

COVID 19 MANAGEMENT PLAN (Prince Albert Municipality)

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1. INTRODUCTION

To reduce the impact of COVID-19 outbreak conditions on businesses, workers, customers, and the public, it is important for all employers to plan now for COVID-19

This Plan serves to outline and provide guidance to the Prince Albert Municipality (PAM) as far as its role, responsibilities and the actions to be taken in response to Covid-19 pandemic.

In implementing this Plan, the PAM should avoid adding to employee and general public hysteria by premature over reacting.

Thus, the focus of the PAM should be to prepare and educate its employees as well as the general public in the event of an outbreak of the disease in the Central Karoo and Prince Albert Municipal area.

The four (4) focus areas that the PAM wants to pro-actively address.

1. PAM as an employer.
2. Information and communication.
3. Administrative and other control measures.
4. Providing guidance and support to other employers, organizations and the public.

2. HOW A COVID-19 OUTBREAK COULD AFFECT THE PAM

Similar to influenza viruses, SARS-CoV-2, the virus that causes COVID-19, has the potential to cause extensive outbreaks.

As a result, workplaces may experience:

a) Absenteeism

Workers could be absent because they are sick; are caregivers for sick family members; are caregivers for children if schools or day care centers are closed; have at-risk people at home, such as immunocompromised family members; or are afraid to come to work because of fear of possible exposure.

b) Interrupted service delivery.

Services and or Items from geographic areas severely affected by COVID-19 may be delayed or cancelled with or without notification.

3. THE PAM AS AN EMPLOYER

The Occupational Health and safety Act 85 of 1993 places an express obligation on the PAM to maintain a working environment that is safe and healthy.

On the issue of a healthy working environment, the PAM must ensure that the workplace is free from any risk to the health of its employees as far as it is reasonably practicable. Within the context of COVID-19, there is a clear obligation on the PAM to manage the risk of contamination in the workplace.

Practically, the PAM can ensure a healthy working environment by ensuring that the workplace is clean and hygienic, promoting regular handwashing by employees, promoting good respiratory hygiene by employees and keeping employees informed on developments related to COVID-19.

a) Sharing information with employees through:

- Email communication.
- Information Posters.
- Formal Education sessions.
- Social media (Facebook etc).
- Website
- Whatsapp
- SMS messaging
- Whatsapp Groups
- Circulars

b) Provision of Hand Sanitizers

- All offices.
- All official vehicles.
- Kitchens.
- Strategically throughout PAM office buildings to be accessed by general public.
 - Public waiting and receiving areas.

- All entrances.
- Ablution facilities.

c) Environmental Disinfection (PAM Buildings)

- Make sure that workplaces are clean and hygienic.
- Disinfection of certain high-risk areas should be done at least twice per day:
 - All entrances / receiving areas.
 - Waiting areas.
 - Gathering / meeting places after any gathering or meeting.
 - Door handles and railings.
- Surfaces (e.g. desks and tables) and objects (e.g. telephones, keyboards) need to be wiped with disinfectant regularly.
- Cleaning staff to be trained on:
 - Proper application of disinfectants.
 - Personal protection of staff.
 - Social distancing
- Promote regular and thorough hand-washing by employees, contractors and customers.
- Procurement of appropriate disinfectants effective against Corona Virus.

d) When an employee falls ill

The Basic Conditions of Employment Act 1997 entitles employees to paid sick leave. This may also be regulated by your contract of employment with your employees.

Where employees contract COVID-19, they should be permitted to take sick leave subject to the normal notification requirements and subject to your right to obtain proof that the employee is in fact sick. This would normally be supported by a medical certificate from a qualified medical practitioner confirming that the employee is ill and will be more work for a stated or anticipated period of time.

Where an employee exceeds their sick leave entitlement, then the balance of the employee's leave will be unpaid unless agreed to the contrary. However, the employee would be entitled to claim unemployment insurance benefits (UIF).

If an employee is placed under quarantine, and confirmed by a medical practitioner, it will be considered a special leave. (As stipulated in relevant agreements / legislation / State of Emergency requirements etc.)

It would not be appropriate for the PAM to consider incapacity proceedings against employees infected by COVID-19 unless the disease causes more long-term impacts on the employee's health and thereby affects their ability to do their job. Should this become necessary, normal incapacity principles would apply.

The Code of Good Practice requires the PAM to evaluate the seriousness of the illness, the likely period of absence, the nature of the employee's job and whether a temporary replacement may be secured. The employee must be given a hearing before any adverse action is taken.

Important:

If an employee is confirmed to have COVID-19, the PAM Management must inform fellow employees of their possible exposure to COVID-19 in the workplace but maintain the confidentiality of the infected employee. Employees who are well but who have a sick family member at home with COVID-19 should notify the PAM's Municipal Manager and should contact a health practitioner if they have had any contact with the infected person.

The PAM will monitor and respond to absenteeism at the workplace and implement plans to continue our essential functions in case we experience higher than usual absenteeism.

The PAM will, in certain circumstances, cross-train personnel to perform essential functions so that the workplace is able to operate even if key staff members are absent.

e) Self-quarantine

If the PAM has reasonable grounds to believe that an employee might be infected, the PAM is entitled to require that employee to remain at home and to undergo medical testing before returning to the workplace. The WHO regards 14 days as a reasonable period of self-quarantine.

In that event, and unless the employee is confirmed as sick by a medical practitioner, this should be treated as special paid leave, rather than sick leave or annual leave, given that the leave is enforced by the PAM.

The PAM is entitled to require that such employees work remotely where possible and subject to the PAM providing employees with the reasonable resources in

order to perform these work functions. The PAM will also be entitled to require employees under such conditions to report in to the PAM.

f) Work Travel

The PAM can cancel or re-schedule work travel – unless that travel is critical. Whilst the PAM may not dictate to an employee how they should travel during their annual leave, employees will be encouraged to avoid travel until the situation improves.

Heads of Departments, in consultation with the Municipal Manager of the PAM, will decide whether or not meetings will be attended, according to circumstances.

g) Partial or temporary business closure

It is conceivable that the PAM may be forced to close their operations, either due to widespread contagion or at the insistence of public health.

Should PAM be required to close for a temporary period, Council must establish whether there are any short time provisions in place for the PAM.

The PAM Management should also consider further measures as circumstances change

4. LINE OF COMMUNICATION

Good communication lines are very important to the PAM because it allows the PAM to be productive and operate effectively.

For the purpose of this Plan, the following communication lines will apply:

| Sender→ | Receiver→ | | Distribute to→ | End Receiver |
|-------------------------------------|-----------------------------|--|--|---|
| WC DoH (CK) Mrs. A. Jooste | G van Zyl | | | Employees working in relevant Department |
| | | | PAM Operational Manager & HR Practitioner | |
| | | | PAM Chief Financial Officer & HR Practitioner | |
| | Municipal Manager of PAM | | PAM Technical Manager & HR Practitioner | |

5. ADMINISTRATIVE & OTHER CONTROLS

a) Face masks

The PAM will / may offer face masks to ill employees and visitors (when necessary) to contain respiratory secretions until they are able leave the PAM.

In the event of a shortage of masks, the PAM may provide a reusable face shield that can be decontaminated. (an acceptable method of protecting against droplet transmission)

b) Contact – Sick people

The PAM will keep the public informed about symptoms of COVID-19 and ask sick people to minimize contact with workers until healthy again, such as by posting signs about COVID-19 at the PAM's offices and other workplaces where sick customers may visit.

c) Access to the Workplace

Where appropriate, the PAM will limit public access to offices, or restrict access to only certain workplace areas.

All visitors to the PAM will report to Reception and it will be the responsibility of the Receptionist to ensure that a Register, with details as determined by the Director Corporate Services, is completed.

No visitor will be allowed into the workplace without the consent of the receiving staff member.

The PAM will place notices at all entrances where notifying that right of access is reserved. Persons who have flu / Covid 19 symptoms should declare it immediately.

A visitor who declare any symptoms as referred to above, will be denied access to the workplace and alternative processes, such as telephone contact, will be followed to deal with the matter as otherwise agreed by die PAM Management.

d) Job appointments / Programmes / Interviews

All student appointments (Graduate Internship Programme, skills programmes, job shadowing, etc.) are suspended until further notice.

Only internal job interviews will be conducted and no external interviews will take place until further notice

e) Occupational health and safety

All medical assessments and surveillance programmes may be postponed until further notice by PAM Management.

The Occupational Safety Practitioner of the PAM will be available for assessments and investigations that are only being conducted at work sites.

d) Medical monitoring of workers

The PAM may consider offering enhanced medical monitoring of workers during COVID-19 outbreaks.

For any coronavirus (COVID-19) enquiries please note the following:

The PAM will develop processes and documents to enable line managers to deal with any incidents relating to coronavirus (COVID-19).

