











Screening procedures and follow up

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COVID TRAINING: 1 July 2020

National COVID-19 daily report



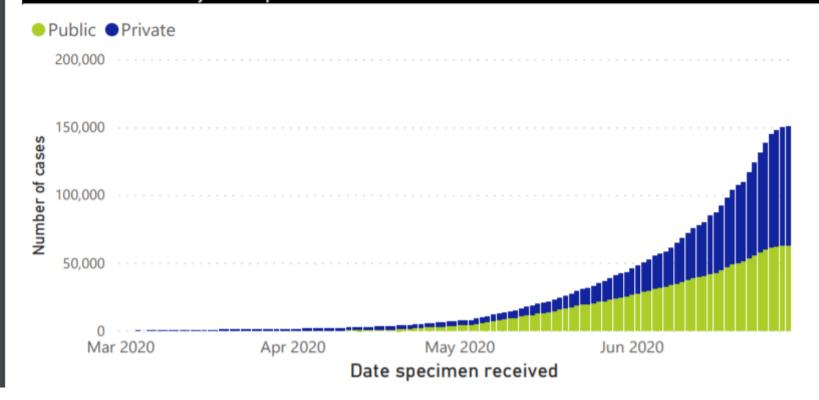
This report collates laboratory data from the public- and private-sectors. Laboratory test data have been de-duplicated to the level of individual persons. These are provisional data and may be updated with further data cleaning.



