



NATIONAL HEALTH
LABORATORY SERVICE



NATIONAL INSTITUTE FOR
OCCUPATIONAL HEALTH

Division of the National Health Laboratory Service



NATIONAL INSTITUTE FOR
COMMUNICABLE DISEASES

Division of the National Health Laboratory Service



Preparing the Workplace for Coronavirus

Return to work: Q & A session

Dr Odette Volmink

Occupational Medicine Specialist

NIOH

Office: + 27 (0) 11 712 6400

Email: info@nioh.ac.za

Website: <http://www.nhls.ac.za>; <http://www.nioh.ac.za>; <http://www.nicd.ac.za>

Medical surveillance and protocols post screening

- Return to work preparedness. Hygiene & safety protocols in the workplace including, sanitization, social distancing, access control, sick room, PPE – mandatory wearing of masks. What to do if someone tests positive i.e. immediately with the individual, in the workplace thereafter (contact tracing?), and once the individual is ready to return to work, etc
- Contacts and testing in the workplace When a suspected case is waiting for results, can the close contact get tested immediately or has to wait for the test of the suspected case to come back and then test, while they were working together?
- Return to work medical protocol What are the other clinical stability factors to consider/look for apart from oxygen?
- **Screening for COVID of essential workers Is COVID screening enough for essential workers with regards to assessing whether employees have been exposed or not?**
- Screening of employees An employee that was a close contact, self-isolated for 14 days has no symptoms but not tested. Can we say he is cured of the virus and cannot infect others?
- Screening of employees If the employee is possibly exposed and they are to be monitored, do they continue working or not? if they need to be self-isolated, will they require a sick note?
- Screening questionnaire is available and adaptable Is the exposure medical questionnaire available online?
- Related to Scenario 3 - close contact within 1 metre for >15 minutes. Why more than 15 minutes?
- Sufficient exposure time during which transmission is likely to occur.
- The position paper from the South African Thoracic Society not to conduct lung functions during COVID -19 pandemic- your opinion please. Yes it makes sense, in line with our recommendations.
- Medical surveillance. What does active monitoring in high risk employees mean?
- **What are measures to be taken on site if you discover that someone has Covid 19 at work terms of transportation?**

Medical surveillance tools 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

? Medical surveillance. What does active monitoring in high risk employees mean?

