

**STANDARD OPERATING PROCEDURE FOR THE  
CONTAINMENT AND MANAGEMENT OF COVID-19  
FOR SCHOOLS AND SCHOOL COMMUNITIES  
REVISED DRAFT 18 August 2020**

**STANDARD OPERATING PROCEDURES FOR THE CONTAINMENT AND MANAGEMENT OF COVID-19 FOR SCHOOLS AND SCHOOL COMMUNITIES (REVISED DRAFT AUGSUT 2020)**

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## ACRONYMS

COVID-19	Coronavirus disease 2019
DBE	Department of Basic Education
DoH	Department of Health
DPSA	Department of Public Service and Administration
DSD	Department of Social Development
EOC	Emergency Operations Centre
ISHP	Integrated School Health Programme
ISHT	Integrated School Health Team
NDoH	National Department of Health
NICD	National Institute for Communicable Diseases
NSNP	National School Nutrition Programme
OHSA	Occupational Health and Safety Act
PED(s)	Provincial Education Department(s)
PHEIC	Public Health Emergency of International Concern
SARS-CoV-2	Severe acute respiratory syndrome coronavirus 2
SBST(s)	School-Based Support Team(s)
SMT(s)	School Management Team(s)
SOP(s)	Standard Operating Procedure(s)
WHO	World Health Organization

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## DEFINITIONS

**Suspected COVID-19:** When staff or learners appear ill or display symptoms compatible with COVID-19 based on symptom screen/NICD case definition but either not tested or awaiting SARS-CoV-2 test result.

**Confirmed COVID-19:** When staff or learners test positive for SARS-CoV-2 with or without symptoms.

**Cluster:** A pattern of cases that are suggestive of a common source of the infection and/or lapses in the infection control practices in the school; or

**Cluster of Cases:** >2 individuals with confirmed or suspected COVID-19 within seven days in the same classroom or between individuals working in the same area in a school.

**Direct/Close Contact:** Staff or learners who have been in contact with an individual with confirmed COVID-19 for >15 minutes within 1 meter without a mask or face shield.

**Casual/Distant Contact:** Staff or learners who have been in contact with an individual with confirmed COVID-19 for a short duration (<15 minutes) and maintained physical distancing (>1.5m) with a confirmed case/s or who was wearing a mask or face shield.

**Period of Infectivity:** Time the individual with confirmed COVID-19 was present in the school while in the infectious period as determined by:

- In an individual with confirmed COVID-19 who has symptoms, the infectious period begins 48 hours prior to symptom onset and lasts until eight (8) 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 eight (8) 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 2 days following exposure.

**Quarantine:** A period during which someone who has been exposed to someone who is confirmed to have COVID-19, is separated from healthy people and observed for the

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development of symptoms of COVID-19. This is usually for eight (10) days in the case of COVID-19. Quarantine can be involuntary if demanded by the State.

**Isolation:** A period during which someone who is confirmed to have COVID-19 is separated from healthy people. The period stops after 10 days or they have no more symptoms. Isolation can be involuntary if demanded by the State.

**Self-isolation:** 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 self-isolation, 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 school or work once there is no fever or other COVID-19 symptoms.

**Environmental decontamination:** All equipment and rooms where individuals who have confirmed COVID-19 have been within the last seven (7) days should be identified for appropriate cleaning. Following a thorough cleaning, surfaces are wiped, not sprayed, with disinfectants with 70% alcohol, as recommended.

**COVID-19 related Non-pharmaceutical interventions (NPIs):** NPIs are non-drug interventions to prevent the spread of the SARS-CoV-2 from staff or learner with COVID-19 to other learners or staff in schools. NPIs are categorised as 1) engineering controls – *what we can do to the environment* to reduce transmission, such as ensuring ventilation and sufficient space; 2) administrative controls – *what we can arrange* to reduce transmission, such as staggered time-tabling, screening, hand hygiene, cough etiquette and regular environmental cleaning; and 3) personal protective equipment – such as face masks and eye protection visors.

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## **1. PREAMBLE**

On 7 January 2020, Chinese scientists confirmed a cluster of pneumonia cases that been identified in the city of Wuhan, in Hubei Province, China in December 2019, were associated with a novel coronavirus. The virus has been named *SARS-CoV-2* and the disease it causes has been named *coronavirus disease 2019* or *COVID-19*.

The World Health Organization's (WHO) International Health Regulations Emergency Committee declared the outbreak a public health emergency of international concern (PHEIC) on 30 January 2020 and South Africa activated its Emergency Operations Centre (EOC) on 31 January 2020.

South Africa's first case of COVID-19 was confirmed on 5 March, 2020 by the Minister of Health, Dr Zwelini Mkhize. On 15 March, the first internal transmission of COVID-19 was announced by President Cyril Ramaphosa, who declared a national state of disaster and a partial travel ban. President Ramaphosa announced travel advisories and discouraged the use public transport. School closures were mandated, and gatherings of more than 100 people were prohibited. By 21 March, there were 240 confirmed cases, with 0 deaths.

Following this declaration, the various organs of state, including the Department of Basic Education (DBE), instituted drastic measures to curb the spread of the virus. Schools closed on Wednesday, 18 March 2020, in accordance with the pronouncement by the President on 15 March 2020. This decision was informed by the warnings issued by the National Institute of Communicable Diseases (NICD) and WHO, highlighting the increased number of infections in South Africa, particularly among people without a travel history, thus indicating local transmission of the virus. Schools have been identified high-risk areas, in terms of ease of transmission, due to the close contact of large numbers of people.

The DBE issued circulars providing containment/management guidelines for ordinary, public and independent schools to all provincial education departments (PEDs), unions and school governing bodies (Circulars No 1 and 3 of 2020: Containment/management of COVID-19 for schools and school communities). After briefings with education stakeholders, Minister of Basic Education, Mrs Angie Motshekga, MP, delivered media statements regarding the response to the pandemic.

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This standard operating procedure (SOP) for the containment and management of COVID-19 must be adhered to by all the administrators of schools in the basic education sector. This SOP must be read in conjunction with the key and relevant legislation, policies, guidelines and frameworks.

## **2. PURPOSE OF THE DOCUMENT**

The *Standard Operating Procedure for the Containment and Management of COVID-19 for Schools and School Communities* provides guidelines for all administrators on the approved steps that must be taken to prevent the spread of, and manage cases of COVID-19 within the basic education sector.

## **3. OBJECTIVES**

3.1 The objectives of the SOP are to:

- 3.1.1 help administrators of primary and secondary schools (hereafter referred to as “schools”) to prevent the spread of COVID-19 among learners, educators, support staff and officials in the education sector;
- 3.1.2 help schools to understand the protocol to be followed should a case of COVID-19 be identified;
- 3.1.3 provide considerations for the isolation of suspected cases of COVID-19; and
- 3.1.4 detail the procedures for the closure of schools due to COVID-19.

## **4. TARGET AUDIENCE**

4.1 This SOP applies to:

- 4.1.1 DBE (national, provincial and district levels; school management teams (SMTs); and school-based support teams (SBSTs));
- 4.1.2 Department of Health (DoH), (national, provincial and district levels; and school health teams);
- 4.1.3 Department of Social Development (DSD), (national, provincial and district levels; and childcare facilities); and
- 4.1.4 any other partner involved in the provision of health, and other essential services in schools.



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## **5. KEY CONSIDERATIONS FOR SUPPORTING LEARNERS**

- 5.1 Inform the visually impaired learner of the new measures in place to prevent the spread of COVID-19. Provide the learner with information in accessible modalities regarding the procedures and requirements. Discuss the steps in easy to understand detail and inform the learner what he/she would be required to do.
- 5.2 Learners will not immediately be familiar with adhering to the requirements and regulations for containing the spread of COVID-19. Therefore, schools must exercise some patience and not regard every behaviour as a transgression for a reasonable period until these become a routine to learners.
- 5.3 Learners with disabilities are usually dependent on therapeutic, medical and other support. Depending on underlying health conditions, learners with disability may be at greater risk of developing more severe cases of COVID-19 if they become infected. This may be because of COVID-19 exacerbating existing health conditions, particularly those related to respiratory function, immune system function, heart disease or diabetes and barriers to accessing health care. These learners may also be disproportionately impacted by the outbreak because of serious disruptions to the services and supports, including personal assistance and therapeutic they rely on.
- 5.4 Given the importance of containing the spread of COVID-19 in schools, each institution must craft relevant standard operating procedures to respond to context-specific issues.
- 5.5 It is important to recognise that learners with intellectual disability may have varying understanding and limited cognitive understandings of the spread and transmission of the COVID-19, and may struggle to adhere to social distancing, handwashing and mask wearing protocols. Therefore, they will require direct instruction to learn that social distancing, for instance, means no physical contact, no touching, no hugging, no shaking hands or any other physical greeting of their peers, educators and non-educator staff.
- 5.6 For blind and partially sighted learners, the following must be considered:
  - 5.6.1 Keep in mind that blind and partially sighted learners may not be able to see demarcated lines on the floor and will have to be guided vocally or by using physical barriers on where to stand or their canes in judging the distance between themselves and other people. In some instances, this may mean that additional staff may have to be on duty for this purpose.
  - 5.6.2 Learners must be encouraged to be fully independent in mobility and not to request other learners to guide them. Mobility guidance can first be provided

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vocally, in order to encourage physical distancing, encouraging as much as possible for them to retain a sense of self-mastery. However, when required by the individual learner, mobility assistance needs to be given, as this is the right of every child who has a visual impairment. This may also be needed where learners, who are typically independent, may be suffering from severe anxiety or mental health challenges due to the pandemic.

5.6.3 Blind learners trail and touch walls almost automatically in an attempt to find their way. This puts them at greater risk of possible infection. Therefore, i) these areas need more frequent sanitising; and ii) learners need to be alerted to the need for more frequent washing of hands. In this regard, learners should understand the additional importance of and not touching their faces.

5.6.4 The containment, management and prevention of COVID-19 at a School for the Blind and Partially Sighted Learners requires extensive planning and implementation which may require additional human and financial resources in order to keep learners, teachers and support staff safe.

5.7 Learners who have had seizures in the classroom or playground must not be excluded from learning. The school must identify such learners and develop a protocols to ensure that their medical situation is managed carefully to ensure no droplet spread or contamination happens.

5.8 Learners with epilepsy may have other medical problems that could place them at higher risk of developing more severe symptoms with COVID-19. For example, learners who have problems swallowing or frequently inhale food or liquids into their lungs (aspiration) are at higher risk for pneumonia.

5.9 Keep in mind that Deaf and Hard of Hearing learners will not be able to hear instructions given verbally and will have to be guided using Sign Language on where to stand. In some instances, this may mean that additional staff may have to be on duty for this purpose.

## **6. PROCEDURES FOR CHILDCARE FACILITIES AND SCHOOLS ON THE PREVENTION OF THE SPREAD OF COVID-19**

The DBE has developed guidelines for childcare facilities and schools, based on what is currently known about the transmission and severity of COVID-19. The guidelines are available on the DBE website ([www.education.gov.za](http://www.education.gov.za)). These guidelines will be updated as new information emerges. Please check the NICD website ([www.nicd.ac.za](http://www.nicd.ac.za)) for updates on the approved guidelines.

