

The background of the cover is a colorful illustration of a busy street scene. At the top, there are several cars and a large white truck. Below them, a green awning covers a market stall where people are shopping. In the center, a group of people are walking on a sidewalk, some carrying bags. To the right, a building with a corrugated metal roof is visible. At the bottom, there are more people, some sitting on the ground, and a small stall with a sign that says 'P.P.'.

HEALTH CHAMPIONS

WORKBOOK

**Occupational Health and
Safety for Informal Workers
in Public Space**

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Introduction

This workbook on Occupational Health and Safety for Informal Workers in Public Space has four parts that together comprise a manual for training informal worker Health Champions. The first three modules deal with general public space workplace occupational health and safety risks and management. The fourth module specifically addresses Covid 19 risks and management.

A recognised Health Champion will have completed all the training modules and will be able to provide 'frontline' Occupational Health and Safety information and advice to their colleagues and customers. The ultimate purpose is to increase awareness and vigilance of occupational health and safety in public spaces.

This workbook is the outcome of a collaborative project between Asiye eTafuleni, an NGO working alongside informal workers in Durban, and the Discipline of Occupational and Environmental Health School of Nursing and Public Health at the University of KwaZulu-Natal, also based in Durban; with input and funding from WIEGO, through their Urban Policies and Social Protection programmes.



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MODULE ONE

Understanding Hazard, Exposure And Risk

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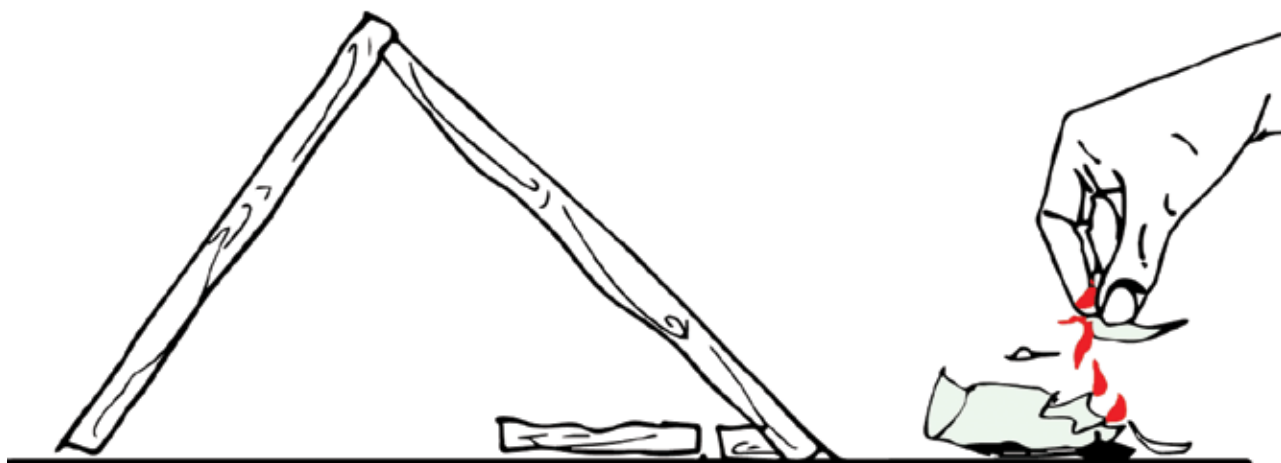
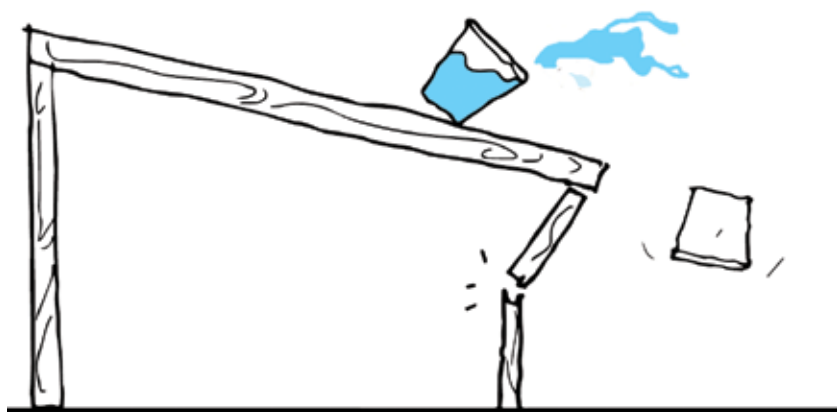
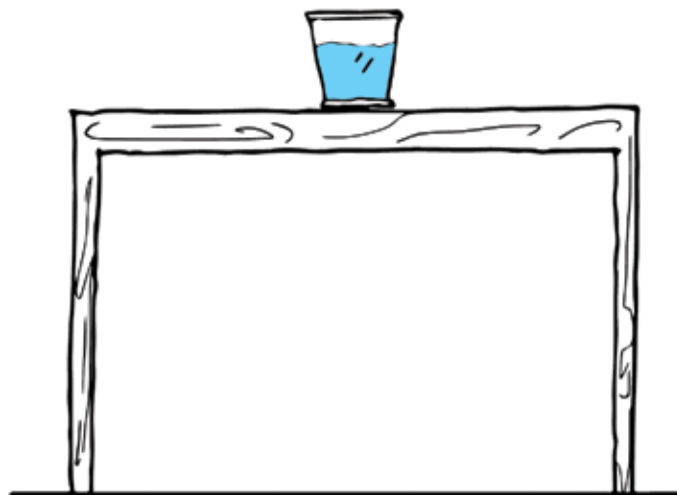
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Training Objectives

- Identification and characterisation of various hazards in informal public workplaces
- Understanding how exposure to hazards cause health risks in the informal workers
- Adoption of basic approaches to controlling or reducing the risk of exposure to identified hazards in informal public workplaces
- Assist informal sector representatives in establishing sustainable occupational health and safety interventions in informal public workplaces

Participants' Expectations of the Training

List your expectations of this training programme:



1 What is a hazard?

All objects, items, activities, processes or machinery can cause harm to a person or property. This is the hazard property. For example, an empty glass of water on a tabletop in a kitchen has the capacity to cause harm. If untouched and stable, the ability to cause harm is small. If the table is unbalanced, and the glass falls and shatters, a person can experience an injury, thus causing harm. The glass thus is a hazard. In the workplace, there are different types of hazards.

There are different types of hazards in the workplace: safety hazards, biological hazards, physical hazards, ergonomic hazards and chemical hazards.

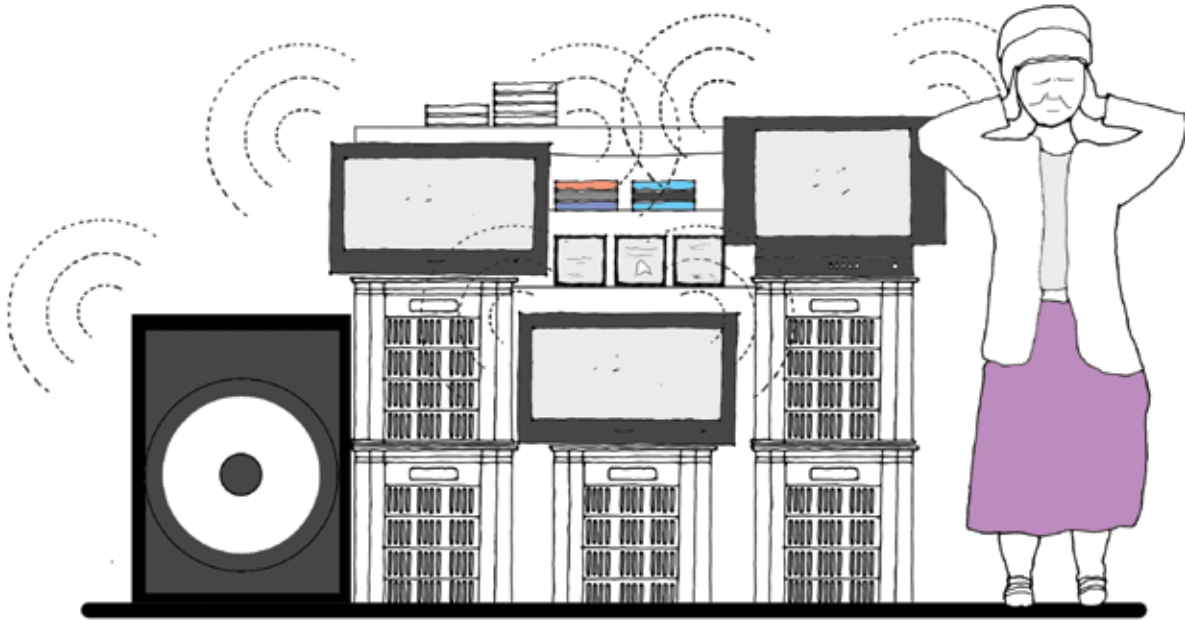
1.1 Safety hazards

Safety hazards include tools, machinery and materials. As these and other workplace conditions can cause slips, trips and falls, they are categorised as safety hazards. Physical objects around the worksite can cause slips, trips and falls which result in injury.

Can you identify any hazards in your workplace?

1.2 Physical hazards

Physical hazards are hazards which exist in the environment. These include noise, temperature, radiation – including fires, and lighting.



Noise

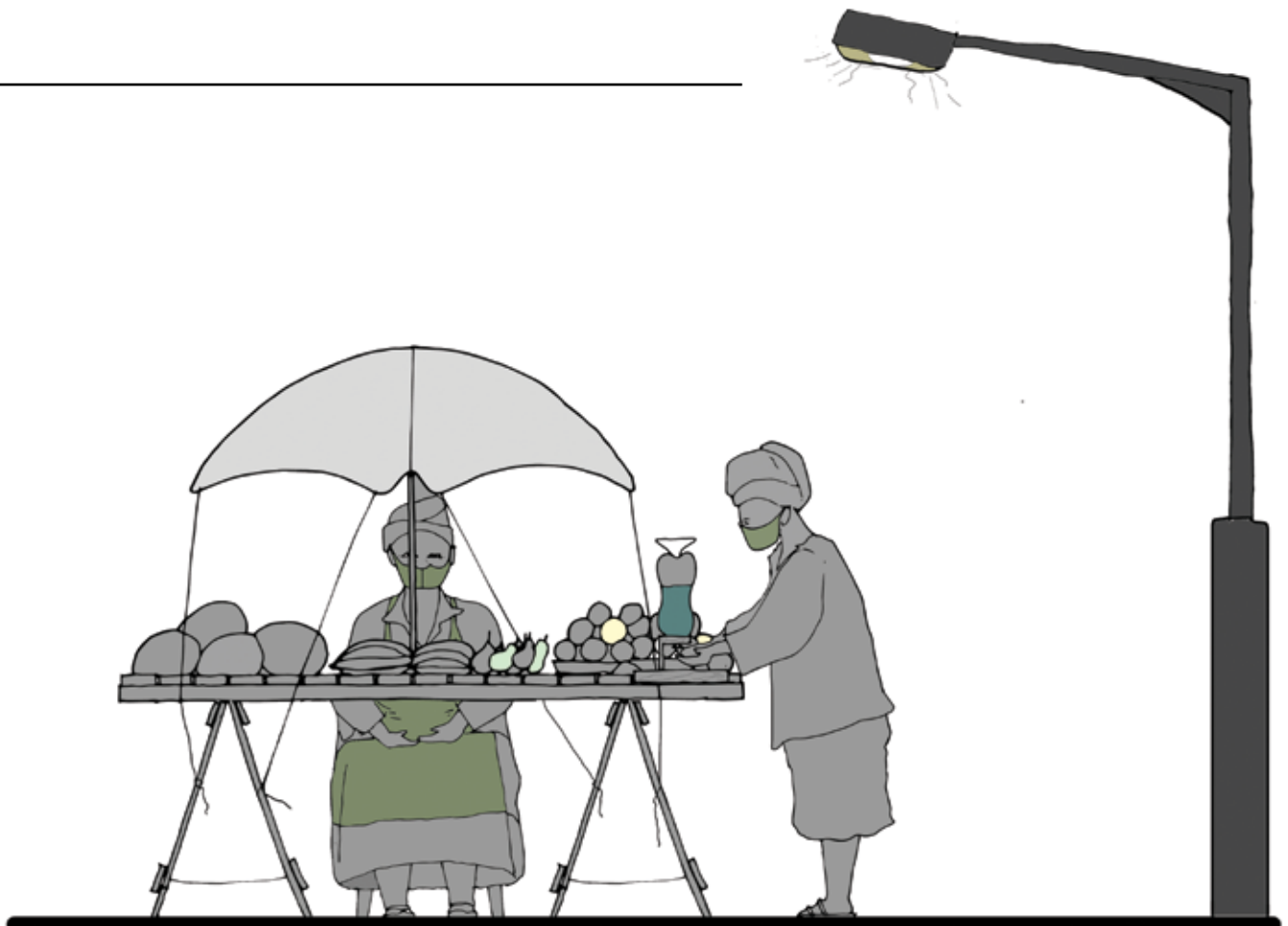
Noise is any unwanted sound heard by the human ear. Sound is produced from vibrations when there are fluctuations of air pressure. Sound is measured in decibels. High noise levels can lead to noise induced hearing loss. Traffic creates high noise levels from car engines and hooters. Large crowds of people contribute to high noise levels.

Can you identify places in your workplace where there is a lot of noise?

Lighting

Improper lighting in workstations may lead to eye strain especially if intricate work is done. Workstations must be well lit and have enough light source. Solar lights and rechargeable lights can be used as a more economical option.