30/06/2020

Person-level case data

Cumulative count by date specimen received

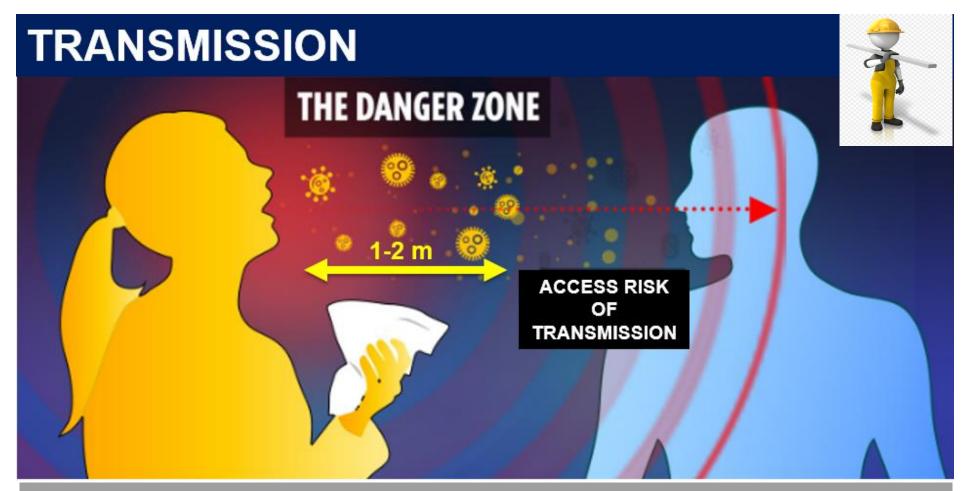


6,945

New cases in the last 24h

151,209

Total cases

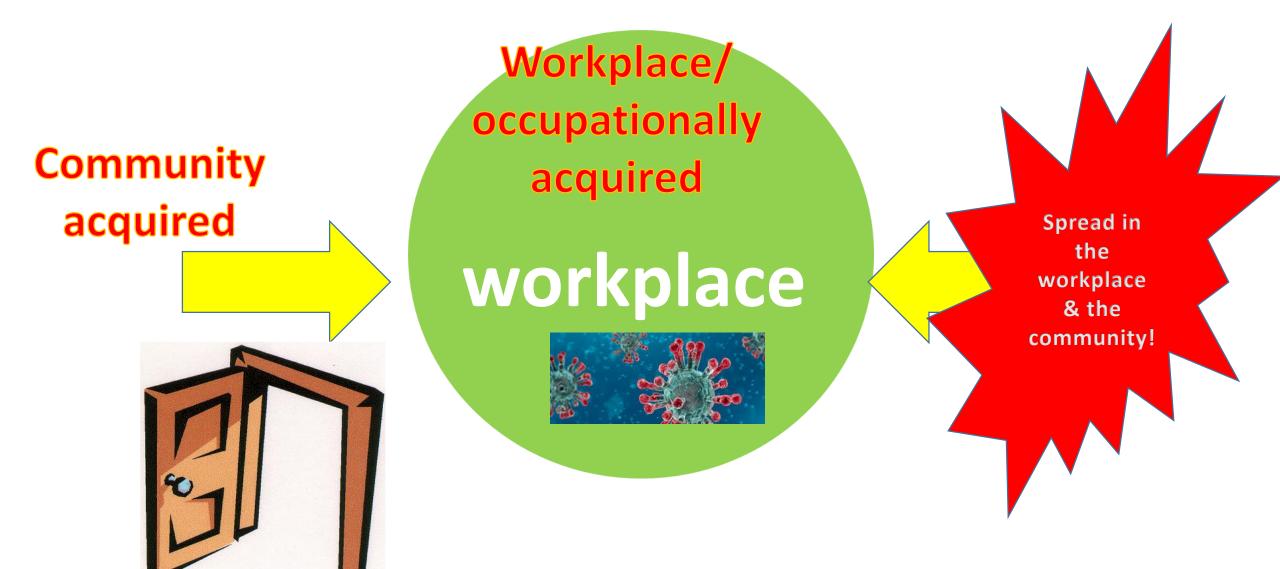


Direct contact: Touching an ill persons or a contaminated surface

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

Potential sources of exposure in the workplace



Workers at increased risk for workplace/occupationally acquired COVID-19

- Healthcare workers
- Emergency response and public safety workers
- Post mortem care
- Laboratory workers
- Airline operators
- Retail workers
- Border protection and transport security workers
- Correctional facility workers
- Solid waste and wastewater management workers
- Environmental health workers
- In home repair workers
- Travel to high risk places





Medical screening

To detect early signs of illness by administering tests to

apparently healthy persons

- Testing modalities may include such tools
 - questionnaires
 - physical examinations
 - medical investigations
- To ensure early detection of COVID 19 disease
 - facilitation of testing and treatment
 - prevent transmission from potentially contagious workers to patients and other colleagues
- Secondary prevention strategy, but may be primary prevention to keep infection out of the workplace





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COVID-19 Occupational health and safety measures in workplaces COVID-19, 2020

STAATSKOERANT, 4 JUNIE 2020

No. 43400 3

Government Notices • GoewermentskennisGewinGs

DEPARTMENT OF EMPLOYMENT AND LABOUR

NO. R. 639 04 JUNE 2020

DIRECTION BY THE MINISTER OF EMPLOYMENT AND LABOUR IN TERMS OF REGULATION 4(10) OF THE REGULATIONS R480 OF 29 APRIL 2020 ISSUED BY THE MINISTER OF COOPERATIVE GOVERNANCE AND TRADITIONAL AFFAIRS IN TERMS OF SECTION 27 (2) OF THE DISASTER MANAGEMENT ACT, 2002 (ACT NO. 57 OF 2002)



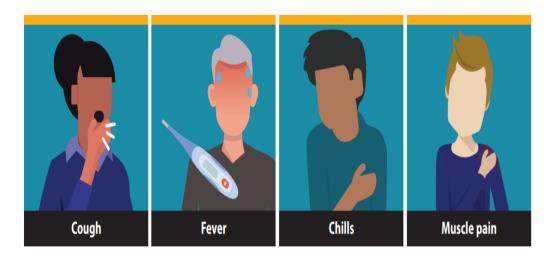
Section 25 Symptom screening as outlined by directive from the DOEL

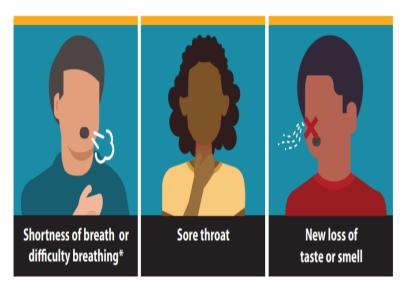
- 25. Every employer must take measures to
- 25.1 screen any worker when they report for work in order, to-
- 25.1.1. ascertain whether they have **any of the symptoms** associated with COVID-19 as per the current NICD definition;
- 25.1.2 Determine if they have any **additional symptoms-** fever, body aches, red eyes, nausea, vomiting, diarrhoea, fatigue, weakness or tiredness
- Requires workers to immediately inform the employer if they experience any symptoms while at work
- 26. Employers must comply with the NDOH with respect to symptom screening and medical surveillance and testing should this be required



Suspected case/ Person under investigation (PUI)

Know the symptoms of COVID-19, which can include the following:

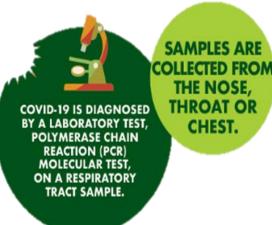




In the context of COVID-19, the key respiratory syndrome consists of **ANY** of:

- □ Cough
- ☐ Sore throat
- Shortness of breath
- ☐ Anosmia (loss of smell) or dysgeusia (loss of taste)

... with or without other symptoms (which may include fever, weakness, myalgia, or diarrhoea).



