

Guidelines for symptom monitoring and management of essential workers for COVID-19 related infection

(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 intensifies, to guide additional workforce preserving strategies. (CDC. Operational Considerations for the Identification of Healthcare Workers and Inpatients with Suspected COVID-19 in non-US Healthcare Settings; accessed 12 April 2020)

BACKGROUND

These guidelines are applicable to all essential services workers covered by regulation GN R.398 of *Government Gazette* 43148 under section 3 of the Disaster Management Act, 1957 (Act 57 of 2002) as amended on 25 March 2020 wherein essential services are defined in Annexure B (see Addendum 1). The aim of this guideline is to enable:

1. Early and timeous identification and diagnosis of workers at risk of COVID-19 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

RECOMMENDED PROCEDURE

1. Employees should be screened 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. At the start of a shift and prior to ending the shift, designated persons and / or occupational health practitioner must check with employees whether they have experienced sudden onset of any of the following symptoms: cough, sore throat, shortness of breath or fever/chills (or $\geq 38^{\circ}\text{C}$ measured temperature if this is available at the worksite), in the past 24 hours as outlined in the symptom monitoring sheet. These are the current criteria for the identification of persons under investigation (PUI).
3. Should an employee report any of the abovementioned symptoms, s/he should immediately be provided with a surgical mask and referred to the designated staff at the workplace so that arrangements can be made for COVID-19 testing at the closest testing centre.
4. Should an employee report any additional symptoms as outlined in the symptom monitoring sheet, s/he should be provided with a surgical mask and referred to the occupational health clinic, family practitioner or primary care clinic for further clinical evaluation and requirement for COVID-19 testing if indicated.
5. On receiving their results the employee and/or health professional supporting the employee should notify their workplace so that the employee is managed accordingly. The workplace should proactively take steps to obtain this information to avoid any delays in reporting.
6. The employee should be managed according to either scenario 1 or 2 in the algorithm outlined below.
7. A positive COVID-19 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.
8. All employees on returning to work after isolation or quarantine period, should follow general work restrictions that include:
 - undergo medical evaluation to confirm that they are fit to work
 - 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 avoiding contact with severely immunocompromised patients)