- Active monitoring

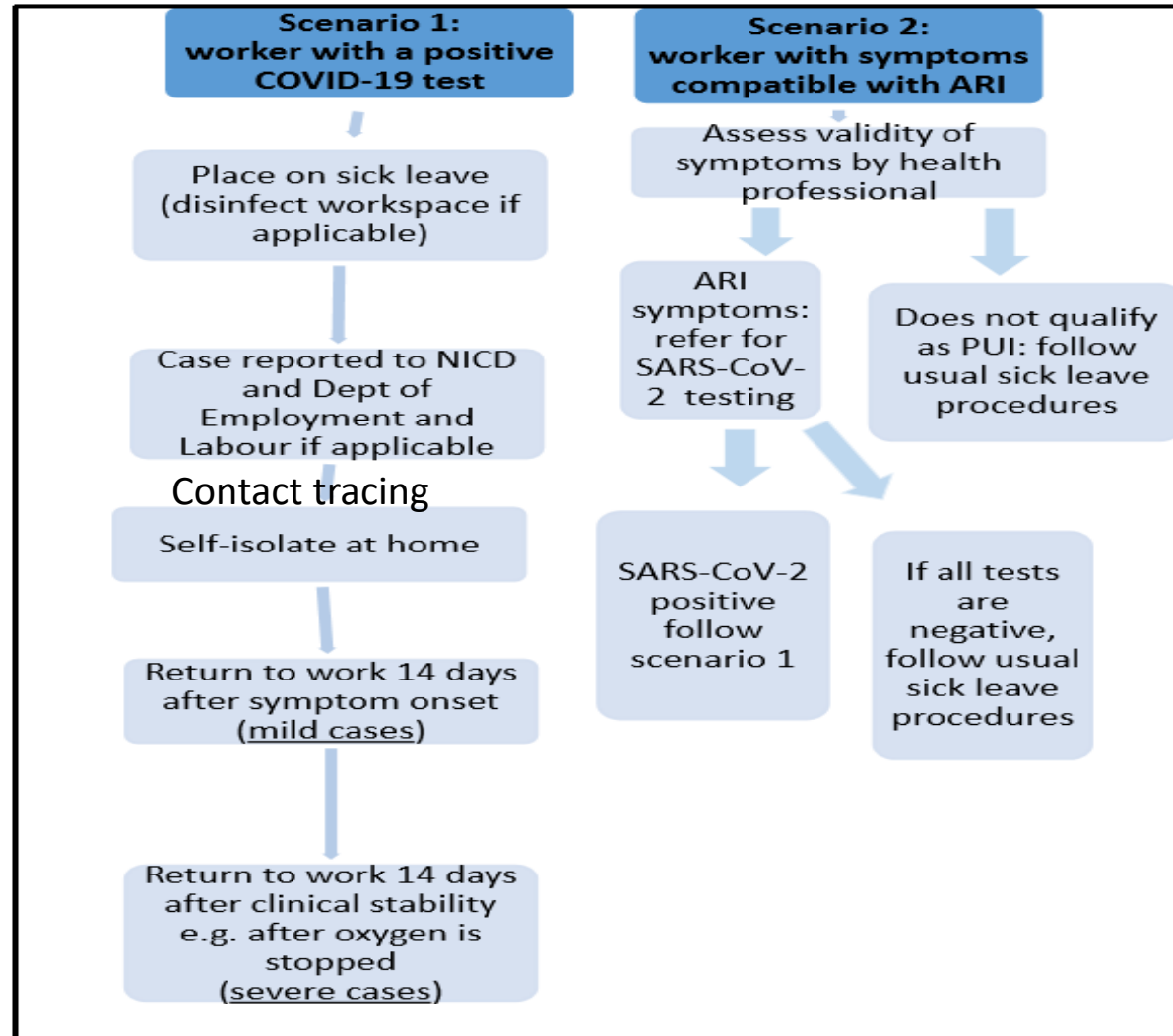
- Regular communication with potentially exposed employee to assess for the presence of fever or symptoms of COVID-19
- For employees with high exposure in the workplace
- Communication should occur at least once each day
- Can be delegated by occupational health or infection control program

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

Workplace management algorithms

What should be done if someone tests positive in the workplace i.e. immediately with the individual, in the workplace thereafter (contact tracing?), and once the individual is ready to return to work, etc

- If symptomatic- not report to work
- If at work- isolate, surgical mask, transport for medical evaluation and testing
- Assess risk of transmission, disinfect the area and worker's station
- Ensure worker is tested or referred to a testing site
- Employee on paid sick leave
- Prevent discrimination of the worker
- COIDA if appropriate



Contacts and testing in the workplace When a suspected case is waiting for results, can the close contact get tested immediately or has to wait for the test of the suspected case to come back and then test, while they were working together?

- Testing only occurs for symptomatic people
- Close contacts noted and check for symptoms
- Feasible for employer

Return to work medical protocol What are the other clinical stability factors to consider/look for apart from oxygen?

- Resolution of fever without the use of fever-reducing medications, and
- Improvement in respiratory symptoms (e.g., cough, shortness of breath)



An employee that was a close contact, self-isolated for 14 days has no symptoms but not tested. Can we say he is cured of the virus and cannot infect others?

ADVICE FOR THE PUBLIC

WHAT TO DO IF I AM A CLOSE CONTACT OF A PERSON WITH CONFIRMED DISEASE AND AM ASKED TO HOME QUARANTINE?

WHAT TO DO IF I THINK I HAVE COVID-19?

WHAT TO DO IF I TEST POSITIVE FOR CORONAVIRUS DISEASE AND I AM ASKED TO HOME ISOLATE?

PNEUMOCOCCAL CONJUGATE VACCINE USE IN THE LIGHT OF THE COVID-19 PANDEMIC

This advice is intended for people who are close contacts of a person with confirmed coronavirus disease (COVID-19), do not have any symptoms and have been asked to quarantine at home. This guidance does not apply to people who have been asked to quarantine in a designated facility.

