

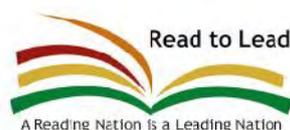
Standard Operating Procedure

for the containment and management of COVID-19 for schools and school communities
(February 2022)



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA



**STAY
SAFE**

PROTECT SOUTH AFRICA

TOGETHER WE CAN BEAT THE CORONAVIRUS

STANDARD OPERATING PROCEDURE FOR THE MANAGEMENT AND CONTAINMENT OF COVID-19 FOR SCHOOLS AND SCHOOL COMMUNITIES (FEBRUARY 2022)

We are learning all the time, so it is highly likely that some of the information herein will change as we learn more about the virus. To the best of the knowledge of the Department, the information contained herein is correct. It is the responsibility of the person using this SOP to check for updated versions of this document, and any others, on the Department of Basic Education's website www.education.gov.za

UPDATED IN FEBRUARY 2022

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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)
SGB	School Governing Body
SMT(s)	School Management Team(s)
SOP(s)	Standard Operating Procedure(s)
WHO	World Health Organization

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DEFINITIONS

Casual/distant contact: staff or learner(s) who have been in contact with an individual with confirmed COVID-19 for a short duration (15 minutes or less), and maintained physical distancing (more than 1 metres) with a confirmed case, or who was wearing a mask, face shield or face covering.

Cleaning: the physical or mechanical removal of foreign material (e.g., dust, soil) and organic material (e.g., blood, secretions, excretions, microorganisms). Cleaning physically, generally removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.

Cluster: a pattern of cases (3 or more individuals) that are suggestive of a common source of infection and/or lapses in the infection control practices in the school;

Cluster of cases: 3 or more 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.

Confirmed COVID-19 case: when a staff member or learner tests positive for SARS-CoV-2 with or without symptoms.

Contact time: the time that a disinfectant must be in contact with a surface or device to ensure that appropriate disinfection has occurred. For most disinfectants, the surface should remain wet for the required contact time. For SARS-CoV-2, it takes 20 seconds to dissolve the virus membrane.

Contamination: the presence of any potentially infectious agent on items such as environmental surfaces, clothing, bedding, surgical instruments or dressings, or other inanimate articles or substances including water, medications and food.

COVID-19 related non-pharmaceutical interventions (NPIs): NPIs are non-drug interventions to prevent the spread of the SARS-CoV-2 from staff or learners 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 good ventilation and sufficient space; 2) administrative controls – *what we can arrange*

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to reduce transmission, such hand hygiene, cough etiquette and regular environmental cleaning, in particular the commonly touched surfaces; and 3) personal protective equipment – such as face masks/shields and eye protection visors.

Decontamination: a process for rendering medical or other devices safe for re-use on the same or another patient. It includes thorough cleaning, and disinfection or sterilisation depending on the device's heat tolerance. **Disinfection is a part of decontamination** and these two terms should not be used interchangeably.

De-isolation: an individual with confirmed COVID-19 can stop isolation precautions and return to school or work 10 days after the positive test and once there is no fever or other COVID-19 symptoms.

Detergent: a synthetic cleansing agent that can emulsify and suspend oil. It contains surfactant or a mixture of surfactants with cleaning properties in dilute solutions to lower surface tension and aid in the removal of organic soil and oils, fats and greases. Detergents are effective against coronaviruses.

Direct/close contact: staff members or learner(s) who have been in contact with an individual with **confirmed** COVID-19 for more than 15 minutes within **1 meter without a mask**, face shield or face covering.

Disinfectants: chemical compounds that inactivate (i.e. kill) pathogens and other microbes. ***Disinfectants are applied only to inanimate objects.*** All organic material and soil must be removed by a cleaning product before application of disinfectants. Some products combine a cleaner with a disinfectant.

Disinfection: a **thermal or chemical process** for inactivating microorganisms on inanimate objects.

Environmental decontamination: all equipment and rooms that individuals who have confirmed COVID-19 diagnosis have been in contact with, during the preceding three (3) days, should be identified for appropriate cleaning and education and health authorities must be informed **immediately**. Following a thorough cleaning, **surfaces must be wiped, not sprayed**, with disinfectants as recommended.

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Fogging (fumigation, misting): dispersing a liquid chemical disinfectant to disinfect environmental surfaces *in an enclosed space*. Fogging is sometimes indicated in a health facility after an infectious patient with a highly resistant pathogen (e.g. *C difficile*), has been discharged and terminal cleaning has been completed. Fogging is to be carried out in a completely empty room with no humans, furniture or obstruction. The room is ready for use after a couple of hours, depending on the contact time. **Fogging is NOT recommended for coronaviruses.**

Isolation: a period during which someone who is confirmed to have COVID-19 is separated from healthy people. An individual who is confirmed to be positive and has symptoms of COVID-19 must isolate. The isolation period is seven (7) days. Contacts who have tested positive and do not have symptoms of COVID-19 do not have to isolate, unless they show symptoms. Isolation can be involuntary if demanded by the State.

Period of infectivity: time the individual with confirmed COVID-19 was present in the school while in the infectious period as determined by the following:

- For 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.
- For 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.

Routine cleaning: the regular cleaning (and disinfection, when indicated) of the area to remove organic material, minimise microbial contamination and provide a visually clean environment. The frequency of cleaning is determined by indication, but should be at least twice a day, and more often for frequently touched surfaces.

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Suspected COVID-19: when a staff member or learner appears ill or display symptoms consistent with COVID-19, based on the symptom screen/NICD case definition, but has either not tested or is awaiting SARS-CoV-2 test result.

Terminal (discharge) cleaning (deep cleaning): cleaning and disinfection after **the patient is discharged or transferred and includes the entire healthcare area. This does not apply to an office area or a gym or school or other workspace, where deep cleaning is not indicated.** The removal of organic material and significant reduction and elimination of microbial contamination to ensure that there is no transfer of microorganisms to the next patient. The room can be occupied as soon as terminal cleaning is completed and ready to accept the next patient.

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1. PREAMBLE

On 7 January 2020, Chinese scientists confirmed a cluster of pneumonia cases that had 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 of 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 as 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:

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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.

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 and contain the spread of COVID-19, and to manage the confirmed 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 ordinary and special primary and secondary schools (hereafter referred to as “schools”) to prevent the spread of COVID-19 among learners, educators, support staff and officials;
 - 3.1.2 help schools to understand the protocols that must to be followed should a case of COVID-19 be identified;
 - 3.1.3 provide considerations for the isolation of cases of COVID-19;
 - 3.1.4 detail the procedure for reporting ALL COVID-19 cases that have that have been diagnosed through and within schools or any public or private health care institutions; and
 - 3.1.5 provide schools information about the COVID-19 vaccination programme and how to access vaccines

4. TARGET AUDIENCE

- 4.1 This SOP applies to:
 - 4.1.1 DBE (national, provincial and district levels); school management teams (SMTs); school governing bodies (SGBs) of the private sector and school-based support teams (SBSTs) in all ordinary and special schools;
 - 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.

5. 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 was known about the transmission and severity of COVID-19. The guidelines are available on the DBE website (www.education.gov.za). These guidelines will be updated as new information emerges. Please check the NICD website (www.nicd.ac.za) for updates on the approved guidelines.

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 including parents and guardians of learners. 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. Schools should also strive to create a safe learning environment that is free from

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COVID-19 by adhering to the set guidelines and ensuring transparency and constant communication with parents, guardians and other stakeholders.

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 (supported by SGBs) and communicating routinely.

Vaccination against COVID-19 is recommended for all people in South Africa, including children aged 12-17 years. In the education sector, vaccination of all eligible staff and learners will enable schools to return to their traditional daily attendance schedule.

6. VACCINATION IN SCHOOLS

Clinical evidence now suggests school children and younger can be infected with COVID-19, albeit with less impact than adults. While infected with COVID-19, many children show no symptoms or suffer mild symptoms, such as low-grade fever (feeling hot or cold).

Immunization is a safe and simple method of improving the immune system to build protection against COVID-19. A vaccine trains your immune system to recognize the virus and fight it using the antibodies it has formed. Once vaccinated, individuals will have a level of protection (or immunity), against COVID-19. If the virus reappears, the immune system will remember how to respond and quickly destroy it.

Rotational timetabling, in which children attended school every second or third day, has resulted in extreme learning losses and limited access to school meals for most children in South Africa. Rotational learning has exacerbated pre-existing educational inequalities in the community or household. On 31 January 2021, Cabinet approved the resumption of schooling to full-time learning in all public and independent schools. Consequently, all primary, secondary and special schools

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should return to daily attendance. In addition, the regulatory provision for social distancing of 1 meter for learners in schools has also been removed.

In order to ensure normal functioning and safety in schools, educators, school support staff, and eligible students (12-17 years old) are encouraged to get the COVID-19 vaccine.

6.1 How do vaccines work?

Vaccines contain a part of the virus/bacteria that is weakened, live or killed, to trigger a response from the immune system. It is important to be aware that vaccines do not cause disease or health complications.

A vaccine trains your immune system to recognise the virus and combat viruses/bacteria using the antibodies it has formed. When exposed, antibodies are naturally produced by the immune system to fight the disease. If the bacteria or virus reappears, the immune system will remember how to respond and quickly destroy it.

6.2 Vaccination of learners

COVID-19 vaccines have impacted positively in decreasing the disease burden in South Africa. Similar to adults (18 years and older in South Africa), vaccines are now available for children who are 12 years and older. These are available at various health facilities at no cost to their parents or guardians. The vaccine is injected **into the upper arm**.

Currently children 12-18 years are vaccinated with Pfizer Cominarty vaccine. In addition, individuals over the age of 18 years who have received two doses of the Pfizer Cominarty vaccine are eligible to receive a booster dose of the Cominarty vaccine after an interval of six months (180 days). The Department will heed the directive of the Department of Health regarding the number of doses and eligibility criteria for booster doses.

Educators and school support staff who were vaccinated using the Johnson & Johnson are now eligible for a booster vaccination. Booster vaccinations are

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helpful to improve protection from infection that is as a result of different variants of SARS-CoV-2.