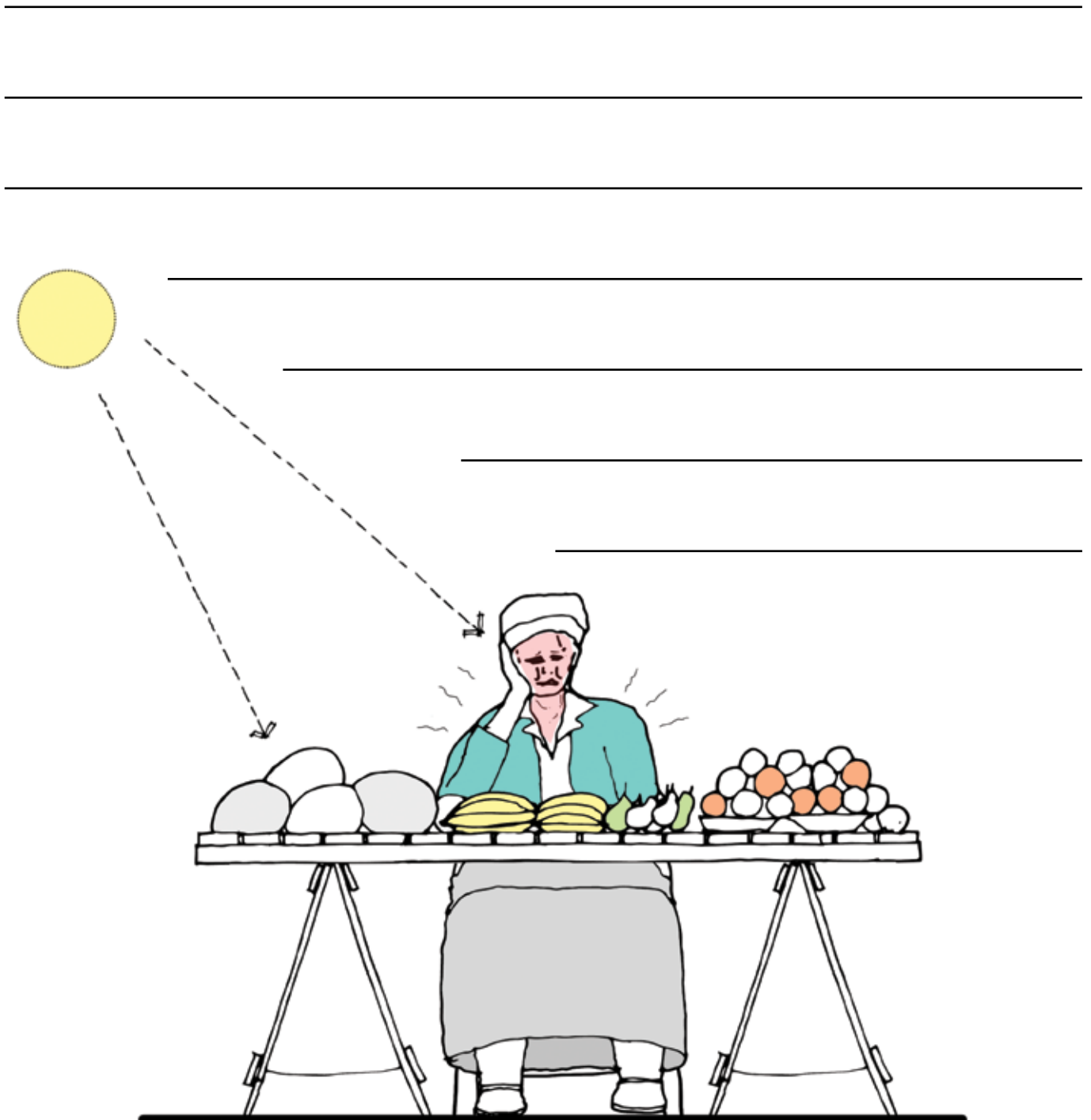
Can you identify places in your workplace where lighting is poor, even in the day?



Temperature

High temperatures during the day may result in fatigue and heat stress. Measures to decrease sun exposure include workstation coverings, broad-brimmed hats and umbrellas. Easy access to potable water is another control measure that can be used by informal workers. Workers may develop hypothermia and skin lesions such as frostbite in extremely cold temperatures. Warm clothes should be worn.

Can you think of ways you can combat the heat and cold at work?

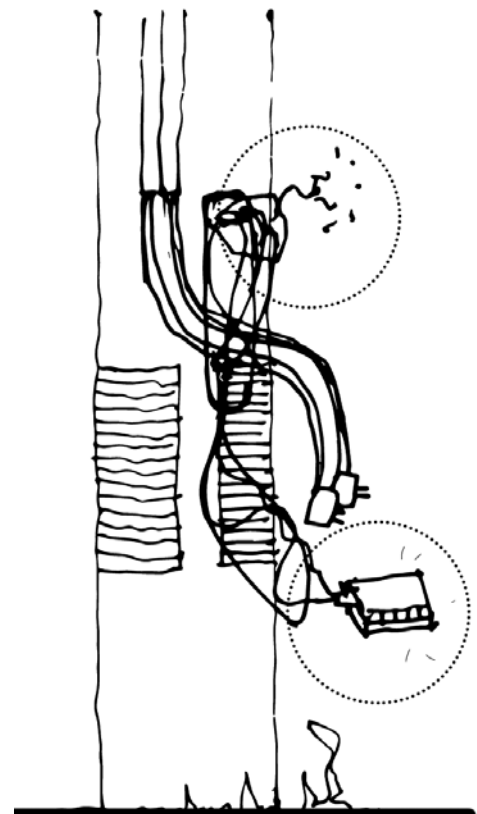
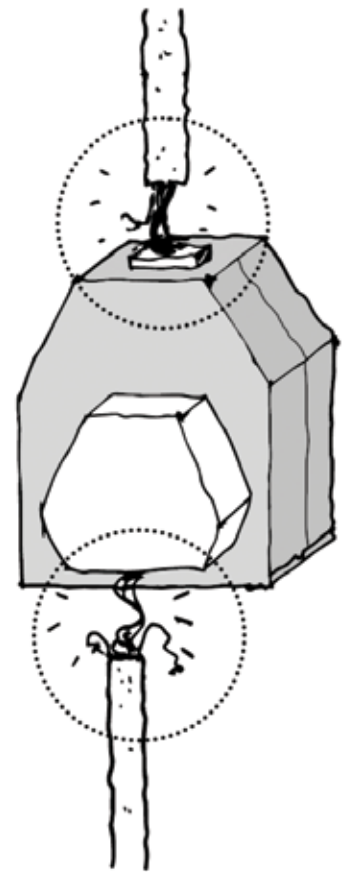


Electrical

Electricity can severely injure people and cause property damage. Wires should never be exposed and never be kept close to a water source. The main hazards of working with electricity are :

- Contact with live parts or wires can lead to shock or burns
- Exposure to arcing or fire from faulty electrical equipment and installations can cause injury
- Explosions can occur from unsuitable electrical apparatus or static electricity igniting flammable vapours or dust such as a paint spray booth
- Electric shocks can also lead to other types of injury, for example, causing a fall from ladders or scaffolds

Can you identify places in your workplace where there are electrical hazards?

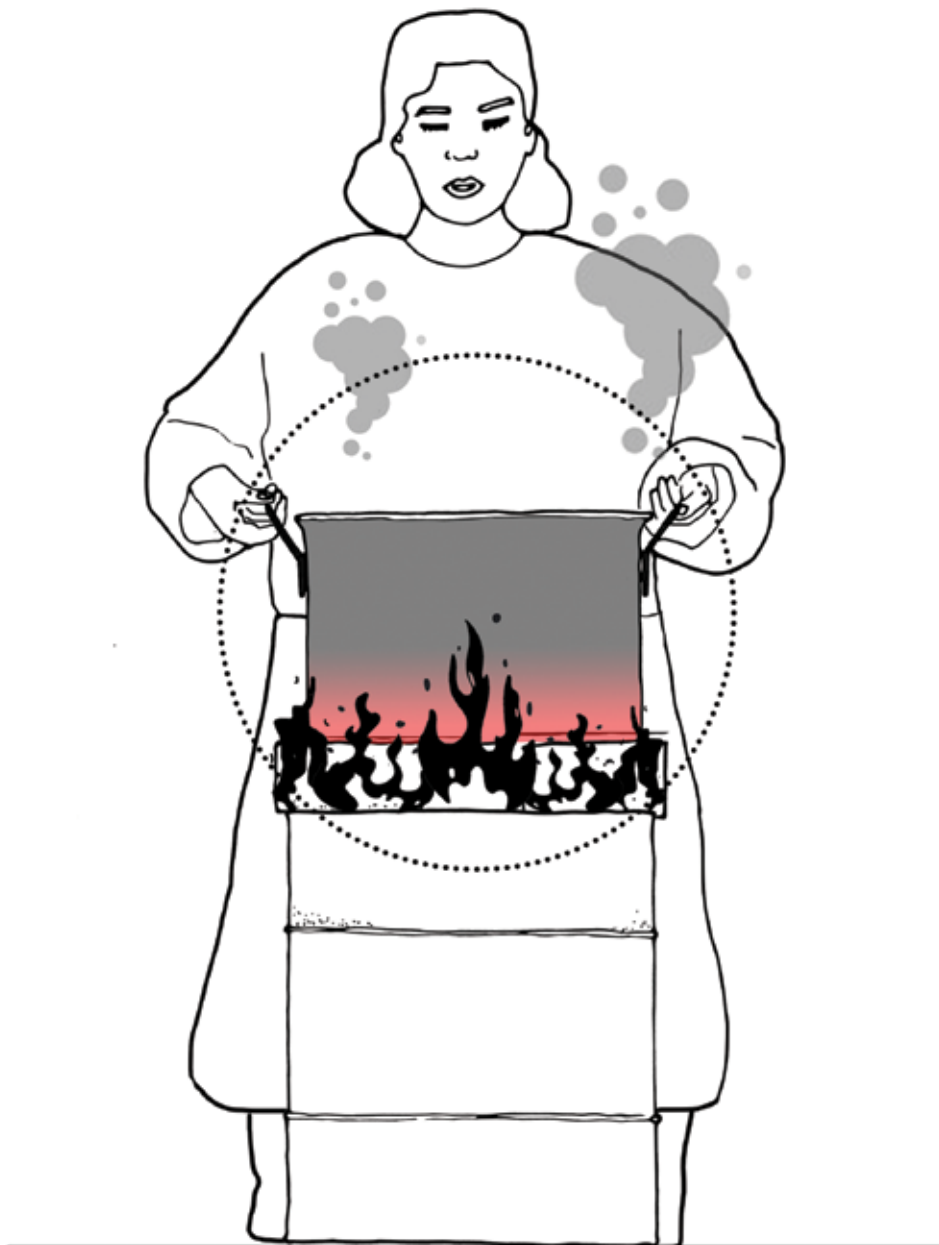


Fire

Many informal workers use fire for food preparation.

The main hazards of working with fire (or other cooking fuels) are:

- burns from flames, coals or hot equipment
- burns from hot cooking water or oil
- fire spreading from cooking into the surrounding environment
- working on an unstable surface which may topple over and spread the fire



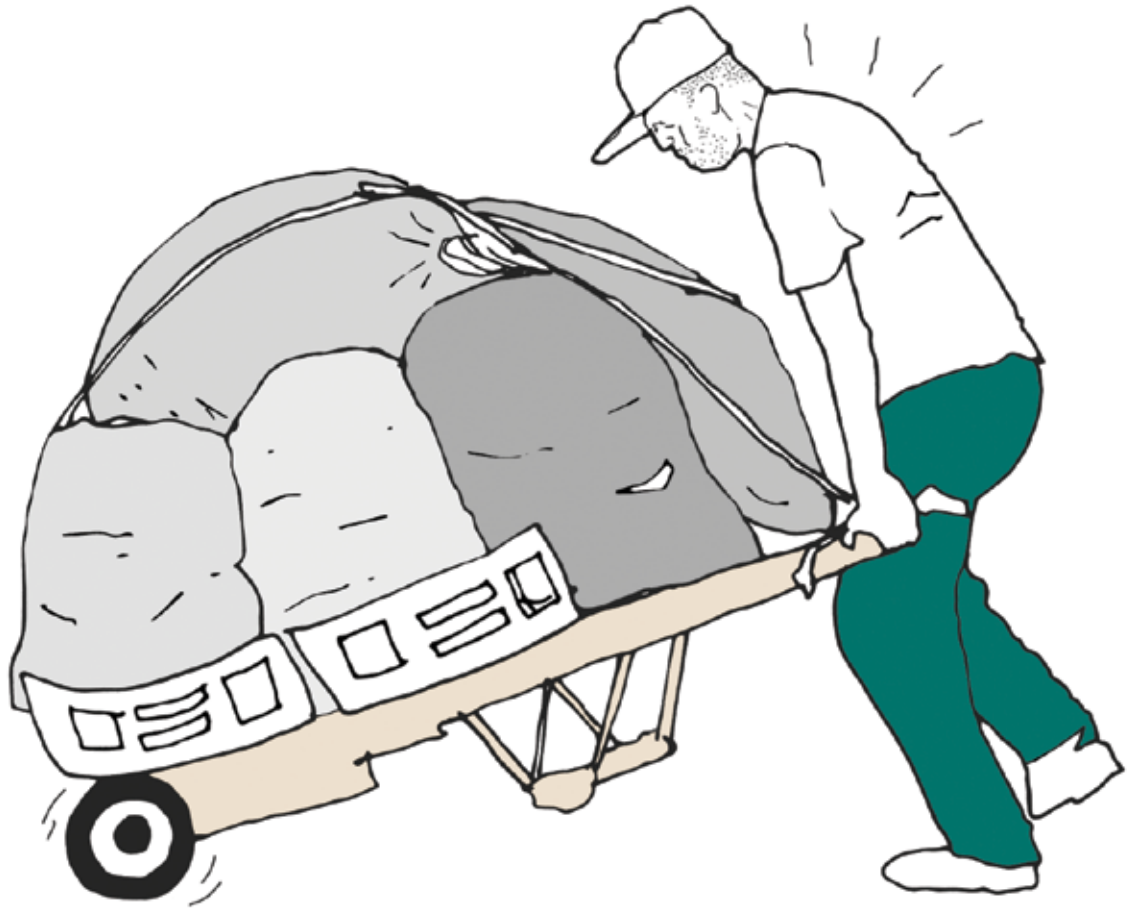
1.3 Ergonomic hazards

Most street vendors have a high risk of developing work-related musculoskeletal disorders from the ergonomic hazards at worksites. Work may lead to uncomfortable seating positions, standing for long hours or pushing heavy loads via mobile carts. Repetitive movements while working can lead to painful joints and muscles if done for an increased time. Handling of objects and tools should be used in a safe manner that is comfortable and convenient for the worker.

Examples of Ergonomic hazards are:

- Products are chopped using a machete. Repetitive movements in the day may lead to back pain and muscle strain. Physical injury may occur from direct contact.
- Plant products (such as tree bark) and animal products (such as bone) are sawed to reduce size. It is a repetitive task that may lead to muscle strain and physical injury.
- Pushing heavy barrows.

