

Guide to management of staff in healthcare and laboratory settings with COVID-19 illness and exposure (V9. 31 March 2020)

Refer to most recent NICD COVID-19 PUI criteria for testing: <http://www.nicd.ac.za/diseases-a-z-index/covid-19/>

Note: All staff members should monitor themselves daily before coming to work and inform the supervisor if they have any symptoms

Version 9 (01.04.2020)

| What's new in this version? | Evidence / rationale |
|---|---|
| Following discussion by the COVID-MAC clinician's group, a predominantly phased approach to introducing workforce preservation strategies during the COVID-19 pandemic was proposed and accepted. | To remain consistent with guidance in the NICD clinical management of COVID-19 disease document. ³ |
| Scenario 1: COVID-19 disease confirmed in a HCW or laboratory worker, will require self-isolation for 14 days after symptom onset (mild cases) and 14 days after clinical stability (severe cases). | To remain consistent with the advice in the NDOH clinical management of COVID-19 disease document ³ , 14 days minimum absence has been applied to Scenario 1. 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 |
| Scenario 1: requirement for a negative SARS-CoV-2 RT-PCR test result before returning to work has been removed. | Since all COVID-19 infected HCW and laboratory staff will remain in self-isolation for at least 14 days (as above), the repeat laboratory test is no longer indicated. This recommendation may be updated if new evidence emerges on duration of viral shedding. |
| Scenario 2: Only a SARS-CoV-2 RT-PCR will be required for evaluation of staff presenting with symptoms of acute respiratory infection. | Based on the high cost of other respiratory virus RT-PCR testing panels, only a SARS-CoV-2 RT-PCR will be taken. If however, the worker's treating clinician has ordered additional tests that reveal a different pathogen, evidence on the duration of infectivity should be considered when returning to work. ⁴ |
| Scenario 3: Although still in the early days of the epidemic, the challenges faced by the South African health service requires a pragmatic and safe pathway to early return to work in HCWs with high risk exposure but who remain asymptomatic at the end of the incubation period's interquartile range. Following input from the Clinical and Public Health groups of the MAC, it was agreed that HCWs fulfilling criteria for scenario 3, should undergo an RT-PCR on NP/OP samples on day 8 and receive the result within 24 hours, so as to be allowed to return to work if negative. Testing of HCW specimen must be prioritized and reported within 24 hours | The median incubation period for COVID-19 is 5 days with an interquartile range of 2-7 days; ⁶ For this reason, early return to work following self-quarantine could be considered from day 8 following exposure, if the staff member remains asymptomatic, has one negative RT-PCR test result on a combined NP/OP specimen, and is willing to undertake staff members' symptom monitoring and apply the early return to work precautions. ¹ |