Booster vaccinations increase antibody levels and the body's response to SARS-CoV-2. Laboratory testing has shown that high antibody levels are more effective at neutralising different variants of SARS-CoV-2. Booster vaccinations are also available at various designated healthcare facilities and pharmacies. Various schools may also be used as vaccination sites.

6.3 Role of schools during the vaccination of learners

- 6.3.1 Mobilising educators and School Governing Bodies to provide information to learners and their parents/guardians regarding the benefits of vaccination.
- 6.3.2 Notify parents and guardians when vaccinations are scheduled at school or in a temporary location near the school.
- 6.3.3 Encourage learners to vaccinate and distribute education, information and communication (IEC) pamphlets and other material on the effectiveness of vaccines, linking learners to existing vaccination sites, in particular when the vaccination site is located near a school
- 6.3.4 Vaccinations will be administered to some learners as part of the Integrated School Health Programme. Prior to vaccination of learners, the school must obtain consent from parents or guardians. Vaccination of learners will be conducted by a range of service providers such as the Provincial Departments of Health, private sector providers or other clinical operators.
- 6.3.5 The school should create an environment that encourages learners to vaccinate

6.4 Educators shall not:

- 6.4.1 Aid any forms of disinformation with regards to the vaccine
- 6.4.2 Impose any anti-vaccine sentiments on learners
- 6.4.3 Force learners to take the vaccine

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

COVID-19 is mainly a respiratory disease caused by a novel (new) virus, and we are learning more about it every day. Growing evidence shows that vaccines are effective in preventing COVID-19, decreasing the impact of disease even amongst children. Vaccines are now available for children who are 12 years and older to protect them against COVID-19 and enable them to return to safe normal schooling. Vaccines add to a number of non-pharmaceutical interventions, such as hand-washing, sanitization of commonly touched surfaces, and the wearing of non-surgical face masks, that are in place in schools to ensure that schools can resume normal functioning and attendance. 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 increasing the uptake of vaccines to ultimately slow the spread of disease and to ensure that learners have safe and healthy learning environments. More detailed information on COVID-19 and COVID-19 vaccines is available here on the following websites:

- www.nicd.ac.za
- www.health.gov.za
- www.education.gov.za.
- www.sacoronavirus.co.za

Decisions regarding appropriate public health interventions should always be made in consultation with public health officials who have access to all of the 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 a COVID-19 outbreak is reported in their communities.

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7.1 Steps to prevent the spread of COVID-19 in a school or education institution

- 7.1.1 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.
- 7.1.2 Since December 2021, learners who are 12 years and older can vaccinate against COVID-19. It is important to encourage or advise parents and guardians to take their children for vaccinations. It is also recommended that under-fives get the seasonal flu vaccine from the nearest health facility or at a local pharmacy. Early care from a healthcare provider can lead to an increased rate of recovery.
- 7.1.3 All learners, educators, support staff, officials, parents and communities should:
- a) heed the directives issued by the President and the guidance provided by the National Department of Health;
 - b) avoid large public gatherings also termed as “super spreaders” without wearing masks and maintaining hygiene measures as the disease is spread through direct contact with the respiratory droplets of an infected person, which are generated through coughing and sneezing;
 - c) In all areas where learners congregate for learning, extra-curricular and other activities, they must spread out within the available space at all times. Classroom windows and doors should be opened at all times to maintain good ventilation. Where available, fans can be used in addition to open windows, for air circulation. Additionally, the school should increase the frequency of hand washing and sanitising of hands, desks and equipment.
 - d) It is important for schools to recognise that because of limited space, learners may not be able to spread out all the time while in class. Implementation of other non-pharmaceutical interventions is mandatory at all times.

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- e) avoid direct contact with others e.g. shaking hands or hugging;
- f) frequently wash hands with water and soap. (If water is not available, use a 70% alcohol-based hand sanitiser to disinfect hands.);
- g) avoid touching the face (i.e. eyes, nose, mouth) with unwashed hands;
- h) practice cough etiquette by coughing into the elbow or a tissue and disposing of the used tissue in a bin with a lid;
- i) consult a healthcare facility if there is a suspected COVID-19 infection;
- j) inform the school health team, education authorities and parents/guardians 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;
- k) eradicate all forms of stigma and discrimination in the education sector, including in schools and childcare facilities; and
- l) advocate for disclosure as it is in the public interest to ensure ease of tracking and tracing.

7.1.4 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
- NICD Toll-Free Emergency Hotline for COVID-19: 0800 029 999
- WhatsApp Support Line for COVID-19: Send HI to 0600 123 456
- WhatsApp Teacher Connect: Send HI to 0600 603 333

7.2. Roles and responsibilities of the SMTs, SGBs and staff

7.2.1 SMTs, SGBs and staff members must monitor the implementation of the SOP and stay informed about COVID-19 through reputable sources such as the NICD, the DBE and the DoH and share this information with all stakeholders

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and monitor the implementation of measures to prevent the spread of COVID-19.

7.2.2 Establish an advocacy programme¹ for learners to explain COVID-19 and the vaccination programme.

7.2.3 Establish a COVID-19 response team led by the school principal (COVID-19 point-person) to coordinate all COVID-related activities including internal and external communication.

7.2.4 Place signs or posters encouraging good hand and respiratory hygiene practices (These posters must be accessible to all learners at the school, e.g. for blind learners, these should be in Braille).

7.2.5 Reinforce frequent handwashing and proper sanitation practices.

7.2.6 Prepare and maintain handwashing stations with water and soap, and if possible, place 70% alcohol-based hand sanitisers in each classroom, at entrances and exits, and near lunchrooms and toilets. Note that for learners with visual impairment who rely on touch, additional sanitisers and personal sanitisers must be provided.

7.2.7 Ensure that cleaning staff clean and disinfect school buildings² thoroughly and regularly, following the environmental health cleaning and decontamination protocols.

7.2.8 Many schools catering for learners with physical disabilities will have increased “high touch” areas, including walls, as a result of the needs of learners. (e.g. holding onto rails or surfaces throughout the school. These surfaces will need to be sanitised more regularly than surfaces in other schools.

7.2.9 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, a) these areas need more frequent sanitising; and b) learners need to be alerted to the need for more

¹ **NOTE:** The programme should explain what COVID-19 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. The information on vaccination should provide basic information on vaccines and their use as well as encourage the uptake of vaccines by eligible individuals.

² 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.).

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frequent washing of hands. In this regard, learners should understand the additional importance of and not touching their faces.

7.2.10 Ensure that trash is removed daily and disposed of safely.

7.2.11 Ensure that SGBs notify PEDs to procure hand sanitisers, soap and disposable drying material for all classrooms, toilets, offices and staffrooms.

7.2.12 Ensure that schools or school halls are not used for funerals or any other public gatherings to minimise contamination of school facilities and to observe the social gathering restrictions as outlined in the regulation published by the Minister for Cooperative Governance and Traditional Affairs.

8. ACCESS CONTROL FOR PARENTS AND THIRD PARTIES

8.1 The SMTs and SGBs must ensure that:

8.1.1 strict access control measures are established, including the signing of a register by all visitors;

8.1.2 all visitors wear a face mask and sanitise their hands at the entry point;

8.1.3 all visitors report to the reception area;

8.1.4 all visitors, except government officials as per provisions of the South African Schools Act 84 of 1996: *Regulations for safety measures at public schools, paragraph 6: Exemption of certain persons* e.g. from the SAPS, SADF, DBE, DSD and DOH, must make an appointment and state the nature of their visit.

8.1.5 There is regular communication with parents via newsletters, telephone, bulk SMSs, emails, etc. to minimise meetings/gatherings with parents.

8.1.6 Class-based parents' meetings may proceed subject to strict adherence to non-pharmaceutical interventions such as hand-hygiene, regular sanitation of commonly touched surfaces, wearing of non-surgical face masks and maintenance of good ventilation as outlined in the sections above.

9. KEY CONSIDERATIONS FOR SUPPORTING SPECIFIC LEARNER NEEDS

9.1 Notwithstanding the generality of these SOP, it is acknowledged that, just as with adults, the risk of contracting COVID-19 may be significantly different for learners with co-morbidities and learners with disabilities. It is, therefore, critical to know, understand and implement the specific health and safety measures required for each unique learner. This SOP provide some guidance on specific considerations that must be given for learners with disabilities. Detailed guidelines for the containment and management of COVID-19 for the learners with disabilities are available on the website of the Department of Basic Education (**See Section 26**).

9.2 Learners with disabilities are included in ordinary, full service and special schools throughout the country. As such, it is important that ALL schools and district officials are aware of the specific needs that learners may have, and that these are provided for in whatever school setting the learner attends.

9.3 Below are some of the key considerations to be kept in mind when supporting learners with disabilities in different school settings.

9.4 There are a number of different types of disabilities, (including: physical, intellectual, sensory, neurological), each of which may affect a learner differently, depending on the nature of the disability and the extent of its severity. It is important to ensure the particular needs of each learner are understood and catered for to ensure that their health and safety can be protected during the COVID-19 pandemic.

9.5 Learners with disabilities usually benefit from curriculum, therapeutic, medical and other support whilst at school. Depending on underlying health conditions and co-morbidities, learners with disabilities 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

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impacted by the outbreak of the virus, because of serious disruptions to the services and supports, including personal assistance and therapeutic support they rely on.

9.6 Given the importance of continuing to provide the necessary support that learners need whilst also containing the spread of COVID-19 in schools, each school or institution must develop relevant standard operating procedures to respond to the context- specific issues, by using the guidance contained in this document, as well as in the detailed guidelines for learners with disabilities which are available on the website of the Department of Basic Education.

9.7 Schools must provide the learners with information regarding the procedures and requirements in accessible modalities. This will include the use of sign language for Deaf learners, braille materials for blind learners, the use of picture boards and other visual prompts for autistic learners and learners with intellectual disability. It is important to discuss the steps in easy- to- understand detail and inform the learner what he/s/he would be required to do. (For more details refer to the guidelines in the appendices)

9.8 Keep in mind that blind and partially sighted learners may not be able to see demarcation lines. They will require assistance such as being guided verbally; using physical barriers to indicate where to stand or using their canes to judge the distance between themselves and other people. This may require additional staff on duty to assist visually impaired learners.

9.9 It is important to recognise that learners with intellectual disability may have varying, understanding and sometimes 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, deliberate and repeated instruction to learn the different procedures they need to adhere to, for e.g. that social distancing means no physical contact, no touching, no hugging, no shaking hands or any other physical greeting of their peers, educators and non-educator staff.