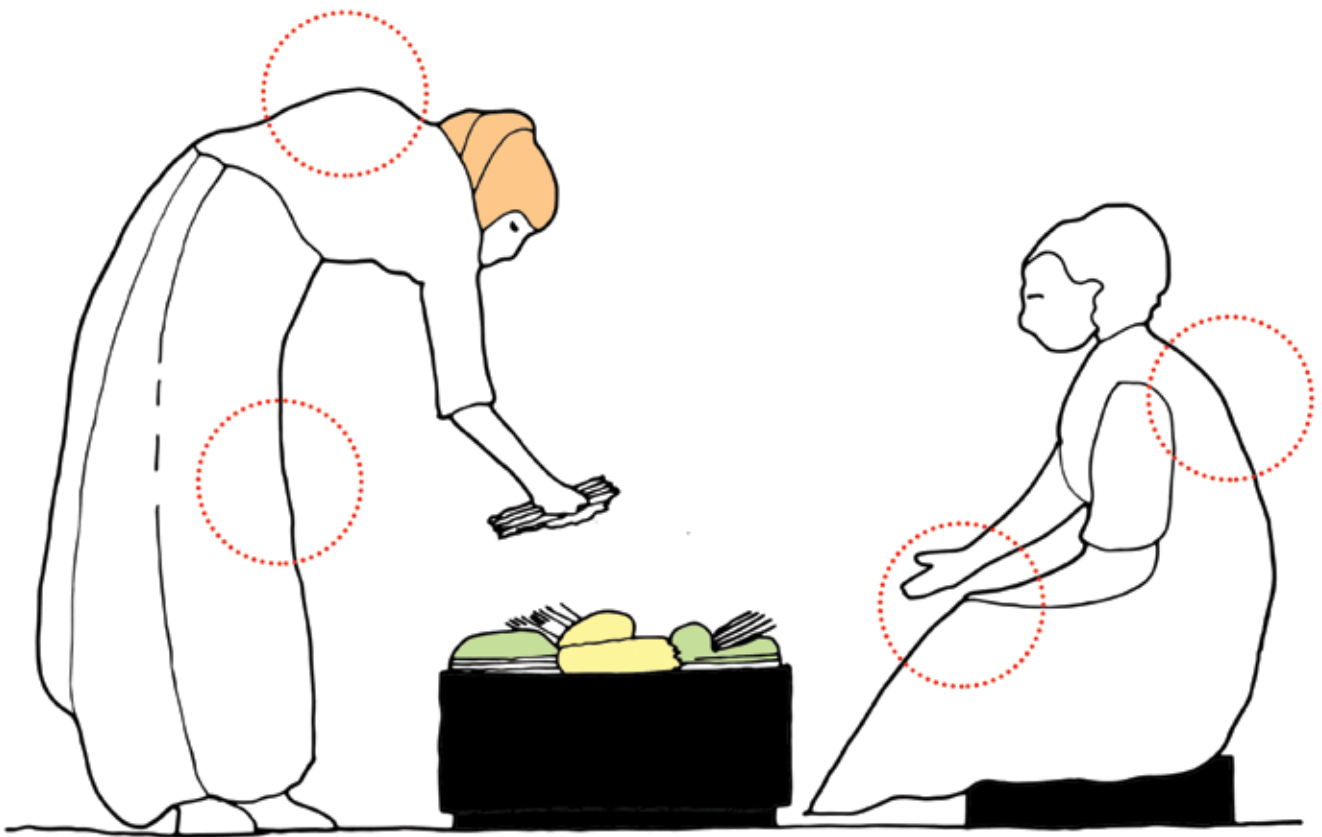




Can you identify any ergonomic hazards in your workplace?

Workstation Design

A well-designed workstation is important for productive work. Workers usually repeat similar operations many times. If they can do so quickly, easily, and safely, productivity will be higher. Well-planned product placement, such as avoiding storing products at heights, will prevent injury.



1.4

Biological hazards

Biological agents include bacteria, viruses, fungi, other microorganisms, and their associated toxins. They are often only visible with a microscope.

Biological agents and food safety

The most common cause of bacterial food poisoning is salmonella food poisoning. Infecting biological agents are nearly always derived from the bowel contents of animals or humans. Staphylococci derived from the skin and septic lesions on food handlers may lead to contamination and be another cause of food poisoning. Faecal-oral transmission can occur by ingestion of contaminated drinking water or food.



Ways of preventing food poisoning

- Good hand hygiene must be followed before and after consuming food.
- Open sores, cuts or wounds in hands should not make direct contact with food. If possible, traders can use gloves.
- Ensure that cooking utensils are washed and cleaned with soap and water regularly after being used.

Can you think of any biological hazards in your workplace?

1.5

Airborne hazards

Airborne hazards include dust, smoke, airborne chemicals, and airborne diseases. The Covid-19 virus and tuberculosis (TB) are examples of airborne diseases, which are a type of biological hazard. There is a separate training module dedicated to Covid-19 that deals with the airborne disease.

Dust hazards

Dust is small solid particles that become airborne contaminants. Some examples of dust present in the informal work environments are mineral dust from stone crushing, metallic dust from metals and organic or vegetable dust from flour, cotton plant or animal products. Dust is inhaled through the nose, and if the particles are small enough, they may deposit in the lungs. This can lead to respiratory illnesses such as asthma, lung cancer and pneumoconiosis (when dust affects the lung parenchymal tissue).



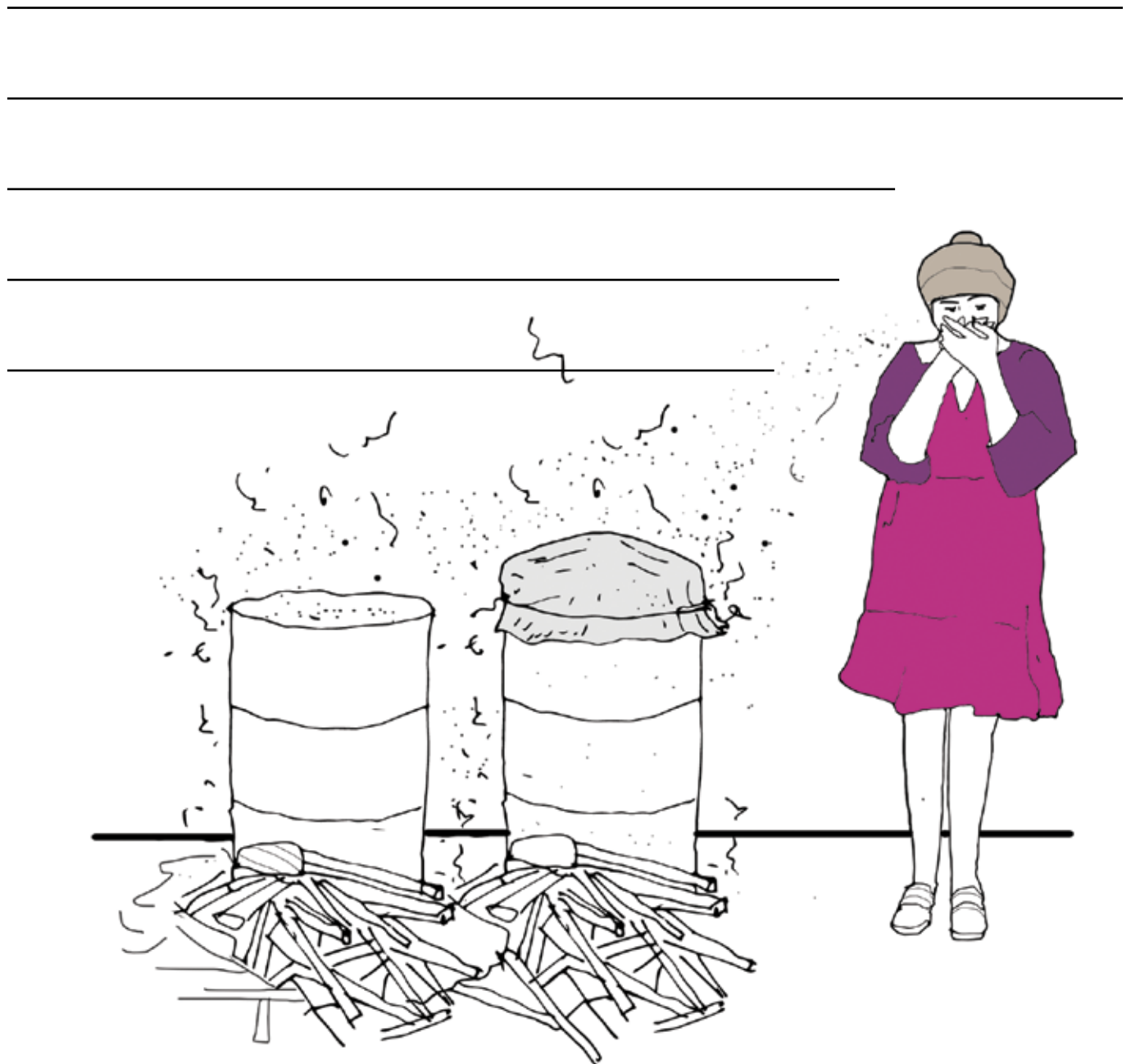
What steps do you take to prevent getting sick?

Chemical hazards

Worker exposure to various chemical substances or agents has acute and chronic health effects. Many chemical agents may be in informal worksites such as cleaning agents, different types of textile dyes in clothing, and pesticides from fresh produce. Exposure to these chemicals can occur via inhalation if there are fumes from the chemical or direct contact with the substance.

Cleaning products have many chemical substances in mixtures that increase the toxicity to human health. Health effects from inhalation may cause respiratory irritation. Skin inflammation can be caused by direct contact. Neurological symptoms from solvents may cause dizziness and headache.

Can you think of any chemical hazards in your workplace?



1.6 Psychosocial hazards

Psychosocial hazards are hazards that predispose workers to mental health risks. The atmosphere informal workers are exposed to can be stressful and harmful to mental health. Harassment of workers accompanied with violence create an uncomfortable work environment. Street vendors have minimal protection from theft and brutality. Women, in particular, are at an increased risk to be victims of assault.

Women vendors report that poor urban infrastructure increases their risk of gender-based violence. E.g. Unsafe toilet facilities, inadequate lighting, and insecure public transport stations leave women vulnerable.

Job strain and insecurity combined with low social support are associated with mental disorders such as depression. Many female workers have to bring children to work as there is no support for childcare at home.



Can you think of any psycho-social hazards in your workplace?

Can you explain why you think they are hazards?



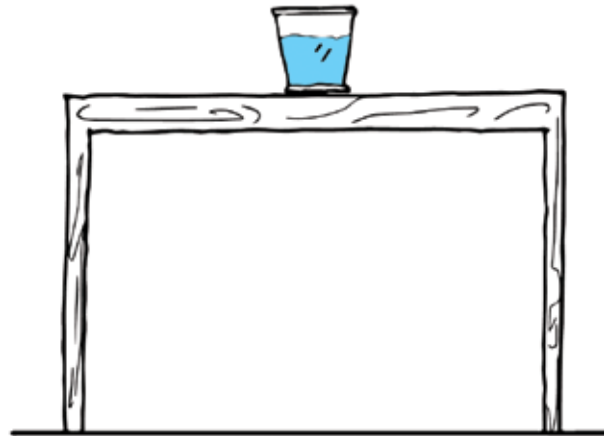
**Circle all the Hazards
you can see in the
picture below**



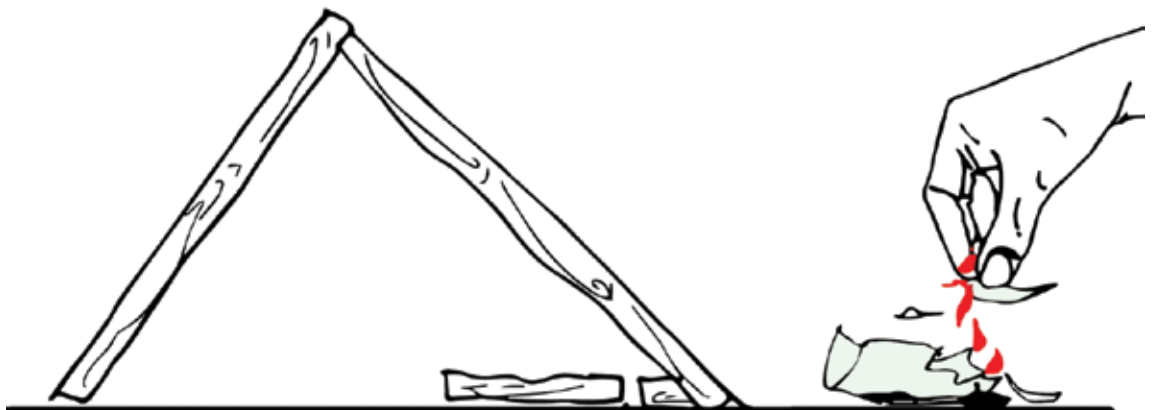
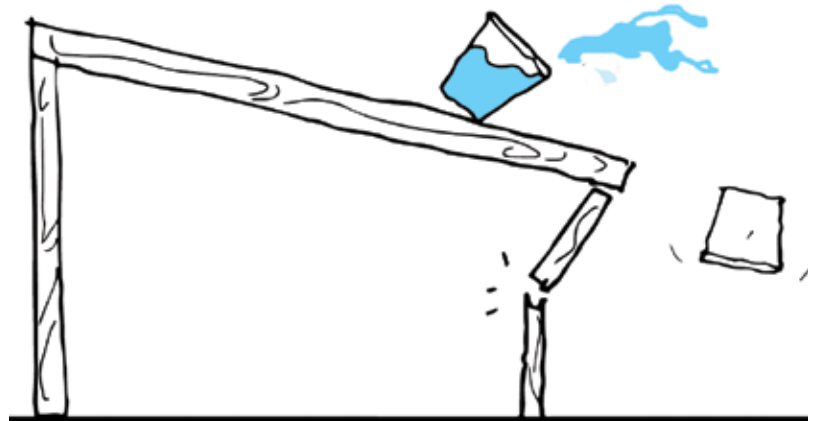
2 What is exposure?

Exposure: describes the amount of, and the frequency with which, a hazard reaches a person, group of people or the environment through physical contact, inhalation, or ingestion.

Back to our glass of water on the table.
We agreed that the glass was POTENTIALLY hazardous.



But it only became hazardous if
it resulted in EXPOSURE (falling,
shattering and injuring someone)



Examples of hazards and exposure in informal work:

- An electrical cable transmitting electricity is a hazard: if strung 10m above the workplace, there is no exposure; if lying on the ground, there is potential for high exposure
- A bottle of benzene is a hazard: if in a tightly closed container locked in a cupboard, there is no exposure; if placed in an open topped pot in a workstation, there is high exposure.

Go back to the hazards you identified in the pictures above and in your workplace and classify these as high, medium or low exposure.

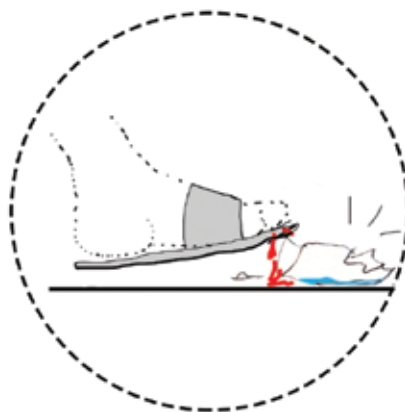


3 What is risk?

Risk is the probability for harm to be caused because of exposure to a hazard.

Back to our glass of water. If it shatters, it becomes a hazard. If a worker picks up the glass pieces, the worker is now exposed. There is a probability (or likelihood of risk) for the worker to be injured. You can reduce the risk by having shatterproof glass, having the worker use thick gloves to clean up or having a robot pick up the pieces.

Thus, for there to be a RISK of injury or disease in the workplace, a HAZARD must be present, and the worker must be EXPOSED



To understand the risks faced in the workplace, we will show you how to conduct your own RISK ASSESSMENT. This is the content of the next training module.



