

Higher Education and Training Health, Wellness and Development Centre

Protocol on Managing Clusters of Outbreak of COVID-19 within Post School Education & Training (PSET) Institutions

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Purpose of the HIGHER HEALTH Protocol on Managing Clusters of Outbreak of COVID-19 within the PSET Institutions

With the lifting of lockdown regulations to Level 2, the national intent is for the economy to re-open and for institutions to actively re-engage in usual pre-COVID-19 activities. Within the PSET sector, phased opening of institutions must be done with due attention to adhering to the "HIGHER HEALTH Guidelines for Post School Education and Training (PSET) Institutions for management of and response to the COVID-19", which was launched by the Honourable Minister of Higher Education Science and Innovation, Dr Blade Nzimande, on 30th April 2020

https://higherhealth.ac.za/wp-content/uploads/2020/05/Guidelines-for-Post-School-Education-and-Training-PSET-Institutions-for-management-of-and-response-to-the-COVID-19-outbreak.pdf

This protocol contains specific and revised COVID-19 scenarios which institutional management and administrators will need to follow in responding to COVID-19 cases and Contact of COVID-19 cases. The scenarios range from those which occur at an individual level and pose a relatively low risk to the institution to those where there are a cluster of students and staff becoming positive at the same time to COVID-19, which poses a very high risk to the health and welfare of the campus community. However, given the infectiousness of SARS-CoV-2, all scenarios should be viewed with the same degree of urgency and importance.

This protocol provides detailed checklists to follow in managing:

- 1. A student or staff member who has been exposed to a person with suspected or confirmed COVID-19 or has COVID-19 symptoms.
- 2. A cluster outbreak of confirmed positive COVID-19 cases occurring at the same specified time, on campus.

The emergence of clusters of infection requires close cooperation between the Institution and Campus COVID-19 Task Team, HIGHER HEALTH, District Department of Health or designate, and the NICD in establishing a COVID-19 Cluster Investigation Team to oversee and advise campuses when clusters of infections occur. The HIGHER HEALTH team can advise on appropriate contact details for the relevant COVID-19 Cluster Outbreak Investigation Team and link to the relevant Local and District Health and NICD assigned officials.

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Glossary of Important terms to understand

Glossary of Important te	
Suspected COVID-19	When a staff member or student appears ill or displays symptoms compatible with COVID-19 based on symptom screening according to the NICD case definition but is either not tested or awaiting SARS-CoV-2 test result
Confirmed COVID-19	A staff member or student with laboratory confirmation of SARS-CoV-2 infection (using an RT-PCR assay), irrespective of clinical signs and symptoms.
NICD Case Definition	The National Institute of Communicable Diseases (NICD) Case Definition for COVID-19 is: Any person presenting with an acute (≤10 days) respiratory tract infection or other clinical illness compatible with COVID-19, or an asymptomatic person who is a close contact of a confirmed case. Symptoms include ANY of the following respiratory symptoms: cough, sore throat, shortness of breath, anosmia (loss of sense of smell) or dysgeusia (alteration of the sense of taste), with or without other symptoms (which may include fever, weakness, myalgia, or diarrhoea) [note that referral to individuals with COVID-19 as a 'case' can be
	stigmatising and if possible, these terms should be avoided but are included here for clarity according to conventional terminology]
Cluster	In general, a cluster is an aggregation of cases grouped in place and time that are suspected to be greater than the number expected, even though the expected number may not be known. For COVID-19, a cluster occurs on campus when > 2 individuals with confirmed or suspected COVID-19 are identified within seven days in the same class or lecture hall, student group, or between individuals working in the same area on a campus [note that the terms 'cluster' and 'outbreak' are not used strictly as defined and are used interchangeably in practice and management is the same]
Cluster Investigation Team	Comprises the campus COVID -19 task team, Department of Health, HIGHER HEALTH and NICD officials
Outbreak	In general, an outbreak is when a cluster has a common source. For COVID-19, an outbreak occurs when all the individuals in a cluster on campus are likely to have been infected by the same individual who was positive for COVID-19