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9.10 Many learners may not immediately become 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 non-compliant behaviour as a transgression, for a reasonable period, until the learners have established a routine.

9.11 Learners who have epilepsy face the same health challenges as learners who do not have the condition and are otherwise healthy. For this reason, learners who have epilepsy should exercise the same habits and preventative measures that healthy people would typically observe, such as avoiding contact with sick people; washing hands regularly; disinfecting surfaces regularly; and avoiding touching their eyes, nose and mouth.

9.12 However, epilepsy is a very varied condition. 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. In these instances, additional support measures must be identified and put in place.

9.13 Learners who have had seizures in the classroom or playground must not be excluded from learning. The school must identify such learners and use the detailed guidelines in the appendices to this SOP to develop a protocol to ensure that their medical situation is managed carefully to ensure no droplet spread or contamination happens.

10. PERSONAL HYGIENE

10.1 Learners should be encouraged to:

- 10.1.1. wash their hands frequently, always with soap and water for at least 20 seconds;
- 10.1.2. keep their nails and teeth clean;
- 10.1.3. refrain from touching their eyes, mouth and face;
- 10.1.4. not share cups, eating utensils, food or drinks with others;

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- 10.1.5. sneeze or cough into a bent elbow or tissue, and to discard the tissue in a bin with a lid, and wash their hands immediately;
 - 10.1.6. refrain from teasing anyone about being sick;
 - 10.1.7. share what they learn about preventing disease with their family and friends, and younger children; and
 - 10.1.8. tell their teacher or parents, if they feel sick.
 - 10.1.9. Learners who are sick should be discouraged from attending school.
- 10.2 Educators may need to break down the instructions using language that learners will be able to understand (especially for learners in foundation phase) regarding personal hygiene into small steps and teach the learners step by step. The use of a visual aids will be of assistance.
- 10.3 Some learners, particularly learners who are very young, learners with physical disabilities, learners with severe and profound intellectual disability may require assistance to perform some of these daily hygiene tasks. Appropriate support must be provided to these learners by safely adhering to PPE and other guidance outlined in this document and in the guidelines for learners with disabilities which are available on the website of the Department of Basic Education.
- 10.4 Some learners may not realise that their nose is running and the use of mirrors in the classroom may help learners to assess themselves. However, educators must be aware that these mirrors may be a distraction to some learners. Therefore, case-specific management will need to be considered for implementation.
- 10.5 Parents, guardians and caregivers must be encouraged to keep learners who are sick at home. Schools and educators must support parents, guardians and caregivers by sending home step-by-step instructions for learners to continue their studies.
- 10.6 Educators are advised that the virus lasts 30 minutes on paper. “Scientists have been looking and could not find evidence of infection in this way”. Proper

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sanitising of hands before and after an assignment or book has been handled, should provide sufficient protection.

11. FOOD PREPARATION AND SERVING (INCLUDING SCHOOLS WITH THE NSNP)

- 11.1 Transmission of COVID-19 through food could 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 not come to work if they are not well as well as:
- wash their hands with soap and water before and after touching any food during preparation;
 - wash their hands with soap and water before serving food to learners;
 - clean and disinfect all work surfaces (i.e. tables, stoves and other resources), sinks and floors regularly;
 - keep all equipment, utensils and appliances clean;
 - wear clean kitchen attire at all times;
 - wear head gear and masks to cover their noses and mouths;
 - wear closed shoes to protect their feet wherever possible;
 - ensure proper food storage in refrigerators and lockable cupboards;
 - rinse all foodstuffs thoroughly before cooking and also fruit before serving to learners;
 - cook food thoroughly; and
 - avoid cross contamination of food.
- 11.2 Learners should be served their meals in their classrooms under the supervision of an educator. Queues should be avoided where possible. Learners must spread out within the available space while queuing.
- 11.3 Learners must wash their hands with water and soap before eating.
- 11.4 **For blind and partially sighted learners, the following must be considered:**

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- 11.4.1 Keep in mind that blind and partially sighted learners may not be able to see demarcated lines on the floor. They will require assistance such as being guided verbally; using physical barriers to indicate where to stand or using their canes to judge the distance between themselves and other people. This may require additional staff on duty to assist visually impaired learners.
- 11.4.2 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 verbally, 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.
- 11.5 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 South African Sign Language. Additional staff may have to be on duty for this purpose. Where learners lip read, the person giving instructions should use a face shield or a clear mask.
- 11.6 Many learners, including the very young, autistic learners and learners with intellectual disability, may struggle to understand why social distancing is necessary and what it entails. Safe playground etiquette in relation to social distancing will need to be repeatedly taught, demonstrated, and reinforced. Learning techniques such as role play and use of social stories have been found to be very useful.
- 11.7 Where a learner requires support involving physical contact for activities of daily living, appropriate PPE must be worn, and additional measures adhered to, as laid out in this document and the specific guidelines which are available on the website of the Department of Basic Education.

12. PHYSICAL DISTANCING

- 12.1 Physical distance is no longer a requirement for schools. In all areas where learners congregate for learning, extra-curricular and other activities, they must spread out within the available space at all times. Classroom windows and doors should be opened at all times to maintain good ventilation and implementation of other non-pharmaceutical interventions is **MANDATORY**.
- 12.2 SMTs and SGBs must ensure that the non-pharmaceutical interventions such as wearing of non-surgical masks, washing and sanitization of hands, disinfection of surfaces and maintenance of good ventilation are in place all the time to curb the spread of COVID-19.
- 12.3 Schools or school halls should not be used for church services, funerals or any non-school activity to minimise contamination of school facilities and to observe the social gathering restrictions.
- 12.4 Schools must identify and adequately resource isolation rooms or areas and ensure that there is sufficient ventilation. Appropriate physical distancing must be arranged when more than one learner, teacher or staff member must be isolated at the same time.

13. VENTILATION

- 13.1 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.
- 13.2 Droplets can be transmitted directly by entering the airway through the air (aerosols), or indirectly by contact transfer via contaminated hands.
- 13.3 A small concentration of virus particles in poorly ventilated spaces, combined with low humidity and high temperature, can result in an infectious dose over time.

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- 13.4 Thus, it is important to have natural ventilation in school buildings by ensuring that all windows and doors are left open during the school day.
- 13.5 Where available, fans can be used in addition to open windows, for air circulation.

14. WEARING A MASK

- 14.1 Wearing of a face mask in public spaces is mandatory for everyone in South Africa. All learners and educators, with exception of learners who are under the age of six years, are required to wear masks while at school as these are public places. Any person who fails to wear a mask is committing an offence and is, on conviction, liable to a fine or a period of imprisonment not exceeding six months, or to both such fine and imprisonment.
- 14.2 Cloth face coverings or cloth masks are recommended as a simple barrier to help prevent inhalation of the respiratory droplets that spread COVID-19. Cloth masks protect other people, in cases where the wearer is asymptomatic or pre-symptomatic.
- 14.3 The PEDs 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. Face shields/visors are not a replacement for face masks and **must** be used in conjunction with face masks.
- 14.4 Schools are encouraged to allow learners and staff the opportunity to take a **“face mask break” (5 –15 minutes)** every two hours during the school day where they can safely remove their masks outdoors where learners can spread out.
- 14.5 Learners, teachers and non-teaching staff in schools for the Deaf must be provided with long face shields that go past the chin instead of face masks (to

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ensure ease of lip-reading, as well as the need for the unrestricted access to speech for those learners who rely on amplification).

- 14.6 Learners who are blind may require a face shield instead of a face mask, which may obstruct their sense of smell.
- 14.7 Learners who are partially sighted may require a face shield instead of a face mask which may obstruct their vision.
- 14.8 Learners with intellectual or cognitive disability, who have a limited range of verbal communication, may have facial expressions that can signal the onset of a seizure. These expressions may not be visible or recognisable when they are wearing a face mask. It may be appropriate for these learners to wear a face shield. Alternative face coverings may be considered, guided by the individual learner's feedback on their tolerance and preference, with the acknowledgement that in certain cases, not wearing a mask may be the only responsible solution. If this is the case, increased supervision will be necessary – within reason, so as not to harass the learner.
- 14.9 Face masks must be changed when they become wet. Therefore, learners who produce excessive amounts of saliva (e.g. drooling) may need up to three or four masks per day to change into when their masks become wet. These learners may also need additional bibs, which are to be provided by PEDs. Soiled masks and bibs must be kept in a sealed container or zip lock bag marked as soiled, until they can be washed at home or the hostel laundry with warm water and soap.
- 14.10 In the context of the COVID-19 pandemic, it must be remembered that:
- Autistic learners are not accustomed to wearing masks, and this may be an additional cause of stress and/or anxiety in the learner. Wherever possible, schools and educators are encouraged to communicate with parents, guardians, and caregivers, to ask for their advice on how to manage their child, bearing in mind the child's preferences.

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- Due to the nature of learners on the autistic spectrum, no learner should be forced to wear a mask, if it causes any distress or anxiety. Alternative face coverings may be considered, guided by the learner's feedback on their tolerance and preference, with the acknowledgement that in certain cases, not wearing a mask may be the only responsible solution. If this is the case, increased supervision will be necessary – within reason, so as not to harass the learner.

14.11 The following is recommended to ensure that autistic learners are optimally supported, within the confines of their unique challenges and with respect for their human rights: As part of the preparation for re-opening of schools, educators, classroom assistants, and other staff who work directly with learners may be requested to send photographs of themselves wearing their masks and any other personal protective equipment (PPE), to the parents, guardians and caregivers of the learners. This photograph can be sent with a voice/video message to familiarise the learner with what their educator will look like with a mask/PPE on and to help reduce their anxiety about returning to school. In addition, this will also help learners who may find it difficult to recognise faces, a condition called prosopagnosia.

