



Preparing the Workplace for Coronavirus

COVID 19 update: RTW medical screening

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HOW TO STAY INFORMED:

THIS SITUATION IS RAPIDLY EVOLVING

Please check for updates on the NHLS, NIOH , NICD, and NDOH websites

www.nhls.ac.za | www.nioh.ac.za | www.nicd.ac.za | www.ndoh.gov.za

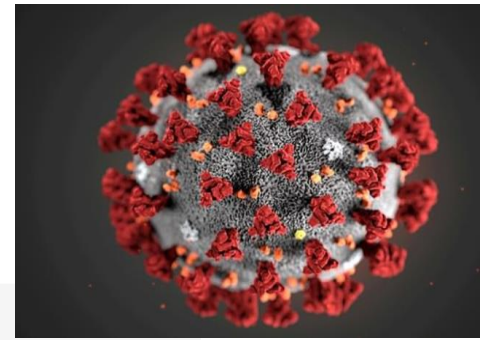
Latest updated information on the spread of COVID-19

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports>

Advice and guidance

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
https://www.ilo.org/beijing/information-resources/public-information/WCMS_736744/lang--en/index.htm

Global statistics



COVID-19 CORONAVIRUS PANDEMIC

Last updated: May 05, 2020, 17:17 GMT

[Graphs](#) - [Countries](#) - [Death Rate](#) - [Symptoms](#) - [Incubation](#) - [Transmission](#) - [News](#)

Coronavirus Cases:

3,690,616

[view by country](#)

Deaths:

255,176

Recovered:

1,221,082

South African COVID-19 cases as at the 4 May 2020

PROVINCE	COVID-19 Confirmed Cases
Eastern Cape	838
Free State	128
Gauteng	1697
KwaZulu-Natal	1142
Limpopo	40
Mpumalanga	57
North West	35
Northern Cape	26
Western Cape	3609
Unknown	0
Total	7572

