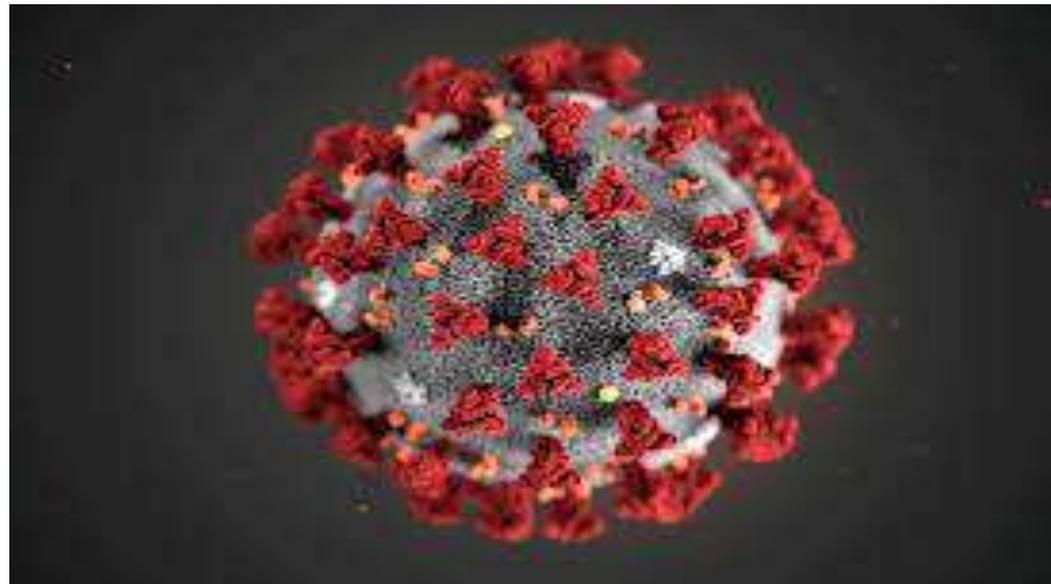




**GAUTENG PROVINCE**  
EDUCATION  
REPUBLIC OF SOUTH AFRICA

# **PUBLIC SPECIAL SCHOOLS**

## **THE CONTEXTUALISATION OF COVID-19 STANDARD OPERATING PROCEDURES**



“May God bless South Africa and protect her people.” President Cyril Ramaphosa, 30 March, 13 May 2020, Covid-19 address to the nation.

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# 1. INTRODUCTION AND PURPOSE

In January 2020, the World Health Organization (WHO) declared the outbreak of a new coronavirus disease (COVID-19). It was classified as a high-risk virus and was spreading internationally. In March 2020, the WHO assessed COVID-19 as a pandemic which resulted in governments and health authorities globally adopting a firm resolution to contain the COVID-19 outbreak. On 26 March 2020, a lockdown was announced by the South African President, Mr Cyril Ramaphosa. This generated a wave of panic, stress, anxiety and trauma for all sectors of the country.

It was evident that throughout the world people started taking precautions to protect themselves, families and communities from the coronavirus disease (COVID-19). The time has come now that it is equally important for children to continue to learn but in an environment that is safe, supportive, loving and inclusive. It was with anticipated need in mind that the Directorate: ISS decided to develop a document to respond to Special School Specific need (ANNEXURE F COVID 19 / CORONA VIRUS: Responding to Special School specific needs. Developed by the ISS Directorate, May 2020). This document should be read in conjunction with the standard operating procedures as it will unpack in further details the steps outlined in the Standard Operating Procedures.

This documents aims to contextualised the Standard Operating Procedures Issued by the Department of Basic Education together with additional sets of information. The aim is to allow principals, School Management Teams and School Governing Bodies of Special Schools to implement the Standard Operating Procedures appropriately. It should also appropriately assist the District Offices to consider aspects specific to special schools. It will thus reiterate and reaffirm our schools about the current safety measures put in place from government and relevant structures. This document will ensure that there is uniformity and consistency in all special schools. Provide general to very specific information and steps with the aim to support Special School Management Teams and School Governing Bodies as well as departmental officials with the instrument to develop plans, monitor the implementation thereof considering the requirements and regulations of COVID 19.

It is required that this document be read, amongst others, in conjunction with the following documents:

- Standard Operating Procedure for the prevention, containment and management of COVID-19 in schools and school communities, May 2020, DBE
- Learner Health Questionnaire: COVID-19, May 2020, DBE
- Orientation for schools on screening procedure for COVID-19, May 2020, DBE (PowerPoint)
- Training on Standard Operating Procedures for COVID-19 in screening of learners in schools, May 2020, DBE (PowerPoint)
- Provincial and District Integrated School Health Programme (ISHP) COVID-19 integrated planning template, May 2020, Gauteng (Excel)
- Provincial Guidelines for Special Schools: COVID-19, May 2020, GDE

## 2. DEFINITIONS

Term	Definition
Class	Refers to a group of learners who are under the administrative supervision of a class teacher.
Governing Body	Refers to the body responsible for governance at a school
Learner	Means any person registered to receive education at the school
Member of staff	Refers to any person working at the school
Principal	Refers to an educator appointed or acting as the head of the school
PS staff member/non - educator	Means a person other than an educator, employed at a school
Parent	Means – a) The parent or guardian of a learner; b) The person legally entitled to custody of a learner; or c) The person who undertakes to fulfil the obligations of a person referred to in paragraph (a) and (b) towards the learner’s education at school
School	Refers to (Name of school)
Standard Operating Procedure	It is a set of step-by-step instruction by GDE to help schools carry out complex routine operations. SOPs aim to achieve efficiency, quality output and uniformity of performance, while reducing miscommunication and failure to comply with COVID 19 regulations.

### 3. COVID-19: A STEP BY STEP SCHOOL MANAGEMENT AND GOVERNANCE SUPPORT GUIDE FOR SPECIAL SCHOOLS

#### 3.1 Step-by-step activities for the principal, SMT and SGB

Step	Activity	Consider the following
<b>Principal</b>		
1	Arrange for deep cleaning of the school premises	Check if completed
2	Delivery of PPE's for the School Management Team (SMT)	Check if sufficient prior to allowing SMT to school
3	Arrange for delivery of thermometer to measure temperature if it has not been received	Check with Circuit Manager
4	Receive and read through the GDE guidelines	
<b>School Management Team return to school</b>		
1	Issue PPEs to SMT on arrival	
2	Screen all SMT members daily on arrival	Personnel with temperature above 37°C must be advised to seek further screening and tests.
3	Identify a room to conduct COVID 19 orientation	Sitting arrangements to observe social distancing/ virtual meeting if possible
4	Send the copy of guidelines to all SMT and staff. Keep evidence	Send an electronic copy rather than hard copies if possible
5	Principal conduct COVID 19 orientation to all SMT members	Keep minutes and attendance register
6	Identify SMT and staff members who are over 60, or have comorbidities. Keep a list and advise accordingly	Manage this process with a high level of confidentiality
7	Delivery of PPE's for staff	Check if sufficient prior to allowing staff to school
8	Delivery of PPE's for learners	Check if sufficient prior to allowing learners into the school
9	Identify screening station for staff and learners	Mark the ground for social distancing
11	Identify SMT and staff members who are over 60, or have comorbidities. Keep a list and advise accordingly	Manage this process with a high level of confidentiality.
12	Nominate SMT reps per phase to be part of Covid-19 committee	Keep minutes

13	Identify classrooms which will be used for learners	Work on the ratio per class
14	Ensure that the number of classrooms identified should be able to accommodate all returning learners (grades) at 1.5 m social distance sitting arrangement.	Develop class lists – allocate learners per class
15	Allocate teachers as per the new classroom arrangements.	Each class must be allocated a homeroom educator to monitor attendance, social distancing, PPE's and cleanliness
16	Allocate subjects and develop the time table as per the new classroom allocations	This must be done in line with PAM document
17	Allocate daily briefing time on Covid - 19 regulations in the time table	This must be done in line with educator qualifications and expertise
18	Identify vacant posts if any due to the new allocation and report to the relevant unit at the district.	Use the list of educators with comorbidities, over 60's and those on sick leave
19	Develop a new school cleaning plan and allocation of duties in classrooms, offices, schools hall, toilets and grounds	Closely monitor implementation
20	Develop a new duty roster for break and playground management	Closely monitor implementation
21	Develop a plan for collecting and disposing refuse. The plan must include how the refuse will be disposed, by whom and how often. Submit a copy of the plan to the Covid-19 committee	This must be closely monitored
<b>School Governing Body (SGB) and Representative Council of Learners (RCL – relevant to some Special Schools)</b>		
1	Screen all SGB and RCL members on arrival	Personnel with temperature above 37°C must be advised to seek further screening and tests
2	Conduct an SGB and RCL meeting to discuss COVID-19 guideline document	Keep attendance register and minutes
3	Using the guidelines together, develop a draft Covid-19 policy, and include an annexure on staff and learner code of conduct	Code of conduct to clearly indicate all the non - negotiables to protect learners and all staff against contamination
4	Share the draft Covid-19 policy with SGB and RCL to get inputs	Keep records
5	Share with the SGB the progress made by the SMT, identified challenges and vacancies if any. Get inputs	Indicate in the minutes

6	Recruit and fill the vacancies as per departmental approval	Get support from HR provisioning department at the district office
7	Nominate the SGB and RCL reps to be part of the Covid-19 committee	Keep all minutes and register of attendance
8	Send a communique to parents to highlight safety measures put in place	Make parents feel at ease
<b>Staff return to school</b>		
1	Issue PPEs to all staff upon arrival	
2	Screen all SMT members daily on arrival	Personnel with temperature above 37°C must be advised to seek further screening and tests
3	Hold a staff meeting with different groups preferably per phase of staff members educators, therapists, nurses, PS staff, food handlers, transport drivers and caregivers in groups (ensure social distancing), or online and discuss the guideline document.	Keep all minutes and register of attendance  Ensure 1.5 m social distancing at all times
4	Get a representative from each sub-group/phase to be part of the Covid-19 committee.	Keep minutes and register of attendance
5	Share the draft Covid-19 policy and get inputs	
6	SMT distribute new timetable and class lists to staff members	
7	Prepare documents for daily teaching and learning	
<b>Transport management</b>		
1	Ddisinfect busses daily in the morning and afternoon	SMT to determine who does this
2	Develop a transport plan to allow social distancing in the transport. Submit a copy to the Covid-19 committee	Indicate the capacity of each bus and the number of learners per trip
3	COVID-19 committee to arrange a meeting with private transport drivers to outline the transport regulations	Emphasise the non-negotiables
4	Restructure transport routes if necessary	Routes to be structured in order for vehicles to adhere to social distancing Routes to be reevaluated based on the confirmed learners that will be returning to school

		Routes to be reevaluated on a weekly basis to accommodate more learners returning to school whilst ensuring an open seat between all learners on vehicles
5	Orientation of drivers and transport assistants	All drivers familiarized with OHS to adhere to at all times
6	Protective clothing for drivers, bus assistants and learners	Drivers, transport assistants and learners must wear masks at all times The provision of "Coveralls" to drivers and transport assistants will be an added advantage
7	Safe picking up of all learners	Drivers and bus assistants to ensure learners sanitize hands prior to climbing on to the bus Drivers and bus assistants to ensure that all learners wear a mask when entering the bus Bus drivers to measure temperature of all learners prior to climbing on the bus Hand sanitizers to be available for use by learners on the bus
8	SMT monitor the safe operation of fleet on a daily basis	Daily log sheets completed by drivers on a daily basis to include confirmation of adhering to all OHS regulations
9	Ensuring safe departure of all learners from busses upon arrival at school	Designated space to be available for all busses upon arrival at school allowing for learners to exit busses and still maintain social distancing Bus drivers and bus assistants to ensure learners remain seated in bus until door is opened by either the bus driver or bus assistant Bus driver and bus assistant to ensure that when learners exit busses social distancing is maintained SMT to ensure staff members are on duty or make use of parent volunteers at bus parking areas in order to monitor that social distancing is maintained when learners move from busses to classes or playgrounds
<b>Managing private transport services and other vehicles transporting learners to and from school</b>		
1	SMT to liaise with private transport services to ensure that OHS measures are adhered to in private transport services	SMTs/SGBs to outline the following to private transport services: - All drivers to be familiarized with OHS regulations to be adhered to - Drivers to ensure a minimum of 1 open seat between learners

		<ul style="list-style-type: none"> <li>- Masks to be worn at all times</li> <li>- Hands to be sanitized by learners and drivers when enter and exit busses</li> </ul>
2	Ensuring safe departure of all learners from private transport upon arrival at school	<p>Designated space to be available for learners making use of private transport upon arrival at school allowing for learners to exiting and still maintain social distancing</p> <p>SMT to ensure staff members are on duty or make use of parent volunteers at these parking areas in order to monitor that social distancing is maintained when learners move from busses to classes or playgrounds</p> <p>SMT to ensure that staff members are on duty at these parking areas for the following:</p> <ul style="list-style-type: none"> <li>- All learners to wear a mask when entering the school</li> <li>- Sanitization of hands when entering the school</li> <li>- Measuring of temperature when entering the school</li> </ul>
<b>Hostel / Boarding facility</b>		
1	Establish the number of learners who are returning to the hostel	Submit the list to the COVID 19 committee
2	Identify area and procedure for screening	
3	Include new hostel code of conduct in the COVID-19 policy	This may be an annexure to the current policy that is specific to COVID-19
4	Develop a detailed plan on how the sleeping arrangement been adjusted	Ensure social distancing
5	Develop a new plan for serving and eating at the dining hall to ensure social distancing	Plan to be submitted to the Covid-19 committee
6	Draft a cleaning plan and duty roster for workers and caregivers	Plan to be submitted to the Covid-19 committee
7	Ensure appropriate social distancing in hostels	Learners and staff should be far enough away from each other so that they are not breathing on or touching each other, coupled with good hygiene practices and regular cleaning of commonly touched surfaces. This applies to sleeping, eating, washing recreational, medical, administrative and any other areas in the hostel

8	Provide hand sanitiser in common spaces.	Soap, water and the ability to dry hands must be provided in bathrooms.
9	Promote required COVID-19 hygiene practices in hostel	Where practicable ensure that learners and staff regularly wash and dry hands, cough and sneeze into their elbow, and try to avoid touching their face Disinfect and clean all surfaces daily. Provide reminders about the importance of not sharing food or drinks, toothbrushes, soap etc
10	Manage safe free time for learners in the hostel	Physical education and break time activities can include access to sports equipment including playgrounds but hygiene practice should be observed after playing with equipment
11	Control access to and movement of residents in the hostel	Contact tracing registers must be set up and identify which learners and adults are on at the hostel. This includes recording visitors to the hostel, including parents.
12	Consider learners' unique situations when determining who will return to the hostel	Children at higher-risk of severe illness from COVID-19 (e.g. those with underlying medical conditions, especially if not well-controlled) are encouraged to take additional precautions when leaving home. Parents, caregivers and boarders will need to work with the hostel management to develop a plan to manage a return to school/hostel safely. Distance learning will continue to be available to those who choose to remain at home. Staff at higher-risk of severe illness from COVID-19 are able to work on-site if they can do so in a safe way. Staff and employers should discuss and agree whether additional control measures can be put in place, whether these workers can work from home, or if not, what leave and pay arrangements will apply. If people are sick, they should stay and seek medical advice <a href="#">Schools connected to a confirmed or probable case of COVID-19</a> must close on an individual or group basis for 72 hours to allow contact tracing and cleaning. They could be closed for a further 14 days (but open for distance learning) – SMT to work with DBST and Department of Health to appropriately manage this Hostel staff are to observe learners, checking for COVID-like symptoms and ask those presenting as unwell to go into an isolated area while medical advice is sought.

