

Safeguard Security Group
COVID-19 Mitigation Protocols
Introduction

The following represents Safeguards COVID-19 Mitigation interventions. The document is active and will be updated as events and best practices evolve. Some sections, like CIT, have submitted their own requirements for COVID mitigation procedures and this initiative is welcome from any divisions.

The document also identifies those persons responsible for ensuring that specific actions are undertaken. As a rule, all managers are responsible for ensuring that the measures outlined in this document are implemented enforced and compliance checks must be ongoing.

The potential impact of the virus on Zimbabwe, and specifically all branches of Safeguard, are of such gravity that failure to comply at the individual level and enforcement at the management level will be viewed as disciplinary actions.

Note:

- (1) 80% of people that contract COVID-19 will experience only minor discomfort but will be highly contagious before and after symptoms are present.
- (2) People with underlying medical conditions such as Asthma, Hypertension (BP), Diabetes and HIV positive have a higher risk of developing complications or experiencing a more serious disease if they contract the COVID-19 Virus.

Managers are requested to be aware of any potential “super-spreading” individuals or points of gathering. All screeners are at risk of becoming super-spreaders, fuel dispensers, HR personnel, deployment vehicle drivers etc.

The purpose of the protocols included in this document is to enable managers to establish and oversee their own COVID mitigation measures with support from Head Office.

Screening

For clarity, screening refers to actions taken to determine if an individual has symptoms of the COVID-19 virus. Testing is currently only being performed by government so please refrain from using the term “testing” when referring to screening.

All employees reporting for duty must be screened for symptoms. This involves temperature readings and a list of questions that must be asked to all employees reporting for duty, whether admin, alarms or guard force etc.

A record of the number of screenings undertaken by the appointed screener must be kept.

For the data to be meaningful, we need to be able to determine the number of people screened vs those that present with symptoms.

Please see Below for Screening Protocols

Should a guard call in sick to Control Room, Control Room a list of actions to follow is outlined below.

Should a staff member present with symptoms at a screening please see below for appropriate action to be taken. This is also covered as a separate sheet at the end if the document.

Operations Screening:

Emphasis to be made to ensure screening of details is done prior to deployment of security personnel as much as possible. This is to be done using the following means:

1. Screening conducted prior to embarkation deployment trucks. This is done by appointed Vehicle Marshals. Each deployment vehicle issued with a thermometer and COVID-19 Screening Checklist
2. Screening done at Parade Points by respective areas' supervisors. Respective HODs are to ensure this process is underway.
3. Screening during routine Supervisor Checks.

Symptoms Present

Should any person being screened have a temperature of 37.5C or acknowledge any of the symptoms on the checklist the following actions must be taken.

Separate the individual (now referred to as the patient) from all other people in the vicinity. They should not be closer to 3 metres to any other person.

Immediately call the Control Room.

Await a follow-up call from COVID Mitigation Team (CMT) who will be informed by the Control Room.

Control Room will also alert the safeguard clinic/wellness centre of the case

Area Manager and General Manager must be contacted and advised

The CMT will advise one of the following:

- To escort the patient to the clinic if close by
- To await vehicle to take patient to clinic
- If after hours to act on the advice of the Ministry of Health RRT who will have been briefed by the CMT
- Further action related to travel and care will be dictated by the medical professionals we consult.

Follow Up

The CMT will undertake the following actions:

- Inform the Rapid Response Team (RRT) from the Ministry of Health
- Take RRT's advice on how the patient should travel home.
- Make follow up phone calls at least twice a day after the patient has returned home.
- In addition to speaking to the patient the CMT will call (on a separate phone if available) to consult the patients carers.
- Advise on steps to be taken should the patient not be showing definite signs of improvement by day 5 of symptoms being present.

Contact Tracing

It is the responsibility of the person that conducted the screening to take note of the following to pass on to the CMT and Control Room. Question the patient from a safe distance. Should it not be possible to engage directly with the patient the Screener should seek to his colleagues and CMT will request as much of the information below to be extracted from the database.

- Residential suburb of the patient.
- Contract the patient is deployed under.
- Name of post.
- How long patient has been on post this rotation
- Deployment vehicle or method of transport to post and from post.

- A list of all Safeguard employees patient has been in close contact with over the previous 48 hours especially if multiple people at the same post.
- In addition, reassure the patient that the vast majority of people that contract the virus feel better within 5 to 7 days.

Protocols and Guidelines General

Screening Guidelines

- The screener must be protected as much as possible. Additional Face Screens have been bought and these are to be worn in conjunction with masks. The Screener must wash their hands before beginning and after every few screenings.
- The person being screened should not stand directly in front of the screener but at an angle and never looking directly at the screener.
- The screener will take a step forward to utilize the thermometer before stepping backwards to ask the questions about symptoms.
- AT No 36 Telford there are different registers for Admin, CIT, IT, HR etc., this information will prove crucial when identifying virus hotspots.

