

COVID- 19 Occupational Health Nurse's FAQ

An Occupational Health Physician's Perspective

OOHNA Executive Director Drew Sousa spoke with **Jonathan W. Davids, MD, Corporate Medical Director, DriverCheck**

What role should the OHN play in performing health assessments to ensure a worker is able to stay at work, outside of the hospital setting?

OHNs should use the screening assessment tools found on Health Canada's website (<https://ca.thrive.health/covid19/en>) to determine if workers should stay at home. Essentially anyone with symptoms, a history of travel internationally or over some provincial and territorial borders, or with close personal contact with someone who is symptomatic, should stay home and **not go to work**. OHNs can help message this out to employees and business leaders. Provincial assessments are also linked at the website above.

At DriverCheck, we're using a **Guide to Social (Physical) Distancing** that outlines how long individuals should stay at home after symptoms develop. The PHAC recommends a 10-day wait but is silent on how long after symptoms abate. At DriverCheck, we advise to discontinue home isolation in the following circumstance:

72 hours after complete resolution of all symptoms; and, 10 days have passed since the first day of onset of symptoms; whichever timeline is longer.

We also have other resources such as client communications, fitness-to-work decision trees, screening decision trees that we use for clinical encounters and drug & alcohol collections and testing procedures, and the aforementioned infographics, available on our website for anyone to use, borrow and adapt, etc.

Should employers be monitoring a worker's temperature? What, if any, privacy issues are there? What PPE should the OHN wear?

Well, the evidence for temperature checks isn't great, however, this is being done by a number of employers as an added measure of surveillance, and not as the 'only' measure, which makes some sense. Employers are combining temperature checks with screening questionnaires as well.

The idea behind doing temperature checks is that if individual employees are unaware of some symptoms like a fever, and still show up to work, employers then have an opportunity to catch this (with a temp check and a screening questionnaire) before the employee has a chance to unwittingly come into contact with others in the workplace.

This, to many employers, is a reasoned approach to limit exposure risk, even though the yield may be small.

Employers should still be getting the message out to employees to NOT COME TO WORK IF THEY HAVE SYMPTOMS consistent with COVID-19 (i.e. fever, cough, difficulty breathing, and to a lesser extent, muscle pain, fatigue, headache, sore throat, or a runny nose), but should also have flexible HR policies for sick leave and other absences due to COVID-19. These messages to STAY AT HOME if symptomatic, and flexible HR policies will have an effect in preventing employees coming into work with symptoms, especially if there is a financial incentive to be at work to get paid.

There are some privacy issues to be aware of: these temperature checks and screening questionnaires should be done in as a private space as possible – perhaps distanced away from others if there are no spaces that physically separate individuals from a line of employees walking in through the entrance. These checks

should also be done with the worker's consent – no consent may mean that the employer has to deal with this through an HR or LR process.

PPE – nurses should use gloves, especially if touching employees when using tympanic thermometers for temperature checks, face masks (either surgical masks, or a N95 as a barrier mask, not a fit-tested respirator), goggles or face shields (these are an additional barrier protection for mouth and nose vs. just goggles), and either disposable gowns, Tyvek-type suits, scrubs, or some work-only outerwear, that can be removed after their shift to prevent spread through fomites. There should be alcohol-based hand rubs (containing at least 60% alcohol) for use during the nurse's shift, and a disinfectant to wipe down surfaces and equipment used during these checks. **For the DriverCheck guide on PPE use click [here](#).**

When should the worker be referred to their health physician?

Again, the screening assessment tool noted above directs individuals to call 9-1-1, go to the ER, call their doctor, or just stay at home, depending on the presence of symptoms and their severity. OHNs shouldn't try to reinvent the wheel and should stay aligned with public health directions.

What role should the OHN play in return to work assessment?

Following PHAC's guidance on 14-day self-isolation for travellers, and the timelines for discontinuing home isolation where individuals have not been tested. The [DriverCheck Covid-19 Screening Decision Tree](#) is a good start. If the individual has been tested by Public Health, then RTW should be as directed by Public Health only.

Given the current situation what challenges do you see in maintaining privacy?

Not much different from all other workplace absence, RTW considerations. COVID-19 is a reportable disease though, so if someone tests positive, Public Health is automatically notified by the lab and the clinician. OHNs need to maintain workers' private and confidential medical information in accordance with current privacy statutes.

Other resources available on DC's website here: <https://www.drivercheck.ca/>

OOHNA expresses sincere thanks to Dr. Davids for providing his professional opinion on these questions.