

CENTRAL KAROO DISTRICT

COVID-19 INTEGRATED RESPONSE PLAN (Part 1 of 2)

**The virus doesn't move, people
move it. We stop moving, the virus
stops moving, the virus dies...It is
that simple...**



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1. INTRODUCTION

To reduce the impact of COVID-19 outbreak on businesses, workers, customers and the public, it is important for all employers in the Central Karoo District to plan for COVID-19.

Municipalities are required to develop and implement COVID-19 Response Plans and risk profiles. This Central Karoo Covid-19 Integrated Response Plan serves to outline and provide guidance to the Central Karoo District as a whole as far as our role, responsibilities and the actions taken or to be taken in response to the Covid-19 pandemic.

This multi-sectoral plan also aims to ensure the prevention of the COVID-19 spread into the Central Karoo District, as well as preparedness and readiness for a timely, consistent and coordinated response in the event of a COVID-19 outbreak.

The objective of this Plan is to address five (5) focus areas, namely

1. The responsibility of Municipalities, Provincial and National Departments as an employer.
2. The proposed Administrative and other controls.
3. Communication and Reporting.
4. Actions and interventions by stakeholders in the Central Karoo District.
5. Lockdown humanitarian aid and other support schemes.

2. GENERIC PRINCIPLES FOR CONSIDERING A MUNICIPAL RESPONSE (Annexure to MFMA Circular No. 99)

The following core principles have been identified as being relevant in an event of disasters, where governance and financial management practices are still required, but balanced with the need for rapid and impactful responses:

a) Strategic management

- (i) Extraordinary operations that are different from day-to-day activities are required.
- (ii) A balance is required between the controls and speed of decision-making within the applicable legal framework, and the need to be responsive to COVID -19 requirements; and
- (iii) Disaster-related decisions should be sub-delegated to and exercised by those closest to and critical to the need to respond to the pandemic.

b) Supply chain management

- (i) Sourcing rules should be appropriately adapted within the applicable legal framework to enable procurement decisions to be exercised in a manner that achieves the desired procurement outcomes with the required urgency and responsiveness as far as is reasonably possible. MFMA Circular No. 100 already provide guidance in this regard.
- (ii) Applicable procurement roles should be adapted for the purposes of ensuring adequate emergency preparedness planning and responsiveness to the pandemic; and
- (iii) Resources will be deployed by organs of state most suitable to respond to the COVID-19 relief procurement needs from a legal, practical, resource and skill capability perspective.

c) Donations and sponsorship

Regulation 48 of the Municipal Supply Chain Management Regulations provides that the accounting officer of a municipality or municipal entity must promptly disclose to the National Treasury and the relevant provincial treasury any sponsorships promised, offered or granted to the municipality or municipal entity, whether directly or through a representative or intermediary, by any person who is:

- (i) a provider or prospective provider of goods or services to the municipality or municipal entity or
- (ii) a recipient or prospective recipient of goods disposed or to be disposed of by the municipality or municipal entity. Therefore, municipalities or municipal entities, must as part of the envisaged reporting in terms of MFMA Circular No. 100, report all donations/sponsorships received from the local or international donor community to the National Treasury and the relevant provincial treasury within 30 days of receipt.

d) Disaster Response Plans

Municipalities should commit to pre-approved response plans, adjusted as necessary, and guard against deviations from established disaster response frameworks.

e) Risk assessment and mitigation

As the pandemic rapidly spreads, municipalities must conduct a localized risk assessment to help identify areas of most pressing need. The assessment should reflect on likelihood and impact/magnitude of each risk. Municipalities are advised to amend their risk registers accordingly.

f) Revenue Management

Revenue streams must be actively protected to mitigate the financial impact of COVID-19. Most business and households will feel the financial impact of COVID-19 (albeit to a varying degree) and will likely reprioritize their own spending patterns.

g) Expenditure Management

All non-essential spending should be curtailed to optimise savings that can in turn be applied for disaster relief. Strategic management of priority functional classifications of budget allocations and basic incremental increases to primary mandates and functions to ensure basic operational effectiveness (recurrent budgeting) should be undertaken, with savings and developmental project allocations channelled to areas of need identified through risk assessment while not losing sight of existing capital projects requirements; and

Records are maintained for all expenditure incurred to ensure effective internal controls, special adjustments budget allocations and appropriations, and audit purposes.

3. CONDITIONAL GRANTS BEING USED TO RESPOND TO COVID-19 (Annexure to MFMA Circular No. 99)

Municipalities should follow guidance issued by transferring officers regarding the use of conditional grant funds to support the response to the disaster.

Some of the projects that need to be implemented urgently (such as provision of water infrastructure) can already be funded within the purpose and rules of conditional grants.

In such cases, transferring officers will advise on the process for changing conditional grant business plans to enable the implementation of such projects.

Transferring officers and National Treasury will advise municipalities of any further changes to the use of conditional grants in 2019/20 to facilitate the response to the COVID-19 disaster.

Municipalities should follow closely any announcements from the National Treasury regarding revisions to allocations and conditional grant rules for 2020/21.

4. HOW A COVID-19 OUTBREAK COULD AFFECT THE CENTRAL KAROO

The COVID-19 outbreak affects all segments of the population and is particularly detrimental to members of those social groups in the most vulnerable situations, continues to affect populations, including people living in poverty situations, older persons, persons with disabilities, youth, and indigenous peoples.

Early evidence indicates that that the health and economic impacts of the virus are being borne disproportionately by poor people.

For example, homeless people, because they may be unable to safely shelter in place, are highly exposed to the danger of the virus.

If not properly addressed, the social crisis created by the COVID-19 pandemic may also increase inequality, exclusion, discrimination and unemployment in the medium and long term.

5. RESPONSIBILITY OF GOVERNMENT & OTHER PUBLIC INSTITUTIONS AS AN EMPLOYER

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 employers 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.

Practically, employers 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.
- Website.

b) Provision of Hand Sanitizers

- All offices.
- All official vehicles.
- Kitchens.

- Strategically throughout CKDM office buildings to be accessed by general public.
 - Public waiting and receiving areas.
 - All entrances.
 - Ablution facilities.

c) Environmental Disinfection

- 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 the employer's contract of employment with 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 employers 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 employers 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 employer 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 employer and should contact a health practitioner if they have had any contact with the infected person.

Employers must monitor and respond to absenteeism at the workplace and implement plans to continue essential functions in case they experience higher than usual absenteeism.

The employer can, 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 employer has reasonable grounds to believe that an employee might be infected, the employer 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 employer.

The employer is entitled to require that such employees work remotely where possible and subject to the employer providing employees with the reasonable resources in order to perform these work functions. The employer will also be entitled to require employees under such conditions to report in to the employer.

f) Work Travel

It is recommended that:

- Employers cancel or re-schedule work travel – unless that travel is critical.

Whilst the employer 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.

- Employers decide whether or not meetings will be attended, according to circumstances.

g) Partial or temporary business closure

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

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

Employers should also consider further measures as circumstances change

6. RECOMMENDED ADMINISTRATIVE & OTHER CONTROLS

a) Face masks

The employer will offer face masks to ill employees and visitors (when necessary) to contain respiratory secretions.

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

b) Contact – Sick people

The employer 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 employer's offices and other workplaces where sick customers may visit.

f) Medical monitoring of workers

Employers will consider offering enhanced medical monitoring of workers during COVID-19 outbreaks.

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

The employer can 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.

g) Personnel exposure while working away

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

h) Temporary workers

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

i) 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.

j) Organising meetings or events

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

Minimize number of attendees at meeting to less than 25 people.

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

The organiser of the meeting 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, permission must be sought from the employer.

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 employer may 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.

Organisers of meetings still have to make every effort to ensure social distancing in the meetings.

k) 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.

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

- The employer 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.

7. ESSENTIAL SERVICES WORKERS

- a) All people classified as essential workers would have to adhere to the regulations gazetted by Cooperative Governance and Traditional Affairs Minister Nkosazana Dlamini Zuma.
- b) Each worker will be expected to carry a permit which they will have to present to law enforcement agencies during the execution of the lockdown.

- c) According to the permit, under Regulation 118(3), “the person to whom this permit is issued must at all times present a form of identification to be presented together with this permit.
- d) If no identification is presented, the person to whom the permit is issued will have to return to his or her place of residence during the lockdown.
- e) Only staff rendering essential services and those out for essential purposes, such as buying groceries or going to work, would be allowed to leave home.

It is compulsory that employees who perform work that falls within the ambit of essential services must always be on duty as, if the contrary were to occur, the life, personal safety or health of citizens would be endangered.

Essential services at municipalities are the following:

- Disaster Management.
- Fire and Emergency Services.
- Municipal Traffic Services and Policing.
- Municipal Security.
- Municipal Health.
- Generation, Transmission and Distribution of Power (Electricity).
- Supply and Distribution of Water.
- Sanitation Services.
- The Collection of refuse left uncollected for 14 days or longer, including domestic refuse and refuse on public roads and open spaces.

Provision of permits to staff to travel to work

Staff rendering an essential service must be provided with a permit, in writing on the prescribed form, which gives them permission to leave their home and travel to work.

Staff must be advised that they must carry this permit with them whenever they travel, together with a recent ID, so that they can show enforcement officers who may stop them while they are travelling.

Staff may only use these permits when they are travelling to and from work, as the purpose of the lockdown is to reduce unnecessary movement.

8. GUIDELINES FOR SYMPTOM MONITORING AND MANAGEMENT OF ESSENTIAL WORKERS FOR COVID-19 RELATED INFECTION

The National Department of Health issued guidelines that are applicable to all essential services workers covered by Regulation GN R.398 of Government Gazette 43148 under section 3 of the Disaster Management Act, 1957 (Act 57 of 2002) as amended on 25 March 2020 wherein essential services are defined in Annexure B

The aim of this guideline is to enable:

- Early and timeous identification and diagnosis of workers at risk of COVID-19 infection
- Early referral for appropriate treatment, care and timeous return to work of affected workers
- The protection of other unaffected workers, consumers, visitors and clients of these groups of workers

The recommended procedures are as follow:

- Employees should be screened for COVID-19 related symptoms and report such symptoms to a designated person and / or occupational health practitioner prior to entry into the workplace or work area in order for a decision to be made as to the staff member's continued attendance at work.
- At the start of a shift and prior to ending the shift, designated persons and / or occupational health practitioner must check with employees whether they have experienced sudden onset of any of the following symptoms: cough, sore throat, shortness of breath or fever/chills (or $\geq 38^{\circ}\text{C}$ measured temperature if this is available at the worksite), in the past 24 hours as outlined in the symptom monitoring sheet. These are the current criteria for the identification of persons under investigation (PUI).
- Should an employee report any of the abovementioned symptoms, s/he should immediately be provided with a surgical mask and referred to the designated staff at the workplace so that arrangements can be made for COVID-19 testing at the closest testing centre.
- Should an employee report any additional symptoms as outlined in the symptom monitoring sheet, s/he should be provided with a surgical mask and referred to the occupational health clinic, family practitioner or primary care clinic for further clinical evaluation and requirement for COVID-19 testing if indicated.
- On receiving their results, the employee and/or health professional supporting the employee should notify their workplace so that the employee is managed accordingly. The workplace should proactively take steps to obtain this information to avoid any delays in reporting.
- The employee should be managed according to either scenario 1 or 2 in the algorithm outlined below.
- A positive COVID-19 test in an employee will require all potential contacts in the workplace to be assessed using scenarios 3 or 4 in the algorithm outlined below.
- All employees on returning to work after isolation or quarantine period, should follow general work restrictions that include:

- Undergo medical evaluation to confirm that they are fit to work
- Wearing of surgical masks at all times while at work for a period of 21 days from the initial test
- Implement social distancing measures as appropriate (in the case of health workers avoiding contact with severely immunocompromised patients)
- Adherence to hand hygiene, respiratory hygiene, and cough etiquette
- Continued self-monitoring for symptoms, and seek medical re-evaluation if respiratory symptoms recur or worsen

9. CENTRAL KAROO OUTBREAK RESPONSE TEAMS & CONTACT DETAILS (ANNEXURE 1)

Covid-19 affect the health and well-being of people. With adequate emergency preparedness and response structures in place, outbreaks can be quickly controlled and the number of people affected reduced.

The established Central Karoo Outbreak Response Teams are a technical, multi-disciplinary team that is readily available for quick mobilization and deployment in case of emergencies.

The Central Karoo team composition can be seen in Annexure 1 of this Plan.

10. COMMUNICATION & REPORTING

It is evident that municipalities, state departments and other institutions, due to their proximity to communities, have a central role to play in the government's response to combat the spread of the virus. As such, regulations and directives issued by respective Ministers, have a direct impact on the execution response of municipalities and state departments.

During this pandemic, it is critical that people are well informed, and armed with the correct information to keep themselves and others safe.

Fake news can have potentially deadly consequences and everyone is reminded not to share information that does not have an official or identifiable source.

Everyone is also reminded that the lockdown regulations have stipulated that the creation or spread of fake news is an offence.

Important

Every SA website must promote the govt portal on Covid-19, and cell number transfers banned

As of Thursday, 26 March, every website with a domain name that ends in .za – including every company website that uses the .co.za suffix, every organisation in .org.za, and every academic institution in .ac.za – must link to the South African government's Covid-19 portal at sacoronavirus.co.za.

That link must be "visible", and must be on the front page of the website, according to regulations gazetted by communications minister Stella Ndabeni-Abrahams.

The site, formally known as the Covid-19 South African Online Portal, contains information about the SARS-CoV-2 virus and the disease it causes, plus statistics on its spread in SA and related government press releases.

The regulations do not say what will happen to websites that do not comply, and do not specify a deadline by when websites must be updated, though the rules are immediately in force.

The requirement for a link to the website is part of interventions that also say that broadcasters must spread "public information related to the national effort to combat the spread of Covid-19 in all local languages including sign language".

The new regulations also suspend number portability, the process that allows a cellphone number to be transferred between operators. That means that changing from one cellphone network service provider to another will not be possible without being issued a new telephone number, for as long as the Covid-19 state of disaster is in place.

a) JDA PRINCIPLES

Joint District Approach is a geographical (district) and team based, citizen focused approach, with a single implementation plan to provide developmental initiatives and government services.