	[note that the terms 'cluster' and 'outbreak' are not used strictly as defined and are used interchangeably in practice and management is the same]							
Close contact	Staff member or student who has been in contact with an individual with confirmed COVID-19 for >15 minutes within 1.5 meters without a mask. This includes working together in closed, poorly ventilated spaces.							
Casual contact	Staff member or student who has been in contact with an individual with confirmed COVID-19 for a short duration (<15 minutes) and maintained physical distancing (>1.5 m) with a confirmed case/s or who was wearing a mask.							
Period of Infectivity	Time the individual with confirmed COVID-19 was present on campus while in the infectious period as determined by:							
Quarantine or self-	 In an individual with confirmed COVID-19 who has symptoms, the infectious period begins 48 hours prior to symptom onset and lasts until 10 days after symptom onset. In an individual with confirmed COVID-19 with no symptoms: Where the source of infection is unknown, the infectious period may be regarded as commencing 48 hours before the date of the sample, to 10 days after the sample was taken. Where the source of infection is known, the infectious period can be estimated based on a minimum incubation period of 48 hours following exposure A period during which someone who has been exposed to someone 							
isolate	who is confirmed to have COVID-19, is separated from healthy people, and observed for the development of symptoms of COVID-19. This is usually for a period of 10 days in the case of COVID-19. Quarantine or self-isolate can be involuntary if demanded by the Institution and Local Authorities.							
Isolation	A period during which someone who is suspected or confirmed to have COVID-19 is separated from people who are healthy. The period is for a minimum of 10 days. Isolation can be involuntary if demanded by the Institution and Local Authorities.							
Self-isolation	A term used widely in the context of COVID-19 to imply that an individual who either has COVID-19 or has been exposed to someone with COVID-19 voluntarily selects to separate themselves from other healthy people. During this period, the individual should not go out, wear a mask in the home, and have separate living and ablution facilities where possible.							
De-isolation	An individual with confirmed COVID-19 can stop isolation precautions and return to campus after 10 days from the day symptoms start (if mild symptoms) or date when the test was done (if no symptoms). If							

	admission to hospital is needed for treatment of COVID-19, at least 10 days from discharge and when well enough to return to campus. Repeat testing for SARS-CoV-2 is NOT required before return to work or study on campus.						
Environmental decontamination	All equipment and rooms where individuals who have confirmed COVID-19 have been within the last seven days should be identified for appropriate cleaning. Following a thorough cleaning, surfaces are wiped, not sprayed with disinfectants such as 1000 ppm chlorine (hypochlorite) or 70% alcohol, as recommended.						
COVID-19 preventative strategies	Measures implemented to control the spread of COVID-19 including physical distancing, hand hygiene, cough etiquette, non-medical (cloth) face masks, regular environmental cleaning and daily symptom screening to prevent the spread of the SARS-CoV-2 from a COVID-19 case to other students or staff on campus.						

Scenario 1 A single student or staff member has been exposed to a person outside the institution who is being tested for COVID-19

A student or staff member who has been exposed to someone who is suspected to have COVID-19 must quarantine or self-isolate until the test results are available for the individual with the suspected infection. If the test is negative, the student or staff member can return to campus.

Refer to the definitions of contact of COVID-19 and confirmed COVID-19 within the "HIGHER HEALTH Protocol on Institutional Response to a Confirmed COVID-19 case within Post School Education & Training (PSET) Institutions", released on 23 June 2020; http://higherhealth.ac.za/wp-content/uploads/2020/09/HIGHER-HEALTH-Protocol-Post-a-COVID19-Positive-Result.pdf

As soon as it is known that the student or staff member has been exposed to an individual who has laboratory-confirmed COVID-19, that person should remain in quarantine or self - isolation, and should not attend the institution for a period of 10 days. If COVID-19 symptoms should develop within the first six days of the quarantine or self - isolation period, the individual should seek a laboratory test for SARS-CoV-2.

Scenario 2 A single student or staff member has been exposed to an individual from outside of the institution who has a laboratory-confirmed positive test for COVID-19

In order to contain the spread of the virus, all staff or students who have had *close contact* with an individual with a laboratory-confirmed positive test for COVID-19 should quarantine or self-isolate at home for 10 days while they monitor themselves for symptoms. They may not attend the institution at any time.

Students and staff who are not direct contacts of an individual who has tested positive for COVID-19 may continue to attend campus. For example, friends of students whose family members have been diagnosed with COVID-19 have a low risk of contracting COVID-19. Family and friends who have not had close contact with the individual who has tested positive do not need to take any precautions. They do not need to make any changes to their own activities unless they become unwell.

Students or staff who have interacted with a healthy contact of an individual who has tested positive for COVID-19 should not be removed from the institution.



Click here to go to the <u>Checklist</u> (C) to ensure all measures are in place to manage the above scenario.



Click here for the Checklist (B) to follow as soon as the above occurs.

Scenario 3 COVID-19 is diagnosed in a single student or staff member at an institution

When COVID-19 is diagnosed in a single person, the institution should immediately consult with designated Local and District health officials who will discuss the situation and assist with identifying staff, students and others who have been in contact with them.

This action will be increasingly important as the epidemic dissipates as an immediate and comprehensive response to an individual who is positive, can eliminate further transmission if contacts are identified, traced and actively followed-up.

Persons who have been in close contact with the individual positive for COVID-19 case will be requested to quarantine or self-isolate at home or other appropriate place for 10 days after exposure.

In the case of a student, close contacts might include close friends, people living in the same room within a residence, those travelling to campus together in the same vehicle, members of study groups or members of teams who have had close contact with the case, as per the definition of confirmed and contact of COVID-19, as released by HIGHER HEALTH. Who is a contact will depend on 48 hours prior to the date when the person showed first symptoms.

Assessment of who is a close contact should be done on an individual basis and public health officials will advise on specific actions or precautions that should be taken while respecting confidentiality.

Administrators may contact the NICD public hotline **080 002 9999** or designated local and district health officials who will refer the campus to appropriate authorities for advice.

Scenario 4 CLUSTER OUTBREAK MANAGEMENT — when COVID-19 is diagnosed in two or more students or staff member who have been in close contact within a period of 7 days

When COVID-19 is diagnosed in two or more students in the same student group or class, or in two or more staff members who work or travel together, within a period of 7 days, the institution must immediately consult the local and district health officials who will discuss the situation and identify staff, students and others who have been in close contact with them. Persons who have been in close contact with the individuals who have tested positive for COVID-19 case will be requested to quarantine or self-isolate at home or other appropriate place for 10 days after exposure.

In the case of students in the same group, close contacts would include other students in the group and possible staff members who have been in close contact with the student, depending on the date when the students became ill with symptoms and the campus activities that have taken place.

In the case of a staff member, close contacts may include some students who have had close contact with the staff member and certain colleagues in a classroom or lecture hall situation.

A Cluster Outbreak requires the campus COVID-19 Point Person to notify the institutional management, COVID-19 Task Team, relevant staff at the local and District Health Department, officials at Department of Higher Education and Training and HIGHER HEALTH, who will then activate the COVID-19 Cluster Investigation Team.



Click on the Checklist (A) to manage a COVID-19 Cluster Outbreak on campus.

Scenario 5 MULTIPLE CLUSTER OUTBREAK MANAGEMENT: COVID-19 is diagnosed in multiple students and/or staff members in the institution

When COVID-19 is diagnosed in multiple students and / or staff members across different areas, the institutions should immediately consult the Local and District health officials who will discuss the situation and identify staff, students and others who have been in contact with them.

The institution must work with the relevant Local and District Department of Health and other relevant leadership to communicate the possible COVID-19 exposure to the campus community. This communication to the community should align with the communication plan related to the institution's emergency operations plan (see the Guidelines for Post School Education and Training (PSET) Institutions for management of and response to the COVID-19 outbreak for more on communication plans). In such a circumstance, it is critical to maintain confidentiality of the person(s) involved.

Wherever possible, institutions should remain open while balancing protection of the health and safety of their community. **Any decisions regarding closure must be made in discussion with health officials**. More radical physical distancing steps may be considered if institutional closure is not considered necessary by health officials. These may include:

- Cancellation or postponement of group activities and larger events such as graduation ceremonies, guest lectures, club meetings, performances, social events, athletic team practices, field trips and sporting events where these have been reinstituted.
- ✓ Implementation of registries for attendance at gatherings and for students attending classes in order to facilitate contact tracing. This will be more feasible to implement

- where students attend classes in cohorts, and administrators will therefore need to consider how to record class attendance when students attend classes across campus in mixed cohorts.
- Temporary closure of affected parts of the institutions for in-person teaching may be considered. Temporarily suspending classes is a strategy to stop or slow the further spread of COVID-19 in communities. When classes are suspended, institutions should stay open for staff (unless ill) while students temporarily stop attending in-person classes, wherever possible. Keeping the facilities open a) allows staff to develop and deliver lessons and materials electronically (where feasible), thus maintaining continuity of teaching and learning this may be required when staff do not have good interconnectivity at home; and b) allows other staff members to continue to provide services and help with additional response efforts. Administrators should work in close collaboration and coordination with health officials, including the COVID-19 Cluster Investigation Team, to make decisions on closing parts of the institution or cancelling face-to-face classes.
- Class suspension and event and activity cancellation may be recommended for at least 14 days, or possibly longer if advised by local health officials. The nature of these actions (e.g. geographic scope, duration) may change as the local cluster situation evolves.

Cleaning and waste disposal and cleaning of educational establishments after a student or staff members or others have been diagnosed with COVID-19

COVID-19 is mainly transmitted through both droplets and aerosols. Droplets contain infective virus particles and can be transmitted through direct contact of virus particles on hands, followed by 'self-inoculation' by touching eyes, nose, or mouth. The coronavirus particles may persist on surfaces for some time. Therefore, cleaning of the environment is an important part in preventing transmission of coronavirus infection. The coronavirus is easily destroyed by usual household cleaning agents such as soap and water, dilute bleach, 70% alcohol, and ammonium compounds.

Refer to the "HIGHER HEALTH Protocol on Routine Cleaning and disinfection for COVID-19 Prevention within Post School Education & Training (PSET) Institutions".

https://higherhealth.ac.za/wp-content/uploads/2020/06/HIGHER-HEALTH-COVID-19-Protocol-on-Routine-Cleaning-at-PSET-institutions.pdf

All surfaces that are frequently touched by people should be cleaned using disposable cloths and household detergents. These include:

- ✓ surfaces and objects which come into contact with body fluids such as toilets, residence
 and sports complex showers
- √ high-contact areas such as toilet handles, door handles, telephones, desk surfaces
- ✓ common tools, equipment used by multiple students and staff
- √ high contact areas such as campus gymnasiums

Public areas where a symptomatic individual has passed through and spent minimal time in (such as corridors) but which are not visibly contaminated with body fluids do not need to be specially cleaned and disinfected. If a person becomes ill in a shared space, these should be cleaned as detailed above.

All waste that has been in contact with an individual who tests positive, including used tissues, and masks if used, should be put in a plastic refuse bag and tied when full. It can then be put in the normal waste.

CHECKLIST A: Managing a CLUSTER defined as two or more individuals testing positive for **COVID-19 on campus within 7 days** Within < 2 hours 1 COVID-19 campus **Point Person** to report to the institutional covid-19 task team \square / command council or designated COVID-19 cluster staff member telephonically and by email immediately 2 Campus **Point Person** to complete case investigation form (Appendix A) for the $oldsymbol{
eq}$ index cases as well as immediate linkage to the district DoH assigned person 3 The institution to activate COVID-19 Cluster Investigation Team (comprises the **|** campus COVID -19 task team, Department of Health, HIGHER HEALTH and NICD officials) and set up a time to meet virtually within the next 6 hours 2-6 hours COVID-19 Cluster Investigation Team to meet (telephonically or virtually). This \square 4 must include a Department of Health designated campus health representative and can include HIGHER HEALTH technical staff COVID-19 Cluster Investigation Team to identify close contacts of the index case in consultation with the campus **Point Person** and complete the contact line-list: Close contacts: **|~|** 5 Anyone face-to-face with case within 1.5 metres for > 15 min without a Anyone sharing a classroom/lecture hall or closed space (e.g. office) > 15 min without a mask **OR** Anyone sharing a classroom/lecture hall with case for > 2 hours even if mask and distancing measures are in place Campus Point Person(s) to inform all campus close contacts of exposure and \square 6 need for quarantine or self-isolate for 10 days Campus Point Person(s) to ensure all campus close contacts have access to COVID-19 symptom screening tool, HIGHER HEALTH HealthCheck. HIGHER HEALTH HealthCheck access link: \square 7 https://healthcheck.higherhealth.ac.za/login/ Or the guarantine or self-isolate daily symptom monitoring tool (Appendix B). and advise to seek healthcare provider opinion if symptomatic and to follow advice accordingly Campus **Point Person** to activate an official notification of the cluster to entire campus community including staff, support staff, and students, including what is $\overline{\mathbf{A}}$ 8 known, what is being done, and a reminder to adhere to hygiene and distancing practices.