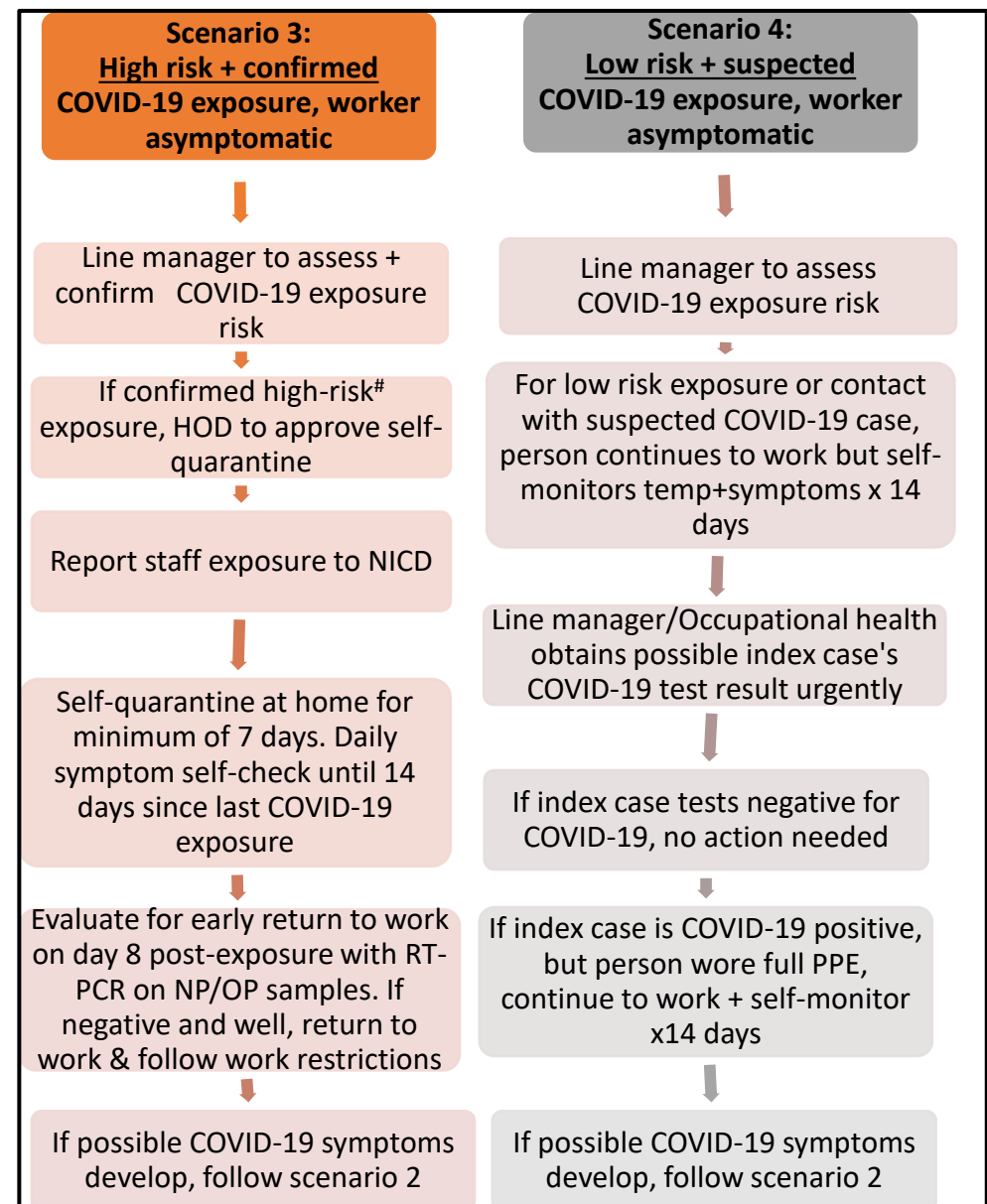
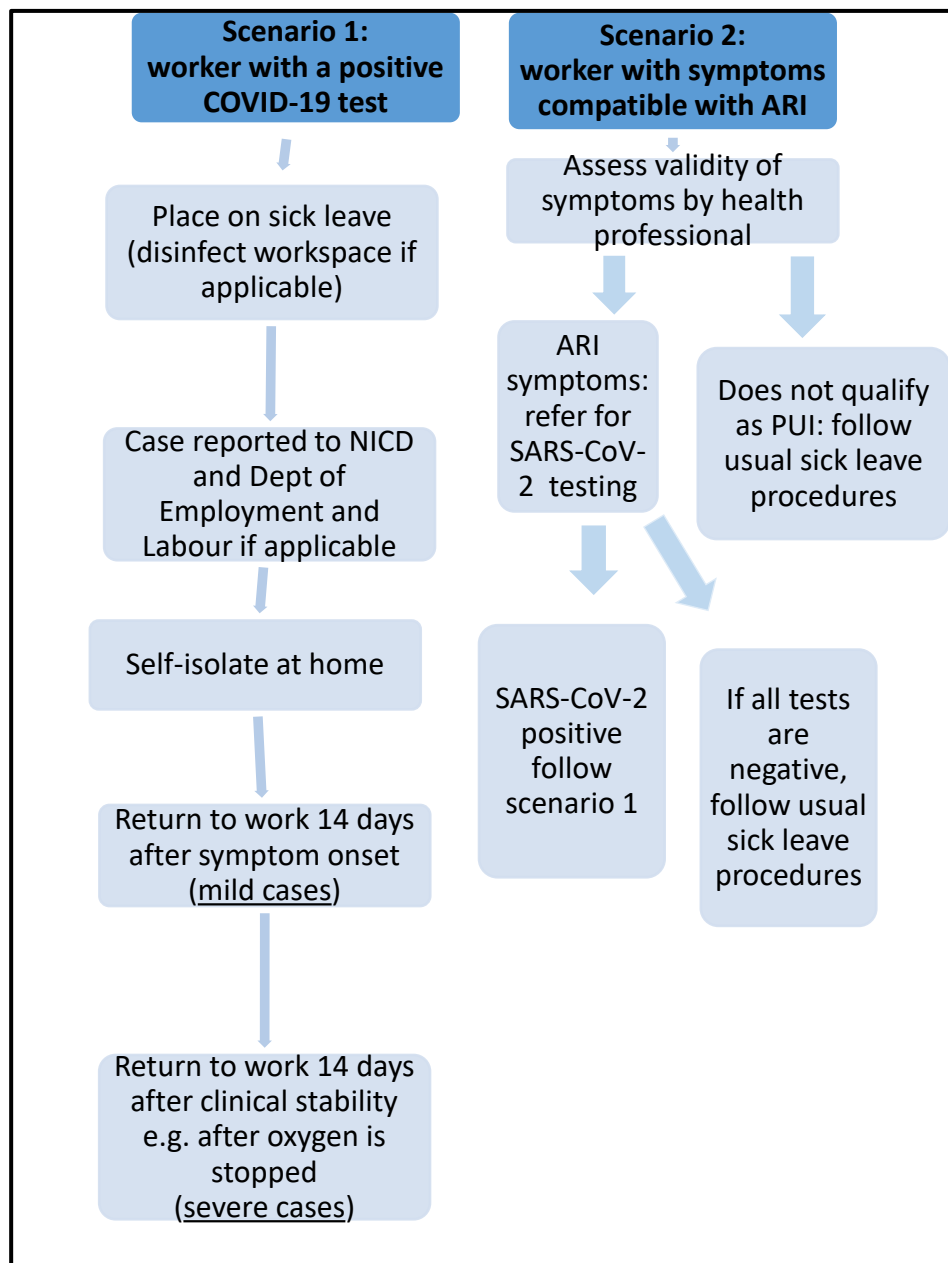
- adherence to hand hygiene, respiratory hygiene, and cough etiquette
- continued self-monitoring for symptoms, and seek medical re-evaluation if respiratory symptoms recur or worsen

