

# Gauteng Provincial Government COVID-19 steering committee

## Charlotte Maxeke Johannesburg Academic Hospital Case Study Report

14 JULY 2020



**GAUTENG**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

Growing Gauteng Together

# Outline

- Statistics
- Guidelines
- Reasons for rapid rise
- Challenges
- Recommendations

## Statistics as of 13/7/2020

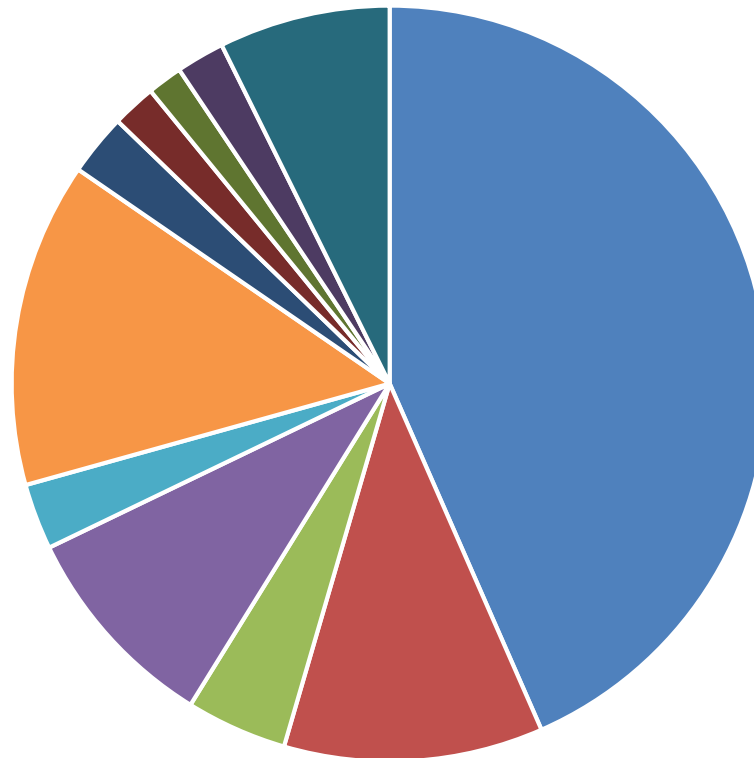
- **\*Total cases 534\***
- **Active in isolation: 271**
- **Hospital admissions: 12**
- **ICU admission: 2**
- **Deaths: 2 (1 cashier, 1 nurse)**
- **Recoveries : 247**

## Designations

- Nurses: 231
- Doctors: 59
- Pharmacist :23
- Admin staff:48
- Security:15
- Cleaners:74
- Theatre Operators 14
- Porters 10
- Radiographer 8
- Food service aid 11
- Other 39

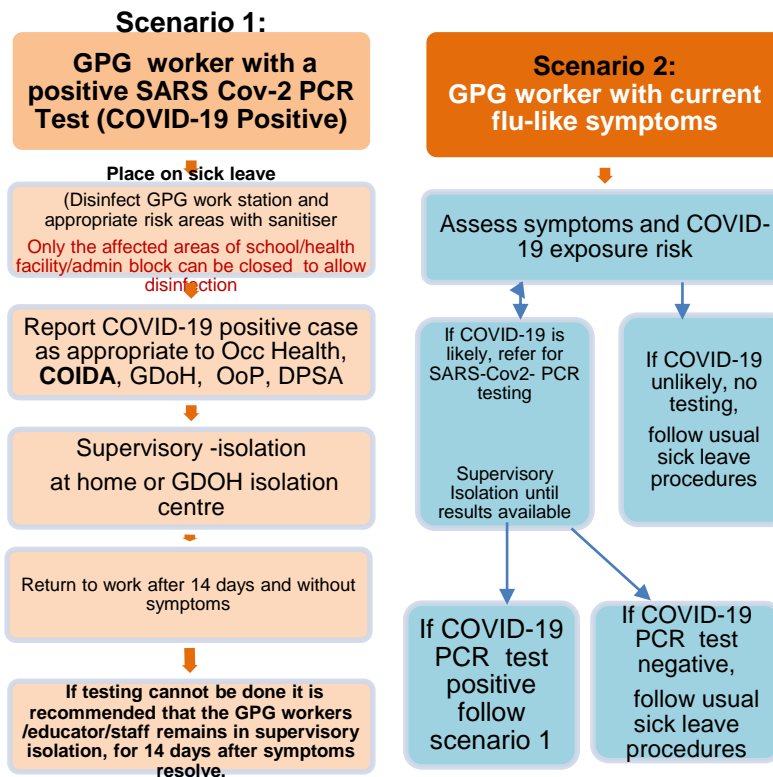
# Designations

Sales



- Nurse
- Doctor
- Pharamcist
- Admin Staff
- Security
- Cleaner
- Operators
- Porters
- Radiographers
- Food services
- Other

## Protocol for Management of ill and exposed GPG workers, health workers, educators, learners



## Protocol for Management of ill and exposed GPG health workers

**Scenario 3: Close Contact**  
High risk: Asymptomatic Health worker with close contact (within 1m and for 15 min) with COVID Confirmed Person, without PPE

Manager to assess + Confirm COVID-19 exposure risk and Provide appropriate PPE

If confirmed high-risk\* exposure, Managers to approve supervisory – quarantine.

Report Health Workers exposure to Occ. Health for Incident reporting (OHS Committees)

Supervisory -quarantine at home for minimum of 14 days ;

Evaluate for early Return to Work on day 8 with negative PCR test

If possible COVID-19 symptoms develop, follow scenario 2

**Scenario 4: No Close contact**  
Low risk + suspected COVID-19 exposure, asymptomatic health workers (No close contact)

Manager to assess COVID-19 exposure risk

For low risk exposure or contact with suspected COVID-19 case, health worker employee continues to work but Occ. Health monitors temp +symptoms x 14-days and routine surveillance by OHS/Wellness Practitioner

If possible COVID-19 symptoms develop, follow scenario 2

## Thought behind protocols

- Protocol is aimed at achieving a balance between maintain a safe work environment for health care workers while also still having continuity of services for the public
- The more the positive cases, the more difficult it is to balance the two



## Reasons for rapid rise

- Risk assessments revealed the lack of PPE, hand hygiene and social distancing between HCW when interacting with each other
- Minimal infection rate from interactions with positive patients
- Personal Protective Behavior (PPB) outside the work place not practiced
- Community acquired after easing down of lockdown restrictions

## Considerations when returning back to work

- Most workers have mild disease and physically well upon return to work but many have psychological trauma (slow reintegration)
- Those with moderate to severe disease require longer rehabilitation before returning to work
- Some will have mild symptoms like headaches, cough, chest pain and sore throat, post 14 days quarantine
- Malingering post 14 day quarantine
- Stigma against returning workers, especially now that repeat tests not done

## Challenges

- Anxiety and fear (Biggest threat to continuity of services)
- Different protocols used by different sectors
- Delay in receiving results
- Keeping up with disinfection of work places ( too many positives, too frequently)
- Rapid change in guidelines
- Reallocation of vulnerable employees (working from home not possible for HCW)
- Keeping staff motivated as colleagues become positive or unfortunately succumb to the disease

# Recommendations

- Education, Education, Education