Deaths: 148

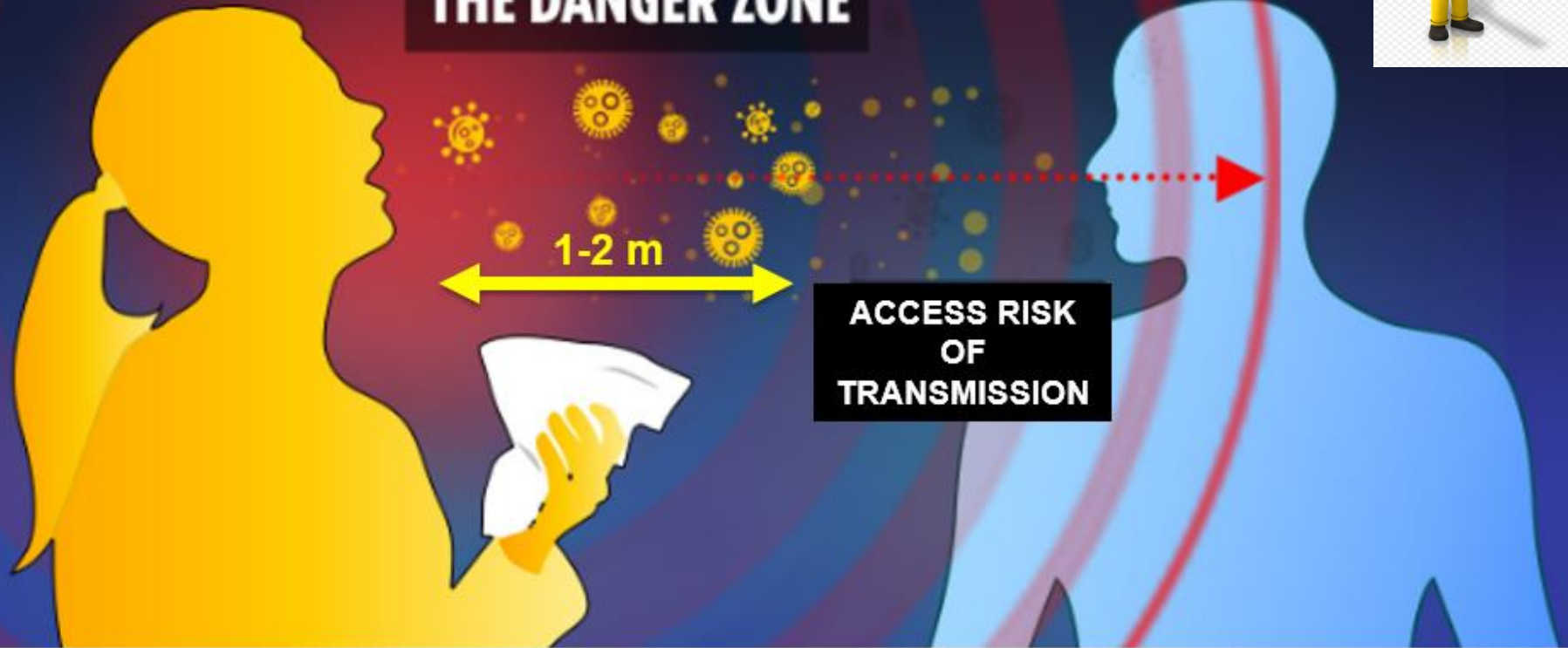
Recoveries:2746



TRANSMISSION



THE DANGER ZONE



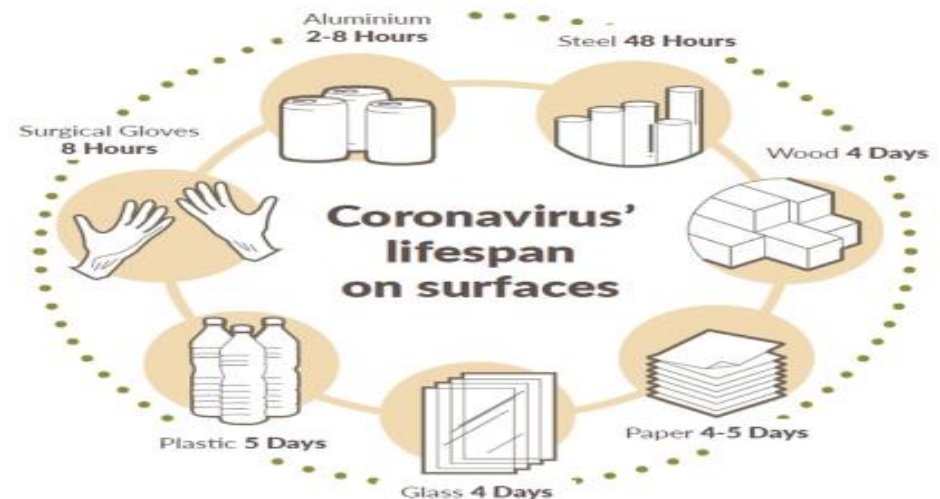
Direct contact: **Touching an ill persons or a contaminated surface**

Droplet transmission: **inhaling droplets**

- **Coughing & sneezing generates droplets of different sizes**
- **Larger droplets fall to the ground within a 1-2m radius of the person within a few seconds**

Update on persistence of COVID-19

- COVID-19 virus has a fragile outer membrane - it is less stable in the environment and can be killed by simple disinfectants
- Survival time in the environment depends on
 - pH
 - Inoculum size
 - Dryness
 - Temperature
 - **Exposure to disinfectants**
 - Type of surface
- **Common disinfectants such as 70% ethanol and bleach can kill the virus**



COVID-19

Patients with COVID-19 have experienced mild to severe respiratory illness

Symptoms can include

FEVER



COUGH



Symptoms may appear 2-14 days after exposure

SHORTNESS OF BREATH



If you have been in a country affected by COVID-19 or in close contact with someone with confirmed COVID-19 in the past 2 weeks and develop symptoms, call your doctor.