What does being a close contact mean? +

Who will be in touch with me from the government or National Institute for Communicable Diseases (NICD)? +

Will I be tested for coronavirus disease as a close contact? -

You will only have a laboratory test performed if you develop symptoms within 14 days of your last close contact with a person with COVID-19 who is considered infectious, i.e. able to transmit infection. A person with COVID-19 is considered infectious from 2 days

Sufficient exposure time during which transmission is likely to occur.
2-14 days

Screening of employees If the employee is possibly exposed and they are to be monitored, do they continue working or not? if they need to be self-isolated, will they require a sick note?

3. If an employee has been in close contact with a confirmed case of coronavirus and quarantine/isolation is advised by a medical practitioner **sick leave** may be granted for the duration of the period the employee needs to be quarantined or isolated. The terms and conditions attached to the granting of sick leave as stipulated in the Determination and Directive on Leave of Absence in the Public Service must be adhered to. If the employee's sick leave is exhausted he/she may apply for incapacity leave.

to 14 days after they became ill. Refer to guidance on **what to do if I think I**

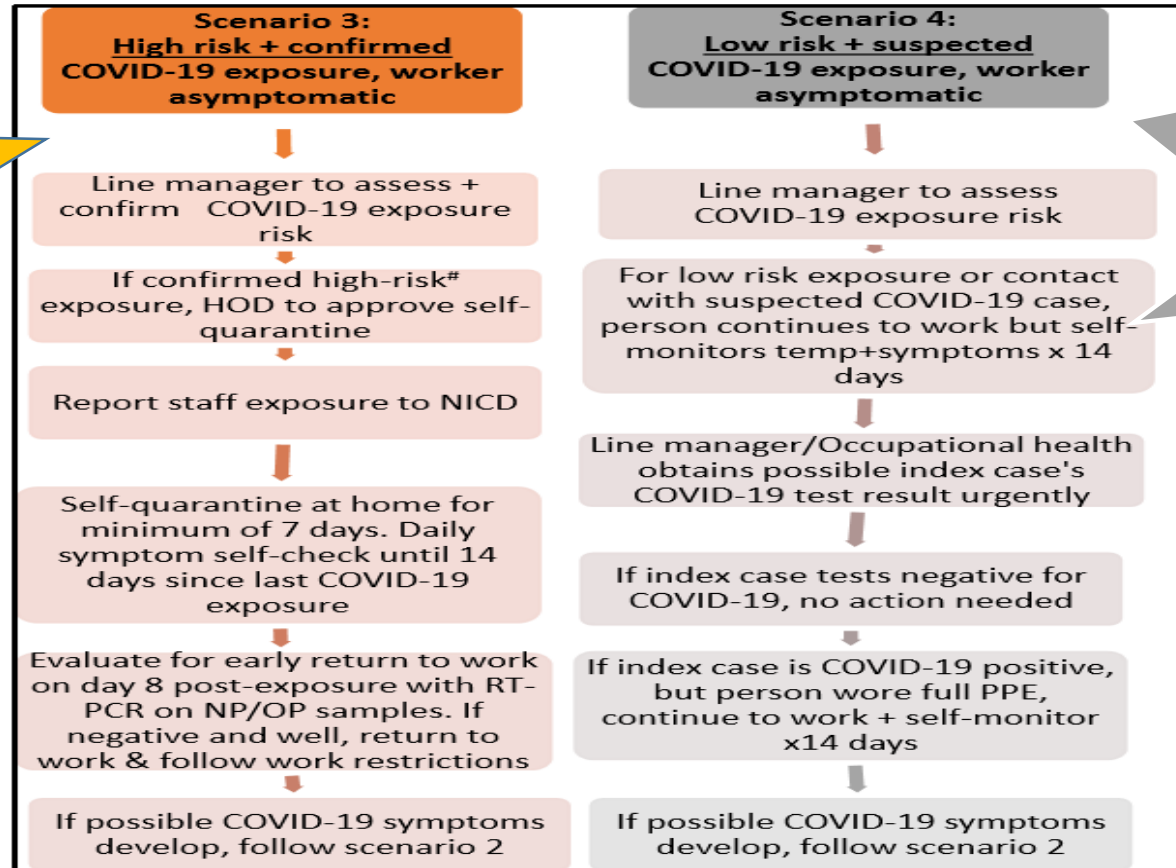
coronavirus disease?