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

Example of a screening tool



OHASIS

Covid19 Screening

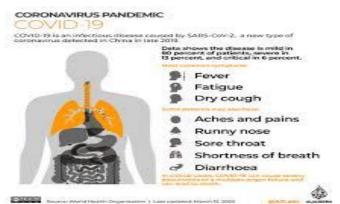
Surname		First		
Contact Cell number				
Alternative contact number				
Next of Kin or Alternative Conta	ct (Please provid	de name, relati	onship and con	tact de
Work address & details:				
Home address:				
Days post exposure	1	2	3	4
Date: DD/MM				
Document morning + evening	AM / PM	AM / PM	AM / PM	AM
Temperature (no meds)	I	1	I	1
Respiratory rate	I	I	I	I
Pulse rate	1	1	I	1
Symptoms (Circle Y or N)	Daily	Daily	Daily	Dail
Fever/Chills	Y / N	Y / N	Y / N	Y,
Cough	Y / N	Y / N	Y / N	Υ,
Sore throat	Y / N	Y / N	Y / N	Y,
Shortness of breath	Y / N	Y / N	Y / N	Υ ,
Body aches	Y / N	Y / N	Y / N	Υ /
Redness of the eyes	Y / N	Y / N	Y / N	Υ /
Loss of smell OR loss of taste	Y / N	Y / N	Y / N	Υ /
Nausea/vomiting/diarrhoea	Y / N	Y / N	Y / N	Υ /
Fatigue/ weakness	Y / N	Y / N	Y / N	Υ /
At Home or work?	H / W	H / W	H / W	H / \
Clinical and Progress Notes and	Exposure Histor	y:		

Are you experiencing any of the following symptoms?				
All fields other than "Body Temperature" are mandatory				
Body Temperature (if reading is available)				
Do you have unexplained body pain/aches?	Yes	No	Select	V
Do you have a fever / Chills?	Yes (No		
Do you have a cough?	Yes (No	Select	~
Do you have shortness of breath / chest discomfort?	Yes	No		
Do you have a sore throat?	Yes (No		
Do you have loss of smell or taste?	Yes	No		
Do you have redness of eyes?	Yes	No		
Do you have nausea, vomiting or diarrhoea?	Yes	No	Select	~
Do you have any unexplained fatigue, weakness or tiredness?	Yes	No	Select	~
Provide detail (if you answered Yes to any of the above).				

Types of screenin



Symptom questionnaire



- Temperature screening
 - Fever is either measured temperature >38° C or subjective fever
 - Fever may be intermittent
 - No longer thought to be a common presentation
 - 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

Necessary steps to follow in the workplace when a worker is diagnosed with COVID-19

A worker with a confirmed/positive COVID-19 test

Ensure reporting is done

All cases

- NDOH
- As a Notifiable Medical Condition under the National Health Act

If occupationally acquired:

- DOEL (Inspection and enforcement services & Compensation Commissioner if appropriate)
- •As per OHSA and COIDA

Isolate the employee

Provide a surgical mask for the worker

Ensure that the employee's clinical condition has been assessed & treated

Ensure the employee has mental health support

Ensure appropriate sick leave is issues

At the workplace

Do an incident based investigation/assessment

- investigate the mode of exposure including any lapses in controls
- Review the risk assessment to ensure that the necessary controls and PPE requirements are in place
- Communicate with H&S committee
- Ensure contact tracing is done
- Ensure appropriate cleaning/decontamination of the workplace is carried out