Person under investigation

Persons with acute respiratory illness with sudden onset of **at least one** of the following:

- cough
- sore throat
- shortness of breath or
- fever [$\geq 38^{\circ}\text{C}$ (measured) or history of fever (subjective)]

Other symptoms can include: muscle aches, nausea, vomiting, diarrhoea, abdominal pain, headache, runny nose, loss of taste and smell, fatigue

COVID-19 IS DIAGNOSED BY A LABORATORY TEST, POLYMERASE CHAIN REACTION (PCR) MOLECULAR TEST, ON A RESPIRATORY TRACT SAMPLE.

SAMPLES ARE COLLECTED FROM THE NOSE, THROAT OR CHEST.

Call the COVID-19 Hotline: 0800 029 999

Send 'hi' on Whatsapp to COVID-19 Connect: 060 000 0000

Visit the website www.sacoronavirus.co.za

Food slide

Potential transmission of COVID-19 via food

- Contracting COVID-19 from food or food packaging : **Highly unlikely**
- COVID-19 is a respiratory illness and the primary transmission route is through person-to person contact and through direct contact with respiratory droplets generated when an infected person coughs or sneezes.
- **There is no evidence to date of viruses that cause respiratory illnesses being transmitted via food or food packaging.**
- **Coronaviruses cannot multiply in food; they need an animal or human host to multiply.**
- The most recent advice from the WHO³ is that current evidence indicates that COVID-19 virus is transmitted during close contact through respiratory droplets (formed on coughing or sneezing) and by fomites.

Potential sources of SARS CoV2 exposure in the workplace



Mitigation of risk in the workplace

Primary prevention (prevent people getting the disease)

- Minimise risks of transmission in the workplace. HRA including controls (Engineering, Administrative and PPE)
- Business continuity and pandemic preparedness - Policies
- Education and Training /HP (risk communication)

Secondary Prevention (pick up early when there is disease)

- Identify persons at risk early and respond appropriately
- Medical Surveillance

Tertiary prevention (prevent complications from the disease)

- Rehabilitation
- Respond appropriately to a case of COVID amongst staff- incident investigation and contact tracing
- Compensation/COIDA
- Leave

Workplace preparedness

- Risk assessment (potential ↑risk of transmission)
 - operations
 - activities
 - shared spaces (among employees & employees/public)

Administrative Controls



A **workplace plan** of action for preparedness

- Clear **infection prevention and control** and standard precaution
- **Controlled access** to practices, avoid overcrowding high risk areas and laboratories
- Workplace facilities
- **Access control**- staff, visitors, dedicated streamlined/controlled access
- Adequate staff and more office space- working offsite- avoid overcrowding
- **Limit the number of meetings**, use teleconferencing and video conferencing, minimize travel, work from home
- **Avoid mass gatherings** and events
- Ensure **proper signage** and **risk communication** to staff and visitors to health facilities
- **Review of cleaning and disinfection material and supplies procedures**
- Established **public health reporting procedures** should be swiftly followed
- Guidelines, action plans and protocols for confirmed cases

Medical surveillance in line COVID-19 risk

- Risk-based
- Determined at the guidance of the OMP
- Early detection of infected employees
 - Removal of infected individual and isolated
 - Early referral for appropriate treatment, care and timeous return to work of affected workers
- Prevent spread to other unaffected staff, consumers, visitors and clients
 - Prompt identification and isolation of potentially infectious individuals
 - Quarantining
 - Contact tracing
 - Effective return to work practices
 - Workplace restrictions





Medical monitoring strategies for COVID-19

- Self-monitoring
 - Employees monitor themselves for fever by taking their temperature twice a day and symptoms of COVID-19 (e.g., cough, shortness of breath, sore throat, myalgia, malaise)
 - They should be provided with a plan for whom to contact if they develop fever or respiratory symptoms
- Active monitoring
 - Regular communication with potentially exposed employee to assess for the presence of fever or symptoms of COVID-19
 - For employees with high exposure in the workplace
 - Communication should occur at least once each day
 - Can be delegated by occupational health or infection control program
- Self-Monitoring with delegated supervision
 - employee perform self-monitoring with oversight by occupational health or infection control program
 - On days employees are scheduled to work, facilities could consider measuring temperature and assessing symptoms prior to starting work.

