

## *Standard operating procedure for reporting a positive COVID19 result or exposure to and infected person: For staff and students*

This SOP describes all aspects of reporting a positive case, exposure of staff or students to an infected individual and contact tracing and management procedures

***All case reports require a NAS reference number. Please contact the Faculty Manager for the reference number. Reports must be submitted to the UP COVID co-ordinator Ms Libenberg, copied to Ms Jessika Samuels.***

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### ***Reporting the case***

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- All reports must be completed on the NAS template.
- Once the positive result is confirmed or direct contact with a known positive is reported, contact tracing must commence and the preliminary report should be compiled by the HoD/Director with assistance from the direct line manager.
- Please notify Ms Jessika Samuels, who will provide you with a NAS reference number.
- The report and supporting documents (screening results, positive test result, registers) should be submitted to Ms Bes Libenberg (UP COVID Coordinator) and copied to Ms Jessika Samuels (Acting Faculty Manager).
- The report should be updated as more information becomes available and submitted in the manner outlined above.
- The final report should be submitted after all direct contacts have completed their isolation periods.
- If a staff/student becomes ill on campus, displaying COVID symptoms, call the operational call center for assistance on **0800 0064 28 or 012 420 2310, who will advise you on how to proceed. Follow the SOP for first aid and transportation of staff and students falling ill on campus.**

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### **Contact tracing**

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**Contact tracing will be conducted at a departmental level under the supervision of the HoD/Director where the case is reported. Refer to the flow what below and HIGHER HEALTH Protocol on Institutional Response to a Confirmed COVID-19 case within Post School Education & Training (PSET) Institutions, for information on how the process should be conducted.**

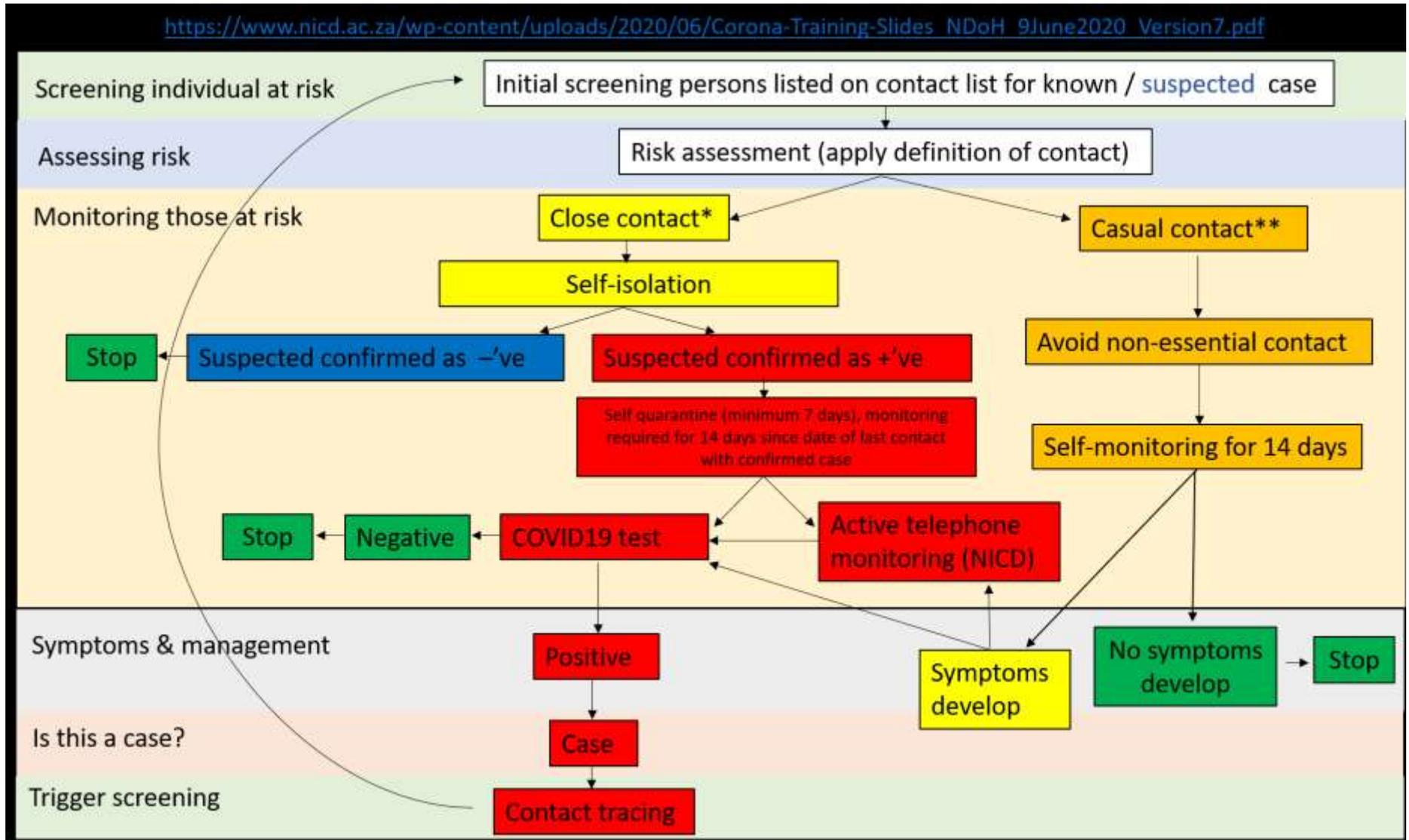
Contact tracing for direct contacts will be done once an essential worker (staff or student) has reported a confirmed positive COVID-19 result. This entails identifying all essential workers who have been within 1.5m of the affected individual for more than 10 minutes, 48 hours before his/her symptoms started, those who shared office spaces, laboratory spaces, bathrooms and kitchens with the infected individual. This will be done to ascertain if any direct contacts are symptomatic and alert them to the exposure if necessary. The information will be gathered from attendance registers, screening questionnaires and verified, if needs be, with access card records of the different departments.