14.12 Once they have returned to school:

- Autistic learners need to know why wearing a mask is necessary. Teachers can use a social story to explain why masks and/or face shields must be used. An example of a social story can be found via the following link:<https://www.teacherspayteachers.com/Product/Wearing-A-Mask-Story-for-Children-5463572>.
- Learners need to be introduced to different types of face protection for individual introduction and exploration, such as cloth masks, surgical masks and face shields.
- Educators and support staff should break down the steps of putting on a mask correctly, as some learners struggle with simple actions. A visual schedule can also be used to provide step-by-step instructions using visual prompts and

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cues. An example of a visual schedule can be found via the following link:

<https://aut2know.co.za/wp-content/uploads/2020/05/Untitled-design-5.png>

14.13 To ensure that the effect of wearing a mask is optimised learners must be taught:

- to wear transparent face shields or masks at all times according to the requirements of the Department of Health;
- that before touching their face shield or mask, they must clean their hands with an alcohol-based hand sanitiser, or wash their hands with water and soap
- to not remove their face shield/mask when speaking, coughing or sneezing, especially when there are other people nearby.
- to not exchange their face shields/masks with other learners.

14.14 There are risks associated with wearing masks that educators must be aware of, to ensure that learners are safe, namely:

- If a learner has a comorbidity such as epilepsy or cerebral palsy, drooling or a large amount of spittle in the mouth can increase the risk of infection. Therefore, the mask will need to be changed and/or cleaned more frequently, if a mask can be tolerated by the learner.
- Some learners may chew or bite their masks. Educators and support staff must remain alert and assist if this happens.
- Learners may exchange masks, exposing each other to possible infections. Again, educators and support staff must be alert and ensure that they monitor their learners.
- There is a risk of strangulation with mask elastics, strings or cords. Educators and support staff must ensure that learners are safe from this danger.
- In the case of a seizure, the assisting staff member(s) must remove the child's mask, store it safely, and ensure that there is an open airway and that the environment has good ventilation.

14.15 It is strongly recommended that mask-wearing is addressed on a case-by-case basis. Wearing a mask may be more of a risk than a benefit for certain learners. Schools should be advised that the **screening, identification,**

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assessment and support (SIAS) process must be followed. The SBST should recommend mask-wearing, in line with the SIAS process to protect educators, non-teaching staff members and learners. If a learner, who has not been wearing a mask, is infected or infects fellow learners, or if other learners' parents question the concession for a particular learner not being required to wear a mask – there should be a paper trail.

- 14.16 Educators may need to consult with parents, guardians or caregivers, and use their own knowledge and discretion to ascertain the best practices for mask-wearing, or any other type of face protection, in the classroom or school environment. It is critical to ensure that the learners and their needs are respected, with respect for their human rights.

15. PERSONAL PROTECTIVE EQUIPMENT

- 15.1 Personal protective equipment (PPE) is used to protect individuals while performing specific tasks that might involve contact with body fluids, which may contain the COVID-19 virus. PPE will only protect you and others from harm, if you are able to put it on, use it, remove it and dispose of it in the correct manner. Getting it wrong at any of these stages could lead to contamination of you and you passing it on to others.
- 15.2 All staff need to undergo training on the proper wearing and disposing of PPEs, after an activity has been performed with a learner, this includes support staff in hostels and learners who will be staying in the hostel.
- 15.3 For learners with physical disabilities, the instance of close contact maybe be inevitable, especially for those who require maximum support in performing activities of daily living (ADL). It is important that both parties are well informed on the safety and risk aspects of such activities. In addition, where appropriate, a learner must be trained to perform their ADLs with minimal contact. Use of disposable equipment is recommended, especially where close physical contact cannot be avoided.

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15.4 PPE is divided into four (4) categories:

- eye and face protections, goggles, visor, plastic face shields.
- hand protection, variety of gloves.
- respiratory protection, variety of face masks and
- clothing (disposable or non-disposable clothing items)

After a full-risk assessment, the staff must take all four categories into consideration especially where close contact is inevitable.

15.5 Due to the fact that some learners are potentially at a higher risk for contracting or spreading COVID-19, it is advisable that staff wear full Personal Protection Equipment. For instance, officials and staff for whom social physical contact with learners is inevitable must be provided with appropriate personal protective equipment, including jumpsuits, where reasonably applicable.

15.6 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.

15.7 Again, educators and non-educator staff are encouraged to send photographs to parents, guardians and caregivers for (autistic) learners (Autistic learners and learner with intellectual disability) to see what their teachers, therapists and other staff members will look like when they return to school.

15.8 For more detailed guidance on the particular PPE requirements when interacting with learners with disabilities, see the specific guidelines which are available on the website of the Department of Basic Education.

NB: Also refer to the Guidelines on Hygiene during the COVID-19 Pandemic in Schools

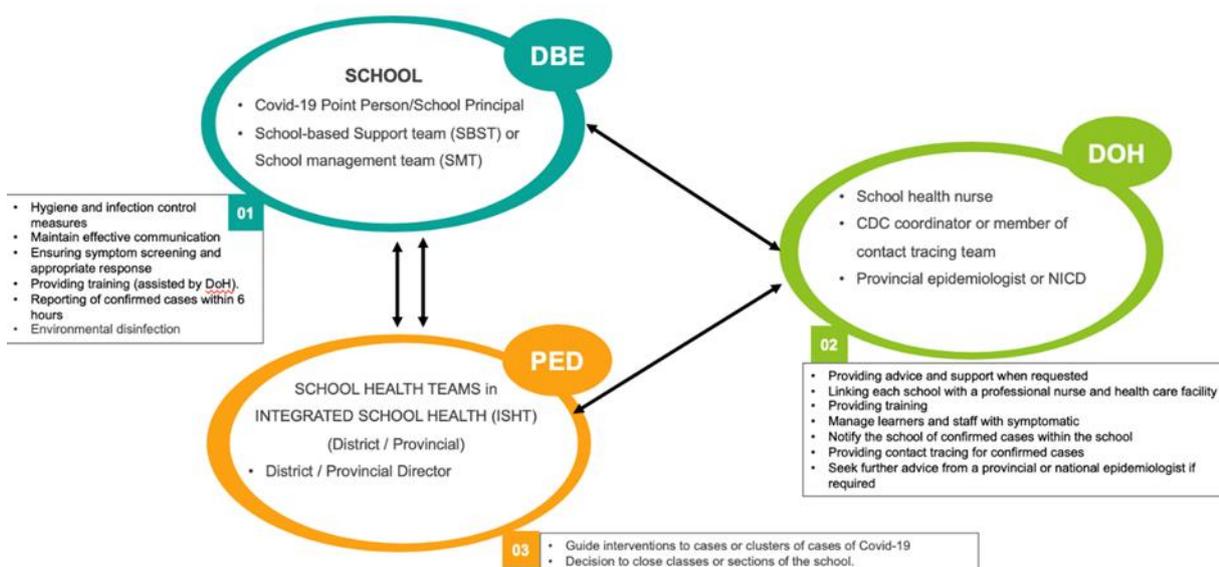
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16. MANAGEMENT OF COVID-19 CASES IN A SCHOOL

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

- a) managing an individual with a confirmed or suspected COVID-19 diagnosis in the school setting;
- b) containing school-associated SARS-CoV-2 transmission;
- c) managing a cluster of individuals with confirmed or suspected COVID-19 diagnosis (3 or more 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); and
- d) identifying and remediating gaps in infection prevention and control (IPC) practice to prevent clusters of cases or an outbreak of COVID-19.

MANAGEMENT OF COVID-19 CASES IN SCHOOLS



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PART A: QUICK REFERENCE GUIDE FOR SCHOOL PRINCIPALS, SCHOOL GOVERNING BODIES AND DEPARTMENT OF BASIC EDUCATION

16.1. Roles and responsibilities for school principals, school governing bodies and department of education (A quick reference guide).

- 16.1.1 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) at provincial, district and local levels.
- 16.1.2 At the 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 principal, or their designate. The SGB should be represented on this committee.
- 16.1.3 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.
- 16.1.4 If the district or province does not have an ISHT, they must convene a COVID-19 response team. Essential members of the team should include the following:
- a COVID-19 team leader (the District/Provincial Director or a member of DBE);
 - a Department of Health representative (a school health nurse, a local CDC coordinator or member of the contact tracing team);
 - a school COVID-19 lead or point person;
 - a representative from the SGB;
 - a representative from housekeeping and environmental cleaning;
 - a representative from Employee Health and Wellness;
 - a member of human resources department (optional);
 - a representative from relevant unions or labour organisations (optional); and
 - a media liaison officer (optional).
- 16.1.5 The school principal, SGB and the PEDs will be responsible for:
- hygiene and infection prevention, control measures and supplies at the school;

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- effective communication with learners, parents, and other role-players;
- providing training to school cleaning staff and volunteer food handlers on cleaning and disinfecting procedures (assisted by DoH);
- reporting on the number of COVID-19 cases in learners and staff (within 6–12 hours of confirmation) to the ISHT or the COVID-19 response team; and
- cleaning and disinfection of areas occupied by a learner or staff member with a suspected or confirmed COVID-19 diagnosis.

16.1.6 The DoH will be represented on the ISHT by a school health nurse, a local NICD coordinator or a member of the contact tracing team, and will be responsible for:

- providing advice and support when requested by the PEDs, regarding environmental cleaning and additional preventative measures needed;
- linking each school with a professional nurse and health care facility and providing contact details thereof to the SMT and the SBST for vaccination;
- 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;
- notifying the school of any cases that have been identified in the school;
- seeking advice from a provincial or national epidemiologist regarding the need for further investigation of a cluster of cases, especially if the cases are linked.

16.1.7 Learners and school communities should be informed about vaccines and linked to local vaccination sites should they be interested in receiving vaccinations. In the case, where vaccination is taking place in a school or in a pop-up site next to the schools, the school should encourage learners to vaccinate. Parents of learners who would like to be vaccinated in a school should provide consent prior to vaccination.

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16.1.8 Decisions regarding the closure and re-opening of a school, or parts thereof, are to be made by the DBE, guided by the recommendations and advice of the accountable health authority.