		<p>Make sure the specific instructions are followed for the disinfectant being used (eg, spray and leave on surfaces for 30 seconds before wiping down).</p> <p>Ensure daily washing of all laundry</p>
13	Manage the safe use of recreational resources in the hostel	<p>Shared supplies, board games, magazines and books etc are able to be shared if students and staff are undertaking regular hand washing. Consider how you might manage this if a boarder or staff member becomes sick. You may need to temporarily remove books, magazines and board games etc from areas they had access to and wait for 24 hours before putting them back out again (wiping plastic covers with disinfectant). Anyone collecting up those items should wash their hands after they have been put away.</p>
14	Develop a hostel communication plan for parents, staff and learners	<p>Use existing hostel communication channels to provide reminders to staff and boarders to regularly check for symptoms of COVID-19 - <a href="https://www.covid19.govt.nz/symptoms">COVID19.govt.nz - symptoms</a></p> <p>It is important that staff, students, and parents are all aware of the plans that are in place for the hostel, and how the school is working to keep learners and staff safe. This should also include any external service providers</p>
15	Manage safe drop off and picking up of learners from the hostel	<p>Managing drop offs – if parents and caregivers do come inside, they will need to wash their hands (hand sanitiser at the entrance). Consider scheduling specific drop off times so that parents and boarders don't all arrive at the same time. Again, record these visitors in your register which will support contact tracing</p>
16	Ensure that kitchen staff adhere to public health requirements	<p>The World Health Organisation has developed an <a href="#">information sheet for food businesses</a></p>
17	Ensure that food delivery services adhere to public health requirements and that they have authorised permits to provide the service	<p>SMT to monitor that food delivery services adhere to public health requirements</p>
18	Reinforce the importance of good hygiene in preventing spread of illness, including COVID-19.	<p><a href="#">Hand washing</a></p> <p><a href="#">Cleaning surfaces</a></p> <p><a href="#">Cough and sneeze etiquette</a></p>

19	Develop a plan for at-risk learners and staff	School to determine whether measures can be put in place in the hostel to ensure the safety of the learners and staff
20	Review cleaning policies and practices	Ensure a routine for cleaning high touch surfaces (door handles, table tops in common spaces etc.) and bathrooms, is up to date. Make sure your cleaners have appropriate information, training and equipment and have their own health and safety plan, or are included in your plan (if they are employed directly by you).
21	Identify a suitable isolation area	Prepare the area and facilities so you can temporarily separate boarders if you need to. Any areas used for separation should still have access to hygiene facilities such as showers and bathrooms.
22	Ensure that there is a health and safety plan in place	SMT to review current health and safety plan taking COVID 19 safety aspects in to consideration
23	Review hostel operating plan continually	SGB and School hostel committee to review hostel operating procedure on a regular basis to make provisioning for more learners returning to school
<b>Receiving of learners at the hostel</b>		
1	Screening and sanitisation of all learners at the entrance	A screening document must be completed for each learner on day 1 of arrival
2	Learners with temperature above 37°C must be advised to seek further screening and tests	Follow the required Gauteng Protocol for referral of learners for further screening and testing
<b>COVID-19 Committee</b>		
1	Convene a meeting, nominate the office bearers (Chairperson, Deputy chairperson and secretary)	The principal is automatically a member Keep agenda, minutes and attendance register
2	Finalise and sign off the policy, management plan, monitoring, support and reporting plan.	The chairperson should be an SMT member See exemplar reporting template
3	Identify rooms within the school and hostel to be used for isolation	These must be cleaned daily, even if not used
4	Allocate personnel who will be oversee daily screening of staff and learners	This function might be taken over by COVID-19 Brigade appointees
5	Identify areas and procedure for screening	Screening must take place at every entrance to the school premises and hostel

6	Prepare a template for screening which should include addresses and contact details – in case these are required for contact tracing, etc.	See attached annexure A and B
7	Distribute the approved Covid- 19 policy and code of conduct to all parents and guardians prior to school reopening	Use e-mails, messages and whatsapp if possible
8	Display posters around the school, classrooms and hostel on Covid-19 information and regulations. There should also be posters on the correct hand washing method.	Download from the internet
9	Have markings outside each classroom to facilitate social distancing prior to entering the classrooms.	Seek support of General Assistants
<b>Learners return to school</b>		
1.	SMT develops and submits to the District a learner return plan that is, as far as possible, aligned to the phased in approach advised by DBE	Refer to Annexure A: DBE return plan for learners in Special Schools
2	Screening and sanitisation of all learners at the entrance	A screening document must be completed for each learner on every day upon arrival and departure
3	Issue each learner with PPE's	Daily stocktaking should be done
4	Direct learners to a briefing section where they will be given a briefing on Covid-19, the new code of conduct and how to protect themselves and each other.	Divide learners in groups to ensure social distancing during briefings.
5	Explain hygiene protocols like wearing of masks, social distancing and washing of hands/sanitising	Indicate to the learners the sanitisation stations around the school and in the classrooms
6	Outline to learners the procedure to be followed in class, during feeding, break and after school	
7	Direct learners to their allocated classrooms ensuring social distancing at all times	Ensure social distancing in queues always
8	Screening and sanitisation of all learners before entering the transport.	Ensure social distancing – reduce the number of learners using transport at a time There must be enough sanitisers in each transport
9	No learner must be allowed back into the transport without a mask	Issue the drivers with extra masks in the transport. All drivers must also wear masks

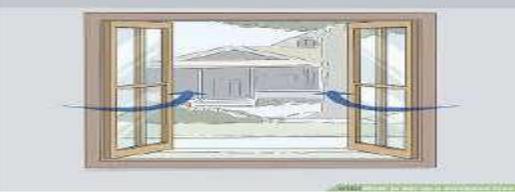
## 4. COVID-19: A STEP BY STEP GUIDE FOR LEARNER THERAPEUTIC, PSYCHOLOGICAL, MEDICAL AND INCONTINENCE SUPPORT

### 4.1 Factors to consider when conducting therapy

Step	Activity	Consider the following
1	Analyse the current therapy workload in terms of individual therapy, group therapy and type of interventions	
2	Determine how groups can be reduced if the number in the group will not accommodate social distancing	<ul style="list-style-type: none"> <li>• Room space</li> <li>• Revising of timetable</li> </ul>
3	Individual session is non-contact and learner is well, proceed	<ul style="list-style-type: none"> <li>• Use of mask and social distancing</li> </ul>
4	Individual session involves physical contact but non-contact with e.g. saliva, mucous, respiratory droplets consider continuing	<ul style="list-style-type: none"> <li>• Appropriate PPE for example mask/ shield/ gloves/ apron and other items</li> <li>• Not intervening might have lasting effects on the learner</li> </ul>
5	Individual session involves physical contact and contact with e.g. saliva, mucous, respiratory droplets reconsider therapy and look at other possibilities for example modification/ rethinking how therapy is provided i.e. modelling what needs to be done, show activity in a video format/ picture format and other formats	<ul style="list-style-type: none"> <li>• If you decide to continue with therapy determine whether appropriate PPE is available</li> </ul>
6	Consult with peers if you are uncertain even after conducting risk assessments	
7	If, for whatever reason, therapy in the immediate school programme is not possible, consider to provision of home programmes or tele-therapy or parental advise brochure	<ul style="list-style-type: none"> <li>• Use this time to conduct research, updating knowledge, even participate in broader school programmes where you are needed</li> </ul>

### 4.2 Considerations for the therapy room

Step	Activity	Consider the following
1	After opening the therapy room, disinfect the door knobs by cleaning it with warm water mixed with an appropriate disinfectant	<ul style="list-style-type: none"> <li>• Clean and disinfect throughout the day</li> </ul>
2	Open windows to allow fresh air and good ventilation	<ul style="list-style-type: none"> <li>• The therapy room should be kept well ventilated throughout the day</li> </ul>

		
3	Put up posters with precautions on Covid-19, which should have clear illustrations on hand washing protocol, social distancing, sneezing on the fold of an elbow and wearing of masks	<ul style="list-style-type: none"> <li>• Language used on the posters should be simple and be age appropriate</li> </ul>
4	Keep sanitiser at the entrance of the therapy room, for easy access to anyone entering the room	
5	Evaluate the number of therapists doing therapy as the same time in one room	<ul style="list-style-type: none"> <li>• Social distancing needs to be accorded for</li> </ul>
6	<p>Before learners enter the therapy room, wipe clean all the surfaces with disinfectant/water with a disinfectant</p> 	<ul style="list-style-type: none"> <li>• This should also be repeated at the end of the day</li> </ul>
7	Check the time-table for the day and choose the equipment / material / assistive devices that will be used by the learners	
8	Disinfect/sanitise the selected equipment/material/assistive devices that will be used by the learners	



9	Clearly mark and separate individual learner's material e.g. use old ice cream tubs to store their individual items and mark the tubs clearly	<ul style="list-style-type: none"> <li>• Avoid mixing material in one container even if these are cleaned and disinfected</li> <li>• As far as possible, the learners should not be sharing material</li> </ul>
10	Where it is impossible not to share, keep a record of all the learners using shared material/equipment/assistive devices	<ul style="list-style-type: none"> <li>• Records should be clear on the names of the learners sharing the material and the dates they have been shared</li> </ul>
11	Re-arrange learner working space to maintain social distancing. Allow at least 1.5 metre distance between the learner working spaces	<ul style="list-style-type: none"> <li>• The working space distance may be increased depending on the activities in the room and the risk factors</li> </ul>
12	Cover all the working surfaces with plastic material (plastic/pvc/vinyl), which can be easily wiped with warm water and bleach after each use	
13	If doing floor activities – use play mats with easy to clean material like vinyl/pvc/plastic (therapy mats are ideal). If these are not available, place newspapers which can be easily disposed after every use	<ul style="list-style-type: none"> <li>• If using newspapers, ensure that you use at least 3 layers of paper, just in case there is drooling or excretion of any body fluids</li> </ul>
14	The therapy area may be used on rotational basis but ensure all surfaces be cleaned in between therapy sessions using a warm water and bleach solution	
15	No sharing of tissue-rolls / toilet paper rolls/equipment/material	<ul style="list-style-type: none"> <li>• This should be included on the posters</li> </ul>
16	Store away/cover all the equipment that you are not using at the time	
17	Every therapy room should have a bin with lid and be lined with the waste disposal plastic bag	<ul style="list-style-type: none"> <li>• Ensure that bins are kept away from the learners</li> </ul>

18	The bins should be emptied at the end of each day	<ul style="list-style-type: none"> <li>Medical waste must be dealt with appropriately, considering GDE Circular 06 of 2020</li> </ul>
19	When disposing of the waste, the plastic must be closed tight and disposed at a designated area at the school	
20	Keep replacement masks in the therapy room. These should be clearly marked with the learners' names	
21	At the end of the day disinfect the door knobs, telephone, table top surfaces, and floor surfaces by cleaning with warm water mixed with bleach.	<ul style="list-style-type: none"> <li>These should also be cleaned and disinfected throughout the day</li> </ul>



### 4.3 Individual therapy / counsellor and assessments

Step	Activity	Consider the following
1	Therapists/counsellors should re-prioritise the learners who need intensive therapy/high level need of therapy support	<ul style="list-style-type: none"> <li>This means that time-tables will need to be re-worked</li> </ul>
2	Time-tables will need to include cleaning and preparation in-between sessions	
3	Therapists/counsellors will prepare the working surface before the learners can be fetched from the classrooms	
4	Allocate a learner with their specific therapy material/assistive devices required for that activity	<ul style="list-style-type: none"> <li>These should be placed on a surface that has already been cleaned</li> </ul>
5	Therapists/counsellors will also prepare and wear appropriate PPEs for the session	
6	The choice of specialised PPEs will be determined by the type of activity chosen for that session	

7	<p>Therapists/counsellors will need to fetch learners and accompany them back to the classrooms after therapy  <b>Greetings gestures:</b> Refrain from shaking hands or hugging and ensure you have explained to the learner why this protocol is being followed</p>	<ul style="list-style-type: none"> <li>Learners cannot be left wandering on the therapy room or corridors</li> </ul>
8	<p>Learners and therapists/counsellors should wear masks at all times</p>	
9	<p>Before entering the therapy room, learners should sanitize/wash their hands</p>	<ul style="list-style-type: none"> <li>There should be a hand sanitiser at the entrance of the therapy room. Another one can be kept next to the working area in case it is necessary to use it during therapy</li> </ul>
10	<p>Before starting any therapy, therapists / counsellors should wash/sanitize their hands          Ensure that there is another sanitiser placed next to where the learner is sitting for use when necessary</p>	



<p>11</p>	<p>Keep a minimum distance of 1.5m between the therapist/counsellor and the learner</p> 	<ul style="list-style-type: none"> <li>• Seating arrangement will also be influenced by the type of activity chosen, but a minimum of 1.5m distance should always be observed</li> </ul>
<p>12.</p>	<p>Before the start of every session, learners should be reminded of the precautions on Covid-19 – i.e. washing of hands, wearing of masks, social distancing, greeting gestures and coughing on the flex of the elbow. Keep it simple.</p>  <p><b>Greetings gestures:</b> Refrain from shaking hands or hugging and ensure you have explained to the learner why this protocol is being followed</p>	<ul style="list-style-type: none"> <li>• This should be protocol before start of every session because it may take very long for some learners to understand and get used to these protocols</li> </ul>

	 	
13.	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	
14.	Cough in the fold of the elbow or in a tissue which you discard and wash your hands	
15.	Avoid touching your eyes, nose and mouth with unwashed hands	
16.	Therapists/counsellors should be on the look-out for/observe any signs of distress. If a learner shows any signs of difficulty, the mask may be removed and allow a breathing break	<ul style="list-style-type: none"> <li>Some learners may have co-morbidities or sensory issues and they may struggle with continuous wearing of masks and could present with respiratory issues or behavioural difficulties</li> </ul>
17.	When the mask is removed, ensure that the minimum social distance of 1.5m is observed	
18.	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	
19	At the end of the session, the therapist/counsellor and learners must sanitise/ wash hands with soap   	
19	At the end of the session, dispose the PPEs immediately into the waste disposal bag	
20	Where it is not necessary to dispose of the PPEs, they must be thoroughly sanitised or cleaned with a solution of warm water and bleach/water and soap	

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Clean all the surfaces that were used during therapy using warm water and bleach solution/sanitiser



#### 4.4 Play therapy



Step	Activity	Consider the following
1	Both the therapists and the learner will practice appropriate hygiene procedures before, during and after the play therapy session as indicated for individual counselling	
2	Play therapy requires the use of therapeutic tools, therapists to ensure that they choose toys which can be washed/ sanitised	Avoid using fluffy toys in therapy as it will be difficult to sanitise them after every session



3 Therapists to ensure that before and after every play therapy session, all therapeutic tools are thoroughly sanitised / washed with soap and water



#### 4.5 Group therapy or counselling



Step	Activity	Consider the following
1	The use of group therapy/counselling is discouraged for large groups. However, if the space is large enough to accommodate social distancing, smaller groups of not more than 3 learners may be facilitated.	
2	The choice of group activities should not include sharing and touching. Always observe minimum social distancing (1.5m space) between learners.	<ul style="list-style-type: none"> <li>• Thus, the therapists/counsellors will only be able to accommodate groups that can keep to social distancing of a minimum of 1.5m apart. Avoid the use of shared equipment like swings, hammocks, therapy balls etc</li> </ul>
3	If a therapy/counselling session previously consisted of many learners these groups should be split into smaller groups	<ul style="list-style-type: none"> <li>• This will impact on the frequency of how learners were seen</li> </ul>
4	Therapists/counsellors should re-prioritise the learners who need intensive therapy/high level need of therapy support	<ul style="list-style-type: none"> <li>• This means that therapy time-tables will need to be re-worked</li> </ul>
5	Time-table will need to include cleaning and preparation in-between sessions	
6	Therapists/counsellors will prepare the working surface before the learners can be fetched from the classrooms	
7	Allocate learners with their specific therapy material/assistive devices required for that particular activity	<ul style="list-style-type: none"> <li>• These should be placed on a surface that has already been cleaned</li> </ul>

8	Therapists/counsellor's will also prepare and wear appropriate PPEs for the session	
9	The choice of specialised PPEs will be determined by the type of activity chosen for that session	
10	Therapists/counsellors will need to fetch learners and also accompany them back to the classrooms after therapy	<ul style="list-style-type: none"> <li>Learners cannot be left wandering on the therapy room or corridors</li> </ul>
11.	Learners and therapists/counsellors should wear masks always	
12	Before entering the therapy room, learners should sanitize/wash their hands	<ul style="list-style-type: none"> <li>There should be a hand sanitiser at the entrance of the therapy room. Another one can be kept next to the working area in case it is necessary to use it during therapy</li> </ul>
13	Before starting any session, therapists/counsellors should wash/sanitize their hands	
14	Keep a minimum distance of 1.5m between the therapist/counsellor and learners	
15	Before the start of every therapy session, the therapists/counsellors should remind the learners of the precautions on Covid-19 – i.e. washing of hands, wearing of masks, social distancing and coughing on the flex of the elbow. Keep it simple and use appropriate language	<ul style="list-style-type: none"> <li>This should be protocol before start of every session because it may take very long for some learners to understand and get used to these protocols</li> </ul>
16	<p>It should be explained to the learners that there will be no sharing of material/equipment/assistive devices/tissues and other items</p>  <p>When providing tissues do not allow learners to touch the central box of tissues. The therapist/counsellor should offer the tissue to the learners</p>	<ul style="list-style-type: none"> <li>This should be a protocol before the start of every group session</li> </ul>

	 <p>Or pre-divide tissues into portions so that different learners do not touch the same tissue boxes.</p>	
17	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	
18	Cough in the fold of the elbow or in a tissue which you discard and wash your hands	
19	Avoid touching your eyes, nose and mouth with unwashed hands	
20	Therapists/counsellors should be on the look-out for/observe any signs of distress. If a learner in a group shows any signs of difficulty, the mask may be removed and allow a breathing break	<ul style="list-style-type: none"> <li>• When allowing a breathing break, the learner should be removed away from other learners and increase the social distance</li> <li>• Some learners may have co-morbidities or sensory issues and they may struggle with continuous wearing of masks and could present with respiratory issues or behavioural difficulties.</li> </ul>
21	When the mask is removed, ensure that the minimum social distance of 1.5m is observed	<ul style="list-style-type: none"> <li>• The learner should be provided with a temporal alternative protective equipment, i.e. shield and observe a minimum 1.5m distance from other learners</li> </ul>
22	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	
23	At the end of the session, dispose the PPEs immediately into the waste disposal bag	
24	Learners and therapists/therapists should wash their hands with soap and water/sanitise at the end of the session	<ul style="list-style-type: none"> <li>• Do not use a cloth towel for drying hands. Rather use paper towels and dispose them immediately</li> </ul>
25	Accompany the learners back to their classrooms	

26	Where it is not necessary to dispose of the PPEs, they must be thoroughly sanitised or cleaned with a solution of warm water and bleach/water and soap	
27	Clean all the surfaces that were used during therapy using warm water and bleach solution	
28	Prepare for the next session, by cleaning the material/equipment and assistive devices that will be used	

#### 4.6 Assistive device prior to learners arriving at school

Step	Activity	Consider the following
1	Prior to learners returning to school do an analysis of the different types of devices, the names of learners with the devices and which devices are left at school and those that used between home and school	
2	Create a sanitising/ disinfecting/cleaning guide for each type of assistive device being taken home by a learner to enable parents to appropriately clean the device	<ul style="list-style-type: none"> <li>• The type of assistive device</li> <li>• What type of cleaning agents can/ cannot be used on different types of devices</li> <li>• Language used- be clear and precise</li> <li>• Use pictures as often as possible</li> <li>• Issue to parents on the first day when learners are back at school</li> </ul>
3	Create a daily checking off table for parent to sign after sanitising. This will serve as verification that a parent has complied with the routine requested	
4	Create posters on assistive devices do's and don'ts to be put up in the classroom and around the school	
5	Create a little tag for each learner outlining sanitising/ disinfecting of the device on arrival at school. This can be attached to a large device or placed in the learner's bag.	
6	Creating another low tech AAC device for learners to keep at home instead of learners travelling to and from home and school with the communication aid	<ul style="list-style-type: none"> <li>• Create two devices one for home and one for school</li> <li>• Explore this option reduce infection</li> </ul>