MODULE TWO

The risk assessment

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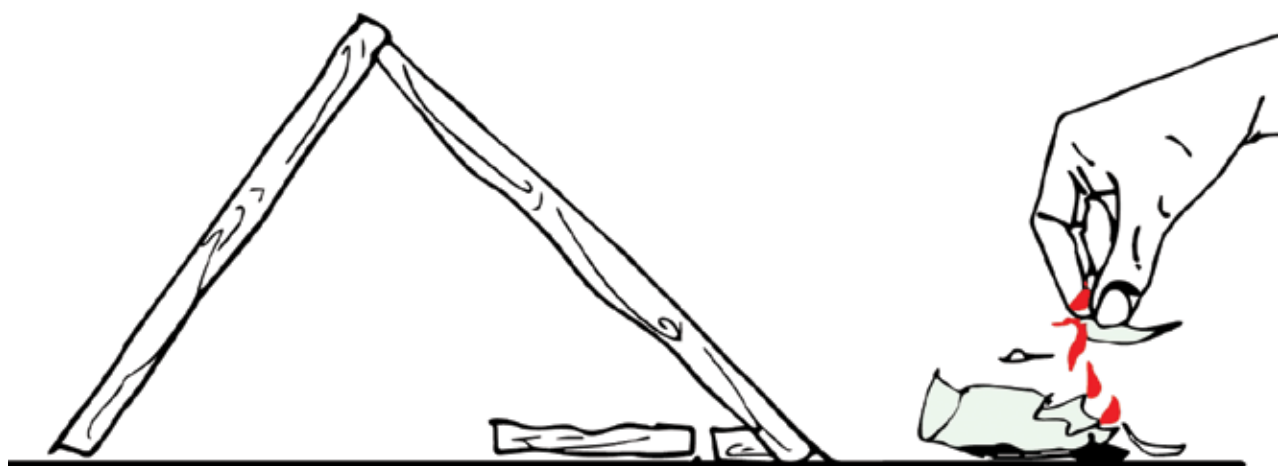
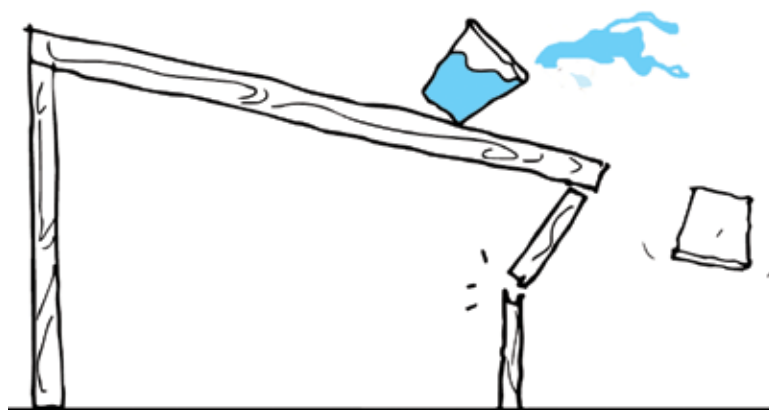
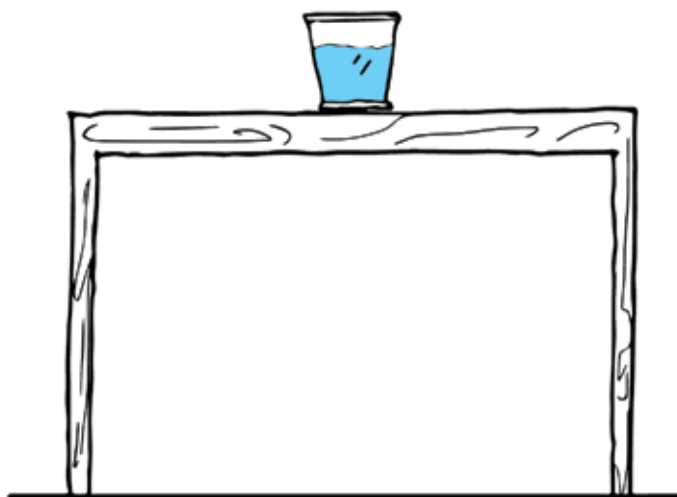
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Training Objectives

- To assist business owners and /or workers to perform an assessment of the risks in their place of work regarding safety and health to enable prevention of ill health and accidents in the workplace.

Participants' Expectations of the Training

List your expectations of this training programme:



Think about our last module. We looked at a glass of water balanced on a table. We saw that under certain conditions our glass of water becomes a hazard. We can be exposed to the hazard. Now we need to assess the extent to which the hazard and the exposure poses a risk.

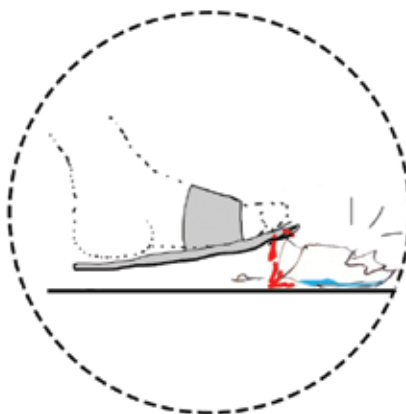
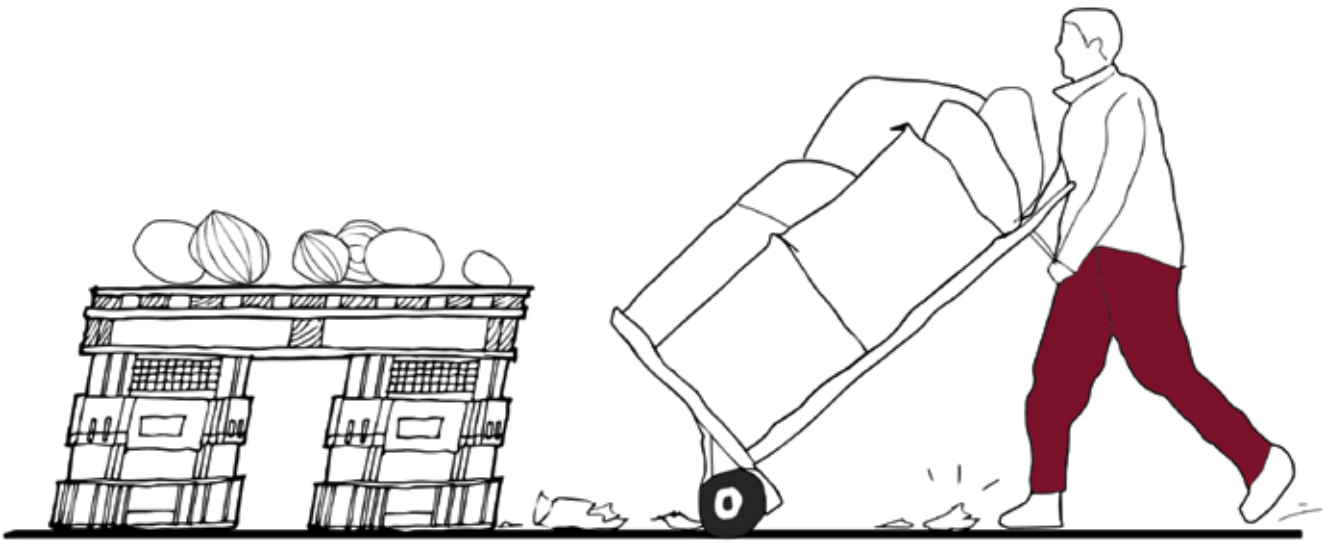
To do so, we need to know the conditions which makes this simple glass of water become a hazard, for example, an unbalanced table, placed too close to the edge or placed too close to the working area around the table.

We then need to determine what or how does exposure occur: picking up the pieces by a worker, un-gloved worker or many workers picking up the pieces.

We then need to determine the consequences should exposure occur: how many workers are injured, how serious are the injuries – minor cuts or severing of arteries requiring emergency surgery, risk of infection, loss of limbs and extended periods off work, with loss of income and productivity.







With the availability of all of the above, you are now able to **rate the risk** of the glass of water on the table

The goal of the risk assessment is to try to answer the following questions:

- What can happen to cause ill health or injury at work and under what circumstances?
- What are the possible consequences of workplace illnesses and/or injury?
- How likely are the possible consequences to occur?
- Is the risk controlled effectively, or is further action required?

What approach do you use to assess risk in your workplace?

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1 Key steps in risk assessment

1. Identify the Hazard
2. Determine Exposure
3. Assess risk
4. Rate the Risk

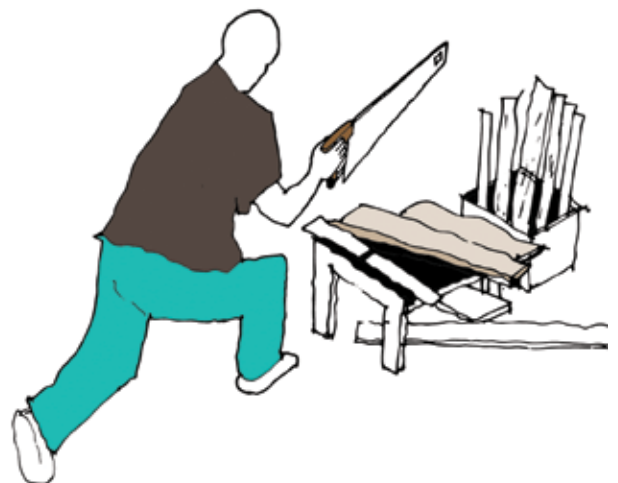
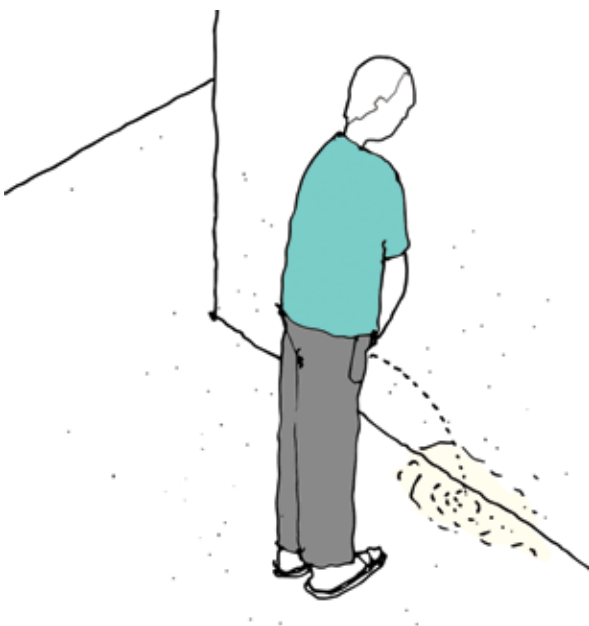
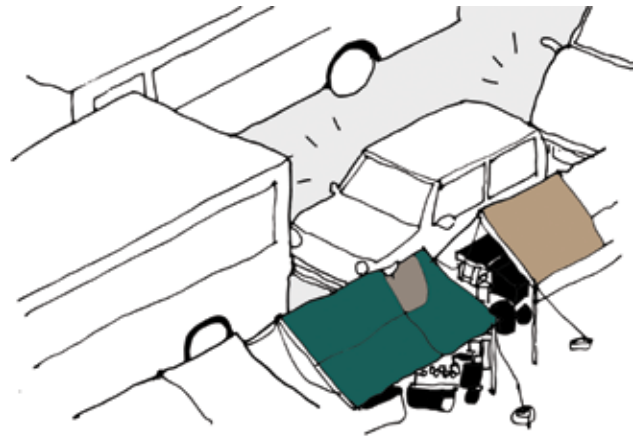
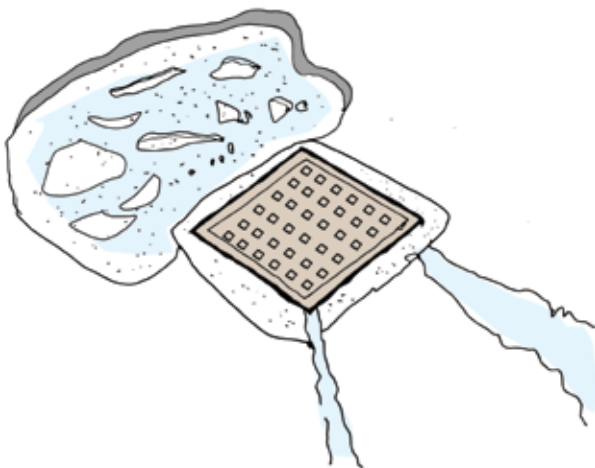
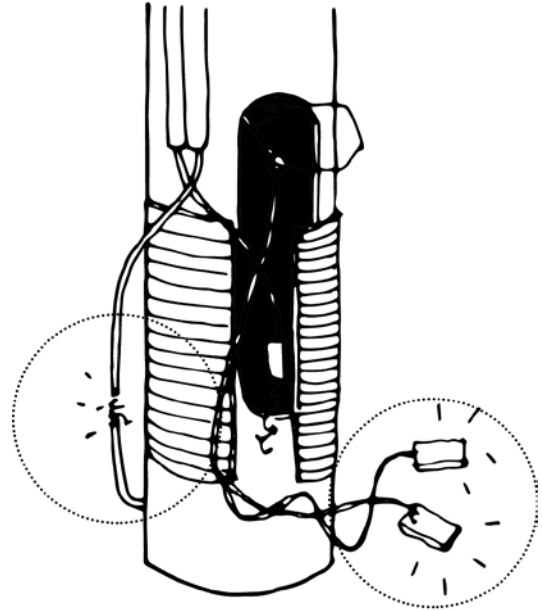
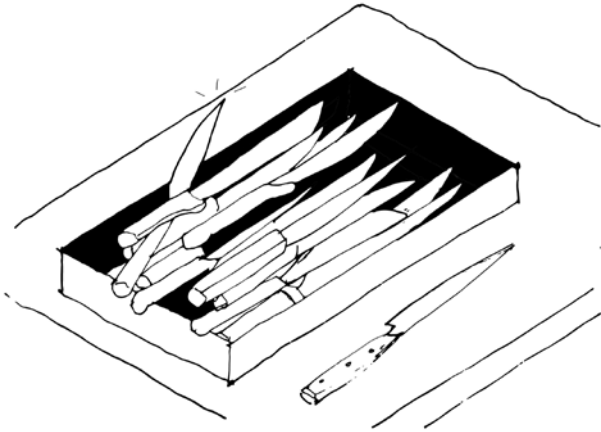


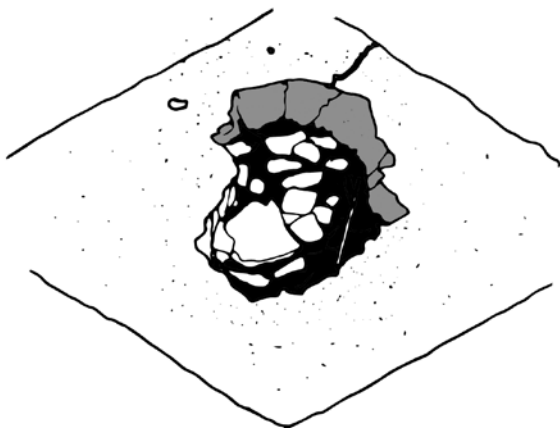
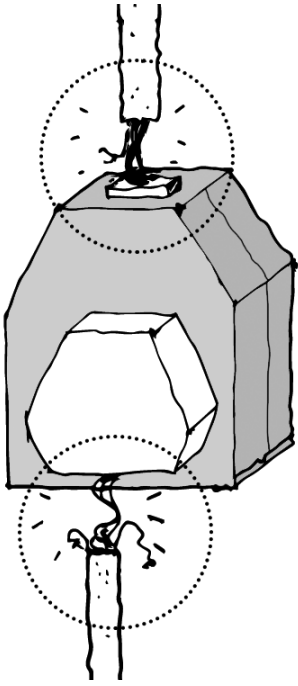
Step 1

Identify the hazard

Remember the exercise in the previous module. On the following pages are some examples of hazards that were included there. Note down some hazards you can think of that apply to YOUR specific place of work:

[illegible]





Step 2

Determine the risk

Having identified each hazard noting the points where they are present at your workplace, you need to determine the risk, or the extent to which the hazard is likely to cause harm.