PART B: QUICK REFERENCE GUIDE FOR THE DEPARTMENT OF HEALTH/DEPARTMENT OF BASIC EDUCATION AND COVID-19 RESPONSE TEAMS

16.2. What to do before identifying an individual with COVID-19 in schools

- 16.2.1 A COVID-19 point-person must be identified in every school. This person should be the school principal or a designated member of the 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 SBST (i.e. an SMT member, an SGB representative, a learner representative, or a partner organisation representative).
- 16.2.2 The point person must be trained on how to recognise and take action regarding suspected or confirmed COVID-19 cases and to recognise a cluster of cases in a school.
- 16.2.3 The point person must be in contact with a district or provincial ISHT, the circuit manager or the COVID-19 response team to assist with decision-making.
- 16.2.4 The point person or principal must ensure regular communication to manage the concerns related to the COVID-19 pandemic by:
- sending out a circular regularly regarding school plans, progress and preparedness to resume or continue with the academic programme;
 - emphasising that keeping the school community healthy is a partnership between the school, staff members and learners and their parents, guardians and caregivers;
 - acknowledging the risks – that while children, in general, have mild disease, the spread of the virus into schools is likely to follow the trend in the wider community;
 - emphasising the need for preparedness and a high degree of vigilance;
 - ensuring that sick children and staff do not come to school; and

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- emphasising that the COVID-19 prevention practices of hand hygiene and physical distancing need to be continued outside of school and in homes.

16.3. What to do following the identification of a COVID-19 case in a school

- 16.3.1 The checklist in Appendix 1 can be used to guide the initial actions following the detection of an individual who has a suspected or confirmed COVID-19 case.
- 16.3.2 Early communication to key stakeholders (circuit manager, staff, parents, learners, unions) following the identification of the COVID-19 case(s) must be designated to the school principal or their designate (COVID-19-point person) in consultation with the ISHT or the COVID-19 response team leader, to prevent misinformation and reduce anxiety.
- 16.3.3 An initial communication regarding the situation needs to be made 6–12 hours following identification of the incident, and preferably, as soon as practically possible. This initial communication should clearly state:
- what is known about the COVID-19 situation at that time and what is not known;
 - what initial steps have been taken to address the situation;
 - how people can prevent transmission of the disease (i.e. strict adherence to prevention measures).
- 16.3.4 The communication must include the rationale for any actions taken and must be as transparent as possible while: maintaining confidentiality and while avoiding stigmatising language, e.g. ‘person with possible coronavirus’ instead of “suspected case”.
- 16.3.5 The communication must be drafted according to each event, but in general state as below:

We regret to inform you that a [learner, staff member, teacher] has been identified as [possibly having coronavirus/having coronavirus/in contact with someone with coronavirus]. All school protocols were followed to

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ensure minimal transmission to others. The [learner, staff member, teacher] is now in [the hospital/quarantine/self-isolation at home], and the appropriate education and health authorities have been informed.

We will [describe action] as advised by [the Department of Education/Department of Health guidelines/ISHT]. This is due to [provide a clear and coherent rationale for the plan of action].

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

17. STEPS TO BE FOLLOWED TO MANAGE COVID-19 IN SCHOOLS

A. SCENARIO 1 (Suspected COVID-19 case): Member of staff or learner appears ill or displays symptoms compatible with COVID-19

B. SCENARIO 1 (CONFIRMED COVID-19): Member of staff or learner tests positive for SARS-CoV-2 with or without symptoms

a) The principal, as the COVID-19 point person, must report all individuals with confirmed COVID-19 diagnoses to the circuit manager and the ISHT immediately, as well as information pertaining to the case contained in the case investigation form (Appendix 2).

b) If a staff member, they must apply for sick leave.

c) The COVID-19 point-person will assess the case with the ISHT or the COVID-19 response team.

d) Staff and/or learners in direct/close contact with the individual with confirmed COVID-19 diagnosis, should not isolate even if they are tested positive, unless they show symptoms of COVID-19. Isolation should be for a period of seven (7) days.

e) Individuals with confirmed COVID-19 diagnosis can stop isolation precautions and return to school after seven (7) days from the day their symptoms started, or seven (7) days from testing positive. Alternatively, if admission to hospital is required for treatment of COVID-19, they can return to school at when

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discharged based on advice of the health care worker (doctor or nurse) Repeat testing for SARS-CoV-2 or a doctors' letter of fitness is NOT required before returning to school or work.

- f) Only the Head of Department (HOD) or the 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. (Please see the general guideline below.)
- g) Environmental decontamination and disinfection must be conducted in the work area/classroom that the person with a confirmed COVID-19 diagnosis (learner or staff member) has been in, during the preceding three (3) days.

C. SCENARIO 2 (CLUSTER OF COVID-19 CASES): 3 or more individuals (staff or learners) who are confirmed or suspected cases, within seven days, in the same classroom, friendship group or between individuals working in the same area

- a) A cluster of cases may indicate a breakdown in the COVID-19 preventative strategies in the school and possible transmission of the virus within the school.
- b) Early identification and remedial steps can contain and prevent further transmission and improve the implementation of the COVID-19 preventative strategies.
- c) The principal, as the COVID-19 point person, must report all clusters of cases to the circuit manager and the IHST or the COVID-19 response team immediately, as well as provide information on the cases, in the case investigation form (Appendix 2).
- d) Manage the suspected or confirmed case(s) as per Scenario 1 and 2.
- e) The DOH and ISHT will conduct an assessment to determine potential breaks in the infection prevention and control protocol and advice on appropriate actions.
- f) The principal and the SBST are responsible for implementation of the recommendations given by the ISHT/DOH.

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D. SCREENING

- a) Encourage parents to screen their children for symptoms prior to sending them to school. If a child is unwell or shows any of the symptoms associated with COVID-19 parents must keep the child at home and consult a health official if necessary.
- b) Screening of learners, educators, school support staff and visitors by completing the screening questionnaire and/or using infrared thermometers or thermal cameras must be discontinued.
- c) The discontinuation of these interventions is based on scientific evidence that shows that majority of individual infected with COVID-19 are asymptomatic (80% cases) and are unlikely to be detected through screening. Therefore, screening ineffective and unreliable mechanism to detect COVID-19.

18. ENVIRONMENTAL DISINFECTION

18.1 All equipment and rooms (classrooms and other indoor areas) that an individual with COVID-19 has been in contact with, during the preceding three (3) days should be identified and appropriately cleaned. The *COVID-19 Disease: Infection Prevention and Control Guidelines*³ and the *Practical Manual for the Implementation of the National Strategic Plan for Infection Prevention and Control Strategic Framework*⁴ should be followed. Physical or mechanical removal of foreign material (e.g., dust, soil) must be conducted first prior to disinfection. Cleaning physically, generally removes rather than kills microorganisms. It is accomplished with water, detergents and mechanical action.

18.2 For COVID-19, each area of the school must be cleaned and disinfected at least twice daily, according to an appropriate schedule, checklist and programme. This includes mopping and wiping of surfaces with a detergent with at least 70% ethanol or sodium hypochlorite. It is

³ South Africa. National Department of Health. *COVID-19 Disease: Infection Prevention and Control Guidelines* 2020. Pretoria

⁴ South Africa. National Department of Health. 2020. *National Strategic Plan for Infection Prevention and Control Strategic Framework* Pretoria

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important to always follow the manufacturer's instructions. The coronavirus' external envelope is easily disrupted by detergent, which kills it. It is not necessary to spray with disinfectant and external companies are not needed for this purpose.

- 18.3 Fogging and spraying of humans are not allowed as it is ineffective and harmful to people and the environment. Spraying outdoors is wasteful and is not proven to reduce the risk of COVID-19; it should not be done.
- 18.4 Allow sufficient time for the disinfectant to be in contact with a surface or device to ensure that appropriate disinfection has occurred. For SARS-CoV-2, it takes 20 seconds to dissolve the membrane and kill the virus. 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 areas that are most likely to be contaminated, such as:
- high-touch surfaces: phones, keyboards, gate buzzers, door handles, light switches, taps, rails on staircases, etc.
 - heavily contaminated areas: toilets, common areas

19. CONSIDERATIONS FOR THE CLOSURE OF SCHOOLS

- 19.1 Closure of schools is no longer warranted as isolation guidelines have changed. Individuals who have tested positive for COVID-19 but have no symptoms should continue to attend school. Only individuals who have symptoms of COVID-19 should isolate.
- 19.2 Environmental cleaning and disinfection of the area must be done while school activities continue.

20. MANAGEMENT OF COVID-19 IN SCHOOL HOSTELS AND DINING ROOMS

All necessary precautions must be taken into consideration, for learners who are boarders and must live in hostels and use dining rooms. The school hostels must apply all the regulations, rules and measures concerning COVID-19 as outlined in this SOP to ensure the health and safety of learners and staff within the boarding system. For additional guidance on the specific requirements for learners with disabilities, see the guidelines which are available on the website of the DBE.

- 20.1 All hostel staff, including house fathers and mothers, hostel superintendents, and hostel supervisors are to be trained in the management of COVID-19 to ensure adherence to standard operating procedures.
- 20.2 Running water and soap or 70% alcohol-based hand sanitisers should be available in the bathrooms throughout and at the entrance of all hostels, dining halls and study rooms. Learners must bathe in warm water, with soap, and must always wear shoes or sandals to the bathrooms.
- 20.3 Group activities such as assemblies and studying in groups are permitted, depending on the availability of space, learners should be encouraged to spread out.
- 20.4 Learners must under no circumstances share beds with other learners.
- 20.5 Learners are permitted to socialise in other learners' rooms provided they are wearing masks and there is good ventilation.
- 20.6 During play time, learners should be encouraged to play contact sports/games. Spectators and supporters should wear mask, wash hands with soap and water and sanitise hands using a 70% alcohol based sanitiser
- 20.7 Frequent sanitisation and wearing of appropriate protective equipment is of paramount importance when assisting learners who require assistance with mobility and other activities of daily living (ADL tasks), such as dressing or bathing, physical distancing may always be difficult

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to adhere to.