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

#### 4.7 Learners who arrive at school with assistive devices daily

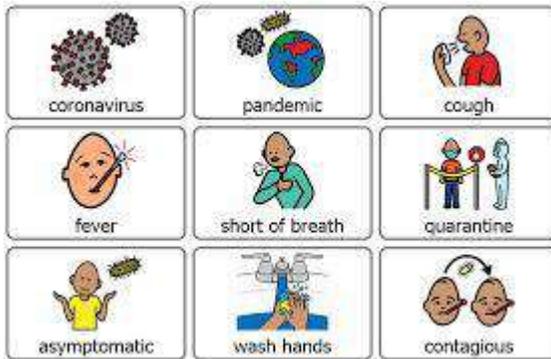
Step	Activity	Consider the following
1	Learners, following daily screening, proceed to designated area for sanitising of assistive devices	<ul style="list-style-type: none"> <li>Type of assistive device</li> <li>Type of cleaning agent/sanitiser to use</li> </ul>
2	Verify whether the parent has sanitised/cleaned the device on arrival at home the previous day and prior to leaving the home by viewing the checking register provided to parents	
3	Learner then proceeds to classroom with device	
4	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 sanitized/ wiped clean after each new person touches it. The assistive device user must request assistance with cleaning the device if they are unable to do so themselves.	<ul style="list-style-type: none"> <li>As per general instructions, if the user is non-verbal/ limited verbal output then the required communication access symbols/ pictures/ words and others must be available on their device</li> <li>Wheelchair users should limit the number of learners assisting them with pushing the wheelchair and maybe have a buddy system with one/ two designated assistants</li> </ul>
5	Sanitise/ clean the device prior to the learner leaving the school	<ul style="list-style-type: none"> <li>Consider inserting a column for the school to sign on the checking register that parents will have to sign as well</li> </ul>
6	Assistive devices requiring repairs must be sanitised/ cleaned before being sent off for repairs and after being returned	

#### 4.8 Assistive devices / equipment kept at school and / or used by more than one learner

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

#### 4.9 Examples of pictures that can be considered for communication devices and posters





#### 4.10 The nurses' clinic



#### Administering medication

Step	Activity	Consider the following
1	<p><i>Preparing the Nurse's Clinic / Consulting Room at the beginning of the day</i></p> <p>Disinfect all equipment and surfaces including taps, bins, toilet seats, toilet roll holders, door handles etc. at the beginning of the day prior to learners using the facility</p>	<ul style="list-style-type: none"> <li>• Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.)</li> <li>• Use a diluted solution of bleach with water to wipe surfaces.</li> <li>• Replenish sanitiser or replace bottle</li> <li>• Wipe or wash sanitiser bottle</li> </ul>

	Open windows to ensure the clinic is well-ventilated or adjust the airflow of the air conditioner Ensure sanitiser is available at the entrance	
2	<i>Preparing to administer medication</i> Disinfect all equipment including the trolley Keep wipes and paper towels at hand Place utensil with sterilizing liquid / disinfectant on the lower shelf of trolley Arrange medication in medicine cups or pill boxes according to classes Take recording	<ul style="list-style-type: none"> <li>• If learners come early to school, medication may be administered at the clinic</li> <li>• To comply with social distancing rules, nurses must go to classes to administer medication.</li> <li>• This prevents learner movement and contact</li> <li>• Put out medication the day before or on a Monday for the entire week</li> </ul>
3	<i>Create Guidelines or Flow Chart outlining the process</i> Share process chart with educators Class teachers to support process by ensuring that learners line up in order outside the class (speed up the process Social distancing of 1 metre to be implemented	<ul style="list-style-type: none"> <li>• The nurse to arrange with SBST / SMT to have an assistant</li> <li>• Class teachers to support by informing learners of the process</li> <li>• SMT to monitor and support the process</li> </ul>
4	<i>Administering medication</i> The learner is given sanitiser by class teacher to disinfect hands The nurse sanitises hands Nurse hands medicine cup and a glass of water to learner The assistant records what medication was administered Learner places medicine cup and glass in the utensil with sterilizing liquid. The learner sanitises hands again (teacher gives sanitizer) and returns to class The process is repeated for all learners using medication.	<ul style="list-style-type: none"> <li>• Stagger the times for administering medication for different grades to facilitate social distancing</li> </ul>
5	<i>Disinfect</i> On return to the clinic, disinfect all surfaces and wash hands thoroughly	

	Prepare for administering the next dosage by repeating the process	
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### Attending to learners at the clinic

Step	Activity	Consider the following
1	<p><i>Preparing the Nurse's Clinic / Consulting Room at the beginning of the day</i></p> <p>Disinfect all equipment and surfaces including taps, bins, toilet seats, toilet roll holders, door handles etc. at the beginning of the day prior to learners using the facility</p> <p>Open windows to ensure the clinic is well-ventilated or adjust the airflow of the air conditioner</p> <p>Ensure sanitiser is available at the entrance</p>	<ul style="list-style-type: none"> <li>Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.)</li> <li>Use a diluted solution of bleach with water to wipe surfaces.</li> <li>Replenish sanitizer or replace bottle</li> <li>Wipe or wash sanitizer bottle</li> </ul>
2	<p><i>Wear Appropriate Personal Protective Equipment</i></p> <p>PPE should include a mask, apron and disposable gloves</p> <p>Be a role model by wearing the required PPEs</p>	<ul style="list-style-type: none"> <li>Have replacement PPE nearby as close contact with the learner is unavoidable. Protect against airborne drops from a cough, sneeze and normal breathing.</li> <li>Keep a spray bottle with disinfectant at hand to wipe surfaces</li> </ul>
3	<p><i>Reinforce Rules for the Clinic by checking for the following when learners arrive at the clinic</i></p> <p>Learner must wear a mask if possible</p> <p>Sanitise hands</p> <p>Disinfect the wheelchair / walking frame, crutches or any other assistive device before entering the clinic:</p> <ul style="list-style-type: none"> <li>Social distancing of 1 metre</li> <li>Wait to be called in</li> </ul>	<ul style="list-style-type: none"> <li>Display posters indicating proper cough and sneezing etiquette</li> <li>Display sign / posters at the entrance requesting learner to wait until attended to</li> <li>If learner is unable to disinfect assistive device independently, assist the learner to do so</li> <li>Explain to learners why they should not be touching their masks.</li> </ul>
4	<p><i>Social Distancing</i></p> <p>Provide clear demarcations of 1m (with tape or barriers) for learners waiting to be attended to</p> <p>Allow the learner to exit before attending to the next learner</p>	<ul style="list-style-type: none"> <li>Learners should not be accompanied by friends</li> <li>Emphasise "no touch" connection with others</li> <li>Discuss waving, nodding, smiling as forms of greeting and engaging, and to refrain from hugging, kissing, play-wrestling, etc.</li> </ul>

	<p>Attend to one learner at a time  All beds in the clinic / sick room / sick bay should be at least one meter apart (1,5 m is the ideal)  Remember to protect yourself by maintaining a safe distance when attending to learners</p>	
5	<p><i>Procedures in the Clinic</i>  Attend to learner by maintaining a safe distance  Wash hands (ordinary soap) or disinfect them with an alcohol-based hand rub  Put on non-sterile gloves  Proceed gently to manage injury / wound  Injuries must be treated as per universal blood regulations</p>	
6	<p><i>Disinfect / Sanitise Surfaces</i>  Disinfect the wheelchair or other assistive device immediately after the service has been provided  Frequently disinfect surfaces with a mild disinfectant immediately after the service has been provided</p>	<ul style="list-style-type: none"> <li>• Keep a spray bottle with disinfectant at hand to wipe surfaces</li> </ul>
7	<p><i>Waste management</i>  Dispose the items used for dressing the wound and put the gloves in the medical waste bin provided</p>	<ul style="list-style-type: none"> <li>• Consider in addition to general medical requirements, GDE Circular 06 of 2020</li> </ul>
8	<p><i>Sanitising / Washing hands</i>  Demonstrate the correct technique to wash hands by washing hands with the learner for 20 seconds using soap and clean, running water to help prevent the spread of germs  Wash hands before and after attending to the learner  If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol</p>	
9	<p><i>Precautions</i></p>	<ul style="list-style-type: none"> <li>• Use disposable linen savers</li> </ul>

	<p>Replace all linen (bed sheets, duvet covers and pillowslips) after every learner that lay on the bed. Linen must be washed / laundered before it is used again</p> <p>Avoid sharing of equipment / utensils. Wash and disinfect syringes/ cups after each use if they cannot be replaced. Write learners' names on the items to prevent contamination</p>	
10	<p><i>Cleanliness of Ablution Facilities</i></p> <p>Use a cleaning roster to ensure that learner toilets / ablution facilities in the clinic are regularly disinfected during the school day</p> <p>Has a checklist of items that need to be disinfected?</p> <p>Washbasins / sinks and taps are frequently disinfected</p> <p>All surfaces are disinfected at the end of the day</p>	<ul style="list-style-type: none"> <li>• Monitor cleaning processes</li> </ul>

### Nurses' role in advocacy

Step	Activity	Consider the following
1	Communication with Parents	<ul style="list-style-type: none"> <li>• Contact parents of learners with chronic diseases and update learner information.</li> <li>• Send messages, video clips to parents to promote daily symptom screening for learners at home before coming to school.</li> <li>• Request parents (when possible) to supply prescribed medication for the month (in the original packaging) in a sealed plastic packet.</li> <li>• Communicate with parents telephonically or via email.</li> </ul>
2	Disinfect / Sanitise	<ul style="list-style-type: none"> <li>• Wipe the packaging of medication received from parents before packing / storing.</li> <li>• Pack medication for each learner preferably in re-usable medicine cups. Once the learner has taken the medication, the cups are disinfected and wiped for re-use.</li> <li>• Disinfect bins on a daily basis</li> </ul>

3	Stakeholder Involvement	<ul style="list-style-type: none"> <li>Engage with local health officials to share information &amp; network for further referrals</li> <li>Teach / train staff and reinforce healthy hygiene practices so they can teach these to learners</li> <li>Assist learners to manage masks by demonstrating the appropriate techniques about the do's and don'ts about using masks to prevent contamination by touching of the face, eyes and mouth</li> </ul>
4	Staff Training	<ul style="list-style-type: none"> <li>Train cleaning staff on how and when to clean and disinfect surfaces and objects that are frequently touched (for example, keyboards, desks, remote controls)</li> <li>Staff should be trained by the school nurse on infection control basics, social distancing, hand washing, and use of gloves/facemasks</li> <li>Discourage staff and learners from sharing phones, desks, stationery and any other equipment</li> </ul>
5	Communication	<ul style="list-style-type: none"> <li>Communicate with school management to ensure adequate supplies of soap, paper towels, hand sanitizer, tissues and disinfectants to support healthy hygiene practices</li> <li>Discuss successes and challenges with school management. Request support from SBST if necessary</li> </ul>

### The incontinence clinic

Step	Activity	Consider the following
1	<ul style="list-style-type: none"> <li>Preparing the incontinence facility prior to use</li> <li>Disinfect all equipment and surfaces including change mats, hoists, taps, bins, toilet seats, toilet roll holders, door handles etc. at the beginning of the day prior to learners using the facility.</li> <li>Open windows to ensure the clinic is well-ventilated</li> </ul>	<ul style="list-style-type: none"> <li>Follow the manufacturer's instructions for all cleaning and disinfection products (for example, concentration, application method and contact time, etc.)</li> <li>Use a diluted solution of bleach with water to wipe surfaces</li> <li>Replenish sanitizer or replace bottle</li> <li>Wipe or wash sanitizer bottle</li> </ul>

	<ul style="list-style-type: none"> <li>• Sanitiser is available at the entrance</li> </ul>	
2	<ul style="list-style-type: none"> <li>• Wear Appropriate Personal Protective Equipment</li> <li>• PPE should include a mask, visor, apron and disposable gloves.</li> </ul>	<ul style="list-style-type: none"> <li>• Have replacement PPE nearby as close contact with the learner is unavoidable</li> <li>• Protect against airborne drops from a cough, sneeze and normal breathing</li> <li>• Keep a spray bottle with disinfectant at hand to wipe surfaces</li> </ul>
3	<ul style="list-style-type: none"> <li>• Check for the following when learners arrive at the clinic:</li> <li>• learner must wear a mask</li> <li>• Sanitise hands</li> <li>• Disinfect the wheelchair / walking frame, crutches or any other assistive device before entering the clinic</li> </ul>	<ul style="list-style-type: none"> <li>• Display sign / posters at the entrance requesting learner to wait until attended to</li> <li>• If learner is unable to disinfect assistive device independently, assist the learner to do so</li> </ul>
4	<p><i>Procedures in the Clinic</i></p> <ul style="list-style-type: none"> <li>• Prior to changing the diaper, place a clean disposable linen saver on the change mat</li> <li>• Remove soiled diaper</li> <li>• Use wet wipes to wipe the learner</li> <li>• Replace with a clean diaper</li> </ul>	
5	<p><i>Waste management</i></p> <ul style="list-style-type: none"> <li>• Dispose the used linen sheet from the change mat, wet wipes and the soiled diaper by wrapping in plastic and discarding in the medical waste bin provided</li> </ul>	
6	<ul style="list-style-type: none"> <li>• Disinfect / Sanitise Surfaces</li> <li>• Disinfect the wheelchair or other assistive device immediately after the service has been provided</li> <li>• Wipe the change mat in the presence of the learner</li> </ul>	<ul style="list-style-type: none"> <li>• Keep a spray bottle with disinfectant at hand to wipe surfaces such as light switches, door and window handles, tap handles, sinks, tables etc.</li> </ul>
7	<ul style="list-style-type: none"> <li>• Sanitising / Washing hands</li> <li>• Dispose the gloves</li> <li>• immediately after attending to the learner (Step 6)</li> </ul>	<ul style="list-style-type: none"> <li>• Encourage the practice of washing hands</li> <li>• If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitiser that contains at least 60% alcohol</li> </ul>

	<ul style="list-style-type: none"> <li>Wash hands thoroughly.</li> <li>Demonstrate the correct technique to wash hands by washing hands with the learner for 20 seconds using soap and clean, running water to help prevent the spread of germs</li> </ul>	
8	<p><i>Reporting</i></p> <ul style="list-style-type: none"> <li>Note the time of arrival, reason for visit, general health of learner</li> </ul>	<ul style="list-style-type: none"> <li>Note infections, bedsores or any unusual bowel movement</li> </ul>
9	<ul style="list-style-type: none"> <li>Repeat process for the following learner taking strict precautions.</li> <li>Replace disposable gloves after every change.</li> </ul>	<ul style="list-style-type: none"> <li>Wash your hands often, especially after handling soiled linen or clothing, and disinfect all shared surfaces</li> </ul>
10	<p><i>Cleanliness of Ablution Facilities</i></p> <ul style="list-style-type: none"> <li>Use a cleaning roster to ensure that learner toilets / ablution facilities in the clinic are regularly disinfected during the school day</li> </ul>	<ul style="list-style-type: none"> <li>Have a checklist of items that need to be disinfected such as washbasins / sinks and taps</li> <li>Monitor the cleaning process and note the times that the facilities were cleaned.</li> <li>More frequent cleaning may be required / recommended</li> </ul>
11	<p><i>Urinary Catheterisation</i></p> <ul style="list-style-type: none"> <li>Follow Steps 1, 2 and complete Step 3</li> <li>Monitor that learners wash hands thoroughly using soap and water prior to catheterisation</li> <li>All catheterisation equipment and surfaces must be disinfected and hands washed with soap and water thereafter.</li> <li>Hand hygiene is critical to prevent infections</li> <li>Each learner must have their own sanitizer, cloth and disinfectant bottle.</li> </ul>	<ul style="list-style-type: none"> <li>Urinary catheterisation refers to the insertion of a catheter tube through the urethra and into the bladder to drain urine</li> <li>Demonstrate which surfaces need to be disinfected as most learners perform the process independently</li> <li>Make a poster / checklist with pictures to remind learners of the disinfection process</li> <li>Avoid sharing of equipment / utensils. Wash and disinfect syringes/ cups after each use if they cannot be replaced.</li> <li>Write learners' names on the items to prevent contamination</li> <li>Keep learner items separately to prevent infection</li> </ul>
12	<p><i>Cleanliness of Ablution Facilities</i></p> <ul style="list-style-type: none"> <li>Ensure that learner toilets / ablution facilities in the clinic are disinfected at the end of the school day</li> <li>All waste must be disposed of appropriately in the waste bins provided.</li> </ul>	<ul style="list-style-type: none"> <li>All bins to be disinfected inside and outside</li> <li>Replace bin liners</li> </ul>

## 5. THE ROLE OF THE SCHOOL BASED SUPPORT TEAM

Step	Activity	Consider the following
1	<p>SBST develop management plan for referral and support of learners screened and identified as AT RISK:</p> <ul style="list-style-type: none"> <li>• Maintain a daily/weekly database of learners identified and referred for further screening to health facility</li> <li>• Monitor ISP for each learner that is identified AT RISK</li> <li>• Refer learners to DBST for psychosocial support</li> <li>• Support other learners and educators who may have been in contact with learner who tests positive</li> <li>• Monitor ISP for all learners who are absent</li> <li>• Ensure receive parental consent/ commitment to support learners whose parents prefer to keep learners at home</li> </ul>	<p>SBST develop a template/ checklist for educators to report daily/weekly on learners screened:</p> <ul style="list-style-type: none"> <li>• Class list indicating learners present</li> <li>• Educator identify learners with pre-existing conditions – (check Learner Profiles and Road to Health Card) (Be mindful of confidentiality)</li> <li>• Screened learners that are identified as AT RISK due to high temperature, etc.</li> <li>• Learners absent due to AT RISK</li> <li>• Educator ISPs for each learner that is AT RISK and will be absent – work sent home for learner to complete</li> <li>• Educator tracking of AT RISK learner progress at home</li> <li>• Educators identify AT RISK learners requiring psychosocial support</li> <li>• Learners AT RISK or tested positive to be referred to health facility as determined by DBST for further screening</li> </ul>
2	Orientation of Teachers and non-Teaching Staff on the processes set out in SIAS and how to implement it during this period	<ul style="list-style-type: none"> <li>• Orientate all on the management plan and processes for referral and reporting of learners screened, identified as in need of further screening, referring to SBST and DoH, and reporting outcomes</li> <li>• Development of ISPs</li> <li>• Consultation with parents telephonically or via skype/zoom etc</li> </ul>
3	Ensure that a central database in place with contact details of all parents for in case of an emergency	<ul style="list-style-type: none"> <li>• Database must be updated via the admin and available in the SBST File</li> <li>• Learners with pre-existing conditions – Data must be updated by contacting parents</li> </ul>
4	Manage and file learner screened information as part of Learner Profile records.	<ul style="list-style-type: none"> <li>• Educators to file all learner screened information in Learner profiles weekly</li> </ul>
5	Recording and reporting all learner screening information, support processes put in place for learners and parents, tracking of learners, etc.	<ul style="list-style-type: none"> <li>• Weekly database of information collated from educator class reports</li> <li>• Reports submitted to DBST</li> <li>• Requests for support to DBST for psychosocial support</li> </ul>