- These resources include:
- A screening questionnaire.
- An incident register.

e) Personnel exposure while working away

Personnel who may be exposed while working away from fixed facilities will be provided with alcohol-based hand rubs containing at least 60% alcohol for decontamination in the field, or, if possible, with soap and water.

f) Temporary workers

Temporary workers can help fill gaps when essential employees are sick, but the PAM will need to carefully evaluate costs and how easily those skills could be replicated by temporary workers.

g) Additional resources

Additional resources may be needed to put the processes and structures in place that enable employees to work effectively from home and other locations.

h) Organising meetings or events: PAM

No other Groups or Organizations will be permitted to use the meeting facilities of the PAM until further notice by the PAM Management.

There is a risk that people attending meetings or events might be unwittingly bringing the COVID-19 virus to the meeting. Others might be unknowingly exposed to COVID-19.

Meetings or gatherings may only happen if it relates to a reason that is a critical function of the PAM.

In the case of such meetings the following provisions are relevant:

No meeting may be attended by more than 25 people

The meeting venue must be considered when determining how many people are invited.

The organiser of the meeting must take appropriate measures to set up the meeting venue to achieve the desired level of social distancing.

If for any reason a meeting relates to a critical function, but requires attendance by more than 25 people but less than 50, then permission must be sought from the Municipal Manager of the PAM.

The request to hold a meeting of more than 25 people must be made at least 72 hours before the intended meeting date, and must include written reasons why the meeting is regarded as absolutely necessary.

The Municipal Manager will consider the request, and record in writing why the meeting is agreed to or not. If granted, the number of attendees may under no circumstances include more than 50 attendees.

Exempted from the provision of a maximum of 25 people attending a meeting related to a critical function are any meetings related directly to responding to the coronavirus pandemic, including but not limited to, staff awareness, training, simulations, disaster planning meetings, and emergency meetings.

However, organisers of this category of meetings still have to make every effort to ensure social distancing in the meetings. Even under this category, the number of attendees may under no circumstances include more than 50 attendees.

i) Measures to promote social distancing

- All employees must take their own health seriously and must play their role in protecting the health of their co-workers and the residents we serve.
- As a general guide, all employees should do their best to remain one metre away from each other where feasible. It is accepted that this is difficult to enforce in all situations including walking between venues, travelling in elevators, exiting and entering buildings, however an effort must be made nevertheless.

- Notwithstanding the difficulties of social distancing, the following provisions will now be in immediate effect.

j) Cleaning and disinfection after person(s) suspected/confirmed to have covid-19 have been in the PAM Offices etc.

- The PAM will close off areas used by the ill persons and wait as long as practical before beginning cleaning and disinfection to minimize the potential for exposure to respiratory droplets.
- Open outside doors and windows to increase air circulation in the area and wait up to 24 hours before beginning cleaning and disinfection.
- Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.

6. INFORMATION AND COMMUNICATION

Community Awareness, Education and Communication is critical in the management and prevention of the spread of COVID-19. Brief your employees, contractors and customers that of COVID-19. Awareness activities will be carried out at all major risky areas, such as where people come together in numbers, e.g. schools, churches, funerals and events etc.

Information, Education and Communication about hand hygiene will be communicated as one of the key preventative measures against COVID-19:

Key messages will be widely distributed to the general public, through various means i.e. Food handling premises (formal and informal; traditional gatherings; bus and taxi ranks; public gathering places (Churches, mosques, shopping malls); shopping centers; and the fast food chain retailers; fuel service stations and other places where the public may gather.

The following will be implemented with immediate effect:

a) Information to be shared:

- What is the disease?
- How does the disease spread?
- How to protect oneself from the disease?
- Symptoms of the disease and how to self-diagnose.
- What to do if you suspect that you are infected?
- Self-isolation and quarantine.

b) Develop and disseminate posters and pamphlets to:

- General public.
- Places of work.
- Institutions.
- Public places.

c) Education and training:

Information will also be made available via the PAM's Communications Officer on the:

- PAM website.
- Social media.

7. INTERVENTIONS REQUIRED BY MUNICIPALITIES

The President has announced a number of measures to halt the spread of COVID 19 in South Africa. Municipalities play a critical role in the implementation of these measures that would halt the spread of the infection in South Africa.

The PAM will therefore request Municipalities in the Central Karoo to commit sufficient resources to address this matter urgently.

The PAM therefore urge municipalities to implement the following measures as outlined by the President. The key interventions municipalities must implement immediately include:

- a) public hygiene facilities where the public can wash their hands with water and soap and where possible disinfectant dispensers especially in crowded areas and public service buildings.
- b) Discourage mass gatherings and where necessary limit to less than 100 persons.
- c) Public education on prevention measures against COVID 19.
- d) Ensure provision of water and sanitation.
- e) Embark on deep cleaning and disinfecting areas of high traffic where the likelihood of spread is high.

8. ROLE OF THE SECTION MUNICIPAL HEALTH IN THE MANAGEMENT OF COVID-19

- a) Participation in Outbreak Response Teams (ORT) activated at provincial and district level.
- b) Investigation of suspected cases and contact tracing. Provide reports to the province/national on cases and investigations.
- c) Monitoring of the management of the human remains and disposal of the dead.
- d) Ensure decontamination and disinfection of affected homes.
- e) Monitoring of the management of health care waste.
- f) Conduct health education, awareness raising and health promotion.

9. PAM PROVIDING GUIDANCE AND SUPPORT TO OTHER EMPLOYERS / ORGANISATIONS

- a) Providing employers with guidance and information as well as practical steps to assist employers in dealing with COVID19 in the work environment.
- b) Providing employers with the same measures to be implemented for dealing with COVID19 as those suggested for the PAM.
- c) Brief employees, contractors and customers that if COVID-19 starts spreading in the Central Karoo and Prince Albert municipal area, anyone with even a mild cough or low-grade fever (37.3 C or more) needs to stay at home.
- d) Providing posters and pamphlets.
- e) Providing health education.

10. COPING WITH STRESS DURING THE 2019-NCOV OUTBREAK

- a) It is normal to feel sad, stressed, confused, scared or angry during a crisis. Talking to people you trust can help.
- b) If you must stay at home, maintain a healthy lifestyle - including proper diet, sleep, exercise and social contacts with loved ones at home and by email and phone with other family and friends.
- c) Don't use smoking, alcohol or other drugs to deal with your emotions. If you feel overwhelmed, talk to someone. Have a plan, where to go to and how to seek help for physical and mental health needs if required.
- d) Get the facts. Gather information that will help you accurately determine your risk so that you can take reasonable precautions. Find a credible source you can trust such as WHO website etc.

- e) Limit worry and agitation by lessening the time you and other employees spend watching or listening to media coverage that you perceive as upsetting.
- f) Draw on skills you have used in the past that have helped you to manage previous life's adversities and use those skills to help you manage your emotions during the challenging time of this outbreak.

11. BUDGET

- a) Disinfectant and hand sanitizers will be procured by the PAM's Department Operational Services, responsible for cleaning and maintenance.
- b) The development of the posters and pamphlets, if necessary, will be done in house by the Office of the Municipal Manager at no additional cost to Council.

12. HOW TO STAY INFORMED

- Find the latest information from WHO on where COVID-19 is spreading:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>

Advice and guidance from WHO on COVID-19

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

<https://www.epi-win.com/>

Toll-Free National Coronavirus Hotline: 0800 029 999, the Provincial hotline: 021 928 4102 or WhatsApp "Hi" to 060 012 3456.

Signed by:

.....
Cllr G Lottering
EXECUTIVE MAYOR

.....
DATE

.....
A Vorster
MUNICIPAL MANAGER

.....
DATE

ANNEXURE A

PROTOCOL FOR MEETINGS / EVENTS

PRINCE ALBERT MUNICIPALITY

COVID 19: PAM PROTOCOL W.R.T. MEETINGS / EVENTS

There is a risk that people attending our meetings or events might be unwittingly bringing the COVID-19 virus to the meeting. Others might be unknowingly exposed to COVID-19.

Meetings or gatherings may only happen if it relates to a reason that is a critical function of the PAM.

In the case of such meetings the following provisions are relevant:

1. No meeting may be attended by more than 15 people
2. The meeting venue must be considered when determining how many people are invited.
3. The organiser of the meeting is to take appropriate measures to set up the meeting venue to achieve the desired level of social distancing.
4. If for any reason a meeting relates to a critical function, but requires attendance by more than 15 people, then permission must be sought from the Municipal Manager
5. The request to hold a meeting of more than 15 people must be made at least 72 hours before the intended meeting date, and must include written reasons why the meeting is regarded as absolutely necessary.
6. The Municipal Manager will consider the request, and record in writing why the meeting is agreed to or not. If granted, the number of attendees may under no circumstances include more than 15 attendees.
7. Exempted from the provision of a maximum of 15 people attending a meeting related to a critical function are any meetings related directly to responding to the coronavirus pandemic, including but not limited to, staff awareness, training, simulations, disaster planning meetings, and emergency meetings.
8. However, organisers of this category of meetings still have to make every effort to ensure social distancing in the meetings. Even under this category, the number of attendees may under no circumstances include more than 15 attendees.