- 20.8 Many learners, such as very young learners, or those with physical or intellectual disabilities, will require close supervision in terms of the safe, donning and doffing of masks at mealtimes, as well as the safe keeping of masks while eating.
- 20.9 Staff should be trained on the procedure for assisting learners, using the ear loops or ties to lift off the mask away from the learner's face, and at no time touching the outside fabric.
- 20.10 Learners can be provided with a labelled plastic container (like a 2-litre ice-cream container) for storage of masks at mealtimes to avoid the situation of a cloth mask being pulled under the chin or placed on the learners' lap.
- 20.11 Please note that staff assisting learners with donning and doffing of masks at mealtime need to follow these guidelines:
- Wear cloth mask (this is the only PPE required)
 - Wash your hands thoroughly before starting.
 - Ensure you only touch the ear loops or head ties and remove the mask by moving the mask away from the learners' face. If the learner has top and bottom head ties, untie the bottom ones first to make this easier.
 - Do not touch the outside surface of the mask. Place facedown into a plastic storage container.
 - Sanitise your hands between assisting each learner.
 - When complete, wash your hands thoroughly.
- 20.12 There are learners who will be required to be fed by a member of staff or personal assistant, as part of their personal care. This type of feeding intervention may potentially place a staff member in close or direct contact with a learner (by wiping learners' mouth, putting on their apron or bib and getting in close enough to feed them physically). In all cases, the contact is less than **1m** and the learner's mask is removed. There is also the risk that the staff member may come into contact with the learners' respiratory secretions (if they cough, choke or splutter or if by the nature of their condition they drool or have explosive speech). In

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every case requiring the feeding a learner, the appropriate risk-strategies need to be applied. These are as follows:

- The staff member should be provided with and wear the following personal protective equipment (PPE) for the single task of feeding this one learner: cloth mask; surgical, non-sterile gloves; PVC disposable apron; face shield or eye goggles.
- Assist with donning and doffing of the learners' mask and safe storage in a labelled container, for their sole use.
- The staff member should position themselves at 90 degrees or right angles (on the corner of a square or rectangular table) to the learner for the feeding task, so that if the learner coughs, the staff member will not receive a direct droplet spray.
- Take responsibility for all the cleaning of the surfaces after the learner is fed, i.e. wheelchair tray, table surfaces etc. leaving them clean and disinfected for the next setting.
- Carefully doff the PPE except for your face mask, wash the face shield and dispose of the apron and gloves in a plastic bag (which can go into normal rubbish); then wash your hands thoroughly, including wrists and forearms, before assisting a learner.
- If physically feeding a learner, wash your hands, prepare your working area and don all PPE items and then start the process again.
- ONLY 1 person should feed a learner at a time.

20.13 Eating utensils used by each learner should be clearly marked, and utensils or crockery, glass or serviettes should not be shared.

20.14 The dining room should be well ventilated with windows and doors open while learners are having meals.

20.15 Reminding learners that NO SHARING is permitted may be necessary in these areas.

20.16 Cleaning staff must clean and disinfect all the surfaces of every room throughout the 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. For learners who rely on touch to navigate their hostel such as learners with visual impairment or

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- certain physical disabilities, surfaces may need more frequent cleaning.
- 20.17 Staff should rather make use of plastic tablecloths, as these are easier to clean and disinfect.
- 20.18 Dustbins should be covered throughout the hostel and dining halls.
- 20.19 Learners may use libraries under strict supervision. All people entering the library must wear a mask throughout. Learners should sanitise their hands upon arrival and when leaving the library. When braille books are returned to a library, they should be kept aside for 24 hours before being placed back on the shelves to be taken out again.
- 20.20 Learners must wear face masks at all times, particularly when they are around other people or fall in the categories as specified in the *Standard Operating Procedure for Teachers, Non-teaching Staff and Learners on the Coronavirus (2019-ncov) or COVID-19 Outbreak in South Africa*.
- 20.21 Learners may not share utensils or stationery (plates, cups, cutlery, bottles, bar soap, books, pens, etc.).
- 20.22 All support staff must use personal protective equipment (PPE) including masks, face shields, gloves, etc. for the full duration of their time on duty.
- 20.23 Every person on the hostel premises must always wear a mask.
- 20.24 All food preparation must follow strict hygiene and food safety measures including the additional measures as outlined in these SOP in **Section 10: Food preparation and serving**.
- 20.25 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. Physical distancing and adequate ventilation must be observed in the isolation area.

21. PROVISION OF THERAPEUTIC SUPPORT

- 21.1. Many learners ordinarily benefit from a range of therapeutic services provided through their school. These include occupational therapy, physiotherapy, speech therapy, play therapy, counselling, orientation and mobility support, amongst others.

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21.2. The following steps must be considered in order to ensure that the provision of therapeutic support can safely continue. The therapeutic team must contextualise the guidelines to suit the unique setting of the school and learners being supported.

ACTIVITY	CONSIDER THE FOLLOWING
Analyse the current therapy workload in terms of individual therapy, group therapy and the type of interventions.	The number of learners that will be in each therapy session and those who require therapy while at home
	•
An individual session is non-contact and the learner is well – the session may proceed.	• Use a mask, and hygiene as prescribed.
An individual session involves physical contact but no contact with saliva, mucous or respiratory droplets – consider continuing.	<ul style="list-style-type: none"> • Use appropriate PPE e.g. mask, shield, gloves, apron etc. • Not intervening may have lasting effects on the learner
An individual session involves physical contact and contact with saliva, mucous or respiratory droplets – reconsider therapy and look at other options e.g. modification of how the therapy is provided, i.e. modelling what needs to be done, showing an activity in video format/picture format etc.	<ul style="list-style-type: none"> • If you decide to continue with therapy determine whether appropriate PPE is available. • Full PPE must be used. • Avoid contact with other learners until fully de-contaminated.
Consult with peers if you are uncertain even after conducting risk assessments	Speak to your professional organisation and also other colleagues in the DoH on cases you may have to deal with.
	•
If therapy material is paper-based and involves physical contact	<ul style="list-style-type: none"> • Laminate all paper-based therapy material, if possible, to make it easy to disinfect at the end of the therapy session • If learners must use paper, use copies and discard of them afterwards. • If evidence must be kept, place copies in a sealed plastic bag/folder.

21.3 For the containment of COVID-19, it is advised that the following aspects be considered regarding the therapy room.

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ACTIVITY	CONSIDER THE FOLLOWING
After opening the therapy room, disinfect the doorknobs by cleaning them with warm water mixed with an appropriate disinfectant.	<ul style="list-style-type: none"> ● Clean and disinfect surfaces throughout the day.
Open windows to allow fresh air and good ventilation.	<ul style="list-style-type: none"> ● The therapy room should be kept well ventilated throughout the day.
Put up posters with precautions on COVID-19, which should have clear illustrations on the hand washing protocol, physical distancing, sneezing into a bent elbow and wearing of masks.	<ul style="list-style-type: none"> ● Language used on the posters should be simple and age appropriate. ● Consider using alternative and augmentative communication (AAC) symbols on posters for learners that are not literate
Keep sanitiser at the entrance of the therapy room, for ease of access for anyone entering the room.	<ul style="list-style-type: none"> ● Sanitiser should be easily accessible at all times for both the learner and the therapist and should be used freely, as and when necessary ● Avoid sanitisers that must be handled manually. It is preferable to use non-touching devices or the therapist must be the only one permitted to dispense the sanitiser to the learner(s).
	<ul style="list-style-type: none"> ●
Before learners enter the therapy room, wipe and clean all the surfaces with disinfectant/water with a disinfectant.	<ul style="list-style-type: none"> ● This should also be repeated at the end of the day and between all sessions (before the start and at the end of each treatment session) ● If a bleach solution is used, a new mix should be combined daily, as it can't be kept overnight.
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"> ● If possible, categorise the therapy sessions from lowest risk (e.g. no contact, first) to highest risk (e.g. contact with bodily fluids, last).
Disinfect/sanitise the selected equipment/material/assistive devices that will be used by the learner.	<ul style="list-style-type: none"> ● Consider using washable equipment, that won't get damaged by water or disinfectant. ● Make sure to fully disinfect all the equipment immediately after use, and before any other learner comes into contact with it

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<p>Clearly mark and separate individual learner's material e.g. use old ice-cream tubs to store their items and mark the tubs clearly.</p>	<ul style="list-style-type: none"> ● Avoid mixing material in one container even if they are cleaned and disinfected. ● As far as possible, the learners should not be sharing material.
<p>If it is impossible not to share, keep a record of all the learners using shared material/equipment/assistive devices.</p>	<ul style="list-style-type: none"> ● Records should clearly detail the names of the learners sharing materials and on which the dates they have been shared.
	<ul style="list-style-type: none"> ●
<p>Cover all the working surfaces with plastic material (plastic/PVC/vinyl), which can be easily wiped with warm water and bleach after each use.</p>	<ul style="list-style-type: none"> ● Spray and wipe the surface after each session with a bleach solution. ● Ensure that you have enough paper towels and bleach solution (marked) available in all therapy areas. ● Bins should be available to safely discard used paper towels in therapy areas. ● Remove carpets from the floor, unless they can be easily disinfected regularly (at least daily). Make use of individual blankets/vinyl mats for the children.
<p>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 of after every use.</p>	<ul style="list-style-type: none"> ● 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. ● Replace newspapers after each therapy session.
<p>The therapy area may be used on rotational basis but ensure that all surfaces are cleaned between therapy sessions, using a warm water and bleach solution</p>	
<p>No sharing of facial tissue/toilet paper rolls/equipment/materials.</p>	<ul style="list-style-type: none"> ● This should be included on the posters
<p>Store away/cover all the equipment that you are not using at that time.</p>	
<p>Every therapy room should have a bin with a lid and must be lined with a waste plastic bin bag.</p>	<ul style="list-style-type: none"> ● Ensure that bins are kept away from the learners. ● The lid should preferably be a swing lid or foot pedal bin to avoid unnecessary contact.

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The bins must be emptied at the end of each day.	<ul style="list-style-type: none"> • Medical waste must be dealt with appropriately.
When disposal of waste, must be in sealed plastic and disposed of at a designated area at the school.	<ul style="list-style-type: none"> • The person disposing of the waste must wear the necessary PPE and also sanitise afterwards.
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"> • 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.
At the end of the day disinfect the doorknobs, telephone, tabletop surfaces, and floor surfaces by cleaning with warm water mixed with bleach.	<ul style="list-style-type: none"> • These should also be cleaned and disinfected throughout the day.

