



health

Department:
Health
REPUBLIC OF SOUTH AFRICA

Guidelines for symptom monitoring and management of workers for SARS-CoV-2 infection (version 7: 10 August 2021)

(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. An update on the key symptoms, based on the updated NICD guidelines. It should be noted that at least 20% of infections are asymptomatic.
2. Rapid antigen testing has increased in use, and in view of this, this revision comments on its use in the workplace.
3. While vaccination may influence the clinical presentation of the illness among workers, at this point in time, there does not appear to be any strong evidence to change the current isolation and quarantine periods.

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 (headache, fever/chills, body aches, runny nose, nausea, vomiting, diarrhoea).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.²
- 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.

¹ Fever is the most common presenting symptom in approximately 90%, but only present in minority of patients on admission according to the updated NICD guideline 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. Please refer to <https://www.nicd.ac.za/diseases-a-z-index/disease-index-covid-19/covid-19-guidelines/guidelines-for-case-finding-diagnosis-management-and-public-health-response/>

² In certain situations, Rapid Antigen Testing (eg. Abbot Panbio, SD Biosensor (Standard Q and Standard F), LumiraDx) may be contemplated by the healthcare professional, following the guidelines of the NDoH (<https://www.nicd.ac.za/wp-content/uploads/2020/12/COVID-19-Antigen-Testing-Guidelines.pdf>)

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.

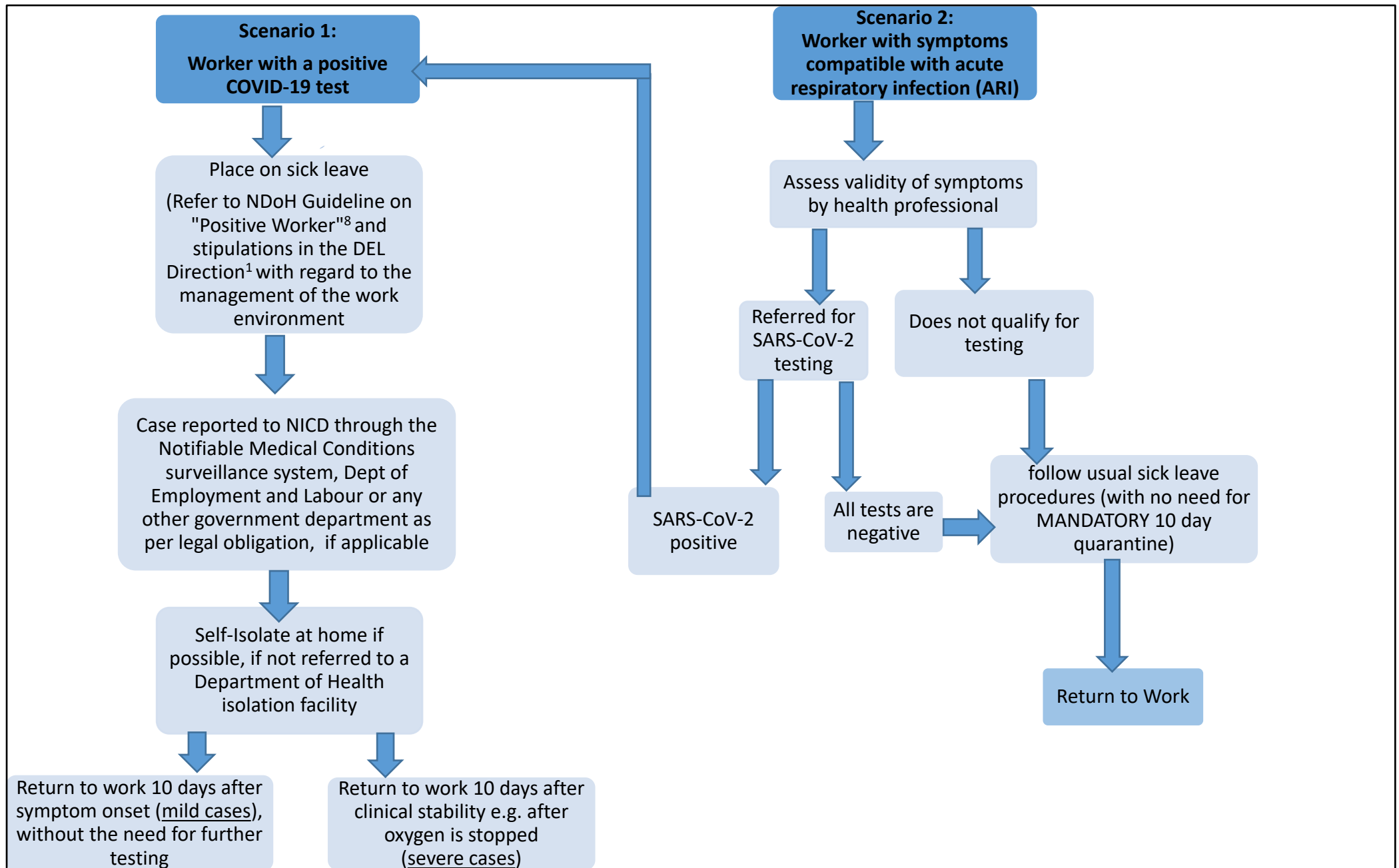
9. Workers placed in quarantine or in isolation, should be monitored daily using the attached (or similar) Symptom Monitoring Sheet.