BEFORE THE MEETING OR EVENT, THE PAM WILL:

1. Consider whether the meeting or event is necessary or whether it could be postponed or replaced with a tele conference.
2. Check and follow the advice from the authorities in the community where the PAM plan to hold a meeting or event.

3. Ensure and verify information and communication channels in advance with key partners such as Section Municipal Health Services of the PAM and health care authorities.
4. Pre-order sufficient supplies and materials, including tissues and hand sanitizer for all participants.
5. Actively monitor where COVID-19 is circulating. Advise participants in advance that if they have any symptoms or feel unwell, they should not attend.
6. Make sure all organisers, participants, caterers and visitors at the meeting or event provide contact details: mobile telephone number, email and address where they are staying.

State clearly that their details will be shared with the Section Municipal health Services of the PAM and / or other role-players if any participant becomes ill with a suspected infectious disease. If they will not agree to this, they cannot attend the event or meeting.

DURING THE MEETING OR EVENT

1. Provide information or a briefing, preferably both orally and in writing, on COVID-19 and the measures that the PAM are taking to make a meeting or an event safe for participants.
2. Build trust. For example, as an icebreaker, practice ways to say hello without touching.
3. Encourage regular hand-washing or use of an alcohol rub by all participants at the meeting or event.
4. Encourage participants to cover their face with the bend of their elbow or a tissue if they cough or sneeze. Supply tissues and closed bins to dispose of them in.
5. Provide contact details or a health hotline number that participants can call for advice or to give information.
6. Display dispensers of alcohol-based hand rub prominently around the venue.
7. If there is space, arrange seats so that participants are at least one metre apart.
8. Open windows and doors whenever possible to make sure the venue is well ventilated.
9. If anyone starts to feel unwell, follow the PAM's preparedness plan.

PREPAREDNESS PLAN

1. If someone develop flu-like symptoms, do not panic.
2. Please self-quarantine. This means the person must limit his / her contact with other people.
3. Call the Toll-Free National Coronavirus Hotline:0800 029 999, the Provincial hotline: 021 928 4102 or WhatsApp “Hi” to 060 012 3456.
4. The person will be screened when entering the medical institution. This is done by answering specific questions before entry.
5. Only people who meet the criteria and have symptoms will be tested for COVID-19.
6. All test will be done at Prince Albert Hospital.
7. If the person is confirmed to have COVID-19, the PAM Management must inform fellow employees of their possible exposure to COVID-19, but maintain the confidentiality of the infected person.
8. Cleaning and disinfection after person(s) suspected/confirmed to have covid-19.
 - a. The PAM will close off areas used by the ill person and wait as long as practical before beginning cleaning and disinfection to minimize potential for exposure to respiratory droplets.
 - b. Open outside doors and windows to increase air circulation in the area and, if possible, wait up to 24 hours before beginning cleaning and disinfection.
 - c. Cleaning staff should clean and disinfect all areas (e.g., offices, bathrooms, and common areas) used by the ill persons, focusing especially on frequently touched surfaces.
9. How to clean and disinfect surfaces
 - a. If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
 - b. For disinfection, diluted household bleach solutions, alcohol solutions with at least 70% alcohol, and most common epa-registered household disinfectants should be effective.
 - c. diluted household bleach solutions can be used if appropriate for the surface. follow manufacturer’s instructions for application and proper ventilation. Check to ensure the product is not past its expiration date. never mix household bleach with ammonia or any other cleanser. unexpired household bleach will be effective against coronaviruses when properly diluted.
10. Personal Protective Equipment (PPE) and Hand Hygiene

- a. Cleaning staff should wear disposable gloves and gowns for all tasks in the cleaning process, including handling trash.
- b. Gloves and gowns should be compatible with the disinfectant products being used.
- c. Additional PPE might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.
- d. Gloves and gowns should be removed carefully to avoid contamination of the wearer and the surrounding area. Be sure to clean hands after removing gloves.
- e. Gloves should be removed after cleaning a room or area. Clean hands immediately after gloves are removed.
- f. Cleaning staff should immediately report breaches in PPE (e.g., tear in gloves) or any potential exposures to their supervisor.
- g. Cleaning staff and others should clean hands often, including immediately after removing gloves and after contact with an ill person, by washing hands with soap and water for 20 seconds. If soap and water are not available and hands are not visibly dirty, an alcohol-based hand sanitizer that contains 60%-95% alcohol may be used. However, if hands are visibly dirty, always wash hands with soap and water.

ANNEXURE B

STANDARD NOTICE GETTING YOUR WORKPLACE READY FOR COVID-19

GETTING YOUR WORKPLACE READY FOR COVID-19

In January 2020 the World Health Organization (WHO) declared the outbreak of a new coronavirus disease in Hubei Province, China to be a Public Health Emergency of International Concern. WHO stated there is a high risk of the 2019 coronavirus disease (COVID-19) spreading to other countries around the world.

WHO and public health authorities around the world are taking action to contain the COVID-19 outbreak. However, long term success cannot be taken for granted. ***All sections of our society – including businesses and employers – must play a role if we are to stop the spread of this disease.***

The Occupational Health and safety Act 85 of 1993 places an express obligation on the employer to maintain a working environment that is safe and healthy.

On the issue of a healthy working environment, the employer must ensure that the workplace is free from any risk to the health of its employees as far as it is reasonably practicable. Within the context of COVID-19, there is a clear obligation on the employer to manage the risk of contamination in the workplace.

The Section Municipal Health Services would like to bring the following to your attention:

1. How COVID-19 spreads

When someone who has COVID-19 coughs or exhales they release droplets of infected fluid. Most of these droplets fall on nearby surfaces and objects - such as desks, tables or telephones. People could catch COVID-19 by touching contaminated surfaces or objects – and then touching their eyes, nose or mouth.

If they are standing within 1 or 2 meters of a person with COVID-19 they can catch it by breathing in droplets coughed out or exhaled by them. In other words, COVID-19 spreads in a similar way to flu.

Most persons infected with COVID-19 experience mild symptoms and recover. However, some go on to experience more serious illness and may require hospital care. Risk of serious illness rises with age: people over 40 seem to be more vulnerable than those under 50. People with weakened immune systems and people with conditions such as diabetes, heart and lung disease are also more vulnerable to serious illness.

2. Simple ways to prevent the spread of COVID-19 in your workplace

The low-cost measures below will help prevent the spread of infections in your workplace, such as colds, flu and stomach bugs, and protect your customers, contractors and employees.

Employers should start doing these things now, even if COVID-19 has not arrived in the communities where they operate. They can already reduce working days lost due to illness and stop or slow the spread of COVID-19 if it arrives at one of your workplaces.

a) Make sure your workplaces are clean and hygienic

- Surfaces (e.g. desks and tables) and objects (e.g. telephones, keyboards) need to be wiped with disinfectant regularly.
- Why? Because contamination on surfaces touched by employees and customers is one of the main ways that COVID-19 spreads

b) Promote regular and thorough hand-washing by employees, contractors and customers

- Put sanitizing hand rub dispensers in prominent places around the workplace.
- Make sure these dispensers are regularly refilled.
- Display posters promoting hand-washing – ask your local public health authority for these or look on www.WHO.int.
- Combine this with other communication measures such as offering guidance from occupational health and safety officers, briefings at meetings and information on the intranet to promote hand-washing.
- Make sure that staff, contractors and customers have access to places where they can wash their hands with soap and water.
- Why? Because washing kills the virus on your hands and prevents the spread of COVID-19.

c) Promote good respiratory hygiene in the workplace.

- Display posters promoting respiratory hygiene. Combine this with other communication measures such as offering guidance from occupational health and safety officers, briefing at meetings and information on the intranet etc.
- Ensure that face masks and / or paper tissues are available at your workplaces, for those who develop a runny nose or cough at work, along with closed bins for hygienically disposing of them.
- Why? Because good respiratory hygiene prevents the spread of COVID-19

d) Advise employees and contractors to consult national travel advice before going on business trips.

e) Brief your employees, contractors and customers that if COVID-19 starts spreading in your community anyone with even a mild cough or low-grade fever (37.3 C or more) needs to stay at home. They should also stay home (or work from home) if they have had to take simple

3. Other important information:

3.1 Masks

Many people are wearing masks in photos we see of COVID-19 overseas. However, the message in RSA with regards to masks is that masks are not recommended for the general population. Masks irritate our face and, in some instances, result in people touching their face more often.

Masks have to be removed to eat and drink and care must be taken not to touch the dirty side of a mask. The mask must not be put on back to front in error or else the germs it caught are inhaled.

There are times when masks (surgical/medical/construction masks) are recommended:

- when an individual takes ill at work e.g. coughing or sneezing - to keep their germs to themselves;
- when an ill person goes out to see the dr;
- when medical staff are examining sick patients;
- when providing home care to the sick;
- if a person with COVID-19 is in self-isolation at home.
- If a mask is needed and unavailable, a scarf can be used or a homemade mask can be used.

N95 masks and eye protection are recommended for medical staff taking a swab test for COVID-19.