23.4 place its employee 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;

Workplace management algorithms for COVID-19 exposed workers- Essential workers

close contact within 1 metre for >15 minutes without PPE / failure of PPE / direct contact with respiratory secretions

Related to Scenario 3 - close contact within 1 metre for >15 minutes. Why more than 15 minutes?



>1 metre away from a COVID-19 confirmed case for <15 minutes OR within 1 meter but wearing PPE Also consider lower risk if COVID case was wearing a surgical mask (source control).

The position paper from the South African Thoracic Society not to conduct lung functions during COVID -19 pandemic- your opinion please.

Transmission occurs from organisms suspended in droplets. These droplets may be produced by coughing and possibly via forced expiratory manoeuvres by patients with COVID-

Droplets containing *SARS Cov2* may remain infectious for many hours. Droplets will remain airborne longer if small, but in general, organisms will remain viable longer in larger droplets.

Barrier filters and disposable mouth pieces may be present in some machines

Still risk can be to tester and the tested employee

P.O. Box 13725
Mowbray
7705



Tel: (021) 650 3050
Fax: (021) 650 2610
Email: admin@pulmonology.co.za
Website: www.pulmonology.co.za

22 April 2020

POSITION STATEMENT OF THE SOUTH AFRICAN THORACIC SOCIETY (SATS) ON THE CONDUCT OF LUNG FUNCTION TESTING DURING THE CORONA VIRUS COVID-19 PANDEMIC

SATS acknowledges the seriousness of the corona virus COVID-19 pandemic. It supports the National Department of Health in its efforts to contain the pandemic and minimise spread.

SATS, in line with international respiratory society guidelines, recommends that no lung function tests must be conducted during this period. This includes the performance of peak flow testing in hospitalised patients admitted with acute asthma. This recommendation is based on the need to obviate or minimise aerosolization procedures that may contribute to the spread of the corona virus.

In the event there is an absolute need for the conduct of any lung function test, it must be requested and conducted under strict supervision, preferably by a pulmonologist. The procedure must be conducted with optimal infection control and use of full personal protection equipment (PPE) as per national guidelines.

















Vulnerable workers

- Is it necessary as the employer to do an analysis of employees who have family members who are clinically extremely vulnerable?
 - This is not a legislated duty of the employer, good will
- Are persons that are diagnosed with Hypopituitarism and Diabetes Insipidus are at greater risk and vulnerable?
 - Chronic heart disease, chronic respiratory disease and immunocompromised
- Please advise how we should deal with a senior construction site based employee who is diagnosed with Cancer. What steps should be taken prior to her returning to work.
 - Information about the cancer- stage, treatment,
 - Risk of the worker
 - Fitness for work should be determined by the OMP
- Are auto-immune disease sufferers included in the Extremely Vulnerable category?
 - Depending on treatment and control, will need to be assessed for fitness for work
 - Extremely vulnerable should not be at work
- Are healthy pregnant people considered high risk?
 - No, there have been some pregnant women who have transmitted to their newborn but it is thought to be transmitted through contact post delivery
- Where do we classify the vegetarians with low blood pressure?
 - Not as high risk

Occupational health staffing

- Can I ask who may fulfil the role of an OMP? Must an occupational health practitioner be appointed or can the risk assessment/monitoring/implementation be carried out and over seen by occupational health and safety practitioners?
 - Omp is a medical Dr with post graduate training in occupational helath
 - Risk assesment can be done by employees, H&Sreps, Occ health and safety practitioners
 - Employee monitoring/surveillance should be done by medically trained staff
 - According to the legislation- HBA regs should be planned and supervised by an OMP
- Draft policies and guidelines
- Is there a draft policy that we can use and apply and download? What guidelines can we safely look at as there is a lot of information out there
- <http://www.nioh.ac.za/national-resources/>