6-24 hours	
Terminal cleaning of all affected areas (i.e. classrooms, lecture halls, bathrooms, office space) is conducted as per campus COVID-19 environmental cleaning and disinfection protocol as per protocol released by HIGHER HEALTH. Protocol access link: https://higherhealth.ac.za/wp-content/uploads/2020/06/HIGHER-HEALTH-COVID-19-Protocol-on-Routine-Cleaning-at-PSET-institutions.pdf	∀
Campus Points Person(s) to monitor telephonically daily those cases and close contacts who are staff and record this on the Case Investigation Form as per Occupational and Health Workplace Guidelines	
Where resources permit, campus Points Person(s) to monitor telephonically on alternate days those cases and close contacts who are students and record this on the Case Investigation Form.	
COVID-19 Cluster Outbreak Team to review new information, actions and initial responses.	
Campus Points Person to arrange for Infection Prevention and Control audit to identify high risk transmission areas and arrange mitigation measures	V
COVID-19 Cluster Outbreak Team to notify local Department of Health of the cluster and what actions are being taken	
1-2 days	
15 Infection Prevention and Control audit to be conducted on campus	
Campus Point Person to complete Case Investigation Forms for all staff and students who subsequently test positive or develop symptoms (secondary cases)	$\overline{\mathbf{A}}$
Meeting of COVID-19 Cluster Outbreak Team to review new information, actions and initial Infection Prevention and Control responses	$\overline{\mathbf{A}}$
COVID-19 Cluster Outbreak Team to make an initial decision with regards the need to close specific areas of the campus or the entire campus	$\overline{\mathbf{A}}$
Psychosocial support for affected staff and students to be arranged by responsible campus authority e.g. HIGHER HEALTH	
Campus Point Person to send out daily summary report to COVID-19 Cluster Outbreak Team	
2-3 days	

21	Campus Point Person to complete Case investigation Forms for all staff and students who subsequently test positive or develop symptoms (secondary cases)	K
22	Meeting of COVID-19 Cluster Outbreak Team to review new information, actions and Infection Prevention and Control audit findings	V
23	COVID-19 Cluster Outbreak Team and campus Point Person to generate and discuss hypotheses re the source of the cluster and modes of transmission	V
24	Discuss proposed interventions to prevent onward transmission, and consider ways to prevent future clusters in the light of experience gained	V
25	COVID-19 Cluster Outbreak Team to review the decision to close any areas or campus as a whole	V
26	Campus Points Person to send out daily summary report to COVID-19 Cluster Outbreak Team and all campus stakeholders	
	3-7 days	
27	Meet daily as the COVID-19 Cluster Outbreak Team to review new information and actions	V
28	Campus Point Person to implement and monitor recommended interventions to prevent onward transmission	V

CHECKLIST B: A student or staff member has been exposed to a person with suspec	ted
or confirmed COVID-19, or has COVID-19 symptoms	

- Confirm symptoms within the individual, establish individual as per definition of confirmed case of COVID-19 or contact of case of COVID-19, as per the NICD algorithm, HIGHER HEALTH Protocol
- 3. **Point Person** to immediately do the following:
 - ✓ Reassure and comfort the individual
 - Ensure that there is no stigmatization and that the process ensures little or no emotional trauma
 - ✓ Provide individual with new medical face mask
 - ✓ Accompany individual to the adequately lit isolation room and if possible, shut the door, but only if adequate ventilation assured e.g. open window
 - ✓ Do not allow friends or others to sit with the individual allow 2 metres between any other people in the vicinity
 - ✓ Ask individual to avoid touching people, surfaces and objects and be advised to cover their mouth and nose with a disposable tissue when they cough or sneeze and put the tissue in the bin. If no bin is available, put the tissue in a bag or pocket for disposing in a bin later. If no tissues available, they should cough and sneeze into the crook of their elbow
 - ✓ If they need to go to the bathroom whilst waiting for medical assistance or transfer to their isolation or quarantine or self-isolate venue, they should use a separate bathroom if available
 - ✓ Wash hands well according to handwashing guidelines