N95 masks with eye protection, a gown and gloves are recommended and when treating a person with COVID-19 in isolation in hospital.

3.2 The Face

Only touch the face if hands have been washed. Avoid touching the face casually as our hands potentially bring germs to the face. Entry points for germs to enter the body are the eyes, mouth and nose, due to the mucous membranes. This is because there are germs all around us and they easily get onto our hands.

3.3 Handwashing

This remains the most important message w.r.t. this virus. We need to wash hands frequently including before we prepare food, prior to eating, after a visit to the loo, after blowing our nose and before we touch our face. Wash hands with soap for 20 seconds. If water is unavailable or in short supply, use a hand sanitizer.

3.4 Surfaces and objects

The more we clean surfaces and objects the safer we are. When people speak/ cough/ sneeze, droplets go into the air. These droplets are heavy and soon rest on whatever surfaces are below them. Simple cleaning with ordinary cleaners is effective. Use a tissue to press a lift's button.

3.5 Handshakes

Consider alternatives to handshakes and hugs including the use of the knuckles/feet/elbows/backs.

3.6 If you get flu

Seek permission to remain at home if you are sick e.g. fever or coughing or have the flu.

3.7 Sick leave

Normal sick leave policies apply. Sick leave is also used for quarantine purposes. Contact the COVID-19 hotline to request a sick note if needed for quarantine.

3.8 If someone is sick

Sometimes a person may take ill at work. Offer them a tissue or mask and keep a distance of 1-2 m from them.

3.9 Doctor's Rooms

Call the COVID-19 Tollfree Hotline [0800-029-999](tel:0800-029-999) for advice first. Before going to the doctor call and make arrangements. If you arrive at the doctor's rooms and you have COVID-19 it may be necessary for others to go into quarantine for 2 weeks. If you call first, they can prepare themselves for your arrival.

3.10 Vitamins

Keep yourself as healthy as possible and take your usual multivitamins.

3.11 Flu Injection

The flu injection does not protect us from COVID-19, however we are all are advised to consider having the flu injection when it becomes available so we are not exposed unnecessarily to the "double whammy" of COVID-19 and flu.

3.12 Risk Register

Consider keeping a register in your workplace/establishment, of people who have travelled or are at other risk of developing COVID-19. They should self-monitor if they

are well. If they are contacts of confirmed cases, they need to contact the toll-free no. [0800-029-999](tel:0800-029-999) to discuss the need to self-quarantine.

3.13 When COVID-19 is suspected

You may have COVID-19 if ...

You have one symptom and one epidemiological criteria – see below.

a) *Symptoms of COVID-19*

Sudden chest illness with:

- Fever of 38 °C or higher, with or without chills/sweating (or history of fever);
- Cough (usually dry);
- Shortness of breath;
- Sore throat.

b) *Epidemiological Criteria (14 days or less, before the onset of symptoms):*

- Close contact of one with COVID-19 (or a probable case);
- History of travel from areas of ongoing community transmission e.g. Italy;
- Was in a health care facility where patients with COVID-19 were being treated.

3.14 Percentages

80% who test positive have a mild-moderate case of COVID-19. 20% have it more severely, needing medical support in hospital. 5% require ICU care. Only 2-3% die, therefore one's chance of recovery is quite high. The elderly 75 years and older are at greater risk as well as those with chronic conditions. We should do all we can to educate, protect and care for our loved ones. We should try to keep safe from COVID-19 to protect our loved ones from germs we could unknowingly carry to them.

3.15 Quarantine

When people are kept in a facility for 2-3 weeks e.g. after returning from China to check if they develop any symptoms.

3.16 Self-Quarantine

When people are advised to keep themselves apart from others, at home, in case they have contracted COVID-19. If visiting the doctor call first and wear a mask. They should self-monitor during this time.

3.17 Self-Monitor

Continue with your normal life at work but take your temperature twice daily and report if it is 37,3 °C or above. Look out for symptoms of fever, cough, sore throat and shortness of breath.

3.18 Isolation

Separation of someone with symptoms to ensure the disease is not transmitted.

3.19 Self-Isolation

If someone develops symptoms and has reason to believe they could have COVID-19 they should immediately self-isolate e.g. at home, so as not to spread the germs and should contact the tollfree no. for advice. Call the doctor / clinic before attending so they are prepared for you.

3.20 Close contacts

Face to face contact

- Together in a closed environment.
- Lives in same household.
- Works closely in the same environment.

3.21 Direct care

Healthcare worker or other person providing direct care without the full PPE (gown, gloves, N95 mask, eye protection)

3.20 Casual Contact

You do not fit the description of close contact but had some exposure to one diagnosed with COVID-19.

3.21 Care and Concern

We are all urged to remember to be caring towards our colleagues and loved ones who take ill, keep in touch and provide emotional support.

3.22 In the Home

a) *Home Care of the Sick*

Let them use a room on their own if available and wear a mask if possible, open a window in the room if feasible, or open windows periodically, try to keep a distance of 1-2m, care givers to wear masks.

b) Other Chronic Conditions

We are considered to be at greater risk if we have other chronic conditions. Most people have one or other chronic condition they are living with and managing. Be extra vigilant in taking steps to adhere to your treatment plan and to look after yourself.

c) HIV and COVID-19

If someone has HIV but is on ARV's and looking after themselves, a high CD4 will help protect them from opportunistic infections, including flu and COVID-19.

4. How to stay informed

- Find the latest information from WHO on where COVID-19 is spreading:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/situation-reports/>

- Advice and guidance from WHO on COVID-19

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019>

<https://www.epi-win.com/>

- Public COVID-19 Hotline: [0800-029-999](tel:0800-029-999)

5. Coping with stress during the 2019-ncov outbreak

- It is normal to feel sad, stressed, confused, scared or angry during a crisis. Talk to people you trust can help.
- If you must stay at home, maintain a healthy lifestyle - including proper diet, sleep, exercise and social contacts with loved ones at home and by email and phone with other family and friends.
- Don't use smoking, alcohol or other drugs to deal with your emotions. If you feel overwhelmed, talk to a someone. Have a plan, where to go to and how to seek help for physical and mental health needs if required.
- Get the facts. Gather information that will help you accurately determine your risk so that you can take reasonable precautions. Find a credible source you can trust such as WHO website etc.
- Limit worry and agitation by lessening the time you and other employees spend watching or listening to media coverage that you perceive as upsetting.

- Draw on skills you have used in the past that have helped you to manage previous life's adversities and use those skills to help you manage your emotions during the challenging time of this outbreak.

ANNEXURE 1

ANNEXURE C

OUTBREAK RESPONSE TEAMS & CONTACT DETAILS

DOH NATIONAL

| | | | |
|--------------------------------|--|--------------|--|
| NICD Hotline (clinical advice) | | 082-883-9920 | |
|--------------------------------|--|--------------|--|

DoH PROVINCIAL

| CDC COORDINATOR | STAFF CATEGORY | CELL NO | EMAIL ADDRESS |
|-----------------------------------|--|------------------------------|--|
| Ms Charlene Ann Jacobs (Lawrence) | Western Cape: Deputy Director: CDC | 072-356-5146 021-483-3156 | charlenea.jacobs@westerncape.gov.za or charlene.lawrence@westerncape.gov.za |
| Mr. James Kruger | Acting Chief Director: Health Programmes and Director HAST | 083-266-1839 021-483-5771 | james.kruger@westerncape.gov.za |
| Dr. Saadiq Kariem | Chief Director: Emergency & Clinical Support Service | 082-420-2291 021-815-8708 | Saadiq.kariem@westerncape.gov.za |
| Mr. Hlengani Mathema | | 082-327-0394 021-483-6878 | hlengani.mathema@westerncape.gov.za |
| Ms Washiefa Isaacs | | 072-310-6881 021-483-3737 | washiefa.isaacs@westerncape.gov.za |
| Ms Lindi Mathebula | | 081-465-5326 021-483-9917 | lindi.mathebula@westerncape.gov.za |
| Ms Felencia Daniels | | 021-483-3156 | felencia.daniels@westerncape.gov.za |

DoH Prince Albert Health Council: CDC Coordinators and Outbreak Response Tracing Team

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| Ms Annalette Jooste | D.D. Comprehensive Health | 0834458106 0234143590 | Annalette.Jooste@westerncape.gov.za |
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| Ms Anneleen Vorster | Municipal Manager | 0662297077 | anneleen@pamun.gov.za |
| Mr. Gerrit van Zyl | Environmental Health | 0836546988 0234491000 | gerrit@skdm.co.za |
| Ms Bernadine Goliath | Information Management | 0837754484 | Bernadine.Goliath@westerncape.gov.za |

