**mso** | **Discovery**

medical services organisation

# Discovery COVID-19
## Business Support

**2022**

DISCOVERY COVID-19 BUSINESS SUPPORT

# CONTACT TRACING GUIDELINES

# Contact tracing guidelines

## Terminology

**Suspected COVID-19 case**

▪ A person who does not have any symptoms (is asymptomatic) who has been identified as being in close contact with a person who has been diagnosed with COVID-19.

**Close contact**

▪ Face-to-face contact less than 1 m apart
▪ Present in a closed environment for longer than 15 min
▪ Working closely in the same environment

**Probable COVID-19 case**

▪ A person who has not undergone testing and is showing one or more of the following symptoms:
   o Cough
   o Fever
   o Shortness of breath
   o Loss of taste or smell

**Confirmed COVID-19 case**

▪ Any person (symptomatic or asymptomatic) who has undergone testing and returned a positive COVID-19 result.

**Isolation and quarantine**

▪ **Quarantine:** The separation of healthy people who have had exposure to the COVID-19 virus from the community. The period of quarantine extends for 10 days after their last exposure to COVID-19. It does not involve isolation from society but rather 10 days of surgical mask wearing and monitoring of symptoms.
▪ **Isolation:** The separation of symptomatic or confirmed COVID-19 cases from all other people in the attempt to stop further spread of the virus. The period of isolation typically lasts for 7 days, but may last for longer in exceptional cases.
▪ **De-isolation:** Entering back into the community after meeting certain criteria at the end of the 7 days of isolation.

## Symptoms of COVID-19

▪ Symptoms of COVID-19 include:
   o Cough (productive or non-productive)
   o Shortness of breath
   o Fever or feeling feverish
   o Loss of taste or smell

## What is close contact?

According to the National Institute of Communicable Diseases (NICD), a person (despite wearing a cloth face mask) is considered as having been in 'close contact' in the situations on the list.

The close contact must have occurred during the two days immediately before symptoms developed. In cases where a person has not shown any symptoms of COVID-19 but has a laboratory test for COVID-19 that was positive, it is only considered close contact if the situation occurred during the two days immediately before the test was performed.
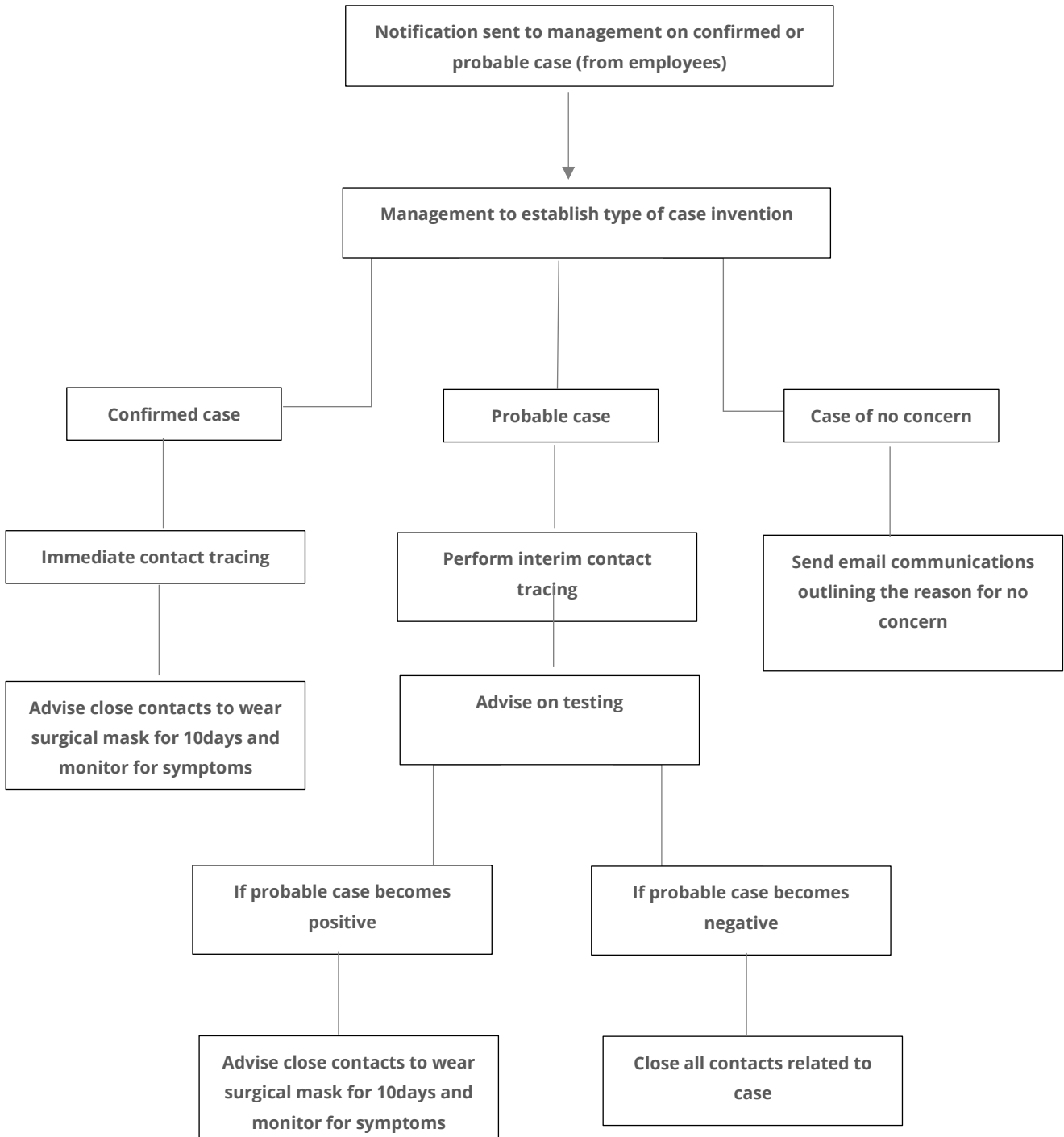
Close contact includes:

1 | Having face-to-face (less than 1 metre) contact with a probable or confirmed COVID-19 case

2 | Being in an enclosed space (meeting room or classroom) with a probable or confirmed COVID-19 case for longer than 15 minutes

3 | Working closely with a probable or confirmed COVID-19 case in the same workspace

4 | Living in the same house as a probable or confirmed COVID-19 case

5 | Having cared for someone with probable or confirmed COVID-19 case

6 | Having entered a healthcare facility (for any reason) where COVID-19 testing was being conducted or where COVID-19 cases were being treated

7 | Being seated close to a person displaying typical symptoms of COVID-19 (or known to be a confirmed COVID-19 case) in any mode of transport.

## Important dates to consider during COVID-19

- First day of symptoms – the date when the person first noticed any symptoms
- Last day in workplace – assume the person left the office at 17:00
- Period for contact tracing – two days before the start of symptoms (or two days before performing the test for asymptomatic people) up to and including the last day in the workplace
- Last known close contact with the probable or confirmed COVID-19 case – this person must tell us when they were last in close contact with their colleagues as defined by the close contact list. This date will determine when a suspected COVID-19 case can stop wearing a surgical mask again.
- Date of clinical stability – this applies to people who have experienced severe COVID-19 disease and have needed oxygen therapy. The date of clinical stability refers to the date on which all extra oxygen was stopped (if known upfront)

# Management and process flow for confirmed or suspected COVID-19 cases

Notification sent to management on confirmed or probable case (from employees)

Management to establish type of case invention

**Confirmed case**

**Probable case**

**Case of no concern**

Immediate contact tracing

Perform interim contact tracing

Send email communications outlining the reason for no concern

Advise close contacts to wear surgical mask for 10days and monitor for symptoms

Advise on testing

If probable case becomes positive

If probable case becomes negative

Advise close contacts to wear surgical mask for 10days and monitor for symptoms

Close all contacts related to case

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# Workflow instructions

- Employee notifies line managers about COVID-19 status
- Management to determine type of case intervention

**Confirmed COVID-19 case**

1 | First contact with a confirmed COVID-19 case: Establish if the employee has been in contact with other employees.
2 | Make a list of all the employees who were in close contact with the case, extending to two days before the start of the employee's symptoms and including the entire day at the workplace.
3 | If the person is a close contact with a confirmed COVID-19 case, continue with information below. If not, inform the person that they have a low risk and must monitor themselves for COVID-19 symptoms. If symptoms develop, they must call their healthcare provider. They must continue with the recommended hygiene practices of handwashing and physical distancing.
4 | Load all names and track them.
5 | **Call all direct contacts** of the confirmed case and send a follow-up letter (*refer to confirmed letter).