		<ul style="list-style-type: none"> <li>Tracking learner progress for all learners with ISP who are absent from school</li> <li>Identify challenges and good practice to be shared with other schools</li> </ul>
6	Meetings between the District Officials and Managers of local clinics/hospitals to discuss the protocols for referrals	<ul style="list-style-type: none"> <li>SBST to arrange for close collaboration between SBST, DBST and Department of Health in order for the school to remain updated and able to successfully make referrals where needed</li> </ul>
7	Ensure access to psycho social support services for all learners and staff members	<ul style="list-style-type: none"> <li>SBST to ensure that learners and staff members have access to needed counseling and therapeutic support where needed</li> </ul>

## 6. CONSIDERATIONS FOR SPECIAL SCHOOLS AT CHILD AND YOUTH CARE CENTRES AND SECURE CARE CENTRES

Step	Activity	Consider the following
1	SMT to amend learner and teacher time tables	<ul style="list-style-type: none"> <li>Time tables to make provisioning for no more than 50% of learners to be at the school at the same time</li> <li>Learner and teacher time tables must make provisioning for daily staggering of grades i.e Monday Grade 1-2, Tuesday Grade Grade 6-7</li> </ul>
2	Educators to develop lesson plans and daily activities for learners to be used in the centre for the learners that will not be attending school	<ul style="list-style-type: none"> <li>Lesson plans, daily curriculum activities along with needed LTSM to be provided to DSD personal to ensure learners that cannot attend school due to medical conditions, and for the</li> </ul>
3	identification of personnel to receive learners and logistics for screening, checking temperature and briefing of learners	<ul style="list-style-type: none"> <li>System in place to ensure that communication in place between school staff and DSD personal for learner arrival at school, and departure back to DSD centre in the afternoon</li> <li>Roster in place to be completed on a daily basis outlining that learners have been screened</li> </ul>
4	Ensure preparation of the school building and environment	<ul style="list-style-type: none"> <li>Deep cleaning has to be completed</li> </ul>
5	Provisioning of PPEs and whether these are sufficient. Include instruments to measure temperature	<ul style="list-style-type: none"> <li>Masks to be available for all learners and staff</li> <li>Disposal gloves and bags available for all classes</li> <li>Hand sanitizer stations in all common areas and classes</li> </ul>

		<ul style="list-style-type: none"> <li>instruments to measure temperature</li> </ul>
6	preparation of classrooms to be occupied noting social distance	<ul style="list-style-type: none"> <li>Desks to be structured in order for learners to be 1,5m apart from each other</li> <li>Isles between desks to be structured in such a manner to make provisioning for 1,5m distance</li> <li>Educator desk to be stationed in such a place that makes provisioning for 1,5m social distancing</li> </ul>
7	List of teachers who will be returning to school, taking into account age and other factors	<ul style="list-style-type: none"> <li>Database to be in place of educators over the age of 60 that will not be at school</li> <li>Database of educators with underlying and comorbid medical conditions in places that will not be at school</li> </ul>
8	Identification of educators that will be in each class	<ul style="list-style-type: none"> <li>Need to ensure that classes structured in such a manner to accommodate educators that will not be at school</li> </ul>
9	Briefing of staff on the management, maintenance and support required to ensure a safe teaching environment	<ul style="list-style-type: none"> <li>SMT to ensure that all staff members are provided with resource material to ensure a safe learning environment on a daily basis</li> </ul>
10	Marking of areas that will be out of bounds	<ul style="list-style-type: none"> <li>Areas where access is not allowed to be marked off in a visible manner</li> </ul>
11	Marking of areas where social distancing will be required	<ul style="list-style-type: none"> <li>Common areas, corridors and staircases to be visibly marked on the ground to ensure 15m social distancing</li> </ul>
12	Ensure that all learners and staff members wear a mask in classrooms	<ul style="list-style-type: none"> <li>System to be in place to ensure that there is enough masks for all learners and staff on a daily basis</li> </ul>
13	Social distancing to be managed when learners arrive and leave classes	<ul style="list-style-type: none"> <li>Staff members to monitor corridors when learners move from classes, frequently reminding learners to maintain the distance between each other in accordance with the markers on the ground</li> <li>Educators to monitor learners entering and leaving the classes to ensure 1,5m distance is maintained</li> <li>Timetables to be structured in such a manner to minimize learners moving between classes. Rather have the educators rotate</li> </ul>

## 7. CONSIDERATIONS FOR PUBLIC SPECIAL SCHOOLS AT PUBLIC HOSPITALS

Step	Activity	Consider the following
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1	Ensure preparation of working environment for educators	<ul style="list-style-type: none"> <li>• Deep cleaning must be done</li> <li>• Working space must be available for all educators in administrative block away from hospital wards</li> </ul>
2	Orientation of Teachers at school on the procedures and regulations to make them feel at ease with the new conditions	<ul style="list-style-type: none"> <li>• As educators might be hesitant to return to schools situated in hospitals during the pandemic it is essential to orientate educators in terms of their manner of operating during the pandemic to alleviate fears</li> </ul>
3	Identification of hospital staff to collaborate with to ensure learners receive curriculum activities on a weekly basis	<ul style="list-style-type: none"> <li>• Educators to meet with identified hospital staff on a daily basis to ensure learners have access to curriculum content</li> </ul>
4	Principal in consultation with hospital staff to update list of learners on a weekly basis	<ul style="list-style-type: none"> <li>• Database to outline: Age of learners, current Grade, whether in Special School or not, reason for hospitalization (reason for hospitalization needed to determine realistically based on medical condition what academic expectations can be placed on the learner)</li> </ul>
5	Educators develop curriculum / stimulation programmes to be completed by learners in the wards based on scholastic abilities and realistic academic expectations based on medical condition	<ul style="list-style-type: none"> <li>• For the duration of the pandemic it will not be possible for educators to go in to the hospital wards to teach learners as was done previously. Thus educators to work during school days to develop lesson plans, activities and programmes for learners to complete at their own pace in the wards</li> </ul>

## 8. CONSIDERATIONS FOR SCHOOLS WITH LEARNERS WHO ARE VISUALLY IMPAIRED AND BLIND

Step	Activity	Consider the following
1	Ensure preparation of the school building and environment	<ul style="list-style-type: none"> <li>• Deep cleaning has to be completed</li> </ul>
2	Provisioning of PPEs and whether these are sufficient. Include instruments to measure temperature	<ul style="list-style-type: none"> <li>• Masks to be available for all learners and staff</li> <li>• Disposal gloves and bags available for all classes</li> <li>• Hand sanitizer stations in all common areas and classes</li> <li>• instruments to measure temperature</li> </ul>
3	Preparation of classrooms to be occupied noting social distance	<ul style="list-style-type: none"> <li>• Desks to be structured in order for learners to be 1,5m apart from each other</li> </ul>

		<ul style="list-style-type: none"> <li>• Isles between desks to be structured in such a manner to make provisioning for 1,5m distance</li> <li>• Educator desk to be stationed in such a place that makes provisioning for 1,5m social distancing</li> </ul>
4	List of teachers who will be returning to school, taking into account age and other factors	<ul style="list-style-type: none"> <li>• Database to be in place of educators over the age of 60 that will not be at school</li> <li>• Database of educators with underlying and comorbid medical conditions in places that will not be at school</li> </ul>
5	Identification of educators that will be in each class	<ul style="list-style-type: none"> <li>• Need to ensure that classes structured in such a manner to accommodate educators that will not be at school</li> </ul>
6	Briefing of staff on the management, maintenance and support required to ensure a safe teaching environment	<ul style="list-style-type: none"> <li>• SMT to ensure that all staff members are provided with resource material to ensure a safe learning environment on a daily basis</li> </ul>
7	Marking of areas that will be out of bounds	<ul style="list-style-type: none"> <li>• Areas where access is not allowed to be marked off in a visible manner</li> </ul>
8	Marking of areas where social distancing will be required	<ul style="list-style-type: none"> <li>• Common areas, corridors and staircases to be visibly marked on the ground to ensure 15m social distancing</li> </ul>
9	Ensure that all learners and staff members wear a mask in classrooms	<ul style="list-style-type: none"> <li>• System to be in place to ensure that there is enough masks for all learners and staff on a daily basis</li> </ul>
10	Managing the safe arrival and departure of learners from school	<ul style="list-style-type: none"> <li>• SMT to ensure that staff members are on duty at these parking areas for the following: <ul style="list-style-type: none"> <li>✓ All learners to wear a mask when entering the school</li> <li>✓ Sanitization of hands when entering the school</li> <li>✓ Measuring of temperature when entering the school</li> </ul> </li> </ul>
11	Social distancing to be managed when learners arrive and leave classes	<ul style="list-style-type: none"> <li>• Since visually impaired learners are dependent on touch to move around learning environment it is essential for the SMT to ensure safe touching which can be done in the following ways: <ul style="list-style-type: none"> <li>✓ Provisioning of gloves to learners</li> <li>✓ Remind learners not to touch their faces</li> <li>✓ Frequent sanitizing of hands</li> <li>✓ All surfaces to be cleaned a minimum of twice a day</li> </ul> </li> <li>• Staff members to monitor corridors when learners move from classes, frequently reminding learners to maintain the distance between each other in accordance with the markers on the ground</li> </ul>

		<ul style="list-style-type: none"> <li>• Educators to monitor learners entering and leaving the classes to ensure 1,5m distance is maintained</li> <li>• Timetables to be structured in such a manner to minimize learners moving between classes. Rather have the educators rotate</li> </ul>
12	Ensuring access to curriculum content for visually impaired learners that will not be returning to school	<ul style="list-style-type: none"> <li>• School down load the package and put it categorically in storage devices. Then apply “E speaks” (the free application from the internet) and change all the material to an audio file format and package it according to grades and then distribute them to learners</li> </ul>

## 9. CURRICULUM MANAGEMENT: D-CAPS AND TOC

### At school

Step	Activity	Consider the following
1	Ensure safe classroom set up through structuring of desks	Desks must be for one learner only. Where possible, learners name to be written on the desk (on paper stuck to the desk). Learners must be orientated to ensure social distancing in the classroom. Tape or marking on the ground where the desk and chair should be with the 1.5 meter distancing
2	Ensuring safe use of learning resources and LTSM	Educator must ensure all workbooks, handouts are sanitized prior to learners entering the classroom and placed on learner’s desks. Stationery and resource such as scissors, glue, etc. must not be shared.
3	Avoid sharing of teaching material	Educator to ensure that enough copies are available for all learners to avoid sharing.
4	Accesible sanitizing stations in all classes	Hand sanitizing stations set up at the entrance of each classroom.
5	Ensuring safe coverage of curriculum content	Workbook activities shared with schools can be copied for each learner. Oral and practical activities must be done individually with the educator showing learners through her examples or using videos. No group work can take place Educators must ensure that learners Individual Support Plans are reviewed and revised for the remainder of the year. This will also be used to guide educators on the content to be covered in preparing learner workbooks Skills subjects – schools must ensure OHS is followed.

		<p>Priority is for Year 4 learners to ensure core skills are transferred in readiness for exit to world of work.</p> <p>Number of learners in a centre will have to be reduced which may impact on school timetabling.</p> <p>SMT to provide a detailed plan to indicate how learners will be accommodated.</p>
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### At school

<b>Step</b>	<b>Activity</b>	<b>Consider the following</b>
1	Access to database with lesson plans and curriculum activities	<p>Google Drive material that is provided</p> <p>GDE Website with e-learning material</p> <p>It is important to note that schools and educators must develop their own activities. Worksheets and activities shared via Google drive may be used as supplementary material.</p>
2	School communicate with parents the manner in which work will be distributed to parents	Schools can use TeamApp to communicate with parents where data bundles are made available to parents
3	Educators develop learner packs for all learners that will not be returning to school	<p>Learner packs should include all compulsory subjects – Language HL and FAL, Mathematics and Life Skills.</p> <p>Worksheet activities should be for a 4 week period broken down to weekly/daily activities</p> <p>Clear instructions should be given with each activity so that parents can follow easily</p> <p>Educators should be given data to ensure that they can follow up with parents to monitor progress of learners</p> <p>Assessment activities to be limited to one formal task for each subject</p>
4	Distribution of learner packs in order for all learners to have access	Schools to communicate with parents to work out a roster for them to collect learner packs for a period of 4 weeks. This will limit the need for parents to come often to the school.
5	Monitor the successful use of learner packs by learners and parents at home	<p>A weekly reporting tool can be used in the form of a rubric to monitor progress and completion of tasks.</p> <p>School to develop a roster for parents to submit completed work to educators to monitor learner progress</p>

6	Review off site learning approach	HOD and SMT receive reports from Educators to determine levels of success of off site learning
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### Management of skills centres

Step	Activity	Consider the following
1	Ensuring social distancing in skill centres	Markings and signage on the floor and walls must be in place to ensure social distancing.
2	Ensure safe implementation of skill subjects	The DPSA OHS protocol must be followed. Schools MUST ensure that they familiarize themselves with the DPSA Circular The DPSA Circular can be used to develop lessons for the first week after learners return to ensure all learners are familiar with the rules and regulations. Educators to consider pen and paper activities to replace actual practical tasks in order to limit contact. Use of videos to show practical work. All equipment must be deep cleaned and sanitized daily Replace actual Practical Tasks with simulated/ written work

## 10. CONSIDERATIONS FOR SPECIAL SCHOOLS WITH PROFOUNDLY INTELLECTUALLY IMPAIRED LEARNERS

Learners with Severe to Profound Intellectual Disabilities (LSPID) will follow similar protocols as other learners in the school but due to their specific disabilities, schools must cater for their specific needs in terms of the Covid 19 preventative measures.

The following protocols must be used in conjunction with the general protocol for the school or institution.

### **Severe to Profound Intellectual Disabilities and Comorbidities**

The core disability of learners with Severe to Profound Intellectual Disabilities (SPID) is cognitive impairment. However, learners with SPID may also have co-occurring disabilities such as cerebral palsy, autism, blindness, deafness and other physical and sensory disabilities. In addition to these conditions, learners with SPID can experience other medical conditions such as respiratory tract illness,

asthma, coronary diseases, compromised immune systems, renal problems etc. The World Health Organization (WHO) has warned the public to be extra careful with people who are vulnerable, especially those who have existing comorbid conditions. Therefore, it is important for parents/guardians of learners who are vulnerable to seek medical advice before returning to school/institutions.

### Use of Personal Protective Equipment (PPE)

Learners with LSPID are dependent on adults or caregivers for independent living such as brushing teeth, bathing, eating, toileting and other self-help skills. These conditions make it difficult for social distancing from adults who care for them. In order to minimize the transfer of the coronavirus, both learners and caregivers/adults need to use personal, protective equipment (PPE) during school time and travelling to and from school. PPEs will include masks/face shields, visors, gloves, gowns or aprons. However, learners with respiratory problems, learners who are drooling may not be able to use a mask; these learners may use a face shield/visor. It is also important for parents or caregivers to get medical advice on the use of PPEs for learners who are vulnerable and have comorbid conditions. Teachers and caregivers who are working with deaf learners are advised to use a transparent face shield. Most LSPID may experience fear using PPEs or seeing people with PPEs. It may take a period of desensitization before learners get used to PPEs.

It should be noted that learners with autism are often very sensitive to certain textures of material and hence, may refuse to wear face masks, gloves or other PPEs. The introduction of PPEs may take some time to be introduced to autistic learners. Some learners with ADHD may also experience difficulty in keeping on the PPEs for a long period of time. These learners will have to undergo a period of desensitization before they can be accustomed to using masks.

The following protocols should be adhered to while travelling to school, entering the school and during school hours.

### **STEP 1: LEARNERS LEAVING THEIR HOMES/RESIDENCES**

- All learners leaving their residence (except those whose disability precludes them from not wearing a mask) are compelled to travel to the school with a cloth face mask/face shields on, this includes all modes of transport (Public and Private). If the learner must be physically assisted, then it is recommended that both the learner and the caregiver use PPEs such as masks/face shields, gloves and gowns or aprons. The driver of the vehicle must also use PPEs
- Learners using wheelchairs/buggies: The wheelchairs/buggies of learners must be cleaned and sanitised before the learner leaves home.

### **STEP 2: LEARNER ENTERS DEMARCATED ENTRANCE TO SCHOOL BUILDING**

- Before the learner enters the demarcated area of the school, the learner's mask must be sanitized
- If the learner is on a wheelchair/buggy, the wheelchair/buggy must be wiped with sanitizers
- Present themselves to security/school personnel in a single file, as per the floor marking at the school to adhere to social distancing.

### **STEP 3: SANITISATION**

- Get their Hands sanitized with at least 70% of alcohol-based sanitizer by school personnel.