4.	Point Person to contact the campus designated healthcare provider or HIGHER HEALTH official to await further instructions for transfer of individual						
	For students:	[]					
	For staff:	[]					
5.		arrange for isolation room to be cleaned once the student or staff					

NICD PUBLIC HOTLINE 080 002 9999

CHECKLICT C. D	reporting community consistingly manage students or staff who may be
	reparing campus to sensitively manage students or staff who may be
✓	have or may have COVID-19 symptoms Identify at least two designated staff members (and a student leader if desired) to be responsible for implementing protocols for managing student and staff infection; hereafter referred to as the Point Person. The point person needs to be part of the campus COVID-19 task team.
\checkmark	Provide Point Person with cell telephone and SIM card to ensure they can be contactable and make calls as necessary
$\overline{\mathbf{A}}$	Communicate and publicize Point Person and contact details widely among the campus community (posters, radio, social media) so that everyone knows who to contact should a student or staff require isolation
✓	Point Person to identify and prepare a room for isolation. The room should be: ✓ Adequately ventilated, with windows if possible ✓ Easy to locate ✓ Be minimally furnished – table and two chairs, no carpets or soft furnishings ✓ Provided with a clean supply of medical masks
$\overline{\mathbf{A}}$	Point person to identify Department of Health quarantine or self-isolate & isolation centers & establish the referral pathways to these facilities
$\overline{\mathbf{A}}$	Point person to identify psychosocial support service providers and establish referral pathways for students and staff to access psychosocial support as needed
V	Point person to identify Department of Health facilities for transferring or referring symptomatic students and staff for further investigation and case management as appropriate
$\overline{\mathbf{A}}$	Point Person to ensure that the necessary telephonic contact details for local response team is clearly visible on a poster in the room
	Point Person to ensure that the cleaning manager is familiar with the protocol for cleaning the isolation room
	NICD PUBLIC HOTLINE 080 002 9999

APPENDIX A: Campus Case Investigation Form

Section A: Campus and respondent detai	ls
Name of campus:	Name of person completing form:
Address of campus:	
District/province:	
	Time of form completion:
Section B: Details of individual with conf	irmed COVID-19
First Name:	RSA ID number/passport:
Last name:	
Date of birth:	Sex at birth: Male - Female -
Role of person in the institution:	
Student Lecturer Support staff	□ Visitor □ Other □
Section C: Course of COVID-19 infection	
Date of COVID-19 diagnosis:	
Laboratory where tested:	Laboratory reference number:
Reason for testing:	Was the person symptomatic at testing? $\ \square\ Y\ /\ N\ \square$
Clinically ill: \square Y / N \square	
Routine screening: \square Y / N \square	If symptomatic, date of earliest symptom onset:
Contact of case: \square Y / N \square	
Based on the above, what is the approximation infectious period?	mate From: To:
•	
	ng the infectious period (last 48 hours prior to first
Section D: Movements on campus duri symptoms) Parts of the campus the	ng the infectious period (last 48 hours prior to first
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APPENDIX B: Quarantine or self-isolation daily symptom monitoring tool

Surname			First Name			Date of Birth				
Contact Cell number		Sex								
E-mail address						RSA I.D number				
Next of Kin or Alternative Contact (Please provide name, relationship and contact details)										
Institution name & address:										
Home address:										
Days post exposure	1	2	3	4	5	6	7	8	9	10
Date: DD/MM										
1. Temperature (where possible)										
2. Symptoms (Circle Y or N)	Daily	Daily	Daily	Daily	Daily	Daily	Daily	Daily	Daily	Daily
Cough	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N	Y / N
Sore throat	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
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
Fever/chills	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
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