**Suspected COVID-19 case**

1 | Let business stakeholders know.
2 | Suspected COVID-19 cases do not qualify for immediate testing. If the person develops COVID-19 symptoms during the 10-day "quarantine" period, refer them for testing.
3 | Advise person to wear surgical mask for 10 days.

**No suspicion of COVID-19**

1 | Email employee to tell them that the case is of low concern and give them the reason for this classification using **What is a close contact?**

## Updated progress on symptoms

### If asymptomatic

Advise employee to monitor for symptoms and advise if any should develop over the next 10 days.

### If they are symptomatic and have already been tested according to the recommendations

- If the test results come back positive, start the process for staff members who were in contact with them.
- The employee will need to discuss the treatment plan with their treating clinician.
- The employee will be advised to self-isolate at home if they experience mild symptoms (in other words if they do not need oxygen therapy). After completing 7 days in isolation, we will evaluate the employee according to the NICD criteria to see if they may enter the workplace again. A second test (returning a negative result) is not one of the criteria for safely entering the workplace again. No employee should undergo repeat testing.

**What they must do if they live with other household members**

- Wash their hands often with soap and water for at least 20 seconds. If soap and water are not available, use an alcohol-based hand sanitiser.
- Cover their mouth and nose with a flexed elbow or a tissue when they cough or sneeze. Throw used tissues away immediately and wash their hands.
- Avoid touching their eyes, nose and mouth with unwashed hands.
- Clean and disinfect objects and surfaces that are frequently touched.
- Avoid close contact with anyone who has a fever and a cough.
- Wear a medical face mask when they are in the same room as a probable or confirmed COVID-19 case. Replace the mask immediately if it becomes damp.

**If the test results come back negative**

- The employee must monitor themselves for symptoms, such as:
  - Fever
  - Sore throat
  - Shortness of breath
  - Loss of taste or smell
  - Coughing
  - Sneezing
  - Feeling tired or weak (fatigue)
  - Aches and pains
  - Runny or stuffy nose
  - Diarrhoea (runny tummy)
  - Headaches
- Only when they are asymptomatic, may they return to work or de-isolate.

# Example 1

## Frequently asked questions on managing employees who have been in close contact with a confirmed COVID-19 case

We base the management of these employees on the incubation period for COVID-19. Evidence has shown that the typical incubation period is 5 to 6 days, **but** it can be as long as 10 days. We base contact tracing on the fact that a person is most infectious up to two days before the start of symptoms.

Let us look at an example

Bob enters the workplace. He develops a cough and fever and notices loss of taste and smell during the course of the day (5 February 2022). Bob reports these symptoms to his manager who tells Bob to go home immediately and start 7 days of self-isolation. Bob's manager asks him to make a list of all the people he has been in close contact with over the past two days (from 3 February 2022 up to and including 5 February 2022). Bob identifies Jane as being a close contact as they were both in a meeting two days ago (3 February 2022) that lasted 45 minutes.

The incubation for COVID-19 is typically five to six days. However, it can be as long as 10 days before symptoms develop.

Jane's manager tells her that she was identified as being in close contact with someone who is displaying COVID-19 symptoms on3 February 2022. Jane is told to monitor for symptoms and wear a surgical mask for the next 10 days.

If Jane had contracted COVID-19 from Bob during their meeting on 3 February, you would expect Jane to develop symptoms on 8 or 9 February 2022 (five days' incubation). However, Jane may still develop symptoms for COVID-19 on 13 February (10 days' incubation). Therefore, Jane must wear a surgical mask for 10 days and monitor for symptoms.

On 13 February 2022, Jane reports that she is well on that day and has been well throughout her time in "quarantine". Jane now meets the criteria for de-isolation and may stop wearing a surgical mask when in society.

## Example 2

### Now we follow Bob through his COVID-19 journey

Bob develops a cough, fever and loss of smell and taste on 5 February 2022. He correctly reported this to his manager who told Bob to go home and self-isolate. Bob listed Jane and Fred as colleagues with whom he was in close contact during the previous two days.

Bob lives alone and so it will be safe for him to self-isolate at home. Bob's manager explained the process of self-monitoring and self-reporting to him before he left the workplace.

We refer Bob for COVID-19 testing and he manages to get an appointment the same day. His healthcare provider notifies Bob on 6 Febraury that his test result is positive. Bob reports that he is not feeling any better and still has to take medicine regularly to control his fever.

