REHABILITATION AND FUNCTIONAL ASSESSMENT - JOINT VENTURE	REFERENCE	REVISION	PAGE
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		EFFECTIVE DATE	REVIEW DATE
		April 2020	July 2020

Guidelines on Hygiene and Infection Control Procedures during RFA Testing

	DESIGNATION	PRINT NAME	SIGNATURE	DATE
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PREAMBLE

In view of the SARS-CoV-2 outbreak, the need for in depth guidelines on hygiene procedures followed during Physical and Functional Work Capacity Testing, has arisen in order to protect the health of both clients and Rehabilitation and Functional Assessment (RFA) Staff members.

1. PURPOSE

This procedure provides guidance on infection prevention and control (IPC) strategies for use at RFA Centres during the assessment of clients.

Standard precautions include hand and respiratory hygiene, the use of appropriate personal protective equipment (PPE) according to a risk assessment, safe waste management, proper linens, environmental cleaning, and disinfection of patient-care equipment.[1]

2. SCOPE

The procedure outlines guidelines for use by RFA Therapists for the compilation of RFA Centre specific Hygiene and Infection Control Procedures. All RFA staff members and clients at the RFA Centres must adhere to the procedures.

3. DEFINITIONS AND ABBREVIATIONS

RFA:	Rehabilitation and Functional Assessment
PWC:	Physical Work Capacity
FWC:	Functional Work Capacity
PPE:	Personal Protective Equipment

4. REFERENCES

1. World Health Organisation: Infection prevention and control during health care when COVID-19 is suspected. Interim Guidelines 19 March 2020.
2. https://www.cdc.gov/coronavirus/2019-ncov/hcp/respirator-use-faq.html (last cited 04/06/2020)
3. RFA SOP 004 / The management of abnormally low / high resting oral temperatures prior to RFA Assessments
4. RFA SOP 015 / Medical screening prior to Physical / Functional Work Capacity Assessment
5. Norms and Standard Regulations Applicable to Different Categories of Health Establishments as set out within the National Health Act, 2003 (Act no. 61 of 2003).
6. National Department of Health. COVID-19 Disease Infection Prevention and Control Guidelines version 1 - April 2020. Available from: (http://www.health.gov.za/index.php/component/phocadownload/category/626)
7. Department of Minerals Resources and Energy. Guideline for the compilation of a mandatory Code of Practice for the mitigation and management of Covid-19 outbreak. 11 May 2020.
8. World Health Organization. Cleaning and disinfection of environmental surfaces in the context of COVID-19 - Interim guidance. [15 May 2020] Available from: https://www.who.int/publications-detail/cleaning-and-disinfection-of-environmental-surfaces-inthe-context-of-covid-19
9. Kampf G, Todt D, Pfaender S, Steinmann E. Persistence of coronaviruses on inanimate surfaces and their inactivation with biocidal agents. Journal of Hospital Infection. 2020;104(3):246-51 https://doi.org/10.1016/j.jhin.2020.01.022
10. Roth, K., Michels, W., 2005. Inter-hospital trials to determine minimal cleaning performance according to the guideline by DGKH, DGSV and AKI 13, 106-110, 112 (https://www.researchgate.net/profile/Winfried_Michels/publication/29264172 Interhospital_trials_to_determine_minimal_cleaning_performance_according_to_the_guideline_by_DGKH_DGSV_and_AKI/links/571a4d4108ae7f552a472e88/Inter-hospital-trials-to-determine-minimal-cleaning-performance-according-to-the-guideline-by-DGKH-DGSV-and-AKI.pdf, accessed 6 May 2020)

11. Best EL, Parnell P, Wilcox MH. Microbiological comparison of hand-drying methods: the potential for contamination of the environment, user, and bystander. Journal of Hospital Infection. 2014 Dec 1;88(4):199-206.
12. Huang C, Ma W, Stack S. The hygienic efficacy of different hand-drying methods: a review of the evidence. In Mayo Clinic Proceedings 2012 Aug 1 (Vol. 87, No. 8, pp. 791-798). Elsevier.

5. RESPONSIBILITY AND ACCOUNTABILITY

Designation	Responsibility and accountability
RFA Technical Team	• Procedure review and update • Communicate any changes in procedure to RFA Therapists • Monitors compliance
RFA Therapist	• Adherence to the procedure • Updates of RFA Centre specific Hygiene Procedures • Trains staff on Hygiene Procedures • Institutes management controls in the event of non-compliance being noted • Facilitates education of clients referred for assessment • Management of PPE stock and disinfectants as required to ensure sufficient stock levels • Liaison with Infection Control Department / OH Management to ensure incorporation of company specific guidelines
RFA Operators, Data Capturers, Cleaning Personnel, General Assistants	• Adherence to the procedure • Reporting non-compliance to the RFA Therapist • Replenishing PPE / disinfectant stock levels in the relevant test areas as necessary • Reporting on PPE / disinfectant stock levels to the RFA Therapist in order to ensure that sufficient stock is available at all times

6. METHODOLOGY / PROCEDURE

6.1 General Hygiene and Centre Specific Hygiene Procedures

Refer to the Quality Assurance and Control Manual for detail on Hygiene Procedures. Hygiene Procedures at the RFA Centres to be reviewed and adjusted to include measures aimed at infection control given the current situation.

