



## Guidelines for symptom monitoring and management of workers for SARS-CoV-2 infection (August 2020)

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

Please note: This is an interim guide that may be updated as the outbreak in South Africa unfolds, to guide additional workforce preserving strategies.

### What is new in this version?

1. Reference to essential workers has been removed such that the guideline will apply to all workers covered by the Department of Employment and Labour Directive dated 4 June 2020<sup>1</sup>.
2. Revised definition of a suspected COVID-19 case as outlined in National Department of Health guideline on Clinical management of suspected or confirmed COVID-19 disease Version 4 (25 May 2020)<sup>2</sup>, which removed fever as a key symptom, and replaced this with loss of smell or loss of taste.
3. Management of asymptomatic worker with high exposure risk and decision on return to work originally referred to workers in the essential services. This now applies to all workers, and reflects the revised stipulated period of isolation, with a different stipulation for health workers.<sup>3</sup>

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<sup>1</sup> DEL. Consolidated COVID -19 Direction on Health and Safety in the Workplace Issued by the Minister in terms of Regulation 4(10) of the National Disaster Regulations, 4 June 2020

<sup>2</sup> NICD/NHLS. Coronavirus disease 2019 (COVID-19) Quick Reference for Clinical Health Care Workers (25 May 2020)

<sup>3</sup> Media Statement By Dr Zwelini Mkhize 17 July 2020 Reduction In The Isolation Period For Patients With Confirmed Covid-19 Infection

## **Application**

These guidelines are applicable to ALL workers. The aim of this guideline is to enable:

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

## **Procedure**

1. According to the Department of Employment and Labour Direction, employers have a legal obligation to screen all employees for COVID-19 related symptoms and report such symptoms to a designated person and / or occupational health practitioner prior to entry into the workplace or work area in order for a decision to be made as to the staff member's continued attendance at work.
2. The Department of Employment and Labour Direction makes it a legal requirement for this screening to be reported to the National Department of Health
3. At the very minimum, when workers report for work and at appropriate intervals thereafter, designated persons and / or an occupational health practitioner must check with employees whether they have experienced sudden onset of any of the following symptoms as outlined in the current criteria for the identification of a suspected COVID-19 case: cough, sore throat, shortness of breath, loss of taste/smell, with or without any additional symptoms as outlined in the attached symptom monitoring sheet, in the past 24 hours.<sup>4</sup>
4. Should a worker report any of the abovementioned symptoms, s/he should not be permitted to report for work. If an employee is already present at work, s/he should not report to their workstation, be provided with a surgical mask and referred to the designated staff at the workplace so that arrangements can be made for clinical evaluation (referral to the occupational health clinic, family practitioner or primary care clinic, or the COVID-19 hotline) and where appropriate to be tested at the closest testing centre.
5. If the health professional determines that a test is necessary, the worker is quarantined while awaiting results.

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<sup>4</sup> Fever on its own is not currently a primary screening criterion by the NICD for the identification of a suspected COVID-19 case. Fever is non-specific, and at most 50% effective in identification of cases, when used as a single screening criterion. There are many other causes of fever

6a. For health workers, if the health professional believes that a COVID-19 infection is unlikely, the employee should be managed according to clinical protocols, and continue working, following specific workplace restrictions and appropriate PPE, as well as observing strict precautions including masks, social distancing and hygiene procedures. The employee's condition should be monitored to assess response to clinical management.

6b. For non-health workers, if the health professional believes that a COVID-19 infection is unlikely, the employee is placed on paid sick leave in terms of section 22 of the BCEA or if the employee's sick leave entitlement under the section is exhausted, make application for an illness benefit in terms of clause 4 of the Directive issued on 25 March 2020 on the COVID -19 Temporary Employer Relief Scheme under regulation 10(8) of the Regulations promulgated in terms of section 27(2) of the Disaster Management Act.

7. On receiving their results the employee should notify their workplace so that the employee is managed accordingly. The designated person in the workplace should proactively take steps to obtain this information to avoid any delays in reporting.