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Schools play an important role in the efforts to control the spread of COVID-19. Schools must take steps to circulate information about the disease and its potential transmission within their school community. Schools must prepare to take the steps necessary to prevent the spread of COVID-19 among their learners and staff, should health officials identify the need.

School plans should be designed to minimise the disruption of teaching and learning and protect learners and staff from social stigma and discrimination. Plans can build on the recommended everyday practices: encouraging conscientious hand hygiene (frequent and thorough handwashing and avoidance of touching of the face and eyes), monitoring absenteeism and communicating routinely.

### **7. THE ROLE OF SCHOOLS IN RESPONDING TO COVID-19**

COVID-19 is a respiratory disease caused by a novel (new) virus, and we are learning more about it every day. There is no vaccine available to protect against COVID-19 at present. Thus, the best way to prevent infection is to avoid exposure to the virus that causes COVID-19. Preventing transmission (spread) of the virus through everyday practices is the best way to keep people healthy. Childcare facilities and schools, working together with local health departments, play an important role in slowing the spread of diseases, to ensure that learners have safe and healthy learning environments. More detailed information on COVID-19 is available here on the following websites:

- [www.nicd.ac.za](http://www.nicd.ac.za)
- [www.health.gov.za](http://www.health.gov.za)
- [www.education.gov.za](http://www.education.gov.za).
- [www.sacoronavirus.co.za](http://www.sacoronavirus.co.za)

It is critical that childcare facilities and schools plan and prepare to mitigate community transmission. As the global outbreak evolves, schools should prepare for the possibility of community-level outbreaks, as well as the possibility of stay-at home or lockdown orders for learners, staff, whole classes or grades, or the entire school community, if recommended by health officials. School dismissal may be recommended in certain circumstances. Decisions regarding appropriate public health interventions should always be made in consultation with public health officials who have access to all of the

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relevant information. These decisions include a) whether learners or educators should stay at home for a period of time; and b) whether learners in sections of a school or the entire school should be dismissed from attendance. All childcare facilities and schools should **be prepared** for these orders if COVID-19 is reported in their communities.

### **8. STEPS TO PREVENT THE SPREAD OF COVID-19 IN A SCHOOL OR EDUCATION INSTITUTION**

8.1 The education sector supports the national efforts to fight the spread of COVID-19 by providing knowledge regarding prevention, treatment, care and support of those who are infected among learners, educators, school support staff, parents and school communities. School administrators must take steps to prevent or slow the spread of all infectious respiratory diseases, including COVID-19. Childcare facilities and schools must be COVID-19-free zones.

8.2 This coronavirus is a new virus and there is no vaccine available at present. However, many of the symptoms can be treated. It is recommended that under-fives and the elderly get the seasonal flu vaccine from the nearest health facilities or at a local pharmacy. Early care from a healthcare provider can lead to an increased rate of recovery.

8.3 All learners, educators, support staff, officials, parents and communities should:

- a) Heed the directives issued by the President and the guidance provided by the Ministry of Health;
- b) Avoid public gatherings of over 50 people as the disease is spread through direct contact with the respiratory droplets of an infected person, which are generated through coughing and sneezing;
- c) Maintain a social distance of at least 1.5m with others, at all times;
- d) Avoid direct contact with others e.g. shaking hands or hugging;
- e) Frequently wash hands with water and soap. (If water is not available, use a 60% alcohol-based hand sanitiser to disinfect hands.);
- f) Avoid touching the face (i.e. eyes, nose, mouth) with unwashed hands;
- g) Consult a healthcare facility if there is a suspected COVID-19 infection;
- h) Inform the school health team and education authorities immediately if a learner, educator, support staff or parent/caregiver has been in direct contact with an infected person, or if they are diagnosed with COVID-19;
- i) Eradicate all forms of stigma and discrimination in the education sector, including in schools and childcare facilities; and

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- j) Advocate for disclosure as it is in the public domain to ensure for ease on tracking and tracing.
- k)

8.4 Principals must make sure that everyone in the school has up-to-date information on how to prevent the spread of COVID-19. For updates and the latest information, refer to the following resources:

- National Department of Health: <http://www.health.gov.za/>
- National Institute for Communicable Diseases: <https://www.nicd.ac.za>
- National Institute for Occupational Health: <http://www.nioh.ac.za/>
- World Health Organization: <https://www.who.int>
- Department of Basic Education: <https://www.education.gov.za/>
- National Health Laboratory Service: <https://www.nhls.ac.za>
- COVID-19 Online Resource & News Portal: [www.sacoronavirus.co.za](http://www.sacoronavirus.co.za)
- NICD Toll-Free Emergency Hotline for COVID-19: 0800 029 999
- WhatsApp Support Line for COVID-19: Send HI to 0600 123 456

## 9. ROLES AND RESPONSIBILITIES OF THE SMT, SGBS AND STAFF

9.1 SMT, SGB and staff members must:

- 9.1.1 Stay informed about COVID-19 through reputable sources such as the NICD, the DBE and the DoH and share this information with all stakeholders;
- 9.1.2 Establish an advocacy programme<sup>1</sup> for learners to explain COVID-19;
- 9.1.3 Place signs or posters encouraging good hand and respiratory hygiene practices;
- 9.1.4 Reinforce frequent handwashing and proper sanitation practices;
- 9.1.5 Prepare and maintain handwashing stations with soap and water, and if possible, place 60% alcohol-based hand sanitisers in each classroom, at entrances and exits, and near lunchrooms and toilets;

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<sup>1</sup> **NOTE:** The programme should explain what it is, the symptoms, how it is spread, how to prevent spreading it and emphasise the importance of when, why and how to wash hands correctly (e.g. after using the bathroom; before meals; after touching the nose, mouth or eyes; after playtime (inside, outside or with toys); and after touching surfaces, including books and other learning resources). It is important to also discourage all forms of stigma and discrimination.

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- 9.1.6 Ensure that cleaning staff clean and disinfect school buildings<sup>2</sup> thoroughly and regularly, following the environmental health cleaning and decontamination protocols;
- 9.1.7 Ensure that trash is removed daily and disposed of safely; and
- 9.1.8 Ensure that SGBs procure hand sanitisers, soap and disposable drying material for all classrooms, toilets, offices and staffrooms.

### **10. ACCESS CONTROL FOR PARENTS AND THIRD PARTIES**

- 10.1 The SMT and SGB must ensure that:
  - 10.1.1 Strict access control measures are established, including the signing of a register by all visitors;
  - 10.1.2 All visitors sanitise their hands at an entry point;
  - 10.1.3 All visitors report to the reception area;
  - 10.1.4 All visitors, except government officials, make an appointment and state the nature of their visit;
  - 10.1.5 There is regular communication with parents via newsletters, telephone, bulk SMS messages, emails, etc. to minimise meetings/gatherings with parents; and
  - 10.1.6 There are very limited class-based parents' meetings<sup>3</sup>.

### **11. PERSONAL HYGIENE**

- 11.1 Learners should be encouraged to:
  - 11.1.1 Wash their hands frequently, always with soap and water for at least 20 seconds;
  - 11.1.2 Keep their nails and teeth clean;
  - 11.1.3 Refrain from touching their eyes, mouth and face;
  - 11.1.4 Not share cups, eating utensils, food or drinks with others;
  - 11.1.5 Sneeze or cough into a bent elbow or tissue, and to discard the tissue and wash their hands immediately;
  - 11.1.6 Refrain from teasing anyone about being sick;

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<sup>2</sup> Classrooms and especially water and sanitation facilities are to be cleaned at least twice a day, particularly surfaces that are touched frequently by many people (railings, lunch tables, sports equipment, door and window handles, toys, teaching and learning aids etc.).

<sup>3</sup> If it is necessary to meet parents, meetings must be limited to one parent per learner and maintain the social distance of at least two metres and to respect the social gathering restrictions

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- 11.1.7 Share what they learn about preventing disease with their family and friends, and younger children; and
- 11.1.8 Tell their teacher or parents, if they feel sick.
- 11.2 For some learners, educators may need to break down learning about personal hygiene into small steps and teach learners step by step. The use of a visual schedule will assist with visual prompts.
- 11.3 Some learners may not realise that their nose is running. Therefore, the use of mirrors might help. However, educators must be aware that, in some instances, these may be a distraction to some learners. Therefore, case-specific management will need to be considered for implementation.
- 11.4 Parents, guardians and caregivers must be encouraged to keep learners who are sick at home. In this instance, schools and educators must support parents, guardians and caregivers by sending home step-by-step instructions for learners to practise.

## **12. FOOD PREPARATION AND SERVING**

- 12.1 Transmission of COVID -19 through food can occur if a person infected with the virus prepares or handles food with dirty hands and contaminates it. Cooking food thoroughly and observing good hygiene practices when handling and preparing food are effective at preventing contamination. Food handlers must:
  - 12.1.1 Wash their hands with soap and water before and after touching any food during preparation;
  - 12.1.2 Wash their hands with soap and water before serving food to learners;
  - 12.1.3 Clean and sanitise all work surfaces (i.e. tables, stoves and other resources) sinks and floors regularly;
  - 12.1.4 Keep all appliances clean;
  - 12.1.5 Wear clean kitchen attire at all times;
  - 12.1.6 Wear head gear and masks to cover their mouths;
  - 12.1.7 Wear closed shoes to protect feet;
  - 12.1.8 Ensure proper food storage in refrigerators and lockable cupboards;

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12.1.9 Rinse all foodstuffs thoroughly before cooking and also fruit before serving to learners;

12.1.10 Cook food thoroughly; and

12.1.11 Avoid cross contamination of food.

### **13. SOCIAL DISTANCING**

13.1 Schools should work on the practicality of implementing social distancing per class to apply the 1.5m social distance norm during the COVID-19 challenge. Consequently, the number of learners per classroom must be reduced.

13.2 Appropriate adjustments must be made to the school timetable so that only 50% of the total learner population attend school at a particular moment in time to ensure the implementation of social distancing. Schools may choose to have learners attend on a bi-weekly basis, may rotate learners to be present on alternate days or may choose to make 50% of learners attend on a platoon basis.

13.3 Schools or school halls should not be utilised for funerals or any other public gatherings to minimise contamination of school facilities and to observe the social gathering restrictions.

13.4 Schools must identify and adequately resource isolation rooms or areas with sufficient ventilation. Appropriate social distancing must be arranged in instances where more than one learner, teacher or staff member should be isolated at the same time.

### **14. VENTILATION**

14.1 Small droplets emitted during speech and coughing may contain virus particles which can remain viable and infectious in the air for up to 3 hours.

14.2 The droplets can be transmitted either directly by entering the airway through the air (aerosols) or indirectly by contact transfer via contaminated hands.

14.3 A small concentration of virus in poorly ventilated spaces, combined with low humidity and high temperature, might result in an infectious dose over time.

14.4 It is thus important to ensure natural ventilation in schools by ensuring that all windows and doors are left open during the school day.