Contact tracing for household members and other direct contacts will be conducted by the Centre for Communicable Diseases (CDC) representatives when the positive result is registered.

As COVID-19 is a reportable disease and under current regulations the University may have to provide all corona virus related illnesses and infection data to the government, if required. This information will be governed by the POPIA (protection of personal information act) in relation to the Disaster Management Act and handled with sensitivity for the surveillance and management of the coronavirus pandemic in South Africa.



[https://www.nicd.ac.za/wp-content/uploads/2020/06/Corona-Training-Slides\\_NDoH\\_9June2020\\_Version7.pdf](https://www.nicd.ac.za/wp-content/uploads/2020/06/Corona-Training-Slides_NDoH_9June2020_Version7.pdf)



Who is a close contact?

- A close contact is defined as a person having had face-to-face contact ( $\leq 1.5\text{m}$ ) or having been in a closed space with a confirmed COVID-19 case for at least 10 minutes. This includes, amongst others:
  - All persons living in the same household as a COVID-19 case, and people working closely in the same environment as a case.
  - Healthcare workers or other people providing direct care for a COVID-19 case while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, N95 respirator, eye protection).
- A contact in an aircraft sitting within two seats (in any direction) of the case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the case was seated

Who is a casual contact?

- Anyone not meeting the definition of a close contact, but with possible exposure

**Also refer to the HIGHER HEALTH Protocol on Institutional Response to a Confirmed COVID-19 case within Post School Education & Training (PSET) Institutions**



# HIGHER HEALTH

Higher Education and Training  
Health, Wellness and Development Centre

## Protocol on Institutional Response to a Confirmed COVID-19 case within Post School Education & Training (PSET) Institutions

**Version: 22 June 2020**

The information contained in this document, be it guidelines, protocols, recommendations, diagnostic algorithms or treatment regimens, is offered in the public interest. To the best of the knowledge of the guideline and protocol writing team, the information contained in this protocol is correct, in line with protocols released by NICD, Department of Health and WHO. Implementation of any aspect of these protocols remains the responsibility of the implementing agency in so far as public health liability resides, or the responsibility of the individual clinician in the case of diagnosis or treatment. It is the responsibility of the person using these guidelines to check for updated versions of this document on the HIGHER HEALTH website at

[www.higherhealth.ac.za](http://www.higherhealth.ac.za)

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## Introduction

COVID-19 is the disease caused by infection with the SARS CoV-2 virus. This viral infection causes a mild disease in most of those who are infected and have symptoms, while a minority (20%) go onto more serious disease requiring hospitalization.

In managing the COVID-19 pandemic, it is important to prevent as many infections as possible, and the following is a reminder of what to do in institutions with persons who are confirmed COVID-19 cases, and for those who are contacts of confirmed COVID-19 cases.