National Department Of Health COVID19 Occupational Health and Safety Resources

 NDOH SOP – COVID-19 OUTBREAK PREPAREDNESS, DETECTION & RESPONSE	 NDBE – COVID-19 GUIDELINES FOR CHILDCARE FACILITIES & SCHOOLS	 DPSA COVID-19 – CIRCULAR NO. 7 OF 2020	 DPSA – CIRCULAR ON STATE OF DISASTER – COVID-19 PUBLIC SERVICE GUIDELINES FOR CONTAINMENT
 UIF – COVID-19 NAT DISASTER BENEFIT – EASY-AID GUIDE FOR EMPLOYERS	 CF – NOTICE ON COMP'N FOR OCCUPATIONALLY-ACQUIRED CORONAVIRUS UNDER COIDA	 DOEL – WORKPLACE PREPAREDNESS – COVID-19 GUIDELINES	 GUIDANCE FOR SYMPTOM MONITORING AND MANAGEMENT OF ESSENTIAL STAFF WITH COVID-19
 PSYCHOSOCIAL SUPPORT FOR HEALTH WORKERS UPDATED	 COVID-19 WORKER RISK ASSESSMENT GUIDE	 COVID-19 WALK-THROUGH RISK ASSESSMENT TOOL	 COVID-19 EMPLOYER RISK ASSESSMENT GUIDE
 FINAL OHS COVID19 DIRECTIVE 28 APRIL 2020	 COVID-19 OHS UPDATE	 COVID-19 WALK-THROUGH RISK ASSESSMENT	 SYMPTOM MONITORING AND MANAGEMENT_14_4_2020_V4

Regulations & Guidelines- Coronavirus Covid-19 [Click here >>](#)

Social distancing

- Mass gatherings are not permitted and will not be even when the lockdown is partially lifted, so a construction is a mass gathering do you have any clarity on that?
- Workplace social distance How many employees will be allowed in an open plan area/small cubicles? is there a set standard on how many employees per square meter? No. no set standard but depends on the area itself, and ability to observe at least 1m distance between employees.
- I work in construction, as the main contractor, I want to know in terms of social distancing how do we deal with contractors that transport their own employees inside a bakkie or LDV every morning?
- minimize the number of workers on at the workplace at any given time
 - through rotation,
 - staggered working hours,
 - shift systems,
 - remote working arrangements or
 - similar measures in order to achieve social distancing
 - It must take measures to minimize contact between workers as well as between workers and members of the public;
- Social distancing measures
 - minimum of one and a half metres between workers while they are working, for example, at their workstations.
- If it is not practicable to arrange work stations to be spaced at least one and a half metres apart, the employer must-
 - arrange physical barriers to be placed between work stations or erected on work stations to form a solid physical barrier between workers while they are working; or
 - if necessary, supply the employee free of charge with appropriate PPE based on a risk assessment of the working place.
- common areas outside the immediate workplace through queue control or within the workplace such as canteens and lavatories. These measures may include dividing the workforce into groups or staggering break-times to avoid the concentration of workers in common areas.

Other questions....

- How can we accommodate for Restaurants, which is the best advice to implement for employees and visitors?
 - No mass gatherings
 - Screening of visitors and staff
 - Other options like delivery service, pick up and drive through
 - Hand washing facilities, sanitizers
- Some persons do not present symptoms and might be carriers, thus if they stay at work they might spread the disease?
 - Very little info on these people and on how to control for this risk outside of lockdown
- What do we do with the remains of a diseased person, is this not seen as a Hazardous Biological Agent?
 - <https://j9z5g3w2.stackpathcdn.com/wp-content/uploads/2020/04/COVID-19-ENVIRONMENTAL-HEALTH-GUIDELINE-1-3.pdf>
- Please send me the list of specific PPE the Occupational Health practitioner should wear when doing Medical Surveillance
 - The medical surveillance may need to be revised based on what is necessary and looking at risk to testers and employees
 - PPE is dependant on what task will be done and should be in conjunction with other control measures being in place in the clinic
 - https://apps.who.int/iris/bitstream/handle/10665/331215/WHO-2019-nCov-IPCPPE_use-2020.1-eng.pdf