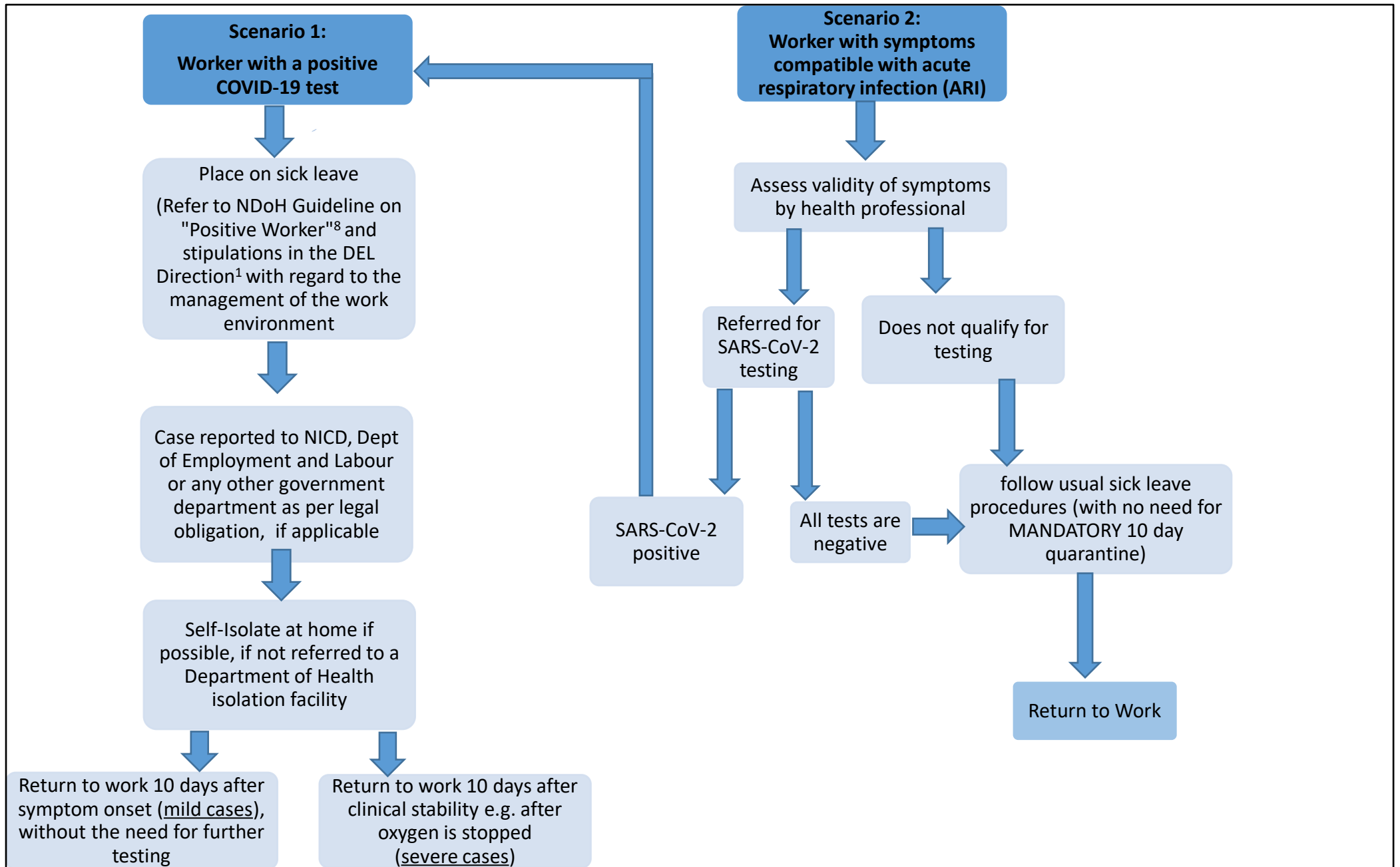
8. The employee should be managed according to either scenario 1 or 2 in the algorithm outlined below.