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**15. WEARING OF A MASK**

- 15.1 Cloth face coverings or cloth masks are recommended as a simple barrier to help prevent respiratory droplets that spreads COVID-19. Cloth masks protect other people in cases where the wearer is asymptomatic or pre-symptomatic.
- 15.2 The Provincial Education Department will provide each official, teacher, staff member and learner, with a minimum of two cloth face masks or face shields for the period of the national state of disaster.
- 15.3 Schools are encouraged to allow learners and staff the opportunity to take a “face mask break” every two hours where they can safely remove their masks outdoors when a 1.5m distance is kept from other people.
- 15.4 Learners, teachers and non-teaching staff in Schools for the Deaf must be provided with face shields instead of face masks (to ensure easy lip-reading as well as the need for the unrestricted access to speech for those learners who rely on amplification).
- 15.5 Learners who are blind may require a face shield instead of a face mask, which may obscure a sense of smell.
- 15.6 Learners who are partially sighted may require a face mask as a face shield may obscure their vision.
- 15.7 Some learners with intellectual disability may have facial expressions that will alert a teacher to a seizure, which will be obscured by a cloth mask. Therefore, it may be more appropriate for them to wear a transparent face-shield.
- 15.8 Learners who produce excessive amounts of saliva through drooling may require up to three or four cloth masks per day, as the requirement is that a mask must be changed when it becomes wet. These learners may also need additional drooling bibs. The soiled masks and bibs must be returned to the family (or hostel laundry) in a sealed container or zip-lock bag marked as soiled.
- 15.9 Other comorbidities for example, intellectual impairment, where communication may be limited, may make the monitoring of a learner with epilepsy, who is required to wear a face mask, more challenging. Alternative masks should therefore be considered, guided by the individual learner’s feedback on their tolerance and preference, with the acknowledgement that in certain cases wearing no mask may be the only responsible solution. If this happens, it will signal necessity for increased supervision, without harassing the child though.

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- 15.10 In the context of the COVID-19 pandemic, it must be remembered that:
- a) Autistic learners are not used to having to wear a mask, and this in itself may present as a challenge and an additional cause of stress and anxiety in the learner. Wherever possible, schools and educators are encouraged to communicate with parents and ask for their advice on their child and his/her preferences.
  - b) Due to the nature of learners on the Autistic Spectrum, no learner should be forced to ever wear a mask if it causes any distress or anxiety, which is one of the particular challenges these learners can be faced with.
- 15.11 The following is therefore recommended as a way of ensuring that autistic learners are supported as well as possible within the confines of their unique challenges and the respect of their human rights:
- a) As part of the preparation for re-opening of school, educators, classroom assistants as well as other staff who work with the learners may be requested to send photos of themselves wearing their masks and other PPE that they will be wearing to the parents, guardians and caregivers of learners. This can be sent along with a voice message or a video message for their teacher to create familiarity and help reduce anxiety about returning to school among autistic learners. In addition, this will also assist with familiarising those learners who may find it difficult to recognise faces, a condition called prosopagnosia.
- 15.12 On return to school:
- a) Autistic learners need to know why wearing a mask is necessary. Therefore, teachers may use a social story to explain why masks and/or face shields must be used. An example of a social story may be found in the following link:  
<https://www.teacherspayteachers.com/Product/Wearing-A-Mask-Story-for-Children-5463572>.
  - b) Learners need to be introduced to different types of face protection for individual introduction and exploration, for instance, cloth masks, surgical masks or face shields.
  - c) Educators and support staff may break down the steps of wearing a mask. This is because some learners may struggle even with simple activities. Therefore, breaking down a task into smaller steps will help learners learn better. For a visual that could assist in this regard, visit:  
<https://aut2know.co.za/wp-content/uploads/2020/05/Untitled-design-5.png> .

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A Visual schedule can also be used to provide step-by-step directions using visual prompts and cues.

- 15.13 To ensure the effectiveness of mask wearing learners must be taught to:
- a) Wear transparent face shields or masks at all times according to the requirements of the Department of Health.
  - b) That before touching the face shield or mask, they must clean their hands with an alcohol-based hand rub, any appropriate sanitiser available or soap and water.
  - c) Not to remove the face shield when speaking, coughing or sneezing, especial when there are other people nearby.
  - d) Not to exchange their face shields with other learners.
- 15.14 There are however risks associated with wearing masks that educators must be aware of to ensure that learners are safe, namely:
- a) If a learner has a co-morbidity of epilepsy or Cerebral Palsy – drooling or a large amount of spittal in the mouth could increase the risk of infection. Therefore, the mask may need to be changed and cleaned more frequently, if a mask can be tolerated by the learner.
  - b) Some learners may chew or bite the masks. Therefore, educators and support staff must always be alert to step in and assist if this happens.
  - c) Learners may take each other's masks, exposing them to possible infections. Again, educators and support staff must be alert to this possibility and ensure that they are always watchful.
  - d) There is a risk of strangulation with elastic of masks. Therefore, educators and support staff must ensure that learners are safe from this danger.
  - e) In the case of a seizure, the assisting staff member/s must remove the child's mask and store it safely, ensure there is an open airway and ensure the environment has good ventilation.
- 15.15 It is highly recommended that masks are addressed on a case-by-case basis as, for some learners, this might pose more of a risk than a benefit. As indicated above, educators may need to speak to parents, guardians or caregivers of learners as well as use their own knowledge and discretion to ascertain the best way forward with regards to the wearing of masks, or any type of face protection in the classroom or school environment. This is critical in ensuring that the learner and his/her needs are respected within their human rights.

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### **16. PERSONAL PROTECTION EQUIPMENT**

- 16.1 Due to the fact that some learners are potentially at a higher risk for spreading the infection, it is advisable that staff wear full Personal Protection Equipment. For instance, officials and staff for whom social contact with learners is inevitable must be provided with appropriate personal protective equipment, including jumpsuits, where reasonably applicable.
- 16.2 However, it must be remembered that this might provoke anxiety in some learners, and that appropriate (emotional and psychological) preparation of learners may be necessary.
- 16.3 Again, educators and non-educator staff are encouraged to send photographs to parents, guardians and caregivers for (autistic) learners to see what their teachers, therapists and other staff members will look like when they return to school.

### **17. MANAGEMENT OF COVID-19 CASES IN A SCHOOL**

The aim of this section is to provide a practical step-by-step approach to:

- Managing an individual with a confirmed or suspected COVID-19 diagnosis in the school setting.
- Containing school-associated SARS-CoV-2 transmission.
- Managing a cluster of individuals with confirmed or suspected COVID-19 diagnosis (>2 individuals with confirmed or suspected COVID-19 within seven days in the same classroom or friendship group or between individuals working in the same area).
- Identify and remediate gaps in infection prevention and control (IPC) practice to prevent clusters of cases of COVID-19.

**Part A:** Quick reference guide for School Principals/School Governing Bodies and Department of Basic Education

### **18. ROLES AND RESPONSIBILITIES**

- 18.1 Containing the spread of SARS-CoV-2 infections in schools requires the Provincial Education Departments (PEDs) to work closely with the Department of Health (DoH) in provinces at provincial, district and local level.

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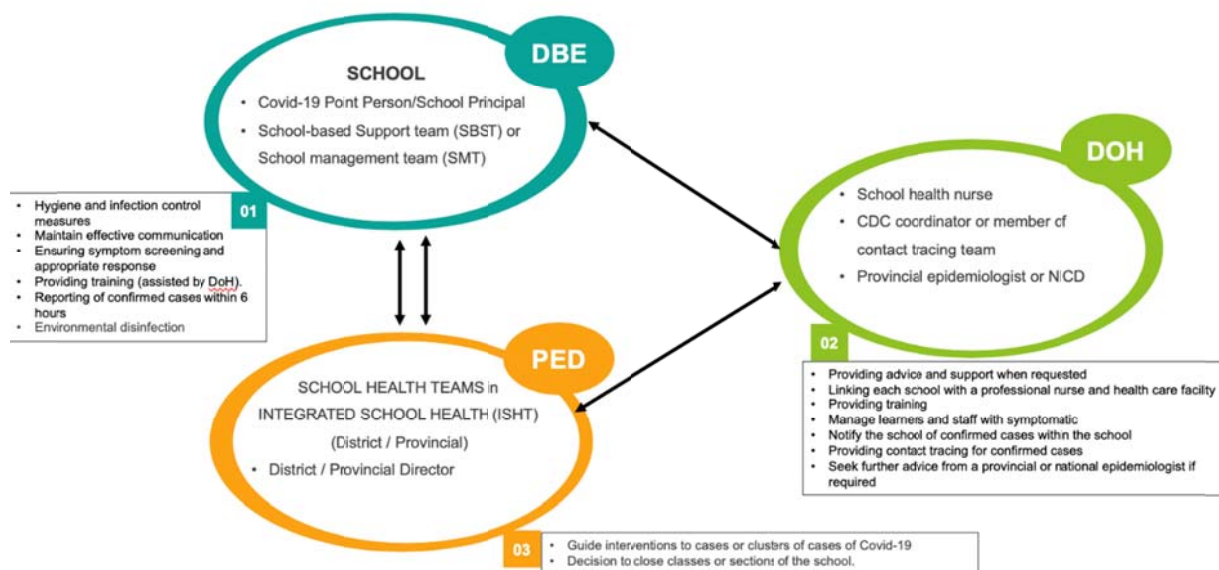
- 18.2 At school level, the Integrated School Health Team (ISHT) of the Integrated School Health Programme (ISHP) and the School-Based Support Team (SBST) will jointly coordinate all activities under the leadership of the School Principal, or his//her designate.
- 18.3 If the school does not have an SBST, a member of the School Management Team (SMT) should be selected to be the key point of contact.
- 18.4 If the district or province does not have an ISHT, then convene a COVID-19 Response team. Essential members of the team should include:
- a) COVID-19 Team leader (District or Provincial Director or member of DBE)
  - b) Department of Health representative (a school health nurse, a local CDC coordinator or member of the contact tracing team)
  - c) School COVID-19 lead or point person
  - d) Representative from the school governing body
  - e) Housekeeping and environmental cleaning
  - f) Employee Health and Wellness
  - g) Human resources (optional)
  - h) Representative from unions and organised labour (optional)
  - i) Media liaison officer (optional)
- 18.5 The Principal (at the school) and Provincial Education Departments (PEDs) will be responsible for the following:
- a) Hygiene and infection prevention, control measures and supplies at the school
  - b) Effective communication with learners, parents, and other role-players
  - c) Ensuring that all learners, staff and visitors are screened for COVID-19 symptoms, and the isolation of sick, symptomatic and individuals with a fever in the designated area while awaiting further assessment by a health practitioner on or off-site.
  - d) Providing training to school cleaning staff and volunteer food handlers on cleaning and disinfecting procedures (assisted by DoH).
  - e) Reporting on the number of COVID-19 cases in learners and staff within 6-12 hours of being aware thereof to the ISHT or COVID-19 response team.
  - f) Cleaning and disinfection of areas occupied by the learner or staff with suspected or confirmed COVID-19

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- g) The Department of Health (DoH) will be represented on the ISHT by a school health nurse, a local CDC coordinator or member of the contact tracing team and will be responsible for the following:
- h) Providing advice and support when requested by the PEDs, including environmental cleaning, school closures and additional preventative measures needed.
- i) Linking each school with a professional nurse and health care facility and providing contact details thereof to the School Management Team (SMT) and School-Based Support Team (SBST) for screening.
- j) Providing training to education officials on procedures for screening of learners, school personnel and visitors, and supporting the screening of learners.
- k) Ensuring that learners and school personnel who are symptomatic, are managed and referred appropriately in line with local protocols for COVID-19 triage and testing.
- l) Notify the school of any cases that have been identified within the school.
- m) Providing contact tracing where individuals with confirmed COVID-19 are identified in the school, assisting the school to conduct a risk assessment and advising about any additional actions the school should take in support of this.
- n) Seek further advice from a provincial or national epidemiologist regarding need for further investigation if there are cluster of cases, especially if the cases are linked.
- o) Decisions regarding closure and re-opening of a school or parts thereof is the DBE's decision guided by the recommendations and advice of the accountable health authority.