Outbreak Response Tracing Teams for Sub-districts

BEAUFORT WEST

(Beaufort West CDC, Beaufort West Hospital, Hillside Clinic, Kwa Mandlenkosi Clinic, Nieuvelddpark Clinic)

| Name | Staff category | Cell No | email address |
|-------------------|------------------------|------------|--|
| Tshokolo Ntombana | Nursing | 0732553654 | Tshokolo.Ntombana@westerncape.gov.za |
| Wilfred Erasmus | Nursing | 0791703217 | Wilfred.Erasmus@westerncape.gov.za |
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| Sonja Frieslaar | Nursing | 0736489029 | Sonja.Vrieslaar@westerncape.gov.za |
| Jeanette Rossouw | Nursing | 0824211638 | Jeanette.Rossouw@westerncape.gov.za |
| Leon Crafford | EHP | 0812708177 | leon@skdm.co.za |
| Bernadine Goliath | Information Management | 0837754484 | Bernadine.Goliath@westerncape.gov.za |

BEAUFORT WEST: MERWEVILLE

(Merweville Satellite Clinic)

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|-------------------|------------------------|------------|--|
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BEAUFORT WEST: MURRAYSBURG

(Murraysburg Hospital, Murraysburg Clinic)

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| Sandiswa Dingiswayo | Nursing | 0780347007 | Sandiswa.Dingiswayo@westerncape.gov.za |
| Dr Mouton | Medical | 0498440053 | - |
| Dr Sridhar | Medical | 0498440053 | - |
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BEAUFORT WEST: NELSPOORT

(Nelspoort Hospital, Nelspoort Clinic)

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LAINGSBURG & MATJIESFONTEIN

(Laingsburg Hospital, Laingsburg Clinic, Matjiesfontein Satellite Clinic)

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PRINCE ALBERT: PRINCE ALBERT & KLAARSTROOM

(Prince Albert Hospital, Prince Albert Clinic, Klaarstroom Satellite Clinic)

| Name | Staff category | Cell No | email address |
|-------------------|------------------------|------------|--|
| Lidie Gous | Nursing | 0823780097 | Johanna.Gous@westerncape.gov.za |
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PRINCE ALBERT: LEEU GAMKA

(Leeu Gamka Clinic)

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| | | | |
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ANNEXURE D

COVID-19 PRESIDENTIAL ANNOUNCEMENT

COVID-19 PRESIDENTIAL ANNOUNCEMENT

The President's address on the evening of 15 March 2020 set out a range of measures that have been and will have to be taken in respect of COVID-19. Specifically, under the banner of the Disaster Management Act he proclaimed a national state of disaster (Section 27). This Act provides for an integrated and coordinated disaster management policy that focuses on preventing or reducing the risk of disasters. A national command council chaired by the President is established and will meet 3 times per week. This has the status of an institution in the Public Service.

The following key aspects were raised by the President in the proclamation:

South Africans are advised to avoid travelling through EU, UK, US and China

- Measures must be taken to limit physical contact – gatherings of more than 100 people will be prohibited
- Small gatherings must have a plan in place to prevent and mitigate the potential impact of the virus
- Domestic travel is discouraged
- Non-essential government travel abroad will be curtailed
- All businesses must improve their hygiene control
- A tracking and monitoring system will be implemented to ensure that those who have been infected with the virus are monitored
- Travel ban from high risk countries
- SA Citizens to refrain from travelling to high risk countries
- Foreign nationals from high risk countries will be denied an entry visa into SA and pending visas issued are cancelled
- Schools to close on 18 March 2020 and resume after the Easter Holiday
- SA citizens returning from medium risk countries should undergo high intensity screening
- South Africans who are returning from high risk countries will be required to undergo testing and self-isolation
- Government will be putting fiscal interventions package measures in place to mitigate against the economic impact of COVID 19

- Thirty-five land points of entry to be shut as well as two sea-ports.

A state of national disaster is declared when existing legislation and contingency arrangements do not adequately provide for the national executive to deal with the disaster or there are other special circumstances that warrant this. What this means effectively is that the Cabinet will probably be designing and communicating special measures that SA Citizens, organizations and institutions will have to comply with.

What are our recommendations to organizations in light of the above?

1. Enhanced cleaning protocols, education and advocacy, availability of preventative measures such as alcohol-based sanitizers and closed bins must continue and be further improved.
2. All employees must be requested to disclose if they have (a) travelled abroad and if so where to (b) returned post mid-February 2020 from high risk country travel and if so they have to go into self-quarantine and be tested in line with protocols (c) returned post mid-February 2020 from medium-risk country travel and if so they have to undergo high-intensity screening.
3. Any gatherings of more than 100 people are prohibited and organizations will have to cancel these events or conduct them remotely if the tech is available.
4. Small gatherings (those less than 100 people) must be accompanied by employers having a plan in place to prevent and mitigate the potential impact of the virus.
5. This would include education, availability of hand sanitizers and the like as well as social distancing.
6. Despite point 4 above, organizations have been urged to limit physical contact and handshakes for example have been encouraged to be replaced by an elbow greeting.
7. Domestic travel should be discouraged and international travel curtailed.
8. As stated in our webinar, organizations should establish central “nerve” centers that record, monitor and co-ordinate matters pertaining to COVID-19.

Whilst organizations and all individuals must adopt a human-centric approach to dealing with this pandemic, the President already highlighted the obvious impact on the economic and financial dynamics in an already strained economy. In this regard, currently organizations are still operating under the parameters of labour law and the various provisions in the Labour Relations Act and BCEA as well as UIF and other Acts are available. We will have to monitor the proclamations of the National Command Council closely and each organization will have to respond in a manner that will afford the greatest sustainability based on the merits of each case.

ANNEXURE E

DISASTER MANAGEMENT ACT, 2002

**REGULATIONS ISSUED IN TERMS OF
SECTION 27(2)0 OF THE DISASTER
MANAGEMENT ACT, 2002.**

DEPARTMENT OF CO-OPERATIVE GOVERNANCE AND TRADITIONAL AFFAIRS

NO. 318

DISASTER MANAGEMENT ACT, 2002

18 MARCH 2020

REGULATIONS ISSUED IN TERMS OF SECTION 27(2)(I) OF THE DISASTER MANAGEMENT ACT, 2002.

I, Dr Nkosazana Dlamini Zuma, the Minister of Cooperative Governance and Traditional Affairs, designated under Section 3 of the Disaster Management Act, 2002 (Act No. 57 of 2002) ("the Act"), having declared a national state of disaster, published in Government Gazette No. 43096 on 15 March 2020, in terms of Section 27(2) of the Act, after consulting the relevant Cabinet members, hereby make the Regulations set out in the schedule hereto regarding the steps necessary to prevent an escalation of the disaster or to alleviate, contain and minimise the effects of the disaster.

Nc Zuma

DR NKOSAZANA DLAMINI ZUMA, MP
MINISTER OF COOPERATIVE
GOVERNANCE AND TRADITIONAL
AFFAIRS

DATE: 17. 03. 2020.

SCHEDULE

Definitions

1. In these Regulations, unless the context otherwise indicates—

'adequate space' means not more than one person per square meter of floor space;

'COVID-19' means the Novel Coronavirus (2019-nCov) which is an infectious disease caused by a virus, which emerged during 2019 and was declared a global pandemic by the WHO during the year 2020 that has previously not been scientifically identified in humans;

'Criminal Procedure Act' means the Criminal Procedure Act, 1977 (Act No. 51 of 1977);

'enforcement officer' includes a member of the South African Police Service, the South African National Defence Force and a peace officer as defined in section 1 of the Criminal Procedure Act;

'donor' means an individual, corporation or organisation that is a contributor of cash, kind and/or other assets;

‘gathering’ means any assembly, concourse or procession of more than 100 persons, wholly or partially in open air or in a building or premises;

‘isolation’ means separating a sick individual with a contagious disease from healthy individuals without that contagious disease in such a manner as to prevent the spread of infection or contamination;

‘liquor’ means—

- (a) any liquor product, as defined in section 1 of the Liquor Products Act, 1979 (Act No. 60 of 1989);
- (b) beer or traditional African beer; or
- (c) any other substance or drink declared to be liquor under the Liquor Act, 2003 (Act No. 59 of 2003), but does not include methylated spirits;

‘national state of disaster’ means the national state of disaster declared by Government Notice No. R. 313 of 15 March 2020;

‘partial care facility’ means a facility offering partial care as defined in section 1 of the Children’s Act, 2005 (Act No. 38 of 2005);

‘quarantine’ means separating asymptomatic individuals potentially exposed to a disease from non-exposed individuals in such a manner as to prevent the possible spread of infection or contamination;

‘school’ means a school as defined in section 1 of the South African Schools Act, 1984 (Act No. 84 of 1996); and

‘the Act’ means the Disaster Management Act, 2002 (Act No. 57 of 2002).

‘WHO’ means the World Health Organisation.

Release of resources

2.(1) The Department of Defence must, for the duration of the declared national state of disaster, within its available resources—

- (a) release and mobilise any available resources, including human resources, stores, equipment, ships, aircraft platforms, vehicles and facilities; and
- (b) ensure the delivery of essential services, as may be required, to prevent, limit, contain, combat and manage the spread of COVID19.

(2) National organs of state must, within their available resources release their personnel for the rendering of emergency services, as contemplated in section 27(2)(b) of the Act.