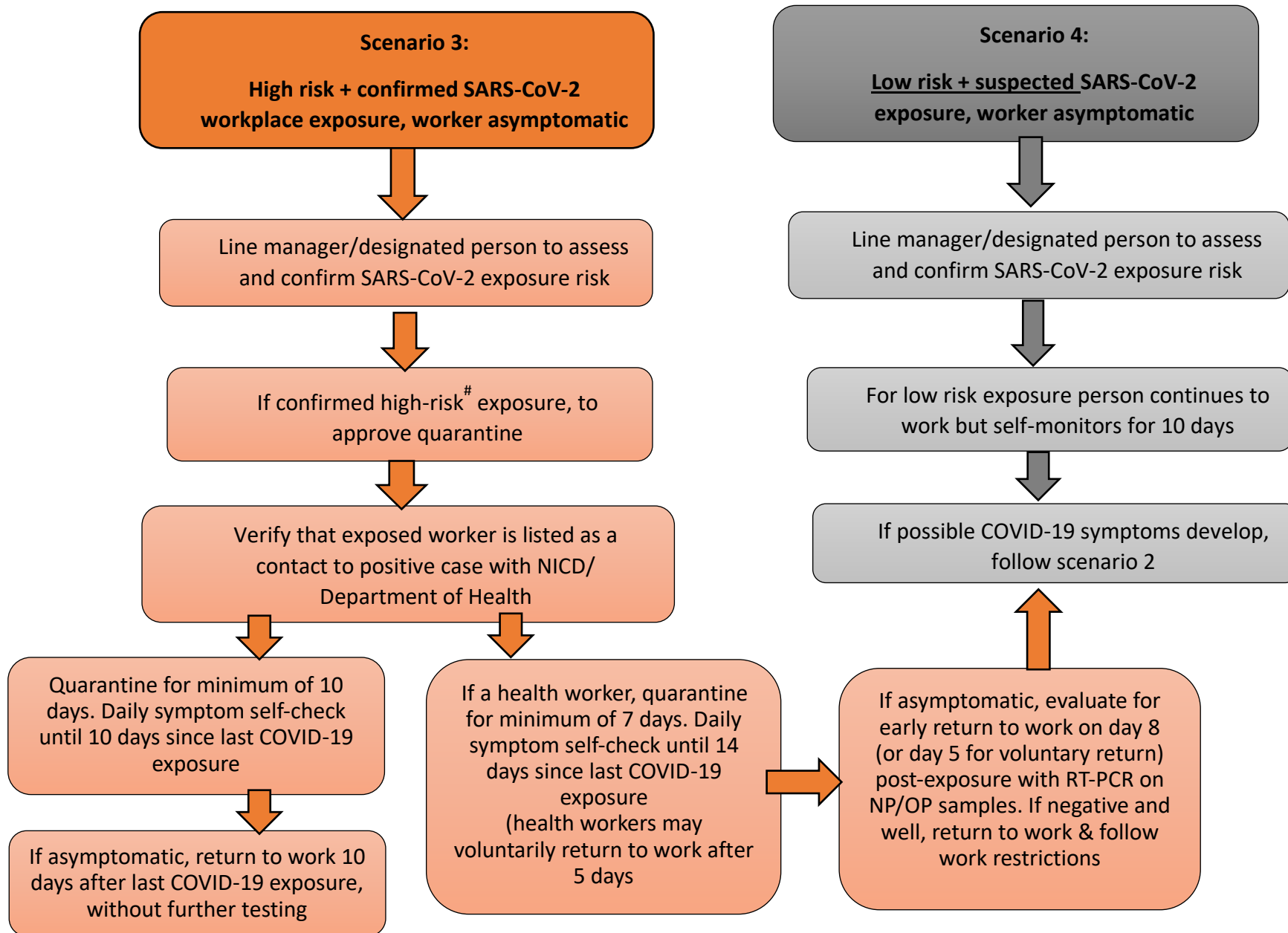
9. A positive SARS-CoV-2 test in an employee will require all potential contacts in the workplace to be assessed using scenarios 3 or 4 in the algorithm outlined below.

10. All employees on returning to work after isolation or quarantine period, should follow general work restrictions that include:

- undergoing medical evaluation to confirm that they are fit to work should they have moderate or severe illness
- wearing of surgical masks at all times while at work for a period of 21 days from the initial test
- implement social distancing measures as appropriate
- in the case of health workers avoid contact with patients considered vulnerable for severe outcomes of a COVID-19 infection
- adherence to hand hygiene, respiratory hygiene, and cough etiquette
- continued self-monitoring for symptoms as per the attached symptoms checklist, or equivalent electronic version, and seek medical re-evaluation if respiratory symptoms recur or worsen.

Surname		First Name		Date of Birth						
Contact Cell number				Economic Sector						
E-mail address					Industry					
Next of Kin or Alternative Contact (Please provide name, relationship and contact details)										
Work address & details:										
Home address:										
Days post exposure	1	2	3	4	5	6	7	8	9	10
Date: DD/MM										
1. Temperature (no meds)										
2. Respiratory rate										
Symptoms (Circle Y or N)	Daily	Daily	Daily	Daily	Daily	Daily	Daily	Daily	Daily	Daily
Cough	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Sore throat	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Shortness of breath	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Loss of smell OR loss of taste	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Fever/chills	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Body aches	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Redness of the eyes	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Nausea/vomiting/diarrhoea	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Fatigue/ weakness	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
At Home or work?	H / W	H / W	H / W	H / W	H / W	H / W	H / W	H / W	H / W	H / W
Clinical and Progress Notes and Exposure History:										