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**MANAGEMENT OF COVID-19 CASES IN SCHOOLS**



**Part B:** Quick reference guide for the Department of Health/Department of Basic Education and COVID-19 response teams

**18.1. WHAT TO DO BEFORE IDENTIFYING AN INDIVIDUAL WITH COVID-19 CASE/S IN SCHOOLS**

18.1.1 A COVID-19 Point Person should be identified in every school. This person should be the School Principal or a designated member of the School Management Team (SMT) who is sufficiently senior in the school to take responsibility for the actions required to manage COVID-19 related activities in the school with the School-Based Support Team (Principal, SMT, school governing body representative, learner representative and identified individuals and partner organisations).

18.1.2 Point person/s should be trained on how to recognise and take initial action with suspected or confirmed COVID-19 case/s and to recognise a cluster of cases in schools.

18.1.3 The point person should be in contact with a district or provincial Integrated School Health Team and Circuit Manager or the COVID-19 response team to assist with decision making.

18.1.4 The point person or principal should ensure regular and current communication in schools needs to manage the concerns during the COVID-19 pandemic.

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- a) Send out a circular at least once a week regarding school plans, progress and preparedness to resume or continue with the academic programme.
- b) Emphasise that keeping the school community healthy is a joint partnership between the school, staff and learners and their caregivers.
- c) Acknowledge the risks - that while children, in general, have mild disease, the spread into schools is likely to follow the trend in the wider community.
- d) Emphasise the need for preparedness and a high degree of vigilance.
- e) Ensure that sick children and staff should not come to school.
- f) COVID-19 prevention practices of hand hygiene and social distancing need to be continued outside of school and in homes.

### **18.2. WHAT TO DO FOLLOWING THE IDENTIFICATION OF A COVID-19 CASE/S IN A SCHOOL**

18.2.1 The checklist in Appendix 1 can be used to guide initial actions following the detection of an individual with suspected or confirmed COVID-19 case/s.

18.2.2 Early communication to key stakeholders (circuit manager, staff, parents, learners, unions) following the identification of the COVID-19 case/s should be designated to the School Principal or his/her designate (COVID-19 Point Person) in consultation with the Integrated School Health or COVID-19 response team leader, to prevent misinformation and reduce anxiety.

18.2.3 An initial communication regarding the situation needs to be made within 6-12 hours following identification of the incident and preferably as soon as practically possible. This initial communication should clearly state:

- a) What is known about the COVID-19 situation at that time and what is not known.
- b) What initial steps have been taken to address the situation.
- c) How persons can prevent themselves from becoming ill (i.e. strict adherence to prevention measures).
- d) Be transparent and always provide a rationale for any actions taken.
- e) Retain confidentiality and avoid stigmatising language, e.g. 'person with possible coronavirus' rather than 'suspected case.'
- f) Draft communication specific to each event, but in general state as: *We regret to inform you that a [learner, staff, teacher] has been identified as*



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*[possibly having coronavirus/having coronavirus/in contact with someone with coronavirus]. All school protocols were followed to ensure minimal transmission to others. The [learner, staff, teacher] is now in the care of [hospital/quarantine/self-isolation at home], and the appropriate education and health authorities have been informed.*

*We will [describe action] as advised by the guideline or Head of Education, ISHP team. This is because [provide a clear and coherent rationale for the plan of action].*

*Our thoughts are with the individual and their family at this time.*

### **18.3. STEPS TO BE FOLLOWED TO MANAGE COVID-19 IS SCHOOLS**

**A. SCENARIO 1 (SUSPECTED COVID-19): Staff or Learner appears ill or displays symptoms compatible with COVID-19 .** All staff/learners must be symptom screened every day. Screening for symptoms should be based on the current NICD case definition of COVID-19 (including; fever, cough, sore throat), i.e. suspected case.

- i. If a member of Staff screens positive:**
  - i. Stay away from work and inform the School Principal as soon as possible.
  - ii. Seek medical assessment.
  - iii. Seek testing for SARS-CoV-2 based on current testing guidelines
  - iv. Provide staff member with information on isolation guidelines.
  - v. Continue monitoring symptoms and return to work after eight (8) days or if tested - SARS-CoV-2 test is negative.
  - vi. The staff member must apply for sick leave.
  
- ii. If a learner screens positive:**
  - i. If at home:
    - Do not come to school and parent/caregiver must inform a teacher or the School Principal or COVID-19 point-person.
  
  - ii. If at school:

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- i. Ensure learner is wearing a mask
- ii. Temporarily isolate the learner in the sick-bay or designated isolation area.
- iii. Assess to decide if the learner is well enough to go home or to be sent to a health care facility.
- iv. Inform the parents/guardian of the learner immediately and requested to collect the learner or informed if the learner needs to be sent to a health care facility.
- v. On collection of the learner, the parent/guardian should be provided with information on what to do, and whom to contact if symptoms worsen.
- vi. Continue monitoring symptoms in isolation and return to school after 8 days or if tested SARS-CoV-2 test is negative.

**B. SCENARIO 2 (CONFIRMED COVID-19): Staff or Learner tests positive for SARS-CoV-2 with or without symptoms**

- i. The School Principal as the COVID-19 Point Person must report all individuals with confirmed COVID-19 to the Circuit Manager and the ISHT immediately, as well as information pertaining to the case contained in the case investigation form (appendix 2).
- ii. If a staff member, they must apply for sick leave.
- iii. The COVID-19-point person will assess the case with the Integrated School Health Team/COVID-19 response team.
- iv. Staff and/or Learners in direct/close contact with the individual with confirmed COVID-19 during the period of infectivity should be informed to quarantine for a period of 8 days. (see scenario 5)
- v. Individuals with confirmed COVID-19 can stop isolation precautions and return to school after 8 days from the day symptoms start (if mild symptoms) or date when the test was done (if no symptoms). Alternatively, if admission to hospital is needed for treatment of COVID-19, at least 8 days from discharge and when well enough to return to school. Repeat testing for SARS-CoV-2 or doctors' letter of fitness is NOT required before return to school or work.
- vi. Only the Head of Department or delegated official (e.g. District Director if delegated), on the advice of the DOH, can authorise the closure of a class or section of a school (see general guideline below).

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- vii. Environmental decontamination/disinfection of the work area/classroom that the person diagnosed with infected learner or staff have been in for the past seven days should be conducted.

**C. SCENARIO 3 (CLUSTER OF COVID-19): >2 Staff or Learners who are confirmed or suspected cases within seven days in the same classroom or between individuals working in the same area**

- i. Cluster of cases may indicate a breakdown in the COVID-19 preventative strategies in the school and possible spread of infection within the school.
- ii. Early identification and remedial step can contain and stop onward transmission and improve implementation of COVID-19 preventative strategies.
- iii. The School Principal as the COVID-19 point person must report all clusters of cases to the Circuit Manager and the Integrated School Health Team (ISHT)/COVID-19 response team immediately, as well as information pertaining to the cases contained in the case investigation form (appendix 2).
- iv. Manage the suspected or confirmed case/s as per scenario 1 and 2.
- v. Assessment by the DOH and ISHT to determine potential breaks in Infection prevention and control and advise on appropriate actions. (See part B of Guideline).
- vi. The School Principal and School-Based Support Team are responsible for implementations of the recommendations of the ISHT/DOH in the school.

**D. SCENARIO 4 (SECONDARY CONTACT – LOW RISK): Staff or Learner has been exposed to a:**

Individual with Suspected COVID-19 (symptoms compatible with COVID-19 but either not tested or awaiting test result) or A contact of an individual with confirmed case of COVID-19 (secondary contact)

- i. No restrictions or special control measures are required.
- ii. Continue to maintain COVID-19 related Non-pharmaceutical interventions and symptom screening.
- iii. If the learner appears ill or displays symptoms compatible with Covid-19 based on symptom screen manage as scenario. Therefore, there is no action that the school needs to take until the outcome of test results of suspected individual, if test were performed, is known.

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**E. SCENARIO 5 (CONTACT): Staff or Learner has been exposed to an individual with a confirmed COVID-19 (either during or outside of school hours) during the period of infectivity.** Can be a direct/close contact or casual/distant contact

- i. The Principal as the COVID-19-point person must report staff or learners exposed to individuals with confirmed COVID-19 to the Circuit Manager and the Integrated School Health Team (ISHT).
- ii. The Principal and ISHT will assess the case and decide on the actions to be taken.
- iii. Staff and/or Learners in direct/close contact with the individual with confirmed COVID-19 during the period of infectivity should be informed to quarantine for a period of 8 days.
- iv. The Department of Health will assist with determining the period of infectivity and identifying direct/close contacts and will advise on any further actions or precautions to be taken.
- v. All direct/close contacts (must be identified and requested to quarantine for a period of 8 days from the date of exposure while being monitored for symptoms and not attend school/come to work.
- vi. Should the staff or learner who is a direct/close contact show any symptoms compatible with COVID-19 while in quarantine, the ISHT should be informed and the Contact Tracing Team can be called for medical assistance and further assessment/testing.
- vii. Staff members must apply for special leave if they are requested to quarantine.
- viii. All casual/distant contacts should continue to attend school or come to work.
- ix. Testing of direct/close contacts of an individual with confirmed COVID-19 should be based on the current NICD guidelines. Based on the current guideline, only contacts with symptoms compatible with COVID-19 should be tested depending on national SARS-CoV-2 testing priorities.

#### **18.4. ENVIRONMENTAL DISINFECTION**

18.4.1 All equipment and rooms (classrooms and other indoor areas) where the individual with COVID-19 have been within the last 7 days should be identified, in order that these may be appropriately cleaned. The 'South African COVID-19 Disease Infection Prevention and Control guidelines'<sup>4</sup> and

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<sup>4</sup> Ibid

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the 'Practical manual for the implementation of the national strategic plan for infection prevention and control strategic framework' (2020)<sup>5</sup> should be followed.

18.4.2 For COVID-19, each area of the school must be cleaned and disinfected at least twice daily, with a proper schedule, checklist and programme. This include mopping and wiping surfaces with a detergent with 70% alcohol. It is not necessary to spray with disinfectant and external companies are not needed for this purpose. Fogging and spraying of humans are not allowed.

18.4.3 Where clusters of cases have been identified, the environment must be cleaned and disinfected at least 3-4 times per day and checked by the supervisor. To facilitate easy cleaning, all surfaces should be kept clutter free. Cleaning should focus on the most contaminated areas:

- high-touch surfaces - phones, keyboards, gate buzzers, door handles, light switches, taps
- heavily contaminated areas - toilets, common areas

### **18.5. CONSIDERATIONS FOR THE CLOSURE OF SCHOOLS**

18.5.1 Closure represents a disruption to the delivery of education and is not warranted if:

- a) A single individual with suspected or confirmed COVID-19 has been in the same classroom for less than 2 days.
- b) A single individual infected with confirmed COVID-19 has been at school for two days or less while infectious.

18.5.2 In these cases, direct/close contacts need to be identified and managed appropriately. Environmental cleaning and disinfection of the area can be done while school activities continue.