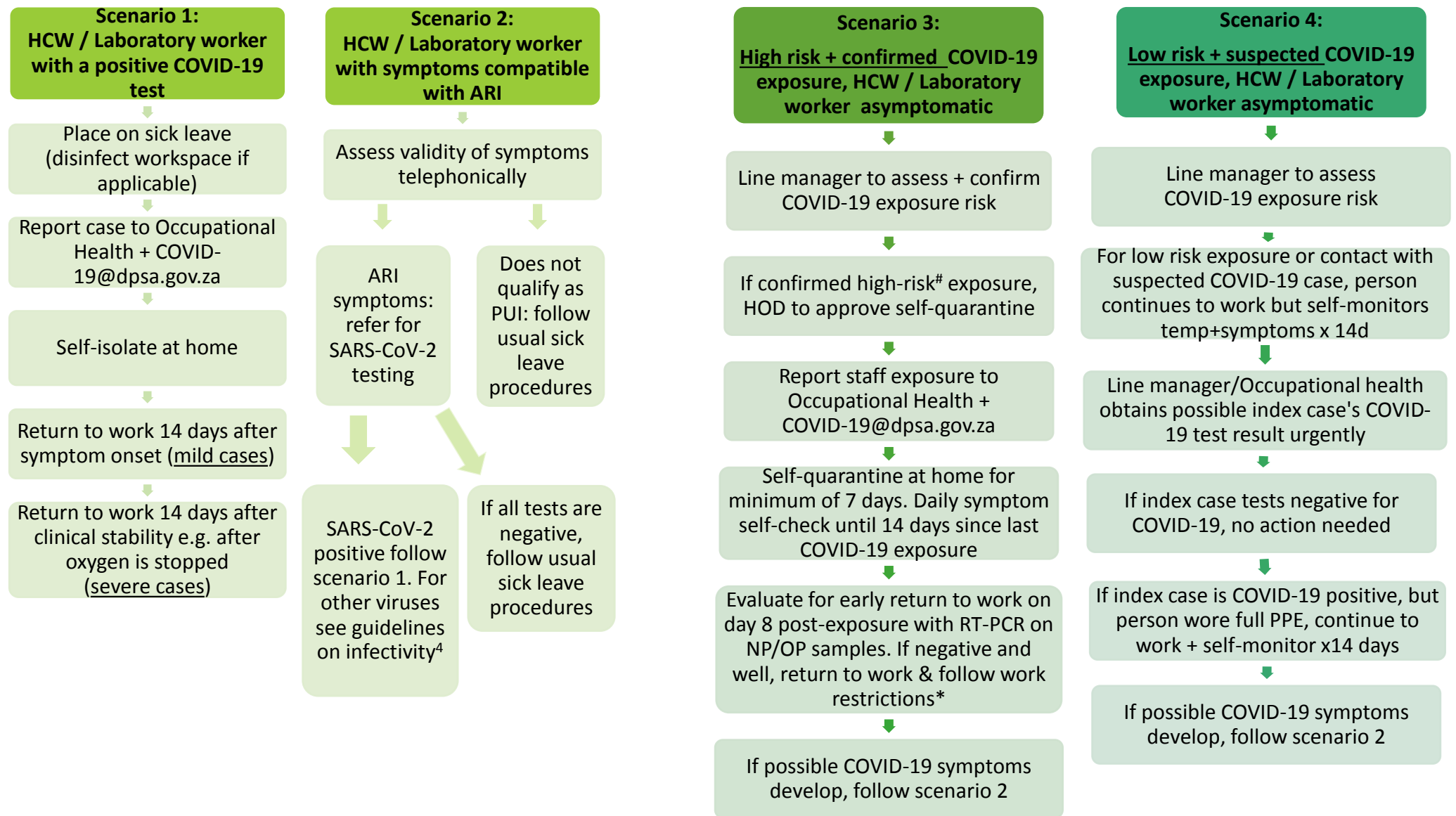
References:

1. 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)
2. NICD COVID-19 PUI criteria for testing: <http://www.nicd.ac.za/diseases-a-z-index/covid-19/> (accessed 30 March 2020)
3. NICD Clinical management of suspected or confirmed COVID-19 disease Version 3 (accessed 30 March 2020)
4. van Someren Gréve F, Ong DSY. Seasonal respiratory viruses in adult ICU patients. *Netherlands Journal of Critical Care*. 2017;25(6):198-204.
5. 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-HCW_risk_assessment-2020.2-eng.pdf (accessed 30 March 2020)
6. Lauer SA, Grantz KH, Bi Q, et al. The Incubation Period of Coronavirus Disease 2019 (COVID-19) From Publicly Reported Confirmed Cases: Estimation and Application. *Annals of Internal Medicine*, 2020; DOI: 10.7326/M20-0504.

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See notes on [#]high-risk (scenario 3) and [^]low-risk (scenario 4) exposures on next page. *See notes on early return to work practice and restrictions on next page.