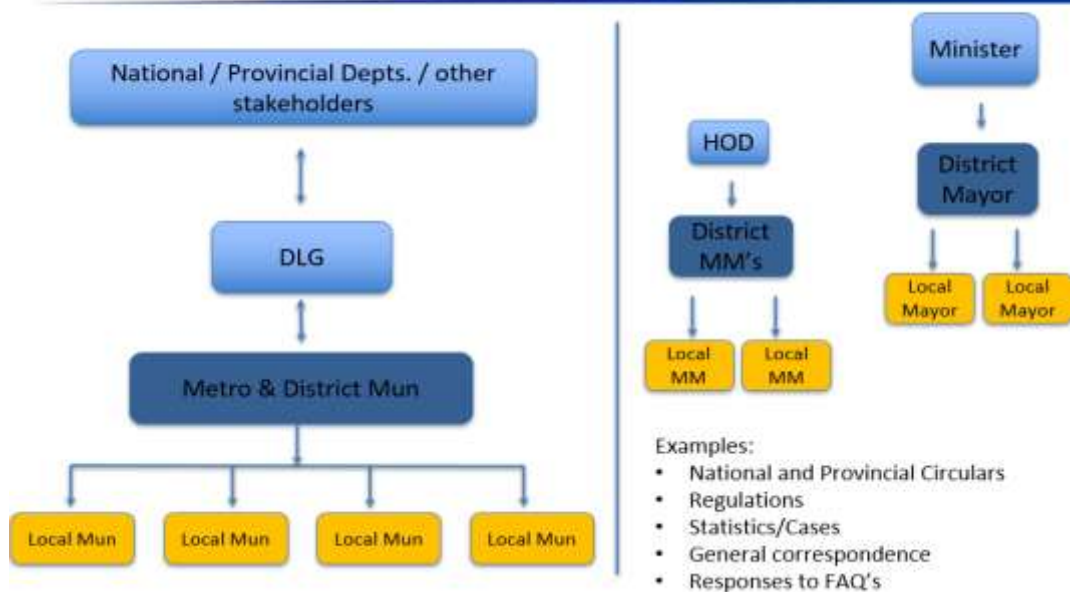
- Communication from the Minister to the District Mayor, in his capacity as Political Champion.
- Communication from the Head of Department to the District Municipal Manager, in his capacity as Administrative Head.
- All communication will then be disseminated via the District Municipality to Local Municipalities - Includes all communication from National Departments, Provincial Departments and stakeholders such as SALGA and MISA

Communication flow as follows:

- Minister of LG to communicate with the Mayor of the District Municipality.
- Mayor of the District Municipality to communicate with the Mayor of the Local Municipalities.

- Minister of LG will also communicate with Chief Whips of Opposition Parties.
- Head of Department: DLG communicate to the Municipal Manager of the District.
- District Municipal Manager communicate to the MM's of the Local Municipalities, municipal communication officials and JOC Head of Centre.

COVID19 Communication



Information Management

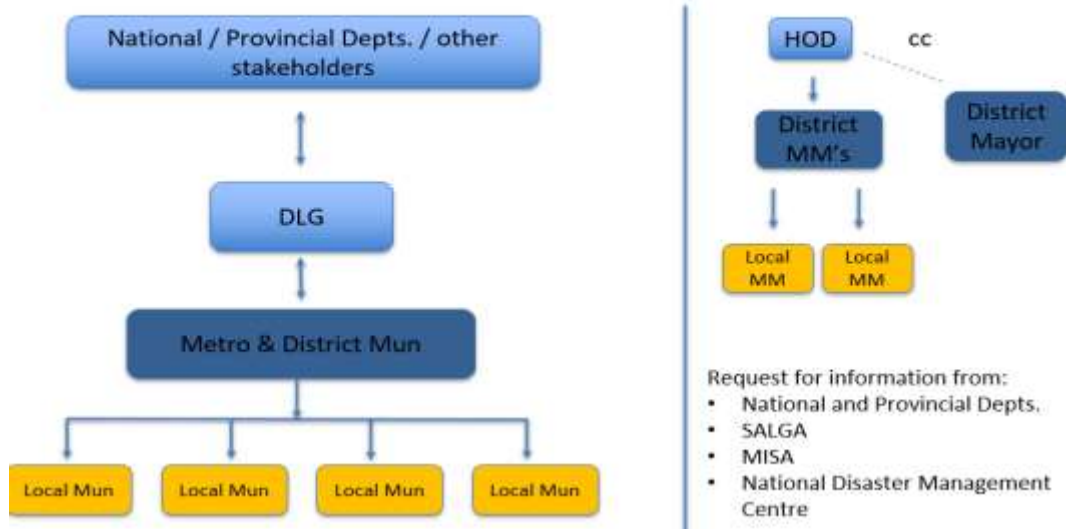
- All requests for information and data must be addressed to the District Municipal Manager, in his capacity as Administrative Lead.
- All information/data will be collected by the District Municipality from Local Municipalities and collated for submission.
- Includes all requests from National Departments, Provincial Departments and stakeholders such as SALGA and MISA.

Sharing of Information/Request for Information

Request for information will take place as follows:

- HOD: LG to request information from the Municipal Manager of the District.
- District Municipal Manager to request information from the Municipal Managers of the Local Municipalities, municipal communication officials and JOC Head of Centre.
- Mayor of the District to be copied on information request for noting and information purposes

COVID19 Information Management



Municipal Interface

Municipal Interface will guide consultation, communication and information sharing between the Minister of Local Government, Environmental Affairs and Development Planning, The Head of Department: Local Government and Mayors and Municipal Managers.

Interface Structures:

Minister, HOD with District Mayors and MM's

- Meet every Monday, Wednesday and Friday – via video call.
- Minister can invite other Ministers and HOD's to attend the meetings, when required or for information purposes

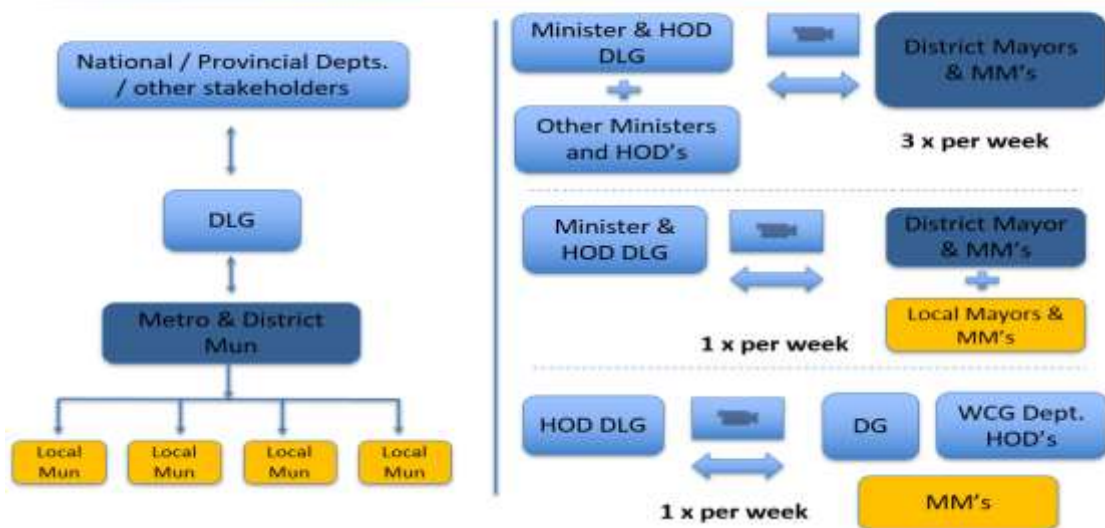
District Mayor, Local Mayors and their MM's

- Meet once a week– via video call.
- Provincial HOD's and other stakeholders can also be invited

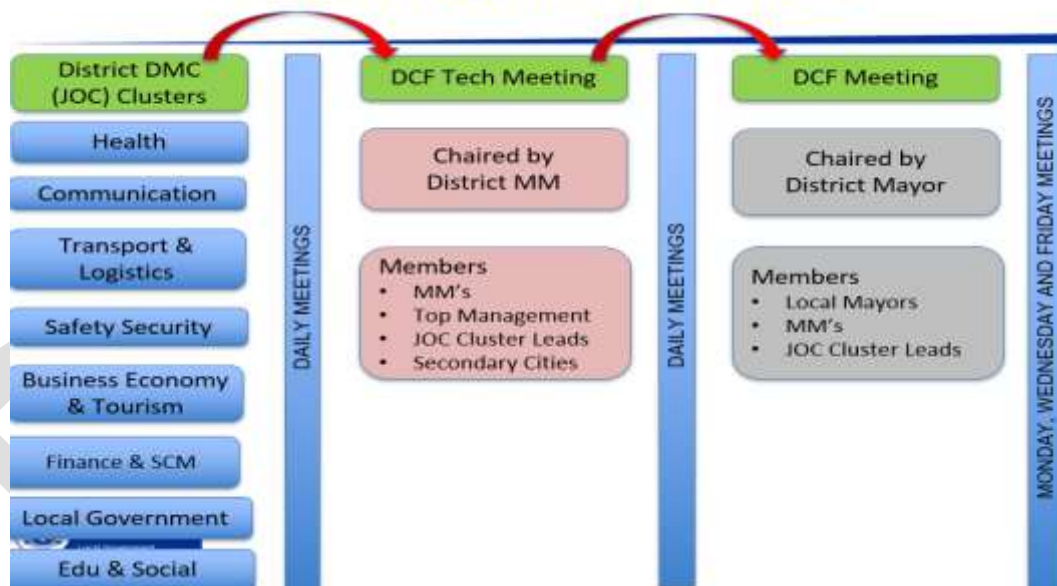
HOD: DLG, Other HOD's and the DG with MM's

- Meet once a week– via video call.
- Other stakeholders can also be invited.

COVID19 Municipal Interface



Joint District Approach to COVID-19



b) DISTRICT CORONAVIRUS COMMAND COUNCIL

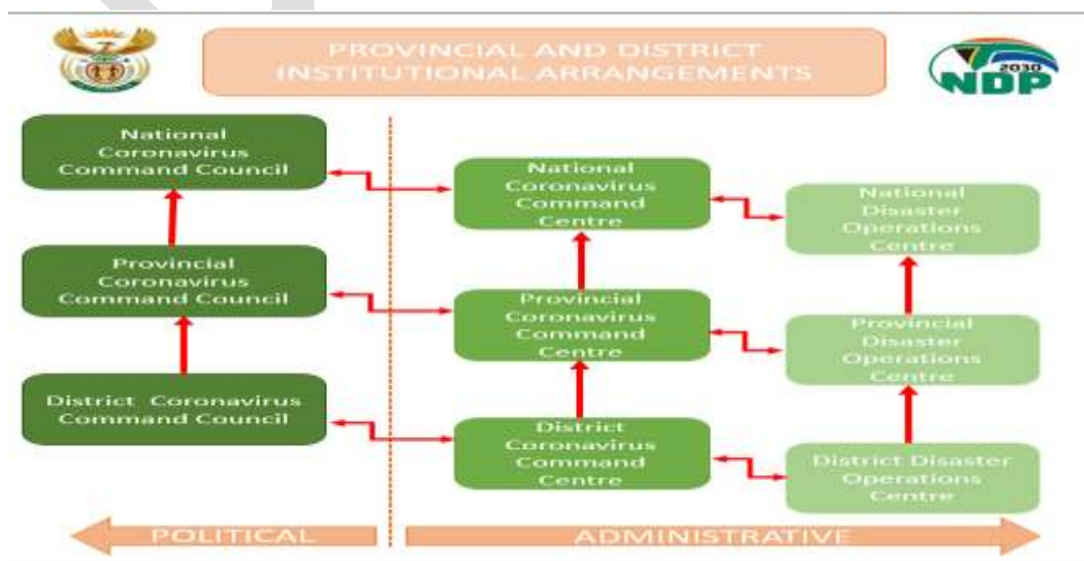
The roles and responsibilities of the **District Coronavirus Command Council** include:

- Provide leadership and oversight role ensure implementation of the measures to combat the spread of COVID-19 across districts and metros;
- Receive progress reports on the implementation of the District and Metro COVID-19 response plans;
- Ensure the provision of basic services such as water and sanitation, solid waste, temporary shelter, etc. to all communities;

- Ensure that the quarantine sites are identified and functional in line with the Health Standards;
- Support the allocation of additional resources to the district institutional structures such as Joint Operation Structures, Disaster Management Centres and other relevant structures;
- Monitor the implementation of the regulations, directives/ direction and guidelines at district level pertaining to combating the COVID-19;
- Take ownership and ensure reprioritisation and mobilisation of resources to respond to the COVID-19 pandemic;
- Submit district and metro reports to the Provincial Coronavirus Command Council; and
- Monitor and evaluate the impact of the interventions at district and metro level.

The District Coronavirus Command Council consists of the following members, namely:

- District Mayor. (Chair)
- District Speaker.
- All Local Mayors and Speakers. (in case of districts)
- District Members of the Mayoral Committees (MMCs) responsible for Infrastructure and finance, community services (including municipal health, human settlements and disaster management)
- Regional chairperson of the Local House of Traditional Leaders.



c) **JOINT OPERATION CENTRE'S (JOC)**

A District Joint Operational Committee has established to facilitate a coordinated response and flow of information. Staff from different sectors also participate, where possible, in Local Joint Operational Committees, work with all organs of state, local community-based health organizations and other civil society organisations.

The CKDM also collaborate with and participate in the Provincial Joint Operational Committees for flow of information in this regard.

Central Karoo District Joint Operation Centre (JOC)

The Central Karoo JOC is chaired by Mr. JJ. Jonkers of the CKDM and consists of representatives from the following institutions:

- Executive Mayors (x4) and Municipal Managers (x4).
- District Chief Whips (x4).
- Health.
- Transport and Logistics.
- Economic.
- Social Development.
- Local Government.
- Safety and Security.
- Education.
- Agriculture.
- Communication.

Meetings of the JOC are currently held on Tuesdays and Fridays in the Central Karoo District Municipality Boardroom.

Contact details of the CKDJOC can be seen in **Annexure 2** of this Plan

Local Municipality Joint Operational Centre (JOC)

It is the CKDM's recommendation that local municipal JOCs consist of the following role players, namely:

- Executive Mayor and Municipal Manager.
- Chief Whip.
- Health.
- Transport and Logistics.
- Business Chamber Chairperson and Local Tourism Chairperson.
- Social Development.
- Local Government.
- Safety and Security.
- Education.
- Agriculture.

- Communication.