<https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html>

Types of screening

- Symptom questionnaire
- Temperature screening
 - Fever is either measured temperature $>38^{\circ}\text{C}$ or subjective fever.
 - Fever may be intermittent or may not be present in some patients, such as those who are elderly, immunosuppressed, or taking certain medications (e.g., NSAIDs).
 - Clinical judgement should be used to guide testing of patients in such situations.
 - Medical evaluation may be recommended for lower temperatures ($< 38^{\circ}\text{C}$) or other symptoms (e.g., muscle aches, nausea, vomiting, diarrhoea, abdominal pain headache, runny nose, loss of taste and smell fatigue) based on assessment by OMP.



Example of a screening tool



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)							
Respiratory rate							
Pulse rate							
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:							

Recommended procedure

1

- Determine the risk of COVID -19 to your employees

2

- At start of every shift, screen workers for symptoms associated with COVID-19, namely fever, cough, sore throat, redness of eyes or shortness of breath (or difficulty in breathing)

3

- Should an employee report any of the symptoms
 - If at home they should not report for work
 - If at work they should immediately be immediately isolated, provided with a surgical mask and transported for further medical intervention

4

- Assess the risk of transmission, disinfect the area where the worker made contact

5

- On receiving their results the employee and/or health professional should notify their workplace so that the employee is managed accordingly.
- Notify to the NICD
- Contact tracing in the workplace

Workplace protocols that need to be in place

- In the event of a symptomatic person to be referred to testing and treatment- isolation, contact tracing
- In the event of a positive employee in the organization
- Return to work protocol of infected employee
- Restriction of infected employees in the workplace following return to work

