

# Medical Screening in the Workplace

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# What is Medical Screening?

- Screening refers to the **use of simple tests** across an apparently healthy population in order to **identify individuals who have risk factors or early stages of disease**, but who may not yet have symptoms (WHO)
- In the case of Covid-19 - it refers to the process of checking a person's **temperature** and asking a **series of questions related to certain symptoms** associated with the disease → **POTENTIAL** cases of COVID-19
- According to the DEL: Measures for the daily screening of employees and the screening of clients, contractors and visitors to the workplace must be included in the workplace risk assessment and carried out
- **Please note:**
  - **Screening is not a replacement for preventative measures** in the workplace – control measures are extremely important and need to be followed in the work environment.
  - **Screening is not a diagnostic test**- it does not confirm if you have disease or not, it identifies people who will require further diagnostic testing for the disease.

# Why Screen for COVID-19?

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

# DEL Government Gazette: 04 June 2020

## Health and safety measures

- 24. Every employer must implement the following health and safety measures.

### **Symptom screening**

- 25. Every employer must take measures to
  - 25.1 screen any worker when they report for work in order to
    - 25.1.1 ascertain whether they have any of the symptoms associated with COVID -19 as per the current NICD definition, namely a cough, sore throat, shortness of breath (or difficulty in breathing), or loss of smell or taste;
    - 25.1.2 determine whether they suffer from any of the following additional symptoms: fever, body aches, redness of eyes, nausea, vomiting, diarrhoea, fatigue, weakness or tiredness; and
  - 25.2 require workers to immediately inform the employer if they experience any of the symptoms in sub -clause 25.1 while at work.
- 26. Employers must comply with any guidelines issued by the National Department of Health in consultation with the Department in respect of –
  - 26.1 symptom screening; and
  - 26.2 if required to do so, medical surveillance and testing.

# What Should Already be in Place in terms of Screening?

- There should be **allocated screening stations**
- These screening sites must be **stocked with enough PPE**
- **Waste bins for disposal** of medical waste should be available & clearly marked
- **Sanitiser use** to be encouraged on arrival/ exit (non-touch)
- **Training** for all workers on screening
- **SOP** including guidelines on how often to screen employees

# Who can Preform the Screening?

- The screening can be done by any personnel in the workplace who has been adequately trained on the matter and understands what is expected of them and what procedures to follow
  - They must know how to don the correct PPE in order to protect themselves (if required)
  - They must be trained on how to preform the screening correctly
  - They must be aware of what to look for in order to know whether a person can be allowed into the workplace or not
  - They must be a healthy individual who does not fall into the high risk category and preferably not have high risk family members at home

Who Must be Screened?

**EVERYONE**

Employers/ Employees/ Visitors/  
Contractors

Subject to consent

# How Should Screening be Conducted?

- Obtain consent before screening is commenced
- Ensure dignity of the individual is considered
- Make sure prevention measures are in place – social distancing & wearing of PPE (if required)
- Encourage honesty when filling out the form
- Avoid stigma related to COVID-19 and symptoms of it
- There should be an isolation room/ area nearby available for individuals who screen positive.



# Symptom Screening

- Symptom screening is usually done in the form of a **checklist/ questionnaire** that is filled out by all employees, visitors etc.
- Important details to capture include contact details, reason for the visit/ who the person is visiting/ employee – which area they work in, history of possible symptoms, if there was contact with a confirmed COVID-19 patient and a declaration that all stated above is true
- Important symptoms that have to be included on the questionnaire include – sore throat, cough, difficulty breathing (shortness of breath) and a loss of smell/ taste in the last 14 days
- Workers/ visitors should be made aware of the symptoms so they don't come in to work/ to visit if they have them – **symptom monitoring** at home can be encouraged
- This is a **subjective method** of screening as you rely on the honesty of the person filling out the form

# Symptom Screening

## Suspected COVID-19 case definition

Any person presenting with an acute ( $\leq 14$  days) respiratory tract infection or other clinical illness compatible with COVID-19, or an asymptomatic person who is a close contact<sup>a</sup> of a confirmed<sup>b</sup> case

- Symptoms include ANY of the following respiratory symptoms: cough, sore throat, shortness of breath, anosmia (loss of sense of smell) or dysgeusia (alteration of the sense of taste), with or without other symptoms (which may include fever, weakness, myalgia, or diarrhoea)
- Note: Asymptomatic close contacts should not be routinely tested despite meeting the suspected case definition.

However, testing may be indicated in certain circumstances (e.g. institutions such as care homes)

<sup>a</sup>**Close contact:** A person having had face-to-face contact ( $\leq 1$  metre) or been in a closed space with a confirmed case for at least 15 minutes. This includes, amongst others, all persons living in the same household as a case, and people working closely in the same environment as a case. Healthcare workers or other people providing direct care for a case, while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, N95 respirator, eye protection). A contact in an aircraft sitting within two seats (in any direction) of the case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the case was seated.

<sup>b</sup>**Confirmed case:** A person with laboratory confirmation of SARS-CoV-2 infection (using an RT-PCR assay), irrespective of clinical signs and symptoms. Symptomatic cases are considered infectious from 2-3 days before symptom onset to 14 days after symptom onset.

NICD Case Definition of a Person Under Investigation

# Symptoms Clusters to Look Out for

1. “Flu-like” with no fever—headache, loss of smell, muscle pains, cough, sore throat, chest pain
2. “Flu-like” with fever—headache, loss of smell, cough, sore throat, hoarseness, fever, loss of appetite
3. Gastrointestinal—headache, loss of smell, loss of appetite, diarrhoea, sore throat, chest pain, no cough
4. Severe level one, fatigue—headache, loss of smell, cough, fever, hoarseness, chest pain
5. Severe level two, confusion—headache, loss of smell, loss of appetite, cough, fever, hoarseness, sore throat, chest pain, fatigue, muscle pain
6. Severe level three, abdominal and respiratory—headache, loss of smell, loss of appetite, cough, fever, hoarseness, sore throat, chest pain, fatigue, confusion, muscle pain, shortness of breath, diarrhoea, abdominal pain.

# Symptom Screening

	ADVANTAGES	DISADVANTAGES
PAPER BASED SCREENING FORM	<ul style="list-style-type: none"><li>• Well established standardised system of collecting information</li><li>• Don't need to rely on technology knowledge/ products to use it</li><li>• Easy to implement</li><li>• Low cost to implement</li></ul>	<ul style="list-style-type: none"><li>• Storing and filing may be difficult – high admin burden</li><li>• Data loss may occur</li><li>• Sharing of pens/ clipboards/ forms (high risk)</li><li>• Time burden – if not filled beforehand</li><li>• High paper burden – high cost long-term</li></ul>
TECHNOLOGY SCREENING APPLICATION	<ul style="list-style-type: none"><li>• Time saving</li><li>• Better data keeping and confidentiality</li><li>• Long-term benefits especially in places with high volumes of constant workers</li><li>• Low contact risk</li></ul>	<ul style="list-style-type: none"><li>• Not easily accessible to everyone</li><li>• May be deemed not user friendly by certain staff</li><li>• Require training</li></ul>

# Temperature Screening

- Why is the temperature checked?
  - A fever is a very common symptom of many illnesses/ disease – noted as an additional symptom of COVID-19
  - Objective measurement
  - **Please note:** Temperature screening alone will not find all potential cases of COVID-19. Some staff members may be asymptomatic, some may be in the early stages of disease (incubation period) and therefore won't have any symptoms and some may take medications to reduce fever therefore masking the symptom.
  - “Thermal screening at the workplace can be considered **part of a package** of measures to prevent and control COVID-19 at the workplace.” WHO – it cant be used alone as a screening tool

# Temperature Screening

- Tools used
  - Non-contact thermometers – The most commonly used tool to check for a temperature. Reduce cross-contamination risk and minimize the risk of spreading disease
    - Non-Contact Infrared Thermometers (NCIT) – the ones that you know and see being used all over. Incorrect usage may lead to inaccurate readings
    - Thermal Scanners – used in airports for example for mass crowd screening of people. Promotes physical distancing & more accurate than above
    - Minimal contact (Tympanic thermometers) – although the most accurate, the use of this is not recommended for workplace screening.
  - Contact thermometers – these include rectal, axillary and oral thermometers

# NCIT

This device measures a body surface temperature and so you can get false results depending on the outside environment

Read the manufacturers instructions carefully – to ensure proper use of the NCIT (may differ between products)

Avoid testing in direct sunlight  
Use in a draft-free area  
NCIT must be given time to adjust to outside environment

Distance between NCIT and individual may change according to specific thermometer used - Typically held 3cm to 15cm away from the patient



Measure temperature perpendicular to the forehead or temple (The neck and wrist can be used as alternatives – Make sure the area is clean and dry/ not excessively covered/ not blocked)

# Temperature Screening

- Temperature Ranges
  - Normal temperature: 36,1 °C to 37,2 °C
  - A fever is recorded as anything  $\geq 38^{\circ}\text{C}$  (WHO/ CDC)
  - This can be determined by work set guidelines (mining, health and call centre sectors have stricter guidelines where fever is  $\geq 37.5^{\circ}\text{C}$ )
- Calibrating the thermometer
  - Over time you may get off readings - your thermometer would have to be calibrated for accurate readings
  - There are various calibration laboratories around SA which are SANAS approved
- Cleaning the thermometer
  - Cleaning the thermometer consists of using a soft cloth dampened with water or medical alcohol (never soap or other chemicals)
  - Wipe the lens first and then the body of the thermometer
  - Allow the thermometer to dry completely before storing or next use.



# Temperature Screening – What is Wrong in the Pictures Below?



Distance of NCIT to patient  
No PPE  
No physical distancing

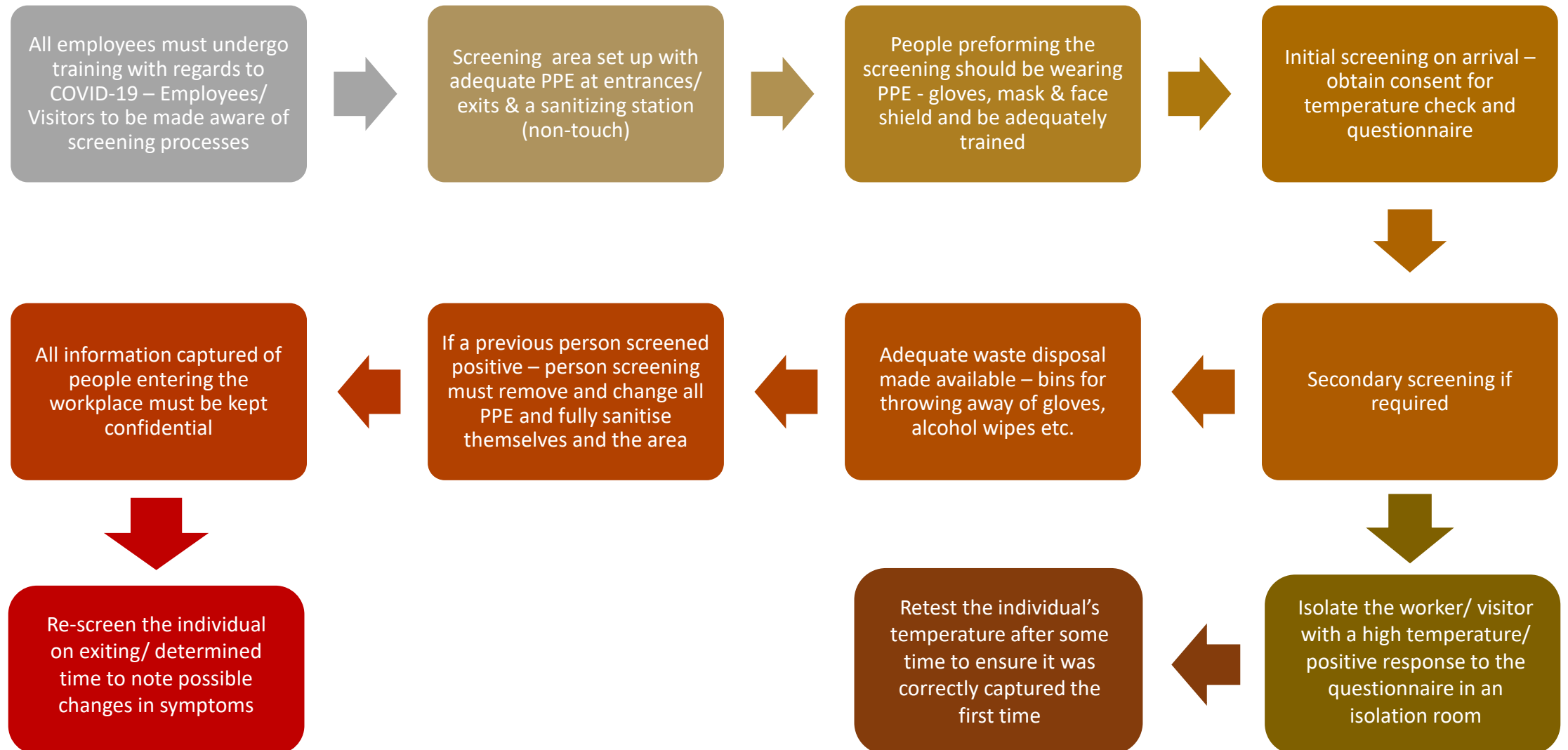


No PPE on person screening  
Direct sunlight



No PPE on individual  
Could wear a face shield

# Flow Chart of Screening in the Workplace



# What to Do if Someone Screens Positive

27. If a worker presents with COVID -19- related symptoms, or advises the employer of these symptoms, the employer must –

- 27.1 not permit the worker to enter the workplace or report for work; or
- 27.2 if the worker is already at work immediately
  - 27.2.1 isolate the worker, provide the worker with a surgical mask and arrange for the worker to be transported in a manner that does not place other workers or members of the public at risk either to be self -isolated or to be referred for a medical examination or testing; and
  - 27.2.2 assess the risk of transmission, disinfect the area and the worker's workstation, undertake contact tracing and refer those workers who may be at risk for screening and take any other appropriate measure to prevent possible transmission;

# Take Home Points

- Screening must be used as an early warning mechanism to point out **potential** COVID-19 cases/ ill employees/ visitors etc.