Procedures must contain the following:

- Areas or groupings of areas
- Required actions and safety precautions (material safety data sheets to be used)
- Chemicals / agents to be used, including their respective solution strengths (no disinfection solution should be prepared more than 12 hours before use)
- Biological / bacteriological monitoring schedule to monitor effectiveness
- Responsible persons / agencies

- Training of cleaning personnel on hygiene procedures which must include:
  - Feedback on biological monitoring reports
  - Changes to hygiene procedures

Reference: Norms and Standard Regulations Applicable to Different Categories of Health Establishments as set out within the National Health Act, 2003 (Act no. 61 of 2003).

A high frequency of cleaning / disinfecting must also be indicated for frequently touched areas. Cleaning personnel must also be well trained with regards to the frequency of cleaning / disinfecting. Compliance must also be monitored.

6.2 Areas requiring cleaning

In view of the SARS-CoV-2 outbreak, areas to be cleaned with a disinfectant should be extended to including the Data Capturer and Therapist Offices, as well as the waiting area.

Hygiene with regards to thermometers, equipment trolleys, Polar Equipment and FWC Test Elements, should also be sharpened. Cleaning after each use must be performed diligently.

FWC Test Element surfaces must be wiped with a disinfectant after each use. For practical reasons, FWC Assessment should be limited to test elements that are easier to clean. The use of test elements such as Climbing over Obstacles and Restricted Mobility to be limited in the interim.

Thoroughly cleaning environmental surfaces with water and detergent and applying commonly used hospital level disinfectants (such as sodium hypochlorite) are effective and sufficient procedures.

Other areas requiring cleaning / disinfecting would include frequently touched areas, such as doorknobs, lockers, locks etc.

Polar belts must be cleaned after each client, using Sunlight soap and water. Milton can also be added, as it contains sodium chloride and sodium hypochlorite. Sodium chloride and hypochlorite are listed as detergents for the disinfection of Human Corona viruses.

6.3 Medical screening prior to RFA Assessment

Refer to RFA SOP 015. Clients referred to the RFA Centre must be screened prior to assessment. In the event of vitals not being within the norm, or other risk factors being identified, clients should receive further medical management, and they should not be referred to the RFA for assessment.

6.4 Hand hygiene

Disinfection of hands prior to entering the RFA Centre is compulsory; this is applicable to staff members, visitors, and clients.

Hand hygiene during test administration / assessment includes either:

- Cleansing hands with an alcohol-based hand rub or with soap and water;
- alcohol-based hand rubs are preferred if hands are not visibly soiled;
- wash hands with soap and water when they are visibly soiled (when washing hands, it is important to remember that friction is necessary to remove transient microbes from the hands).

Alcohol-based hand rubs should contain 70% propyl or isopropyl alcohol with emollient.[6]

Only disposable towels / handwipes to be used.

From a microbiological comparison of hand-drying methods, Best, Parnell and Wilcox[11] found that warm air dryers resulted in increased pathogen aerosolization and found that it facilitates microbial cross-contamination via airborne distribution to the environment or bathroom visitors.

They argue that air dryers are unsuitable for a healthcare setting as pathogen counts in close proximity to hand drying was 27-fold higher for jet air dryers compared to paper towels. Airborne counts were reportedly also significantly higher for warm air drying compared to paper towel drying.

In a systematic review by Huang and Stack[12] it was found that paper towels not only dry hands efficiently, but they also remove pathogens more effectively and cause less contamination of the washroom environment. They assert that paper towels are superior to electric air dryers from a hygiene perspective and suggest that it must be used in locations where hygiene is paramount such as hospitals and clinics.

6.5 Issuing of PPE

The rational, correct, and consistent use of PPE also helps reduce the spread of pathogens. PPE effectiveness depends strongly on adequate and regular supplies, adequate staff training, appropriate hand hygiene, and appropriate human behaviour.[1]

RFA staff members are rated as medium risk[7], as SARS-CoV-2 screening of clients is done at the Occupational Health Centres prior to referral to the RFA Centre for assessment.