Remember: Risk (Step 2) = Hazard x Exposure

i.e. the more exposure to a particular hazard there is, the higher the risk

In relation to the hazards you have identified in your own work place, can you state what factors you think will increase the exposure and therefore increase the risk of a worker developing ill health or injury?

Step 3

Rate the risk

Remember: Once we calculate the Risk, we can classify the severity of the Risk as being:

- Low
- Medium
- High

Risk = Likelihood x Severity

2 Examples

1

Mavis is a food trader at the local market. She is experiencing stomach symptoms (diarrhoea and vomiting) for the past 2 days. She continues working but due to her busy stall she has neglected to wash her hands between toilet breaks.

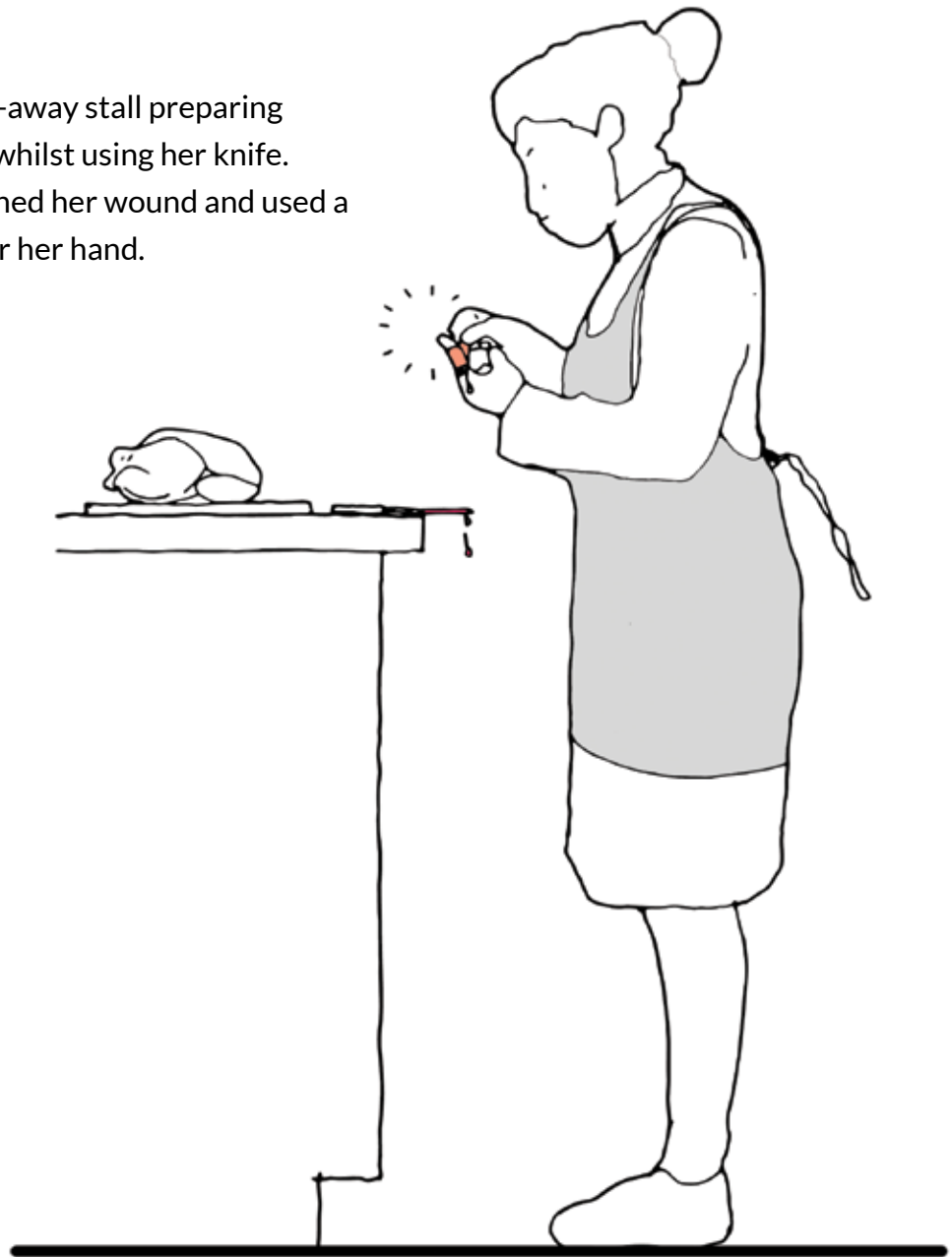


The likelihood of Mavis transmitting her symptoms to other traders and customers is **HIGHLY LIKELY**, if she continues with bad hygiene habits.



2

Angela works in her take-away stall preparing chicken. She cut herself whilst using her knife. Angela immediately cleaned her wound and used a plaster and glove to cover her hand.



The likelihood of Angela transmitting any microorganisms whilst preparing food is **NOT LIKELY**



Peter is a welder at a small metal stall. He welds broken metal objects for his customers. He welds daily without a visor, gloves or a respirator.

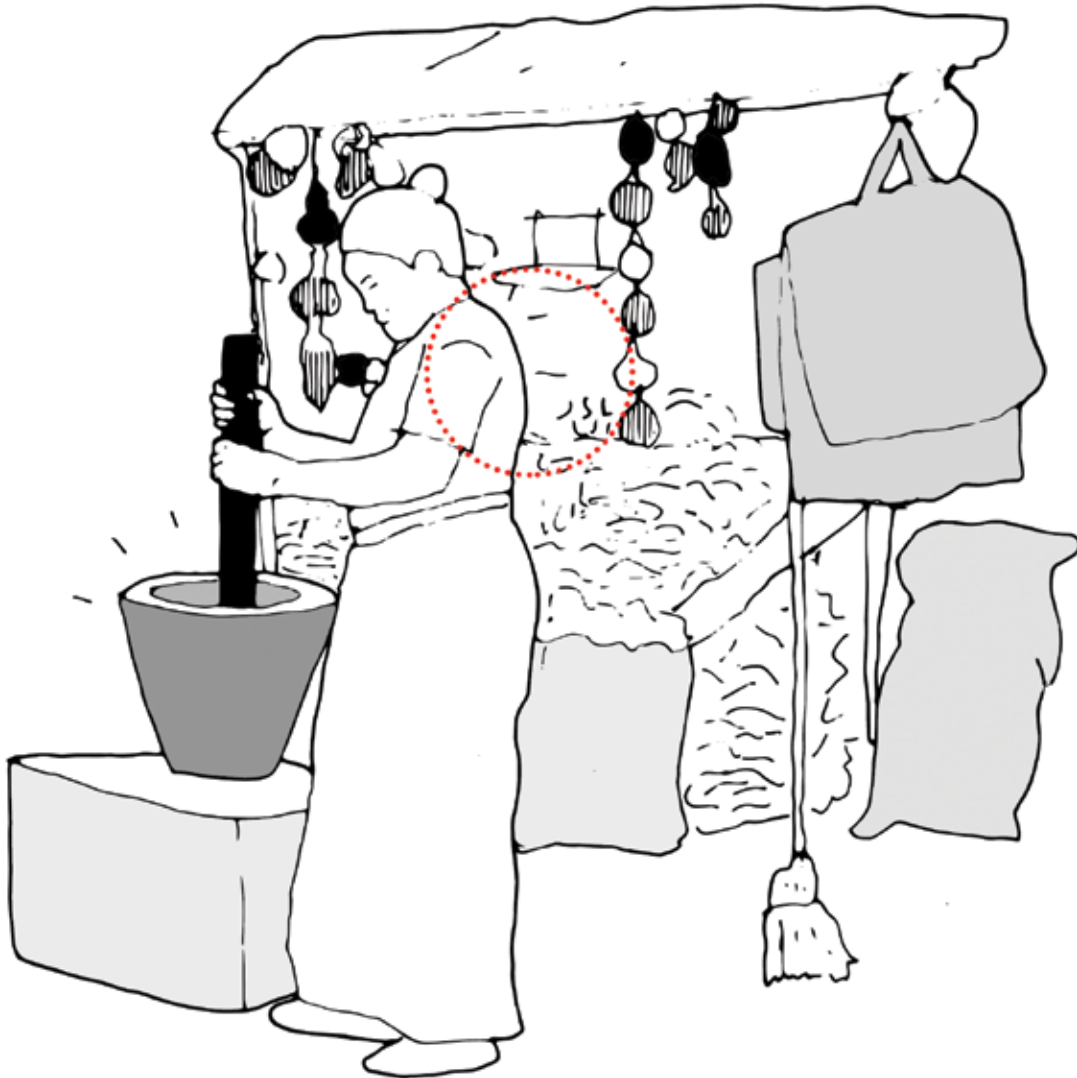


The likelihood of Peter contracting a welding related injury is **HIGHLY LIKELY** if he continues without protective equipment.



4

Priscilla is a herb trader at the local market. She has to regularly crush bark, bone and seeds to make ointments, mixtures and powders for her customers. She uses a large, heavy mortar and pestle.

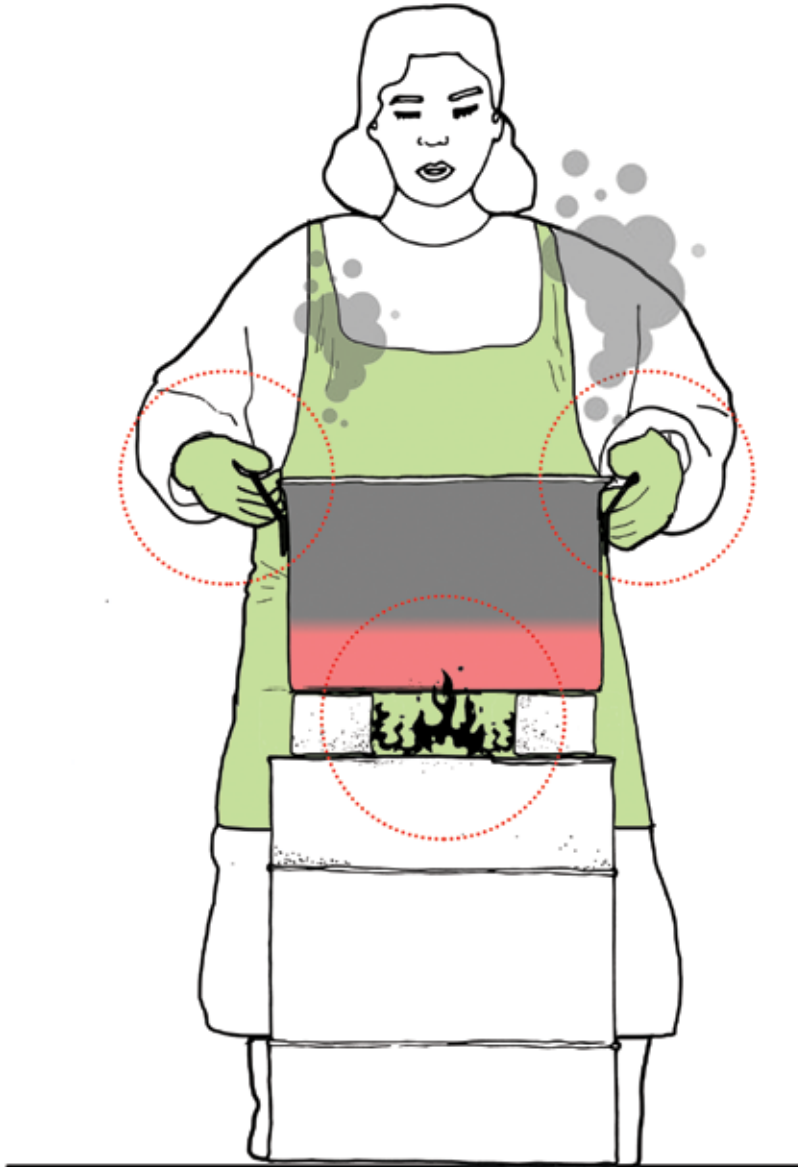


The likelihood of Priscilla developing a musculoskeletal condition (backache, neck pains) is **MODERATELY LIKELY** considering her age, intensity of work and other factors.



5

Zinhle is a cook. She works with pots of boiling liquid which she cooks over a wood fire. Zinhle has made sure that the floor surface of her stall is even so that her 'stove' is stable, and that the fire is made in a container that stops the flames from spreading easily. She wears an apron to keep any loose clothing from catching alight, and protective gloves.



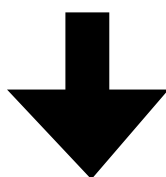
Although Zinhle is working with fire which could be highly risky, she is taking precautions that reduce the risks. The risk of burns or fire spreading are medium.



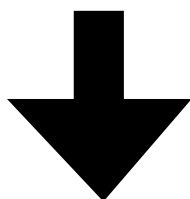
Try to categorise the risk level of the hazards you have identified in your workplace.



Low Risk



Medium Risk



High Risk



MODULE THREE

Managing the risk

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Training Objectives

- To assist business owners and /or workers to perform an assessment of the risks in their place of work regarding safety and health to enable prevention of ill health and accidents in the workplace, and to decide on protective measures to take and, if necessary, on protective equipment to use.