#### **STEP 4: SCREENING**

- Once sanitized, proceed to the screening table, wherein the learner is screened through questionnaire and complete a daily register. The caregiver will respond to the questionnaire on behalf of the learner
- Temperature readings are also taken and if the temperature is normal (**below 38 degrees Celsius**), the learner and caregiver proceed to enter the school whilst adhering to social distancing for at least 1 to 2 meters distance apart
- If any response is positive or the temperature is  $\geq 38^{\circ}$  Celsius, the learner is requested to seek medical advice from his or her medical practitioner or health care centre. The learner is isolated in a separate room/area in the school while arrangements are made for medical treatment of the learner
- The screening procedure entails the following:
  - Learners will be screened on a daily basis when entering schools/institutions in line with NICD, NDOH guidelines and Circular 7 and Circular 18/2020,
  - This will be done using questionnaire, **MPILO APP and Infrared Temperature Scanners**, by a dedicated team
  - The screening questionnaire will focus on symptoms and temperature readings (caregivers will assist in completion of the questionnaire)
  - A daily register will be kept
  - If a learner's response is positive to the questions, they will be isolated and referred for further investigation and testing
  - If the test comes out COVID19 positive, all contacts will be traced by officials from the Department of Health
  - The test will be in the form of swabs taken from the **Nasopharyngeal Swap** (Nose) and **Oropharyngeal swap/test** (Mouth)

#### **STEP 5: IN THE CLASSROOM**

- The learner proceeds to the classroom with the assistance of the caregiver. The classroom desks must be arranged so that the appropriate social distancing is observed. Desks must be at least 1,5 meters apart
- It is important that the classroom is arranged so that learners in wheelchairs and buggies are accommodated in terms of sufficient space
- Some LSPID learners will require the caregiver/assistant to be seated close at hand to the learner because the nature of the disability will require constant support from the caregiver/assistant

#### **STEP 6: BREAK TIMES**

- It may be necessary that the LSPID be accommodated in a specially demarcated area in the school premises during the breaks. Caregivers/assistants must supervise the learners at all times. Alternately, breaks can be staggered to avoid overcrowding and maintain social distancing
- Hygiene practices to be observed during feeding with each learner having their own demarcated spoon, bowl, cup/bottle and face cloth. This must be labelled with the child's name

## **STEP 7: ABLUTION TIMES**

- Ablution times must be staggered to maintain social distancing
- Ensure that soap, water, sanitisers and paper towels are provided in the bathrooms
- Caregivers must ensure that strict hygienic measures are adhered to at all times
- A caregiver/assistant must accompany learners to the bathroom to ensure that measures are adhered to
- Ensure that all surfaces are wiped down before and after nappy changes (where a changing table is used)

## **STEP 8: DEPARTURE FROM SCHOOL**

- Before departure caregivers/assistants must ensure that the learners are cleaned, sanitized and using the appropriate PPEs
- Wheelchairs/buggies must be cleaned and sanitized before departure
- School departure times must be staggered to avoid rush and overcrowding at exit points
- Caregivers/assistants to take precautions when learners enter and alight vehicles
- Caregivers to note and/or report any observations made regarding the learner's emotional and physical well being

## 11. ANNEXURES

- ANNEXURE A DBE return plan for learners in Special Schools
- ANNEXURE B COVID - 19 screening exemplar register for learners
- ANNEXURE C COVID - 19 screening exemplar register for staff
- ANNEXURE D COVID - 19 learner profile-daily symptoms monitoring for learners exposed to the disease
- ANNEXURE E Staff Memorandum 34 of 2020
- ANNEXURE F COVID -19 / CORONA VIRUS: Responding to Special School specific needs. Developed by the ISS Directorate, May 2020



## GAUTENG PROVINCE

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### ANNEXURE A: DBE PHASED IN APPROACH FOR LEARNERS IN SPECIAL SCHOOLS

## REOPENING OF SCHOOLS

Public Ordinary / Special Schools offering CAPS	Schools of Skill / Schools offering the Technical Occupational Curriculum	SID Schools / Schools offering the Differentiated CAPS for SID	Special Care Centres / Schools offering the Learning Programme for LSPID	Tentative Dates
Grades 12 and 7	Year 4			01 June 2020
Grades 11 and 6	Year 3	Grade 6		TBC
Grades 10 and 5	Year 2	Grade 5		TBC
Grades 9 and 4	Year 1	Grade 4		TBC
Grades 8 and 3		Grade 3	Year 3	TBC
Grades 2 and 1		Grade 1 and 2	Year 2	TBC
Grades R		Grade R	Year 1	TBC



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**ANNEXURE B COVID-19 SCREENING EXEMPLAR REGISTER FOR LEARNERS**

SURNAME	NAME	CLASS	PARENTS' CELL NO	TYPE OF DISABILITY	TAKING ANY MEDICATION? YES/NO	ANY CHRONIC DISEASE? YES/NO	ANY SIGNS OF FLU YES/NO	TEMPETARUE	CONTACTED ANY ILL PERSON LATELY? YES/NO	TRAVELLED TO OTHER FAR AREAS LATELY? YES/NO
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										



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**ANNEXURE B**

**COVID-19 SCREENING EXEMPLAR REGISTER FOR STAFF**

COVID 19 SCREENING REGISTER FOR STAFF										
SURNAME	NAME	DESIGNATION	CELL NO	AGE	TAKING ANY MEDICATION?	ANY CHRONIC DISESE? YES/NO	ANY SIGNS OF FLU YES/NO	TEMPETARUE	CONTACTED ANY ILL PERSON LATELY YES/NO	TRAVELLED TO OTHER FAR AREAS LATELY?
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										



## ANNEXURE C COVID-19 LEARNER PROFILE-DAILY SYMPTOMS MONITORING FOR LEARNERS EXPOSED TO THE DISEASE

SURNAME: \_\_\_\_\_  
 DATE OF BIRTH: \_\_\_\_\_  
 PHYSICAL ADDRESS: \_\_\_\_\_  
 CLASS TEACHER: \_\_\_\_\_  
 NAME OF FATHER: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_  
 NAME OF MOTHER: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_  
 GUARDIAN NAME: \_\_\_\_\_  
 E-MAIL ADDRESS: \_\_\_\_\_

NAME: \_\_\_\_\_  
 GENDER: \_\_\_\_\_  
 GRADE: \_\_\_\_\_  
 CELL NO: \_\_\_\_\_  
 WORK TELEPHONE NO: \_\_\_\_\_  
 CELL NO: \_\_\_\_\_  
 WORK TELEPHONE NO: \_\_\_\_\_  
 CELL NO: \_\_\_\_\_  
 WORK TELEPHONE NO: \_\_\_\_\_

**Indicate if a learner shows any signs listed in the box below by putting Y for Yes or N for No**

DAY	1	2	3	4	5	6	7	8	9	10
DATE(DD/MM)										
Temperature										
Chills										
Cough										
Sore throat										
Shortness of breath										
Body pains										
Diarrhoea										
Other										

Any staff member who completes this form must adhere to all the Covid-19 regulations e.g. physical distance, wearing of mask, etc.

## **ANNEXURE D: INFECTION CONTROL WITH ASSISTIVE DEVICES**

Examples of infection control of devices

**Advice for cleaning an communication device**  
[www.ablenetinc.com](http://www.ablenetinc.com)

### **Cleaning Your Device**

Before disinfecting your device, remove any dirt or debris that may be on the device.

1. Turn the device off and remove the batteries.
2. Remove any large chunks, visible heavy dirt or debris that is attached to the device.
3. Wipe down the device with cleaning wipes.
4. Use a cotton swab soaked with cleaner to get into any tight areas that were not accessible with the cleaning wipes.
5. Let the device completely dry.

### **Disinfect Your Device**

Now that the device is clean, it is time to disinfect it. Changing protective gloves may be required before disinfecting the device to ensure no dirt or debris is transferred back to the device.

1. Make sure the device is still turned off and that the batteries are removed.
2. Use a clean towel or wipes with Virucidal, Bactericidal, Pseudomonacidal, Tuberculocidal, or Fungicidal to disinfect the surfaces of the device. It is important to note that these chemicals only disinfect when they are wet and should be left wet on the device for at least 4-minutes.
3. Use a cotton swab soaked with Virucidal, Bactericidal, Pseudomonacidal, Tuberculocidal, or Fungicidal to disinfect the tight areas that were not accessible with the towel or wipes. Make sure the chemical stays wet on the device for at least 4-minutes.
4. Let the device air-dry entirely before using it.
5. If your device has a touch screen, use a liquid glass cleaner to remove any smudges or smears before using.

### **HOW TO DISINFECT YOUR LAPTOP AND TABLET**

<https://hggear.com/blogs/news/how-to-disinfect-laptop-and-tablet>

With hundreds of students, teachers and administrators in a school building, the risk of spreading germs, bacteria and viruses is real, especially during the cold and flu season. For one, elementary, middle and high school students aren't known for paying close attention to safe hygiene practices like washing their hands after using the restroom or coughing or sneezing into their sleeves. Additionally, kids frequently share textbooks and other school supplies and equipment, which can exacerbate the situation.

These days, many K-12 school districts supply their students with laptops, tablets, MacBooks or iPads. The constant handling of these machines can also contribute to the spread of contagious illnesses. Knowing how to clean and disinfect them can go a long way toward keeping kids from getting sick and infecting others.

## SAFE CLEANING PRODUCTS TO USE

A variety of products are available that are excellent for cleaning and sanitizing your students' mobile devices:

**Cleaning wipes:** You may already have tubs of disinfecting wipes in your schools — many teachers keep them in their desks. Apple recommends these products for sanitizing keyboards and components for its MacBooks, iPads and other products. However, Apple cautions users not to use wipes that contain bleach or ones that are overly damp.

**Rubbing alcohol:** Isopropyl alcohol can kill many of the germs and bacteria found in keyboards and other external parts of the computer. A solution of 60% water and 40% alcohol delivers the desired results and minimizes the risk of damage to the machine. For the best results, apply the solution with a soft microfiber cloth or cotton swab.

**Microfiber cloth:** These soft cloths are ideal for wiping the screen, keyboard and outer shell to remove dust before applying a disinfecting product.

**Compressed air:** You have probably noticed how dirt and debris get trapped between and around the keys on a computer keyboard. These areas can be hard to reach with a brush or cloth. Compressed air, which is available in small cans, is ideal for "blowing" materials from the keyboard so you can easily wipe them away.

**Scotch tape:** The household tape used in the classroom or at home works well for removing hard-to-reach crumbs and dirt from between the keys. Tear off an inch of tape from the dispenser and fold it in half with the sticky sides facing outward. Insert the tape around the keys to act as a sort of magnet that picks up the debris.

**Slime/Gel:** There are laptop and computer safe slimes and gels that can be used to clean keyboards and other areas. This slime and gel can get into the grooves and pull out dust, crumbs, and lint. To use the slime, form a small amount into a small ball, then dab it on your laptop. Do not let the slime sit on any one spot for too long.

## AREAS TO CLEAN

The cleaning process for a laptop, tablet or other mobile devices should encompass the following areas:

**Keyboards:** The keyboard likely receives the most contact from fingers, which is why this part deserves close attention during cleaning.

**Screens:** Take a close look at any kids' computer screen and you're bound to see an assortment of fingerprints and smudges, especially on models with touch screens.

**Cases:** The cases that hold and protect the devices can accumulate dirt and germs. Depending on the material, you can often clean a case by hand-washing it with dish detergent and lukewarm water.

Accessories: Kids also handle accessories like charging cords and styluses, as well as mice and mouse pads, if your school supplies these. You can clean most of these with disinfectant wipes.

#### HOW TO DISINFECT A TABLET, MACBOOK, TABLET OR IPAD: STEPS TO FOLLOW

Use this process to safely and effectively clean and sanitize the mobile devices in your schools:

Power down and disconnect: Turn off the machine and unplug it from the electrical outlet or power strip. Unplug monitors or any other components connected to the unit. Remove the battery from the back of the computer.

Shake out debris: Turn the laptop upside and give it a gentle shake to allow large chunks of material to fall out. Be careful not to shake it severely or repeatedly, as this could damage the internal components.

Remove the remaining dirt and grime: Hold a can of compressed air approximately 6 inches above the keyboard and spray around the edges of each key to dislodge debris. Use tape to remove hard-to-reach materials.

Sanitization: To sanitize the keyboard, use a disinfectant wipe or microfiber cloth dampened with water and alcohol and wipe the top and sides of each key, as well as the touchpad and surrounding surface areas.

Computer screen: To clean the device's screen, start by wiping it with another damp microfiber cloth to remove dust, fingerprints and smudges. Sanitize the screen by wiping it with a fresh disinfectant wipe or water-rubbing alcohol combination.

Outside and accessories: Use the same process to clean and sanitize the back and bottom of the laptop and accessories. Use a microfiber cloth to remove dust followed by wiping with a disinfectant wipe or water and alcohol.

Make sure that all cleaned areas are completely dry before reinserting the battery, reconnecting the components, plugging in the device and turning on the power.

#### HOW TO CLEAN A MANUAL WHEELCHAIR AND A POWER CHAIR

<https://www.vantagemobility.com/blog/how-to-clean-wheelchair>

Before learning how to clean a wheelchair or power chair with this guide, it's important to read the manufacturer's maintenance instructions for specific cleaning rules and any methods or materials to avoid. The following instructions are generally applicable to every chair and will help achieve the best results.

##### You'll Need:

Disinfectant Spray (like Lysol)

All-Purpose Cleaning Spray (like 409)

Mild Dish Soap and Detergent

Compressed Air Can Duster

Microfiber Towel

Toothbrush

Cleaning Brush

Wire Brush

Vinegar

Optional: Non-abrasive Wax and Tyre Cleaner

#### Instructions for Cleaning a Power Chair:

- 1) Unplug the power chair from its power source, and disconnect the chair from its base. Most chairs will have a lever that will allow the chair to come off by pulling in an upward motion.
- 2) Remove any protective cover shielding the battery. Then remove the battery from the chair to avoid damage from cleaning solutions.
- 3) Use the compressed air to blow out any dust, dirt or debris in the hard-to-get-to areas near the battery region and any other crevices in the wheelchair base.
- 4) Spray disinfectant to the chair base and allow it to sit for 10 minutes. Be cautious not to spray the electrical areas. After 10 minutes, wipe off the chair base with a microfiber towel to avoid scratching the paint.
- 5) Spray the same area with an all-purpose cleaning spray, then wipe clean with a microfiber towel.
- 6) Use a toothbrush to scrub the joystick area, as well as any extra dirty spots. Be cautious to not use too much cleaner near the electrical areas. Also use a toothbrush to scrub tire cleaner onto the wheelchair tires for an extra shine. This step is optional but is encouraged every few months.

Repeat steps four through six for the battery cover.

Vacuum the seat cushion thoroughly. For vinyl, hand wash it with a mild dish detergent and warm water. For leather, spray a solution of three-quarters vinegar, one-quarter water onto the surface and wipe clean with a rag. (Spray at least one foot away) For fabric, mix hot water, mild dish soap and cleaning soda. Use a rag or cleaning brush to rub the solution into the seat. Be sure to let all seat cushion types air dry before usage.

Once sanitization of the base and cover is complete, spray once more with the compressed air can to remove any leftover dust particles. Re-assemble all parts, and wipe away any dampness with the microfiber towel to avoid rusting or corrosion.

#### Instructions for Cleaning a Manual Wheelchair:

Begin disassembling the wheelchair by taking off the seat and back cushions and any other fabric components of the chair.

Use the compressed air to spray dirt out of the wheelchair crevices and between the wheel spokes. Hair, clumps of dirt and debris can severely impact the wheelchair's mobility.

Fill a bucket with warm water mixed with the mild dish soap. Soak the microfiber towel in the soapy water, wring the towel and gently wipe every surface of the wheelchair frame. Antibacterial cleaner can also be used, but avoid using petroleum-based cleaners or steel wool to scrub, as those materials can damage the paint.

Use another towel (damp, but not completely soaked) to clean between the wheel spokes and around the wheel. If necessary, unscrew the bolts and scrub them with a wire brush to remove dirt or grease build-up.

With a clean towel, completely dry the wheelchair frame, wheels and bolts to avoid rust and corrosion. Feel free to use the compressed air once more to ensure no dust is left behind.

To clean the seat and back cushions, hand wash them with the mild detergent and air dry them. Unless noted by the manufacturer, avoid machine washers and dryers, as they may damage the fabric. Re-assemble the wheelchair and set a routine cleaning schedule. Weekly wipe-downs are encouraged, but more in-depth cleanings should be carried out monthly or quarterly.

## **ANNEXURE E: CONTENT OF STAFF MEMORANDUM 34 OF 2020 (Original on GDE website)**

**TO:** ALL PRINCIPALS AND STAFF OF SCHOOLS  
SCHOOL GOVERNING BODIES  
LABOUR UNIONS IN THE EDUCATION SECTOR

**CC:** CHIEF DIRECTORS: DISTRICTS  
CHIEF DIRECTORS  
DISTRICT DIRECTORS

**FROM** MR. EDWARD MOSUWE  
HEAD OF DEPARTMENT

**DATE** 22 MAY 2020

**SUBJECT:** GUIDE TO PRINCIPALS ON THE REOPENING OF SCHOOLS

1. The Minister for Basic Education made an announcement on the 19th May 2020 regarding the phase-in approach to the reopening of schools. According to the statement all schools are scheduled to reopen on 1st June 2020 for Grades 7 and 12 learners.
2. In line with the announcement and based on the state readiness for our schools, the Gauteng Department of Education (GOE) has committed to ensure the principle of SAFETY FIRST is adhered to in all its facilities including schools.
3. In Memorandum 29 of 2020, the Department indicated its position that no school will be allowed to reopen without meeting the basic requirements of hygiene standards and cleanliness in all facilities. This included the provision of essential Personal Protective Equipment (PPEs) intended to protect employees and learners from COVID-19 pandemic.
4. This memo provides progress that has been made in preparing the Gauteng public schools for reopening and gives directions to be followed in this regard:
  - PPEs for Principals and School Management Teams (SMTs) which formed part of Phase 1 of distribution of PPEs, have been delivered to 2 352 public schools in the province.
  - Regrettably, there are 93 schools where deliveries were disrupted by criminal elements. Arrangements have been made to get the deliveries to these schools on Monday, 25 May 2020 and additional security shall be provided.

