**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)

<table>
<thead>
<tr>
<th>What’s new in this version?</th>
<th>Evidence / rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>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.</strong></td>
<td>To remain consistent with guidance in the NICD clinical management of COVID-19 disease document. ³</td>
</tr>
<tr>
<td><strong>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).</strong></td>
<td>To remain consistent with the advice in the NDOH clinical management of COVID-19 disease document⁴, 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</td>
</tr>
<tr>
<td><strong>Scenario 1: requirement for a negative SARS-CoV-2 RT-PCR test result before returning to work has been removed.</strong></td>
<td>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.</td>
</tr>
<tr>
<td><strong>Scenario 2: Only a SARS-CoV-2 RT-PCR will be required for evaluation of staff presenting with symptoms of acute respiratory infection.</strong></td>
<td>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</td>
</tr>
<tr>
<td><strong>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</strong></td>
<td>The median incubation period for COVID-19 is 5 days with an interquartile range of 2-7 days; ⁴ 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</td>
</tr>
</tbody>
</table>

**References:**

3. NICD Clinical management of suspected or confirmed COVID-19 disease Version 3 (accessed 30 March 2020)
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.

Scenario 1: HCW / Laboratory worker with a positive COVID-19 test
- Place on sick leave (disinfect workspace if applicable)
- Report case to Occupational Health + COVID-19@dpsa.gov.za
- Self-isolate at home
- Return to work 14 days after symptom onset (mild cases)
- Return to work 14 days after clinical stability e.g. after oxygen is stopped (severe cases)

Scenario 2: HCW / Laboratory worker with symptoms compatible with ARI
- Assess validity of symptoms telephonically
- ARI symptoms: refer for SARS-CoV-2 testing
- Does not qualify as PUI: follow usual sick leave procedures
- If all tests are negative, follow usual sick leave procedures

Scenario 3: High risk + confirmed COVID-19 exposure, HCW / Laboratory worker asymptomatic
- Line manager to assess + confirm COVID-19 exposure risk
- If confirmed high-risk exposure, HOD to approve self-quarantine
- Self-quarantine at home for minimum of 7 days. Daily symptom self-check until 14 days since last COVID-19 exposure
- Evaluate for early return to work on day 8 post-exposure with RT-PCR on NP/OP samples. If negative and well, return to work & follow work restrictions*
- If possible COVID-19 symptoms develop, follow scenario 2

Scenario 4: Low risk + suspected COVID-19 exposure, HCW / Laboratory worker asymptomatic
- Line manager to assess COVID-19 exposure risk
- For low risk exposure or contact with suspected COVID-19 case, person continues to work but self-monitors temp+symptoms x 14d
- Line manager/Occupational health obtains possible index case’s COVID-19 test result urgently
- If index case tests negative for COVID-19, no action needed
- If possible COVID-19 symptoms develop, follow scenario 2

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.
## Scenario 1: HCW / Laboratory worker with a confirmed positive COVID-19 test

To remain consistent with the advice in the NDOH clinical management of COVID-19 disease Guideline, 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.

### Scenario 2: HCW / Laboratory worker with current flu-like symptoms

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 (≥38°C) or history of fever (e.g. night sweats, chills) is a suspected COVID-19 case. Complete NICD PUI form 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.

### Scenario 3: High risk, confirmed COVID-19 exposure, asymptomatic

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). 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.

**NOTE:** if early return to work, post-exposure, follow the US CDC interim criteria and guidance on early return to work:
- 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.

### Scenario 4: Low risk, suspected COVID-19 exposure, asymptomatic

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). 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)

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

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

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

<table>
<thead>
<tr>
<th>Days post exposure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>9</th>
<th>10</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sore throat</strong></td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td><strong>Cough</strong></td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td><strong>Loss of smell OR loss of taste</strong></td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td><strong>Body aches</strong></td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td><strong>Chills</strong></td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td><strong>Shortness of breath</strong></td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td><strong>Redness of the eyes</strong></td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td><strong>Nausea/vomiting/diarrhoea</strong></td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td><strong>Fatigue/ weakness</strong></td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
<td>Y</td>
<td>N</td>
</tr>
<tr>
<td><strong>At Home or work?</strong></td>
<td>H</td>
<td>W</td>
<td>H</td>
<td>W</td>
<td>H</td>
<td>W</td>
<td>H</td>
<td>W</td>
<td>H</td>
<td>W</td>
</tr>
</tbody>
</table>

### Clinical and Progress Notes and Exposure History:

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

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

<table>
<thead>
<tr>
<th>Surname</th>
<th>First Name</th>
<th>Date of Birth</th>
<th>Role: Circle as appropriate</th>
<th>Nurse</th>
<th>Admin</th>
<th>Security</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contact Cell number</td>
<td>E-mail address</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alternative contact number</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Next of Kin or Alternative Contact (Please provide name, relationship and contact details)

Work address & details:

Home address:

Days post exposure

<table>
<thead>
<tr>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>19</th>
<th>20</th>
</tr>
</thead>
</table>

Date: DD/MM

Document morning + evening

<table>
<thead>
<tr>
<th>AM / PM</th>
<th>AM / PM</th>
<th>AM / PM</th>
<th>AM / PM</th>
<th>AM / PM</th>
<th>AM / PM</th>
<th>AM / PM</th>
<th>AM / PM</th>
<th>AM / PM</th>
</tr>
</thead>
</table>

1. Temperature (no meds)

2. Respiratory rate

3. Pulse rate

Symptoms (Circle Y or N)

<table>
<thead>
<tr>
<th>Daily</th>
<th>Daily</th>
<th>Daily</th>
<th>Daily</th>
<th>Daily</th>
<th>Daily</th>
<th>Daily</th>
<th>Daily</th>
<th>Daily</th>
<th>Daily</th>
</tr>
</thead>
</table>

Sore throat

Cough

Loss of smell OR loss of taste

Body aches

Chills

Shortness of breath

Redness of the eyes

Nausea/vomiting/diarrhoea

Fatigue/ weakness

At Home or work?

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