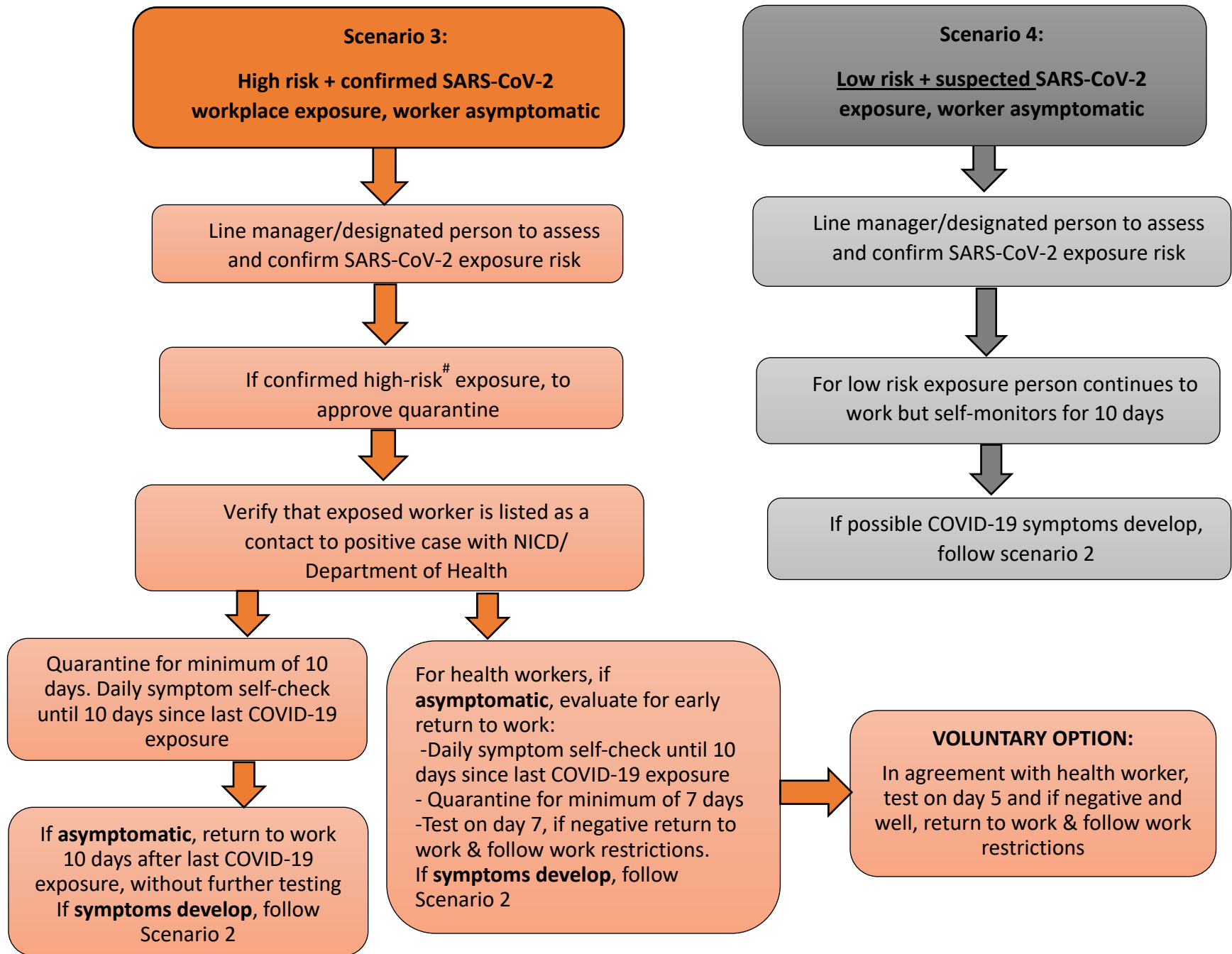
10. A positive SARS-CoV-2 test in an employee will require all potential contacts in the workplace to be assessed using scenarios 3 or 4 in the algorithm outlined below.

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
Runny Nose	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, 28 May 2021
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 (updated March 2021). Available from: <https://www.nicd.ac.za/diseases-a-z-index/disease-index-covid-19/covid-19-guidelines/clinical-management-of-suspected-or-confirmed-covid-19-disease/> (accessed 9 August 2021)
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 9 August 2021)
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 9 August 2021)
8. NDoH. Guidance note for workplaces in the event of identification of a COVID-19 positive employee (V5: 14 May 2020)
9. NDoH. The use of antigen testing for the diagnosis of SARS-COV-2 in South Africa, 11 Dec 2020. Available from: <https://www.nicd.ac.za/wp-content/uploads/2020/12/COVID-19-Antigen-Testing-Guidelines.pdf> (accessed 9 August 2021)