



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Guidelines for symptom monitoring and management of workers for SARS-CoV-2 infection (version 6: 12 December 2020)

(Document prepared by the Occupational Health and Safety Workstream of the National Department of Health – Covid-19 Response)

Please note: This is an interim guide that may be updated as the outbreak in South Africa unfolds, to guide additional workforce preserving strategies.

What is new in this version?

1. The list of symptoms, aligned to the latest National Institute for Communicable Diseases guideline, and to the Department of Employment and Labour Consolidated OHS Directive of 28 September 2020, has been inserted into the Procedure section. It can be used for screening purposes and forms the basis for referral to a health professional for further evaluation.
2. Due to possible changing legislation, reference to specific legal requirements governing sick leave has been removed from the text, since the procedure may vary from workplace to workplace.
3. The use of the attached Symptom Monitoring Sheet for workers in quarantine or isolation has been further clarified.
4. The Symptom Monitoring Sheet has been modified, the recording of respiratory rate has been removed as it cannot be easily monitored, while the recording of temperature is only necessary should a thermometer be available to the worker in quarantine/isolation.
5. Headache, while being a non-specific symptom, appears to be a commonly presenting symptom in patients with COVID-19, and has been added to the Symptom Monitoring Sheet for completeness.

Application

These guidelines are applicable to ALL workers. The aim of this guideline is to enable:

1. Early and timeous identification and diagnosis of workers at risk of SARS-CoV-2 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

Procedure

1. According to the Department of Employment and Labour Direction, employers have a legal obligation to screen all employees for COVID-19 related symptoms and report such symptoms to a designated person and / or occupational health practitioner prior to entry into the workplace or work area in order for a decision to be made as to the staff member's continued attendance at work.
2. The Department of Employment and Labour Direction makes it a legal requirement for this screening to be reported to the National Department of Health – the National Institute for Occupational Health (NIOH) is the designated agency.
3. When workers report for work, designated persons and / or an occupational health practitioner must check with employees whether they have experienced, in the past 24 hours, sudden onset of any of the following symptoms as outlined in the current criteria for the identification of a suspected COVID-19 case: cough, sore throat, shortness of breath, loss of taste/smell, with or without any additional symptoms (fever/chills, body aches, redness of the eyes, nausea, vomiting, diarrhoea, fatigue/weakness or tiredness).¹
4. Should a worker report any of the abovementioned symptoms, s/he should not be permitted to report for work. If an employee is already present at work, s/he should not report to their workstation, be provided with a surgical mask and referred to the designated staff at the workplace so that arrangements can be made for clinical evaluation (referral to the occupational health clinic, family practitioner or primary care clinic, or the COVID-19 hotline) and where appropriate to be tested at the closest testing centre.
5. If the health professional determines that a test is necessary, the worker is quarantined while awaiting results.

¹ Fever on its own is not currently a primary screening criterion by the NICD for the identification of a suspected COVID-19 case. Fever is non-specific, and at most 50% effective in identification of cases, when used as a single screening criterion. There are many other causes of fever

6a. For health workers, if the attending health professional believes that a COVID-19 infection is unlikely, the employee should be managed according to clinical protocols, and continue working, following specific workplace restrictions and appropriate PPE, as well as observing strict precautions including masks, social distancing and hygiene procedures. The employee's condition should be monitored using the Symptom Monitoring Sheet attached.

6b. For non-health workers, if the attending health professional believes that a COVID-19 infection is unlikely, the employee is placed in quarantine.

7. On receiving their results the employee should notify their workplace so that the employee is managed accordingly. The designated person in the workplace should proactively take steps to obtain this information to avoid any delays in reporting.