REFERENCES

1. 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)
2. NICD COVID-19 PUI criteria for testing: <http://www.nicd.ac.za/diseases-a-z-index/covid-19/> (Version 11, 2 April 2020)
3. NICD Clinical management of suspected or confirmed COVID-19 disease Version 3 (accessed 30 March 2020)
4. van Someren Gréve F, Ong DSY. Seasonal respiratory viruses in adult ICU patients. *Netherlands Journal of Critical Care*. 2017;25(6):198-204.
5. 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 (accessed 30 March 2020)

Surname			First Name			Date of Birth	
Contact Cell number			E-mail address		Category of Essential Worker (Select from addendum 1)		
Alternative contact number					Job Title		
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
Date: DD/MM							
Document morning + evening	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
Temperature (no meds)	I	I	I	I	I	I	I
Respiratory rate	I	I	I	I	I	I	I
Pulse rate	I	I	I	I	I	I	I
Symptoms (Circle Y or N)	Daily	Daily	Daily	Daily	Daily	Daily	Daily
Fever/Chills	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Cough	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
Shortness of breath	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
Redness of the eyes	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
Nausea/vomiting/diarrhoea	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
At Home or work?	H / W	H / W	H / W	H / W	H / W	H / W	H / W
Clinical and Progress Notes and Exposure History:							