18.5.3 Following the recognition of a cluster of cases (when over 25% of the class are suspected or confirmed to have COVID-19), it may be appropriate to temporarily close a class, a grade, or a section of the school to facilitate environmental cleaning, quarantine and isolation for no longer than 2 days. Careful consideration should be made to determine if the aims of containment can be achieved without closure.

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<sup>5</sup>Practical manual for the implementation of the national strategic plan for infection prevention and control strategic framework (2020) <https://www.nicd.ac.za/wp-content/uploads/2020/04/Practical-Manual-for-implementation-of-the-National-IPC-Strategic-Framework-March-2020-1.pdf>

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18.5.4 Closure of an entire school is an extreme measure that should be carefully considered and can only be made by the Head of Department in discussed with a department of health representative prior to implementation.

### **18.6. MANAGEMENT OF COVID-19 IN SCHOOL HOSTELS AND DININGROOMS**

18.6.1 Learners will undoubtedly find themselves in hostels and dining rooms. Therefore, all necessary safety precautions must be taken into consideration when learners return to school. Strict measures must be put in place, including the training of staff to ensure adherence to standard operating procedures.

18.6.2 The school hostels must apply all the regulations, rules and measures concerning COVID-19 as outlined in this SOP. Furthermore, all boarding schools must apply the measures detailed below to ensure the health and safety of learners and staff within the boarding system.

18.6.3 All schools must have infrared thermometers to screen all learners and staff in the hostels.

18.6.4 All hostel staff, including house fathers and mothers, are to be trained in the management of COVID-19.

18.6.5 Running water and soap or 60% alcohol-based sanitisers should be available in the bathrooms throughout and at the entrance of all hostels, dining halls and study rooms.

18.6.6 All group activities such as assemblies, excursions and studying in groups are suspended.

18.6.7 Learners and teachers must always observe the physical distancing recommendation of 1.5 metres at all times, including between the beds in the dormitories. This means that learners must under no circumstances share beds or share their food and utensils with other learners.

18.6.8 Learners must be encouraged not to socialise in other learners' rooms. However, this may have negative consequences for the wellbeing of learners. Therefore, schools must therefore find creative ways of ensuring sufficient opportunities to socialise safely and that learners' mental and emotional wellbeing is not undermined.

18.6.9 Regarding social distancing for learners who require assistance with mobility and other ADL tasks, such as dressing or bathing, social

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distancing may be difficult adhere to at all times. Therefore, frequent sanitisation and wearing of appropriate protective equipment is thus important.

- 18.6.10 Learners who require assistance with feeding; the appropriate PPEs (gloves, plastic apron, face shield) for support staff required, utensils are disinfected, ONLY 1 person to feed them at a time.
- 18.6.11 Learners must bathe in warm water with soap and must always wear shoes to the bathrooms. This means that there must always be a sufficient supply of (warm) water and soap
- 18.6.12 Cleaning staff must clean and disinfect all the surfaces of every room throughout the school and hostel twice a day: e.g. dormitories, dining rooms, bathrooms, and surfaces that are frequently touched such as doors, door handles, railings, light switches, etc.
- 18.6.13 Learners may use libraries under strict supervision. All people entering the library must wear a mask throughout and a limited number of people may enter at a time so that the recommended physical distance of 1.5 metres can be maintained.
- 18.6.14 Learners must wear face shields at all times, particularly when they are around other persons or fall in the categories as specified in the *Standard Operating Procedures for Teachers, Non-teaching Staff and Learners on the Coronavirus (2019-ncov) or COVID-19 Outbreak in South Africa*.
- 18.6.15 Room visits are not allowed; this includes external visitors as well as among learners.
- 18.6.16 Learners may not share beds and they may not sit on each other's beds.
- 18.6.17 Learners may not share utensils or stationery (plates, cups, cutlery, bottles, bar soap, books, pens, etc.).
- 18.6.18 All support staff must use personal protective equipment (PPE) including masks, face shields, gloves, etc for the full duration of their time on duty.
- 18.6.19 Every person on the hostel premises must wear a mask at all times.
- 18.6.20 All food preparation must follow strict hygiene and food safety measures including the additional measures as outlined in this SOPs in Section 5.2.3: Food preparation and serving.
- 18.6.21 If a learner, teacher or member of hostel staff is not feeling well, they should be isolated immediately (in an area identified for isolation) until they are able to go home with parents /guardians.

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**18.7. CONSIDERATIONS FOR KEEPING A SCHOOL OPEN AFTER DISMISSAL OF LEARNERS**

18.7.1 During school dismissals, childcare programmes and schools may stay open for staff members (unless they are ill) while learners stay home. Keeping facilities open will allow educators to develop and deliver lessons and have access to teaching resources and materials remotely, thus maintaining continuity of teaching and learning. Furthermore, it will allow other staff members to continue to provide services and help with additional response efforts.

18.7.2 The Principals should temporarily cancel extra-curricular, group activities, and events. Learners and staff should be discouraged from gathering or socialising. The principals should ensure the continuity of education by:

- a) Reviewing continuity plans, including plans for the continuity of teaching and learning;
- b) Implementing e-learning plans, including digital and distance learning options, if feasible and appropriate;
- c) Determining, in consultation with district officials, if necessary:
  - i. how to convert face-to-face lessons into online lessons and how to train educators to do so;
  - ii. how to triage technical issues if faced with limited IT support and staff;
  - iii. how to encourage appropriate adult supervision while learners are using distance learning approaches; and
  - iv. how to deal with the potential lack of learners' access to computers and the internet at home.
- d) Consolidate a list of suitable resources available via radio, television and other media platforms where learners and parents can access education content to help facilitate remote learning;
- e) Ensure continuity of meal programmes, if applicable;
- f) Consider ways to distribute food to learners that benefit from the National School Nutrition Programme (NSNP); and
- g) Design strategies to avoid transmission in settings where people might gather in a group, e.g. "grab-and-go" packed lunches.

**19. PROVISION OF THERAPEUTIC SUPPORT**

19.1 The following steps must be considered in order to ensure that the provision of therapeutic support does not become culprit for the spread of COVID-19.



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However, the therapeutic team must contextualise the guidelines to the unique setting of the school and learners being supported.

<b>ACTIVITY</b>	<b>CONSIDER THE FOLLOWING</b>
Analyse the current therapy workload in terms of individual therapy, group therapy and type of interventions	The number of learners that will be in each therapy session and those who require therapy while at home
Determine how groups can be reduced if the number in the group will not accommodate social distancing	<ul style="list-style-type: none"> <li>● Room space</li> <li>● Revising of timetable</li> <li>● Utilize outside areas</li> <li>● Splitting groups into smaller groups</li> </ul>
Individual session is non-contact and learner is well, proceed	<ul style="list-style-type: none"> <li>● Use of mask and social distancing and hygiene as prescribed</li> </ul>
Individual session involves physical contact but non-contact with e.g. saliva, mucous, respiratory droplets consider continuing	<ul style="list-style-type: none"> <li>● Appropriate PPE for example mask/ shield/ gloves/ apron and other items</li> <li>● Not intervening might have lasting effects on the learner</li> </ul>
Individual session involves physical contact and contact with e.g. saliva, mucous, respiratory droplets reconsider therapy and look at other possibilities for example modification/ rethinking how therapy is provided i.e. modelling what needs to be done, show activity in a video format/ picture format and other formats	<ul style="list-style-type: none"> <li>● If you decide to continue with therapy determine whether appropriate PPE is available</li> <li>● Full PPE must be used</li> <li>● Avoid contact with other learners until fully de-contaminated</li> </ul>
Consult with peers if you are uncertain even after conducting risk assessments	<ul style="list-style-type: none"> <li>● Speak to your professional organisation and also other colleagues in the department of health on cases you may be faced with</li> </ul>
If, for whatever reason, therapy in the immediate school programme is not possible, consider the provision of home programmes or tele-therapy or parental advice brochure	<ul style="list-style-type: none"> <li>● Use this time to conduct research, updating knowledge, even participate in broader school programmes where you are needed</li> <li>● Compile easy to follow and understandable videos to demonstrate the home program to be followed by parents</li> </ul>
If therapy material is paper based and involves physical contact	<ul style="list-style-type: none"> <li>● Laminate all paper based therapy material if possible, to make it easy to disinfect at the end of the therapy session</li> <li>● If learners must use paper, use copies and discard of them afterwards.</li> <li>● If evidence must be kept, place copies in a sealed plastic bag/folder</li> </ul>

19.2 For the containment of COVID-19 it is advised that the following aspects be considered pertaining to the therapy room.

<b>ACTIVITY</b>	<b>CONSIDER THE FOLLOWING</b>
After opening the therapy room, disinfect the door knobs by cleaning them with warm water mixed with an appropriate disinfectant	<ul style="list-style-type: none"> <li>● Clean and disinfect throughout the day#</li> </ul>
Open windows to allow fresh air and good ventilation	<ul style="list-style-type: none"> <li>● The therapy room should be kept well ventilated throughout the day#</li> </ul>
Put up posters with precautions on COVID-19, which should have clear illustrations on hand	<ul style="list-style-type: none"> <li>● Language used on the posters should be simple and be age appropriate#</li> </ul>

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ACTIVITY	CONSIDER THE FOLLOWING
washing protocol, social distancing, sneezing on the fold of an elbow and wearing of masks	<ul style="list-style-type: none"> <li>Consider using Alternative and Augmentative Communication (AAC) symbols on posters for learners that are not literate#</li> </ul>
Keep sanitiser at the entrance of the therapy room, for easy access to anyone entering the room	<ul style="list-style-type: none"> <li>Sanitiser should be easily accessible at all times for both learner and therapist and should be used freely as and when necessary</li> <li>Avoid sanitisers that must be hand-handled, preferably non-touching devices or the therapist should be the only one permitted to sanitise the learner (s) coming for therapy.</li> </ul>
Evaluate the number of therapists doing therapy at the same time in one room	<ul style="list-style-type: none"> <li>Social distancing needs to be accorded for</li> <li>Be creative and construct cubicles for therapists using disposable materials or materials that can be sanitised</li> </ul>
Before learners enter the therapy room, wipe and clean all the surfaces with disinfectant/water with a disinfectant	<ul style="list-style-type: none"> <li>This should also be repeated at the end of the day and between all sessions (before the start and at the end of all treatment session)</li> <li>If a bleach solution is used, a new mix should be combined daily, as it can't be kept overnight.</li> </ul>
Check the timetable for the day and choose the equipment / material / assistive devices that will be used by the learners	<ul style="list-style-type: none"> <li>If possible, categorise the therapy sessions from lowest risk (e.g. ZC? no contact) - first to highest risk (e.g. contact with bodily fluids) last</li> </ul>
Disinfect/sanitise the selected equipment/material/assistive devices that will be used by the learners	<ul style="list-style-type: none"> <li>Consider rather using washable equipment, that won't get damaged by water and disinfectant.</li> <li>Make sure to fully disinfect all equipment immediately after use, before any other learner comes into contact with it</li> </ul>
Clearly mark and separate individual learner's material e.g. use old ice cream tubs to store their individual items and mark the tubs clearly	<ul style="list-style-type: none"> <li>Avoid mixing material in one container even if these are cleaned and disinfected</li> <li>As far as possible, the learners should not be sharing material</li> </ul>
Where it is impossible not to share, keep a record of all the learners using shared material/equipment/assistive devices	<ul style="list-style-type: none"> <li>Records should be clear on the names of the learners sharing the material and the dates they have been shared</li> </ul>
Re-arrange learner working space to maintain social distancing. Allow at least 1.5 metre distance between the learner working spaces	<ul style="list-style-type: none"> <li>The working space distance may be increased depending on the activities in the room and the risk factors</li> <li>Demarcation of the therapy (follow guidelines by WHO on the distance specs)</li> </ul>
Cover all the working surfaces with plastic material (plastic/pvc/vinyl), which can be easily wiped with warm water and bleach after each use	<ul style="list-style-type: none"> <li>Spray and wipe the surface after each session with bleach solution.</li> <li>Enough paper towels and bleach solution (marked) available in all therapy areas.</li> <li>Nearby bins in therapy areas should be available to safely discard used paper towels.</li> <li>Remove carpets from the floor, unless they can be easily disinfected regularly (at least daily). Rather make use of individual blankets/vinyl mats for the children</li> </ul>
If doing floor activities – use play mats with easy to clean material like vinyl/pvc/plastic (therapy mats are ideal). If these are not available, place newspapers which can be easily disposed after	<ul style="list-style-type: none"> <li>If using newspapers, ensure that you use at least 3 layers of paper, just in case there is drooling or excretion of any body fluids</li> <li>Replace newspapers after each therapy</li> </ul>