21.4 For individual therapy/counselling and assessments, it is advised that the following be considered:

ACTIVITY	CONSIDER THE FOLLOWING
<p>Explain why this protocol is being followed</p> 	
Learners and therapists/counsellors should wear masks at all time	
Before entering the therapy room, or starting with therapy, learners should sanitise/wash their hands	<ul style="list-style-type: none"> • 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 • Non-contact containers are preferred or the sanitiser must be operated by the therapist only.
Before starting any therapy, therapists/counsellors should wash/sanitise their hands.	<ul style="list-style-type: none"> • Ensure that there is another sanitiser placed next to where the learner is sitting for use when necessary.
	<ul style="list-style-type: none"> •

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<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> 	<ul style="list-style-type: none"> • 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 • 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
<p>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</p>	
<p>Cough in the fold of the elbow or in a tissue which you discard and wash your hands</p>	
<p>Avoid touching your eyes, nose and mouth with unwashed hands</p>	
<p>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</p>	<p>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</p> <ul style="list-style-type: none"> • Keep full notes on observations of learner’s reaction and add this to their file for future reference – for yourself and other therapists
<p>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</p>	<p>Therapists/counsellors should be protected/ wearing PPEs when engaging in this activity to minimize exposure</p>
<p>At the end of the session, the therapist/counsellor and learners must</p>	<p>Re-usable PPE’s should be deposited into a laundry bag for sanitizing. Change to a fresh</p>

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sanitise/ wash hands with soap	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/sanitizer	

21.5 Consideration for learners who drool:

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.

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

- Drooling is the reason for therapy.
- 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.
- 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.
- Consider conducting drooling therapy by modelling or home programme.
- 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, which must as its highest priority the best interests of the child.

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

- Accept that drooling is part of the behaviour of the specific learner.
- Learners who drool, may rather wear a bib/ bandana around the neck, with a face shield, instead of a cloth mask.
- Learner presents signs that can be associated with COVID-19, refer him/her immediately to a health care facility for medical screening.
- 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.
- 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.

21.7 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 must ensure that they choose toys which can be washed/sanitised.	<ul style="list-style-type: none"> • Avoid using fluffy toys in therapy as it will be difficult to sanitise them after every session. • Avoid sitting on a carpet, cover the carpet or have it removed completely. • Avoid using any items made with fabric – or use it only once and the dispose of it in laundry bag to be washed.
Therapists must 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"> • If possible, try not to use the same toys in back-to-back sessions. Allow them to rest with sanitiser on them for a while. • Plan sessions well, in order to allow a variety throughout the day.

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21.8 For group therapy or counselling, the following must be considered:

ACTIVITY	CONSIDER THE FOLLOWING
The use of group therapy/counselling is permissible. Non-pharmaceutical intervention excluding screening and social distancing should be strictly adhered to	<ul style="list-style-type: none"> ● Use outside areas where available
If a therapy/counselling session previously consisted of many learners these groups should be split into smaller groups	<ul style="list-style-type: none"> ● This will impact on the frequency of how learners were seen
Therapists/counsellors should re-prioritise the learners who need intensive therapy/high level need of therapy support	<ul style="list-style-type: none"> ● This means that therapy timetables will need to be re-worked
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"> ● Also prepare after each session for next usage. Do not assume that the next person will do it.
Allocate learners with their specific therapy material/assistive devices required for that particular activity	<ul style="list-style-type: none"> ● These should be placed on a surface that has already been cleaned ● Make sure that the devices/material has been sanitised.
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"> ● Learners cannot be left wandering in the therapy room or corridors.
Before entering the therapy, room or starting a therapy session, learners and therapists/counsellors should sanitise /wash their hands.	<ul style="list-style-type: none"> ● 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.
Before starting any session, therapists /counsellors should wash/sanitise their hands	<ul style="list-style-type: none"> ● The learner should wash/sanitise their hands
Before the start of every therapy session, the therapists/counsellors	<ul style="list-style-type: none"> ● This should be the protocol before the start of every session because it may

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ACTIVITY	CONSIDER THE FOLLOWING
<p>should remind the learners of the precautions for COVID-19, i.e. washing of hands, wearing of masks, physical distancing and coughing into a bent elbow. Keep it simple and use age-appropriate language.</p>	<p>take time for some learners to understand and get used to these protocols.</p> <ul style="list-style-type: none"> ● Facilitate understanding of the precautions for COVID-19 with pictures or symbols for learners who are not literate. ● Always demonstrate again while explaining it.
<p>It should be explained to the learners that there will be no sharing of material/equipment/assistive devices/tissues and other items</p>	<ul style="list-style-type: none"> ● This should be a protocol before the start of every group session ● When providing tissues do not allow learners to touch the central box of tissues. The therapist/counsellor should offer the tissue to the learners ● Or pre-divide tissues into portions so that different learners do not touch the same tissue boxes.
<p>Always wash your 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.</p>	
<p>Cough in into a bent the elbow or into a tissue which you can discard and wash your hands.</p>	
<p>Avoid touching your eyes, nose and mouth with unwashed hands</p>	
<p>Therapists/counsellors should be on the watch out for any signs of distress. If a learner in a group shows any signs of difficulty, e.g. with breathing, the mask may be removed and allow a breathing break.</p>	<ul style="list-style-type: none"> ● For a breathing break, the learner must be taken away from the other learners and increase the physical distance ● Some learners may have comorbidities or sensory issues and they may struggle with continuous wearing of masks and could present with respiratory issues or behavioural difficulties. ● 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.
<p>When helping learners remove their masks, the therapist's hands must be washed with soap and water/alcohol-based sanitiser. Remove the mask from the back, holding the elastic from by the ears. Never hold the mask from the front</p>	<ul style="list-style-type: none"> ● ● When a mask needs to be removed, take the child outside – into the open air and away from other people – before proceeding ● Have a dedicated area where masks can be removed.

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ACTIVITY	CONSIDER THE FOLLOWING
At the end of the session, dispose of the PPE immediately into the waste disposal bag or sanitise the PPE with 70% alcohol if they must be re-used.	
Wash hands with soap and water /sanitise at the end of the session.	Do not use a cloth towel for drying your hands. Rather use paper towels and dispose of them immediately.
Where it is not necessary to dispose of the PPE, it must be thoroughly sanitised or cleaned with soap and a solution of warm water and bleach.	Keep a separate, sealable plastic bag/container for used PPE.
Clean all the surfaces that were used during the session using a warm water and bleach solution.	
Prepare for the next session, by cleaning the material/equipment and assistive devices that will be used.	

22. MANAGEMENT OF ASSISTIVE DEVICES

22.1 It is important that assistive devices are sanitised before the learner arrives at school. The following must be considered:

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, which devices have been left at school, and those that are used between home and school.	<ul style="list-style-type: none"> • The number of learners requiring access to devices and the number of devices available at the school • The possibility of acquiring additional devices to avoid sharing
Create a sanitising/disinfecting/cleaning guide for each type of assistive device that is taken home by a learner, to enable the parents to appropriately clean the device.	<ul style="list-style-type: none"> • The type of assistive device What type of cleaning agents can/cannot be used on the different types of devices • Language used must be clear and precise • Use pictures as often as possible • Give the cleaning guide to the parents on the first day that learners are back at school.
Create a daily device cleaning register for parents to sign after sanitising. This will serve as verification that a parent has complied with the protocol prescribed	If in doubt about whether the device has been sanitised, sanitise it.
Create posters on assistive devices dos and don'ts, to be put up in the classroom and around the school.	
Create a 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.	
Create a low tech AAC device for learners to keep at home instead of learners travelling to and from home and school with the communication aide.	<ul style="list-style-type: none"> • Create two devices: one for home and one for school. • Laminate low tech devices so that they can be easily disinfected without causing damage.
Make contact with schools/parents whose learners have been fitted with an assistive device, as outreach, and provide them with the guideline for infection control.	
Plan advocacy sessions for learners explaining the appropriate care of their	<ul style="list-style-type: none"> • Limit touching of the device by multiple users

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assistive devices, in relation to infection control and COVID-19. This can also be done as a class activity.	<ul style="list-style-type: none"> Where a device e.g. communication boards/books etc. are touched by multiple users, the device must be disinfected after each use.
If the learner is using a communication board, a 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"> Type of device Cognitive level of the learner
Find a designated area close to the arrival point at school to sanitise assistive devices.	

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

ACTIVITY	CONSIDER THE FOLLOWING
After their daily screening, learners proceed to the designated area for sanitising of assistive devices.	<ul style="list-style-type: none"> Type of assistive device Type of cleaning agent/sanitiser to use
Verify whether the parent has sanitised /cleaned the device on arrival at home the previous day, and prior to leaving home, by assessing the device cleaning register which must be signed by the parents.	
Learners then proceed to the classroom with their 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"> As per general instructions, if the user is non-verbal/has limited verbal output then the required communication access symbols/pictures/ words and others must be available on their device. Wheelchair users should limit the number of learners assisting them with pushing their wheelchair. Establish a “buddy” system with one/two designated assistants.
Sanitise/clean the device prior to the learner leaving the school.	Consider inserting a column for the school to sign the device cleaning register that parents will have to sign as well

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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 must be sanitised in the afternoon after the learner leaves and put away safely. When the learner arrives at school, the sanitised device is handed back to the learner as screening proceeds.	

22.3 As part of therapeutic support, assistive devices may be kept at school and used by more than one learner. It is 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 it to learners and instruct the learners to wash/sanitise their hands before receiving the device/equipment	<ul style="list-style-type: none"> • Type of assistive device • Type of cleaning agent/sanitiser to use
Ensure that the same device/equipment is always issued to the same learner, where possible.	Label these if necessary/possible. Note: Braille textbooks cannot be sanitized and therefore should not be shared.
Sanitise/clean the device each time the device is touched/handled by someone else during the course of the day and the same individuals should wash/sanitise their hands prior to touching the device/equipment.	If it is a communication device ensure that there is communication access to request support with sanitising/cleaning.
Sanitise/clean the device after each use, if used by more than one learner in a day and each user must sanitise/wash their hands before each use.	
Sanitise/clean the device/equipment once the learner has finished with it.	

23. LEARNER TRANSPORT

23.1 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.

23.2 Embarkation of learners in the vehicles

All operators must ensure that:

- Vehicles are cleaned and disinfected before picking up and after dropping off learners.
- Provide adequate hand sanitisers of 70% alcohol content. At regular intervals, disinfection equipment with 70% alcohol content.
- Transport vehicles' door and window handles, armrests and handrails are cleaned/wiped with a disinfectant before picking up and after dropping off learners. This includes the sanitising of specialist equipment in school transport vehicles accommodating learners with physical disabilities (wheelchair hoists, ramps, wheel chair safety clamps, etc.).
- All passengers (learners) must wear a mask.
- Learners sanitise their hands before getting into the vehicle.
- Where drivers or supervisors will be required to physically assist learners embarking and disembarking from a vehicle, they must be provided with suitable PPE to do so safely. Windows in the vehicles must be opened at all times.