Surname			First Name			Date of Birth	
Contact Cell number			E-mail address		Category of Essential Worker		
Alternative contact number					Job Title		
Next of Kin or Alternative Contact (Please provide name, relationship and contact details)							
Work address & details:							
Home address:							
Days post exposure	8	9	10	11	12	13	14
Date: DD/MM							
Document morning + evening	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM	AM / PM
Temperature (no meds)	I	I	I	I	I	I	I
Respiratory rate	I	I	I	I	I	I	I
Pulse rate	I	I	I	I	I	I	I
Symptoms (Circle Y or N)	Daily	Daily	Daily	Daily	Daily	Daily	Daily
Fever/Chills	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Cough	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
Shortness of breath	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
Redness of the eyes	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
Nausea/vomiting/diarrhoea	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
At Home or work?	H / W	H / W	H / W	H / W	H / W	H / W	H / W
Clinical and Progress Notes and Exposure History:							



Scenario 1: worker with a confirmed positive COVID-19 test	To remain consistent with the advice in the NDOH clinical management of COVID-19 disease Guideline³, scenario 1 (COVID-19 confirmed in a worker), will require self-isolation of staff member for 14 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.¹
Scenario 2: worker with current flu-like symptoms	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) with or without fever ($\geq 38^{\circ}\text{C}$) or history of fever (e.g. night sweats, chills) is a suspected COVID-19 case. Complete NICD PUI form² and select appropriate essential 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/infectious diseases 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.⁴
Scenario 3: High risk, confirmed COVID-19 exposure, asymptomatic	High risk exposure: close contact within 1 metre of a COVID-19 confirmed case for >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). Line manager to assess and confirm COVID-19 exposure risk (if uncertain, refer to WHO tool for assessing exposure risk).⁵ Notify exposure to NICD. Staff member to perform daily symptom self-check and complete symptom monitoring form until 14 days since last COVID-19 exposure. If asymptomatic through day 7, consider for return to work, following a negative RT-PCR on day 8
Scenario 4: Low risk, suspected COVID-19 exposure, asymptomatic	Low risk exposure: >1 metre away from a COVID-19 confirmed case for <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). Line manager to assess and confirm COVID-19 exposure risk (if uncertain, refer to WHO tool for assessing exposure risk).⁵ For low-risk exposures to a confirmed COVID-19 positive case, worker can continue to work with self-monitoring (twice daily temperature and daily symptom check) for 14 days after last COVID-19 exposure. (use symptom monitoring form below)

ADDENDUM 1: CATEGORISATION OF ESSENTIAL GOODS AND SERVICES DURING LOCKDOWN - REGULATION 11A

Categories of essential services shall be confined to the following services:

1. Medical, Health (including Mental Health), Laboratory and Medical services;
2. Disaster Management, Fire Prevention, Fire Fighting and Emergency services;
3. Financial services and Insurance services;
4. Production and sale of essential goods (food, cleaning and hygiene products, medical, fuel, basic goods (e.g. airtime, electricity);
5. Grocery stores, including spaza shops;
6. Electricity, water, gas and fuel production, supply and maintenance;
7. Critical government services including social grant payments
8. Birth and death certificates, and replacement identification documents;
9. Essential municipal services;
10. Care services and social relief of distress;
11. Funeral services, including mortuaries;
12. Wildlife Management, Anti-poaching, Animal Care and Veterinary services;
13. Newspaper, broadcasting and telecommunication infrastructure and services;
14. Production and sale of any supplies for the medical or retail sector;
15. Cleaning, sanitation, sewerage, waste and refuse removal services;
16. Courts and legal services;
17. Essential SARS services defined by the Commissioner of SARS;
18. Police, peace officers, traffic officers, military medical personnel and soldiers, correctional services officials and traffic management services;
19. Postal services and courier services related to transport of medical products;
20. Private security services;
21. Air-traffic Navigation, Civil Aviation Authority, Cargo Shipping and dockyard services;
22. Gold, gold refinery, coal and essential mining;
23. Accommodation used for persons rendering essential services;
24. Production, manufacturing, supply, logistics, transport, delivery, critical maintenance and repair in relation to the rendering of essential services including components and equipment;
25. Transport services for persons rendering essential services;
26. Services rendered by politicians in local, provincial and national government;
27. Commissioners of Section 9 structures
28. Transport and logistics in respect of essential goods to neighbouring countries.