8. The employee should be managed according to either scenario 1 or 2 in the algorithm outlined below.

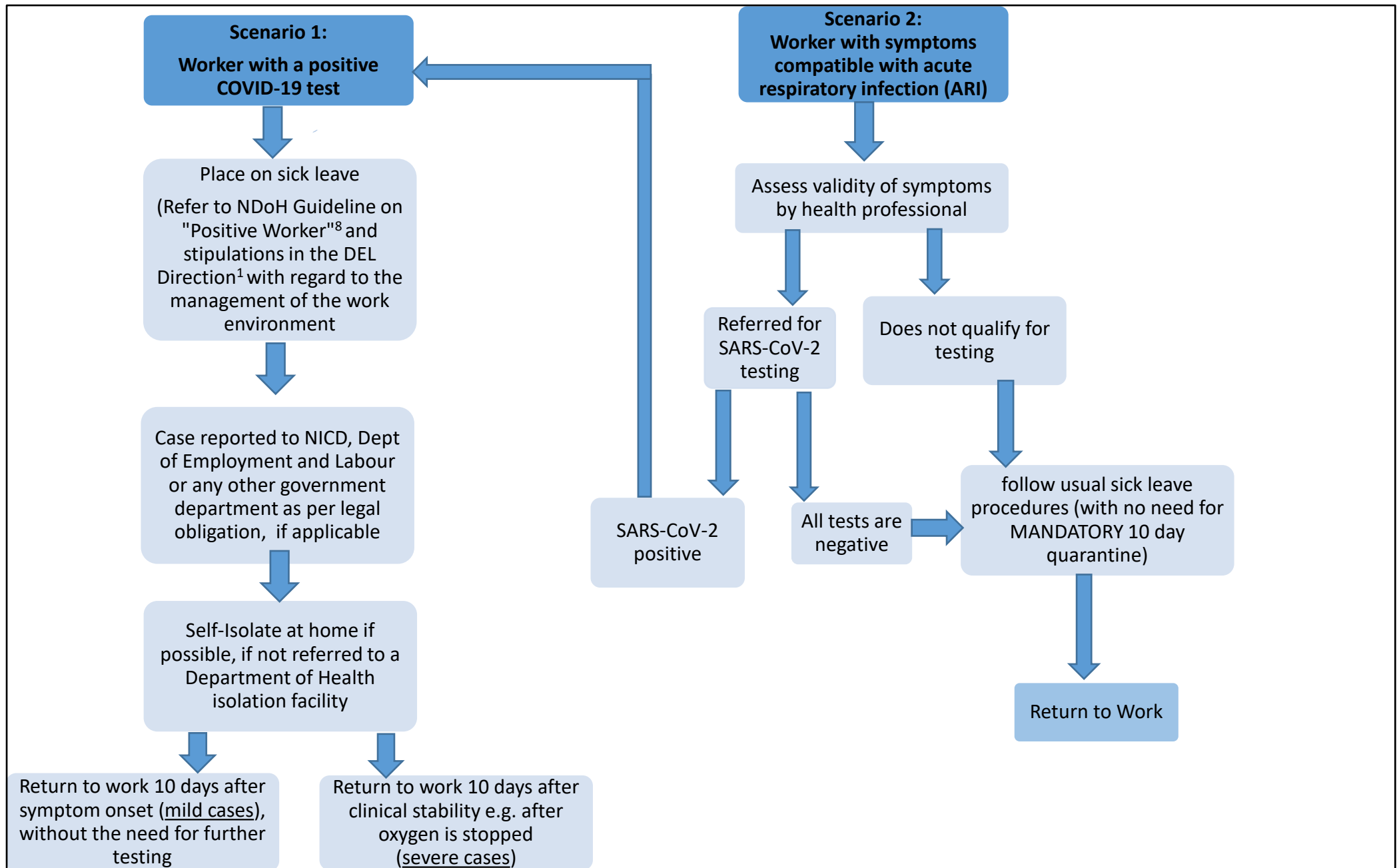
9. Workers placed in quarantine or in isolation, should be monitored daily using the attached (or similar) Symptom Monitoring Sheet.