- District Directors and Principals of schools are requested to alert the Head Office of any shortages at schools where they may have occurred and ensure that the principle of safety first is adhered to all the time.
  - Phase 2 of the delivery of PPEs will commence on Monday, 25 May 2020. These deliveries will be for the remaining staff (teachers and PS staff) and Grade 7 and 12 learners, respectively, who were not covered in Phase 1 deliveries.
  - The cleaning and disinfection of 577 schools listed in Annexure B of Circular 6 of 2020 commenced on 21 st May and will continue in the week starting 25th May 2020.
  - The cleaning of all other schools listed in Annexure A of Circular 6 of 2020 must be undertaken immediately by the schools and be concluded by Wednesday 27 May 2020 where it has not been concluded. To ensure that there is no delay in the cleaning of schools ahead of 1 June 2020, it is recommended that schools should utilise a portion of the subsidy payment that the GOE has already transferred to schools to carry out this function . The GDE will reimburse the cleaning costs incurred in the next tranche payment of subsidies.
5. Based on the above progress and protocols, the Department is hereby notifying all School Management Team (SMT) members of schools including special schools (2 352 schools) to commence reporting for duty from the 25th May 2020. The SMTs of the 93 schools will commence from 26 May 2020 after the delivery of the PPEs. This is to allow school leadership to prepare for the subsequent return of teachers and Grade 7 and 12 learners to school as has been announced.
  6. On arrival, the SMT led by the principal will follow the activity plan outlined below, including opening the school for cleaning and disinfection process as per GOE Circular 6 of 2020 and await delivery of PPEs for all staff and learners.

#### GUIDE TO PRINCIPALS ON THE REOPENING OF SCHOOLS AFTER THE LOCKDOWN

7. A guideline document will be distributed to all Gauteng Special Schools to assist in the management of COVID 19.
8. The return of teachers and PS Staff and teachers SMT, will be communicated once PPEs which are being delivered in Phase2 have been concluded. Therefore, all teachers and PS staff should await an announcement in this regard.
9. It is advised that on arrival at school, the Principal and SMT member of the School Health and Safety Committee should, in the interim, administer the screening of staff until the COVID-19 Youth brigades assume duty.
10. The list of activities below provides guidance on some of the steps principals should follow on protocols and processes for the resumption of school activities.

#### ACTIVITIES FOCUS/ TARGET RESPONSIBILITY

- Issuing of Travel Permits to Principals and SMT District Director Permits Arrival, Principal and SMT Principal/Selected Sanitisation, SMT member Screening, temperature check and recording
- Distribution of PPEs SMT Principal received in Phase 1
- Preparation of the Principals and SMT Principal and SMT workplace for compliance with regulations
- Development of a plan PS Staff and Principal and SMT to receive teachers in teachers adherence of GDE COVID- 19 Guidelines
- Meeting with SGB: re- Principal and SGB Principal and SGB constitute Health and Safety Committee for the management of COVID 19
- Appointment of the School Compliance Officer

- Receipt and plan for PS Staff, Teachers Principal and SMT distribution of PPEs for and Learners remaining staff and learners

#### GUIDE TO PRINCIPALS ON THE REOPENING OF SCHOOLS AFTER THE LOCKDOWN

11. In line with the compulsory COVID-19 OHS compliance measures, the following health safety practices must always be adhered to:
  - Social distancing in offices, staff rooms and classrooms adhering to at least 1 to 1.5 metre seating arrangement;
  - No visitors allowed into schools except by invitation and subject to following OHS protocols;
  - Adherence to hygiene and health protocols - all staff and learners entering the school premises must be sanitised, screened and must wear masks; and
  - Regular washing of hands with soap for at least 20 seconds.
12. Please note that during the week starting on 25 May 2020 you will also receive the following documents regarding COVID-19 management:
  - a. DBE Orientation manual
  - b. GOE OHS Presentation
  - c. GOE COVID-19 Training manual
13. Kindly refer to memo 28 of 2020 on dealing with Comorbidities. For any enquiries and further clarity please contact your district office for guidance.
14. I herewith would like to appeal to all school managers to be supportive to all staff and learners during this period, including working closely with the district office in ensuring that we collectively implement and adhere to all protocols in protecting all of us from the COVID-19 pandemic.



**GAUTENG PROVINCE**

EDUCATION  
REPUBLIC OF SOUTH AFRICA

**ANNEXURE F**

**COVID -19 / CORONA VIRUS: RESPONDING TO SPECIAL SCHOOL SPECIFIC NEEDS. DEVELOPED BY  
THE ISS DIRECTORATE, MAY 2020**

**DIRECTORATE: INCLUSION AND SPECIAL SCHOOLS**

**COVID-19 / CORONA VIRUS:  
RESPONDING TO SPECIAL SCHOOL-SPECIFIC NEEDS**

**MAY 2020**

## 1. INTRODUCTION

In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease (COVID-19). It was classified as a high risk virus and was spreading internationally. In March 2020, the WHO assessed COVID-19 as a pandemic which resulted in governments and health authorities globally adopting a firm resolution to contain the COVID-19 outbreak. On 26 March 2020 a lockdown was announced by the South African President, Mr Cyril Ramaphosa. This generated a wave of panic, stress, anxiety and trauma for all sectors of the country.

It was evident that throughout the world people started taking precautions to protect themselves, families and communities from the coronavirus disease (COVID-19). The time has come now that it is equally important for children to continue to learn but in an environment that is supportive, loving and inclusive.

Professional staff at schools play a vital role by sharing accurate information and science-based facts about the COVID-19 to ensure learners and staff fears and anxieties are diminished around the disease and to cope with secondary issues in their lives.

The following are interim guidelines for School Management Teams, School Governing Bodies, staff at Special Schools which comprises the following professions to ensure that learners are all staff are supported and safe during this pandemic:

- Educators
- Therapists, school-based psychologists, counsellors, psychometrists
- Nurses
- Class assistants (general and SASL)
- Hostel staff
- Drivers
- Security Staff

- Student professionals or professionals doing internships
- Social Workers

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

The purpose of the document during this pandemic is to reiterate and reaffirm to our education therapists and health professionals at schools about the current safety measures put in place from government and relevant structures. Therapeutic intervention and teaching during this time needs to be guided by all the current information on the coronavirus (COVID-19).

Due to the nature of disabilities of the learners in our schools therapeutic and other interventions are an essential part of supporting curriculum access. This is to ensure the safety of all concerned, rethinking and reworking how health professionals at schools is conducted is necessary.

This document will provide general to very specific information and guidelines with the aim to support Special School Managers and Governors as well as relevant District Offices in ensuring that learners and staff at Special Schools deal with this pandemic and its specific requirements considering the uniqueness of the Special School context.

Sections in this guideline document focus on:

- Therapeutic, school based psychological, counsellor and psychometric and other related support
- School management and governance
- Autism-specific considerations
- Curriculum support and catch-up
- Returning to school

### 3. WHAT SCHOOLS SHOULD DO TO PREVENT THE SPREAD OF COVID-19

- Symptoms of Covid-19 may not show immediately after infection, therefore all staff and learners should be handled with caution
- Adhere to social distancing to prevent possible spread (at least 1,5m between individual)
- Always wear face masks. Ensure your hands are clean when wearing the masks and when assisting learners to wear their masks
- The mask should be removed from the back using the elastics. It must not be touched in front
- Learners must be observed regularly for signs of struggling to breathe whilst wearing the mask
- During physical contact with learners use gloves
- Always wash hands after every contact with learners and surfaces
- Hands should be washed with warm water and soap for a minimum of 20 seconds or sanitise with an alcohol-based sanitiser
- Avoid touching eyes, nose, and mouth with gloves and bare hands until proper hand hygiene has been performed
- If a staff member starts coughing, sneezing or develop fever, they must report illness immediately to the school management and follow advice. Avoid direct contact with learners and staff
- If learner starts coughing, sneezing or develop fever, report illness immediately to the school management and follow advice. Isolate learner immediately. School management should contact the parents immediately, following the GDE prescribed reporting protocol
- Avoid touching learners and staff as much as possible. If this is unavoidable follow the hand hygiene protocol, i.e.: wash hands with soap and water or use alcohol-based sanitiser before touching each learner, before engaging in cleaning procedures, after touching each learner, after body fluid exposure risk and after touching surfaces
- Where possible there should be timed announcements to wash hands and sanitise
- Posters supporting inflectional control measures should be throughout the school and the information displayed should be relevant to learners level of functioning

#### 4. HOW TO RESPOND TO PEOPLE DIAGNOSED WITH OR RECOVERED FROM COVID 19

- When referring to people with COVID-19, be empathetic as people infected and affected by COVID-19 have not done anything wrong, and they deserve our support, compassion and kindness
- Do NOT refer to or LABEL people with the disease as:
  - “COVID-19 cases”,
  - “victims”
  - “COVID-19 families” or
  - “the diseased”.

They are:

- “people who have or had COVID-19”,
- “people who are or were treated for COVID-19” and
- “people who are recovering / recovered from COVID-19”.

It is important to separate a person from having an identity defined by COVID-19, to reduce stigma:

- Advise learners / staff to minimize watching, reading or listening to news about COVID-19 if it causes anxiety, distress, heart palpitations etc
- Seek information only from trusted and reliable sources as there are rumours and misinformation on social media
- Show empathy to learners, staff and their families that may have been DIRECTLY affected by COVID-19 – being infected, having a loved one infected or having experienced bereavement resulting from COVID-19
- Show empathy to learners and staff that are INDIRECTLY affected by COVID-19, focussing especially on the Grade 12 learners who may feel demotivated, depressed and suicidal. Online group therapy can be used
- Show respect to each other and avoid name calling and teasing

- Reiterate the hygiene aspects / routines by creating awareness campaigns through poster competitions and songs

## **5. COMMUNICATION TO PARENTS**

- Do not cause unnecessary panic
- Communication to parents should be done through the school management
- You may not be able to answer all the questions – avoid providing incorrect information
- Avoid sending parents information received via social media if there is no credible source of information
- Support parents wherever possible
- Share information on the hand washing and hygiene protocol (cleaning of surfaces and mask everyday)

# **SECTION A:**

**Therapeutic, school based psychological, counsellor and psychometric and other related support**

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## 1. **SCOPE OF PRACTICE**

- With reference to the Health Professional Council of South Africa (HPCSA), practitioners may be required to depart from their established procedures with responsibly and in the best interest of patients. Practitioners should perform professional acts for which they are adequately educated, trained and sufficiently experienced in
- This means that during COVID-19 pandemic, the scope of practice does not change. Therapists are still expected to work within their scope of practice but maybe required or requested to assist and participate in activities that may not necessarily be within their scope. Should this be requested, therapists will need to be properly orientated and trained (if necessary)
- Due to this being unusual times provisioning of therapy cannot be undertaken or provided in the usual way

## 2. **DECISION MAKING ON WHAT ASSESSMENTS/ THERAPY INTERVENTIONS CAN BE UNDERTAKEN**

### 2.1 **Prior to any therapy being undertaken:**

- Conduct risk assessment to prioritise the case load and determine type of PPE required
- Use clinical/professional judgement to assess what is safe and effective practice in the context in which each therapist is working during the pandemic
- Consider whether there can be new ways of working

- Therapists to determine which therapeutic interventions can continue abiding by all safety precautions for specific programme offerings

### **3. CLASSROOMS/THERAPY ROOMS**

- Before learners enter the classroom/therapy room, wipe and clean all the surfaces with soap and water/ disinfectant/water and bleach solution. This should also be repeated at the end of each day
- Re-arrange the learners working space to maintain social distancing. Allow at least 1.5 metre distance between the learner working spaces
- 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 on the floor which can be easily disposed after every use
- The therapy area may be used on a rotational basis. The surfaces should be covered in plastic material (pvc/vinyl), which can be easily wiped with warm water and bleach after each use
- All surfaces should be cleaned in between the periods especially if learners are rotating classrooms
- Avoid sharing of tissue-rolls, toilet paper rolls and equipment
- Store away or cover all the equipment that you are not using at the time

### **4. INDIVIDUAL AND GROUP THERAPY/ COUNSELLING**

#### **4.1 Individual therapy/ counselling/ assessment is encouraged**

- Ensure learners adhere to Rules in the Counselling/ Assessment room
- The Government Gazette no 43257 (2020), has mentioned the minimum 1.5m distance between workers. The minimum distance may need to be longer, depending on circumstances. Reducing the number of workers present in the workplace or work space at any time may assist in achieving required social distancing. Avoid having more than two therapists doing

therapy at the same time in one room, unless the therapy room can accommodate for more therapists in a room whilst maintaining the required distance measures

- Due to the challenges posed by the COVID-19 pandemic, the HPCSA does allow the use of Telehealth for managing 'patients' remotely but that therapists may use teletherapy in reaching out to the learners. These could be done by means of telephone calls, video calling, video streaming and many others. Some therapists may also write up home programmes that can be used by learners at home. The choice of the appropriate method will be influenced by socio-economic backgrounds of the learners. Therapists will need to take into consideration the language used by the parents, access to internet, access to computers, access to smartphones/smart technology, data charges, employment conditions (are they able to take calls during the day) etc. This does not replace therapy, however it is one of the options that can be used during this pandemic
- Always wash hands with soap and water for 20 seconds, or use alcohol-based hand sanitiser after contact with any person or after contact with frequently touched surfaces i.e. phones, door handles and other similar items
- Cough in the fold of the elbow or in a tissue which you discard and wash your hands
- Avoid touching your eyes, nose and mouth with unwashed hands

#### **4.2 Group Therapy/counselling/assessments**

- Therapists at schools also conduct therapy in group sessions
- The use of group therapy is discouraged for large groups. However, if the space is large enough to accommodate social distancing, smaller groups of not more than 3 learners may be facilitated
- The choice of group activities should not include sharing and touching but observing minimum social distancing between learners at all times
- Thus, the therapists will only be able to accommodate groups that can keep to social distancing of a minimum of 1.5m apart, alternatively, a larger work area can be used

- If a therapy session previously consisted of many learners these groups might need to be split into smaller groups which will impact on the frequency of how learners were seen

## **5. OUTREACH CLINICS**

- Certain special schools have been supporting the community with outreach clinics. These should be stopped until the situation changes. If necessary where therapists have already established a therapeutic relationship with some children in the interim the option of a home programme can be provided

## **6. UNDERSTANDING MODES OF TRANSMISSION OF THE VIRUS AND THE IMPLICATIONS FOR THERAPY**

- Current research indicates that the virus is mainly transmitted via contact with droplets of infected secretions from oral and nasopharyngeal secretions including saliva, and respiratory secretions including sputum. The virus can also be transmitted as small particles in the air in an aerosol form (i.e., when the virus containing secretion is suspended in gas such as air)
- These modes of transmission are relevant to therapists who conduct procedures that require close proximity to children, contact with mucous membranes and potential contact with bodily fluids such as saliva and respiratory droplets
- Based on this information it is advised that procedures including oral peripheral examinations, oral stimulation techniques, feeding therapy and any aerosol generating procedures be avoided during this time unless all risk assessments are considered, appropriate PPE is available and the therapist has used his/ her clinical judgement in deciding that intervention cannot be delayed due to the impact that it could have on the learner

## **7. INTERVENTIONS THAT REQUIRE CLOSE-PROXIMITY TO LEARNERS**

- Therapists may not always avoid direct therapy. And they may be working in close proximity with learners

- Using clinical judgement, they will need to prioritise the learners that desperately need therapy, e.g. prevention of pressure sores, contractions and others
- When direct therapy is impossible to avoid, therapists will need to protect themselves. Specialised and appropriate PPEs should be used. Hand washing and hygiene protocol should also be observed
- According to the Department of Labour and HPCSA, it is the responsibility of the employer to ensure that all employees are provided with appropriate and adequate PPEs. Should the PPEs not be available, therapists should also make a clinical decision on:
  - Whether therapy can be delayed
  - Whether additional steps can be taken to minimise the risk of transmission
  - Prioritisation of learners that are at risk
  - Identifying action likely to result in the least harm/risk
- Generally, therapists are required to utilise gloves during direct contact with learner's for example, otoscopic evaluations, fitting of hearing aids and ear mold making. This practice must continue as you will be in direct contact with skin and wax
- Social distancing of 1.5m is required between people, however in the case of staying 1.5m apart will not be possible. It is essential then that the appropriate PPE is utilized during these activities
- Face masks are also necessary as you will be in close contact with learners

## **8. ALTERNATIVE AND AUGMENTATIVE COMMUNICATION (AAC)**

- Devices are often not only used by the learner but other communication partners as well and is an easy way for viruses and bacteria to spread. These should be cleaned frequently, each time that there is a new user. Some devices might be easier to disinfect if a cover is used over for example the use of a plastic cover or protective cover

- For AAC users, depending on the device used there should be an added picture and/or symbol requesting assistance with cleaning the device, asking the other user to wash their hands if their hands have been washed, sneezing and coughing away into the elbow and having pictures and/or symbols explaining the virus
- Create sufficient pictures and/or symbols to post throughout the school as constant reminders for infection control
- Ensure the learner's cognitive ability is taken into consideration

## 9. USE AND CARE OF EQUIPMENT AND ASSISTIVE DEVICES

- The use of speculae, syringes and any piece of equipment that is used repeatedly and others must be washed and disinfected after each use and must not be used without disinfecting on more than one learner at a time
- Where possible allocate material and equipment or assistive devices to specific learners and clearly mark them. This would minimise touch by different learners and it would also make it easier to trace the users should there be a learner testing for Covid-19
- Pack away all the equipment and assistive devices that the learners will not be using at that time, to avoid unnecessary touching
- Assistive devices and **therapeutic tools** should be sanitised appropriately before and after use. Consult user manuals/suppliers if uncertain on how to sanitise the specific assistive devices.
- Do not wash electronic devices and hearing aids as these will get damaged
- There should be enough time allocated to clean equipment, assistive devices and surfaces in between therapy sessions
- Learners should wash hands with soap and water before and after using assistive devices
- Learners should avoid touching eyes, mouth and nose while using the assistive devices and other equipment in the therapy/counselling rooms

- The use of shared equipment is discouraged. Therapists may avoid using equipment like jungle gyms and slides as these may also be difficult to clean after each use