Participants' Expectations of the Training

List your expectations of this training programme:

Think about our last module. List the Hazards you identified in your workplace in the previous training module as you will refer to these again later:

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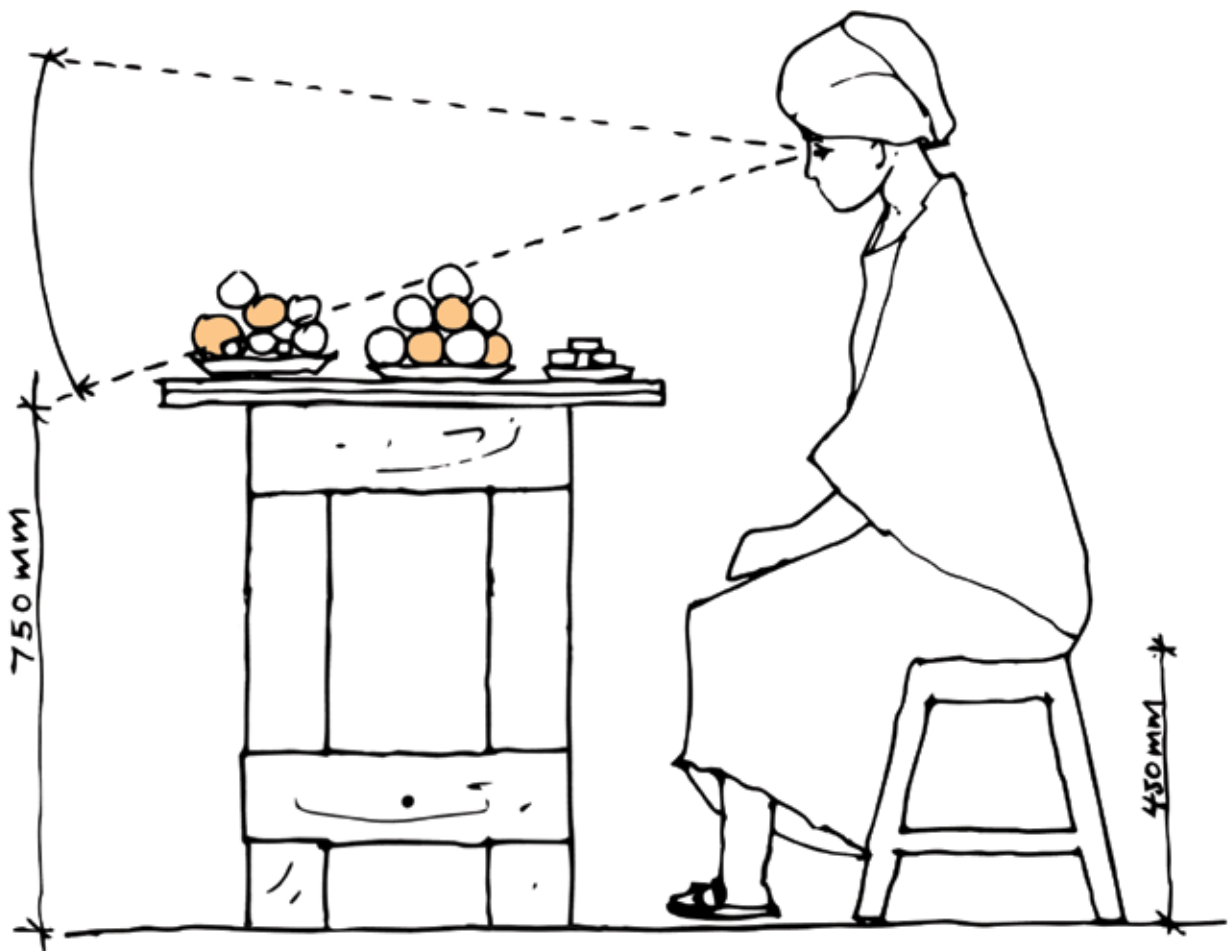
Managing Workplace Hazards

It may be impossible to eliminate a hazard in your work place, but if proper guidelines are followed, the risk of exposure to the hazard can decrease and result in a safer working environment.

Hazards can be controlled by use of physical measures, better practices and/ or personal protection :

1 Physical Measures

- Erecting physical barriers between workstations can decrease exposure to noise and dust hazards from neighbouring workstations. For example, street barbers kiosks or gazebos with sides prevent human hair from blowing around, keeping herb pounding in the herb market reduces dust, cooks kiosks or gazebos with sides assist with hygiene.
- For airborne chemical or disease hazards, open-air spaces are preferred over cramped, closed spaces as natural ventilation is improved and harmful aerosols suspended in the air can be dispersed quicker than in closed areas.
- Designing workstations with correct work-top heights and/or shelves and racks for displaying goods within easy reach, decreases ergonomic hazard exposure.
- Shelter over stalls or workstations, or the use of shade umbrellas protects workers from sun exposure.



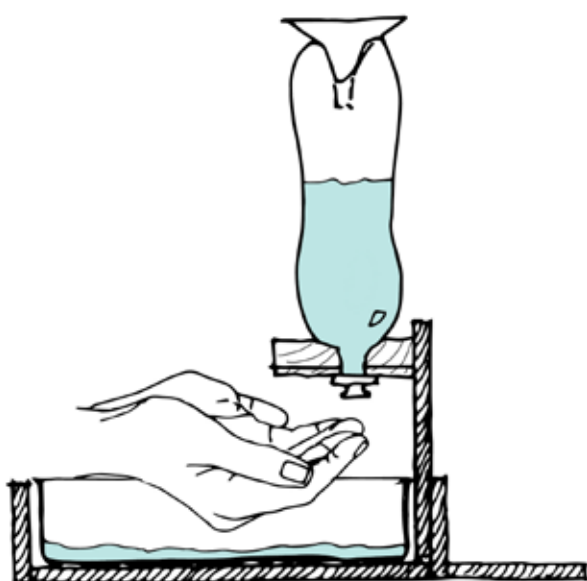
2 Best Practice Measures

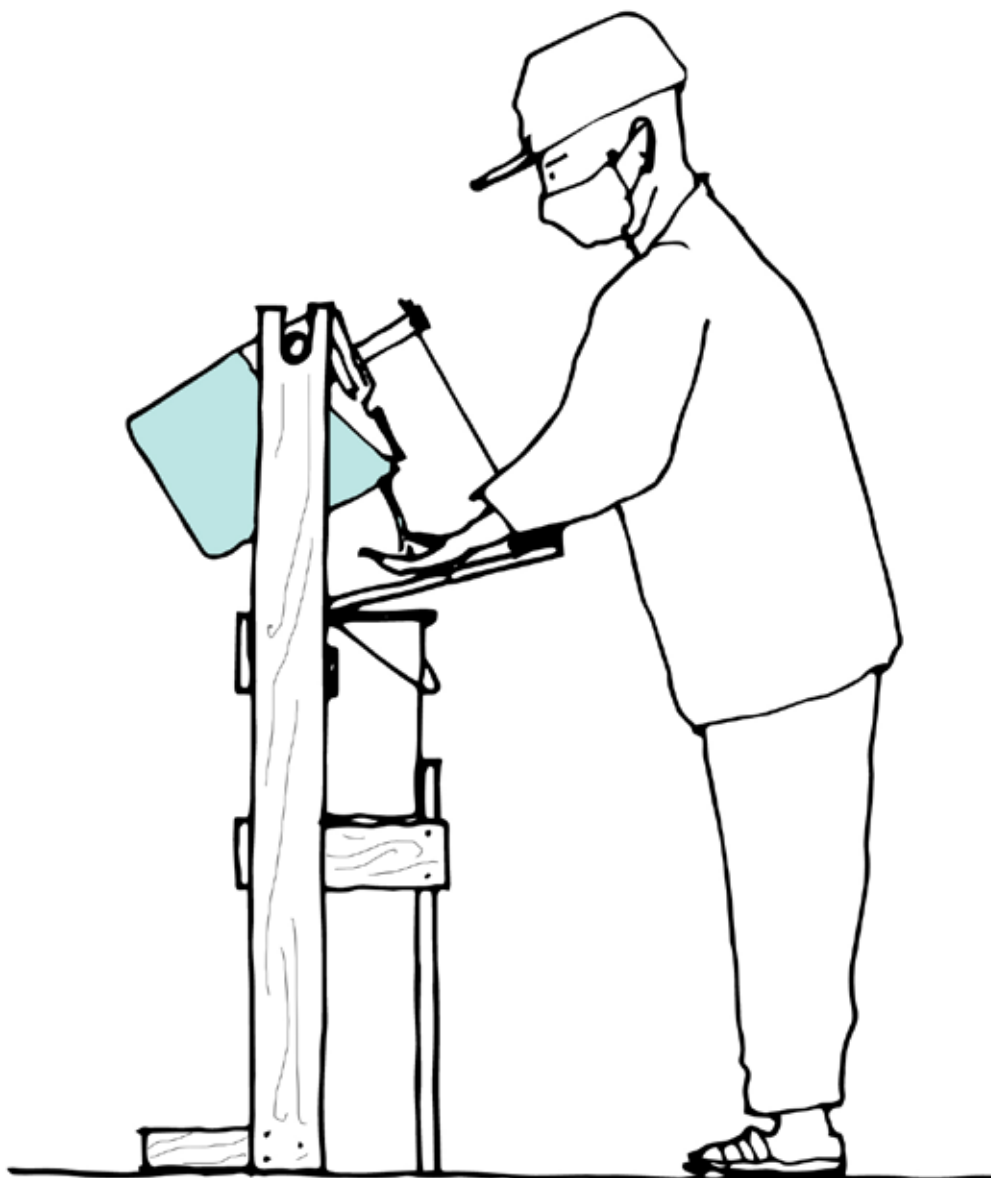
Best practice measures include practising hand hygiene, cleaning surfaces, tools, objects and utensils, using Personal Protective Equipment (PPE) and self-screening for symptoms of diseases for example, Workers with an acute gastrointestinal illness that causes diarrhoea and vomiting, should avoid doing food preparation, or food-handling until the illness resolves - usually 48 hours after the symptoms stop naturally)

2.1 Hand hygiene

Rigorous hand hygiene should be adopted by all informal workers especially those handling food

- Set up handwash stations with soap and water. For example; in Warwick Junction, Durban, Asiye eTafuleni (AeT) has designed and developed prototype *Geza Izandla* handwash stations for street corners and tabletops. This is to ensure hand hygiene even though the area does not have many vending tables or stations with running water. Examples of cheap wash stations made from recycled materials are illustrated below.
- Where access to WASH (Water and Sanitation) facilities is limited, advocacy for improved provision in order to improve health and safety is important, but in the meantime the use of portable wash stations is recommended.
- Lobbying for Wash facilities and managing wash stations may be an important role for Health Champions.





Correct handwashing

- Wash hands for at least 20 seconds (sing “happy birthday” twice)
- Clean all parts of your hands and fists, washing between fingers and fingertips and halfway up your forearms
- Wash your hands before you start your workday, throughout the day, and especially before eating.
- Wash your hands after coughing or sneezing
- Wash your hands after touching any object that others regularly touch
- Wash your hands as soon as you get home



2.2 Surface cleaning

Cleaning of surfaces, tools, objects and utensils is very important.

Ask customers not to touch products (as far as possible).

Environmental surface cleaning includes regular disinfection of all possible contaminated surfaces i.e. tables, countertops, tills, products etc.

- Clean all frequently touched surfaces, including your cellphone, and also door handles and railings.
- Street and market traders: clean your tables and products with disinfectant.
- Spaza shop owners and employees: wipe down surfaces such as countertops, tills and handles with disinfectant. Provide sanitiser for customers entering and leaving if possible.

How to make your own disinfectant

If you do not have sanitisers, 1 cup of bleach in 6 cups of water is an effective disinfectant

2.3 Personal Protection

- PPE such as masks can reduce exposure to inhalational hazards such as smoke, chemicals, or airborne diseases (e.g. Covid-19, Flu, TB). Workers with a fever or cough should wear a mask to reduce the exposure of their co-workers and customers.
- Gloves protect the skin from direct exposure to hazards such as sharp materials or chemical hazards.
- Coats, pinafores, aprons or overalls, decrease risk of toxic chemical clothing or being absorbed through contact with the skin.
- Wearing gloves will protect skin when handling potentially sharp or contaminated goods or materials.



2.4 Protection against fire

- keep flammable objects away from flames
- do not wear loose clothing that could catch alight
- do not use water to put out a grease fire – smother the fire with sand, a thick blanket or a metal lid.
- use a fire extinguisher if the fire persists.
- use gloves or pot holders to handle hot equipment
- treat burns with cold water only and seek urgent medical attention for severe burns
- keep cooking fires contained in a non-flammable enclosure
- wait for coals and ash to cool completely before discarding them
- adhere to municipal regulations regarding use of gas bottles



Risk Assessment

The form on the following page provides a method to record a risk assessment and suggested management. For each hazard identified in the work place, simply answer the question in each column. (trainer to facilitate discussion)

Work in pairs and use the blank template below to conduct your own workplace Risk Assessments using the Hazards you identified in the previous training module.

What are the hazards?	Who might be harmed and how?	Rate the Risk High/Medium/ Low	Controls	What further action do you need to consider to control the risk?	Who will act?	When does the action have to be carried out?
Hazard 1						
Hazard 2						

Reflections: (for discussion)

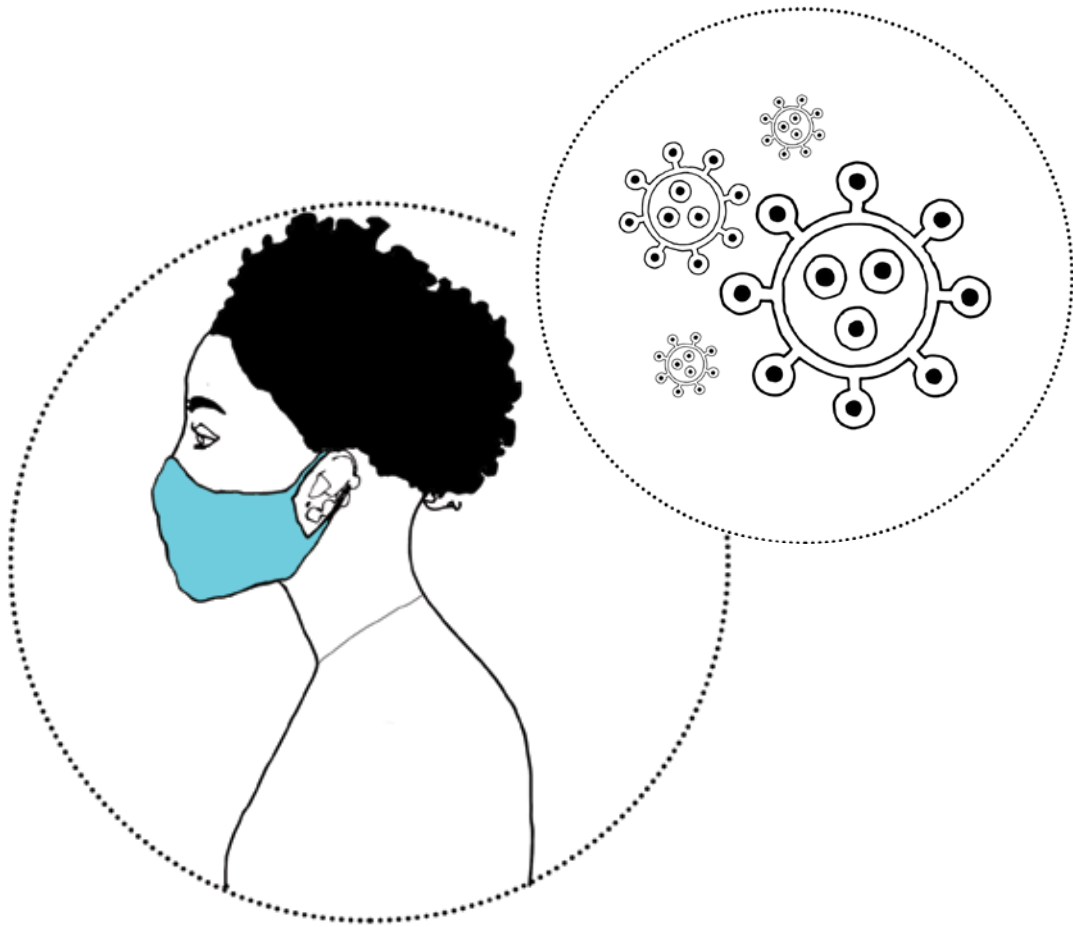
Has the training empowered you to make your work environment safer?