## Definitions:

### Confirmed COVID-19 Case

- A person with an acute respiratory infection who has a laboratory diagnosis demonstrating infection with SARS CoV-2.
- [It needs to bear in mind that, in the future, the laboratory capacity to test every symptomatic person for SARS CoV-2 will be exceeded, and the laboratory test will not be required. But that is in the future, where the diagnosis will be made based on contact with a COVID-19 case, and then developing the same symptoms.]

### Contact of a COVID-19 Case

- A person who is in contact with a confirmed COVID-19 person, and this can be from 2 days before the symptoms begin in that COVID-19 case.
- The contact with the COVID-19 case is not “casual” contact. It is sustained contact with the index case for more than 15 minutes, and that being within 2 metres of the index case.
- The contact may be in a family/intimate environment, or within a work/transportation/etc. space.

## What to do with a student/staff member with Confirmed COVID-19?

As per the above definitions of a **Confirmed COVID-19 staff/student**, the following recommendations applies:

1. The diagnosing laboratory/ doctor must register the case with the National Institute for Communicable Diseases [www.nicd.ac.za] and inform the provincial public health authorities.
2. The case must immediately put him/herself into “self-isolation.” This entails:
  - a. Stay at home all the time for a minimum of 14 days.
  - b. Where possible, stay in separate room, and have as little contact as possible with other house members. No visitors.
  - c. Where possible, use separate bathroom facilities and eating space.
  - d. Always wear a medical mask.
  - e. Family members should always wear masks.
  - f. Exquisite attention to personal hygiene, washing hands, using either soap and water or 70% alcohol wipes should apply.
  - g. Use the protocols for daily washing of house and environment, using i) soap and water, ii) dilute bleach and/or iii) 70% alcohol.

- h. If home space is inadequate for physical distancing because of small or over-crowded living space, then contact public health officials and see if it is possible to be housed in a state quarantine facility.
  - i. The case stays at home if there is mild disease. If the case becomes short of breath or develops another serious medical problem, then take person to hospital.
  - j. The person can return to work/study after 14 days (or longer if still sick)
  - k. No laboratory test is required to return to work/study after 14 days.
3. A list of all contacts (see definition above) of the index case in the last 2 days (before symptoms started) should be developed. Those who are contacts should be informed of the infected person either by the case or the public health officials.

### **What to do with a student/staff member who is a Contact of a confirmed COVID-19 case?**

As per the above definitions of a **Contact of a Confirmed COVID-19 staff/student**, the following recommendations applies:

1. The person/institution should confirm that the COVID-19 person is indeed a confirmed case.
2. If the “contact” satisfies the definition given above about who is a contact, then the following applies.
  - a. The “contact” goes into self-isolation, even though not ill.
  - b. Self-isolation is for 14 days.
  - c. If a staff member, the person informs their employer, and applies for “special leave.”
    - i. Employers are entitled to ask the staff member to perform tasks while on special leave.
  - d. Students should notify the designated institutional COVID-19 structure.
  - e. Only if the contact becomes ill, does the person apply for sick leave, and go through the process described above for COVID-19 cases.
  - f. The public health authorities are notified of the person’s details.
  - g. The contact does self-screening twice daily, including taking their temperature, to assess possible infection with SARS CoV-2.
3. If contact develops COVID-19 symptoms, the person applies for sick leave and the above protocol for COVID-19 cases applies.
4. The contact returns to the institution after 14 days if no symptoms develop.
5. No testing is required unless contact develops COVID-19 symptoms.

Figure 1 provides a scenario algorithm for handling students / staff presenting with symptoms of COVID-19, has confirmed COVID-19 or is a contact of an individual with confirmed COVID-19