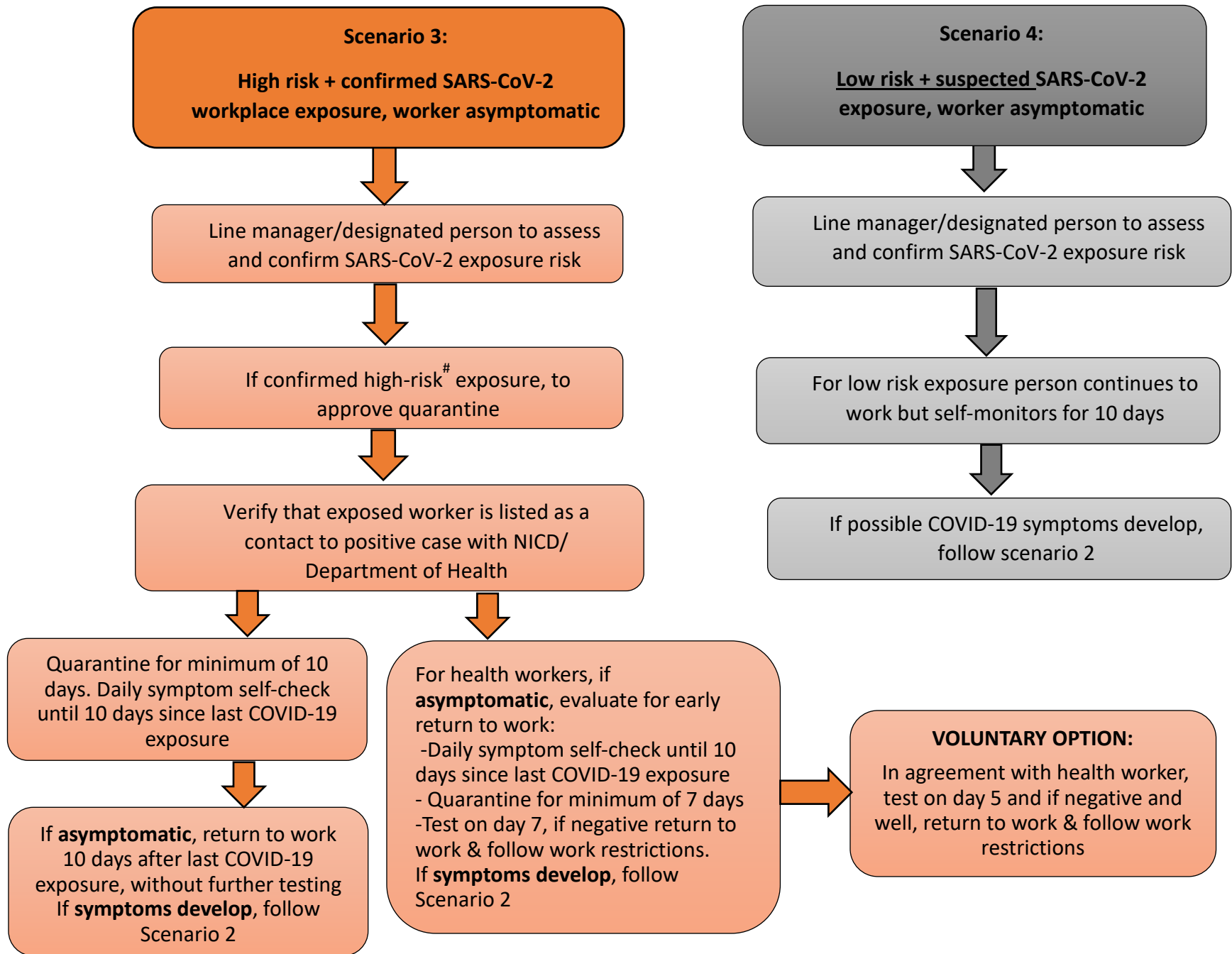
10. A positive SARS-CoV-2 test in an employee will require all potential contacts in the workplace to be assessed using scenarios 3 or 4 in the algorithm outlined below.

11. All employees on returning to work after the isolation period, should follow general work restrictions that include:

- undergoing medical evaluation to confirm that they are fit to work should they have moderate or severe illness
- 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
- in the case of health workers, avoid contact with patients considered vulnerable for severe outcomes of a COVID-19 infection
- adherence to hand hygiene, respiratory hygiene, and cough etiquette
- continued self-monitoring for symptoms as per the attached symptoms checklist, or equivalent electronic version, and seek medical re-evaluation if symptoms recur or worsen.

TABLE 1. SYMPTOM MONITORING SHEET										
Surname		First Name		Date of Birth						
Contact Cell number				Employer						
E-mail address				Industry						
Next of Kin or Alternative Contact (Please provide name, relationship and contact details)										
Work address & details:										
Home address:										
Day of Quarantine/Isolation	Day 1	Day 2	Day 3	Day 4	Day 5	Day 6	Day 7	Day 8	Day 9	Day 10
Date: DD/MM										
Symptoms (Circle Y or N)	Daily	Daily	Daily	Daily	Daily	Daily	Daily	Daily	Daily	Daily
Cough	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Sore throat	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Shortness of breath	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Loss of smell OR loss of taste	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Fever/chills	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Body aches/muscle pains	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Redness of the eyes	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Nausea/vomiting/diarrhoea	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Fatigue/ weakness	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Headache	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Temperature (if thermometer available)										
At Home or work?	H / W	H / W	H / W	H / W	H / W	H / W	H / W	H / W	H / W	H / W
Clinical and Progress Notes and Exposure History:										