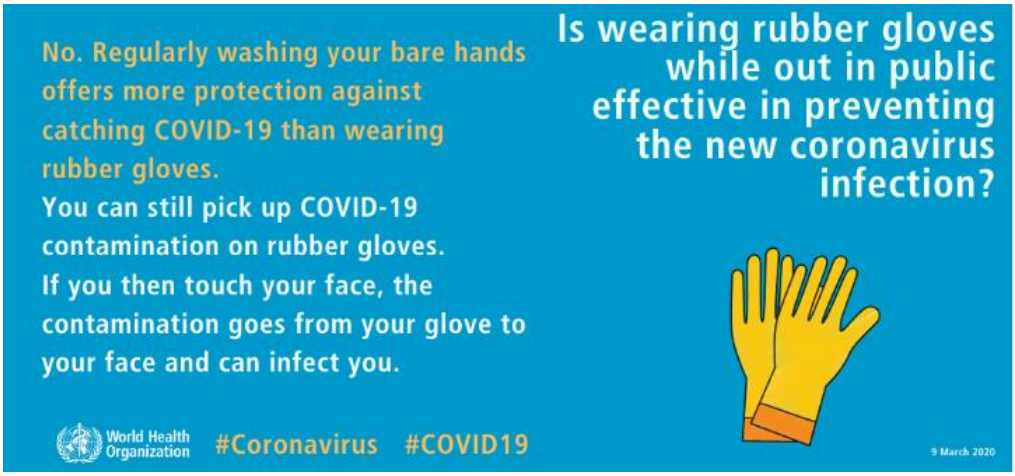
All RFA staff must wear surgical masks.

Clients must also be issued with masks following hand sanitising. Masks should be worn throughout the assessment. In the event of masks already being issued at OHC or other referral sources, clients should merely use the masks as already issued.

The donning of surgical gloves is not recommended during PWC Assessment; proper hand hygiene is a more effective measure.

Issuing of surgical gloves to be worn under safety gloves should however be done during FWC Assessment.

Figure 1: WHO information on the effectiveness of gloves



6.6 Screening of vitals at the RFA Centre

Although temporal temperature readings cannot be regarded as highly accurate (Yoram Epstein, Daniel S. Moran, in Travel Medicine. Fourth Edition, 2019), it is recommended as pre-screening prior to registration of clients at the RFA Centre.

This should be taken in the event of clients coming to the RFA Centre a day after having been medically screened at the Occupational Health Centre, as per the current RFA Procedure (RFA SOP 015).

Confirmation of temporal temperatures of ≥ 37.3ºC must be performed using a tympanic thermometer. If the tympanic temperature measurement is 37.4ºC or above, the client must be referred to the OHP at the Occupational Health Centre for medical investigation.

It is however important to take external factors which may cause an increase in body temperature, into consideration:

- clients dressed in excessive clothing,
- physical activity prior to taking the measurements, e.g. rushing to the Centre for an appointment,
- exposure to high environmental temperatures prior to measurement of temperatures, e.g. sitting in the sun etc.

6.7 Physical / social distancing

- A distance of 1.5 - 2 meters between clients, and clients and staff members must be maintained at all times.
- Visual clues must be provided for keeping the required social distance, to be indicated on the floor / seating by means of markers in all areas within the RFA Centre, as well as in any waiting areas outside the RFA Centre.
- Specific care must also be taken to ensure proper organisation to allow for social distancing in the changerooms. Access control at changerooms is recommended to control the number of clients entering at one time.
- The size of the PWC Test area, taking the 1.5 - 2 meters social distancing into consideration, will also inform on the number of clients that can be accommodated safely.
- Vocational rehabilitation programs can, where possible, be performed by means of home programs, pending client's circumstances and levels of compliance expected. Should this not be possible / regarded as effective, vocational rehabilitation should continue at the Centre, with adherence to the guidelines as provided in this procedure.

6.8 Work Procedures

- Numbers must also be controlled to allow for physical distancing.
- Waist and hip measurements during PWC assessments, can be discontinued to limit human contact.
- FWC assessments should be limited to critical elements only.

6.9 Additional alcohol-based footbath for PWC Testing / disinfection of feet

The following measures are to be taken following PWC Assessment, upon exiting the test area:

- An additional alcohol-based footbath must be prepared for use when clients exit the PWC Test area. The footbath must be cleaned properly after each group

RFA HODs must also liaise with the relevant Infection Control role players in their individual companies to obtain and align RFA Centre procedures with Infection Control measures taken at the changerooms on the mines / plants / any other work areas.

6.10 Fitting of Polar Equipment

Where possible, clients should fit and remove their own belts and heart rate monitors following a demonstration to be done by RFA staff, with assistance to be provided only where necessary. This will limit contact between the Operators and clients.

6.11 Induction and education

The standard RFA induction must be extended to including the following:

- Basic information of the risks and signs of the SARS-CoV-2 virus (this should be comprehensive, avoid giving long explanations)
- Precautionary measures to be taken, i.e. hand sanitising, wearing of masks, coughing into the elbow, social distancing, avoidance of touching one's eyes or face, and reporting of any symptoms.

Posters with precautionary measures should also be displayed in the RFA Centre. Use company specific posters as available or refer to Annexure 2 for examples.

6.12 Waste management

Ensure that a waste management procedure is in place. Containers used for waste disposal during RFA assessments must be supplied with a lid.

6.13 Checklists and Compliance Register

Refer to Annexure 4 for a checklist to monitor compliance to Hygiene / Infection Control measures, and Annexure 5 for the Compliance Register.