- (3) Institutions within national, provincial and local government must make resources, other than funding, available to implement these Regulations or directions issued in terms of section 27(2) of the Act regarding the national state of disaster.
- (4) Institutions within national, provincial and local government must—
 - (a) make funding available; and
 - (b) as far as possible, without affecting service delivery in relation to the realisation of the rights contemplated in sections 26 to 29 of the Constitution of the Republic of South Africa, 1996, shift funding, within its budget to implement these Regulations or directions issued in terms of section 27(2) of the Act, regarding the national state of disaster.
- (5) The National Treasury and provincial treasuries must take the necessary steps in terms of applicable legislation to implement these Regulations or directions issued in terms of section 27(2) of the Act, in relation to the national state of disaster.
- (6) Donor funding received to assist with the national state of disaster must be—
 - (a) paid into the Reconstruction and Development Fund, established by the Reconstruction and Development Fund Act, 1994 (Act No. 7 of 1994); and
 - (b) used strictly for purposes of implementing these Regulations and directions issued in terms of section 27(2) of the Act in relation to the national state of disaster.

Prevention and prohibition of gatherings

- 3.(1) In order to contain the spread of COVID-19, a gathering is prohibited.
 - (2) An enforcement officer must, where a gathering takes place—
 - (a) order the persons at the gathering to disperse immediately; and
 - (b) if they refuse to disperse, take appropriate action, which may, subject to the Criminal Procedure Act, include arrest and detention.
 - (3) The assembly of more than 50 persons at premises where liquor is sold and consumed is prohibited.

Refusal of medical examination, prophylaxis, treatment, isolation and quarantine

- 4.(1) No person who has been clinically, or by a laboratory, confirmed as having COVID-19, or who is suspected of having contracted COVID-19, or who has been in contact with a person who is a carrier of COVID-19, may refuse consent to an enforcement officer for—

- (a) submission of that person to a medical examination, including but not limited to the taking of any bodily sample by a person authorised in law to do so;
- (b) admission of that person to a health establishment or a quarantine or isolation site; or
- (c) submission of that person to mandatory prophylaxis, treatment, isolation or quarantine or isolation in order to prevent transmission:

Provided that if a person does not comply with the instruction or order of the enforcement officer, that person must be placed in isolation or quarantine for a period of 48 hours, as the case may be, pending a warrant being issued by a magistrate, on application by an enforcement officer for the medical examination contemplated in paragraph (a).

- (2) A warrant contemplated in subregulation (1) may be issued by a magistrate, if it appears from information on oath or affirmation by an enforcement officer —
 - (a) that a person is confirmed as having been infected with COVID-19;
 - (b) who is on reasonable grounds suspected of having contracted COVID-19, or who has been in contact with, or on reasonable grounds suspected to have been in contact with a person who is a carrier or infected with COVID-19.
- (3) The warrant may impose restrictions on the powers of the enforcement officer as the magistrate may deem fit.
- (4) A warrant issued in terms of this regulation remains in force until —
 - (a) it is executed;
 - (b) it is cancelled by the person who issued it or, if such person is not available, by any person with like authority;
 - (c) the expiry of ninety days from the date of its issue; or
 - (d) the purpose for the issuing of the warrant has lapsed, whichever occurs first.
- (5) No person is entitled to compensation for any loss or damage arising out of any *bona fide* action or omission by an enforcement officer under this regulation.

Places of quarantine and isolation

- 5.(1) The Minister of Public Works and Infrastructure must identify and make available sites to be used as isolation and quarantine facilities as the need arises.
- (2) The Members of the Executive Council responsible for public works must identify and make available sites to be used as isolation and quarantine facilities within each province, as the need arises.

- (3) The accounting officers of municipalities must identify and make available sites to be used as isolation and quarantine facilities within their local areas, and provide the list to the Department of Health for resourcing.

Closure of schools and partial care facilities

6. Schools and partial care facilities must be closed by 18 March 2020 until 15 April 2020, which period may be extended for the duration of the national state of disaster by the cabinet member responsible.

Suspension of visits

7. All visits by members of the public to—

- (a) Correctional Centres;
- (b) Remand Detention Facilities;
- (c) Holding Cells;
- (d) Military Detention Facilities; and
- (e) Department of Social Development facilities, including Child and Youth Care Centres, shelters, One Stop Centres, and Treatment Centres,

are suspended for a period of 30 days from the date of publication of this Notice, which period may be extended for any period, but not beyond the duration of the national state of disaster by the cabinet member responsible.

Limitation on the sale, dispensing or transportation of liquor

- 8.(1) All on-consumption premises selling liquor, including taverns, restaurants and clubs, must be closed with immediate effect, or must accommodate no more than 50 persons at any time: Provided that adequate space is available and that all directions in respect of hygienic conditions and limitation of exposure to persons with COVID-19, are adhered to.
- (2) All premises selling liquor which provide accommodation must implement measures to stop the spread of COVID-19: Provided that adequate space is available and that all directions in respect of hygienic conditions and limitation of exposure to persons with COVID-19 are adhered to.
- (3) No special or events liquor licenses may be considered for approval during the duration of the national state of disaster.
- (4) All on-consumption premises selling liquor referred to in subregulation (1) must be closed —

- (i) between 18:00 and 09:00 the next morning on weekdays and Saturdays; and
 - (ii) from 13:00 on Sundays and public holidays.
- (5) All off-consumption premises selling liquor must be closed —
- (i) between 18:00 and 09:00 the next morning on weekdays and Saturdays; and
 - (ii) from 13:00 on Sundays and public holidays.

Emergency Procurement Procedures

9. Emergency procurement for institutions is subject to —
- (a) the Public Finance Management Act, 1999 (Act No. 1 of 1999), and the applicable emergency provisions in the Regulations or Instructions made under section 76 of that Act; and
 - (b) the Municipal Finance Management Act, 2003 (Act No. 56 of 2003), and the applicable emergency provisions in the Regulations made under that Act.

Authority to issue directions

- 10.(1) The Minister of Health may—
- (a) issue directions to address, prevent and combat the spread of COVID-19 in any area of the Republic of South Africa, which directions may include the—
 - (i) recruitment and training of human resources from the Department of Health, and other entities responsible for the handling of COVID-19 mortal remains;
 - (ii) deployment of human resources from the Department of Health to identified sites to render services;
 - (iii) sourcing of human resources from the Expanded Public Works Programme retired health professionals and Non-Governmental Organisations to render services in identified sites;
 - (iv) provision of health equipment, sanitation materials and medical supplies;
 - (v) identification and establishment of mortuaries that will accommodate all COVID-19 mortal remains;
 - (vi) disposal of COVID-19 mortal remains; and
 - (b) vary the directions referred to in paragraph (a) as the circumstances require.
- (2) The Minister of Justice and Correctional Services may—

- (a) issue directions to address, prevent and combat the spread of COVID-19 in all Correctional Centres and Remand Detention Facilities in the Republic of South Africa;
 - (b) after consultation with the Chief Justice, where appropriate, issue directions to address, prevent and combat the spread of COVID-19 in all courts and court precincts in the Republic of South Africa; and
 - (c) vary the directions referred to in paragraphs (a) and (b) as the circumstances require.
- (3) The Ministers of Basic and Higher Education may —
- (a) issue directions to address, prevent and combat the spread of COVID-19 in all schools and institutions of higher learning; and
 - (b) vary the directions referred to in (a) as the circumstances require.
- (4) The Minister of Police may—
- (a) issue directions to address, prevent and combat the spread of COVID-19 in all police stations, police precincts, and holding cells; and
 - (b) vary the directions referred to in paragraph (a) as the circumstances require.
- (5) The Minister of Social Development may—
- (a) issue directions to address, prevent and combat the spread of COVID-19 in all Department of Social Development facilities; and
 - (b) vary the directions referred to in paragraph (a) as the circumstances require.
- (6) The Minister of Trade and Industry may —
- (a) issue directions to—
 - (i) protect consumers from excessive, unfair, unreasonable or unjust pricing of goods and services during the national state of disaster; and
 - (ii) maintain security and availability of the supply of goods and services during the national state of disaster;
 - (b) issue directions to address, prevent and combat the spread of COVID-19; and
 - (c) vary the directions referred to in paragraphs (a) and (b) as the circumstances require.
- (7) The Minister of Transport may—

- (a) issue directions to address, prevent and combat the spread of COVID-19 in matters falling within his mandate; and
 - (b) vary the directions referred to in paragraph (a) as the circumstances require.
- (8) Any Minister may issue and vary directions, as required, within his or her mandate, to address, prevent and combat the spread of COVID-19, from time to time, as may be required, including—
- (a) disseminating information required for dealing with the national state of disaster;
 - (b) implementing emergency procurement procedures;
 - (c) taking any other steps that may be necessary to prevent an escalation of the national state of disaster, or to alleviate, contain and minimise the effects of the national state of disaster; or
 - (d) taking steps to facilitate international assistance.