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

See additional explanatory notes below to supplement the flow diagram.

| | |
|---|--|
| <p>Scenario 1: HCW / Laboratory 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 HCW or laboratory worker), will require self-isolation of staff member for 14 days after symptom onset (mild cases) and 14 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: HCW / Laboratory worker with current flu-like symptoms</p> | <p>Consider latest NICD and international criteria (US CDC): any staff in healthcare setting with direct patient contact who develops an acute respiratory infection (e.g. cough, shortness of breath, sore throat) with or without fever ($\geq 38^{\circ}\text{C}$) or history of fever (e.g. night sweats, chills) is a suspected COVID-19 case. Complete NICD PUI form² and select HCW tick box PLUS notify to Occupational Health and COVID-19@dpsa.gov.za. Perform SARS-COV-2 RT-PCR testing. For healthcare and lab staff, with a negative RT-PCR test, but high-risk COVID-19 exposure and COVID-19 compatible symptoms, discuss with occupational health/infectious diseases 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 (if uncertain, refer to WHO tool for assessing exposure risk).⁵ Notify exposure to Occupational Health and COVID-19@dpsa.gov.za. Staff member to perform daily symptom self-check and complete symptom monitoring form until 14 days since last COVID-19 exposure. If asymptomatic through day 7, consider for return to work, following a negative RT-PCR on day 8</p> <p>NOTE: if early return to work, post-exposure, follow the US CDC interim criteria and guidance on early return to work¹: Wear a surgical mask at all times while in the healthcare facility until all symptoms are completely resolved or until 14 days after illness onset, whichever is longer No contact with severely immunocompromised patients (e.g. oncology) until 14 days after illness onset Adhere to hand hygiene, respiratory hygiene, and cough etiquette Self-monitor for symptoms, and seek re-evaluation from occupational health if respiratory symptoms recur or worsen.</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 (if uncertain, refer to WHO tool for assessing exposure risk).³ For low-risk exposures to a confirmed COVID-19 positive case, HCW can continue to work with self-monitoring (twice daily temperature and daily symptom check) for 14 days after last COVID-19 exposure. (use symptom monitoring form below)</p> |

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Symptom Monitoring Form for Influenza-like / Coronavirus symptoms for staff in healthcare settings

| | | | | | |
|--|--|----------------|--|-----------------------------|------------|
| Surname | | First Name | | Date of Birth | |
| Contact Cell number | | E-mail address | | Role: Circle as appropriate | |
| Alternative contact number | | | | Nurse | Admin |
| | | | | Doctor | Laboratory |
| | | | | Security | Other: |
| | | | | Cleaner | |
| Next of Kin or Alternative Contact (Please provide name, relationship and contact details) | | | | | |
| Work address & details: | | | | | |
| Home address: | | | | | |

| Days post exposure | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
|--------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Date: DD/MM | | | | | | | | | | |
| Document morning + evening | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM |
| 1. Temperature (no meds) | | | | | | | | | | |
| 2. Respiratory rate | | | | | | | | | | |
| 3. Pulse rate | | | | | | | | | | |
| Symptoms (Circle Y or N) | Daily | Daily | Daily | Daily | Daily | Daily | Daily | Daily | Daily | Daily |
| Sore throat | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| Cough | 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 |
| Body aches | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| Chills | 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 |
| 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 |
| 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:

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| | | | | | |
|--|--|----------------|--|-----------------------------|--|
| Surname | | First Name | | Date of Birth | |
| Contact Cell number | | E-mail address | | Role: Circle as appropriate | Nurse Admin Security Other: |
| Alternative contact number | | | | | Doctor Laboratory Cleaner |
| Next of Kin or Alternative Contact (Please provide name, relationship and contact details) | | | | | |

Work address & details:

Home address:

| Days post exposure | 11 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 | 20 |
|--------------------------------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Date: DD/MM | | | | | | | | | | |
| Document morning + evening | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM | AM / PM |
| 1. Temperature (no meds) | | | | | | | | | | |
| 2. Respiratory rate | | | | | | | | | | |
| 3. Pulse rate | | | | | | | | | | |
| Symptoms (Circle Y or N) | Daily | Daily | Daily | Daily | Daily | Daily | Daily | Daily | Daily | Daily |
| Sore throat | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| Cough | 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 |
| Body aches | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N | Y / N |
| Chills | 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 |
| 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 |
| At Home or work? | H / W | H / W | H / W | H / W | H / W | H / W | H / W | H / W | H / W | H / W |

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