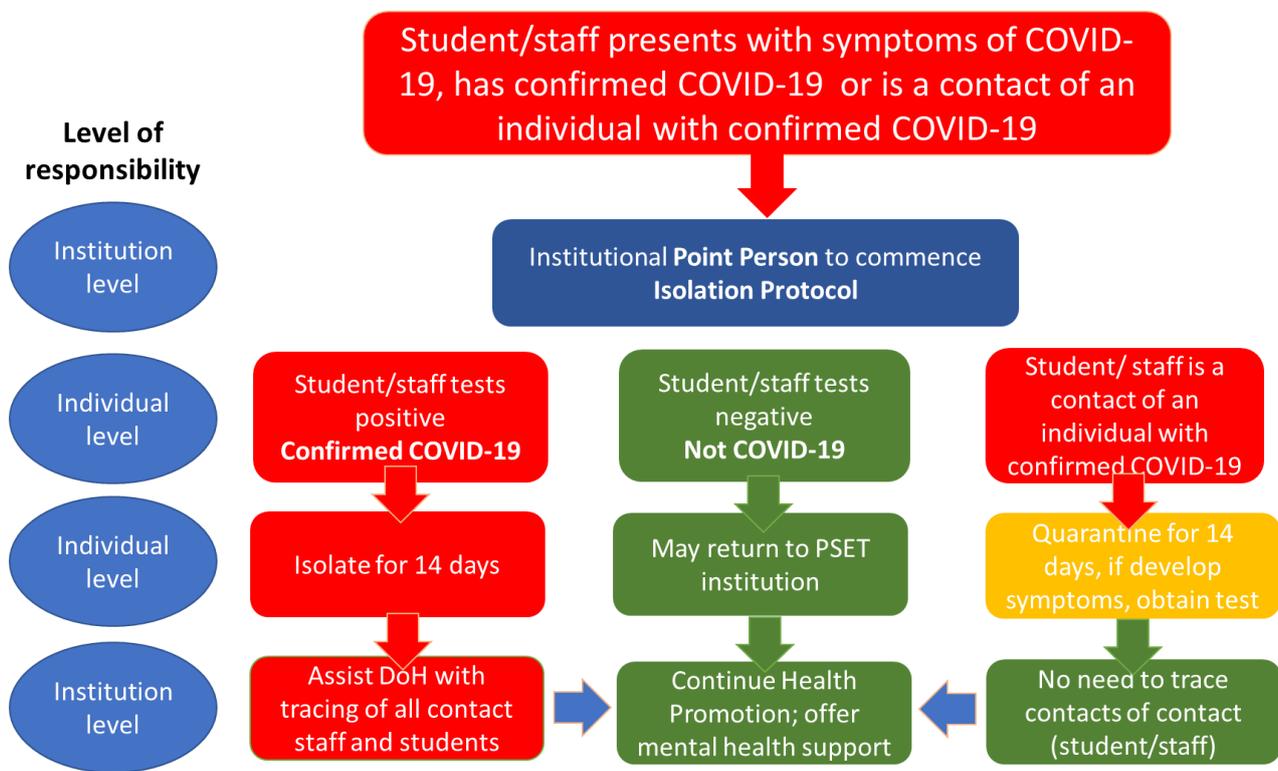


Figure 1: Algorithms to follow for confirmed or contacts of confirmed COVID-19

## Cleaning and Disinfecting a building, residence, classroom, office, or any other facility if someone is found Positive for COVID-19

Cleaning after a confirmed COVID-19 person has been present is a more meticulous version of routine cleaning. As per the definition of a confirmed positive COVID-19 student/staff, the following recommendations for disinfection and cleaning of facilities will apply:

1. Close off areas used by the person who has been found positive for COVID-19. Institutions do not necessarily need to close operations if they can close off affected areas. As we learn to “live with this virus” it is anticipated that only affected components of organisations will close, rather than the entire organisation.
2. Regarding the affected room/building:
  - Open outside doors and windows to increase air circulation in the area.
  - If possible, wait 24 hours before cleaning/disinfecting. If 24 hours is not feasible, wait if possible.
  - Clean and disinfect all areas used by the person who has COVID-19, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATMs.
    - Hypochlorite should be the solution that is used over wide areas, such as floors, desks, chairs, steps, etc.

- Since 60-70% alcohol solutions are far more expensive, it should be used for other smaller areas and items that corrode. Thus, all metals and electronic goods, keyboards, door handles, laptops, etc. should be cleaned with an alcohol solution.
3. Once the area has been appropriately disinfected, it can be opened for use.
  4. If there is any linen or laundry in the area (e.g. tablecloths), these should be washed in a heating cycle in the washing machine.
  5. Workers without close contact with the person who has COVID-19 can return to work immediately after disinfection. Those who have had exposure – according to the national guideline definition – should be in self-isolation, according to national guidelines.
  6. If it is more than 7 days since the person who has COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary.
  7. Continue routine cleaning and disinfection after the special clean, as per this document. This includes everyday practices that businesses and communities normally use to maintain a healthy environment.

### What cleaning staff need to do when cleaning and disinfecting if someone is found positive for COVID-19

- Regular cleaning staff can clean and disinfect the area after 24 hours of ventilating the affected facilities
- During the cleaning and disinfecting process, cleaning staff need to ensure:
  - They wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash. Additional personal protective equipment (PPE) like goggles might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
  - Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area.
  - Disposable gloves and gowns should be disposed of immediately in an infectious waste container
  - If reusable gowns were used ensure that they are immediately cleaned with disinfectant
  - Any cleaning cloths or materials used for the cleaning process should also be adequately disinfected post the cleaning operation
  - Always wash hands with soap and water for 20 seconds immediately after removing gloves, gowns, mask and goggles.

## **Acceptable Cleaning Chemicals**

See Addendum 1: Cleaning Solutions & Addendum 2: Use of Bleach

## **Cleaning outdoor areas**

Outdoor areas generally require normal routine cleaning, but do not require disinfection.

- Do not spray disinfectant on outdoor items - it is not an efficient use of supplies and is not proven to reduce the risk of COVID-19 to the public.
- The exception - frequently touched surfaces made of plastic or metal, such as grab bars and railings should be cleaned routinely.
- Cleaning and disinfection of wooden surfaces (benches, tables) is not recommended.
- Sidewalks and roads should not be disinfected.
- Spread of COVID-19 from these surfaces is very unlikely and disinfection is not effective.

## Addendum 1: Cleaning Solutions

As the world understands more about SARS CoV-2, it is possible to recommend specific compounds. While there are thousands of possible solutions, we recommend the highlighted ones for different purposes, as above. In South Africa, sodium hypochlorite (bleach) can be found in the form of multiple commercial products, “Jik” (or equivalent).

Antimicrobial agents effective against different coronaviruses: human coronavirus 229E (HCoV-229E), mouse hepatitis virus (MHV-2 and MHV-N), canine coronavirus (CCV), transmissible gastroenteritis virus (TGEV), and severe acute respiratory syndrome coronavirus (SARS-CoV)1 Antimicrobial agent

	<b>Concentration</b>	<b>Coronaviruses tested</b>
Ethanol	70%	HCoV-229E, MHV-2, MHV-N, CCV, TGEV
Sodium hypochlorite	0.1–0.5%	HCoV-229E
	0.05–0.1%	SARS-CoV
Povidone-iodine	10% (1% iodine)	HCoV-229E
Glutaraldehyde	2%	HCoV-229E
Isopropanol	50%	MHV-2, MHV-N, CCV
Benzalkonium chloride	0.05%	MHV-2, MHV-N, CCV
Sodium chlorite	0.23%	MHV-2, MHV-N, CCV
Formaldehyde	0.7%	MHV-2, MHV-N, CCV

## Addendum 2: Use of bleach

From: <https://www.info.gov.hk/info/sars/en/useofbleach.htm>

Bleach is a strong and effective disinfectant. Its active ingredient, sodium hypochlorite, denatures protein in micro-organisms and is therefore effective in killing bacteria, fungus, and viruses. Household bleach works quickly and is widely available at a low cost. Diluted household bleach is thus recommended for the disinfection of facilities.

As bleach irritates mucous membranes, the skin and the airway, decomposes under heat or light, and reacts readily with other chemicals, caution should be exercised in the use of it. Improper use of bleach may reduce its effectiveness in disinfection and also lead to accidents which can be harmful to health. Overuse of bleach or using a bleach solution that is too concentrated results in the production of toxic substances that pollute the environment and disturb the ecological balance.

### Tools and Equipment

Before cleaning, get all the necessary tools and equipment ready. Cleaning tools, cleansers/disinfectants, measuring tools, and protective gear will be needed.

- **Cleaning tools:** Brush, mop, towel, spray can and bucket.
- **Cleansers/disinfectants:** Bleach and water.
- **Measuring tools:** Tablespoon and measuring cup.
- **Protective gear:** Mask, rubber gloves, plastic apron, and goggles (recommended).

### Procedures for Preparing/Using Diluted Bleach

Keep windows open when diluting or using bleach to ensure good ventilation. Put on protective gear when diluting or using bleach as it irritates mucous membranes, the skin, and the airways. Cold water should be used for dilution as hot water decomposes the active ingredient of bleach and renders it ineffective. Bleach containing 5.25% sodium hypochlorite should be diluted as follows (demonstration short):

1:99 diluted household bleach (mixing 10ml of bleach with 1litre of water) can be used for general household cleaning.

1:49 diluted household bleach (mixing 10ml of bleach with 0.5litre of water) is used to disinfect surfaces or articles contaminated with vomitus, excreta, secretions or blood.