Offences and penalties

11.(1) For purposes of regulation 3, any person who—

- (a) convenes a gathering;
- (b) permits more than 50 persons at premises where liquor is sold and consumed; or
- (c) hinders, interferes with, or obstructs an enforcement officer in the exercise of his or her powers, or the performance of his or her duties in terms of these Regulations,

is guilty of an offence and, on conviction, liable to a fine or to imprisonment for a period not exceeding six months or to both such fine and imprisonment.

- (2) A person is guilty of an offence if that person fails to comply with or contravenes the provisions of regulations 6 and 9 of these Regulations.
- (3) A person convicted of an offence mentioned in subregulation (2) liable on conviction to a fine or to imprisonment not exceeding six months or to both a fine and imprisonment.
- (4) Any person who intentionally misrepresents that he, she or any other person is infected with COVID-19 is guilty of an offence and on conviction liable to a fine or to imprisonment for a period not exceeding six months or to both such fine and imprisonment.
- (5) Any person who publishes any statement, through any medium, including social media, with the intention to deceive any other person about—

- (a) COVID-19;
- (b) COVID-19 infection status of any person; or
- (c) any measure taken by the Government to address COVID-19,

commits an offence and is liable on conviction to a fine or imprisonment for a period not exceeding six months, or both such fine and imprisonment.

- (6) Any person who intentionally exposes another person to COVID-19 may be prosecuted for an offence, including assault, attempted murder or murder.

Commencement

- 12. These Regulations come into operation on the date of publication.

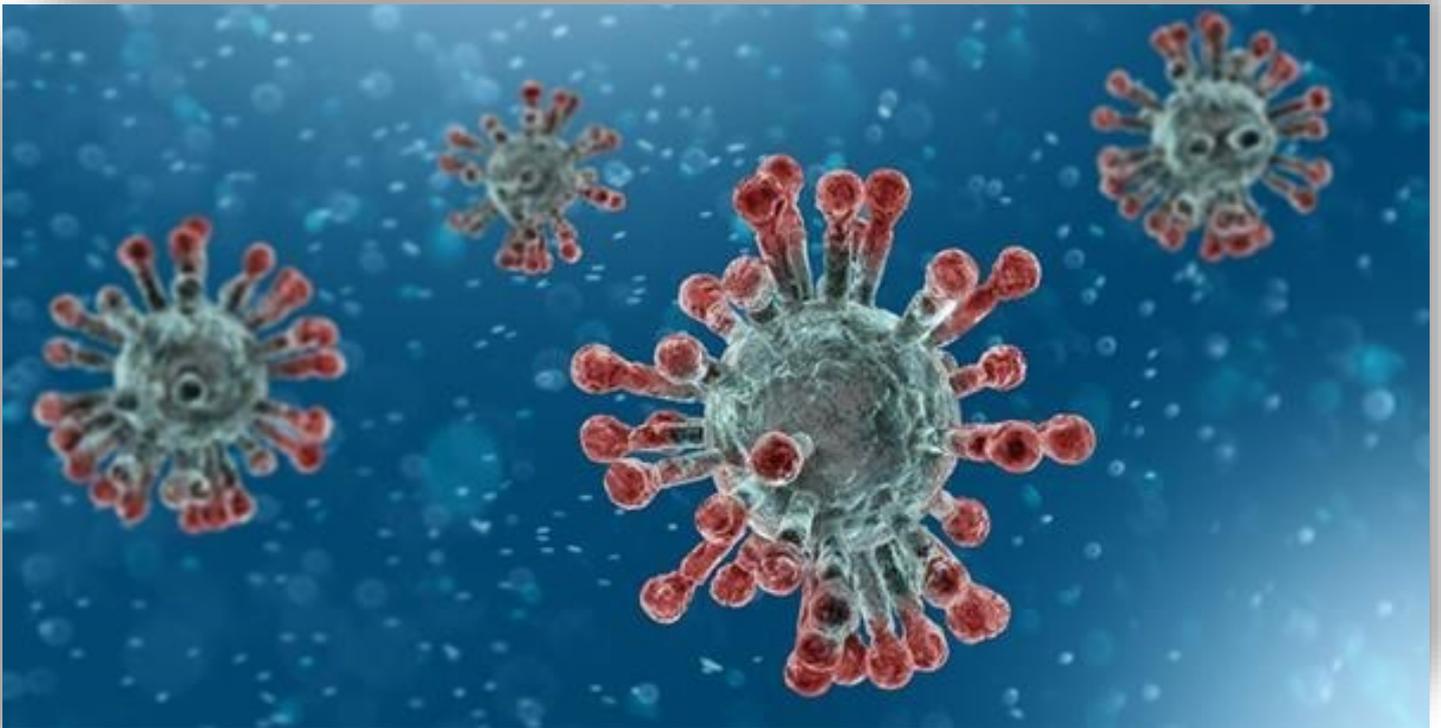
ANNEXURE F

COVID – 19 SERVICE RESPONSE PLAN FOR ALL HEALTH ESTABLISHMENTS IN THE PRINCE ALBERT



**Western Cape
Government**

Health



**COVID – 19 Service Response Plan for all Health
Establishments in the Prince Albert**

18 March 2020

(The plan will be updated as needed)

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PHASE 1: IMPORTED CASES ONLY: SOCIAL DISTANCING

Screening:

Screening at hospital and clinic entrance with referral to testing area if screening is positive, referral to outside waiting area if available. Testing will take place at the Emergency Centres at the 4 district hospitals.

Primary Health Care Facilities (including Satellite Clinics):

- Patients with appointments will be seen on the scheduled time slot;
- Sick patients (walk ins, or those without appointments) will be managed as usual;
- No visitors will be allowed in the facility. A parent/guardian/care taker will be allowed with a child, and a guardian / care giver for an elderly and/or frail or very sick person.
- Number of people in the waiting areas will be limited to 30 people;
- Treat and manage all patients as per normal routine.

Hospitals:

Inpatient service:

- Visiting hour will be from 19h00 – 20h00. Visiting hours in the morning and afternoon are cancelled; ○ Only one visitor per patient allowed per visiting hour. No rotating visitors will be allowed.
 - No children under 12 years.
- Treat and manage all inpatients;

Outpatient service:

- No visitors will be allowed in the facility. A parent/guardian/care taker will be allowed with a child, and a guardian / care giver for an elderly and/or frail or very sick person.
- Defer stable patients.

Theatre

- Continue service for elective and emergency procedures.

Outreach

- Continue outreaches to clinics and other hospitals.

Personal Protective Equipment (PPE)

- Fit test and train all staff for N95 and PPE;
- Use PPE sparingly;
- IPC Champion of the HE must ensure that enough PPE is available at all service points.

***N95 Respirators are for frontline staff.
Surgical Masks are for symptomatic patients, irrespective of
COVID 19.***

***Blanket use of masks and gloves for non-clinical staff, or clinical
staff not in the frontline is not recommended.
This includes the public as well.***

PHASE 2: LOCAL TRANSMISSION: PREPARATION FOR SURGE

Screening:

Screening at hospital and clinic entrance with referral to testing area if screening is positive, referral to outside waiting area if available. Testing will take place at the Emergency Centres at the 4 district hospitals.

Primary Health Care Facilities (including Satellite Clinics):

- Patients with appointments will be seen on the scheduled time slot;
- Sick patients (walk ins, or those without appointments) will be managed as usual;
- No visitors will be allowed in the facility. A parent/guardian/care taker will be allowed with a child, and a guardian / care giver for an elderly and/or frail or very sick person. •
Number of people in the waiting areas will be limited to 30 people;
- Treat and manage all patients as per normal routine.

Hospitals

Inpatient service:

- Visiting hour will be from 19h00 – 20h00. Visiting hours in the morning and afternoon are cancelled; ○ Only one visitor per patient allowed per visiting hour. No rotating visitors will be allowed.
- No children under 12 years.
- Treat and manage all inpatients;
- Do not admit new elective patients;

- Standby call lists in preparation of extra staffing requirements.

Outpatient service:

- Cancel OPD visits except High risk ANC;
- No visitors will be allowed in the facility, except for partner or the pregnant woman;
- Clear communication to public to avoid coming to hospital and defer elective procedures;
- Clear communication to patients that requires prescriptions from specialists, to contact OPC services if medication on a repeat prescription is nearly finished. This is not applicable for routine prescriptions. That will still take place at PHC level as usual.
- Defer elective radiology/sonography.

Theatre

- Cancel elective theatre;
- Only Emergency theatre will stay operational.

Outreach

- Continue outreach to clinics and hospitals;
- Improve capacity for video calls and telephonic consultations.

Training:

- All student activities cancelled- undergraduate, elective, international, job shadowing.

Personal Protective Equipment (PPE):

- IPC Champion of the HE must ensure that enough PPE is available at all service points;
- Glasses/goggles, mask and gloves. N95 for close interaction with PUI or confirmed cases.

Tracing:

- Tracing teams will be activated if there is a positive COVID 19 patient as per protocol.