## **10. USE AND TYPE OF PPEs**

- According to the Department of Labour and HPCSA, it is the responsibility of the employer to ensure that all employees are provided with appropriate and adequate PPEs.
- The department will provide the basic PPEs for all the learners and staff. Should there be a need of additional specialised PPEs for therapy (surgical masks, scrubs, aprons, gloves, shoe and hair covers, goggles and others), these should be procured from the school budget. A risk assessment will also determine the type of PPE to be used
- Face shields/visors (although not primary PPE) will be applicable in schools where there are children with hearing impairments or where therapy will be challenging utilizing a mask
- The clothes and masks should not be worn repeatedly without washing them
- There should be sufficient masks that will allow learners to be able to wash them on a daily basis. The importance of washing and ironing the masks and clothes should also be discussed with the parents
- There should also be replacement masks for the learners who present with minimal drooling, as they cannot wear one mask the whole day. Shields/ visors might also be appropriate for learners who present with excessive drooling as the continuous replacement of the mask will not be feasible
- Some PPEs may need to be disposed immediately after each use. The schools will be supplied with waste disposal bags that must be tightly sealed on disposal
- Where it is not necessary to dispose of the PPEs, they must be thoroughly sanitised or cleaned with a solution of warm water and bleach/water and soap
- There should be enough time allocated in cleaning the PPEs and surfaces in between the therapy sessions

- Though there are varying views on the wearing of masks and the effects it has on the respiratory system, it should be noted that the learners and staff members should wear masks in public places (which in this case would be school premises)
- The main benefit of wearing a cloth mask is to reduce the amount of virus droplets being coughed up by those with infection and transmitted to others and to surfaces that may be touched
- Learners with co-morbidities or sensory issues might struggle with continuous wearing of masks and could present with respiratory issues or behavioural difficulties. Therapists and other staff should be on the look-out for and observe any signs of distress. If a learner shows any signs of difficulty, they should be removed from the place close to other learners. The mask may then be removed. They may partially protect a learner from a direct splash of droplets from sneezing and coughing. However, a learner may wear a shield/visor while taking a breathing break from the mask. The minimum social distancing protocol must also be observed
- If using single-use disposable equipment – the schools should have designated waste bins with lids. These should be kept as far away as possible from the learners
- Ideally, the Personal Protective Equipment (gloves/masks) should be changed between use and for each learner, to avoid transmission. However, due to shortage it may not be possible to do so
- Only PPE that can be washed for re-use should be washed
- There might be instances where learners, due to their different challenges, might be intimidated/ afraid of the PPE used by the adults around them or by their peers. Therapists can have an important role to play with regards to assisting these learners in understanding PPE or feeling comfortable with it. This can be done by, for example creating the appropriate pictures/ symbols or stories

### **Suggestions for type of PPE to consider**

Type of contact	Examples of PPE to consider
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Face to face therapy with no physical contact with learner	Utilize mask and if learner needs to observe therapist's facial expressions or lips then a face shield/ visor might be warranted whilst maintaining social distancing.
Therapy which includes physical contact with learner	Utilize mask, gloves and apron
Physical contact with possible exposure to droplets	Utilize mask, gloves, apron and face shield, goggles

## 11. HOME PROGRAMMES AND SUPPORT

- Home programmes are essential for learners who cannot be at school during this time
- The home programme should have clear explanations for parents/caregivers in simple language and where possible in the child's home language
- Where learners are older and able to undertake some of the activities on their own, this should also be encouraged
- Video clips explaining intervention, exercises, use, care, troubleshooting can also be developed to distribute to parents and learners where accessibility is available
- This information will be applicable to therapeutic intervention that can be supported at home as well as care and use of assistive devices that are used at home
- It is important to note that health professionals should also be available telephonically and where resources are available to them, parents and learners, ICT platforms must also be considered

## 12. NURSES MANAGING COVID-19

**School nurses have an important role to decrease fears and promote the prevention of COVID-19 and are required to:**

- Maintain **CONFIDENTIALITY** always
- Verify learners with medical conditions. Confirm information with parents and treating health professionals as learners with underlying medical conditions are vulnerable to infections
- Request parent to contact the treating doctor to obtain written confirmation of the current medication and dosage
- Check and record temperature of ALL learners with chronic health conditions
- Ensure that there are adequate functional thermometers
- Encourage each teacher to implement the sanitizing practice used at the entrance of retail stores. This can be done at the beginning of every period
- Both the nurse and the patient (learner) must wash hands for 20 seconds using soap and clean, running water to help prevent the spread of germs
- Hands must be washed before **AND** after providing the procedure/service
- Clean and disinfect surfaces touched by the patient/ client immediately after the service has been provided
- Keep a safe distance of 1.5 metre from the learner. Plan ways to enable physical distancing of 1m to reduce in-person contact
- Use a new mask for each patient. Clean your eye protection (goggles /glasses) each time
- Request the school management to procure extra masks for the nurse's clinic / consulting room to be used by learners during their consultations
- Replace all linen (bed sheets, duvet covers and pillowslips) after every learner that lay on the bed. Linen must be washed before it is used again
- Clean and disinfect any equipment you may have used, and those surfaces touched by the patient/client (e.g. couches)
- Wash and disinfect syringes after each use if they cannot be replaced. Write learners' names on the syringes
- Keep windows open where possible, adjust air conditioning to increase air flow
- Dispose of tissues and masks in a sealed plastic bag

- If the patient presents with a flu-like illness (acute respiratory infection), wear a single use surgical mask, eye protection and gloves.  
Direct the patient to wear a surgical mask
- Record the patient's temperature and time
- Isolate the patient and monitor
- Inform the principal, parents/guardians/caregivers of the learner as recommend screening for COVID-19 or referral to a health professional
- In the interim, monitor the patient and record any health changes, like a persistent cough, respiratory distress and/or a fever
- Display a clear sign for patients to read on entry or provide information hand-outs about how you are going to protect their safety and your own
- Display educational materials on COVID-19 that can be downloaded and printed from the WHO website or that can be collected from the Department of Health or local clinic

### **13. THE MANAGEMENT OF INCONTINENCE CLINICS**

Nurses manage the incontinence clinics in special schools or support learners with incontinence in improvised facilities.

- Take care of yourself (nurse / assistant) first, which means that you should avoid getting infected at all cost
- It is a reality that persons with underlying medical conditions / comorbid factors are at greater risk of contracting Covid-19 and suffering fatal complications
- When assisting a learner, who is incontinent, protect yourself and the learner against airborne drops from a cough, sneeze and normal breathing by wearing a mask
- Take strict precautions. Wear disposable gloves that can be discarded straight after assisting the learner with changing a diaper
- Wash your hands often, especially after handling soiled linen or clothing, and disinfect all shared surfaces

- Increase environmental hygiene by frequently wiping surfaces such as doorknobs, cupboard handles, tap handles, sinks and other surfaces using a mild disinfectant
- All catheterization equipment and surfaces must be disinfected and hands washed with soap and water thereafter

#### **14. HOSTEL MANAGEMENT FROM A HEALTH PERSPECTIVE**

- The social distance should always to be maintained for example the space between the beds should be at least 1-metre apart
- The eating utensils used by each learner should be marked and not shared with other learners
- Cleaning of utensils – utensils should be washed with warm water and soap thoroughly after each use with running water instead of mixing all utensils in one wash
- Clean surfaces hourly using diluted bleach
- Cloths used for cleaning surfaces should be soaked on a diluted bleach and washed with soap and water
- During play time, learners should be discouraged to play contact sport/games
- Social distancing should be maintained at all times
- Learners and hostel staff should always wear face masks. Each learner should have at least 2 masks, so that one can be used while the other is washed. Where required social stories have to be developed to introduce the wearing of masks
- Consider the design of the masks / facial barrier for Deaf learners or learners who depend on facial expression
- The masks should be washed with soap and warm water every day after use and dried in the sunlight. They should not be repeated if they have not been used
- Learners and staff will be washing hands regularly and the virus may be stuck in sinks and bath tubs. The sinks and bathtubs should be disinfected after every use
- Discourage learners from sharing beds

- Discourage learners from sharing clothes. Clothes should be washed with warm water and soap and dried in the sunlight and ironed thoroughly before wearing
- Change and wash bed linen regularly. Bed linen should be washed with warm water and soap and dried in the sunlight and ironed thoroughly
- Learners to be checked temperature on arrival back to hostel after weekend pass out
- Assistive devices used at home/hostel should be wiped cleaned with soap and water or sanitiser before they can be taken to school
- If a learner in hostel displays symptoms of Covid-19, i.e. fever, tight chest, cough, difficulty breathing; learner should be immediately isolated. School management should be notified immediately
- Also isolate the learners that may have been exposed to the learner with symptoms as part of the required GDE protocol of dealing with Covid-19 exposed learners or learners showing symptoms

## **15. TRANSPORT TRANSITION**

- Though this is not a primary responsibility for therapists, but they may be requested to assist learners in using the transport
- Wash hands before touching every learner
- Sanitise/clean transfer boards/hoists before learners use them
- Sanitise/clean transfer boards after each use by a learner
- Transfer boards may be cleaned with a solution of warm water and bleach
- For wheelchair users: wipe down the wheelchair before the learner uses it. Use a clean cloth soaked in water and soap/sanitiser or anti-bacterial cloth. Ensure that you wipe the rims, tyres, arm rests, joysticks, foot rests, push handles, wheel locks
- Frequently clean wheelchair surfaces with soap and warm water
- Wash hands after transferring all learners from their transport
- Bus door handles and seats should be wiped out after all the learners have disembarked

## 16. FIVE IMPORTANT THINGS TO KEEP IN MIND

- Wash your hands (and gloves) frequently with soap and water or alcohol-based sanitizer
- Cover your mouth and nose with flexed elbow/tissue when coughing and sneezing. Dispose of the tissue immediately and wash hands after disposing the tissue
- Avoid touching your eyes, nose and mouth
- Social distancing – keep a distance of at least 1-metre between yourself and others and between the working space for learners
- Immediately report to school management if you have any fever, cough and difficulty breathing. Isolate learners immediately if they show any of the symptoms and report to school management

## 17. REFERENCES:

- General Medical Council. Ethical Guidelines. Available on <http://www.gmc-uk.org/ethical-guidance/ethical-hub> Accessed on the 22/03/2020
- Government gazette no. 43257, 29 April 202
- Guidelines on Personal Protective Equipment for Government employees and the public (GGT2030)
- National Institute of Communicable Disease. Covid-19 Guidelines Available from <http://www.nicd.ac.za/disease-a-z-index/covid-19/covid-19-guidelines/> Accessed on 22/03/2020
- National department of Health, Corona Virus (Covid-19) – Updated. Available on <http://www.health.gov.za/> Accessed on 22/03/2020
- HPCSA Covid-19: Outbreak in South Africa: Guidance to health practitioners

# SECTION B:

## School Management and Governance

The checklist below augments the Term 2 School Readiness Tool with the aim to alert School Managers and Governors on aspects that has to be responded to.

Focus area	Activities and Performance Indicators	Responsibility	Checklist (Indicate date of first implementation for each of the activities)
<b>Basic Functionality</b>	<ol style="list-style-type: none"> <li><b>Policy:</b> Each school to develop a guideline policy to be adopted by the SGB on health and safety measures to be adhered to by all learners, parents, staff, SGB and the community for Covid-19 management. The policy needs to be distributed to all parents and proof to be kept by each school.</li> <li>Schools with boarding facilities must also develop/ include the section for the management of Covid-19 in the boarding facilities.</li> <li>Schools using transport must also include a section on the expected code of conduct for learners, bus drivers and staff members on the use of transport.</li> <li>The following should be included in the policy: <ul style="list-style-type: none"> <li>Sick learners, teachers and other staff should not come to school.</li> </ul> </li> </ol>	SMT and SGB	<p>e.g. Implemented from 15 May 2020</p> <p>Implemented from .....</p> <p>Implemented from.....</p> <p>Indicate a date on which the committee will review the Health and Safety Policy</p>





	<p><b>10.Transport:</b></p> <ul style="list-style-type: none"> <li>• Drivers to be advised to disinfect busses daily in the morning and in the afternoon.</li> <li>• A separate meeting should be conducted with private transport drivers to outline the regulations</li> </ul>		
<p><b>Leadership, Communication and Management</b></p>	<ul style="list-style-type: none"> <li>• Develop a strategy to cluster the assessment standards for each subject – develop a recovery plan.</li> <li>• Encourage educators to share information to learners on the pandemic in an age appropriate manner.</li> <li>• School Based Support Teams and educators to guide staff and learners on how to support their peers and prevent exclusion, stigma and bullying.</li> <li>• The principals should avoid physical staff meetings, rather distribute information to the HOD's for them to distribute to their departments. Social distancing must be adhered to at all costs.</li> <li>• Training of nurses, hostel staff, class assistants, teachers, therapists, transport drivers and food handlers, on safety measures prior to Day 1 of learners coming to school.</li> <li>• Encourage the use of ICT for teaching and communication purposes.</li> <li>• Revise the ICT Policy to cater for improved communication, on line teaching etc. in case there is a state of disaster in the country.</li> </ul>	<p>SMT</p> <p>SMT</p> <p>SBST and SMT</p> <p>Principal</p>	
<p><b>Governance and Relationships</b></p>	<ul style="list-style-type: none"> <li>• SGB needs to put the policy in place and ensure that it is distributed and adhered to always.</li> <li>• A sub-committee should be established to monitor the adherence to policy always.</li> <li>• Review the budget to make funds for items like soap, sanitizers, masks and gloves available.</li> </ul>	<p>SGB</p>	

	<ul style="list-style-type: none"> <li>• Raise funds and request support from local businesses to supplement required items.</li> <li>• All SGB members should adhere to the Covid-19 guidelines when conducting meetings.</li> <li>• If possible, all schools should avoid the use of cheque book payments and start using the e-payment methods.</li> </ul>		
<b>Quality of Teaching, Learning and Educator Development</b>	<ul style="list-style-type: none"> <li>• Encourage the use of ICT e.g. data projectors rather than chalkboard and white board to avoid contamination.</li> <li>• Discourage the exchange and sharing of books and textbooks among learners.</li> <li>• Avoid group discussions at a close range.</li> <li>• Avoid group work where necessary.</li> <li>• Teachers to put systems in place for entering and leaving the classrooms.</li> <li>• Cleaning of surfaces on all machinery in workshops and specialised rooms should be done timeously.</li> <li>• The School Assessment Policy should be revised to cater for processes and procedures to be followed when there is a state of disaster in the country.</li> </ul>	SMT	
<b>School Safety, Security and Discipline</b>	<ul style="list-style-type: none"> <li>• Social distancing as above.</li> <li>• Frequency of hand cleaning for learners in wheelchairs, as they also use their hands to push the wheelchairs.</li> <li>• Wheelchairs/AAC devices and other assistive devices must be cleaned and disinfected daily, this should be used per the user manual of the devices as some may be damaged by the use of soap and alcohol-based solutions.</li> <li>• Adherence to School Covid-19 policy prescripts –that will be developed by the school</li> <li>• Post signs encouraging good hand and respiratory hygiene.</li> <li>• Wearing of masks all the time, as well as washing of the masks.</li> <li>• Revise the class rules to include Covid-19 regulations.</li> </ul>	SMT and Safety and Security Committee	

	<ul style="list-style-type: none"> <li>• Develop disciplinary measures to address non-adherence to the School's Covid-19 Code of Conduct and Policy.</li> <li>• The SGB should revise the School Health and Safety Policy to include the Covid-19 regulations.</li> <li>• Therapists and nurses often cannot adhere to social distancing requirements of 1m apart with individual learners due to the nature of their work e.g. providing feeding therapy, alternative and augmentative communication, audio logical management, hand splints, improving muscle function etc. Therefore, it is imperative that hand sanitizers, disinfectant and PPE are readily available for their use.</li> <li>• Provisioning of bins with lids to dispose the used PPEs.</li> <li>• Additionally, revision of their timetables might be warranted as group sizes for group therapy might decrease due to the actual physical space not allowing for adequate social distancing. Thus, the rotation of learners to accommodate smaller groups will affect their timetable.</li> </ul>		
<b>School Infrastructure</b>	<ul style="list-style-type: none"> <li>• The school Maintenance committee in conjunction with the Environmental Committee or Health and Safety committee must ensure that classrooms, workshops, specialised rooms and offices are cleaned and disinfected daily.</li> <li>• This committee must ensure that all workers have the correct protective gear to protect them from contamination and from contaminating others.</li> <li>• Training must be given to all general workers and cleaners on how to avoid the spread of the virus and also being able to self-protect.</li> <li>• Issues like discarding of used gloves and masks must be communicated.</li> <li>• Ensure trash is removed daily and disposed safely.</li> <li>• Increase air flow and ventilation where climate allows (open windows, use air conditioning where available).</li> <li>• Clear marked floor to guide learners on the required distance in the classrooms.</li> </ul>	Principal and School maintenance committee	

<b>Parents and the Community</b>	<ul style="list-style-type: none"> <li>• School policy on Covid-19 must be distributed to all parents.</li> <li>• Pamphlets/ Newsletters must be distributed to all community members so that they can also adhere to the Schools' Covid-19 rules and regulations.</li> <li>• Ensure the trustworthiness of the source of information before sending any alternative information received.</li> <li>• Covid-19 notices should be displayed around the school premises.</li> <li>• Strengthen or establish partnership with non-profit organisations, business and other community structures to fight against the Covid-19 pandemic.</li> </ul>	SMT and SGB	
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# SECTION C:

## Autism-specific considerations

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## 14. RESOURCES TO REFER TO

## 15. REFERENCES

### 1. INTRODUCTION FOR THE AUTISM SECTION

- Autism Spectrum Disorder (ASD) requires a lifetime commitment of care and imposes several stressors on schools, families and communities. Autism presents with persistent deficits in social communication, interaction and restricted or repetitive patterns of behaviour. Children presents with behavioural, sensory difficulties, self-care and these are but some of the challenges children with autism experience. The spread of the coronavirus (COVID-19) has undoubtedly added to these challenges. Schools have abruptly closed resulting in the change of routine, absence of teachers, education therapists and friends.
- It is therefore important that staff, health professionals, education therapist, parents, families and communities play a vital role by sharing accurate information and science-based facts about the coronavirus (COVID-19) to ensure parents, learners, staff fears and anxieties are diminished around the disease to be able to cope with emotional, behavioural and social matters.
- The following are interim guidelines for schools of autism to consider when learners return to school after the lockdown to ensure learners are supported, respected and cared for during this pandemic.

### 2. PURPOSE OF THE AUTISM SECTION

The purpose of the document is to provide schools and units for autism with guidelines to ensure learners and staff are supported and safe during the uncertain times of the coronavirus (COVID-19). Due to the nature of learners with autism the type of interventions is an essential part towards curriculum access as well as to ensure support parents and families during this pandemic.

