



## BUSINESS CONTINUITY - COVID-19

Case Identification and Management at Work  
(Guidelines and Processes)

## BUSINESS CONTINUITY - COVID-19- CASE IDENTIFICATION AND MANAGEMENT AT WORK (SUGGESTED GUIDELINES AND PROCESSES)

### A. Introduction

The novel coronavirus (COVID-19) originating from Wuhan, China, is a generally mild infection, but is a highly transmissible disease. This means that the virus spreads very quickly and can therefore infect many people. Since this novel coronavirus has only recently been identified, there is limited information regarding the mode(s) of transmission, clinical features, treatment and severity of disease at this stage. Human coronaviruses most commonly spread from an infected person to others through:

- coughing or sneezing - people could catch COVID-19 if they are standing within one meter of a person who has the illness, by breathing in droplets coughed out or exhaled by the infected person;
- close personal contact, such as touching or shaking hands;
- touching an object or surface with the virus on it, then touching your mouth, nose, or eyes before washing your hands

### B. What to do if there is confirmed COVID-19 infection within your company

The focus of the COVID-19 outbreak in the United States is to contain and mitigate the spread at work and in the community along with supporting those infected with the virus.

All employees must immediately report a diagnosis or confirmation of COVID-19 infection to their managers and HR, by telephone and email to avoid direct contact.

#### **Suggested steps to be taken by managers when faced with a confirmed case of COVID-19 infection in the team:**

HR should immediately notify the company's response teams of the confirmed case which will then trigger an SOP (example SOP in separate document). Staff to be self-quarantined for no less than 14 days and managed according to whether they are the confirmed case, a close contact of the case or fall into the category of all other staff.

#### **The guidelines below address the three groups of affected staff members who need to be considered when a case of confirmed COVID-19 arises at work:**

1. *The staff member who is **confirmed** to have a COVID-19 infection:*

The staff member should be asked to immediately follow the care plan from their healthcare provider and self-quarantine until they **have been cleared** by their healthcare provider and are no longer considered infectious. They can continue to work from home if not very sick during the self-quarantine period or can take sick leave if unable to work during this time.

The staff member should be engaged by the COVID-19 Response Team regarding the following:

- Care information pack, including work policies
- Contact Tracing information

Staff members who had a confirmed case of COVID-19, should only return to work once medical clearance has been received. Proof of negative test results and clearance from your doctor must be provided in order to confirm that the staff member is no longer at risk.

2. *Staff members who are considered Close Contacts of the staff member with a confirmed COVID-19 infection*  
All staff members who have been **in close contact** with a staff member with **confirmed** COVID-19 disease should self-quarantine and monitor for symptoms. Regardless of whether symptoms are present or not, the Close Contact must remain in self-quarantine for the full 14-day period.

In the event of symptoms arising during the self-quarantine period, the Close Contact staff member should contact their healthcare provider immediately for testing and further management and should notify their manager and HR of this change in clinical condition. If a COVID-19 test is done and the result is negative, the 14-day quarantine period is no longer required and the close contact may return to work.

***Definition of Close Contact:***

- I. Having had face-to-face contact (6 feet) with a confirmed case. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case. This also includes having been on an aircraft sitting within two seats (in any direction) of the confirmed COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated.

OR

- II. Having direct contact with infectious secretions of a confirmed COVID-19 case (e.g. being coughed on).

The Close Contact staff member should be engaged by a COVID-19 Response Team regarding the following:

- Care information pack, including work policies
- Contact tracing is relevant if the staff member tests positive for the COVID-19 infection

3. *All other staff members on the affected location*

All staff members should receive communication from senior management alerting them to the next steps.

All staff members (with or without symptoms) must determine their risk category for COVID-19 infection using the [CDC's Coronavirus Self-Checker](#) and follow local and state guidelines.

**C. What to do if a staff member is SUSPECTED but not yet confirmed of having a COVID-19 infection**

Follow the process for a confirmed case (section B of this document) until laboratory results are available. COVID-19 test results should be shared with HR. Dependent on the laboratory results the following will occur:

- If the test result is positive - please continue to follow **section B** of this document as detailed above
- If the test result is negative:
  - All close contacts of the staff member with the suspected infection may return to work.
  - The staff member with the suspected infection may return to work when asymptomatic.

## D. Important facts to remember

Safety precautions should be reinforced to **ALL** staff members at work

These include the following:

- Washing of hands with soap and water for at least 20 seconds. If soap and water are not available, use of an alcohol-based hand sanitizer.
- Avoiding touching eyes, nose, and mouth with unwashed hands.
- Cleaning and disinfecting frequently touched objects and surfaces **including the office space**.
- Avoiding close contact with the staff member with suspected or confirmed coronavirus infection.
- Exercise caution and continue to monitor for symptoms.
- Stay calm. Remember, the COVID-19 infection is generally a mild illness.
- Not all cases of fever, cough and shortness of breath are due to coronavirus. Other causes could include influenza infection. Same precautionary measures as above should apply. Staff with influenza should not come to work while infectious.

## E. Suggested Guidance for Health and Safety Personnel if a suspected case of COVID-19 is identified at work

- Follow standard triage protocols for ambulance services. The facility should be informed in advance of the arrival of the staff member irrespective of self-drive or ambulance transportation.
- Limit the number of persons present in the secure room or attending to the staff member.
- Ensure the following respiratory hygiene measures are practiced:
  - Offer a medical mask to the staff member with suspected COVID-19 infection while they are in a secure waiting area.
  - In the absence of a mask, ensure that the staff member covers their nose and mouth with a tissue or elbow when coughing or sneezing. Tissue must be discarded safely.
- Perform good hand hygiene (washing hands with soap and water or cleaning with alcohol-based hand rubs) after contact with respiratory secretions.
- Follow standard precautions for hand and respiratory hygiene and use of appropriate Personal Protective Equipment (PPE). Wear disposable gloves and a surgical mask if there is need to touch or move the staff member.
- Refrain from touching eyes, nose or mouth with potentially contaminated gloves or bare hands.
- While awaiting transportation, avoid unnecessary movement of the staff member within the building unless medically necessary.
- Maintain a record of all staff who came into contact with the suspected case.
- Disinfect all equipment used on the staff member immediately after use (thermometer, BP machine etc.).
- A member of the US Covid 19 team could inform the building after the staff member suspected or confirmed to have the COVID-19 infection has been removed or left their workspace to disinfect the surfaces. Follow standard precautions for hand and respiratory hygiene and use of appropriate Personal Protective Equipment (PPE).

END

Appendix 1: Overview of the business continuity process for case identification and case management should a staff member contract the COVID-19 virus

### COVID-19 Response Team SOP