<p>Scenario 1: worker with a confirmed positive COVID-19 test</p>	<p>To remain consistent with the advice in the NDOH clinical management of COVID-19 disease Guideline³, scenario 1 (COVID-19 confirmed in a worker), will require self-isolation of staff member for 10 days after symptom onset (mild cases) and 10 days after clinical stability (severe cases). Should an early return to work policy be needed in future owing to severe workforce shortages, the US CDC criteria may be re-considered.¹</p>
<p>Scenario 2: worker with current flu-like symptoms</p>	<p>Consider latest NICD and international criteria (US CDC): any staff in with direct COVID-19 contact who develops an acute respiratory infection (e.g. cough, shortness of breath, sore throat, loss of sense of taste/smell) with or without fever ($\geq 37.5^{\circ}\text{C}$) or history of fever (e.g. night sweats, chills) is a suspected COVID-19 case. Complete NICD symptoms form and select appropriate worker tick box PLUS notify to NICD. Perform SARS-COV-2 RT-PCR testing. For staff, with a negative RT-PCR test, but high-risk COVID-19 exposure and COVID-19 compatible symptoms, discuss with occupational health practitioner regarding the need for further testing and/or self-quarantine. If an alternate diagnosis is made (e.g. influenza), the criteria for return to work should be based on that diagnosis and duration of infectivity for other respiratory infections.⁴</p>
<p>Scenario 3: High risk, confirmed COVID-19 exposure, asymptomatic</p>	<p>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). Line manager to assess and confirm COVID-19 exposure risk. Staff member to self-isolate and perform daily symptom self-check and complete symptom monitoring form until 10 days since last COVID-19 exposure. If asymptomatic through day 10, return to work can be considered for all workers, except health workers. The latter, if asymptomatic through to day 7, can be considered for return to work, following a negative RT-PCR on day 7. Health workers can voluntarily return to work on day 5 if tested negative and not symptomatic.</p>
<p>Scenario 4: Low risk, suspected COVID-19 exposure, asymptomatic</p>	<p>Low risk exposure: >1 metre away from a COVID-19 confirmed case for <15 minutes OR within 1 meter but wearing PPE (face cover, eye cover). Also consider lower risk if COVID case was wearing a surgical mask (source control). Line manager to assess and confirm COVID-19 exposure risk For low-risk exposures to a confirmed COVID-19 positive case, worker can continue to work with self-monitoring daily symptom check) for 10 days after last COVID-19 exposure. (use symptom monitoring form above)</p>

References:

1. Department of Employment and Labour (DEL) Consolidated COVID-19 Direction on Health and Safety in the Workplace Issued by the Minister in terms of Regulation 4(10) of the National Disaster Regulations, 1 October 2020
2. NICD/NHLS. Coronavirus disease 2019 (COVID-19) Quick Reference for Clinical Health Care Workers (25 May 2020)
3. R. 868. Govt Gazette no. 43600 of 7 August 2020. Amendment to the Directions issued under DMA in Govt. notice n0. 796 published in Govt Gazette no. 43533 of 17 July 2020
4. NICD Clinical management of suspected or confirmed COVID-19 disease Version 4 (18 May 2020)
5. Criteria for Return to Work for Healthcare Personnel with Confirmed or Suspected COVID-19 (Interim Guidance). US Centers for Disease Control. Available from: <https://www.cdc.gov/coronavirus/2019-ncov/healthcare-facilities/hcp-return-work.html> (accessed 30 March 2020)
6. van Someren Gréve F, Ong DSY. Seasonal respiratory viruses in adult ICU patients. *Netherlands Journal of Critical Care*. 2017;25(6):198-204.
7. Risk assessment and management of exposure of health care workers in the context of COVID-19 Interim guidance. World Health Organization. 19 March 2020. Available from: https://apps.who.int/iris/bitstream/handle/10665/331496/WHO-2019-nCov-HW_risk_assessment-2020.2-eng.pdf (accessed 30 March 2020)
8. NDoH. Guidance note for workplaces in the event of identification of a COVID-19 positive employee (V5: 14 May 2020)