### 3. SIMPLE WAYS TO EXPLAIN TO LEARNERS WITH AUTISM ABOUT THE CORONAVIRUS (COVID-19)

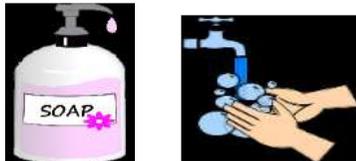
- Describe the current situation by making learners feel safe and gently explain what coronavirus (COVID-19) is
- Make use of different methods to explain the virus by using either Makaton signs, Social Stories, PICTURE Exchange Communication System (PECS), Augmentative Alternative Communication devices (AAC) and others
- The language needs to be simple, concrete and visual
- For example lots of people are getting sick with a virus



- Doctors and nurses are working hard to keep everyone healthy



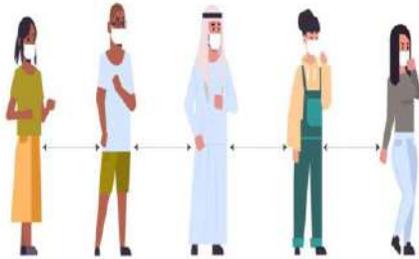
- I need to wash my hands a lot with soap and water



- I need to wear a mask if possible



- Social distancing



- Greeting people

Do not shake hands



Say hello! or Wave!



#### 4. PARENTAL SUPPORT

- Parents of children with autism experience unique challenges and stress
- The coronavirus (COVID-19) pandemic brings additional worries to families but there are many ways that parents, families and communities can provide reassurance to children with autism:
  - Remain calm, children with autism may sense your emotional state and might mimic it
  - Be patient and sensitive to your child's needs especially if they have no speech and have high support needs

- Expect a regression after the lockdown, children with autism had to adjust to new routine, or are sensing anxiety around them, this can often be displayed as behaviour or a loss of a skill
- Provide information at a developmental age appropriate way by making use of social stories, pictures, visuals and cards
- Practice good hygiene by regularly washing hands with soap, water and using the hand over hand technique
- Reinforce hand washing through demonstration, modelling and enjoying the time spent with your child
- Practice elbow bumps instead of high fives and make it fun, children will eventually acquire the habit
- Establish visual daily routine, even if it is difficult due to the many challenges of the coronavirus (COVID-19) reinforcing what is done at school to ensure children are settled, this helps with reducing both families and children's anxieties
- Structured household chores is a recommended strategy to support children coping with stress related to coronavirus (COVID-19)
- Go back to basics, ignore negative behaviour, praise positive behaviour and follow through with request and expectations
- Control the noise level in the house
- Practice optimism and resilience
- Be flexible and consistent in what you do
- Take care of yourself by learn coping, self-management and self-care skills during this time of uncertainty
- Consult telephonically with the schools education therapist when needed
- Practice mindfulness because change is not easy for children with autism
- If possible try and get a family member to support you through this difficult times ensuring that safety measures are in place like regularly washing hands with soap and water

## **5. THE MANAGEMENT OF LEARNERS WHO HAVE SENSORY DIFFICULTIES**

- Some learners especially learners with high support needs might be sensitive to the wearing of mask and using of sanitisers
- For the ones who can wear mask ensure they are washed with soap, water and dried in the sun

- If learners who are sensitive to the smell and feel of some of the sanitisers wash their hands regularly with soap and water
- Avoid over stimulating learners as this can lead to resistance and meltdowns

## **6. LEARNERS WITH COMORBIDITIES**

- Learners with comorbidities are more susceptible to the COVID-19. Their hands should be washed regularly with warm water and soap or sanitise if they are not sensitive to the smell and touch
- Avoid touching eyes, nose, and mouth with gloves and bare hands until proper hand hygiene has been performed if learners are able to wear gloves due to sensory matters
- Keep a minimum distance of 1 meter between the learners
- Regular temperatures should be taken, if learner starts coughing, sneezing or develop fever, report illness immediately to the school management and follow advice. Isolate learner immediately. School management should contact the parents immediately

## **7. MANAGING LEARNERS IN DISTRESS AND DISPLAYING UNACCEPTABLE BEHAVIOUR**

- When dealing with a learner who has a meltdown, be calm and observe behavioural patterns
- Be a good identifier and observer of the trigger
- Ensure that a learner is in a safe environment, remove objects that can cause harm i.e scissors, pens and any others
- Fear, frustration, and worry may be expressed through challenging behaviour like tantrums, refusing to take part in class activities, or withdrawal
- If a learner is violent or danger to self and others move her/him to a safer space
- Allow enough time for a learner to settle down and recover i.e. take her/him to sensory room/corner
- Keep record of progress towards behaviour

- Be consistent with the type of measure to implement both at home and at school

## **8. THE USE AND CARE OF EQUIPMENT AND ALTERNATIVE AND AUGMENTATIVE COMMUNICATION (AAC)**

- Various equipment and devices are often for learners with high support needs but it is also an easy way for viruses and bacteria to spread. These should be cleaned frequently, each time that there is a new user (before and after every use), taking care that the solution used (soap or disinfectant) does not damage the devices. Refer to user manual on care instructions
- For AAC users, the device needs to be cleaned after each user by the therapist/teacher or care assistance
- Make use of pictures/ symbols on cleaning the devices
- Learners should wash their hands with warm water and soap or use hand sanitiser before they can use the AAC devices
- Ensure learners are supported when sneezing and coughing. They should be taught and shown how to sneeze on a flexed elbow or use a tissue. Tissue should be immediately discarded after use. Every classroom or therapy room should have a bin with lid to dispose of the used toilet papers. Explaining to cough and sneeze in the elbow can be done through pictures/symbols explaining the virus
- If a learner coughs or sneezes, the AAC device should be wiped out immediately
- Try to minimize the sharing of devices as much as possible, to avoid cross infections. If this cannot be avoided, record the names of all the learners who are sharing the device
- The learner's cognitive ability is taken into consideration as high support learners are going to require more support when washing hands regularly than low support needs learners

## **9. USE AND CARE OF EQUIPMENT IN THE SENSORY ROOMS**

- Where possible allocate material and equipment or devices to specific learners and clearly mark these. This would minimise touch by different learners and it would also make it easier to trace the users should there be a learner testing for coronavirus (Covid19). The frequent users can be prioritised for testing when necessary
- Pack away all the equipment and assistive devices that the learners will not be using at that particular time, to avoid unnecessary touching
- All devices in the sensory rooms should be sanitised appropriately before and after use. Consult user manuals/ suppliers if uncertain on how to sanitise specific devices. Do not wash electronic devices as these will get damaged
- Learners should wash hands with soap and water before and after using devices in the sensory room
- Learners should avoid touching eyes, mouth and nose while using the devices and other equipment in the sensory rooms
- Thoroughly wash sensory vest and blanket after every use

## **10. THE MANAGEMENT OF CLASSROOMS/THERAPY ROOMS**

- Before learners enter the classroom/therapy room, all the surfaces should be cleaned with soap and water/disinfectant
- Re-arrange learner working space to maintain social distancing. Allow at least 1 metre distance between the learner working spaces
- If doing floor activities for example the morning ring use play mats with easy to clean material like polyester/vinyl (therapy mats are ideal). If these are not available, place newspapers which can be easily disposed after every use
- The centre table should be placed in different corners
- Allow for reasonable number of learners to be placed per big table to cover the social skill activities these will assist teachers and care assistance to monitor physical contact
- Try avoid sharing of resources i.e books, toys, crayons and others

- If doing floor activities – use play mats with easy to clean material like polyester/vinyl (therapy mats are ideal). If these are not available, place newspapers which can be easily disposed after every use
- All surfaces should be cleaned regularly
- Limited resources should be used to ensure that they are regularly sanitised or washed
- All learners should wear a mask but where learners battle DO NOT FORCE
- Some learners will not respond to teachers wearing masks, this should be managed

## **11. PLAYGROUND MANAGEMENT**

- Playground equipment should be disinfected after the use by each group
- Playing should take place per two groups per class to avoid physical contact
- Ensure learners wash their hands after playing
- Encourage taking turns by allowing one learner per equipment and rotational should be strictly monitored

## **12. TRANSPORT MANAGEMENT**

- Schedule a meeting with private transport drivers to outline the transport regulations
- Drivers should be given a list of learners who battle to use sanitisers and wearing of masks
- Ensure all drivers are trained on the protocol of social distancing of learners being transported to and from school
- Drivers are to disinfect busses daily in the morning and afternoon
- Wash hands before touching every learner
- Wash hands after transferring all learners from their transport
- Sanitise busses before learners enter the bus

- Bus door handles and seats should be wiped out after all the learners have disembarked

### **13. HOSTEL MANAGEMENT**

- As far as possible retain learners as day scholars to ensure low numbers of learners in the hostel
- To maintain social distancing – the space between the beds should be at least 1 metre apart
- Learners temperatures should be tested daily in the morning and in the afternoon because of comorbid factors that some learner with autism
- Temperatures of learners should also be checked on arrival back to hostel after weekend pass out
- Eating utensils used by each learner should be marked and not shared with other learners
- Cleaning of utensils – utensils should be washed with warm water and soap thoroughly after each use with running water instead of mixing all utensils in one wash
- Clean surfaces hourly using a sanitiser or soap and water
- Cloths used for cleaning surfaces should be soaked on a diluted bleach and washed with soap and water
- Learners and hostel staff should always wear face masks. Each learner should have at least 2 masks, so that one can be used while the other is washed
- The masks should be washed with soap and warm water every day after use and dried in the sunlight. They should not be repeated if they have not been used
- Learners and staff will be washing hands regularly and the virus may be stuck in sinks and bath tubs. The sinks and bathtubs should be disinfected after every use
- Change and wash bed linen regularly. Bed linen should be washed with warm water and soap and dried in the sunlight and ironed thoroughly

- If a learner in hostel displays symptoms of Covid-19, i.e. fever, tight chest, cough, difficulty breathing; learner should be immediately isolated. School management should be notified immediately
- Also, isolate the learners that may have been exposed to the learner with symptoms
- Strengthen the staff compliment

#### 14. RESOURCES

- [https://www.nctsn.org/sites/default/files/resources/fact-sheet/outbreak\\_factsheet\\_1.pdf](https://www.nctsn.org/sites/default/files/resources/fact-sheet/outbreak_factsheet_1.pdf)
- <https://www.pbs.org/newshour/health/10-tips-for-talking-about-covid-19-with-your-kids>
- <https://affirm.fpg.unc.edu/affirm-module>

#### 15. REFERENCES

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# SECTION D:

## Curriculum management and catch-up

Learners in Special Schools participate in a range of curriculums pending their intellectual abilities and support needs. These curriculums are reflected in Table 1 below.

**Table 1: Curriculum offerings at Special Schools**

Curriculum	Description
<ul style="list-style-type: none"><li>○ Curriculum and Assessment Policy Statements (CAPS)</li></ul>	<ul style="list-style-type: none"><li>○ This curriculum is mostly referred to as the ordinary curriculum as it is followed in all Public Ordinary Schools.</li><li>○ The ordinary curriculum programmes, assessment and accreditation processes are followed.</li><li>○ Learners following this curriculum have the required intellectual abilities despite their disabilities such as physical disabilities, being blind or deaf.</li></ul>
<ul style="list-style-type: none"><li>○ The Technical Occupational Curriculum (TOC)</li></ul>	<ul style="list-style-type: none"><li>○ The TOC in this format is designed for learners with Mild to Moderate Intellectual Disabilities.</li><li>○ This curriculum is implemented in Special Schools as a 4-year programme that is expected to conclude on a Grade 9/NQF level. The curriculum is basically 50% theory and 50% practical.</li><li>○ This curriculum is still in piloting phase but is widely implemented in the relevant Special Schools in the Province.</li></ul>
<ul style="list-style-type: none"><li>○ The Differentiated CAPS Grade R to 5 for learners with Severe Intellectual Disabilities</li></ul>	<ul style="list-style-type: none"><li>○ This curriculum is specifically designed for learners with Severe Intellectual Disabilities as well as learners on the Autism Spectrum with high academic support needs.</li><li>○ This curriculum is aligned to the CAPS with the Grade R to 5 programme extended over the 14 years of these learners' academic career at school. There is no formal exit qualification. Curriculum time is mostly spent on practical learning (80%)</li></ul>
<ul style="list-style-type: none"><li>○ The Learning Programme for learners with Profound Intellectual Disabilities</li></ul>	<ul style="list-style-type: none"><li>○ This learning programme is specifically designed for learners with Profound Intellectual Disabilities, both in Special Schools and Special Care Centres.</li><li>○ The curriculum is aligned to CAPS with the aim to develop all learners to a level where they can interact and communicate in their space with the maximum level of independence with activities of daily living e.g. dressing, eating and washing independently.</li></ul>

### Status of curriculum delivery in Special Schools

All learners in Special Schools experienced disruption in their curriculum participation, irrespective of the curriculum they follow. The National and Provincial Department has put a range of interventions in place to support learners following the “ordinary” CAPS: National and Community Radio broadcasts, SABC TC curriculum programmes, access to learning material on e-platforms as well as access to learning material and learning sessions on e-platforms.

Individual Schools offering any of the alternative curriculums supported parents and learners in the following ways:

- Distributing worksheets and activities with required resources to parents prior to the lock down.
- Sending daily video clips where teachers specifically present to learners a short session explaining to them what will happen on that specific day at home and assuring them that they doing fine at home. This is specifically done for learners with Autism.
- Regular updates on school WhatsApp groups or Facebook pages where school staff and peers assure learners that they are doing fine, reiterating safety guidelines for COVID 19.
- Schools with learners in Grade 12 are interacting with learners via cell-phones.
- Schools for the Deaf specifically prepare video calls explaining to them on their level using SASL the current situation in the country, also assuring them that they are fine. Learner tasks are also communicated in the same way.

### Challenges and mitigation

The challenges experienced in the Special School sector with mitigation measures are shown in Table 2.

**Table 2: Challenges experienced in the Special School sector with mitigation measures**

Challenge	Mitigation
<ul style="list-style-type: none"> <li>○ Deaf learners participating in the “ordinary CAPS” could not access radio or SABC TV support initiatives because no provision for SASL interpreters was made</li> </ul>	<ul style="list-style-type: none"> <li>○ Ms Ingrid Parkin, principal of the St. Vincent School for the Deaf alerted the Province to the challenge and offered to facilitate all support needed, including competent interpreters to ensure that Deaf learners in the country benefit from the SABC TV support initiatives.</li> <li>○ HOD Mosuwe conveyed this offer on behalf of the Province to the Department of Basic Education where it was favourably received. The Director: Inclusion and Special Schools was informed that the Teacher Development Directorate at DBE put funding aside to cover the cost. Unfortunately, despite efforts to determine progress made, no further updates were received from DBE.</li> </ul>

	<ul style="list-style-type: none"> <li>○ Interaction has taken place with the four Special Schools for the Deaf with Grade 12 learners (Transoranje, Sizwile, Filadelfia and St Vincent) where it was found that schools supported learners but found availability of Data for learners a great challenge.</li> <li>○ Interaction will also take place with Directors GET and FET to ensure accessibility of locally produced material</li> </ul>
<ul style="list-style-type: none"> <li>○ No specific curriculum support mechanisms were put in place for any of the alternative curriculums</li> </ul>	<ul style="list-style-type: none"> <li>○ The Directorate: Inclusion and Special Schools is busy drafting a guideline document for Districts to support schools in redesigning their curriculum management plan to catch up on work lost.</li> <li>○ Working sessions with School Management Team delegates are prepared where the curriculum managers will receive mediation of the guideline document.</li> <li>○ The nature and extent of the catch-up plan will be determined by the number of curriculum days lost.</li> <li>○ Specific attention will be given to learners in Year 4 of the Technical Occupational Curriculum as this is also an exit year for these learners as is Grade 12.</li> </ul>
<ul style="list-style-type: none"> <li>○ There are learners who also experienced other needs, specifically for food and resources for incontinent learners.</li> </ul>	<ul style="list-style-type: none"> <li>○ All requests for support received were communicated at the Disability platform coordinated by the Office of the Premier and was addressed, either through DoSD, DoH or Donour organisations.</li> </ul>

# SECTION E:

## Returning to school

The return of learners to Special School should be determined by Provinces, prioritising the following cohorts of learners:

- Learners following ordinary CAPS: Grades 12 and 7
- Learners following the Technical Occupational curriculum: Year 4
- Learners in need of frequent therapy or nursing care
- Learners in hostels

It is advised that all educators, school support staff hostel care workers to return to school on the first possible date: finalise plans and mediate guidelines on a safe schooling environment and keeping learners safe.

Each Special School should determine and submit it to the District Director and Director: ISS plan to return learners based on:

- Priority cohorts
- Capacity of the school and hostel based on the social distancing requirements
- Safety considerations e.g. learners who will most likely resist the wearing of masks e.g. Autistic and SID/PID learners

The return of learners to Special School should be determined by Provinces, prioritising the following cohorts of learners:

- Learners following ordinary CAPS: Grades 12 and 7
- Learners following the Technical Occupational curriculum: Year 4

- Learners in need of frequent therapy or nursing care
- Learners in hostels

All educators, school support staff hostel care workers to return to school on the first possible date: finalise plans and mediate guidelines on a safe schooling environment and keeping learners safe

Learners in Grades 12 and 7 to return on the date indicated by DBE. Learners in the TOC Year 4 to also align with this date.

Guideline documents will be sent to schools and districts:

- Managing a healthy and safe school environment: COVID 19
- Safety when providing nursing care
- Safety when providing hostel care
- Safety when providing therapy
- Safety when feeding learners
- Safety for all when learners use wheelchairs
- Safety for all when learners have spinal cord injuries

Developing social stories for learners will be availed to schools and districts to assist staff and parents to mediate the return of learners:

- Wearing a mask
- Washing hands
- Social distancing in the transport, hostel, school and playground

Districts to monitor that all schools communicate their plans to all parents. District and Dir: ISS to have a central point where al Special Schools' return plans are available to assist enquiring parents

## **CONCLUSION**

The Directorate: ISS is hopeful that the information provided in this document would provide the School Management Team and School Governing Bodies.