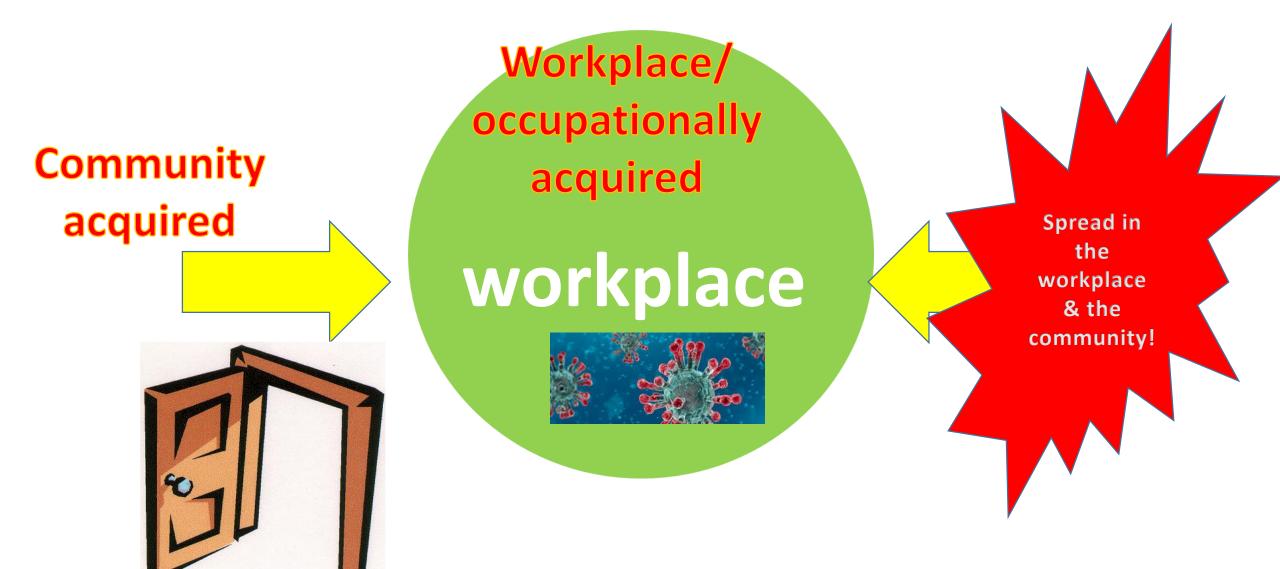
On recovery

Mild cases: 14 days after symptom onset

Severe cases 14 days after clinically stability (No symptoms or stopping of critical medical interventions) Out of the workplace

Workplace

Potential sources of exposure in the workplace



Workers exposed in the workplace

- close contact
- within 1 metre

- failure of PPE /
- direct contact with respiratory secretions



- Workplace investigation done and exposure assessed as high risk
- Confirmed by the line manger
- Self quarantine for a minimum of 14 days with monitoring
- Enable workers to work from home where applicable
- Ensure mental health support
- Cleaning initiated
- Reporting
 - To the necessary gvt depts

develop

Symptoms

Refer for testing

• Return to work on day 15 if no symptoms occur

Workplace management of workers with high risk exposure to COVID-19

- close contact
- within 1 metro
- for >15 minute
- without PPE /
- failure of PPE /
- direct contact with respiratory secretions



Essential worker/HW

- Workplace investigation done and exposure assessed as high risk
- Confirmed by the line manger
- Cleaning initiated
- Reporting
 - NICD
- Self quarantine for a minimum of 7 days with daily symptoms screening Ideally for 14 days if no staff shortages
 Ensure mental health support
- Return to work at the earliest on the 8th day after a negative PCR test and no symptoms especially if staff shortages and work restrictions

Refer for testing

Symptoms develop

- >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).

Worker exposed to low risk in the workplace

Workplace investigation done and exposure assessed as low risk

The risk is confirmed by the line manager

Must continue to wear a mask and practice general precautions

Continues to work but self monitors temperature and symptoms daily for 14 days

Sympto matic

Refer for testing

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 14 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:
 - Ensuring that the worker has completed the mandatory 14 days of self isolation (in the case of a COVID-19 positive employee) and quarantine for COVID-19 exposed individuals.
 - 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
 - in the case of health workers avoiding contact with severely immunocompromised patients

Workplace protocols that need to be in place

- In the event of a symptomatic person to be referred to testing and treatmentisolation, 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
- Social distancing

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

- Communication and awareness important
- Review the HRA and the hierarchy of controls
- No mass testing. Screen daily and test only symptomatic ones
- Minimise risks in the workplace.
 - 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
- Screening and identification of potentially affected employees, limit contact and movement
- Encourage / insist that symptomatic persons stay away / self isolate
- Have occupational health input to manage the program internally

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