<p><b>Scenario 1: worker with a confirmed positive COVID-19 test</b></p>	<p>To remain consistent with the advice in the NDOH clinical management of COVID-19 disease Guideline<sup>3</sup>, scenario 1 (COVID-19 confirmed in a worker), will require self-isolation of staff member for 10 days after symptom onset (mild cases) and 14 days after clinical stability (severe cases). Should an early return to work policy be needed in future owing to severe workforce shortages, the US CDC criteria may be re-considered.<sup>1</sup></p>
<p><b>Scenario 2: worker with current flu-like symptoms</b></p>	<p>Consider latest NICD and international criteria (US CDC): any staff in with direct COVID-19 contact who develops an acute respiratory infection (e.g. cough, shortness of breath, sore throat, loss of sense of taste/smell) with or without fever (<math>\geq 37.5^{\circ}\text{C}</math>) or history of fever (e.g. night sweats, chills) is a suspected COVID-19 case. Complete NICD symptoms form and select appropriate worker tick box PLUS notify to NICD. Perform SARS-COV-2 RT-PCR testing. For staff, with a negative RT-PCR test, but high-risk COVID-19 exposure and COVID-19 compatible symptoms, discuss with occupational health practitioner regarding the need for further testing and/or self-quarantine. If an alternate diagnosis is made (e.g. influenza), the criteria for return to work should be based on that diagnosis and duration of infectivity for other respiratory infections.<sup>4</sup></p>
<p><b>Scenario 3: High risk, confirmed COVID-19 exposure, asymptomatic</b></p>	<p><b>High risk exposure: close contact within 1 metre of a COVID-19 confirmed case for &gt;15 minutes without PPE (no face cover/eye cover) or with failure of PPE and/or direct contact with respiratory secretions of confirmed COVID-19 case (clinical or laboratory).</b> Line manager to assess and confirm COVID-19 exposure risk. Staff member to self-isolate and perform daily symptom self-check and complete symptom monitoring form until 10 days since last COVID-19 exposure. If asymptomatic through day 10, return to work can be considered for all workers, except health workers. The latter, if asymptomatic through to day 7, can be considered for return to work, following a negative RT-PCR on day 8. Health workers can voluntarily return to work on day 5 if tested negative and not symptomatic.</p>
<p><b>Scenario 4: Low risk, suspected COVID-19 exposure, asymptomatic</b></p>	<p><b>Low risk exposure: &gt;1 metre away from a COVID-19 confirmed case for &lt;15 minutes OR within 1 meter but wearing PPE (face cover, eye cover). Also consider lower risk if COVID case was wearing a surgical mask (source control).</b> Line manager to assess and confirm COVID-19 exposure risk For low-risk exposures to a confirmed COVID-19 positive case, worker can <b>continue to work with self-monitoring</b> daily symptom check) for 10 days after last COVID-19 exposure. (use symptom monitoring form above)</p>

## References:

1. DEL. Consolidated COVID -19 Direction on Health and Safety in the Workplace Issued by the Minister in terms of Regulation 4(10) of the National Disaster Regulations, 4 June 2020
2. NICD/NHLS. Coronavirus disease 2019 (COVID-19) Quick Reference for Clinical Health Care Workers (25 May 2020)
3. Media Statement By Dr Zwelini Mkhize 17 July 2020 Reduction In The Isolation Period For Patients With Confirmed Covid-19 Infection
4. NICD Clinical management of suspected or confirmed COVID-19 disease Version 4 (18 May 2020)
5. Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance). US Centers for Disease Control. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html> (accessed 30 March 2020)
6. van Someren Gréve F, Ong DSY. Seasonal respiratory viruses in adult ICU patients. *Netherlands Journal of Critical Care*. 2017;25(6):198-204.
7. Risk assessment and management of exposure of health care workers in the context of COVID-19 Interim guidance. World Health Organization. 19 March 2020. Available from: [https://apps.who.int/iris/bitstream/handle/10665/331496/WHO-2019-nCov-HW\\_risk\\_assessment-2020.2-eng.pdf](https://apps.who.int/iris/bitstream/handle/10665/331496/WHO-2019-nCov-HW_risk_assessment-2020.2-eng.pdf) (accessed 30 March 2020)
8. NDoH. Guidance note for workplaces in the event of identification of a COVID-19 positive employee (V5: 14 May 2020)