On 10 February 2022 Bob notices that his fever has resolved completely. He has not needed any medicine for the past day. His cough is significantly better; however, his senses of smell and taste have not yet returned.

On 12 February 2022 (7 days after the start of his symptoms), Bob reports that he is feeling significantly better; his cough and fever have resolved and his sense of taste is slowly returning. Bob meets the criteria to safely enter the workplace again.

## Example 3

Fred's manager told him on 5 February 2022 that he was in close contact with a colleague who is currently being investigated for COVID-19 during a business meeting on 3 February 2022. He tells Fred to start wearing a surgical mask and monitor for symptoms until Fred's manager contacts him telephonically to notify him of his colleague's test result. Fred confirms that he understands and takes the necessary precautions.

On 9 February 2022, Fred develops a cough, fever and mild shortness of breath. He notifies the COVID-19 Support team of his symptoms. They tell Fred to go into isolation and stop any contact with people in his household. The COVID-19 Support team secures Fred an appointment for COVID-19 testing on the same day. During his virtual consultation, Fred discloses that he is diabetic and, despite his relative young age, suffered a slight heart attack three months ago. Fred's case manager informs him of a number of signs and symptoms that are signs Fred has to seek immediate medical attention through emergency medical services.

The COVID-19 Support team lets Fred know that his result is positive for COVID-19 on 10 February 2022. He is told to complete 7 days of isolation from the day his symptoms started. Therefore, Fred may provisionally return into the workplace on 16 February 2022.

The COVID-19 Support team contacts Fred during the morning of 13 February 2022. Fred reports that he has been managing his fever with paracetamol. He does experience mild shortness of breath when walking up the stairs to his

bedroom. His case manager confirms that Fred is showing signs that may indicate severe COVID-19 disease. During the evening on 14 February, Fred notices that he no longer able to wash the dishes without having to stop and catch his breath. Later on during the evening, he battles to catch his breath while watching TV and his fever spikes to 41°C. Fred remembers the advice from the case manager and phones an ambulance.

Fred is assessed in the emergency department and admitted immediately for supplemental oxygen and intravenous medicine. The doctor says that Fred was lucky he came to the hospital as quickly as he did as immediate treatment means he does not have to be admitted to the intensive care unit.

Fred's condition improves steadily and on 19 February he no longer requires supplemental oxygen. Fred is discharged from hospital on 21 February 2022.

Fred was diagnosed with severe COVID-19 disease. Research has shown that people who develop severe COVID-19 disease harbour the virus for longer than those who experience mild disease. Fred has to complete a further 10 days of isolation after he no longer requires supplemental oxygen. Therefore, Fred has to remain in self-isolation for a week after his discharge from hospital, and he qualifies to return into the workplace on 29 February 2022.

## Example 4

Anna is employed as a receptionist in the Johannesburg branch of your company. She is 22 years old and recently obtained her certification as a yoga instructor.

Anna is sharing an apartment with a friend. Wendy has been unwell for five days. She only goes to doctor because Anna insists it's necessary. A COVID-19 test is performed and comes back positive. Anna is sceptical that Wendy has stayed in her room while she has been at work, but feels uncomfortable addressing her behaviour.

Anna notices that she cannot smell her coffee in the morning and goes onto develop a cough later that day. She reports her symptoms to her line manager who asks her to go home. The COVID-19 Support team is notified of Anna's symptoms and contacts her that afternoon. Anna tells the case manager about Wendy's COVID-19 status and recent irresponsible behaviour.

The case manager recommends that Anna gets tested for COVID-19, and secures an appointment the following day. The next day, Anna's COVID-19 result comes back as negative.

The COVID-19 case manager reviews Anna's case before disclosing her result. Anna was identified as being in close contact to a confirmed COVID-19 case (who was not adhering to the isolation protocols) and she is displaying symptoms that are all in keeping with COVID-19. The case manager is very well aware that the COVID-19 testing method is not 100% accurate, but returns a relatively large number of incorrect test results. It is not good practice to generate a management strategy based solely on a negative swab result.

The case manager notifies Anna of her negative result and explains the rationale for considering this result to be incorrect. Anna will remain in the COVID-19 Support programme and will be managed as a probable COVID-19 case. That is to say, she will follow the same management processes as a confirmed COVID-19 case, requiring 7 days in isolation until she may be allowed to return to the workplace.