General COVID-19 Symptoms:

CURRENT SYMPTOMS	Yes	No
Difficulties in breathing		
Running nose		
Headache		
Persistent coughing		
Sore throat		
Fever (high temperature 37.5°C and above)		
Experiencing loss of sense of smell and taste		
Feeling of being unwell or general body weakness		

Vehicle entry screening guidelines

Using 36 Telford as example:

- A lone driver should wind their window down only a few centimeters to have their temperature taken.
- Once the temperature has been taken, the screener will then step back and draw the driver’s attention to a list of symptoms he is holding or are posted nearby. Once the driver indicates “negative” to all of them they can proceed.
- Managers and supervisors should emphasize to Screeners that the usual protocol of saluting senior staff members is NOT required.
- Assuming the driver is based at No 36, his name is then ticked on the register.
- Vehicles with multiple people in the cab shall be wearing masks and the screener will follow the same protocol.

Mask Protocols

Managers must ensure that all employees are issued with at least one cloth mask. The production of masks is ongoing but managers that are short of cloth masks should provide numbers to Sharon Chikoti as soon as possible.

No employee should be allowed within any Safeguard premises/property or vehicle without wearing a mask.

Arriving for work having forgotten a mask will result in a disciplinary note and a new mask will be issued and deducted from monthly pay.

Masks are considered a part of the Safeguard Uniform and should be worn at all times when in close contact with others. This includes waiting for and traveling on public transport and in deployment vehicles. Wearing masks on Parade grounds will depend on the space available for social distancing.

A mask that is not covering the nose and mouth is not being worn properly. The mask should be on properly or off completely.

Once a mask is pulled below the mouth or chin, the inside of the mask is potentially exposed to drops of the virus, which travel to the mouth when the mask is returned to its correct position.

Social Distancing

- The importance of this measure cannot be overstated. If guards are enforced to stand at least 1.5 to 2metres apart, they will not be spreading the virus to each other. Enforcing this outside main gates is essential.
- COVID-19 Risk Based approach to be used in planning all Safeguard operations activities. Efforts to be made to ensure no activities requiring large numbers of employees crowding at the Head Office to enable enforcement of Social Distancing.

Fuel dispensing guidelines

- All Fuel Attendants should be wearing masks and face screens.
- All fuelling sites should have water with disinfectant handy.
- It is important to limit exchange of pens, paper, books and other materials as much as possible.
- When a vehicle arrives at the fuel pump, ask the driver to remain in his vehicle.
- The driver should read out the mileage but with his window down just 5 centimetres.
- Once the car has been refuelled and the book has been filled in, place the book on the bonnet of the car or the nearest flat surface.
- Move at least two metres from the book.
- The driver should sign the book with his own pen without touching the book.
- If the driver does not have their own pen, they must wash their hands, sign the book and wash their hands again.

Vehicle Protocol

- Driving the vehicle on your own, one window down, no mask necessary.
- Two or more people in the cab, all windows down and masks compulsory.

Office Protocol

- In an office on your own, no mask required.
- More than one person in an office masks are required at all times UNLESS the desks are positioned where occupants are not facing each other and there is more than 1 metre between those occupants.
- All areas in communal offices must be sanitized several times a day by office occupants using the available water and disinfectant or sanitizer.
- Deep cleaning of congested areas must be undertaken – control rooms in particular as they work 24 hours.

CIT Protocol

- Each vehicle must have a sanitizer kit.
- Sanitization of cash boxes, Receipts Books and Ball pens as teams sometimes share or exchange with clients.

- Sanitization of vehicles before crews take-off their duties by both driver and responsible crewmembers. Management to oversee and ensure process is done
- Each crewmember must have at least two mask cloths.

Equipment Handover

CMT is preparing cloth that will be stored in plastic bags and used for equipment sanitization. Keep these at each site, use local sanitizer with cloth to wipe down all equipment.

Supervisors Area Checks Protocol

- Each area Supervisor must have a face mask when visiting a parade, site or checking a detail
- If sanitation facilities are available (if they are not report the site!!) –must wash their hands upon arrival and request guard being checked to also wash their hands
- Screen the detail on site by checking their temperature and ask questions checking for COVID-19 symptoms. Endorse on Check sheet.
- When checking a detail on duty – maintain social distancing of between 1.5m-2m whenever possible. Do not conduct checks in the guard room wherever possible
- The guard will no longer sign check sheet. This is to be filled in by the checker
- Checker will not sign the OB. A record of his visit to be completed by the guard
- Checker tag will be passed to the guard and will be sanitized by the checker before handing over, and on return
- Wash your hands afterwards and proceed with checks.

Sanitizing Protocol

- All managers are responsible for ensuring that all door handles, printers, communal areas, water dispensers etc. are sanitized every hour. If using a bleach-based disinfectant, it must remain in place for ten minutes before being wiped clean. This should happen hourly.
- Reduce the exchange of paper where possible.

Disposal of PPE

All items for disposal are to be placed in the clinic disposal bin, and these items will be disposed of by the clinic in terms of ministry of health guidelines.

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