7. PROCEDURE HISTORY

Revision	Changes to procedure	Date of revision
001	Addition of information: **6.1 General Hygiene and Centre Specific Hygiene Procedures** A high frequency of cleaning / disinfecting must also be indicated for frequently touched areas. Cleaning personnel must also be well trained with regards to the frequency of cleaning / disinfecting. Compliance must also be monitored. **6.2 Areas requiring cleaning** FWC Test Element surfaces must be wiped with a disinfectant after each use. For practical reasons, limiting FWC Assessment to test elements that are easier to clean. The use of test elements such as Climbing over Obstacles and Restricted Mobility to be limited in the interim. & Other areas requiring cleaning / disinfecting would include frequently touched areas, such as doorknobs, lockers, locks etc.	**4 May 2020**

6.5 Issuing of PPE

Issuing of surgical gloves to be worn under safety gloves should however be done during FWC Assessment.

6.7 Social distancing

- Visual clues must be provided for keeping the required social distance, to be indicated on the floor / seating by means of markers in all areas within the RFA Centre, as well as in any waiting areas outside the RFA Centre.
- Specific care must also be taken to ensure proper organisation to allow for social distancing in the changerooms. Access control at changerooms is recommended to control the number of clients entering at one time.

6.8 Work Procedures

Numbers must also be controlled. It is recommended that, insofar possible, not more than 10 clients are accommodated in the different areas (waiting area, changerooms, PWC Area, FWC Area) at a time.

6.9 Additional alcohol-based footbath for PWC Testing / disinfection of feet

The following measures are to be taken following PWC Assessment, upon exiting the test area:

- An additional alcohol-based footbath must be prepared for use when clients exit the PWC Test area. The footbath must be cleaned properly after each group,

  RFA HODs must also liaise with the relevant Infection Control role players in their individual companies to obtain and align RFA Centre procedures with Infection Control measures taken at the changerooms on the mines / plants / any other work areas.

6.10 Fitting of Polar Equipment

Where possible, clients should fit and remove their own belts and heart rate monitors; following a demonstration to be done by RFA staff, with assistance to be provided only where necessary. This will limit contact between the Operators and clients.

002	Reference addition: Department of Health COVID-19 Infection Prevention and Control Guidelines Version 1 - April 2020. Additional information on hand sanitisation: **6.4 Hand hygiene** ---- (when washing hands, it is important to remember that friction is necessary to remove transient microbes from the hands). Alcohol-based hand rubs should contain 70% propyl or isopropyl alcohol with emollient.[6] ---- **6.5 Issuing of PPE -** Reference to N95 respirators replaced with surgical masks Addition of Annexures 3 and 4	**8 May 2020**
003	Addition of information: **6.4 Hand hygiene** Only disposable towels / handwipes to be used. **6.5 Issuing of PPE** RFA staff members rated as medium risk[7], as Covid-19 screening of clients is done at the Occupational Health Centres prior to referral to the RFA Centre for assessment. **6.8 Work Procedures** Numbers must also be controlled to allow for physical distancing. Waist / hip measurements during PWC assessments can be discontinued to limit human contact. FWC assessments should be limited to critical elements only. Removal of: Numbers must also be controlled. It is recommended that, insofar possible, not more than 10 clients are accommodated in the different areas (waiting area, changerooms, PWC Area, FWC Area) at a time. Addition of information: **6.12 Waste management**	**13 May 2020**

004	Addition of information: **Annexure 3:** After cleaning with soap and water, the next step is to use a chemical disinfectant to effectively kill microorganisms. Disinfectants with 62-71% ethanol, 0.5% hydrogen peroxide or 0.1% sodium hypochlorite has been reported as effective to deactivate coronaviruses by Kampf et al[9]. It is of high importance to note that spraying should be discouraged, not only can it have adverse health effects on personnel and clients but it has also be found to be ineffective in disinfecting surfaces.[10] Disinfectants must, therefore, be applied with a cloth or wipe that has been soaked in the disinfectant.[8]	**15 May 2020**
005	Addition of information: **6.4 Hand hygiene** From a microbiological comparison of hand-drying methods, Best, Parnell and Wilcox[11] found that warm air dryers resulted in increased pathogen aerosolization and found that it facilitates microbial cross-contamination via airborne distribution to the environment or bathroom visitors. They argue that air dryers are unsuitable for a healthcare setting as pathogen counts in close proximity to hand drying was 27-fold higher for jet air dryers compared to paper towels. Airborne counts were reportedly also significantly higher for warm air drying compared to paper towel drying. In a systematic review by Huang and Stack[12] it was found that paper towels not only dry hands efficiently, but they also remove pathogens more effectively and cause less contamination of the washroom environment. They assert that paper towels are superior to electric air dryers from a hygiene perspective and suggest that it must be used in locations where hygiene is paramount such as hospitals and clinics. Reference addition 11. Best EL, Parnell P, Wilcox MH. Microbiological comparison of hand-drying methods: the potential for contamination of the environment, user, and bystander. Journal of Hospital Infection. 2014 Dec 1;88(4):199-206.	**24 June 2020**

	12. Huang C, Ma W, Stack S. The hygienic efficacy of different hand-drying methods: a review of the evidence. In Mayo Clinic Proceedings 2012 Aug 1 (Vol. 87, No. 8, pp. 791-798). Elsevier.	