Western Cape Disaster Management Centre (PDMC)

The PDMC is chaired by Mr. C. Deiner and consists of representatives from the following clusters:

- Health.
- Transport and Logistics.
- Economic.
- Social Development.
- Safety and Security.
- Education.
- Local Government.
- City of Cape Town & District Municipalities

Meetings of the PDMC take place on a daily basis.



d) Community awareness 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.

i) 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.

ii) Develop and disseminate posters and pamphlets to:

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

iii) Education and training:

Information will also be made available on the following:

- CKDM website.
- Social media.

e) Reporting

In addition to any other reporting done by Municipalities, Departments or stakeholders, daily basis on activities, issues etc. are provided to the following:

i) Western Cape Disaster Management

The CKDM Manager: Disaster Management reports on a daily basis on the following in relation to Fire and Rescue Services: -

- Manpower available for the day.
- Vehicles available for the day.
- Equipment available for the day.
- Advise on any incidents or situations that he feel WCDM should be made aware with in relation to the COVID-19 pandemic.

ii) National Department of Health

The CKDM Municipal Health Manager reports to the National Department of Health on a daily basis in relation to Municipal Health Services: -

- Community Awareness Programs.

- Deep cleansing activities for public places.
- Events Management.
- Challenges.
- Recommendations.

Other:

- EHP's participate in JOC.
- Number of compliant quarantine facilities.
- Number of cases reported.
- Number of cases that were untraceable.
- Number of isolated contacts.
- Number of cases that recovered.
- Number of cases that passed on.
- Amount of Health Care waste collected.
- Events monitored.
- Public Places with Additional Hand Wash Facilities.
- Community Health Awareness Campaigns conducted.
- PPE Supplied.
- Number of Trainings Conducted.
- Total number of people reached.

11. INTERVENTIONS / ACTIONS BY MUNICIPALITIES, STATE DEPARTMENTS AND OTHER ROLE PLAYERS

11.1 MUNICIPALITIES

Municipalities play a crucial role in implementing the Lockdown. They also play a crucial role in mitigating its devastating impact on access to basic services, food security and the local economy.

In addition to any tasks and / or powers assigned to municipalities related to Covid-19, the following interventions / actions are highlighted:

a) Municipal Disaster Relief Grant (Annexure 3)

Municipalities were informed of the Municipal Disaster Relief Grant that can be accessed to fund measures to combat the spread of COVID-19. All existing infrastructure grants should be reprioritized immediately to fund water and sanitation projects.

Total amount available is R354million for the 2020/21 financial year.

Applications from the Central Karoo Local municipalities in respect of the Municipal Disaster Management Relief Grant were sent by the CKDM to the relevant Department on 3 April 2020.

b) Shelters for homeless people

One (1) site has been established in Beaufort West.

A guideline has been developed for how to increase safety among the homeless during this period, in line with the State of Disaster regulations and has been shared with all related departments and municipalities.

It was agreed that municipalities would provide alternative accommodation for homeless people not in shelters. This is the standard procedure during large scale disasters (flooding, fires, xenophobic violence, etc.)

Most support for the homeless is coordinated by municipalities. However, the provincial Department of Social Development remains committed to providing assistance where municipalities request it.

The National Department of Social Development is providing food in the non-metro sites.

The Department has communicated with the various facilities around proper hygiene, physical distancing and infectious disease protocols.

Homeless people will be referred to healthcare facilities if needed. The Department is also working with NGO's, to provide extra mattresses, food, and care packs to the poor.

c) Provision of water and sanitation

Municipalities, working with other stakeholders such the Department of Water and Sanitation Services, must ensure that water and sanitation services are available at public facilities and public transport points.

Water tanks were provided to all local municipalities in the Central Karoo District by the Department Water & Sanitation.

The Central Karoo has received a total of fifty (50) water tanks which will be provided to, among other, informal settlements in the district.

The following number of water tanks were received by municipalities:

- Beaufort-West – 30.
- Prince Albert – 11.
- Laingsburg - 9

d) Deep cleaning and disinfecting of areas of high traffic were the likelihood of spread is high.

Directions require municipalities to cleanse and sanitise public facilities.

They further require them to identify hotspot areas for COVID-19 and implement relevant mitigation measures. Such measures may include the establishment of capacitated and well-equipped response teams to cleanse and sanitise high risk places and facilities.

The Directions instruct municipalities to inform local, provincial and national stakeholders where the hotspots are, so as to enable an integrated response.

Furthermore, in conducting waste management, municipalities must ensure that relevant protocols are followed when disposing hazardous waste such as gloves and masks to reduce opportunities for further transmission of the virus.

The following places are disinfected by municipalities on a continuous basis:

- Taxi Ranks.
- Mobile Traffic offices.
- Sidewalks of hotspot areas.
- Bus stops.
- Vendor Space.
- ATM's.

e) Identification of municipal and / or other facilities to be utilised for quarantine and self-isolation units should they be required by government. (Annexure 5)

Municipalities have been instructed to identify and manage areas suitable for the quarantine and isolation of people in high risk categories.

When identifying these sites, municipalities must work with their respective provincial governments.

The municipalities must implement the guidelines and protocols of the Department of Health relating to quarantine, self-quarantine and isolation on these respective sites.

The **quarantine of persons** is the restriction of activities of or the separation of persons who are not ill but who may be exposed to an infectious agent or disease, with the objective of monitoring their symptoms and ensuring the early detection of cases. Quarantine is different from **isolation**, which is the separation of ill or infected persons from others to prevent the spread of infection or contamination.

Ten (10) sites for the above have been identified for the Central Karoo District.

Currently these sites do not meet all the basic infrastructure and functional requirements.

Challenges in this regard are currently being discussed at District and Provincial level and will be addressed where possible.

Important:

Authorities in the Central Karoo must provide people with clear, up-to-date, transparent and consistent guidelines, and with reliable information about quarantine measures. Constructive engagement with communities is essential if quarantine measures are to be accepted.

Persons who are quarantined need to be provided with health care; financial, social and psychosocial support; basic needs, including food, water, and other essentials. The needs of vulnerable populations should be prioritized.

f) Database for Funeral Parlours / Mortuaries and related info (Annexure 6)

A database for funeral parlors / mortuaries was drafted and provided to the Departments of National Health and COCTA.

Important: When a person passes away at home

When a person dies at home of suspected or positive COVID-19, the family will be encouraged not to touch the remains and leave the remains in the room where the person passed away.

In cases where the death was due to any unnatural causes such as trauma caused by accidents, murder and suicide for example, and the suspicion is that the individual also suffered from COVID-19, the SAPS will be notified.

In cases where no foul play is suspected, it is advisable to contact an undertaker who is trained in managing such scenarios and who has the appropriate PPE for removal.

While any form of contact is strongly discouraged, there are religious and cultural practices that require that human remains be washed before burial. If families wish to perform these rituals, then it is advised that this is done by members of the religious group who are properly trained in the correct use of PPE

It is advised that the deceased's belongings be properly cleaned with a solution containing at least 70% alcohol or 0.5% bleach. Any clothing should be washed with warm water at a temperature of at least 60 to 90°C.

It is strongly advised that once the remains are prepared for the burial, that no further contact is allowed. The deceased's face may be shown at the funeral if there is no contact in the form of kissing or touching of the deceased's face.

People with respiratory diseases should not form part of the viewing process unless they wear a medical face mask to prevent further transmission of possible disease.

It is advised that people who are older than 60-years and immunosuppressed should not have contact with the body.

Funerals and cremations

Aside from the regulations relating to the funerals, the following information (guidelines) should also be observed:

Human remains can be infectious on surfaces up to nine days; therefore, it is important to clean all surfaces that the body was in contact with.

Cremation is the preferred method for a funeral but if the family requires a burial then this process should take no longer than two hours.

All attempts should be made to bury a deceased who passed away from confirmed or suspected COVID-19 within three days if there is no indication for a post mortem examination.

Funerals and cremations are the only forms of gatherings that may still continue but under strict conditions.

Municipalities, working with other stakeholders, must ensure that families limit the number of mourners to no more than 50, and that the relevant families adopt all safety hygiene measures.

The movement of people between metropolitan areas, districts and provinces for the purposes of attending funerals is now limited to members of the immediate family. But the maximum number of people that may attend any funeral remains 50 and night vigils are not permitted.

Further, people wishing to travel between metropolitan areas, districts and provinces to attend a funeral are now required to secure a permit from the nearest magistrate or station commander of a police station.

There are several other restrictions that apply to funerals and cremations that municipalities and the general populace must take note of including those on the transportation, handling and disposal of human remains brought about as a result of COVID-19.

g) Provision of Permits to Informal Food Traders

Permits are issued by Category B-Municipalities in the District.

For the issuing of a Permit, the applicant must be able to prove to the municipality that a Certificate of Acceptability (CoA), in terms of Regulation 638 of June 2018, was issued to the applicant by the Section Municipal Health of the CKDM.

Municipalities have been called upon to ensure that the relevant business units that issue these permits are opened and that staff is appropriately equipped and protected to limit their exposure to the virus.

Informal food trading means the items sold are uncooked.

As stipulated in government's amended regulations, goods that are allowed to be sold include fruit and vegetables, fresh meat and fish and sweets and cool drinks.

h) Waste Management

Waste management is crucial to the management and containment of the spread of the Corona virus.

Waste management guidelines was developed to deal with pandemic. **(Annexure 8)**

For Health care risk waste the Environmental Health guidelines from National Dept. of Health was adopted in dealing with isolation and infectious waste. **(Annexure 9)**

It is the responsibility of municipalities to ensure that waste collection is delivered to all its residents.

Waste from households with COVID-19 cases:

- Waste workers must be designated as essential workers.
- Waste must be disposed of securely in disposable plastic bags.
- When full, the plastic bag should then be placed in a second bin bag and tied.
- Bags should be stored separately for five (5) days in the sun before being put out for collection by the municipality.
- No separation at source at affected households & capacitate households on disposal practice.
- Collection personnel should be made aware of the risks associated with working with COVID-19 waste and should be provided the appropriate personal protection equipment

Ensure health and safety measures for waste workers

- Strict adherence to enhanced hygiene norms, including frequent change and cleaning of PPE.
- PPE such as gloves, masks and overalls (disposable) is a must.
- Uniforms should be changed or cleaned on a daily basis.
- Social distancing practices should be applied at the headquarters, at meeting rooms as well as at changing rooms.

- Direct contact (without gloves) with bins or bags should be avoided.
- Make sure that there are disinfectants and hand sanitizers available in each and every vehicle.
- Frequent hand-washing and increased cleaning in workers' facilities is a must.
- Sanitize and disinfect the driver's cab of vehicles destined for the collection of municipal waste after each work cycle.

i) CKDM Municipal Health Services

- **Outbreak response teams**

EHP's are part of Outbreak Response teams for every town in the district.

- **Permit for essential services**

All EHP's were issued with a Permit to perform essential services.

- **Inspection services**

During the Covid-19 lockdown period all businesses and public premises rendering essential services are monitored in order to identify, assess, control and manage health hazards and risks.

More frequent inspections are conducted at premises to ensure that basic principles such as hand hygiene, cough etiquette, cleaning, sanitizing and or disinfection of frequently touched surfaces and social distancing are applied.

Other practices which are also promoted include adequate ventilation, the use of personal protective equipment by food handlers, cleaning and disinfection of transport vehicles and pest control, to name a few.

The focus of the Section is specifically on the following, namely:

- Food & other public premises that were identified as high risk / hot spot areas,
- Funeral undertakers / mortuaries,
- Schools and cheches where food are prepared / provided,
- Shelters for the homeless,
- Old age homes,
- The rendering of municipal services ito water, sanitation and waste,
- The management of health care waste,
- The disinfection of public areas and
- Compliance of isolation and quarantine sites ito minimum requirements.

Suspected cases and contact tracing will be done when required.

The Section will also ensure that decontamination and disinfection of affected homes take place when required.

- **Training & education**

- EHP's received training on Covid-19.
- An Article on Covid-19 was published in The Courier
- Training were provided to various groups regarding Covid 19 in the workplace.
- A Notice w.r.t. "Covid-19 Workplace Readiness" was sent or delivered to workplaces in the Central Karoo.
- Training is provided at crèches, schools, funeral parlors etc.
- Continuous posting of Covid-19 information on social media in the District.
- Covid-19 Posters and other info are distributed to households and public workplaces.
- Category B-municipalities and all Tourism associations are kept up to date with latest info etc.
- EHP's provide info on social distancing etc. during SASSA payments, people at ATM's, shops, school and creches etc.

- **Joint Operational Committees**

- The Manager Municipal Health participates in video-con with Western Cape Disaster Management JOC and other role-players on a daily basis.
- The Manager Municipal Health participates in District JOC, held once a week.
- An EHP participates in local SAPS JOC on a daily basis.
- The CKDM Waste Management Officer participates in regular video-con's with DEA:P regarding waste management.

- **Communication**

- The Manager Municipal Health and EHP's are part of several WhatsApp-groups on which information is shared.

- The Manager Municipal Health have meetings with CKDM Mayor, Senior Management, EHP's and other role-players on a continuous basis.

11.2 MAYORS & COUNCILLORS

Regulation 399 of 25 March 2020 directs municipalities in respect of specific matters in response to COVID-19 and further states that for the duration of the state of disaster, all Executive Mayors shall take all reasonable measures to facilitate and implement the measures provided in the regulations.

Minister Anton Bredell request specific attention to the following directions from the above Regulation for the purpose of providing guidance to your respective ward councilors during this lock down period in terms of **Communication, Awareness and Hygiene Education**; -

- Municipalities and their officials and councilors should play an important role in ensuring wide-spread and consistent messaging and communication;
- In Partnership with health authorities, NGO's, community and faith based organisations provide orientation and information to Councilors and Ward Committees, to enable them to play the role of health promoters in their communities and enable uniform, non-alarmist and consistent communication with the public."

Mayors and Municipal managers where therefore requested to facilitate a process to ensure Ward Councilors adopt such roles within our communities, while observing the necessary social distancing and other lock down regulations.

Councilors should make use of social media and other electronic communication to stay in touch with their areas to ascertain the well-being of their constituency and ensure consistent public engagement during this period.

11.3 PROVINCIAL & NATIONAL DEPARTEMENTS

a) Department of Health (Central Karoo)

- All preparations put in place and maintained.
- Screening is done at every health care facility in the District.
- Community testing will be rolled out soon.
- Dedicated areas identified to treat patients with Covid-19 and monitored closely.
- PPE supplied to all staff and patients.