Adjust the amount of bleach added if its concentration of sodium hypochlorite is above or below 5.25%

Calculation: Multiplier of the amount of bleach added =  $5.25 \div \text{concentration of sodium hypochlorite in bleach}$

For example, when diluting a bleach-containing only 5% sodium hypochlorite, the multiplier is  $5.25 \div 5 = 1.05$ . That means  $10 \times 1.05 = 10.5\text{ml}$  of bleach should be used when preparing a bleach solution. For accurate measurement of the amount of bleach added, a tablespoon or measuring cup can be used. Rinse disinfected articles with water and wipe dry. Cleaning tools should be soaked in diluted bleach for 30

minutes and then rinsed thoroughly before reuse. Finally, wash hands with liquid soap, then dry hands with a clean towel or disposable towel.

### **Precautions**

Avoid using bleach on metals, wool, nylon, silk, dyed fabric, and painted surfaces. Avoid touching the eyes. If bleach gets into the eyes, immediately rinse with water for at least 15 minutes and consult a doctor.

Bleach should not be used together or mixed with other household detergents as this reduces its effectiveness in disinfection and causes chemical reactions. For instance, a toxic gas is produced when bleach is mixed with acidic detergents such as those used for toilet cleaning. This could result in accidents and injuries. If necessary, use detergents first and rinse thoroughly with water before using bleach for disinfection.

As undiluted bleach liberates a toxic gas when exposed to sunlight, it should be stored in a cool and shaded place out of reach of children. Sodium hypochlorite decomposes with time. To ensure its effectiveness, it is advised to purchase recently produced bleach and avoid over-stocking. For effective disinfection, diluted bleach should be used within 24 hours after preparation as decomposition increases with time if left unused.

## *Standard operating procedure: first aid and transportation of staff and students falling ill on campus*

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### ***Falling ill on campus***

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**If at any stage any member of the University suspects that they may have been exposed, or feels ill, they are advised to isolate themselves and to contact a medical doctor or the 24-hour Operational Management and Crisis Centre on 0800 0064 28 or 012 420 2310 before going to medical centres. He/she should also notify his/her line manager of the illness.**

If the ill person is unable to call the call centre and requires assistance, the following procedure should be adhered to:

1. If a worker (staff or student) develops symptoms of acute respiratory infection, efforts should immediately be made to minimize contact of the ill person with all other workers on campus.
2. Separate the ill person from the other persons by at least 2 m.
3. Request the ill person to wear a mask and practice respiratory hygiene when coughing and sneezing. If the medical mask cannot be tolerated by the ill person, provide tissues to cover mouth and discard the tissue immediately into a biohazard disposal waste bag. If no biohazard disposal waste bag is available, place it into an intact plastic bag, seal it, and consider it “biohazard” waste; wash hands with soap and water or alcohol-based hand rub.
4. In case the ill person cannot wear a mask, direct contact with the ill person should be avoided unless wearing at least disposable gown, gloves, a mask, and eye protection.
5. **Contact the 24-hour Operational Management and Crisis Centre on 0800 0064 28 or 012 420 2310, who will advise you on how to proceed.**
6. Remove PPE carefully to avoid contaminating yourself. Remove first gloves and gown, do hand hygiene; next remove the mask and eye protection, and immediately wash hands with soap and water or alcohol-based hand rub.
7. Properly dispose of gloves and other disposable items that had contact with the ill person’s body fluids in biohazard bag/boxes or a secured plastic bag, which will be considered as “biohazard” waste.
8. **At no time should any worker attempt to transport the ill person in his/her private vehicle. Please contact the 24-hour Operational Management and Crisis Centre for information on how to proceed.**

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### **Falling ill at home**

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If the employee or student feels ill while at home. He/she must remain at home and seek medical assistance. He/she should notify his/her line manager or supervisor of the illness.

**CONFIDENTIAL**

COVID19 case report

<b>Reference number</b>	
<b>Date positive case was reported</b>	
<b>Name of staff/ student</b>	
<b>Staff /student number</b>	
<b>Telephone number</b>	
<b>Email address</b>	
<b>Residential address</b>	
<b>Method of reporting</b>	
<b>Facility where the test was conducted</b>	
<b>State of health</b>	
<b>Details</b>	

Link to folder with supporting documents:

Follow up actions:
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Please refer to the contact tracing SOP for definition of a direct contact

<b>Contact tracing Mr/Ms XYZ</b>			
Name and Surname	Contact number	Date of commencement of 14 day Isolation period - Date of isolation period	Notes

<b>Contact tracing</b>			
Name and Surname	Contact number	Date of commencement of 14 day Isolation period - Date of isolation period	Notes