8. DISTRIBUTION LIST

Company	RFA Centre	Name	Date	Signature
Life Occupational Health	Mponeng	Sanja Crafford Amon Magagula		
Siyanda Platinum	Union Section	Tlou Sebopa		
Anglo Platinum	Modikwa	Lebogang Charlotte Mpane		
Sasol Secunda	Sasol	Tlhoki Mathobela Ravashni Govender Raino Muller		
Sibanye Stillwater	Rustenburg	Chantel Engelbrecht		
	Beatrix	Alida Blignaut		
	Kloof	Audrey Moletsane		
Assmang	Black Rock	Bianca Wilken Danilo Harkers		
	Khumani	Elaine Marais Thulisa Saki Tania Woolls		
Lonmin	Lonmin	Zita Strauss		
South 32	Ifalethu	Siyabonga Kubheka		
	Meyerton	Johan Schoeman		
Kumba Iron Ore	Sishen	Sue-Ellen Poya		
	Kolomela	Marlene O'Connell Krystle Bekend		
Delclin OH	Delclin	Sr Phyffer Anka Erasmus Maretha Krouwkamp		
Impilo Yomsebenzi	Impilo Yomsebenzi	Joanita Sauerman Mia Groenewald		
Harmony	Gateway	Nelda de Jager		
Prime Fit / Harmony	Welkom	Ephriam Tlou Mahlatsi Manyama Desmond Sebashe Tamara Nogoqa		

ANNEXURE 1:

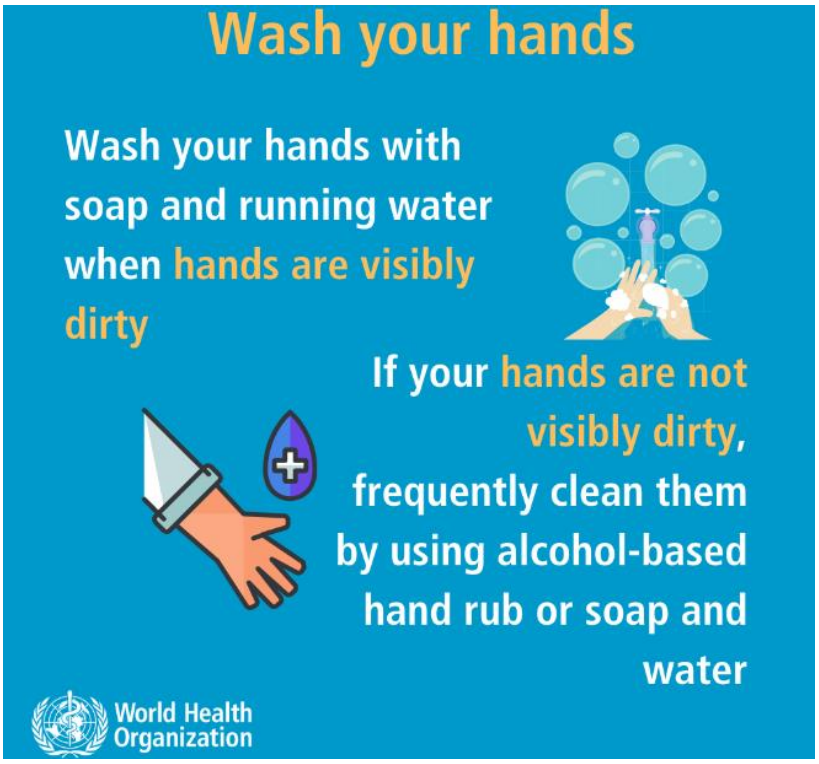
FEEDBACK RECORD

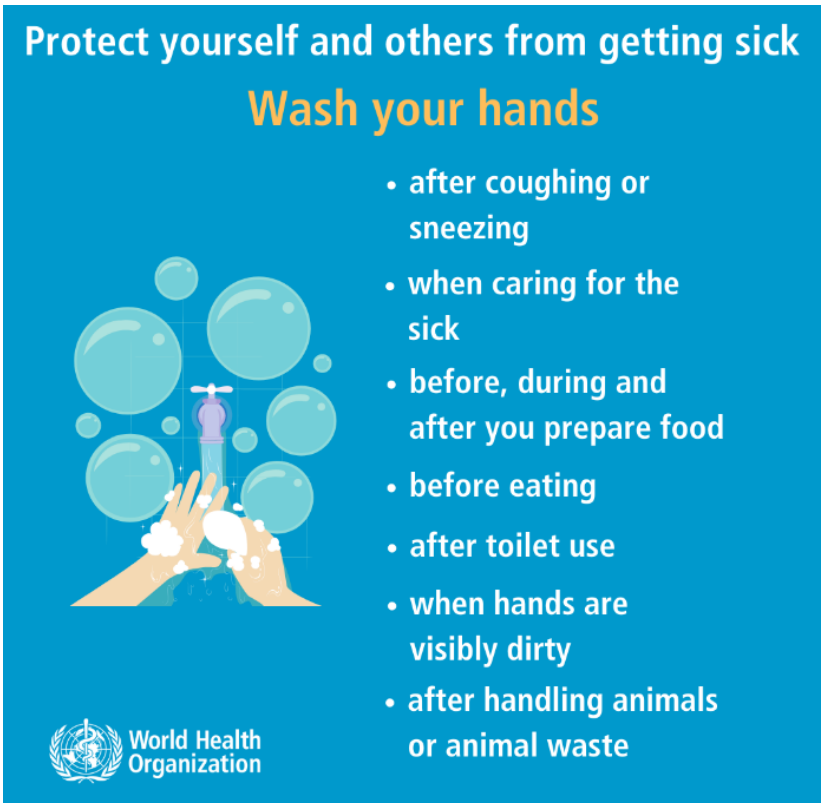
RFA/SOP/023: THE PRACTICE AND PROCEDURE OF QUALITY CONTROL BY MEANS OF QUARTERLY QUALITY REVIEWS

