lunch seating with dividers on dining tables



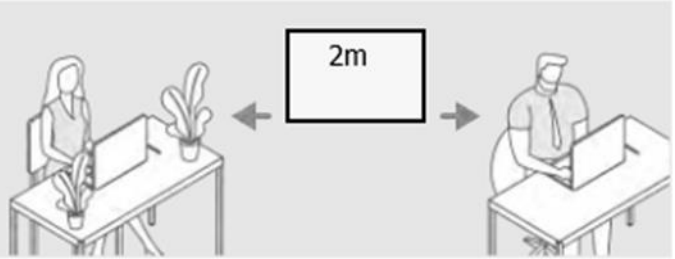
Recommended use of non-reusable dishes at cafeteria



Contactless temperature checks prior to entry

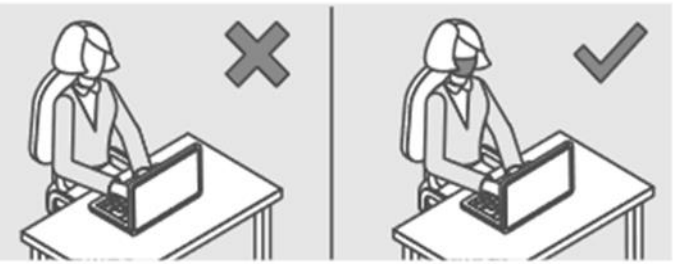
At Work

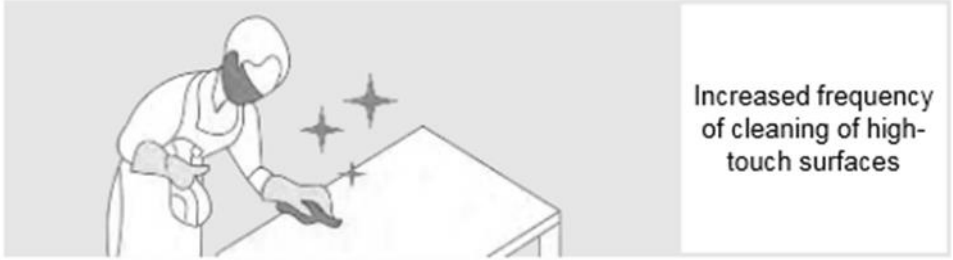
Reorganized seating (6 feet apart)



Limiting number of entries by shifts

Masks required at all times (Except when working individually more than 2 meters apart)





Increased frequency of cleaning of high-touch surfaces

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Pandemic Stage?

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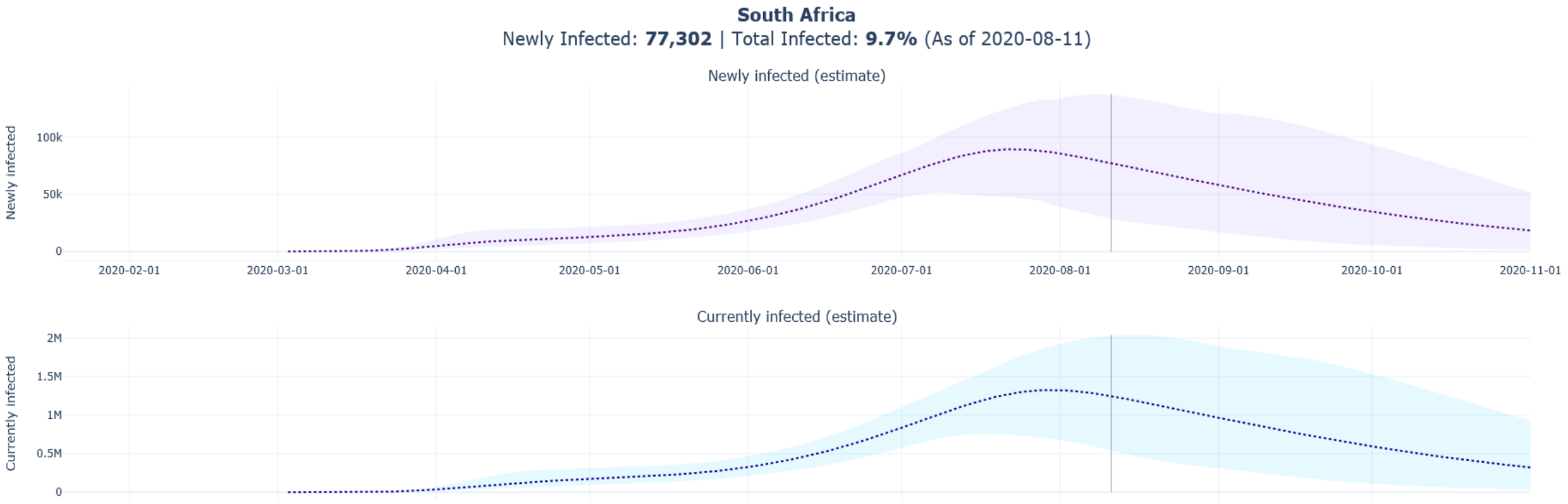
Latest Trend Based Projections



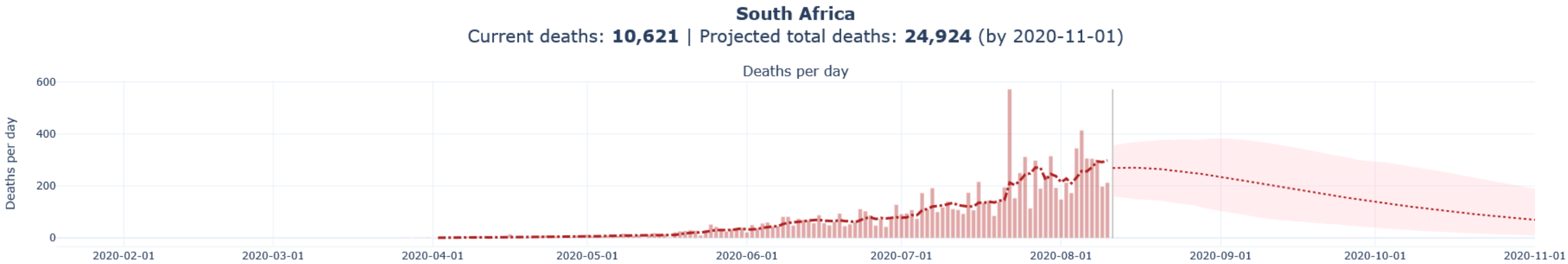
Latest Trend Based Projections

Back to covid19-projections.com

Last updated on: 2020-08-11 02:19:06 ET

Approximate Reopen Date: **2020-06-01**

Disclaimer: Our projections are optimized for the United States. Please make sure to also consult your local health officials and experts. Read our full assumptions and limitations here.



Thank You

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