- Daily telephone conference with staff from entire District to receive feedback and any major challenges.
- Circulate relevant information to all role-players.

b) Department of Education

- Schools in the Central Karoo District start providing meals to learners as part of the school feeding scheme.
- The education district work with each school that normally provides food during term time to find the best possible way to implement this humanitarian plan for their vulnerable learners, based on the unique circumstances of the school and its learners.
- Schools also communicate the plans to their learners' parents.

Areas	Name of schools	Names of Principals	Contact Details		TOTAL NSNP learners
Murraysburg	Murraysburg Prim	Mr Afrika	827848052	Prepare the food	1369
	Murraysburg High Schd	Mr Andrews	781089292		
Laingsburg	Acacia Prim	Mr Van der Westhuizen	714252066	Prepare the food	920
	Laingsburg High	Mr Van der Westhuizen	781313314		
Matjiesfontein	Matjiesfontein Pri	Ms Wendy	784717448	Prepare the food	66
Merweville	George Fredericks	Mr Claasen	637595091	Prepare the food	252
Leeu Gamka	Leeu Gamka Prim	Mr Groenewald	837665408	Prepare the food	492
Prince Albert	Prince Albert Prim	Mr Delpont	833707988	Prepare the food	1026
	Zwartberg High	Mr R McKnight	722085775		
Klaarstroom	Klaarstroom Prim	Mr De Jongh	842023785	Prepare the food	117
Nelspoort	Restvale Prim	Mr Rathenum	736032013	Prepare the food	296
Beaufort West	Beaufort West Pri	Mr Amsterdam	823645459	Prepare the food	800
	JD Crawford Prim	Mr Soldaat	737814027		
	AH Barnard	Mr van Staden	833777298		
	Teske G Prim	Mr Appies	721754190	Prepare the food	1240
	St Matthews Prim	Mr P Sam	786895014		
	HM Dlikidla Prim	Ms Mbese	783463985	Prepare the food	1120
	Mandlenkosi Sec	Mr Manqunqa	735526950		
	Bastiaanse Sec	Mr A Hooker	718603707	Prepare the food	615
	Beaufort West Sec	Mr Faroa	833095967	Prepare the food	950
Klawervlei	Klawervlei Prim	Ms Gordon	634657378	Prepare the food	71
Baartmansfontein	Baartmansfontein	Ms Cloete	790965437	Prepare the food	40
					10,991

c) **Departement Social Development**

Targeted feeding sites:

Existing sites:

- Beaufort West.
- Murraysburg.
- Nelspoort.
- Merweville.
- Klaarstroom.

Proposed new sites

- Prince Albert.
- Leeu-Gamka.
- Laingsburg.

Beaufort West Temporary Shelter

- The service provider (Meals on Wheels) is appointed to assist with meals for the Shelter.
- Meals on wheels contracted the Old Age Home Huis Johannes to provide three (3) meals per day to the Shelter.

Food Security (SRD)

A media release was done by the MEC of Social development regarding Nutrition relief during COVID 19. Criteria are as follow:

Referrals by Health:

Households affected by COVID 19 infections in the following instances:

- A member/s of the family who tested positive for the virus and are in isolation in their homes.
- A household where a member of the family who tested positive for the virus and who have insufficient means to sustain themselves during the lock down period.
- A person who is on medication or who suffer from chronic illness and have insufficient means to sustain themselves and was assessed and referred by a local clinic or registered health practitioner.
- A person and their household who insufficient means to sustain themselves during the lockdown period who was referred by a registered humanitarian relief agency, registered NPO or a local municipality, and assessed by DSD.

In this instance, persons not yet in receipt of SASSA grants, including the elderly, child headed houses, grant awaiting beneficiaries will be prioritized. This will also be communicated via the local radio station and a toll-free number is available where people can report/submit their details. This will be referred to DSD locally for assessment.

Assessment Process

Currently DSD is busy with the application assessment process. As soon the assessment ins done and approved the food parcels will be delivered. Every food parcel is coded with a tracking system to monitor and track the parcel to the correct address.

ECD Programmes

The following ECD centers are operational:

Beaufort West

- Emmanuel crèche.
- St Johnson crèche.
- Ebulumko crèche.
- Masekani crèche.
- Agape crèche.

Nelspoort

- Sonstraaltjie crèche.

Klaarstroom

- Mickey Mouse crèche.

Leeu -Gamka

- Babbel & krabbel crèche.

d) South African Police Services

- Integrated Approach to Law Enforcement.
- Daily show of Forces to increase Police Visibility.
- Proper Coordination of reported cases to identify repeat offenders.
- Focussed management directed operational concepts with strong emphasis on monitoring and evaluation of actions executed daily.

e) Provincial Traffic Department

- Current service delivery - 24/7 hours – Twelve (12) hours shifts.
- Eleven (11) officers per shift for Beaufort West area and eight (8) officers for Laingsburg area – Nineteen (19) officers in total.
- Eighteen (18) patrol vehicles per shift. One (1) patrol officer per patrol vehicle.
- Responsible for traffic law enforcement and assisting SAPS at Lockdown operations as well as visible policing.
- Three (3) identified Lockdown Points, namely N1/8 km, Beaufort West Weighbridge; R61 km 68 Rooidam (WC/EC border) and N1/Matjiesfontein intersection.
- Offices has closed down –no admin / enquiry functions.
- Radio control is operational with one officer per shift at the Beaufort West Centre.

11.4 BUSINESS, TOURISM & ECONOMY

- All three tourism offices in the district are closed and the staff are working remotely from home.
- Beaufort West has Tourism Info Kiosk at Nuvelde Caltex in Beaufort West with live access to Beaufort West Tourism Website and brochure rack.
- All non-essential businesses in the district are closed as per directive.
- Beaufort West Office is still busy contacting businesses in Beaufort West, who are closed to ascertain the estimated losses due to the Lockdown. Although they are getting feedback many businesses are not responding or declining to answer.
- There are currently three (3) Accommodation Establishments (2 members, 1 non-member of Beaufort West Tourism) who are registered as Essential Service and who can thus provide this service to those essential service personnel who require it.
- There are five (5) accommodation establishments in Beaufort West with a combined number of 41 rooms, who are registered as private quarantine / Isolation facilities in Beaufort West.
- Prince Albert & Laingsburg - All tourism establishments closed as per directive. Prince Albert has one (1) private quarantine facility and none registered to provide essential service.
- Laingsburg has no private quarantine facilities nor any establishments registered as essential services.

- Busy assessing the criteria for public isolation areas within the formal Tourism sector and will be approaching the hospitality sector as soon as they have feedback from Public Works.

11.5 AGRICULTURE

- The production and sale of any food product (including non-alcoholic beverages), are considered essential services to which farm workers contribute. It follows that farm workers are exempt from the lockdown keeping in mind that all persons performing essential services need a permit.
- Farmers in the Central Karoo must communicate to their workers about the coronavirus and provide guidance on preventing the spread of COVID-19 to protect both the farmers and worker.
- It is important that farmers have processes in place to limit the spread of COVID-19 in their facilities. Farmers should advise all visitors and staff to stay away from the facility if they are ill.

11.6 LOCAL NEWSPAPERS

- In light of the COVID-19 pandemic and president Cyril Ramaphosa's announcement of a national lockdown, The Courier's offices will be closed from Friday the 27th of March until Friday, 17th of April 2020.
- Their Facebook page will however still be active with regular news updates.
- The Prince Albert Vriend will email a digital version of the paper (in English & Afrikaans) to ensure that their readers remain connected and entertained. It will be emailed free to download from the internet for reading online.

12. LOCKDOWN HUMANITARIAN AID

The Coronavirus has resulted in widespread economic hardship for many residents of the Central Karoo and many vulnerable households do not have the means to put food on the table.

The Western Cape Government funds is used for emergency school feeding, to bolster the Department of Social Development's feeding programmes.

SASSA has started distributing food relief. As the lead agency charged with social support to the poor in terms of the Social Assistance Act, they have an important role to play in helping our communities through this time.

With respect to the Western Cape Government's emergency additional funding which was approved as a result of the lockdown, each individual request will be assessed by departmental officials based on the criteria set out below.

DSD social workers complete the screening and assessments of all beneficiaries, to ensure that those individuals who are the most vulnerable, benefit from the limited food parcels that are available.

The food parcels will support an average household for one month and will be based on the following qualifying criteria:

Households affected by COVID-19 infections in the following instances:

- A member/s of the family who tested positive for the virus and are in quarantine in their homes.
- A household where a member of the family who tested positive for the virus and who have insufficient means to sustain themselves during the lockdown period.
- A person who is on medication or who suffers from a chronic illness and have insufficient means to sustain themselves, and was assessed and referred by a local clinic or registered health practitioner.
- A person and their household who have insufficient means to sustain themselves during the lockdown period who was referred by a registered humanitarian relief agency, registered NPO or a municipal manager, and assessed by DSD.

Agriculture reported that several farmers in the Central Karoo are making food donations to NGOs to assist with feeding.

SPAZAS AND GENERAL DEALERS SUPPORT SCHEME

Department of Small Business Development announces guidelines for participation in the spaza shops and general dealers support scheme in partnership with Nedbank which opened on Saturday, 18 April 2020.

How to apply for support under the Spazas and General Dealers Support Scheme

- A spaza shop/ general dealer owner who is a South African and holds a valid trading permit (including temporary) or business license in the case of a general dealer qualifies to apply.
- The qualify spazas and general dealer owner must go to their nearest Nedbank Branch or Nedbank desk at their nearest BOXER store for assistance to apply. The following documents will be required:
 - A valid South African ID document.
 - A valid and original municipal trading license/ permit to trade or business license in case of a general dealer (COPIES ARE NOT ACCEPTABLE). Only permits or licenses issued by the municipality, NOT a councillor are valid.

- The qualifying Spazashop/ General Dealer owner must be willing to accept assistance to register with CIPC, SARS and UIF, in the case were the owner is not already registered before approval to participate in the scheme.
- At the NEDBANK branch/ desk, the owners will be assisted to register on the SMMESA database, and complete the applicable application form.
- The participating owners will be required to commitment and undertake to the following:
 - To buy products on the department approved basket of goods that will change from time-to-time, in particular products produced by South African SMMEs and cooperatives.
 - To operate a business banking account and will accept to participate in the SEDA supported business management support programme that includes assistance with inventory management and stock control, preparations of management and annual financial statements.
 - To uphold Environmental Health and Food Safety Standards and the Guidelines of the Department of Health, which will include:
 - ✓ Sanitizing before and after serving each customer.
 - ✓ Disinfecting the service counters.
 - ✓ Maintain the applicable social distance between customers and customer and service point.
 - ✓ No sale of counterfeit goods and stale/ expired foodstuff.
 - ✓ Not use trading spaces as sleeping quarters.

What is the support available under the scheme?

- Access to working capital investment and revolving credit facility that is backed by the Khula Credit Guarantee scheme of SEFA in partnership with NEDBANK. The facility is available at participating wholesalers that are distributed country-wide. The list of participating wholesalers will be shared with approved spaza and general dealer owners.
- Business Management support that includes assistance with basic financial management with support of Financial/ Business graduates that will be assigned to give dedicated support to the business over a 24-month period.
- Legal compliance that includes assistance to register with CIPC, SARS and UIF, and other compliance requirements that may be necessary for participation in the scheme.

For additional assistance or enquiries, spaza shop and general dealer owners may call [0860 663 7867](tel:08606637867) or e-mail to Spazasupport@dsbd.gov.za

COVID-19 AGRICULTURAL DISASTER SUPPORT FUND FOR SMALLHOLDER AND COMMUNAL FARMERS

The main objective of this support is to complete the current production cycle in an effort to ensure adequate food production and supplies.

The targeted beneficiaries are smallholder and communal producers with a turnover between R20000 and R1 million per annum. 50% women, 40% youth and 6% people with disability will be targeted.

The Funding is a grant and the voucher system will apply in partnership with distributors and manufactures of these inputs and the grant shall not exceed R50000 per farming operation.

The specific targeted commodities to be supported are the following: (this is guided by the country's self-sufficiency index)

Commodity	Specific Support
Poultry	Day old chicks, Point of lay chickens, feed, medication and sawdust;
Vegetables	Seed, Seedlings, fertilizer, pesticides, herbicides and soil correction.
Fruits	Final spraying programmes for fruits that are ready for harvest.
Livestock	Feed and medication
Winter Crops	Soil correction, fertilizer, seeds, herbicides and pesticides.

Minimum Requirements

- Smallholder farmers/producers must have a minimum turnover of R20000 per annum but not exceeding R1 million. (produce financial records or evidence if financial statement cannot be produced during this lockdown period).
- South African Certified ID copy; not older than 3 months.
- Valid confirmation of land tenure/ownership (title deeds, Tribal Resolution, Permission to Occupy, minimum 5 years lease agreement)
- Already farming.
- Application form completed.
- Farming operation able to create permanent and/or seasonal jobs In cases where the Environmental Impact Assessment (EIA) Certificate is necessary for the operations, evidence of such to be provided.

- Proof of access to water for irrigation in case of fruits, vegetables and winter crops (i.e. water license/rights or proof that it had been applied for, borehole or other sources).
- Non-Government Employees.

For more detail on the selection criteria please visit the respective provincial Department of Agriculture or national department of Agriculture, Land Reform and Rural Development or visit www.dalrrd.gov.za

The applications will be evaluated in line with the agreed selection criteria.

Application forms are available at Both National and Provincial Departments of Agriculture offices as well as at the district and National offices of the Department of Agriculture, Land Reform and Rural Development.

DALRRD website: www.dalrrd.gov.za.

Completed application forms with the supporting documents must be submitted to the nearest Local.

District or Provincial offices of Department of Agriculture or DALRRD offices. Disclaimer: due to limitation of funds not all qualifying farmers will be funded.

Closing Date for the application is 22 April 2020.

13. NATIONAL TREASURY: MFMA EXEMPTION

On 30 March 2020, the Minister of Finance in terms of the Municipal Finance Management Act 56 of 2003 (MFMA) issued a conditional Exemption Notice in order to ensure effective and efficient service delivery and to minimize any potential delay in decision making.

The conditional Exemption Notice will also facilitate and enable legislative processes during the period of the national state of disaster.

The notice may be accessed on the National Treasury website.

Municipalities and municipal entities will be exempted from the timeline provisions in the MFMA until such time that the national state of disaster declaration is lifted by the President.

The exemption is conditional that the MFMA timelines referred to in the latter sentence are complied with 30 days after the national state of disaster is lifted.

It should facilitate the key process on the budget, timelines for adoption and reports, and related matters to be addressed in a manner taking cognizance of the challenges experienced as a result of the announcement of the disaster and lockdown. It also

provides for a special adjustments budget to address expenditure relating to the pandemic.

Further information is available on the MFMA webpage using the following link: <http://mfma.treasury.gov.za/RegulationsandGazettes/Pages/default.aspx>.

These measures are additional to the MFMA Circular 100 on emergency procurement in response to the COVID-19 pandemic, issued on 19 March 2020.

Any enquiries can be directed to MFMA helpdesk—email: MFMA@treasury.gov.za

14. EMERGENCY PROCUREMENT

Emergency procurement of goods and services by municipalities must be undertaken within the framework of the Disaster Management Act.

It can also be undertaken in terms of transversal contracts that were finalised by the Municipal Infrastructure Support Agent before the state of disaster.

When undertaking the emergency procurement in response to COVID-19, municipalities are required to adhere to National Treasury Regulations and the MFMA Circular 100.

Emergency procurement undertaken during the state of disaster must be reported to the first council meeting after the lapsing of the National State of Disaster.

MFMA Circular 100 relating to the procurement process of Personal Protective Equipment (Annexure 11)

The Circular is accompanied by the following annexures:

- Annexure A – Price List and Order Form and
- Annexure B- Customer Master Template COVID19.
- Annexure C – Government Bulk Central Procurement of PPE Process

Annexures A and B must be completed per the Circular and submitted to covid19requests@businessresponsecovid19.co.za.

15. MUNICIPAL IDP's AND BUDGETS

IDPs and budgets must be aligned with COVID-19 Regulations.

Municipalities are required to revise their budgets and when doing so, they should prioritize programmes and projects aimed at containing the spread of COVID-19.

These revised budgets must be submitted to the national COGTA before the end of May 2020.

However, during the Lockdown period, municipalities are not permitted to convene any public meetings, including any IDP community and public consultation processes?

Furthermore, municipalities have been given the leeway to pass special adjustment budgets before the end of the 2019/2020 financial year to authorise all expenditure linked to COVID-19 response. Under normal circumstances, the municipality would have to consult the public on the draft adjustments budget. It is not clear whether this is still necessary, given the extremely short time frame and given the fact that all MFMA requirements have been suspended during the state of disaster.

16. 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 a 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.

17. 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.

- **Website**
 - Downloadable creative content: <https://bit.ly/2R0LREF>
Content available in English, isiXhosa and Afrikaans
 - FAQs: <https://bit.ly/39FT3MA>
Available in English, isiXhosa and Afrikaans
 - Self-Assessment Form: <https://bit.ly/2wX73UL>
 - Daily updates: <https://bit.ly/3aAuGAR>
 - Videos and audio clips: <https://bit.ly/2yr03jo>
- **Social media content**
 - Premier Winde’s Facebook page: *Premier Alan Winde*
 - Premier Winde’s Twitter page: *@alanwinde*
 - Western Cape Government Facebook: *Western Cape Government*
 - Western Cape Government Twitter: *@WesternCapeGov*

18. UPDATING OF COVID-19 INTEGRATED RESPONSE PLAN

The Central Karoo Covid-19 Integrated Response Plan will continuously be updated in order to ensure it adheres to prevailing circumstances and needs.

Signed by:

.....
S. JOOSTE
MUNICIPAL MANAGER

.....
DATE

.....
DR. A. RABIE
EXECUTIVE MAYOR

.....
DATE

ANNEXURE 1

CENTRAL KAROO OUTBREAK RESPONSE TEAMS & CONTACT DETAILS

DRAFT

DOH NATIONAL

NICD Hotline (clinical advice)		082-883-9920	
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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 Central Karoo District Health Council: CDC Coordinators and Outbreak Response Tracing Team

CDC COORDINATOR CORDINATION & MONITORING	STAFF CATEGORY	CELL NO	EMAIL ADDRESS
Dr. Braam Muller	Manager: Medical Services	0782143300 0234148200	Abraham.Muller2@westerncape.gov.za
Dr. Renier Liebenberg	Clinical Manager	0721391991	Renier.Liebenberg@westerncape.gov.za
Ms Annalette Jooste	D.D. Comprehensive Health	0834458106 0234143590	Annalette.Jooste@westerncape.gov.za
Ms Janine Nel	District HAST Manager	0837081679	Janine.Nel@westerncape.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, Nieuveveldpark 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

Dr van Zyl	Medical	0234148200	-
Mathilda Vorster	Nursing	0730608088	Mathilda.Vorster@westerncape.gov.za
Accasia Oerson	Nursing	0824787120	Accasia.Oerson@westerncape.gov.za
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)

Name	Staff category	Cell No	email address
Quinton Spogter	Nursing (EN)	0799515882	Quinton.Spogter@westerncape.gov.za
Yolanda Moos	Nursing (ENA)	0604393406	Quinton.Spogter@westerncape.gov.za
Abri du Toit	EHP	0845809818	abri@skdm.co.za
Bernadine Goliath	Information Management	0837754484	Bernadine.Goliath@westerncape.gov.za

BEAUFORT WEST: MURRAYSBURG

(Murraysburg Hospital, Murraysburg Clinic)

Name	Staff category	Cell No	email address
Francess Fass	Nursing	0834250297	Frances.Fass@westerncape.gov.za
Sandiswa Dingiswayo	Nursing	0780347007	Sandiswa.Dingiswayo@westerncape.gov.za
Dr Mouton	Medical	0498440053	-
Dr Sridhar	Medical	0498440053	-
Jose April	EHP	0714613237	jose@skdm.co.za
Bernadine Goliath	Information Management	0837754484	Bernadine.Goliath@westerncape.gov.za

BEAUFORT WEST: NELSPOORT

(Nelspoort Hospital, Nelspoort Clinic)

Name	Staff category	Cell No	email address
Winston James	Nursing	0623043791	Winstony.James@westerncape.gov.za
Muriel Reyners	Nursing	0732585430	Muriel.Rittels@westerncape.gov.za
Jose April	EHP	0714613237	jose@skdm.co.za
Bernadine Goliath	Information Management	0837754484	Bernadine.Goliath@westerncape.gov.za

LAINGSBURG & MATJIESFONTEIN

(Laingsburg Hospital, Laingsburg Clinic, Matjiesfontein Satellite Clinic)

Name	Staff category	Cell No	email address
Marietjie Lane	Nursing	0605045015	Marietjie.Lane@westerncape.gov.za
Sonja du Plessis	Nursing	0833810174	Sonja.DuPlessis@westerncape.gov.za

Magdel du Plessis	Nursing	0722331909	Magdalena.DuPlessis@westerncape.gov.za
Ockert van Heerden	Medical	0716005175	Ockert.vanHeerden@westerncape.gov.za
Dr Quinlan	Medical	0235511237	-
Abri du Toit	EHP	0845809818	abri@skdm.co.za
Bernadine Goliath	Information Management	0837754484	Bernadine.Goliath@westerncape.gov.za

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
Marileze Luttig	Nursing	0832807782	Marlese.Luttig@westerncape.gov.za
Marlize Viljoen	Nursing	0832768065	Marlize.Viljoen@westerncape.gov.za
Wilfred Erasmus	Nursing	0791703217	Wilfred.Erasmus@westerncape.gov.za
Leon Lerm	Medical	0834146696	Leon.Lerm@westerncape.gov.za
Dr van Aswegen	Medical	0235411301	-
Nomabhongo Snoek	EHP	0630420299	nomabhongo@skdm.co.za
Bernadine Goliath	Information Management	0837754484	Bernadine.Goliath@westerncape.gov.za

PRINCE ALBERT: LEEU GAMKA

(Leeu Gamka Clinic)

Name	Staff category	Cell No	email address
Anna-Lois Andrews	Nursing	0824787120	Anna-Lois.Andrews@westerncape.gov.za
Sheila Visagie	Nursing	0734113614	-
Wilfred Erasmus	Nursing	0791703217	Wilfred.Erasmus@westerncape.gov.za
Nomawhango Snoek	EHP	0630420299	nomabhongo@skdm.co.za
Bernadine Goliath	Information Management	0837754484	Bernadine.Goliath@westerncape.gov.za

ANNEXURE 2

CENTRAL KAROO JOC MEMBER CONTACT LIST

DRAFT

JOC CONTACT LIST

Dept.	Official	Cell Nr.	Office Nr.	E-Mail
CKDM	J Jonkers Chair	076 194 3630	023-449 1010	jjonkers@skdm.co.za
	S Jooste	084 581 6362	023-449 1014	stefanus@skdm.co.za
	Gerrit van Zyl	083 654 9688	023-449 1064	gerrit@skdm.co.za
	Hein Rust	082 925 7953	023-414 4467	hein@skdm.co.za
	Neil Oerson	082 405 1508	023-414 4467	neilo@skdm.co.za
	L Crafford	081 270 8177	023-449 1062	leon@skdm.co.za
Dept. Health	AJ Muller	078 214 3300	023-414 8200	Abraham.Muller@westerncape.gov.za
Dept. Social Dev.	Carol A Benadie	083 406 1013	023-8142055	carol.benadie@westerncape.gov.za
	Wilhelmina Adams	083 951 9512		Wilhelmina.Adams@westerncape.gov.za
Local Gov: CDWP	Mark John De Bruin	060(1) 753 5376		Mark.debruin@westerncape.gov.za
SAPS	Brig. Du Toit	082 044 8969		bwest.cluster@saps.gov.za
	JA, Smit	023 414 8800		BEAUFORTWESTSAPS@saps.gov.za
	JA Braaff	023 414 8826		Beaufortwest.sc@saps.gov.za
Prov. Traffic	Petro Swanepoel	083 715 7444		Petro.swanepoel@westerncape.gov.za
	LZ Spogter	071 006 5286		Lunny.spogter@westerncape.gov.za
Mun. Traffic Beaufort West	Malcolm Lawrence	072 142 7311	023-414 8160	mel@beaufortwestmun.co.za
EMS	W Manel	083 795 3179		WilmanManel@westerncape.gov.za
BW Tourism	Sascha Klemm	083 765 4164		tourism@beaufortwest.net
Beaufort West LM	Amos Makandlana	073 331 8101	023-414 8104	amos@beaufortwestmun.co.za
Laingsburg LM	John X Komanisi	073 171 5896		john@laingsburg.gov.za
Prince Albert LM	Annaleen Vorster	066 2997 077		anneleen@pamun.gov.za

ANNEXURE 3

COGTA GUIDANCE TO MUN's ON THE ACCESS & USAGE OF MUN. DISASTER RELIEF GRANTS

DRAFT



cooperative governance

Department:
Cooperative Governance
REPUBLIC OF SOUTH AFRICA

Private Bag X604, Pretoria, 0001 Tel: (012) 334 0600, Fax: (012) 334 0603
cnr Hamilton and Pross Street, Arcadia, Pretoria

Reference No. 12957/1

HEADS OF PROVINCIAL COGTA DEPARTMENTS

HEADS OF PROVINCIAL DISASTER MANAGEMENT CENTRES

GUIDANCE TO MUNICIPALITIES ON THE ACCESS AND USAGE OF MUNICIPAL DISASTER RELIEF GRANTS FOR PURPOSES OF MITIGATING AND RESPONDING TO THE SPREAD OF COVID-19

As you are aware, the country is working towards putting measures in place to mitigate, and respond to the impact of COVID-19 which the Minister of Cooperative Governance and Traditional Affairs, Dr Nkosazana Dlamini Zuma declared a national state of disaster in terms of Section 27 of the Disaster Management Act, 2002 (Act No. 57 of 2002) (DMA). A notice to this effect was published in Government Gazette No. 43096 (No. 313) dated 15 March 2020. Subsequent to that, on 25 March 2020, the Minister of Cooperative Governance and Traditional Affairs issued Directions and Regulations (Gazettes No 43147 and 43148, respectively).

The Department of Cooperative Governance through the National Disaster Management Centre is administrating the Disaster Grants, which may be accessed by the organs of state to prevent and combat the spread of the COVID-19 outbreak. Considering the urgency of the interventions required to address the situation, the provincial and local government is informed of the available conditional Municipal Disaster Relief Grant that can be accessed to deal with COVID-19. The total amount allocated to the conditional grant is **R354 million** for the 2020/21 financial year.

The municipalities must use the Municipal Disaster Relief Grant framework (**Annexure A**) to access and utilize the grants. The grant may be used for the following essential goods and services in dealing with the COVID-19:

#	Essential Goods and Services to be provided by municipalities and provinces	Essential Goods and Services to be provided by the Provinces and Municipalities as per the Directions issued
1	Provision of water services	<ul style="list-style-type: none"> • Water Tanks • Drilling, equipping and refurbishment of boreholes to ensure water supply and appropriate water quality compliance (where geo-hydrological investigations have been commissioned).
	Provision of sanitation services	<ul style="list-style-type: none"> • VIP toilets and alternative sanitation technologies
2	Provision of temporary shelters	<ul style="list-style-type: none"> • Tents
3	Waste management, cleansing and sanitization	<ul style="list-style-type: none"> • Waste collection
4	Municipal public spaces, facilities and offices	<ul style="list-style-type: none"> • Sanitisation equipment

It however important to emphasise that municipalities will be required to submit detailed business plans as indicated in the Municipal Disaster Relief Grant framework including implementation plans with a consolidated cash flow over a three-month period. Furthermore, municipalities should note that priority will be given to 'hotspot' areas such as the ones with the highest number of infections; areas without access to water and sanitation; as well as high density areas.

Cognizance of the fact that, government is working together in an effort to fight this COVID-19 pandemic, it is advised that the municipalities should prioritise critical services and also ensure that there is no duplication of resources requested. Therefore, provinces are urged to support municipalities with the identification, prioritization and packaging of interventions.

Provinces should also note that due to the persisting drought that has affected most provinces, the provincial disaster relief grant for the 2020/21 financial year has been earmarked for drought relief interventions. This is in line with the engagements and consultations with Provincial Disaster Management Centers and relevant departments through the National Joint Drought Coordination Committee and Joint MINMECs.

Given the urgency of these interventions and the capacity constraints in some of the municipalities, the department will assess the readiness of municipalities to implement the interventions and determine the need to appoint implementing agents where necessary. Submissions are expected from municipalities (coordinated by PDMCs) on or before the 6th April 2020 to the details provided below.

For further details and deliberations on the matter, please do not hesitate to contact the following NDMC officials: Dr Mmaphaka Tau – DDG (Head): NDMC on Email: MmaphakaT@ndmc.gov.za, Telephone: 082 052 9311 and Ms. Modiegi Radikonyana – Chief Director Disaster Risk Reduction, Planning and Response Coordination on Email: ModdyR@ndmc.gov.za, Telephone: 012 848 4619, Cell: 064 752 5583.

Kind regards



MR N. VIMBA
ACTING DIRECTOR-GENERAL

Date: 31/03/2020

Cc: Dr. M. Tau (Head of NDMC)

DRAFT

ANNEXURE 4

GUIDANCE NOTE ON THE PROCESSING OF PERSONAL INFORMATION IN THE MANAGEMENT AND CONTAINMENT OF COVID-19 PANDEMIC IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013 (POPIA)

GUIDANCE NOTE ON THE PROCESSING OF PERSONAL INFORMATION IN THE MANAGEMENT AND CONTAINMENT OF COVID-19 PANDEMIC IN TERMS OF THE PROTECTION OF PERSONAL INFORMATION ACT 4 OF 2013 (POPIA)

1. INTRODUCTION

- 1.1. The World Health Organization (WHO) declared the CoronaVirus (COVID-19) a pandemic. Countries across the world, including the Republic of South Africa, are racing to slowdown the spread of the virus by testing and treating patients, carrying out contact tracing and declaring a lockdown. COVID-19 has the potential to create social and economic calamity if not managed.
- 1.2. As a result, and in order to manage and curb the spread of COVID-19, the South African Government has issued Regulations in terms of section 27(2) of the Disaster Management Act 57 of 2002 (Regulations).
- 1.3. In terms of section 10(8) of the Regulations of 18 March 2020:
 - 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*
 - d) *Taking steps to facilitate international assistance.”*

- 1.4. The National Command Council (NCC) is tasked with the coordination and implementation of measures to contain the spread and to mitigate the impact of COVID-19.

2. PURPOSE:

- 2.1. The Information Regulator (Regulator) is mindful of the fact that not all the sections of POPIA have come into effect. The Regulator encourages proactive compliance by responsible parties when processing personal information of data subjects who have tested or are infected with COVID-19, or who have been in contact with such data subjects.

- 2.2. The Regulator is issuing this Guidance Note to-

- 2.2.1. give effect to the right to privacy as it relates to the protection of personal information;

- 2.2.2. provide guidance to the public and private bodies and their operators on the limitation of the right to privacy when processing personal information of data subjects for the purpose of containing the spread and reduce the impact of COVID-19.

- 2.3. The Regulator recognises the need to effectively manage the spread of COVID-19, which has necessitated the limitation of various constitutional rights of data subjects. The Regulator therefore supports the need to process personal information of data subjects in order to curb the spread of COVID-19.

3. RELEVANT DEFINITIONS

- 3.1. **“data subject”** means the person to whom personal information relates.
- 3.2. **“operator”** means a person who processes personal information for a responsible party in terms of a contract or a mandate.
- 3.3. **“personal information”** means information relating to an identifiable, living, natural person, and where it is applicable, an identifiable, existing juristic person, including, but not limited to –

- a) information relating to race, gender, sex, pregnancy, marital status, national, ethnic or social origin, colour, sexual orientation, age, physical or mental health, well-being, disability, religion, conscience, belief, culture, language and birth of the person.
- b) information relating to the education or the medical, financial, criminal, or employment history of the person.
- c) any identifying number, symbol, e-mail addresses, physical address, telephone number, location information, online identifier or other particular assignment to the person.
- d) the biometric information of the person.
- e) the personal opinions, views or preferences of the person.
- f) correspondence sent by the person that is implicitly or explicitly of a private or confidential nature or further correspondence that would reveal the contents of the original correspondence.
- g) the views or opinions of another individual about the person.
- h) the name of the person if it appears with other personal information relating to the person or if the disclosure of the name itself would reveal information about the person.

3.4. **“private body”** means—

- a) natural person who carries or has a carried on any trade, business or profession, but only in such capacity;
- b) a partnership which carries or has carried any trade, business or profession;
- c) any former or existing juristic person, but excludes a public body.

3.5. **“processing”** means any operation or activity or any set of operations whether or not by automatic means concerning personal information, including:

- a) the collection, receipt, recording, organisation, collation, storage, updating or modification, retrieval, alteration, consultation, or use;
- b) dissemination by means of transmission, distribution or making available in any form; or
- c) merging, linking, as well as restriction, degradation, erasure or destruction of the information.

3.6. **“public body”** means—

- a) any department of state or administration in the national or provincial sphere of government or any municipality in the local sphere of government; or
- b) any other functionary or institution when –
 - (i) exercising a power or performing a duty in terms of the constitution in terms of the constitution; or
 - (ii) exercising a public power or performing a public function in terms of any legislation.

3.7. **“responsible party”** means a public or private body or any other person which, alone or in conjunction with others, determines the purpose of and means for processing personal information. The following are examples of responsible parties in the context of the management of COVID-19 and include but not limited to, the NCC, National Department of Health, Provincial Department, Local Government, National Institute of Communicable Disease (NICD), National Health Laboratories Services (NHLS), Independent laboratories, Mobile Network Operators, Voluntary Organizations.

- 3.8. **“special personal information”** means personal information concerning-
- a) the religious or philosophical beliefs, race or ethnic origin, trade union membership, political persuasion, health or sex life or biometric information of a data subject; or
 - b) the criminal behaviour of a data subject to the extent that such information relates to-
 - i. the alleged commission by a data subject of any offence; or
 - ii. any proceedings in respect of any offence allegedly committed by a data subject or the disposal of such proceedings.

4. RESPONSIBLE PARTIES MUST ADHERE TO THE FOLLOWING CONDITIONS WHEN PROCESSING PERSONAL INFORMATION OF DATA SUBJECTS

4.1. Accountability

Responsible parties must process personal information of data subjects in a responsible manner during the management of COVID-19.

4.2. Lawfulness of processing

Responsible parties must process the personal information of data subjects in a lawful and reasonable manner in order to detect, contain and prevent the spread of COVID-19.

4.3. Consent, justification and objection

4.3.1. It is not necessary for a responsible party to obtain consent from a data subject to process his or her personal information in the context of COVID -19, when:

- 4.3.1.1. processing complies with the obligation imposed by law on the responsible party;

- 4.3.1.2. processing protects a legitimate interest of the data subject;
- 4.3.1.3. processing is necessary for the proper performance of a public law duty by a public body; or
- 4.3.1.4. processing is necessary for pursuing the legitimate interests of the responsible party or of a third party to whom the information is supplied.

4.4. Collection for a specific purpose

Responsible parties must collect personal information of a data subject for a specific purpose, which in this context is to detect, contain and prevent the spread of COVID-19.

4.5. Retention and restriction of records

4.5.1. Responsible parties must not retain records of personal information of data subjects for longer than authorised to achieve the purpose of detecting, containing and preventing the spread of COVID-19 unless such information is required for historical, statistical or research purposes and provided that adequate safeguards are in place.

4.5.2. A responsible party must destroy or delete a record of personal information or de-identify it as soon as reasonably practicable after the responsible party is no longer authorised to retain the record.

4.5.3. The destruction or deletion of personal information must be done in a manner that prevents its reconstruction in an intelligible form.

4.6. Further processing to be compatible with purpose of collection

A responsible party may further process personal information of a data subject notwithstanding the fact that such processing is not compatible with the original purpose for which it was collected if it is necessary to prevent a serious and imminent threat to public safety or public health, the life or health of a data subject

or another individual. This exception also applies if the information is used for historical, statistical or research purposes and the responsible party ensures that the further processing is carried out solely for that purpose and will not be published in an identifiable form.

4.7. Quality of Information

A responsible party should ensure that the personal information is complete, accurate, not misleading and updated where necessary, taking into consideration the purpose for which the information was further processed.

4.8. Documentation

A responsible party must maintain the documentation of all processing operations which relate to detecting, containing and preventing the spread of COVID-19.

4.9. Security measures on integrity and confidentiality of personal information

4.9.1. In order to secure the integrity and confidentiality of personal information collected in relation to COVID-19, a responsible party must take appropriate, reasonable technical and organisational measures to prevent the loss or damage to or unauthorised access of personal information.

4.9.2. An operator must only process personal information with the knowledge or authorisation of a responsible party and should treat such information as confidential, and only disclose such information if required to do so by law, or in the course of the proper performance of their duty.

4.9.3. The responsible party must enter into a written contract with an operator to ensure that the operator establishes and maintains appropriate, reasonable, technical and organisational security measures when processing personal of data subjects.

4.9.4. In the event of a unauthorised access to the system of the operator, such an incident should be reported immediately to the responsible party by the operator.

4.9.5. A responsible party must report any unauthorised access of personal information of a data subject to the Regulator and the data subjects within reasonable time.

4.10. Access to personal information

A responsible party must upon request confirm whether or not it holds personal information about a data subject.

4.11. Special personal information

4.11.1. Although a responsible party is not allowed to process special personal information of a data subject, medical professionals, healthcare institutions or facilities or social services may process special personal information of a data subject, if such processing is necessary for the proper treatment and care of a data subject in the context of COVID-19.

4.11.2. A responsible party may only process special personal information subject to an obligation of confidentiality by virtue of office, employment, profession or legal provision, or established by a written agreement between a responsible party and a data subject.

5. SHARING OF LOCATION BASED DATA

5.1. Can Electronic Communication Service Providers process (provide) location-based data to the Government to process (use) for the purpose of tracking data subjects to manage the spread of COVID-19?

Yes, The Electronic Communication Service Providers must provide the Government with mobile location-based data of data subjects and the Government can use such personal information in the management of the spread of COVID19 if.

- a) processing complies with an obligation imposed by law on the responsible party; or
- b) processing protects the legitimate interest of a data subject; or
- c) processing is necessary for the proper performance of a public law duty by a public body; or
- d) processing is necessary for pursuing the legitimate interests of the responsible party or of a third party to whom the information is supplied.

However, the Government must still comply with all the applicable conditions for the lawful processing as set out in this Guidance Note.

5.2. Can Electronic Communication Service Providers process (provide) location-based data to the Government to process (use) for the purpose of conducting mass surveillance of data subjects to manage the spread of COVID-19?

Yes, Electronic Communication Service Providers can provide the Government with location-based data of data subjects and the Government can use such personal information for the purpose of conducting mass surveillance of data subjects if the personal information is anonymised or de-identified in a way that prevents its reconstruction in an intelligible form.

6. EMPLOYMENT

6.1. Can the employer request specific information on the health status of an employee in the context of COVID-19?

Yes, the employer is obliged to maintain a safe and hazardous free working environment in terms of the Occupation Health and Safety Act 85 of 1993 read together with the Employment Equity Act 55 of 1998, if an employee's health status may endanger other employees. The disclosed information should not be used to unfairly discriminate against such an employee.

6.2. Can the employer force an employee to undergo testing for the COVID-19 virus?

Yes, the employer can force an employee to undergo testing in order to maintain a safe working environment.

7. CONSENT

7.1. Can a data subject refuse to give consent to be tested for COVID-19?

No, the Regulations require any data subject to undergo mandatory testing in order to manage the spread of COVID-19.

8. GENERAL

8.1. Does a person who has tested positive for COVID-19 have a duty to disclose his or her status?

Yes, a person who has tested positive has a duty to disclose his or status to enable the Government to take appropriate measures to combat the spread of COVID-19.

9. CONCLUSION

The South African Government have issued Regulations in terms of section 27(2) of the Disaster Management Act 57 of 2002 to combat the spread of COVID-19. The Regulations should be implemented in conjunction with the applicable conditions for the lawful processing of personal provided for in POPIA to ensure respect for the right to privacy.

Information Regulator

ANNEXURE 5

MUNICIPAL FACILITIES IDENTIFIED FOR ISOLATION AND / OR QUARENTINE PUPOSES & S.A DRAFT GUIDELINES

DRAFT

Sub-district	Town	Name & location of site	Nr. of people	Quarantine/isolation or both	Confirm/possible or in consultation	Management of site	Challenges regarding suitability
Beaufort West	Beaufort West	Sport hall, Voortrekker road	200	Both	Possible	T Prince DoH	All the facilities at municipal disposal are not really isolated from the community. Ventilation may be a problem. The sites identified will not meet all the basic infrastructure and functional requirements. The space requirements will not be met.
Beaufort West	Murraysburg	Town hall	50	Both	Possible	R Klink DoH	
Beaufort West	Nelspoort	Community hall	50	Both	Possible	R Klink DoH	
Beaufort West	Merweville	Merweville sports field	70	Both	Possible	R Klink DoH	
Prince Albert	Klaarstroom	Community hall	30-40	Not mentioned	Possible		I have no facilities that will meet the criteria and I do not have the funding to equip any of my community halls to the set standards. They do have kitchens.
Prince Albert	Leeu Gamka	Community hall	30-40	Not mentioned	Possible		
Prince Albert	Prince Albert	Community hall	30-40	Not mentioned	Possible		
Prince Albert	Prince Albert	Bushman Valley	25	Not mentioned	Possible		Cost of R12 500 per month. This is a private facility.
Laingsburg	Laingsburg	House in Voortrekker street	4	Quarantine	Confirmed	Municipal and Public works	Medical furniture
Laingsburg	NG Church	Swartberg street	1	Isolate	Possible	Church and Municipality	Medical Furniture

SOUTH AFRICAN GUIDELINES FOR QUARANTINE FACILITIES AND ISOLATION IN RELATION TO COVID-19

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1. AIM OF THE GUIDELINES

To provide guidelines on the identification, setup, maintenance and management of quarantine and isolation associated with the COVID-19 crisis.

2. OBJECTIVES

- To provide guidance on the team composition needed for the identification of the most suitable facility.
- To provide a checklist for the identification of suitable facilities.
- To provide guidance on the set-up of such facilities.
- To provide guidance on the management of the quarantine and isolation facilities.
- To provide standard operating procedures for the daily work and interaction of DoH and other staff with occupants/patients (PUIs = Person Under Investigation).
- To provide guidelines for people who self-isolate.
- To provide guidelines to ports of entry on the management of South African travellers from high risk countries

3. WORKING DEFINITIONS

3.1 Quarantine

According to the WHO's International Health Regulations, (2005) "quarantine" means the restriction of activities and/or separation from others of suspect persons who are not ill OR of suspect baggage, containers, conveyances or goods in such a manner as to prevent the possible spread of infection or contamination.

The purpose of quarantine is to prevent the transmission of diseases.

Quarantine can be applied to:

- An individual or to a group of persons who were exposed to the coronavirus or to persons believed to have been exposed on a conveyance during international travel.
- A wider population- or geographic-level basis.

3.2 Isolation

The International Health Regulations (2005) define "isolation" as the separation of ill or contaminated persons or affected baggage, containers, conveyances, goods or postal parcels from others in such a manner as to prevent the spread of infection or contamination.

In the context of the COVID-19 pandemic, isolation may include, amongst others:

- Isolation at a person's home
- Isolation in a health facility
- Isolation at a designated facility

Isolation can be applied to and by any person to curb the spread of COVID-19.

3.3 Period of quarantine

The recommended duration of quarantine for COVID-19 based on available information is a minimum of 14 days from the time of exposure.

Transmission reduction can be achieved by:

- Separation of COVID-19 suspects, as early as possible, from other quarantined or asymptomatic persons.
- Separating contacts of COVID-19 patients from community; and
- Monitoring contacts for development of sign and symptoms of COVID-19.

3.4 Person Under Investigation

A "Person Under Investigation" (PUI) is any person or group of people who:

- have tested positive for COVID-19;
- were exposed to persons who are considered to be suspects or confirmed cases of the coronavirus; or
- exposed on a conveyance during international travel.

4. IDENTIFICATION AND COMPOSITION OF QUARANTINE FACILITY TEAM

The quarantine facility identification team should comprise of:

- Head of Local/District Disaster Risk Management Centre
- District Health Office of the Department of Health
- Representative from government and private hospitals in the area, and any other persons co-opted if need be.
- Environmental Health
- Provincial and Local Department of Transport
- Local Municipality/Metro Water and Sanitation and Electricity.
- South African Police Services (SAPS) (and or local traffic/metro police)
- Fire and Emergency services
- Emergency Medical Services
- Representative from the local hospital/clinic (nurse or doctor) or any other designated person.

5. QUARANTINE SITE IDENTIFICATION CHECKLIST

In determining a suitable quarantine site, the broader guidelines below should be followed. With regard to the selection of possible site(s) the detailed checklist in Annexure B can be used.

5.1 Location

Quarantine facilities must be:

- Ideally located in the outskirts of the urban/city area (can be hotels or resorts/, unused health facilities/hostel, university/college facility etc.).

- Easily isolated to prevent public access.
 - Protected and secured (preferably by security personnel).
 - Security should be provided to ensure authorised access control in or out and safeguard the persons.
 - If possible, the facility should have a fenced perimeter to prevent access from the public.
 - Outside of known natural hazard risk zones (consult local/district disaster risk management plan).
 - Have the ability to deal with natural disasters and have a disaster management plan in place.
- 5.2 Access considerations**
- 24-hour security and access control points.
 - Preferably one primary entrance in and out. If there are multiple entrances, the recommendation is for the non-primary entrances to be closed. Emergency or fire exits must be closed and administered accordingly.
 - Parking space including access by ambulances.
 - Identifiable nearest helipad or emergency helistop.
 - Disability access.
 - Ease of access for delivery of food/medical/other supplies separated from normal access points.
- 5.3 Ventilation requirements**
- Well ventilated natural ventilation is preferred.
 - Room type air conditioning units are not an ideal form of ventilation. The main reason is that the units cannot be disinfected properly and the main requirement is to prevent the distribution of microorganisms.
- 5.4 Basic infrastructure/functional requirements**
- Rooms with bed and bathroom access (two individuals per bathroom and strict cleaning procedures)
 - Lighting, natural ventilation, electricity and water.
 - Functional system for providing communications/internet access.
 - Support services- food, snacks and television.
 - Laundry services.
 - Sanitation services.
 - Uninterrupted potable water.
 - Electricity supply.
 - Cleaning and housekeeping.
- 5.5 Space requirements for the facility**
- Logistics area
 - An adequately ventilated room that can be easily used as a temporary clinical examination room, nursing station and/or sampling area.
 - Catering facilities.
 - Outside temporary holding area for contaminated waste.

5.6 Exclusion criteria for use as a health quarantine facility for individuals

TABLE 1.1: BASIC SPECIFICATIONS FOR BUILT ENVIRONMENT NOT TO BE USED AS A HEALTH QUARANTINE FACILITY FOR INDIVIDUALS

SPECIFICATIONS	NOT TO BE USED
Stand-alone homes	x
Central air-conditioning	x

5.7 Optional criteria to be assessed for a health quarantine facility for individuals

TABLE 1.2: BASIC SPECIFICATIONS FOR BUILT ENVIRONMENT OPTIONAL FOR A HEALTH QUARANTINE FACILITY FOR INDIVIDUALS

SPECIFICATIONS	OPTIONAL
Large hostel /student residences	x
Bathroom and running water If no bathroom: set up a cleaning schedule such as cleaning every 2 hours. Cleaners to wear PPE at all times.	x

5.8 Non-negotiable characteristics of a health quarantine facility for individuals

TABLE 1.3: BASIC SPECIFICATIONS FOR BUILT ENVIRONMENT TO BE USED AS A HEALTH QUARANTINE FACILITY FOR INDIVIDUALS

SPECIFICATIONS	NON-NEGOTIABLE
Well ventilated room - opening windows	x
Hand wash basins in each room	x
Bed frames that can be disinfected	x
Health care risk waste boxes <i>(If occupants are symptomatic but do not need hospitalisation, then use a red hazard bag for tissues – the bag is to be sealed and disposed of as biomedical waste. All other garbage generated by the occupant can be disposed of as domestic waste.)</i>	x
Linen <i>(Linen being washed at ordinary temperatures using a washing machine. No need for disposable linen, if disposable lined used, then use health care risk waste box directions as per above.)</i>	x
Triage room	x

6. SET UP OF QUARANTINE FACILITY

Each quarantine facility will be unique and present its own challenges. As such, it is the responsibility of the Authorised Departmental Delegate supported by a Clinical Team to assess the facility and manage the setup accordingly.

6.1 Medical staff

The Department will ensure that the quarantine site should have access to the medical team for medical screening before the PUIs are admitted at the quarantine sites. The medical team will conduct regular checks at the quarantine site to monitor the health status of the PUIs. The management of the quarantine sites will have direct access to request medical attention as and when it becomes necessary. The medical team composition will vary from time to time given the needs of the quarantine site but will require the **minimum of a primary health care nurse**. Other medical staff that can be included has been outlined below:

- Primary health care nurses.
- General duty medical officers.
- Medicine specialists on referral.
- Paediatrician on referral (in the case that children are hosted in the facility).
- Emergency Medical Services on referral.
- Pharmacist or pharmacy assistant on referral.
- Psychiatrists and psychologists on referral.

6.2 Support staff

At a minimum each quarantine facility should have the following personnel:

- Front desk
- Administration
- Housekeeping, cleaning and sanitation
- Security to ensure access control over 24 hours per day

6.3 Minimum facility equipment requirement

The volume of surgical sundries and medical equipment must be assessed on a case by case basis and the number of occupants in the quarantined facility:

Equipment
Clinical gloves (latex, single-use gloves for clinical care)
Cleaning gloves (reusable vinyl or rubber gloves for environmental cleaning)
Particulate respirators (N95, FFP2, or equivalent)

Equipment
Gowns and aprons (single-use long-sleeved fluid-resistant or reusable non-fluid-resistant gowns)
Alcohol-based hand sanitiser
Liquid hand wash
Clean single-use towels (e.g. paper towels)
Sharps containers
Appropriate detergent for environmental cleaning and disinfectant for disinfection of surfaces, instruments or equipment
Large plastic bags
Appropriate clinical waste bags
Linen bags
Collection container for used equipment

6.4 Security

The facility should have appropriate 24-hour security measures including perimeter security fencing around the entire premises with entry and exit boom access control for the required type of vehicles.

6.5 Zoning of facility

Each facility must be geographically separated in the specified zones for safety, security and containment. The facility must be zoned according to the guidelines below:

6.5.1 Red Zone

Rooms, toilet and bathroom areas, dining areas, areas of bio-waste collections, segregation and disposal.

6.5.2 Yellow Zone

Sections at the entrance to the rooms. Will be used as a safe transfer corridor for additional medical supplies, food etc. to be taken into the red zone. Items taken out of the Red Zone for disposal will follow strict biohazard management processes. The yellow zone should also include the corridors to the rooms, a demarcated area at the entrance of all rooms and garden/outside areas.

6.5.3 Green Zone

All areas within the facility not designated as red or yellow zones will be deemed green zones. Any non-essential medical, allied health personnel and general support personnel will remain in the Green Zone. Additional medical and non-perishable supplies will be held in the Green Zone.

Periodic screening of cleaners/catering staff accessing the red and yellow zones must be undertaken.

6.6 Room allocation

After a welcome briefing, PUIs will be allocated rooms. The following needs to be considered when allocating rooms.

- Families
- Elderly persons
- Persons with pre-existing conditions
- Risk level of individuals where current COVID-19 infection status is unknown.

To minimise contact with on-site domestic support, all cleaning material, liquid soap only (no bar soaps), towels, linen, beverages, alcohol-based hand sanitisers, gloves and face masks will be replenished as required at the door of each room by the cleaning staff.

6.7 Catering

All meals should ideally be prepacked and served in disposable containers. The facility management/restaurant/caterers are required to provide details of menu options and ensure catering for special dietary requirements i.e. ~~halal~~ kosher, vegetarian etc. Meals will be delivered to the door of each room in the passage (yellow zone).

6.8 Cleaning and sanitising

All in quarantine will be requested to clean their own rooms daily. Deep cleaning is to be undertaken every three days, or sooner if required. Quarantine site management is required to provide a roster for deep cleaning and will provide a vacuum for daily cleaning by the room occupant. All quarantined persons are required to pay for their own laundry service or appropriate soap must be provided for self-washing.

6.9 Triage area/treatment room

Each facility must establish a triage area for providing treatment for minor ailments/injuries. A PHC nurse with IPC knowledge should be allocated by the Provincial Department of Health or Local Government to provide primary healthcare service during the day. A doctor should be available on call if required and fees payable will be at the account of the individual requesting the consultant.

7. RECEIVING AND BRIEFING OF THE PEOPLE UNDER INVESTIGATION (PUI)

Before occupation of any room, PUIs must be briefed with regards to the facility layout, physical and social distancing, use of facility amendments, meals and times, cleaning of rooms, PPE and general information. To alleviate some of the psychological fear and panic among all the quarantined persons and staff assigned to the quarantine site, group information sessions must be led by a designated psychological team.

In these group sessions quarantined persons should also be advised about infection control measures, personal protective measures and do's and don'ts in the quarantine zones to avoid the spread of the infection. Individual counselling sessions with a psychologist must be scheduled as the need arises. Printed copies of all infection control [measures](#), personal protective measures and do's and don'ts should be made available in each room and discarded after the individual is discharged. As far as possible these documents should be available in local languages.

8. QUARANTINE OF SOUTH AFRICAN CITIZENS RETURNING FROM HIGH RISK COUNTRIES

The management of the quarantine facility should be done under the strict instructions of the Authorised Departmental Delegate supported by a Clinical Team and should adhere to the sections below. It is important to note that the dignity and rights of the PUIs must be respected at all times. The head of the facility must aim to communicate to all PUIs on a regular basis (daily). Such communication must include aspects such as:

- Number of people in the facility, positive cases and management decisions
- Daily/weekly arrangements of care
- Possible schedule for activities in the facility (recreation and other)
- Actions required by PUIs, and under which circumstances

8.1 Port of Entry Clearances

All asymptomatic South Africans arriving from high risk countries will be subjected to quarantine in identified quarantine facilities.

On arrival, Port Health Officers will explain procedures and provide information to travellers on measures to be implemented related to the quarantine. Port authorities should identify a designated area where South African citizens arriving from high risk countries will undergo all border entities clearance processes, ideally this area should be close to areas where citizens will exit for transportation to quarantine facilities.

Once clearance has been provided by all border entities, the citizens will be accompanied to the transportation area.

Should it be required, the South African Police Service will ensure crowd control and provide escort services to ensure all travellers board the transportation provided.

8.2 Transportation to quarantine facilities

The port authorities should provide designated space and exit areas for vehicles transporting citizens from the port of entry to the quarantine facilities.

The Department of Health will facilitate transportation from ports of entry of citizens to the quarantine facility.

Such vehicles should be escorted by the South African Police Service or any other law enforcement agency as and when required.

9. MANAGEMENT OF QUARANTINE FACILITY

The management of the quarantine facility should be done under the strict instructions of the appointed Chief Medical Officer and should adhere to the sections below. It is important to note that the dignity and rights of the PUIs must be respected at all times. The head of the facility must aim to communicate to all PUIs on a regular basis (daily). Such communication must include aspects such as:

- Number of people in the facility, positive cases and management decisions
- Daily/weekly arrangements of care
- Possible schedule for activities in the facility (recreation and other)
- Actions required by PUIs, and under which circumstances

9.1 Standard Operating Procedures (SOPs)

To ensure smooth operation in the quarantine facility, Standard Operating Procedures (SOPs) need to be formulated by the management of the facility for the following activities/persons:

- Medical and non-medical personnel roles and responsibilities

- Staff and PUIs briefings
- Allocation of rooms
- Working roster
- Access to open areas
- Daily monitoring surveillance of patients
- Fever triage/isolation procedure
- Case and contact monitoring and response
- Transfers of suspect/symptomatic to designated hospital (through ambulances)
- Public information/communication with the media

9.2 Personal protective equipment (PPE) in quarantine facility

Personal protective equipment (PPE) includes gloves, aprons, gowns, face masks and eye covers, disinfectant, PPE pack etc. The used PPE is to be disposed of in line with SANS codes, in designated biomedical waste bins, to be supplied by the Provincial Department of Health. A disposal process must be in place, under the supervision of the Environmental Health Practitioners.

9.2.1 Rules for PPE

The following PPE rules apply in all quarantine facilities:

- Wash hands before and after putting on PPE.
- Change the surgical mask for a new one when it becomes damp or is visibly dirty.
- Place used PPE directly into a bag/waste container with a lid. Never leave it on a surface such as a chair or a table.