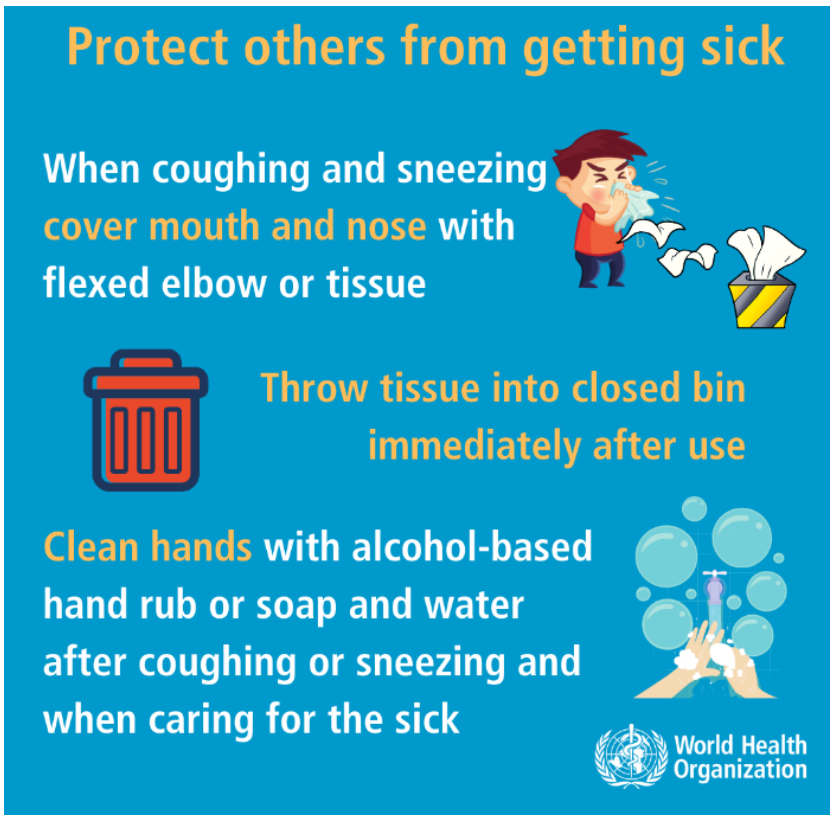
DATE	FEEDBACK / COMMENTS	DEPARTMENT	NAME AND DESIGNATION	SIGNATURE

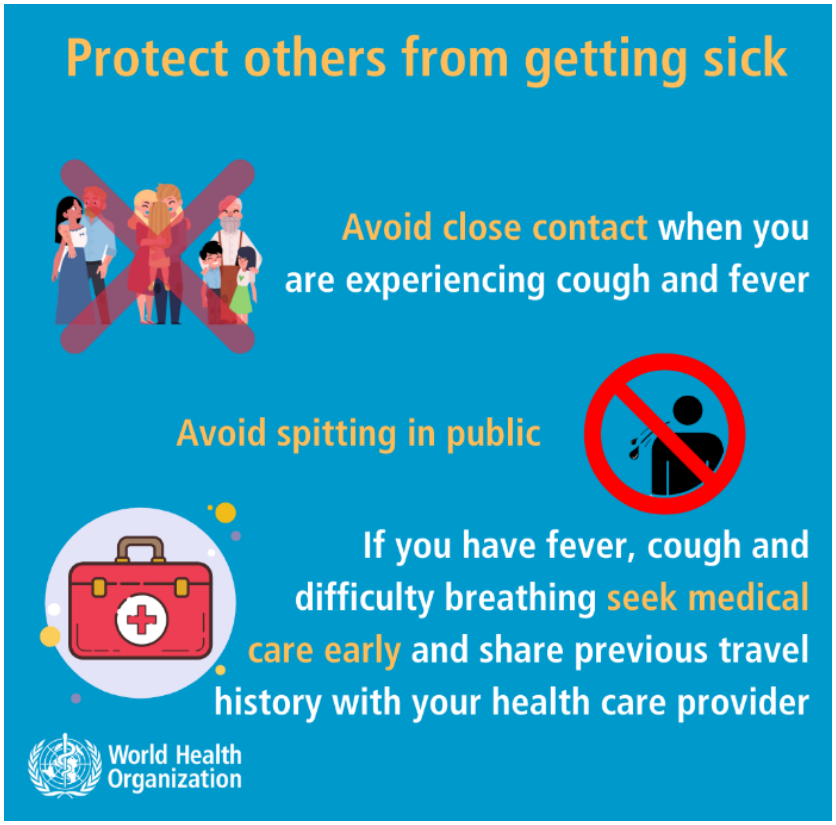
ANNEXURE 2:

EXAMPLES OF POSTERS TO BE DISPLAYED IN TEST AREAS






Protect others from getting sick
When coughing and sneezing cover mouth and nose with flexed elbow or tissue
Throw tissue into closed bin immediately after use
Clean hands with alcohol-based hand rub or soap and water after coughing or sneezing and when caring for the sick
World Health Organization


Protect others from getting sick
Avoid close contact when you are experiencing cough and fever
Avoid spitting in public
If you have fever, cough and difficulty breathing seek medical care early and share previous travel history with your health care provider
World Health Organization

Annexure 3:

The National Department of Health is in agreement with the World Health Organization that there are only two known modes of transmission[6]:

1. By means of **respiratory droplets** - An infected person who sneezes, coughs or talks releases virus particles from the nose and mouth which can be inhaled directly from another person.

2. Via **environmental surfaces** - when respiratory droplets from an infected person lands on environmental surfaces which can then be transferred by the contact route via contaminated hands to a person's face and mucous membranes.
   In an article published by the World Health Organization, it was reported how for how long the COVID-19 virus can survive on different environmental surface.[8]

Surface	Examples	Survival of coronaviruses
Metal	Doorknobs, silverware, jewelry	5 days
Wood	Desk or other furniture	Up to 1 day
Cloth	Clothes, cloth masks and microfiber dust cloths	Up to 1 day
Plastic	Packaging such as milk containers, detergent bottles and sanitizer dispensers.	3 to 4 days
Stainless steel	Refrigerator, sinks or some water bottles.	3 to 4 days
Cardboard	Shipping boxes	24 hours
Copper	Coins, cookware or teakettles	4 hours
Aluminum	Tinfoil, cooldrink cans, some water bottles	2 to 8 hours
Glass	Drinking glasses, mirrors or windows	Up to 2 days
Ceramics	Dishes, mugs, pottery	5 days
Medical masks	Used in healthcare facilities	7 days on outer layer of mask

The COVID-19 virus is an enveloped virus that is susceptible to disinfectants as it consists of a fragile outer lipid layer.[8]

Even though cleaning with soap and water (or neutral disinfectant) and a mechanical action (such as scrubbing or brushing), is an important first step to clean environmental surfaces of dirt, debris and lower the load of pathogens it is not adequate to kill microorganisms. The presence of organic material can swiftly inactivate surface disinfectants which is why this crucial first step must not be skipped.[8]

After cleaning with soap and water, the next step is to use a chemical disinfectant to effectively kill microorganisms. Disinfectants with 62-71% ethanol, 0.5% hydrogen peroxide or 0.1% sodium hypochlorite has been reported as effective to deactivate coronaviruses by Kampf et al[9]. The World Health Organization asserts that enough disinfectant solution must be applied to surfaces so that it may remain wet and untouched for long enough to deactivate pathogens, as indicated by different manufacturers.[8] It is of high importance to note that spraying should be discouraged, not only can it have adverse health effects on personnel and clients but it has also be found to be ineffective in disinfecting surfaces.[10] Disinfectants must, therefore, be applied with a cloth or wipe that has been soaked in the disinfectant.[8]

Annexure 4: Checklist for compliance to Hygiene / Infection Control measures

The following checklist can be used to ensure compliance to Hygiene / Infection Control measures:

Requirement	Compliant Yes / No	Action required	Responsible person
Hand sanitisers with 70% alcohol			
Disinfectant for cleaning of surfaces			
Additional foot hygiene			
Cleaning schedule and checklist to ensure that frequently touched areas are cleaned regularly, and other areas are cleaned at least twice daily			
Surgical masks for RFA staff			
Surgical masks for clients			
Surgical gloves to wear under safety gloves during FWC assessment			
Temporal / Tympanic Thermometers			
Visual cues to ensure social distancing of at least 2 meters between persons			
Work processes • Controlled referral numbers • Assess smaller groups, at a higher frequency e.g. 3-4 groups of 5-10 clients, pending the size of your facility)			
Comprehensive induction			
Display of posters / information as necessary			
Training if staff members on hygiene and infection control procedures			
RFA Specific Hygiene Procedures updated regularly			
Liaison with Infection Control Department / obtaining the latest company specific hygiene procedures / other directives and incorporating this into RFA Centre specific practices and procedures			