What action do you think you will take as a next step?

Do you think you could assist your co-workers to make their environments safer?

Notes

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MODULE FOUR

Covid-19

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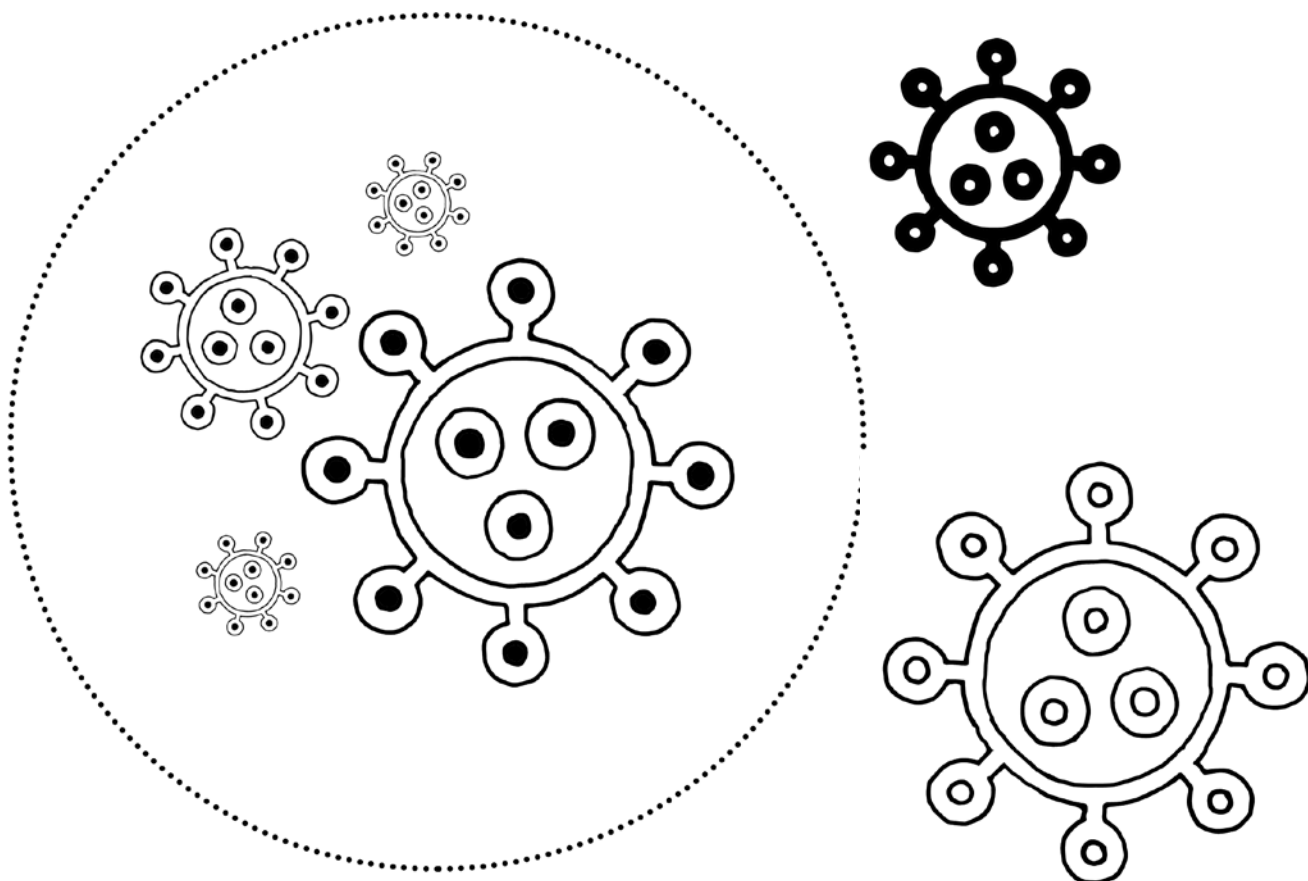
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Training Objectives

- Provide scientific information about the Covid-19 virus and its transmission
- Communicate best practices for protecting yourself and others from Covid-19 or other airborne infections
- Provide scientific information to dispel myths about the Covid-19 virus and preventative vaccines
- Increase consciousness about the role of individuals and the community in preventing the spread of airborne diseases such as Covid-19, flu or TB

Participants' Expectations of the Training

List your expectations of this training programme:



COVID-19

COVID 19 is a disease caused by a new strain of the coronavirus SARS-CoV-2. . 'CO' stands for corona, 'VI' for virus, and 'D' for disease.¹

The Covid-19 virus was first detected in humans in late 2019, and was declared a global pandemic by the World Health Organisation (WHO) on 11 March 2020. The WHO declares a pandemic when a disease's growth is exponential. This means the growth rate skyrockets, and each day cases grow more than the day before. It means a virus covers a wide area, affecting several countries and populations at the same time.

The virus arrived in SA in early 2020 and the country was in various stages of lock-down from March 2020 until 04 April 2022 when the State of Disaster was ended. After over two years of the pandemic, the virus has mutated several times and the majority of people have developed some immunity through infection or vaccines. We have moved from a pandemic situation to a more endemic one, which is when a disease becomes a norm within a population and where we live with it. Spread and rates are more predictable, and people are no longer expected to die of the disease. COVID-19 is likely to become endemic.

It is important to understand how to prevent Covid-19 infections, as well as to adopt health practices that would be applicable in the presence of other diseases or even another pandemic. Many other airborne diseases, such as colds and flu, are transmitted in the same way as Covid-19, and any period of illness could have a negative impact on the livelihoods of informal workers.

1 National Department of Health (NDoH). Knowledge Hub [Internet]. All you need to know about COVID-19: a complete guide. Pretoria: NDoH; 2021. <https://www.knowledgehub.org.za/lms/course/view.php?id=64>

[illegible]

Direct Contact:

- Touching an ill person or a contaminated surface

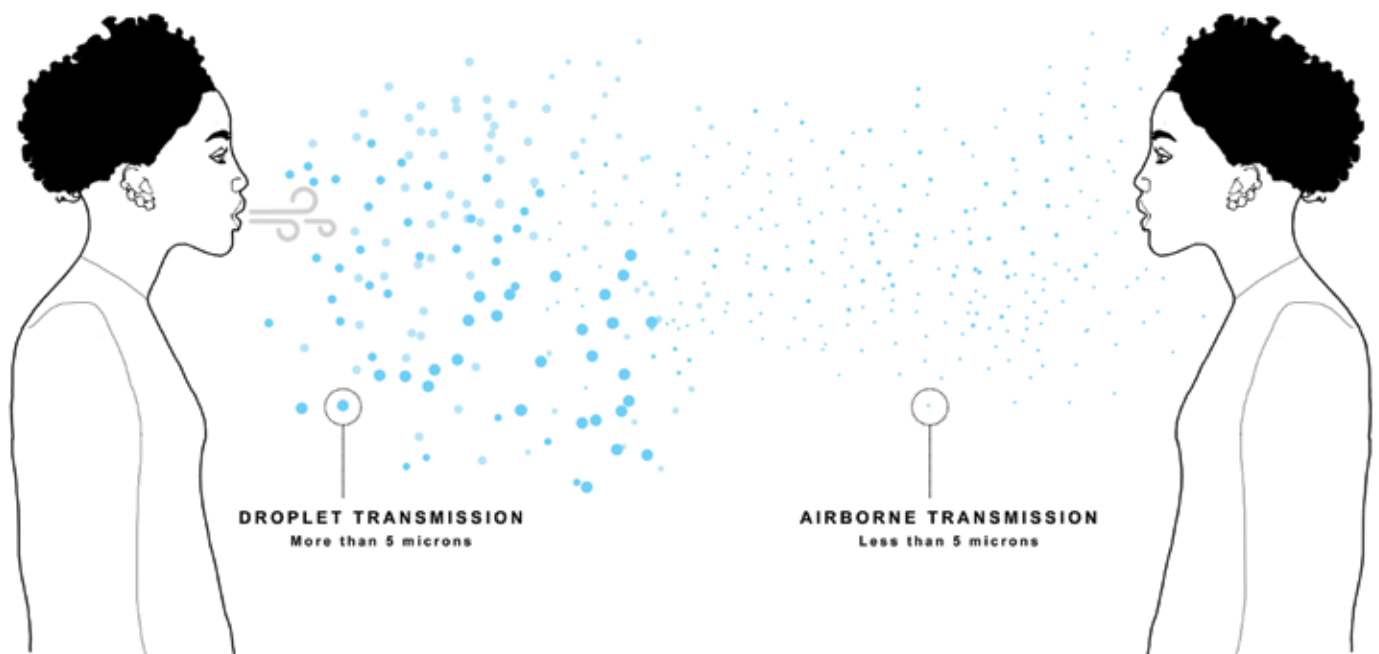
Droplet Transmission:

- Inhaling droplets (up to 1/4mm in diameter)
- Persons within a 2-metre distance are at risk

Airborne Transmission:

- Inhaling droplet nuclei (10-20 micrometer in diameter)
- People breathing the same air in a confined space

The difference between droplet and airborne transmission



2 Who is vulnerable to COVID-19?

- All people are vulnerable and at risk of infection and illness from COVID-19
- People who have had contact with a confirmed case of COVID 19 are at higher risk of infection
- Some people are at higher risk of death and severe illness e.g.
 - The elderly (more than 60 years old)
 - Individuals with co-morbidities, such as heart disease (including high blood pressure), chronic respiratory diseases, cancer patients, endocrine diseases (such as diabetes) (2)

3 What are COVID-19 variants?

- Some biological agents (e.g. viruses or bacteria) that cause diseases can modify their genetic material to evade the surveillance of the human immune system. In this manner, the variants may bypass the body's pre-existing mechanisms to protect itself against invasion by pathogens.
- This may lead to new variants being more infectious.
- Numerous variants have been identified worldwide, including the most recent 'Omicron.'
- Further variants could possibly still emerge.

4 How is COVID-19 diagnosed?

COVID-19 is diagnosed by a test on a respiratory tract sample (e.g. swab sample from nose, throat, or chest) to detect the SARS-CoV-2 virus. The test may be done in a laboratory, which is more accurate, or using a rapid antigen test kit which may be less accurate.



Any person who has an acute respiratory tract infection. Symptoms include:



Cough



Sore throat



Shortness of breath



Loss of sense of smell



Alteration of the sense of taste

Other symptoms may include headache, runny nose, fever, weakness, muscle pain, or diarrhoea.

This is a SA Department of Health communication about preventing the spread of Covid-19:

HAY'KHONA CORONA! *English
YOUR ACTIONS CAN SAVE LIVES!

CORONAVIRUS (COVID-19) IS HERE.
 THIS IS A NEW AND INFECTIONOUS VIRUS WHICH SPREADS EASILY AND HAS ALREADY KILLED MANY PEOPLE AROUND THE WORLD.

COUGH! EYES NOSE MOUTH

CORONAVIRUS (COVID-19) INFECTS PEOPLE THROUGH THEIR EYES, NOSE OR MOUTH.

HOW CAN YOU KEEP SAFE AND SLOW DOWN THE SPREAD?

Wash your hands regularly with soap and water for at least 20 seconds.

Avoid touching your eyes, nose, and mouth with unwashed hands.

Cover your cough or sneeze with a flexed elbow or a tissue, then throw the tissue in the bin.

Avoid close contact with people. Stay at home, and keep a physical distance from others.

REMEMBER, IF YOU TAKE CARE OF YOURSELF, YOU TAKE CARE OF OTHERS!

LOOK OUT FOR MORE HAY'KHONA CORONA MESSAGES.

ACTIVATE AFRICAN KNOWLEDGE
 Jive Media Africa

Developed in partnership with the United Nations in South Africa.

*Hay'khona is a South African expression signaling strong negative sentiment. We're saying "No, not hand!" to COVID-19.

- Coughing, sneezing, or talking can produce respiratory droplets that can travel about 2 metres.
- These droplets can land in the mouths or noses of those nearby, infecting them with the viruses.
- Infected people that do not have symptoms can still spread viruses and bacteria through droplets
- Masks create a barrier that reduces droplet transmission.

Because of this, wearing masks can help slow the spread of viruses, bacteria and other microorganisms.

Tips for mask-wearing

- Avoid touching your face – especially your eyes, mouth and nose. When you cough or sneeze, cover. When wearing a mask, make sure it covers your nose and mouth.
- Always use a clean mask.
- Wash and iron reusable cloth masks after use.
- If the mask is disposable, discard it when visibly soiled or damaged.
- When removing the mask for meal breaks, remember that the outside of the mask is dirty (contaminated) and the inside must remain clean for re-use. Wash your hands after removing the mask, before eating. When replacing the mask, do not touch the inside. Use the straps/ear loops to secure.
- Encourage your customers to wear a mask if they are ill, or someone in their household is ill, especially in enclosed spaces



[illegible]

8

Handling objects and contact with surfaces

- Avoid handling cash:
- Use sanitiser between each customer.
- If possible, register for digital payments e.g. Zapper or Snapscan.
- Remind customers to avoid touching items
- Let the customers pack their items themselves
- Keep your table clean

9

Self-screening for COVID-19

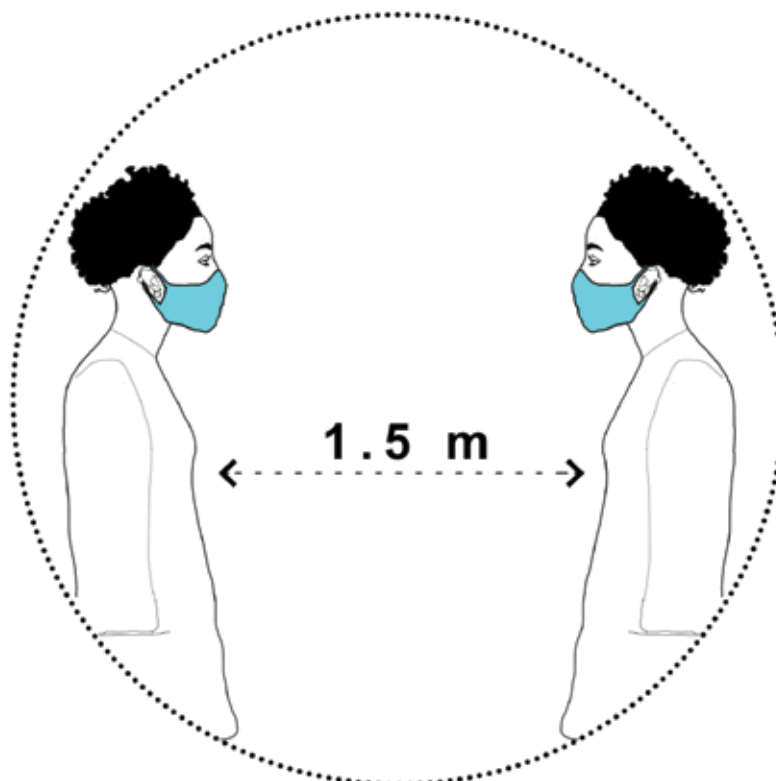
If you show the symptoms listed in section 4 on page xxxxx, you may have COVID-19, which means it is not safe for you to be at work and you can make others sick. If you have symptoms of COVID-19 it is best to seek medical care from a professional healthcare provider at a healthcare facility. They will advise on testing for COVID-19 and provide assistance with the appropriate treatment.