PHASE 3: WIDESPREAD LOCAL TRANSMISSION: RATIONALIZE RESOURCES

Screening:

Screening at entrance of hospital and clinic. If screening positive, send home. If screen positive and sick, refer to EC at the hospital.

Disaster plan of the hospital could be activated. This could result in nursing staff from the clinics being allocated to the hospital to relief service pressure at the hospitals.

Primary Health Care Facilities (including Satellite Clinics)

- Patients with appointments will be seen on the scheduled time slot;
- Sick patients (walk ins, or those without appointments) will be managed as usual;
- No visitors will be allowed in the facility. A parent/guardian/care taker will be allowed with a child, and a guardian / care giver for an elderly and/or frail or very sick person.
- Number of people in the waiting areas will be limited to 30 people;
- Treat and manage all patients as per normal routine.

Hospitals

Inpatient service:

- Admit critically ill patients;
- Discharge patients for palliative care;
- Discharge patients with poor treatment adherence;
- Discharge patients for work-ups of underlying conditions.

Outpatient service:

- Limit to High risk Antenatal clinic.

Theatre

- Only Emergency theatre operational.

Outreach

- Cancel outreach to ensure social distancing.
- Improve capacity for video calls and telephonic consultations.

Training

- All student activities cancelled- undergraduate, elective, international, job shadowing.

Personal Protective Equipment (PPE)

- IPC Champion of the HE must ensure that enough PPE is available at all service points;
- Glasses/goggles, mask and gloves. N95 for close interaction with PUI or confirmed cases.

COMMUNITY BASED SERVICES:

- Community Health Care Workers (CHW) will be trained on basic IPC principles, focusing on hand hygiene, cough etiquette and social distancing;
- The NPO PN/EN and CHW will strengthen the following additional message in the community:
 - To not visit the clinic or hospital unnecessary – to go only when you are sick or you have an appointment;
 - That you will be screened at all the health establishments as part of the national preventative strategy;
 - That visitors to the health establishments will be limited (as mentioned above);
- CHW will do the screening questions at the PHC facilities.

PRIMARY HEALTH CARE FACILITIES, INCLUDING SATELLITE CLINICS.

- Health Promoters, counsellors and nursing staff (ENA) must give regular health promotion talks in the waiting area of the clinic on hand hygiene, cough etiquette and basic IPC principles, including social distancing;
- CHW will do screening at the entrance of the facility.
- **The Operational Manager / Sister in Charge of the Facility must:**
 - Identify a place where the CHW can be stationed at the entrance of the facility where basic screening will take place;
 - Identify a separate, dedicated space where the additional screening questions can be asked. Either a ENA or EN will work at this station; A dynamap and clinical thermometer must also be available in this area.
 - Ensure that hand sanitizers are available at both stations; ○ Working surface must be disinfected regularly; ○ Informational posters must be available and noticeable.
 - Ensure that all the necessary forms are available;
 - Ensure that all staff (including administrative staff and cleaners) are trained on hand hygiene practices – correct handwashing techniques;
 - Ensure that cough etiquette is practiced in the facility and that any person with a cough will be issued with a surgical mask;
 - Ensure that routine cleaning practices are carried out, with emphasis on regular cleaning of surfaces, door handles, taps etc.

- Should a patient meet all the criteria to be tested, EMS must be contacted to transport the patient to the nearest emergency centre or the patient can make use of private transport.
- Ensure that the person under investigation (PUI) wears appropriate PPE before transport to the hospital;
- EMS must take that PUI straight to the dedicated room at the hospital;
- The OPM/Sister in Charge of the Facility must alert personnel at the hospital to expect patient;
- Community needs to be educated to only visit the hospital / clinic in case of real illness and not to bring unnecessary people with.
- The OPM / Sister in Charge of the Facility must activate contact tracing team if needed (positive case). The tracing team must visit the contacts every day, for 14 days, to monitor development of any possible symptoms and to act accordingly.

District Hospitals:

- **The Nursing Manager must:**

- Identify a place where either a ENA or an EN can be stationed at the entrance of the hospital where basic screening will take place; This station may not be unattended;
- Identify a separated / isolated area where the additional screening questions can be asked and where testing can be conducted and where the patient can be triaged and assessed; A dinamap and clinical thermometer must also be available in this area.
- Must communicate with EMS where to drop of patients that need to be tested that are referred from the clinics;
- Ensure that all the necessary forms are available; ○ Ensure that hand sanitizers are available at both stations; ○ Working surface must be disinfected regularly; ○ Informational posters must be available and noticeable.
- Ensure that all staff (including administrative staff and cleaners) are trained on hand hygiene practices – correct handwashing techniques;
- Ensure that cough etiquette is practices in the facility and that any person with a cough will be issued with a surgical mask;
- Ensure that routine cleaning practices are carried out, with emphasis on regular cleaning of surfaces, door handles, taps etc.

COMMUNICATION STRATEGY:

- All questions and/or enquiries must be referred to Beaufort West Hospital at **023 414 8200**. The questions/enquiries will be referred to either the Manager: Medical Services or the Clinical Manager. Should neither of them be available the switchboard operator must take down the person's contact number so that he/she can be phoned back.
- Any enquiries after hours must be referred to the NICD hotline at **082 883 9920**;
- Encourage staff members and the public to access the national whatsapp group.
- The number is **060 012 3456**.
- The Manager: Medical Services will communicate any new information to the relevant stake holders as identified at the meeting of 18 March 2020

National Hotline: 0800 029 999

Provincial Hotline: 021 928 4102

B. ANNEXURE A: SCREENING TOOL FOR PRIMARY HEALTH CARE FACILITIES



COVID 19 SCREENING QUESTIONNAIRE

NAME OF PRIMARY HEALTH CARE FACILITY: _____

NAME OF PATIENT: _____

DATE: _____

| BASIC QUESTIONS: | Tick where applicable | |
|--|-----------------------|----|
| | Yes | No |
| Persons with acute respiratory illness with sudden onset of at least one of the following: | | |
| Do you cough? | | |
| Do you have a sore throat? | | |
| Do you have shortness of breath? | | |
| Do you have a fever ($\geq 38^{\circ}\text{C}$) or history of fever? | | |

If the patient answers yes to any of the questions take him/her to identified room.

Health care worker details:

Name:

Signature:

Registration number:

Name stamp

NAME OF PRIMARY HEALTH CARE FACILITY:

Patient name:

Date of Birth:

File Number:

Address:

In the 14 days prior to onset of symptoms, met at least one of the following epidemiological criteria:

| ADDITIONAL QUESTIONS | Yes | No |
|---|------------|-----------|
| Were in close contact with a confirmed or probable case of SARS-CoV-2 infection; | | |
| OR | | |
| Had a history of travel to areas with local transmission of SARS-CoV-2 (the list of these countries will change with time – consult the NICD website) | | |
| Which country: | | |
| OR | | |
| Worked in, or attended a health care facility where patients with SARS-CoV-2 infections were being treated | | |
| OR | | |
| Admitted with severe pneumonia of unknown aetiology | | |
| If patient has symptoms and answered YES to ONE of the 4 screening questions, discuss with Facility manager/Operational manager at District hospital. | | |

| Observations: | |
|-----------------------|--|
| Date and time: | |
| Blood pressure | |
| Pulse | |
| Respiratory Rate | |
| Mass | |
| Temperature | |
| Sats O2% | |

Name stamp

Health care worker details:

Name:

Signature:

Registration number:

▲ 9. ANNEXURE B: SCREENING TOOL FOR DISTRICT HOSPITALS



COVID 19 SCREENING QUESTIONNAIRE

NAME OF DISTRICT HOSPITAL: _____

NAME OF PATIENT: _____

DATE: _____

| BASIC QUESTIONS: | Tick where applicable | |
|--|-----------------------|----|
| | Yes | No |
| Persons with acute respiratory illness with sudden onset of at least one of the following: | | |
| Do you cough? | | |
| Do you have a sore throat? | | |
| Do you have shortness of breath? | | |
| Do you have a fever ($\geq 38^{\circ}\text{C}$) or history of fever? | | |

if the patient answers yes to any of the questions take him/her to identified room.

Health care worker details:

Name:

Signature:

Registration number:

NAME OF DISTRICT HOSPITAL:



Patient name:

Date of Birth:

File Number:

Address:

In the 14 days prior to onset of symptoms, met at least one of the following epidemiological criteria:

| ADDITIONAL QUESTIONS | Yes | No |
|---|------------|-----------|
| Were in close contact with a confirmed or probable case of SARS-CoV-2 infection; | | |
| OR | | |
| Had a history of travel to areas with local transmission of SARS-CoV-2 (the list of these countries will change with time – consult the NICD website) | | |
| Which country: | | |
| OR | | |
| Worked in, or attended a health care facility where patients with SARS-CoV-2 infections were being treated | | |
| OR | | |
| Admitted with severe pneumonia of unknown aetiology | | |
| If patient has symptoms and answered YES to ONE of the 4 screening questions, discuss with Facility manager/Operational manager at District hospital. | | |

Health care worker details:

Name:

Signature:

Registration number:

