

Medical screening and testing of COVID-19 in different workplaces

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Quarantine and Isolation



Sifting Through the Noise

- “The employee was placed in quarantine after their positive test...”
- “The employee was placed in self-quarantine...”
- “The employee was positive two weeks ago but now their partner has been diagnosed...”
- Etc.
- Much confusion exists around the definitions.

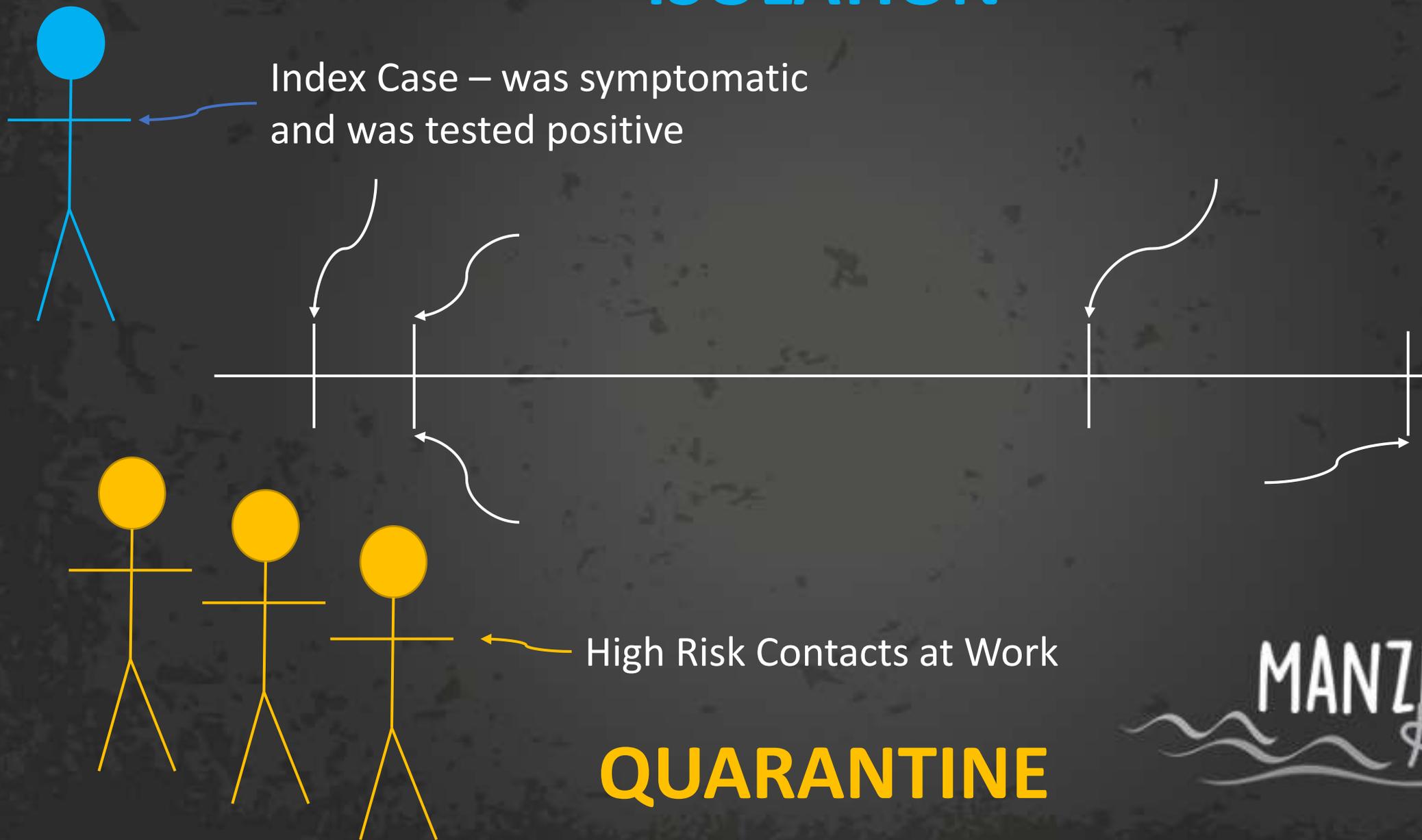


Definitions of Quarantine and Isolation

- **Isolation** means that after you develop symptoms of Covid-19 and/or test positive for the SARS-CoV-2 virus, you need to stay apart from others so as to not spread the virus to them. This includes asymptomatic people who have a positive test.
- **Quarantine** means that after you have had a high-risk exposure to Covid-19 contact, you need to stop being in contact with people and stay apart. This is in case you have contracted Covid-19 from your initial exposure.

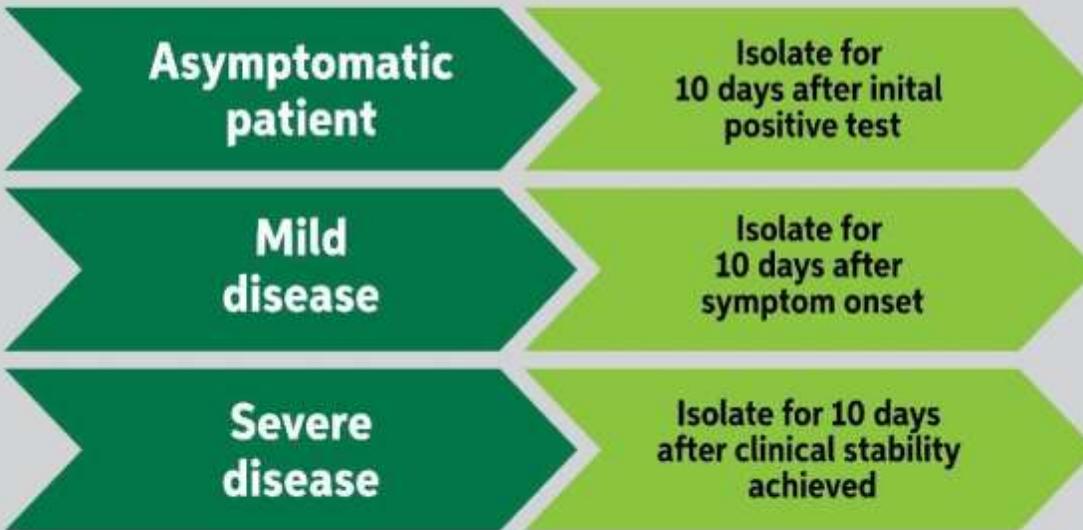


ISOLATION



#10DaysIsolation

The isolation period should be reduced from 14 days to 10 days on condition that the patient does not have a fever and their symptoms have begun to improve.



← The NDoH has recently updated their guideline on isolation periods.

- But what about Quarantine? Why 14 days?



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Reference: 2020/07/17Covid/01

NOTICE: REDUCTION IN THE ISOLATION PERIOD FOR PATIENTS WITH CONFIRMED COVID-19 INFECTION

The recommended isolation period for patients with confirmed Covid-19 infection is reduced from 14 to 10 days.

This recommendation is based on evidence that most patients with mild Covid-19 infection continue to shed SARS-CoV-2 nucleic acid from their upper airways for a median of approximately 7-12 days. Furthermore, the presence of detectable virus nucleic acid by RT-PCR does not necessarily imply infectiousness. A better proxy for infectiousness is the ability to successfully culture the virus from a sample. In mild cases, cultures are generally only positive for 8-9 days after symptom onset



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**NOTICE: RE
COVID-19 IN**

The recomm
from 14 to 10

This recomm
continue to
approximately
PCR does no
to successful
positive for 8-

may require to be booked off sick for longer than the above isolation periods.

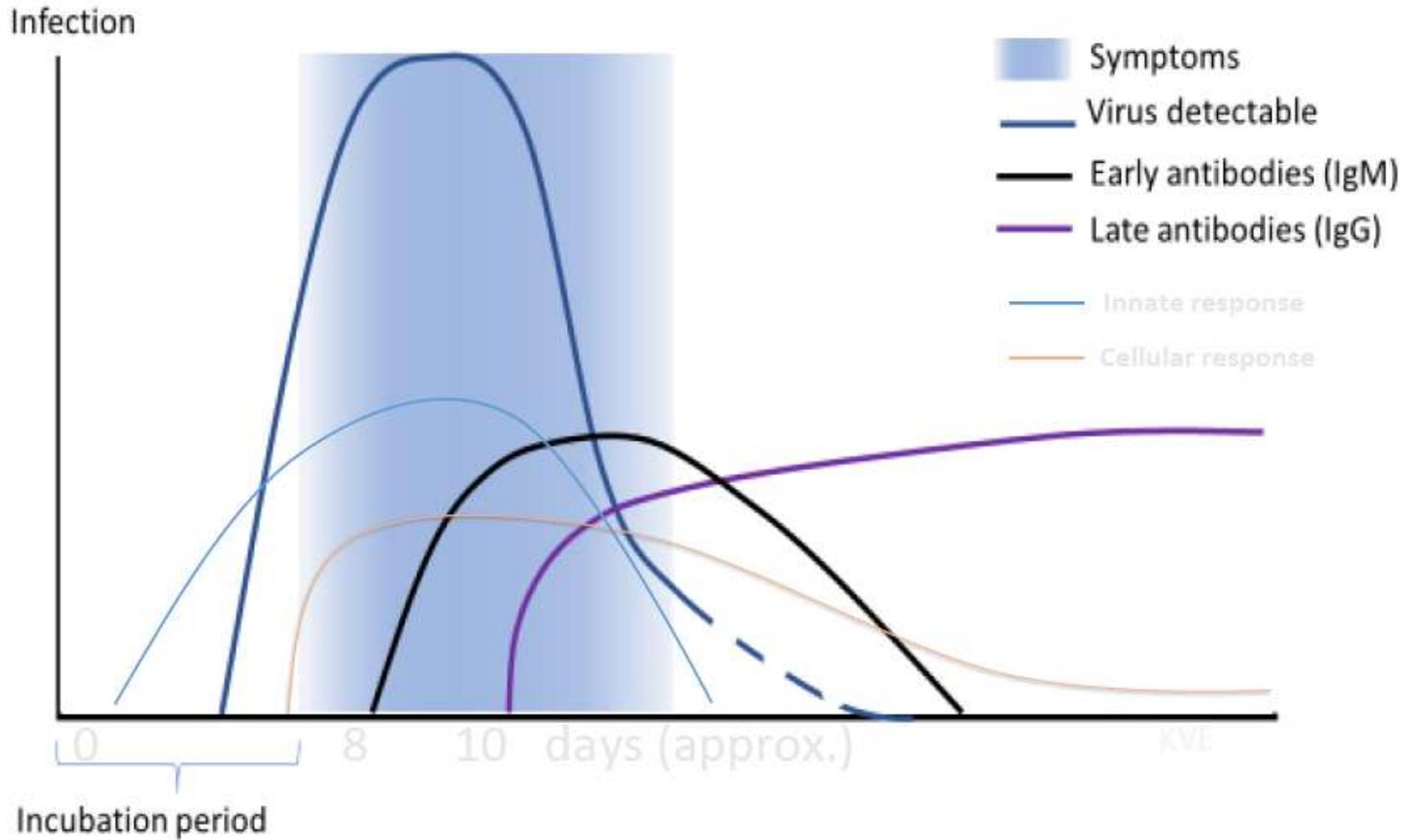
For a guide to the management of staff in healthcare and laboratory settings with Covid-19 exposure, please consult the document at the following link: https://sacoronavirus.co.za/wp-content/uploads/2020/07/9_2020-V4-14-4-2020-Guidance-for-symptom-monitoring-and-management-of-essential-staff-with-COVID-19-related-illness-final-for-approval.pdf

Kind regards

DR SSS BUTHELEZI
DIRECTOR-GENERAL: HEALTH
DATE: 22 JULY 2020



The immune response to viral infections



Quarantine for 14 days if you are exposed to a high-risk situation.

14 day period will be counted from date of last high risk exposure.

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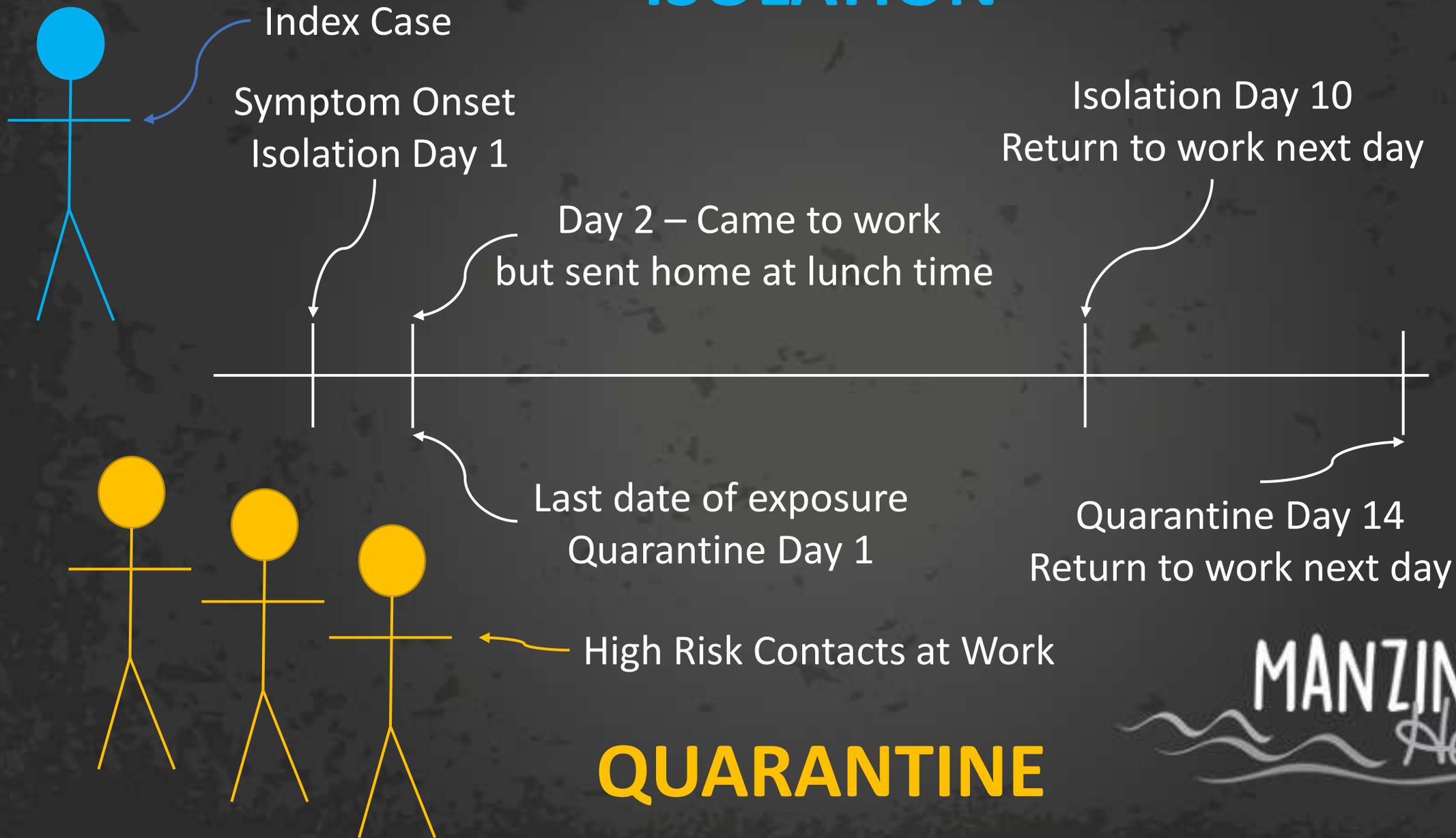


No Testing
on Return

Dead
OR
Alive?

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ISOLATION



QUARANTINE



High Risk vs Low Risk Contacts

- SARS-CoV-2 is thought to be spread primarily through respiratory particles
- These particles can be breathed in or land on our eyes, nose or mouth
- The regs refer to the NDoH guideline:
 - **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)



Questions to Ascertain Exposure

- How long were you in contact?
- How far apart did you stay?
- Were people following hand sanitising/mask wearing rules
- Did you share a meal together?
- Did you share stationary etc.?
- Did you work in an office together?
 - Size, ventilation etc.
- Do you socialise outside of work with the person?
- Do you use the same bathroom?

Understanding Risk

RISK = HAZARD + EXPOSURE



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Keeping it Simple

- Isolate for 10 days after the start of suggestive symptoms (or 10 days after test in asymptomatic positive cases)
- Quarantine for 14 days if you are exposed to a high-risk situation (from last date of exposure)
 - HCWs could potentially test earlier
- Contact trace – high risk to quarantine; low risk to continue at work.

What About “Normal Flu”?

- COVID and flu can often look the same
- A negative test may not be really negative
- Approach depends on company’s risk appetite and operational requirements



Business Continuity Plans

From an occupational health perspective



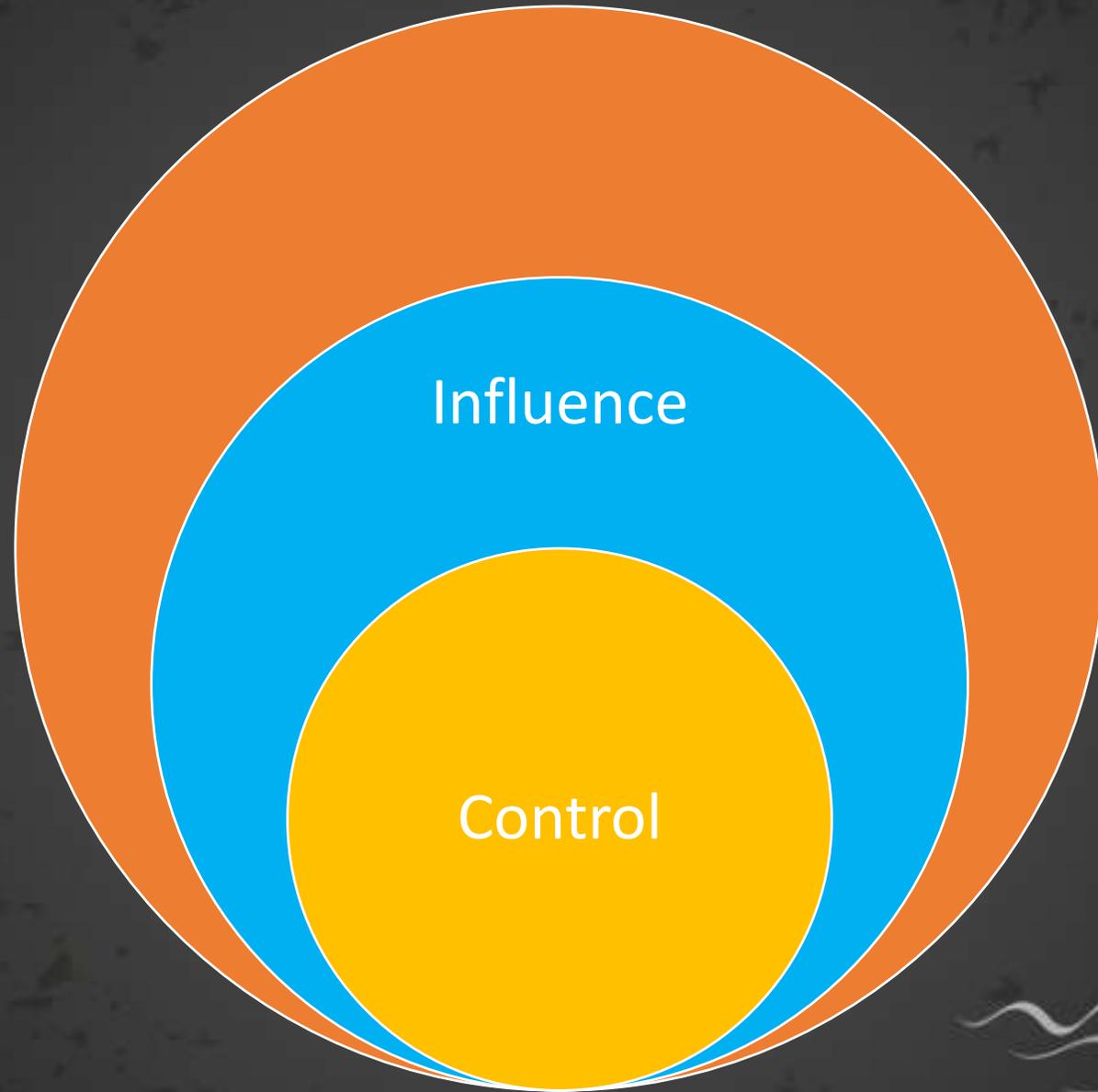
Definition

- Business continuity planning is the process of creating systems of prevention and recovery to deal with potential threats to a company. In addition to prevention, the goal is to enable ongoing operations before and during execution of disaster recovery. - *Wikipedia*



Potential Threats to Business Continuity

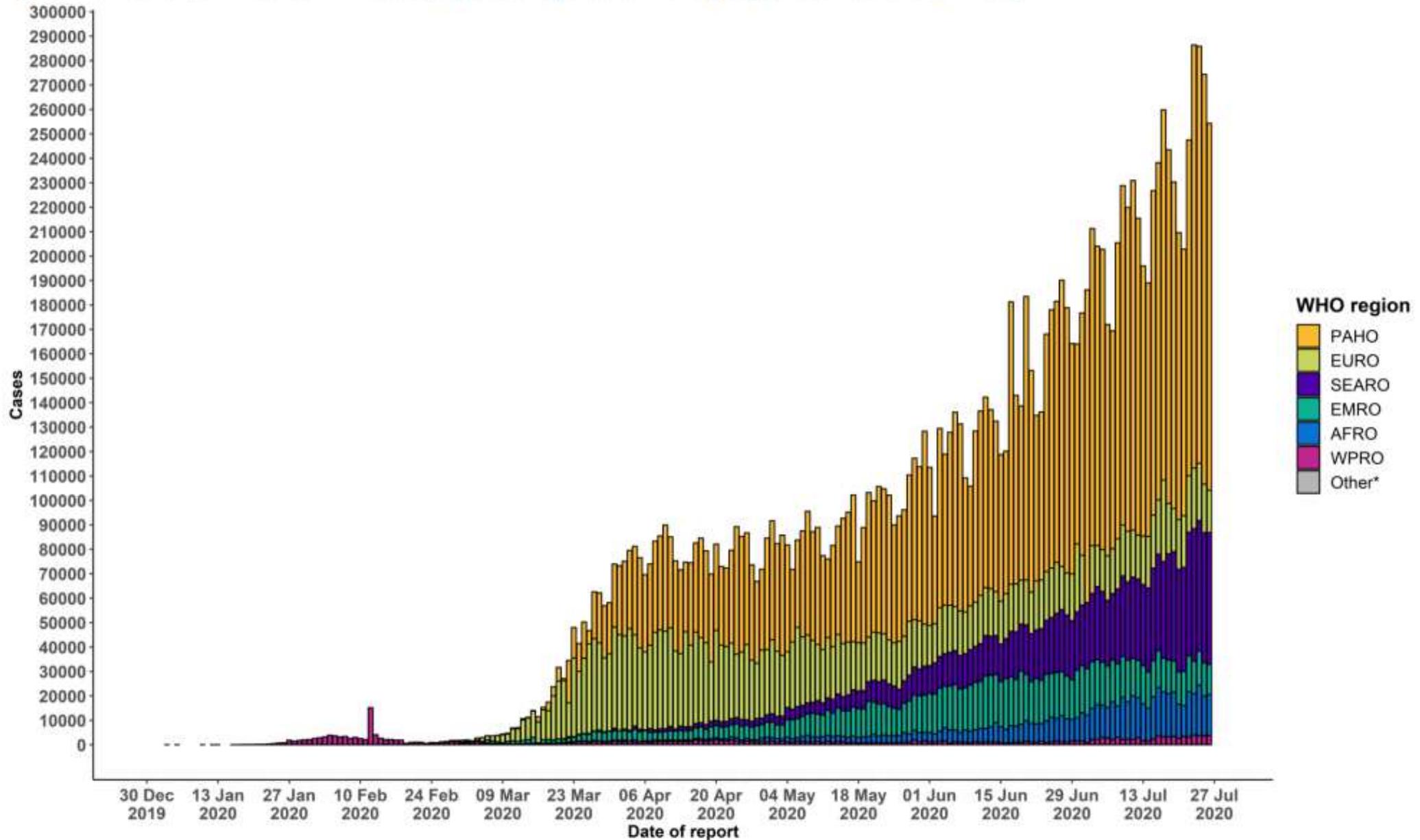
- Absenteeism
- Supply chain disruptions
- Movement restrictions
- Changing tourism flows
- Remote working – Online security
- Mental health issues
- Cash flow issues
- Predicted prolonged recession



What can we control or influence?

- ✓ Absenteeism – **Control?**
- Supply chain disruptions – **Influence**
- Movement restrictions – Neither?
- Changing tourism flows – Neither?
- Remote working – Online security – **Control?**
- Cash flow issues – **Influence**
- Predicted prolonged recession – Neither?
- ✓ Mental health issues – **Influence**

Figure 2. Number of confirmed* COVID-19 cases, by date of report and WHO region, 30 December through 27 July**



How many workers are infected?

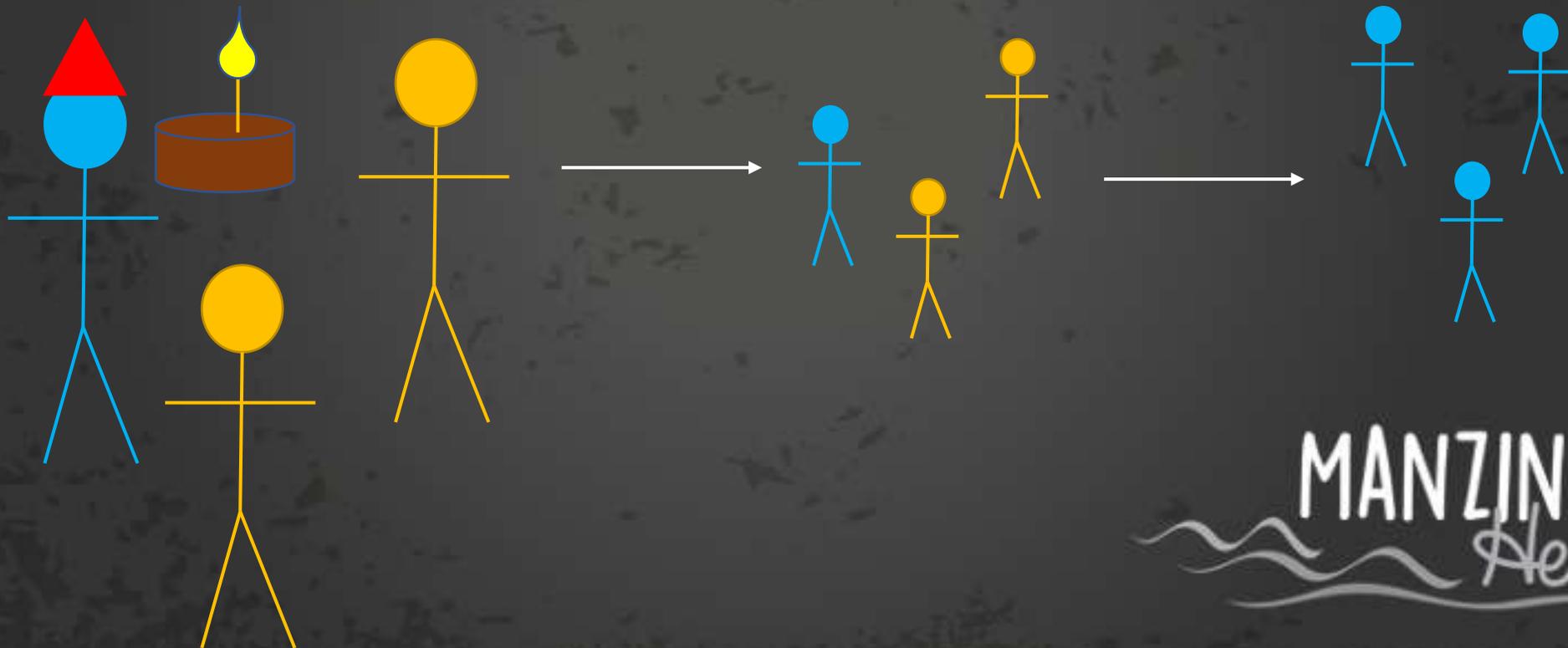
- The number of recoveries currently stands at 274 925 which translates to a recovery rate of 61%
- Therefore: 177 604 active cases
- On a conservative estimate: Approximately 100 000 workers with active infection

Managing Absenteeism

- Policies on absenteeism
- Rewards for good attendance
- Provision of employee support
- Reduction of COVID-19 in the workplace
 - Risk assessments; physical distancing; hand cleansing/sanitising; cleaning routines; masks
 - Active screening
 - Effective contact tracing and notification
 - Appropriate quarantine and isolation
 - Not “NO Covid, but LOW Covid”

A (not so) Hypothetical Situation

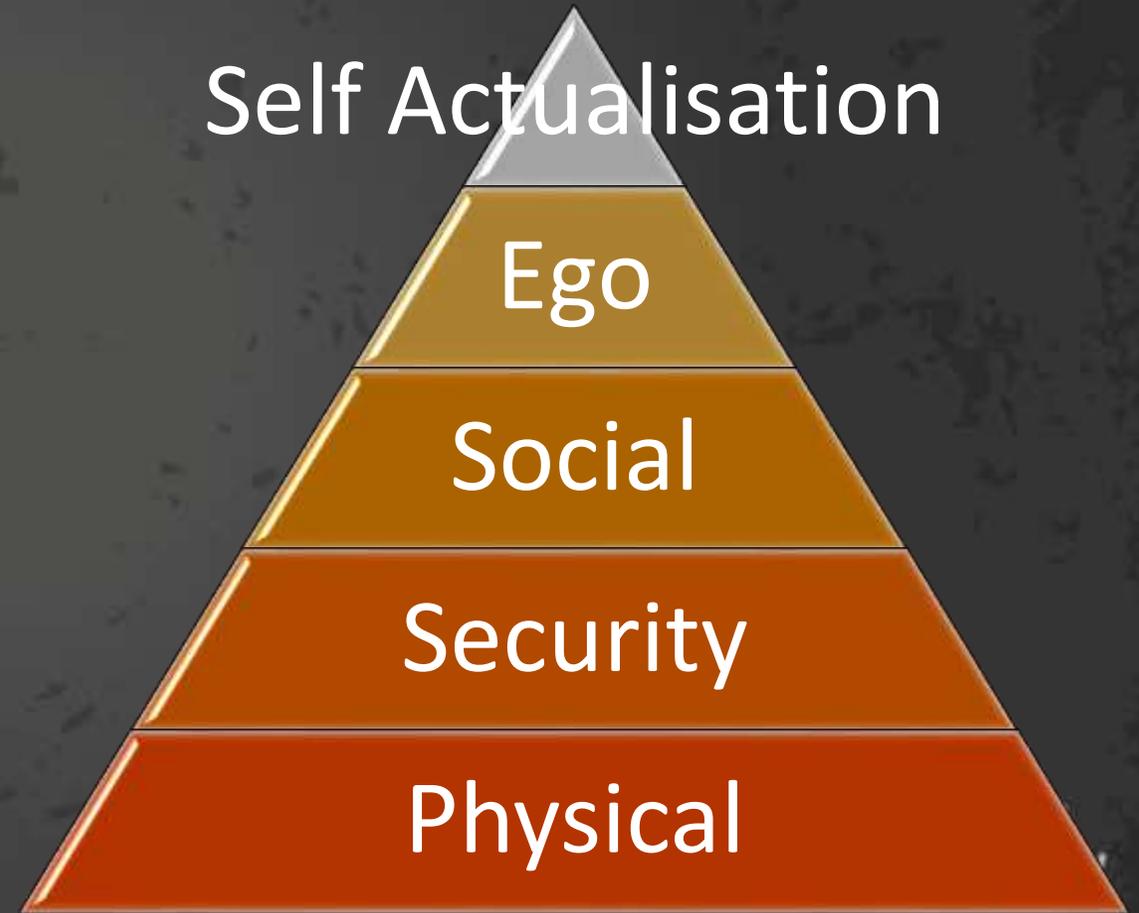
- A worker presents to work with “mild” symptoms:



Some Examples of Plans

- Changes to shift rotations
- Reduced numbers in work areas
- Remote instrument access
- Virtual meetings
- Staggered work times

The Human Experience During COVID-19



Supporting Your Staff During COVID-19

- Make compassionate contact:
 - Show interest, make time to talk about it, remain respectful
- Enhance sense of safety
 - Next steps (e.g. policy), active vs passively waiting
- Identify current needs
 - Don't assume, ask open questions
- Get practical
 - Problem solving may be impaired during crisis
 - Help connect with resources to increase hope
 - "Would it be helpful if..."

Whether to say it?

Is it time to say it?

Supporting Your Staff During COVID-19

- Connect with social support
 - Family, team, colleagues, etc
 - A place to be useful also increases sense of self-worth and feelings of support
- Provide information on coping
 - Adaptive: self-care, routine, hobbies, social support, relaxation, breathing
 - Maladaptive: not resting, risky behaviour, substance misuse
- Link with services
 - What is normal anyways???



Accessing Mental Health Services

- EAP/Wellness programs
- “Google” Psychologist/counsellor near me (many of their websites have free/reduced resources available for self-help processes)
- Referral via GP
- Community based resources e.g.
 - [SADAG](#)
 - [Lifeline](#)
 - [HCW Network](#)



Acknowledgements

- Tanya van de Water – Clinical Psychologist



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