Worker with a positive COVID-19 result

Worker with a positive COVID-19 result

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graph TD; A[Worker with a positive COVID-19 result] --> B[Sick leave and the worker to self isolate at home  
Disinfect the workers area]; B --> C[Ensure that the disease is notified to the NICD and COIDA if applicable]; C --> D[Incident investigation]; D --> E[Contact tracing in the workplace]; E --> F[Return to work];
```

Sick leave and the worker to self isolate at home
Disinfect the workers area

Ensure that the disease is notified to the NICD and COIDA if applicable

Incident investigation

Contact tracing in the workplace

Return to work

Return to work- exclude from work until:

- Test-based strategy.
 - Resolution of fever without the use of fever-reducing medications, and
 - Improvement in respiratory symptoms (e.g., cough, shortness of breath), and
 - Negative results of COVID-19 testing from at least two consecutive swab specimens collected ≥ 24 hours apart
- Non-test-based strategy.
 - At least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and,
 - At least 10 days have passed since symptoms first appeared

Return to work

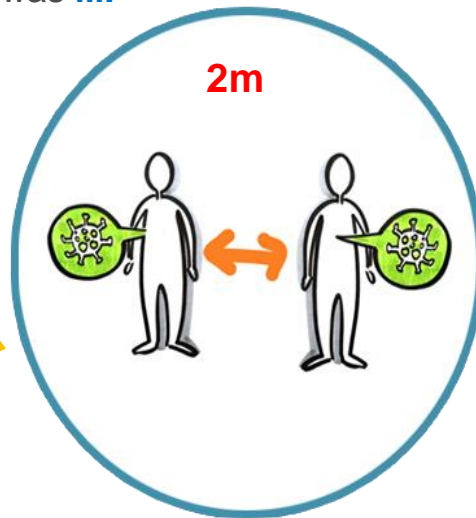
- All employees on returning to work after isolation or quarantine period, should follow general work restrictions that include:
 - undergo medical evaluation to confirm that they are fit to work
 - wearing of surgical masks at all times while at work for a period of 21 days from the initial test
 - implement social distancing measures as appropriate
 - adherence to hand hygiene, respiratory hygiene, and cough etiquette
 - continued self-monitoring for symptoms
 - seek medical re-evaluation if respiratory symptoms recur or worse

Contact Tracing

Any person who has had **close contact with a confirmed case** while the confirmed case was **ill**.

**Face-to-face/
close environment (≤2
metres)/ was in a
closed environment**

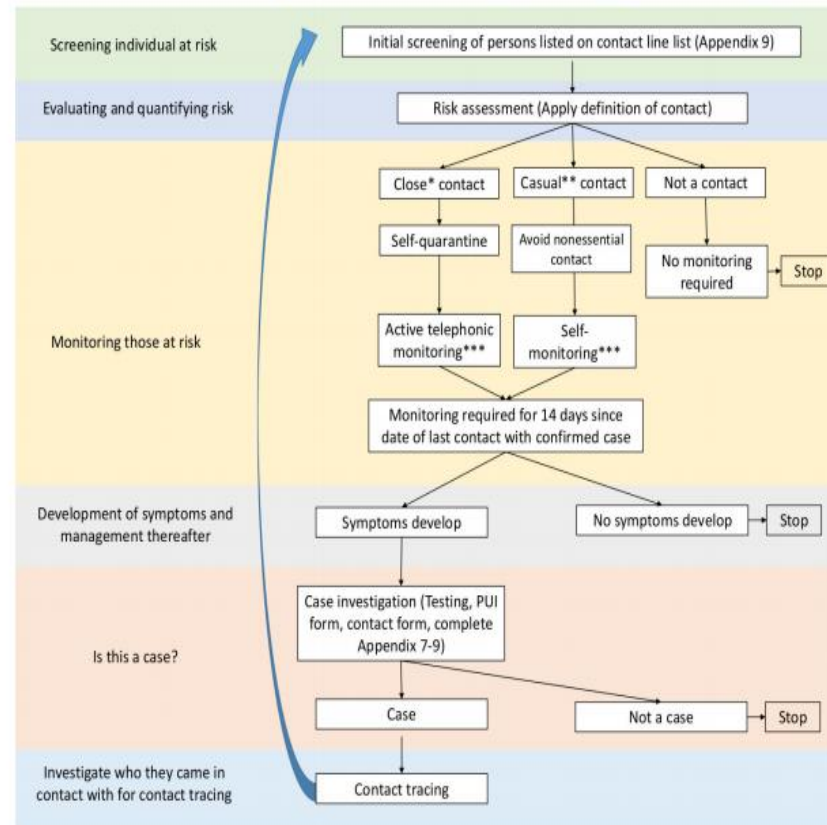
- ❖ **all persons living
in the same
household**
- ❖ **people working
closely in the
same environment**



Close contacts under monitoring should be advised to:

- Close contacts **MUST** self-quarantine at home for 14 days after exposure to the confirmed COVID-2019 and take their temperature daily
- Remain at home
- Avoid unnecessary social contact or travel
- Remain reachable for monitoring

9.3 Appendix 3 – flow diagram for contact tracing, screening and monitoring



Consider vulnerable workers

- Age greater than 60
- Cardiovascular disease
- Diabetes mellitus
- Cancer
- Chronic respiratory disease
- Chronic renal disease
- Pregnant workers
- Employees on immunosuppressive therapy i.e. systemic corticosteroids
- HIV diagnosed workers who are virally unsuppressed

Minimise risks of transmission in the workplace – MUST BE SAID AGAIN!



- Screening and identification of potentially affected employees, limit contact and movement
- Review the HRA and the hierarchy of controls
- Social distancing
- Promote regular and thorough handwashing by employees, contractors and customers
- Respiratory hygiene
- Avoid touching your face, especially while working.
- Advise workers on self-assessment, symptom reporting and sick leave policies
- Encourage / insist that symptomatic persons stay away / self isolate

If you suspect you have been exposed to COVID-19

- ▶▶ Alert your supervisor and occupational health clinic immediately
- ▶▶ If you are experiencing symptoms, inform your health care provider about any contacts and recent travel to areas affected by COVID-19

Workplace queries:



info@nioh.ac.za

0800 212 175

For more information contact NICD: 080 002 9999

www.nicd.ac.za or www.nioh.ac.za

ACKNOWLEDGEMENTS

- NHLS Management
- NIOH Outbreak Response Team
- NICD