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ACTIVITY	CONSIDER THE FOLLOWING
every use	session
The therapy area may be used on rotational basis but ensure all surfaces be cleaned in between therapy sessions using a warm water and bleach solution	
No sharing of tissue-rolls / toilet paper rolls/equipment/material	<ul style="list-style-type: none"> <li>This should be included on the posters</li> </ul>
Store away/cover all the equipment that you are not using at the time	
Every therapy room should have a bin with lid and be lined with the waste disposal plastic bag	<ul style="list-style-type: none"> <li>Ensure that bins are kept away from the learners</li> <li>The lid should preferably be a swing lid or foot pedestal bin to avoid unnecessary contact</li> </ul>
The bins should be emptied at the end of each day	<ul style="list-style-type: none"> <li>Medical waste must be dealt with appropriately</li> </ul>
When disposing of the waste, the plastic must be closed tight and disposed at a designated area at the school	<ul style="list-style-type: none"> <li>The person disposing the waste must wear the necessary PPE's and also must sanitise afterwards</li> </ul>
Keep a box of disposable replacement masks and plastic bags in the therapy room. These should be clearly marked with the learners' names	<ul style="list-style-type: none"> <li>If a learner sneezes etc., the mask can be carefully removed and placed into a sealed plastic bag to take home. A disposable mask can be given as a replacement.</li> </ul>
At the end of the day disinfect the door knobs, telephone, table top surfaces, and floor surfaces by cleaning with warm water mixed with bleach.	<ul style="list-style-type: none"> <li>These should also be cleaned and disinfected throughout the day</li> </ul>

19.3 In respect of individual therapy/counselling and assessments it is advised that the following be considered:

ACTIVITY	CONSIDER THE FOLLOWING
Therapists/counsellors should re-prioritise the learners who need intensive therapy/high level need of therapy support	<ul style="list-style-type: none"> <li>This means that timetables will need to be re-worked.#</li> <li>Timetables will need to include cleaning and preparation in-between sessions#</li> </ul>
Therapists/counsellors will prepare the working surface before the learners can be fetched from the classrooms	<ul style="list-style-type: none"> <li>When a support staff is used to fetch the learners, ensure that they have PPE's like gloves, masks and an apron must be worn to assist learners with mobility impairments.</li> </ul>
Allocate a learner with their specific therapy material/assistive devices required for that activity	<ul style="list-style-type: none"> <li>These should be placed on a surface that has already been cleaned#</li> <li>Make sure that all materials are fully sanitised, do not assume that the previous therapist did it.#</li> </ul>
Therapists/counsellors will also prepare and wear appropriate PPE for the session	
The choice of specialised PPE will be determined by the type of activity chosen for that session	
Therapists/counsellors or support staff will need to fetch learners and accompany them back to the classrooms after therapy <b>Greetings gestures:</b> Refrain from shaking hands or hugging and ensure you have	<ul style="list-style-type: none"> <li>Learners cannot be left wandering in the therapy room or corridors#</li> <li>Sessions must start and end with sanitising of therapist and learner hands.</li> </ul>

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ACTIVITY	CONSIDER THE FOLLOWING
<p>explained to the learner why this protocol is being followed</p>  	
<p>Learners and therapists/counsellors should wear masks at all time</p>	
<p>Before entering the therapy room, or starting with therapy, learners should sanitise/wash their hands</p>	<ul style="list-style-type: none"> <li>• There should be a hand sanitiser at the entrance of the therapy room. Another one can be kept next to the working area in case it is necessary to use it during therapy#</li> <li>• Non-contact containers are preferred or the sanitiser must be operated by the therapist only.#</li> </ul>
<p>Before starting any therapy, therapists/counsellors should wash/sanitise their hands.</p>	<ul style="list-style-type: none"> <li>• Ensure that there is another sanitiser placed next to where the learner is sitting for use when necessary.</li> </ul>
<p>Keep a minimum distance of 1.5m between the therapist/counsellor and the learner</p>	<ul style="list-style-type: none"> <li>• Seating arrangement will also be influenced by the type of activity chosen, but a minimum of 1.5m distance should always be observed#</li> </ul>
<p>Before the start of every session, learners should be reminded of the precautions on COVID-19 – i.e. washing of hands, wearing of masks, social distancing, greeting gestures and coughing on the flex of the elbow. Keep it simple.</p>  <p><b>Greetings gestures:</b> Refrain from shaking hands or hugging and ensure you have explained to the learner why this protocol is being followed</p>  	<ul style="list-style-type: none"> <li>• This should be protocol before start of every session because it may take very long for some learners to understand and get used to these protocols#</li> <li>• Time spend on this is very important for the learner to feel safe and relaxed. Do not rush. If it is “old news” for you, remember it is not so for the learner.#</li> </ul>
<p>Always wash hands with soap and water for 20 seconds, or use alcohol-based hand sanitiser after contact with any person or after</p>	

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ACTIVITY	CONSIDER THE FOLLOWING
contact with frequently touched surfaces i.e. phones, door handles and other similar items	
Cough in the fold of the elbow or in a tissue which you discard and wash your hands	
Avoid touching your eyes, nose and mouth with unwashed hands	
Therapists/counsellors should be on the look-out for/observe any signs of distress. If a learner shows any signs of difficulty, the mask may be removed and allow a breathing break	<ul style="list-style-type: none"> <li>• Some learners may have co-morbidities or sensory issues and they may struggle with continuous wearing of masks and could present with respiratory issues or behavioural difficulties#</li> <li>• Keep full notes on observations of learner's reaction and add this to their file for future reference – for yourself and other therapists#</li> </ul>
When the mask is removed, ensure that the minimum social distance of 1.5m is observed	
When helping learners remove their masks, the therapist's hands must be washed clean. Remove the mask from the back, holding on the elastic from the ears. Never hold the mask from the front	Therapists/ Counsellors should be protected/ wearing PPEs when engaging in this activity to minimize exposure
At the end of the session, the therapist/counsellor and learners must sanitise/ wash hands with soap	Re-usable PPE's should be deposited into a laundry bag for sanitizing. Change to a fresh pair while the used pair is sanitised and left to dry out.
At the end of the session, dispose the PPE immediately into the waste disposal bag.	When a non-disposable PPE is used, safely remove the clothing and sanitise and sanitise it with 70% alcohol, leave to dry.
Where it is not necessary to dispose of the PPE, they must be thoroughly sanitised or cleaned with a solution of warm water and bleach/water and soap	
Clean all the surfaces that were used during therapy using warm water and bleach solution/sanitiser	

19.4 Play therapy must be carefully planned. Therefore, it is advised that the following be considered:

ACTIVITY	CONSIDER THE FOLLOWING
Both the therapists and the learner will practise appropriate hygiene procedures before, during and after the play therapy session as indicated for individual counselling	
Play therapy requires the use of therapeutic tools, therapists to ensure that they choose toys which can be washed/ sanitised	<ul style="list-style-type: none"> <li>• Avoid using fluffy toys in therapy as it will be difficult to sanitise them after every session</li> <li>• Avoid sitting on a carpet, cover the carpet or have it removed completely.</li> <li>• Avoid using any items made with fabric – or use it only once and the dispose of it in laundry bag to be washed.</li> </ul>
Therapists to ensure that before and after every play therapy session, all therapeutic tools are thoroughly sanitised / washed with soap and water	<ul style="list-style-type: none"> <li>• If possible, try not to use the same toys in two sessions following each other. Allow to be left with sanitizer on for a while.</li> <li>• Plan sessions well, in order to allow a</li> </ul>

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	variety throughout the day
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19.5 For group therapy or counselling, the following must be considered:

ACTIVITY	CONSIDER THE FOLLOWING
The use of group therapy/counselling is discouraged for large groups. However, if the space is large enough to accommodate social distancing, smaller groups of not more than 3 learners may be facilitated.	<ul style="list-style-type: none"> <li>● Use outside areas where available</li> </ul>
The choice of group activities should not include sharing and touching. Always observe minimum social distancing (1.5m space) between learners.	<ul style="list-style-type: none"> <li>● Thus, the therapists/counsellors will only be able to accommodate groups that can keep to social distancing of a minimum of 1.5m apart. Avoid the use of shared equipment like swings, hammocks, therapy balls etc.#</li> </ul>
If a therapy/counselling session previously consisted of many learners these groups should be split into smaller groups	<ul style="list-style-type: none"> <li>● This will impact on the frequency of how learners were seen #</li> </ul>
Therapists/counsellors should re-prioritise the learners who need intensive therapy/high level need of therapy support	<ul style="list-style-type: none"> <li>● This means that therapy timetables will need to be re-worked#</li> </ul>
Timetable will need to include cleaning and preparation in-between sessions	
Therapists/counsellors will prepare the working surface before the learners can be fetched from the classrooms	<ul style="list-style-type: none"> <li>● Also prepare after each session for next usage. Do not assume that the next person will do it.</li> </ul>
Allocate learners with their specific therapy material/assistive devices required for that particular activity	<ul style="list-style-type: none"> <li>● These should be placed on a surface that has already been cleaned#</li> <li>● Make sure that the devices/material has been sanitised#</li> </ul>
Therapists/counsellors will also prepare and wear appropriate PPE for the session	
The choice of specialised PPE will be determined by the type of activity chosen for that session	
Therapists/counsellors or support staff will need to fetch learners and also accompany them back to the classrooms after therapy	<ul style="list-style-type: none"> <li>● Learners cannot be left wandering in the therapy room or corridors#</li> </ul>
Learners and therapists/counsellors should wear masks always	
Before entering the therapy room or starting a therapy session, learners and staff/therapist and counsellors should sanitise/wash their hands	<ul style="list-style-type: none"> <li>● There should be a hand sanitiser at the entrance of the therapy room. Another one can be kept next to the working area in case it is necessary to use it during therapy#</li> </ul>
Before starting any session, therapists/counsellors should wash/sanitise their hands	<ul style="list-style-type: none"> <li>● Same for the learner</li> </ul>
Keep a minimum distance of 1.5m between the therapist/counsellor and learners	
Before the start of every therapy session, the therapists/counsellors should remind the learners of the precautions on COVID-19 – i.e. washing of hands, wearing of masks, social distancing and coughing on the flex of the elbow. Keep it simple and use appropriate language	<ul style="list-style-type: none"> <li>● This should be protocol before start of every session because it may take very long for some learners to understand and get used to these protocols#</li> <li>● Facilitate understanding of precautions on COVID-19 with pictures or symbols for learners who are not literate#</li> <li>● Always demonstrate again while explaining it#</li> </ul>