10

Physical barriers and social distancing

This safety measure is not regulated now, but is an important precaution especially during an epidemic or pandemic illness, e.g. COVID-19, that is easily spread by respiratory droplets, aerosols or close contact.

- Avoid physical contact between traders and customers.
- Handshake greetings, hugging, kissing, and sharing of items (e.g. pens, spoons) should not occur.
- Help vulnerable customers first (e.g. the elderly, pregnant women, and those with disabilities).



Risks of spreading Coronavirus while at work are higher if:

- You or your colleagues are at work when you are unwell
- You, your colleagues or customers who are ill are not wearing a face mask.
- No hand hygiene practices – washing or sanitizing.
- Poor compliance with social distancing principles - > 1 m distance between patrons and colleagues.
- Poor ventilation in confined workspaces.
- No cleaning of exposed surfaces with appropriate cleaning agent – the coronavirus can spread on these surfaces if an infected person coughs or sneezes onto a table or stall.
- Lack of sufficient waste removal – discarded tissues that have been used by an infected person can spread the coronavirus if they meet other surfaces or hands of unsuspecting people.
- If basic Covid 19 general prevention practices are ignored.

Health champions should encourage adoption of communal health best practices. How do you think you would do this?

11 COVID-19 vaccines

11.1 What is a COVID-19 vaccine?

- A vaccine is intended to provide immunity against COVID-19.
- Vaccines may contain inactive parts of a particular organism that triggers an immune response within the body.
- Vaccines will NOT cause the disease in the person receiving the vaccine, but they will prompt their immune system to respond.
- Some vaccines require multiple doses, given weeks or months apart.
- This is sometimes needed to produce long-lived antibodies and develop memory cells.
- The body is trained to fight the specific disease-causing organism by building up memory so it can fight the organism in the future.
- There are different COVID-19 vaccines available. The healthcare provider administering the vaccine will provide more information on the vaccines available and the timing of the doses.
- A booster vaccine dose after the initial vaccination provides added protection against severe COVID-19.



11.2 What is community immunity?

- When a lot of people in a community are vaccinated, the pathogen has a hard time circulating because most of the people it encounters are immune.
- The more people are vaccinated, the less likely people who are unable to be protected by vaccines are at risk of even being exposed to the harmful pathogens.
- This is called community immunity (or herd immunity).
- People who are unable to be vaccinated will have substantial protection, thanks to those around them being vaccinated.
- Vaccinating not only protects yourself, but also protects those in the community who are unable to be vaccinated.
- No single vaccine, however, provides 100% protection



11.3 Is the vaccine safe?

The following steps have been taken to ensure the vaccine is safe:

- COVID-19 vaccines have gone through a strict, multi-stage testing process, including large trials around the world. Tens of thousands of people have been participants in the trials, including South Africa, a test site for numerous separate COVID-19 vaccines.
- These trials were specifically designed to identify common side effects or other safety concerns. They have included people at high risk of being infected with COVID-19 and having severe COVID-19 disease.
- Once a clinical trial has shown that a COVID-19 vaccine is safe and effective, a series of independent reviews of the evidence has been required.
- This has included regulatory review and approval in the country where the vaccine is manufactured, before the WHO has considered a vaccine product for prequalification.
- An external panel of experts convened by the WHO analyses the results from clinical trials, along with evidence on the disease, age groups affected, risk factors for disease, and other information.
- The panel then recommends whether and how the vaccines should be used.



12 Myths about the COVID-19 vaccine

The vaccine development process was stringently regulated by the usual regulatory bodies like any other medication. Timelines were shortened due to the ability to recruit a large number of participants in a short period of time, and due to the availability of extra funding from governments and others to do so.

MYTH

12.1 Vaccines were rushed and therefore cannot be trusted

The vaccine development process was stringently regulated by the usual regulatory bodies like any other medication. Timelines were shortened due to the ability to recruit a large number of participants in a short period of time, and due to the availability of extra funding from governments and others to do so.

MYTH

12.2 The vaccine does not benefit those who have had COVID-19

Natural immunity to COVID-19 exists but is currently believed to be of short duration. There have been cases of reinfection.

MYTH

12.3 The vaccine is not needed as few people die of COVID-19

The COVID-19 pandemic is putting a severe strain on the health system and even though the percentage of people who die is small, many more are at risk of dying if the health system cannot take care of them.

MYTH: I already had COVID-19, I will not benefit from taking the vaccine

 **I already had COVID-19, I can still benefit from the vaccine** 

We don't yet know how long natural immunity to COVID-19 lasts. Right now, it seems that getting COVID-19 more than once is not common, but there are still many questions that remain unanswered.

The CDC recommends that those who have had COVID-19 get the vaccine. There is preliminary evidence that the vaccine offers better protection than having had the virus.

MYTH: We don't know what is in the vaccines

 **We do know what's in the vaccines** 

Vaccine manufacturers are required to declare their ingredients to SAHPRA before the vaccine is approved for use. Despite theories circulated on social media, they do not contain microchips or any form of tracking device. If they did contain such items SAHPRA will not authorize use of the vaccine.

MYTH: You can test positive because of the vaccines



**You cannot
test positive
because of
the vaccines**

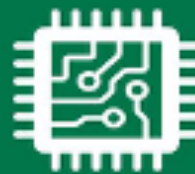


There's no live virus in the vaccines, so it can't infect you. Basically the vaccines stimulates our immune system to produce antibodies which fight the virus when it enters your body.

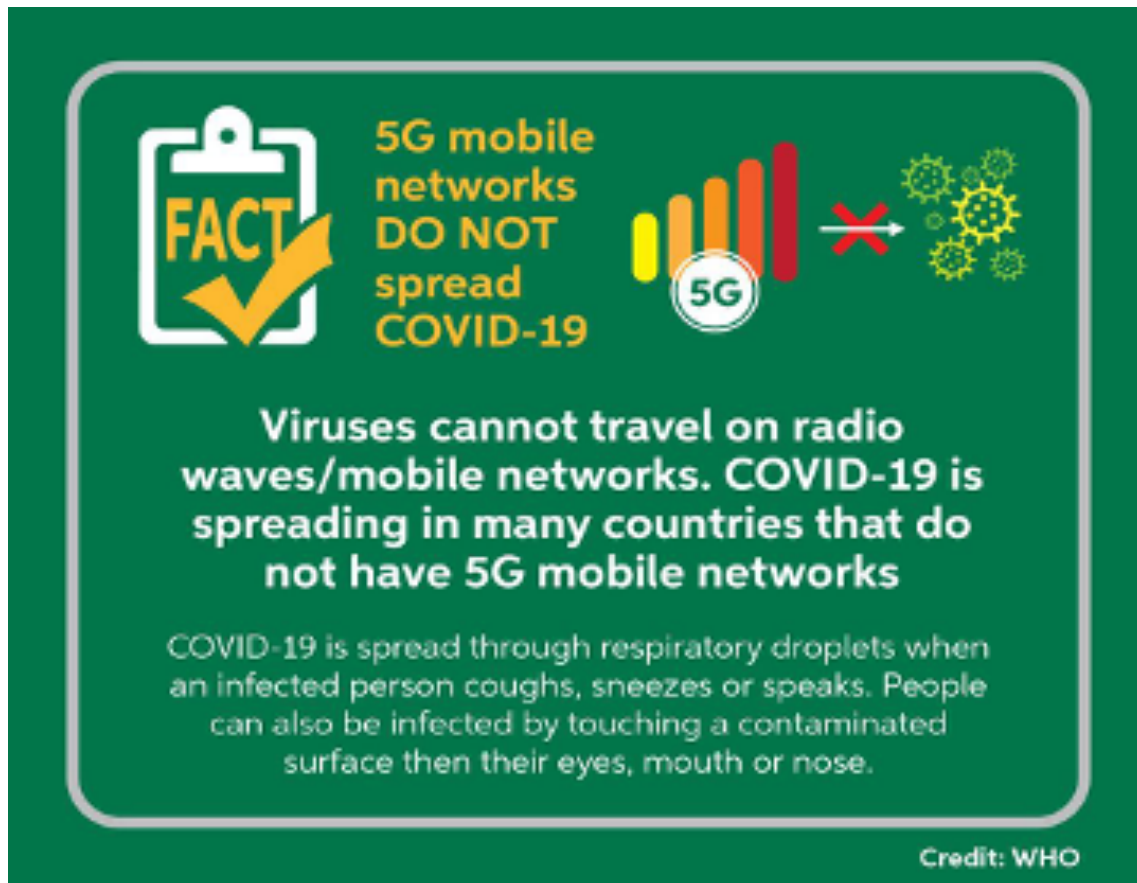
MYTH: There is a microchip in the vaccine



**There is no
microchip or
tracking device of
any kind in either
vaccine**



Vaccine manufacturers are required to declare their ingredients to SAHPRA before the vaccine is approved for use. Despite theories circulated on social media, they do not contain microchips or any form of tracking device. If they did contain such items SAHPRA will not authorize use of the vaccine.



National Department of Health (NDoH). Knowledge Hub [Internet]. All you need to know about COVID-19: a complete guide. Pretoria: NDoH; 2021. <https://www.knowledgehub.org.za/lms/course/view.php?id=64>. Images from : <https://sacoronavirus.co.za/2021/01/12/vaccine-myths-facts-info>

Did you, or anyone you know, believe any of the vaccine myths described above and has the information presented here changed your mind?

Misinformation can be dangerous. Do you think you could explain how many of the myths about Covid-19 vaccines are untrue? What difficulties do you think you might experience?

Sharing Information about a pandemic

Health Champions should share relevant information about health hazards, specific to their region or country, e.g: COVID 19 .

- At the beginning of the Covid-19 pandemic, health guidelines were made for informal traders to lessen the risk of coronavirus infection.
- WIEGO, public health experts from University of KwaZulu-Natal's Occupational and Environmental Health department and AeT, created these guidelines to protect informal traders and the people who they interact with regularly.
- These guidelines are available in numerous local languages shared. This is an important role for Health Champions.

A South African example of Public Health information:

COVID-19

COVID-19 Workplace Preparedness & Prevention
HEALTHY, SAFE & SUSTAINABLE WORKPLACES
Workplace Hotline: 0800 2121 75
www.nioh.ac.za | info@nioh.ac.za | twitter: @nioh_sa

The NIOH website is **ZERO-RATED**
by Vodacom, MTN, Rain, MWeb, Telkom & Internet Solutions.
No data charges apply for users of these mobile network providers. All content and resources on this website can be browsed and downloaded for free, excluding YouTube viewing and downloading.

NATIONAL HEALTH LABORATORY SERVICE
NATIONAL INSTITUTE FOR OCCUPATIONAL HEALTH
Division of the National Health Laboratory Service

Reflection

You have now completed your Health Champions training. What are the three most important lessons you have learned from the whole training?

Do you want to take on the role of Health Champion in your workplace? Why?

Do you think you might like to train others to be Community Health Champions? Why?

What support do you think Health Champions you might need?

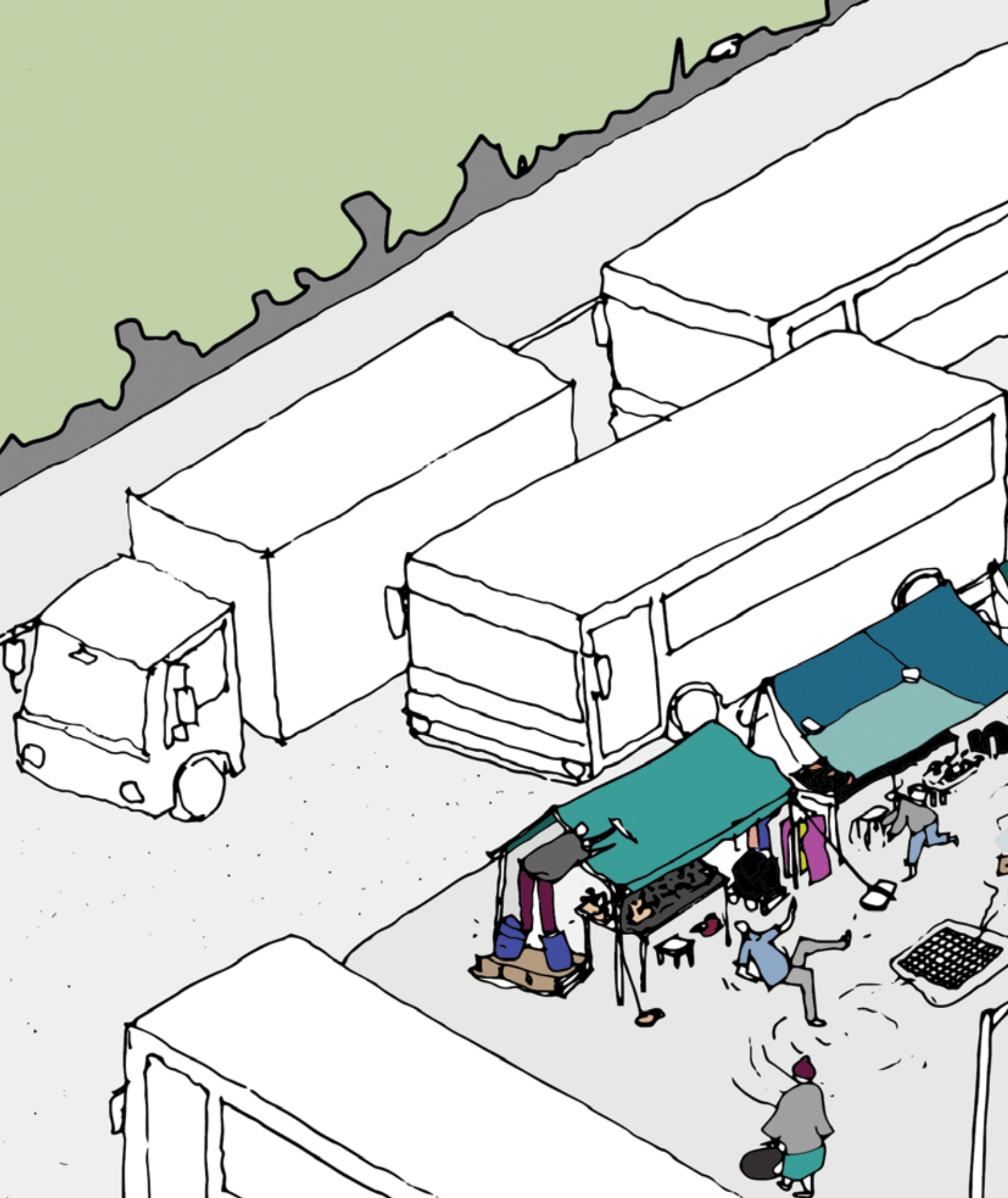
Finally, please let us know how you think we might improve the Heath Champions training programme?

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