Annexure 5: Hygiene and Infection Control Procedures Compliance Register

Guidelines to be used:

1. RFA SOP028 / Hygiene and Infection Control Procedures during RFA Testing / Revision 001
2. Company specific Infection Control Procedures

<table>
<tr><th>Aspect</th><th>Requirement</th><th colspan="2">Compliant</th></tr>
<tr><td rowspan="2">1. General Hygiene and Centre Specific Hygiene Procedures & areas requiring cleaning</td><td rowspan="2">RFA Centre Specific Hygiene Procedures to be updated to include all aspects as required.

Specific care to be taken to include the following:
• All areas requiring cleaning / disinfecting (including waiting areas, offices, doorknobs etc.) to be included
• Frequency of cleaning to be increased as required
• Disinfectants used should be of hospital standard (liaise with your Infection Control Department / OHC)
• Training of cleaning staff to be performed as required</td><td>Yes</td><td>No</td></tr>
<tr><td colspan="2">Action required:

Responsible person:</td></tr>
<tr><td rowspan="2">2. Medical screening prior to RFA Assessment</td><td rowspan="2">• Questionnaires completed at OHC
• Medical screening performed prior to referral to RFA</td><td>Yes</td><td>No</td></tr>
<tr><td colspan="2">Action required:

Responsible person:</td></tr>
</table>

3. Hand hygiene	• Sufficient stock levels of hand sanitisers (60% alcohol) available and maintained • Hand sanitisation performed upon entry to the RFA Centre • Sanitisation points available: Reception area, changerooms, PWC and FWC Test area	Yes	No
		Action required: Responsible person:	
4. Issuing of PPE	• Each client to receive a face mask upon entry to the RFA Centre • Surgical gloves to be issued for use underneath safety gloves • Stock levels to be sufficient	Yes	No
		Action required: Responsible person:	
5. Screening of vitals at the RFA Centre Refer to RFA SOP 004	• Temporal temperature measurements to be taken at the RFA Centre entrance • Clients with high temporal temperatures to be referred to the OHC	Yes	No
		Action required: Responsible person:	
6. Markers	• Markers to be made available on chairs / floor areas as / where needed	Yes	No
		Action required: Responsible person:	

7. Work Procedures	• Controlled referral numbers • Commence with assessment of clients with marked risk factors so as to ensure that proper risk assessment is conducted in these cases prior to return to work • Smaller groups, at a higher frequency e.g. 3-4 groups of 5-10 clients, pending the size of your facility) • Consider the use of the automated DankoSpark system where possible to limit contact with clients	Yes	No
		Action required: Responsible person:	
8. Additional alcohol-based footbath for PWC Testing / disinfection of feet	Photographic evidence to be provided in the event of using a portable footbath, together with a brief description on procedures taken to comply to the guidelines.	Yes	No
		Action required: Responsible person: w	
9. Medical screening prior to RFA Assessment	Detailed information on screening procedures and course of action in the event of abnormalities being detected, to be provided.	Yes	No
		Action required: Responsible person:	
10. Hand hygiene	Brief description to be provided of procedures taken to comply to the guidelines.	Yes	No
		Action required: Responsible person:	

11. Issuing of PPE	Brief description to be provided of procedures taken to comply to the guidelines.	Yes	No
		Action required: Responsible person:	
12. Screening of vitals at the RFA Centre	Brief description to be provided of procedures taken to comply to the guidelines.	Yes	No
		Action required: Responsible person:	
13. Physical distancing	Photographic evidence to be provided together with a brief description on procedures taken to comply to the guidelines.	Yes	No
		Action required: Responsible person:	
14. Work Procedures	Brief description to be provided of procedures taken to comply to the guidelines.	Yes	No
		Action required: Responsible person:	

15. Additional alcohol-based footbath for PWC Testing / disinfection of feet	Photographic evidence to be provided in the event of using a portable footbath, together with a brief description on procedures taken to comply to the guidelines.	Yes	No
		Action required: Responsible person:	
16. Fitting of Polar Equipment	Brief description to be provided of procedures taken to comply to the guidelines.	Yes	No
		Action required: Responsible person:	
17. Induction and education	Photographic evidence of posters / infographics available to be provided. An overview of the additional information as added to client Induction to be provided, as well as the updated Client Induction form which is signed following induction; confirmation of the receipt of additional information to be added.	Yes	No
		Action required: Responsible person:	
18. Other	Information on any other initiatives or steps taken may also be included.	Yes	No
		Action required: Responsible person:	