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ACTIVITY	CONSIDER THE FOLLOWING
It should be explained to the learners that there will be no sharing of material/equipment/assistive devices/tissues and other items	<ul style="list-style-type: none"> <li>● This should be a protocol before the start of every group session#</li> <li>● When providing tissues do not allow learners to touch the central box of tissues. The therapist/counsellor should offer the tissue to the learners</li> <li>● Or pre-divide tissues into portions so that different learners do not touch the same tissue boxes.#</li> </ul>
Always wash hands with soap and water for 20 seconds, or use alcohol-based hand sanitiser after contact with any person or after contact with frequently touched surfaces i.e. phones, door handles and other similar items	
Cough in the fold of the elbow or in a tissue which you discard and wash your hands	
Avoid touching your eyes, nose and mouth with unwashed hands	
Therapists/counsellors should be on the look-out for/observe any signs of distress. If a learner in a group shows any signs of difficulty, the mask may be removed and allow a breathing break	<ul style="list-style-type: none"> <li>● When allowing a breathing break, the learner should be removed away from other learners and increase the social distance#</li> <li>● Some learners may have co-morbidities or sensory issues and they may struggle with continuous wearing of masks and could present with respiratory issues or behavioural difficulties.#</li> <li>● Keep full notes on observations of child's reaction and add this to the child's file for future reference – for yourself and other therapists.#</li> </ul>
When the mask is removed, ensure that the minimum social distance of 1.5m is observed	<ul style="list-style-type: none"> <li>● The learner should be provided with temporary alternative protective equipment, i.e. shield and observe a minimum 1.5m distance from other learners#</li> <li>● When a mask needs to be removed, take the child outside – in open air and where there is nobody else – before proceeding or have an dedicated place to allow for masks to be removed.#</li> </ul>
When helping learners remove their masks, the therapist's hands must be washed clean. Remove the mask from the back, holding on the elastic from the ears. Never hold the mask from the front	<ul style="list-style-type: none"> <li>● Therapists/ Counsellors should be protected/ wearing PPE's when engaging in this activity to minimize exposure#</li> <li>● When a mask needs to be removed, take the child outside – in open air and where there is nobody else – before proceeding or have an dedicated place to allow for masks to be removed.#</li> </ul>
At the end of the session, dispose the PPE immediately into the waste disposal bag or sanitise the PPE's with 70% alcohol when re-used.	
Learners and therapists/therapists should wash their hands with soap and water/sanitise at the end of the session	<ul style="list-style-type: none"> <li>● Do not use a cloth towel for drying hands. Rather use paper towels and dispose them immediately#</li> </ul>
Accompany the learners back to their classrooms	
Where it is not necessary to dispose of the PPE, they must be thoroughly sanitised or	<ul style="list-style-type: none"> <li>● Keep a separate, sealable plastic bag/container for used PPE</li> </ul>

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ACTIVITY	CONSIDER THE FOLLOWING
cleaned with a solution of warm water and bleach/water and soap	
Clean all the surfaces that were used during therapy using warm water and bleach solution	
Prepare for the next session, by cleaning the material/equipment and assistive devices that will be used	

**20. MANAGEMENT OF ASSISTIVE DEVICES**

20.1 It is important that assistive devices be sanitised before the learner arrives at school as well as at school, including when the learner is in the hostel. Prior to arriving to school, the management of assistive devices must be cognisant of the following:

ACTIVITY	CONSIDER THE FOLLOWING
Prior to learners returning to school do an analysis of the different types of devices, the names of learners with the devices and which devices are left at school and those that used between home and school	
Create a sanitising/ disinfecting/cleaning guide for each type of assistive device being taken home by a learner to enable parents to appropriately clean the device	<ul style="list-style-type: none"> <li>● The type of assistive device#</li> <li>● What type of cleaning agents can/ cannot be used on different types of devices#</li> <li>● Language used- be clear and precise#</li> <li>● Use pictures as often as possible#</li> <li>● Issue to parents on the first day when learners are back at school#</li> </ul>
Create a daily checking off table for parent to sign after sanitising. This will serve as verification that a parent has complied with the routine requested	<ul style="list-style-type: none"> <li>● If in doubt about whether the device was sanitised, sanitise it.</li> </ul>
Create posters on assistive devices do's and don'ts to be put up in the classroom and around the school	
Create a little tag for each learner outlining sanitising/ disinfecting of the device on arrival at school. This can be attached to a large device or placed in the learner's bag.	
Creating another low tech AAC device for learners to keep at home instead of learners travelling to and from home and school with the communication aid	<ul style="list-style-type: none"> <li>● Create two devices one for home and one for school#</li> <li>● Laminate low tech devices so that they can be easily disinfected without causing damage#</li> <li>● Explore this option to reduce infection#</li> </ul>
Make contact with schools/ parents whose learners you would have fitted with an assistive device as outreach and provide them with the guideline for ensuring infection control	



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ACTIVITY	CONSIDER THE FOLLOWING
Plan advocacy sessions for learners explaining the appropriate care of their assistive devices in relation to infection control and COVID-19. This can also be done as in class activities.	Conduct within the first few days of arriving back at school include: <ul style="list-style-type: none"> <li>• Limited touching of the device by many users#</li> <li>• Where a device e.g. communication boards/ books etc. are touched by multiple users the device must be disinfected after each use#</li> </ul>
If the learner is using a communication board, communication book or an electronic voice output device then create symbols/ pictures or voice output that the learner can point to/ touch/ press to request sanitising or disinfecting of the device each time a new user touches it	<ul style="list-style-type: none"> <li>• Type of device#</li> <li>• Cognitive level of the learner#</li> </ul>
Find a designated area close to the arrival point at school to sanitise assistive devices	

20.2 There are learners who use assistive devices daily. For them the following must be considered:

ACTIVITY	CONSIDER THE FOLLOWING
Learners, following daily screening, proceed to designated area for sanitising of assistive devices	<ul style="list-style-type: none"> <li>• Type of assistive device#</li> <li>• Type of cleaning agent/sanitiser to use#</li> </ul>
Verify whether the parent has sanitised/cleaned the device on arrival at home the previous day and prior to leaving the home by viewing the checking register provided to parents	
Learner then proceeds to classroom with device	
If a person needs to touch/handle an assistive device belonging to a learner, their hands must be washed/sanitised prior to touching the assistive device. The assistive device must be sanitised/ wiped clean after each new person touches it. The assistive device user must request assistance with cleaning the device if they are unable to do so themselves.	<ul style="list-style-type: none"> <li>• As per general instructions, if the user is non-verbal/ limited verbal output then the required communication access symbols/ pictures/ words and others must be available on their device #</li> <li>• Wheelchair users should limit the number of learners assisting them with pushing the wheelchair and maybe have a buddy system with one/ two designated assistants#</li> </ul>
Sanitise/ clean the device prior to the learner leaving the school	<ul style="list-style-type: none"> <li>• Consider inserting a column for the school to sign on the checking register that parents will have to sign as well#</li> </ul>
Assistive devices requiring repairs must be sanitised/ cleaned before being sent off for repairs and after being returned	
In the case where assistive devices are kept at school, the device needs to be sanitised in the afternoon after the learner leaves and stored safely. As the learner arrive at school, the sanitised device is handed out to the learner as screening proceeds.	

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20.3 As part of therapeutic support, assistive devices or equipment may be kept at school and used by more than one learner. It is therefore important that the transmission of the COVID-19 virus be contained by considering the following:

ACTIVITY	CONSIDER THE FOLLOWING
Sanitise/ clean the device before issuing to learners and learners to wash hands/ sanitise hands before receiving the device/ equipment	<ul style="list-style-type: none"> <li>● Type of assistive device#</li> <li>● Type of cleaning agent/sanitiser to use#</li> </ul>
Ensure that the same device/ equipment is always issued to the same learner where possible	<ul style="list-style-type: none"> <li>● Label these if necessary/ possible#</li> </ul>
Sanitise/ clean each time the device is touched/ handled by someone else during the course of the day and the same individuals should wash/sanitise hands prior to touching the device/ equipment	<ul style="list-style-type: none"> <li>● If it is a communication device ensure that there is communication access to request support with sanitising/ cleaning#</li> </ul>
Sanitise/ clean the device after each use if used by more than one learner in a day and each user must sanitise/ wash hands before each use	
Sanitise/ clean the device/ equipment once the learner has finished with it	

20.4 It is not uncommon for some learners with physical, intellectual or neurological disabilities to struggle with drooling, depending on the nature of the medical condition. Learners who may have uncontrolled excessive drooling, may be addressed as a high risk learner.

20.5 When there is therapy to address the drooling, the Speech Therapist needs to consider the following:

- a) Drooling is the reason for therapy.
- b) If the learner does not present any signs of illness, proceed with therapy. However, if there are signs of illness, present the learners to the nurse for screening.
- c) If therapy has been delayed, determine or ask yourself if it will be detrimental or have long lasting effects. If yes, proceed with therapy. If no, consider delaying therapy.
- d) Consider conducting drooling therapy by modelling or home programme.
- e) If it is your opinion that ethically the learner must continue with therapy, but you are unsure about whether to continue, consult your colleagues for a collective professional decision.

20.6 When teaching, or working in a therapeutic context with a learner who drools the following must be considered:

- a) Accept that drooling is part of the behaviour of the specific learner.

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- b) Learners who drool, may rather wear a bib/ bandana around the neck, with a face shield, instead of a cloth mask.
- c) Learner presents signs that can be associated with COVID-19, refer him/her immediately for medical screening.
- d) Ask yourself whether a delay in interaction must be considered, and what impact this will have on the spread of the virus. If the impact is unfavourable, minimise direct interaction and consider other therapeutic methodologies or approaches that would minimise direct interaction.
- e) Ethically, if therapy should continue, but the learner drools, consider the most workable alternatives. For instance, decide on how to support the learner, even if it means you should support the learner virtually.

### **21. LEARNER TRANSPORT**

#### **21.1. LOADING CAPACITY OF LEARNER TRANSPORT AND HYGIENE**

All commuter transport services including passenger bus services, taxi services, and private cars transporting learners to school may carry 100% of the licensed capacity.

#### **21.2. EMBARKATION OF LEARNERS IN THE VEHICLES**

All operators must ensure that:

- Vehicles are cleaned and disinfected before picking up and after dropping off learners.
- At regular intervals, provide adequate sanitisers of 60% alcohol content or other hygiene dispenser for handwashing and disinfection equipment for learners and drivers.
- Transport vehicles' door and window handles, armrests and handrails are cleaned/wiped with a disinfectant before picking up and after dropping off learners.
- All passengers (learners) must wear a mask.
- Learners sanitise their hands before getting into the vehicle.