- Medical screening is **not diagnostic**, therefore if a person has any symptoms they should be encouraged to undergo diagnostic testing to get formal results.
- It **does NOT replace** control measures that should be taken inside the workplace
- **Unwell** employees/ visitors must **stay at home**
- Every work environment is different therefore the **screening process must be tailored** to suit the environment.
- **Employees must be trained** on the various screening processes & visitors made aware
- **Encourage honesty** when filling out the screening forms – employees must know about what happens if they screen positive/ have symptoms
- **Reduce stigma** surrounding COVID-19

# Reducing Stigma in the Workplace

- Stigma is the discrimination of a specific group of people
- Associated with the lack of knowledge surrounding the disease
- Pandemic = increased fear and anxiety in the population
- Population groups at risk of stigma:
  - People who tested positive for COVID-19, have recovered from being sick with COVID-19, or were released from COVID-19 quarantine;
  - People who have underlying health conditions that cause a cough
- What can be done:
  - Maintain the privacy and confidentiality of those who have symptoms, are seeking healthcare and those who may be part of any contact investigation.
  - Quickly communicate the risk, or lack of risk, from contact with products, people, and places.
  - Correct negative language that can cause stigma by sharing accurate information about how the virus spreads
  - Speaking out against negative behaviours and statements.
  - Encourage transparency and 2-way communication in the workplace

# References:

- <https://sacoronavirus.co.za/2020/07/09/guidelines-for-symptom-monitoring-and-management-of-essential-workers-for-covid-19-related-infection/>
- <https://www.fda.gov/medical-devices/general-hospital-devices-and-supplies/non-contact-infrared-thermometers>
- NIOH website
- NICD website
- <https://www.cdc.gov/coronavirus/2019-ncov/daily-life-coping/reducing-stigma.html> - link can be found for reducing stigma caused by COVID-19 guide
- <https://www.who.int/emergencies/diseases/novel-coronavirus-2019>
- <https://www.labourguide.co.za/workshop/1845-update-health-and-safety-directive-for-workplaces-4-june-2020/file>
- [https://www.bmj.com/content/370/bmj.m2911?=&utm\\_source=adestra&utm\\_medium=email&utm\\_campaign=usage&utm\\_content=daily&utm\\_term=text](https://www.bmj.com/content/370/bmj.m2911?=&utm_source=adestra&utm_medium=email&utm_campaign=usage&utm_content=daily&utm_term=text)