24. 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

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may result from a fear of 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 bypassed and an appropriate emergency protocol is followed.

24.1 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. In addition, schools must identify organizations for persons with disabilities who may be able to provide specialized expertise to assist in the support of learners at the school who have particular disabilities.

24.2 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. Note: Don't forget to check in with colleagues and learners who are remaining at home – they may also need emotional psychological support. Learners should be provided with a questionnaire to identify learners who are most at risk of contracting COVID-19 and to ensure that there is necessary support and protection for these learners.

24.3 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

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- 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.

24.4 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. Follow the SIAS process of identification, assessment and support. Refer the learner to the SBST for basic counselling or referral to specialised services.
- An educator or non-teaching staff member is identified: The SMT can determine what kind of support is required and either provide the support or refer the educator to the Employee Health and Wellness unit in the PED or specialised services.

24.5 What are the whole school activities to use?

In addition to individual counselling and support, the following activities are important group or whole school activities to create awareness and understanding about the social, emotional and psychological impact of COVID-19:

- 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.

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In addition to health professionals, the Employee Health and Wellness Programme in your provincial education 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

basic education
Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

Read to Lead
A Reading Nation is a Learning Nation

NDP

ALBERTINA SISULU
2018

100
100 Years
2018
Eunike Iganga

25. LEARNERS NOT RETURNING TO SCHOOL

- 25.1 All learners must return to school when schools reopen at full capacity on the 07 February 2022: 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, with appropriate materials and pedagogy for blind and partially-sighted learners.
- 25.2 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.

26. COMMUNICATION WITH THE SCHOOL COMMUNITY

- 26.1 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.
- 26.2 The DBE, ISHP provincial coordinators must establish district COVID-19 response teams to provide support and guidance with COVID-19 related matters and must make contact details of the district COVID 19 response team available.
- 26.3 The websites of the national and provincial education and health departments, the National Institute for Communicable Diseases (NICD) (www.nicd.ac.za) and World Health Organization (WHO) (www.who.int) have useful information, fact sheets and posters for download in various languages.
- 26.4 Parents of learners with disabilities should be supported with additional materials to reinforce their child's understanding of the adjusted measures in place, e.g. copies of adjusted timetables or visual aids demonstrating personal hygiene routines and mask wearing.
- 26.5 Parents should be informed to report learners who have been diagnosed with COVID-19 and are on isolation. As part of reporting parents or guardians should state the period in which the learner will be absent from school. Reporting of COVID-19 cases is mandatory and non-reporting is a criminal offence.
- 26.6 Below are the contact details of the DBE ISHP provincial coordinators, as well as NICD in the DOH.

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PROVINCIAL EDUCATION DEPARTMENT ISHP CO-ORDINATORS AND MANAGERS			
PROVINCE	FOCAL PERSON	E-MAIL ADDRESS	CONTACT NO
EC	Ms P Vena Ms P Gxuluwe (Manager)	Pamela.vena@edu.ecprov.gov.za pumla.gxuluwe@ecdoe.gov.za	060 656 7313
FS	Ms P Myburgh Ms B Qwelane (Manager)	G.Myburgh@fseducation.gov.za B.Qwelane@fseducation.gov.za	072 398 2703
GP	Mr B Smith Mr A Meyers (Manager)	Brennand.Smith@gauteng.gov.za Anthony.Meyers@gauteng.gov.za	083 870 9449
KZN	Ms F Msomi Mr N Bridglall (Manager)	fikile.daphney@gmail.com Niranjan.Bridglall@kzndoe.gov.za	073 4086307
LP	Ms N Maloba Mr M Matanga (Manager)	MalobaANM@edu.limpopo.gov.za matangamh@edu.limpopo.gov.za	082 576 1499
MP	Ms S Nyathikazi Ms P Mbatha (Manager)	s.nyathikazi@education.mpu.gov.za P.Mbatha@education.mpu.gov.za	063 7066 299
NC	Mr. P. Makwattie Ms D Mompoti (Manager)	pmakwattie@gmail.com kmompoti@ncpg.gov.za	073 982 1037
NW	Ms NP Diale Mr T Seboko (Manager)	NPDiale@nwpg.gov.za tseboko@nwpg.gov.za	082 805 1416
WC	Ms Ilhaam Marlie Ms B Daniels (Manager)	ilhaammarlie2@gmail.com Berenice.Daniels@westerncape.gov.za	082 462 5627

PROVINCIAL COMMUNICABLE DISEASE CONTROL DIRECTORATE OFFICIALS			
EC	Thomas Dlamini Nosimphiwo Mgobo	thomas.dlamini@echealth.gov.za nosimphiwo.mgobo@echealth.gov.za	083 378 0189 060 579 9027
FS	Dikeledi Baleni Babsy Nyokong	balenid@fshealth.gov.za nyokongb@fshealth.gov.za	083 757 8217 082 463 7499
GP	Chika Asomugha Caroline Kesebilwe	chika.asomugha@gauteng.gov.za caroline.kesebilwe@gauteng.gov.za	082 330 1490 083 490 8165
KZN	Premi Govender	premi.govender@kznhealth.gov.za	071 609 2505
LP	Marlene F Ngobeni Mashudu P. Mudau	marlene.ngobeni@dhsd.limpopo.gov.za prudance.mudau@dhsd.limpopo.gov.za	079 491 1909 071 678 3864
MP	Mandla Zwane	mandlazw@mpuhealth.gov.za	082 229 8893

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	Hluphi Mpangane	hluphim@mpuhealth.gov.za	076 522 8511 013 766 3411
NW	Chriseldah Lebeko	clebeko@nwpg.gov.za	082 421 7985
NC	Gloria Hottie	hottieg@webmail.co.za	072 391 3345 053 830 0529
WC	Charlene Jacobs	charlene.jacobs@westerncape.gov.za	072 356 5146 021 483 9964
PORT HEALTH AND ENVIRONMENTAL HEALTH			
Central (GP, FS, NC)	Funeka Bongweni	funeka.bongweni@health.gov.za	012 395 9728 060 993 0107
North (LP, MP, NW)	Ockert Jacobs	ockert.jacobs@health.gov.za	012 395 9417 082 372 0556
Coast (KZN, NC, WC)	Antoinette Hargreaves	antoinette.hargreaves@health.gov.za	031 301 0381 083 460 0935

26.6. Below are the links to Guidelines to be used with the SOPs regarding specific disabilities:

- [Guidelines for Schools with Deaf and Hard of Hearing Learners](#)
- [Guidelines for schools with learners with epilepsy](#)
- [Guidelines for Schools with Learners with Intellectual Disability:](#)
- [Guidelines for Schools for Autistic Learners](#)
- [Guidelines for Schools with Blind and Partially Sighted Learners](#)
- [Guidelines for Schools with Learners with Physical Disability](#)

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APPENDIX A



COVID-19 CONTACT LINE LIST

Complete a contact line list for every person under investigation for Coronavirus disease 2019 (COVID-19).

Details of person under investigation/confirmed COVID-19 case		
RSA Identity number / Passport number	_____	Residential address _____
First name	_____	_____
Surname	_____	District _____
Contact number	_____	Province _____
Date of birth	_____	Date of sample collection _____ Testing laboratory _____

Details of contacts (With close contact¹ from the date of symptom onset, or during symptomatic illness.)

	Surname	First name(s)	Sex (M/F)	Age (Y)	Relation to case ²	Date of last contact with case	Place of last contact with case (Provide name and address)	Residential address (for next month)	Phone number(s), separate by semicolon	HCW ³ or school- going/teacher? (Y/N) If Yes, facility/school name
1						DD/MM/YYYY				
2						DD/MM/YYYY				
3						DD/MM/YYYY				
4						DD/MM/YYYY				
5						DD/MM/YYYY				
6						DD/MM/YYYY				
7						DD/MM/YYYY				
8						DD/MM/YYYY				

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¹ Close contact: A person having had face-to-face contact (≤ 2 metres) or was in a closed environment with a COVID-19 case; this includes, amongst others, all persons living in the same household as a COVID-19 case and, people working closely in the same environment as a case. A healthcare worker or other person providing direct care for a COVID-19 case, while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection). A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated. ² Chose from: Spouse, Aunt, Child, Class mate, Colleague, Cousin, Father, Friend, Grandfather, Grandmother, Healthcare worker taking care of, Mother, Nephew, Niece, Other relative, Uncle. ³ Healthcare worker.

Details of contacts (With contact¹ from the date of symptom onset, or during symptomatic illness.)

	Surname	First name(s)	Sex (M/F)	Age (Y)	Relation to case ²	Date of last contact with case	Place of last contact with case (Provide name and address)	Residential address (for next month)	Phone number(s), separate by semicolon	HCW ³ or school-going/teacher? (Y/N) If Yes, facility/school name
9						DD/MM/YYYY				
10						DD/MM/YYYY				
11						DD/MM/YYYY				
12						DD/MM/YYYY				
13						DD/MM/YYYY				
14						DD/MM/YYYY				
15						DD/MM/YYYY				
16						DD/MM/YYYY				
17						DD/MM/YYYY				
18						DD/MM/YYYY				
19						DD/MM/YYYY				
20						DD/MM/YYYY				
21						DD/MM/YYYY				

¹ Close contact: A person having had face-to-face contact (≤ 2 metres) or was in a closed environment with a COVID-19; this includes, amongst others, all persons living in the same household as a COVID-19 case and, people working closely in the same environment as a case. A healthcare worker or other person providing direct care for a COVID-19 case, while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection). A contact in an aircraft sitting within two seats (in any direction) of the COVID-19 case, travel companions or persons providing care, and crew members serving in the section of the aircraft where the index case was seated. ² Chose from: Spouse, Aunt, Child, Class mate, Colleague, Cousin, Father, Friend, Grandfather, Grandmother, Healthcare worker taking care of, Mother, Nephew, Niece, Other relative, Uncle. ³ Healthcare worker.