### **22. PROVIDING EMOTIONAL SUPPORT TO LEARNERS, TEACHERS AND NON-TEACHING STAFF**

The World Health Organisation (WHO) indicates that a major pandemic implies a psychosocial disturbance that may exceed the affected population's capacity to handle the situation. The COVID-19 pandemic is such a state. The most common reactions include anxiety, distress and depression. These reactions may result from a fear of

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contracting the illness, the ability to recover from the illness or even experiencing the death of family members, colleagues or classmates. Learners, educators and school management have a responsibility to care for themselves and each other. **NB: In cases of extreme distress or emergency, the regular procedures detailed in the SIAS Policy are by-passed and an appropriate emergency protocol is followed.**

### **22.1. WHAT TO DO BEFORE SCHOOLS REOPEN**

Schools must identify organisations, stakeholders and partners and in the community or district that can provide social, emotional and psychological support.

### **22.2. WHAT TO DO WHEN SCHOOLS REOPEN**

Brief the school-based support teams (SBSTs) and educators on the psychosocial impact of COVID-19 on learners and adults. Provide information (as below) about how to identify when someone needs help. This process must be followed each time a new grade returns to school.

### **22.3. HOW TO IDENTIFY WHEN SOMEONE NEEDS HELP**

One or more of the following signs may be present:

- persistent fear, worry, and anxiety.
- persistent sadness, hopelessness, and other overwhelming emotions.
- withdrawal from others (This is not to be confused with the *social distancing* prescribed by the DoH.)
- loss of interest in personal appearance and unusual lack of energy
- expression of rage or anger
- missing work or classes, and
- use of or increased use of drugs or alcohol.

### **22.4. WHAT IS THE PROCESS TO FOLLOW IF A LEARNER OR STAFF MEMBER IS IDENTIFIED WITH ONE OR MORE OF THE ABOVE SIGNS?**

- **A learner is identified:** The class teacher can speak with the learner to determine whether they can provide emotional or other support. They may refer the learner to the SBST for basic counselling or referral to specialised services.
- **An educator or non-teaching staff is identified:** The SMT can determine what kind of support is required and either provide the support or refer the educator to the

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Employee health and wellness section in the department or specialised services.

### 22.5. WHAT ARE THE WHOLE SCHOOL ACTIVITIES TO USE?

- Talk to each class about the emotional effects of COVID-19.
- Teach each class about identifying and interpreting emotions: how to handle or react to fear or anxiety; how to identify the signs of depression; and to inform a teacher when they identify a classmate or friend that is experiencing any of the above.
- Teach and encourage positive self-talk.
- Provide counselling for the school and at-risk groups.
- Refer those that need specialised services.

### 22.6. SOURCES OF PSYCHOLOGICAL SUPPORT

In addition to health professionals, the Employee Health and Wellness Programme in your department should be contacted for psychological support. The South African Depression and Anxiety Group (SADAG) offers free remote counselling (SADAG helpline 0800567567 or send a SMS to 31393). Other contact details for support services are listed below, and should be shared with all learners:

Life can be difficult sometimes, if you need someone to talk you may contact any of the call centres below:

**Childline Hotline: 08000 55 555**

**LoveLife Free Plz Cal Me 083 323 1023**

**LifeLine Toll Free: 086 132 2322**

**SADAG**  
Suicide Crisis Line 0800 567 567/ 0800 212 223  
or SMS 31393  
Substance Abuse Line 0800 12 13 14 or SMS 32312

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2018  
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## 21 LEARNERS NOT RETURNING TO SCHOOL

9.1 The following categories of learners may not return when schools reopen:

9.1.1 *Learners with comorbidities that pose a risk to severe COVID-19 as guided by the Department of Health:* For these learners, schools must

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ensure that they set up appropriate mechanisms for these learners to continue with their education.

9.1.2 *Learner from hotspot areas:* For these learners, schools must ensure that they set up appropriate mechanisms for these learners to continue with their education.

9.1.3 *Learners whose parents have concerns about them returning to school in the context of COVID-19:* Parents, guardians and caregivers for these learners must make necessary arrangements with schools to ensure that the education of their children continues.

9.1.4 *Learners whose parents have opted to home-educate:* Parents, guardians and caregivers of these learners must register their children in line with the *Policy on Home Education*, and need to provide evidence of how they will ensure full access to all learning and learning materials to these learners, through appropriate materials and pedagogy for blind and partially sighted learners.

9.2 For the above to happen, schools must set up appropriate mechanisms for parents, guardians and caregivers of the above categories of learners to inform the school in respect of the reasons for not returning to school, and these learners must be assisted to fully understand why they are not returning to school.

### **23. COMMUNICATION WITH THE SCHOOL COMMUNITY**

23.1 It is important that school communities (staff, learners, and their families) are made aware of the basic health and safety precautions as mentioned throughout the standard operating procedure. Provincial education departments are obliged to ensure compliance to the SOP as well as secure resources to protect the health of school communities.

23.2 The DBE ISHP Provincial Coordinators must establish District COVID-19 Response Teams to provide support and guidance with COVID-19 related matters and must avail such contact details of the district COVID 19 Response Team.

23.3 The websites of the national and provincial education and health departments, the National Institute for Communicable Diseases (NICD) ([www.nicd.ac.za](http://www.nicd.ac.za))

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and World Health Organization (WHO) ([www.who.int](http://www.who.int)) have useful information, fact sheets and posters for download in various languages.

PROVINCE	FOCAL PERSON	FAX / E-MAIL ADDRESS	CONTACT NO
EC	Ms P Vena Ntsikelelo Vazi (Manager)	<a href="mailto:Pamela.vena@edu.ecprov.gov.za">Pamela.vena@edu.ecprov.gov.za</a> <a href="mailto:Ntsikelelo.Vazi@ecdoe.gov.za">Ntsikelelo.Vazi@ecdoe.gov.za</a>	060 656 7313
FS	Ms P Myburgh Ms B Qwelane (Manager)	<a href="mailto:G.Myburgh@fseducation.gov.za">G.Myburgh@fseducation.gov.za</a> <a href="mailto:B.Qwelane@fseducation.gov.za">B.Qwelane@fseducation.gov.za</a>	072 398 2703
GP	Mr B Smith Mr A Meyers (Manager)	<a href="mailto:Brennand.Smith@gauteng.gov.za">Brennand.Smith@gauteng.gov.za</a> <a href="mailto:Anthony.Meyers@gauteng.gov.za">Anthony.Meyers@gauteng.gov.za</a>	083 870 9449
KZN	Ms D Fikile Mr N Bridglall (Manager)	<a href="mailto:Fikile.Msomi@kzndoe.gov.za">Fikile.Msomi@kzndoe.gov.za</a> <a href="mailto:Niranjan.Bridglall@kzndoe.gov.za">Niranjan.Bridglall@kzndoe.gov.za</a>	072 151 6707
LP	Ms N Maloba Mr M Matanga (manager)	<a href="mailto:MalobaANM@edu.limpopo.gov.za">MalobaANM@edu.limpopo.gov.za</a> <a href="mailto:matangamh@edu.limpopo.gov.za">matangamh@edu.limpopo.gov.za</a>	082 576 1499
MP	Ms S Nyathikazi Ms P Mbatha (Manager)	<a href="mailto:s.nyathikazi@education.mpu.gov.za">s.nyathikazi@education.mpu.gov.za</a> <a href="mailto:P.Mbatha@education.mpu.gov.za">P.Mbatha@education.mpu.gov.za</a>	063 7066 299
NC	Mr. P. Makwattie Ms D Mompati (manager)	<a href="mailto:pmakwattie@gmail.com">pmakwattie@gmail.com</a> <a href="mailto:kmompati@ncpg.gov.za">kmompati@ncpg.gov.za</a>	073 982 1037
NW	Ms NP Diale Mr T Seboko (Manager)	<a href="mailto:NPDiale@nwpg.gov.za">NPDiale@nwpg.gov.za</a> <a href="mailto:tseboko@nwpg.gov.za">tseboko@nwpg.gov.za</a>	082 805 1416
WC	Ms Ilhaam Marlie Ms B Daniels (Manager)	<a href="mailto:ilhaammarlie2@gmail.com">ilhaammarlie2@gmail.com</a> <a href="mailto:Berenice.Daniels@westerncape.gov.za">Berenice.Daniels@westerncape.gov.za</a>	082 462 5627

23.4 Below are the contact details of the DBE ISHP Provincial Coordinators, as well as NICD in the health department:

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<b>PROVINCIAL COMMUNICABLE DISEASE CONTROL DIRECTORATE</b>			
EC	Thomas Dlamini Nosimphiwo Mgobo	<a href="mailto:thomas.dlamini@echealth.gov.za">thomas.dlamini@echealth.gov.za</a> <a href="mailto:nosimphiwo.mgobo@echealth.gov.za">nosimphiwo.mgobo@echealth.gov.za</a>	083 378 0189 060 579 9027
FS	Dikeledi Baleni Babsy Nyokong	<a href="mailto:balenid@fshealth.gov.za">balenid@fshealth.gov.za</a> <a href="mailto:nyokongb@fshealth.gov.za">nyokongb@fshealth.gov.za</a>	083 757 8217 082 463 7499
GP	Chika Asomugha Caroline Kesebilwe	<a href="mailto:chika.asomugha@gauteng.gov.za">chika.asomugha@gauteng.gov.za</a> <a href="mailto:caroline.kesebilwe@gauteng.gov.za">caroline.kesebilwe@gauteng.gov.za</a>	082 330 1490 083 490 8165
KZN	Premi Govender	<a href="mailto:premi.govender@kznhealth.gov.za">premi.govender@kznhealth.gov.za</a>	071 609 2505
LP	Marlene F Ngobeni Mashudu P. Mudau	<a href="mailto:marlene.ngobeni@dhsd.limpopo.gov.za">marlene.ngobeni@dhsd.limpopo.gov.za</a> <a href="mailto:prudance.mudau@dhsd.limpopo.gov.za">prudance.mudau@dhsd.limpopo.gov.za</a>	079 491 1909 071 678 3864
MP	Mandla Zwane Hluphi Mpangane	<a href="mailto:mandlazw@mpuhealth.gov.za">mandlazw@mpuhealth.gov.za</a> <a href="mailto:hluphim@mpuhealth.gov.za">hluphim@mpuhealth.gov.za</a>	082 229 8893 076 522 8511 013 766 3411
NW	Chriseldah Lebeko	<a href="mailto:clebeko@nwpq.gov.za">clebeko@nwpq.gov.za</a>	082 421 7985
NC	Gloria Hottie	<a href="mailto:hottieg@webmail.co.za">hottieg@webmail.co.za</a>	072 391 3345 053 830 0529
WC	Charlene Jacobs	<a href="mailto:charlene.jacobs@westerncape.gov.za">charlene.jacobs@westerncape.gov.za</a>	072 356 5146 021 483 9964
<b>PORT HEALTH AND ENVIRONMENTAL HEALTH</b>			
Central (GP, FS, NC)	Funeka Bongweni	<a href="mailto:funeka.bongweni@health.gov.za">funeka.bongweni@health.gov.za</a>	012 395 9728 060 993 0107
North (LP, MP, NW)	Ockert Jacobs	<a href="mailto:ockert.jacobs@health.gov.za">ockert.jacobs@health.gov.za</a>	012 395 9417 082 372 0556



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Coast (KZN, NC, WC)	Antoinette Hargreaves	<a href="mailto:antoinette.hargreaves@health.gov.za">antoinette.hargreaves@health.gov.za</a>	031 301 0381 083 460 0935
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