WHO?	WHEN?	WHAT?
Healthcare staff	Interaction with low-risk* PUI and other tasks: <ul style="list-style-type: none"> • Daily monitoring (temperature checks) • Handing out food and beverages • All other interaction 	Surgical mask Gloves Plastic apron
	Interaction with high risk** PUI: <ul style="list-style-type: none"> • Daily monitoring (temperature checks) • Clinical care • Specimen collection • All other close interaction 	N95 respirator Gloves Eye protection Apron/gown
Staff delivering meals	<ul style="list-style-type: none"> • Serving food to outside rooms 	Surgical mask

WHO?	WHEN?	WHAT?
Cleaning to be undertaken by room occupant	<ul style="list-style-type: none"> • Cleaning expat rooms and bathrooms for deep cleaning only • Removal of rubbish • Changing of linen • Handling of used linen 	Surgical mask Plastic apron Heavy duty gloves (re-usable)
Low-risk RP	<ul style="list-style-type: none"> • Close interaction with fellow PUI in confined space (not well ventilated) 	Surgical mask
	<ul style="list-style-type: none"> • Whilst alone or with family in room • Outside on patio or in garden (well-ventilated areas) 	None
High-risk RP	<ul style="list-style-type: none"> • All interaction with people 	Surgical mask
	<ul style="list-style-type: none"> • Whilst alone in room • Outside on patio or in garden (well-ventilated areas) with a 2-meter distance away from other people 	None

***Low-risk PUI:**

- No signs or symptoms of respiratory infection
- No previous close contact with a known COVID-19 laboratory-confirmed case

****High-risk PUI:**

- Previous close contact with a known COVID-19 laboratory-confirmed case
- Worked in or attended a healthcare facility where COVID-19 patients were treated
- Temperature of $\geq 37.8^{\circ}\text{C}$ or higher
- Coughing, sore throat or difficulty breathing

9.3 Training

Training is the most important and critical part to ensure that all activities take place as per established protocol and SOPs. Training should be conducted by a team from provincial departments of health to onboard staff before any patients are quarantined. Training should specifically focus on:

- Training of healthcare professional on SOPs that needs to be followed at the quarantine centres for daily examination, movements in the facility, infection prevention control measures and use of PPE kit etc.
- Training of clinicians, laboratory technicians and medics on appropriate sample collection (nasopharyngeal and throat) and triple layer packaging with cold chain maintenance.

- Paramedical staff (staff nurses, medics, pharmacist etc) need to be trained on SOPs to be followed at quarantine centres and use of PPE kit.
- Support staff (housekeepers/cleaners, caterers, security staff, drivers and general duty staff) need to be trained on the use of masks, gloves, cleaning and disinfection procedures and use of PPE kit, etc.
- Refresher training or regular direction to all the above staff needs to be provided on an as-needed basis.
- When a new staff member is assigned to a quarantine site, it needs to be ensured that he/she has received proper training before undertaking the work.
- All training should emphasise that all activities/procedures must be done under the strict monitoring and observation of trained specialists.

9.4 Establishment of Infection Prevention Control (IPC) measures

The possibility exists that a quarantined infected person might infect primary medical and support staff. As such basic Infection Prevention Control (IPC) measures should be put in place. This includes:

- The creation of a map of the facility to outline the details of movement of healthcare and other personnel around the quarantine area and in the building.
- The map can be used to regulate the movement of staff so as to limit interactions with high risk areas and to prevent and control infections.
- Well informed and trained security personnel need to be deployed all around the building on a 24/7 rotation basis to monitor the facility and to avoid entry of un- desired persons/animals and even birds for eating any food remains/droppings inside the area.
- Training of all personnel in the use PPE as per guidelines.
- Earmarking separate areas for PPE donning and doffing (assigning a compliance officer to the area to ensure PPE is correctly donned and doffed).
- Stationing a trained nursing officer at the building to regulate the movement of the staff entering the facility. He/she should be assigned the duty that every person entering the facility should register all of their personal details, designation, and time of entry and exit
- The nursing officer must be provided with sufficient stationery to ensure that all persons are labelled while entering the building so that they can be identified by security staff.
- Having separate entrances and exits within the building for healthcare staff and quarantined persons to minimise infection risks
- The daily decontamination of the entire quarantine facility with disinfectants (freshly prepared 1% hypochlorite, detergent solution) including surface mopping of all the floor, bathrooms, toilet facilities, undersides of beds and other related items placed in the rooms of quarantined people.
- The establishment of a temporary observation (transit room) for people developing mild symptoms to facilitate early isolation and to prevent transmission to other clusters of groups.

9.5 Securing entry and exit points

In order to prevent and control infection in the facility, strategic points in the facility needs to be identified including:

- The control room where a person entering inside a quarantined building gets proper awareness and training on infection control measures
- A well informed and trained security guard to monitor the main entrance gate of the area 24/7 with registers for movements in and out and a designated nursing officer for checking proper PPE donning at the main entrance gate in the building
- Only authorised and trained persons or those designated in work areas to permitted to enter the quarantine areas
- Doors to keep closed at all times preferably under observation of a guard
- There should be a double door entry, managed with only one door to be open at a single time

9.6 Daily clinical examination and referral

- All quarantined persons need to be clinically examined twice a day (morning & evening)
- Those requiring referrals for related symptoms of coronavirus (fever, cough, sore throat, breathlessness etc.) or any other reason need to be referred to a designated hospital in an ambulance directly with due precautions as per referral SOP.
- Ambulances with Advanced Life Support personnel and equipment need to be placed in the facility in standby mode for transport.
- Daily census of the people needs to be undertaken twice a day (e.g. morning 8am and evening 8pm).

9.7 Recording and reporting mechanisms

- To ensure standardised reporting, daily reporting formats need to be designed noting the number of suspected cases with symptoms related to coronavirus, number of cases requiring referral and sample collection status.
- Once populated with the relevant information, documents need to be sent daily to relevant higher authorities.

9.8 Monitoring and supervision

- Daily monitoring visits need to be conducted inside the quarantine facility and outside the facility in the surrounding campus by public health and in-charge officers and gaps to be noted.
- Necessary corrective actions and preventive actions to be taken by the Public Health officer

9.9 Lodging, catering, laundry and other related activities

- Disposable and pre-packed food needs to be served to quarantined people
- All the quarantined persons will be assigned to separate beds, spaced 2 meters apart. The beds are not to be set up facing each other.
- All Beds should have disposable bed sheets that should be changed on a daily basis.
- Personal toiletries/ towel/ blankets/ pillow with covers/electric kettle, room heater and water dispenser may be provided to each person depending on availability.

- A separate room needs to be assigned to perform laundry services for cleaning of all the clothes and other washing related activities.
- Before laundering, all the washable items need to be placed in 1% hypochlorite up to 30 minutes and later washed in detergent solution.

9.10 Biomedical waste (BMW) management

- Collection of waste material should occur twice daily by biomedical waste management vehicles/any other local established practice.
- The biomedical waste collection site should be regularly disinfected with freshly prepared 1% hypochlorite solution.
- All medical and support staff need to be well oriented to requirements of handling and management of general and biomedical waste generated at the facility. Steps in the management of biomedical waste include generation, accumulation, handling, storage, treatment, transport and disposal as mentioned in the SOP need to be followed.
- Daily monitoring & supervision to ensure compliance with BMW protocol.
- All the generated waste from the quarantine facility to be treated in isolation from other locally generated waste and to be destroyed under the supervision of specialists from the DoH.
- All health care waste generated including masks, gloves and tissues should be treated as Health Care Risk Waste as per SANS 10248-1, 2008. Provinces should utilize the contracted service provider for that particular province for collection, treatment and disposal of waste generated in the designated quarantine facility. All waste generated by quarantined individuals must be treated as Health Care Risk Waste.

9.11 Sample collection and packaging

- For baseline testing, samples (nasopharyngeal swab and throat swabs) for COVID-19 need to be collected from all quarantined persons and sent with triple layer packaging maintained in cold chain (2-8°C) to designated laboratories.
- Safe collection & handling of specimens in the quarantine camp needs to be performed in identified locations as per the SOP.
- Specimen containers generally used are viral transport medium (VTM) (VTM vials containing 3 ml medium) with falcon tubes (50 ml) as secondary layer of triple layer packaging system.
- Containers need to be correctly labelled to facilitate proper identification.
- Specimen request or specification forms should be placed in separate waterproof zip pouch envelopes and pasted on the outside layer of the lockable sample transport containers.
- Just before the end of the 14 day quarantine period, resampling of nasopharyngeal swabs needs to be done.

9.12 Discharge of quarantine people from quarantine facility

- Quarantined persons need to be discharged at the end of the minimum quarantine period of 14 days incubation period provided samples are negative on resampling

- Upon discharge from quarantine, a letter will be issued to the person confirming they have concluded the quarantine period
- The quarantined persons are expected to make their own arrangements for transportation from the facility to their respective homes
- Where a person who has concluded quarantine period can prove that individual arrangements for transportation to their respective destination cannot be made, the Department of Health will make such arrangements
- Instructions should be provided to discharged patients to continue to self-monitor their health at their home (i.e. home quarantine) for the next 14 days. However, if they develop symptoms suggestive of COVID-19, they should contact the NICD as soon as possible
- The NICD or a delegated agent identified by the NICD (e.g. district disaster management centres) should be provided with contact details of previously quarantined persons to conduct active surveillance for 14 days after their discharge from the facility

9.13 Disinfection and decontamination procedures

- Once the building ceases to serve as a quarantine facility a terminal disinfection procedure should be implemented
- Cleaning and decontamination to be performed using the proper personal protective equipment (PPE) and adopting a cleaning system as prescribed by a formulated SOP
- Spraying 1% sodium hypochlorite working solution (dilution 1:4 from an initial concentration of 4%) to be done on all the surfaces (protecting electrical points/appliances)
- This should be followed by cleaning with a neutral detergent that is used for removing the traces formed by hypochlorite solution
- While cleaning, windows need to be opened in order to protect the health of cleaning personnel
- All frequently touched areas, such as all accessible surfaces of walls and windows, door knobs and handles, the toilet bowl and bathroom surfaces need to be carefully cleaned
- All textiles (e.g. pillow linens, curtains, etc.) should be first treated with 1% hypochlorite spray and then packed and sent to get washed in laundry using a hot-water cycle (90°C) and adding laundry detergent.
- 1% hypochlorite solution should also be sprayed in the PPE doffing area and the PPE discarding area twice a day on a daily basis.
- Mattresses/pillows that have been sprayed with 1% hypochlorite should be allowed to get dry (both sides) in bright sunlight for up to 3 hrs each.

10. TRANSPORT OF THE PUI TO AND FROM QUARANTINE FACILITY

The District/Metro Disaster Risk Management Centre or The Provincial Department of Health or The Department of Transport must make the necessary arrangements for the transportation of PUIs to (before quarantine) and from the quarantine facility (after quarantine period). Asymptomatic PUIs can make use of their own (NOT public) transport if necessary.

11. GUIDELINES FOR ISOLATION

Should a person be required to self-isolate due to the possibility of infectious contact or due to recent international travel, then the guidelines below apply.

11.1. Process flow for the management of the PUIs who refuse to be quarantined.

Any person who is a suspect of COVID-19, or who has a history of having travelled to or through a high risk country, or has been in contact with a person who has tested positive for COVID-19 or who has conveyances that passes through high risk countries shall be deemed as a suspect for COVID-19. Such a person shall thus be submitted to quarantine or isolation, regardless of which category mentioned above category they fit into. Should such a person refuse or resist quarantine or isolation or even attempt to escape from the quarantine facility, such a person shall be regarded as being in contravention of the regulations regarding the management of the suspect for COVID-19 infections.

If a person becomes aware of the refusal or resistance by such a person, they shall report such a person to the law enforcement agencies for further management. Having taken adequate universal precautionary measures, the law enforcement agencies shall then hand such a person to the identified quarantine facility. As soon as the person has completed 14 days of isolation or quarantine, which applies under each circumstance, the law enforcement agencies shall manage the situation in line with legislations that are applicable for the conduct of such a person.

11.2 Who needs to be isolated?

- If you arrived in South Africa from any high-risk country in the last 14 days, you should self-isolate for 14 days from the date you departed the country you visited. If you arrived more than 14 days ago, you do not need to self-isolate.
- If you have been in close contact with someone you either suspect or have confirmed to be infected by COVID-19, you should self-isolate for 14 days from the date of contact.

11.3. Hygiene at home

- Protect yourself and the people you live with by cleaning your hands frequently throughout the day
- Use warm water and scrub with soap for at least 20 seconds before drying your hands thoroughly preferably with a clean single-use towel
- Alternatively, use alcohol-based hand sanitiser to clean hands
- Cover your mouth and nose with a tissue when you cough or sneeze, or cough or sneeze into your elbow
- Throw used tissues in a lined trash can and immediately wash your hands with soap and water for at least 20 seconds, making sure you dry them thoroughly, preferably with a clean single-use towel

- Avoid touching your eyes, nose and mouth with unwashed hands

11.4. Social relations whilst isolating

- As much as possible, limit your contact with people other than the people you are self-isolating with
- Avoid having visitors at home, but it is okay for friends, family or delivery drivers to drop off food. Maintain a distance of 1 to 2 metres during these deliveries
- If in a home where the others who live with you aren't self-isolating, one should minimise close contact with them by avoiding situations where you have face-to-face contact closer than 1 metre for more than 15 minutes. The other household residents do not need to self-isolate provided these precautions are followed
- Use your own toothbrushes, eating and drinking utensils (including cups and glasses in the bathroom and bedroom), dishes, towels, washcloths or bed linen. Do not share food and drinks or prepare food for others. Wash your clothing and dishes separate to others in your home
- You should not share a bed or a room with others during your 14-day isolation period. This includes sleeping in common areas
- Minimise the time you spend in shared spaces such as bathrooms, kitchens and sitting rooms as much as possible and keep shared spaces well ventilated.
- Clean surfaces like kitchen benches and sink tops after you use them and try to avoid touching them after you have cleaned them
- Make sure you use separate towels from other people in your house, both for drying yourself after bathing or showering and for drying your hands.
- If you use a shared toilet and bathroom, it's important that you clean them every time you use them (for example, wiping surfaces you have come into contact with)
- You should use your own toilet paper, hand towels, toothpaste and other supplies during your self-isolation
- If you share a kitchen with others, avoid using it while others are present.
- Take your meals back to your room to eat
- If you have one, use a dishwasher to clean and dry your used crockery and cutlery. If this is not possible, wash them using your usual washing up liquid and warm water and dry them thoroughly, remembering to use a separate tea towel
- Don't invite or allow social visitors, such as friends and family, to enter your home. If you want to speak to someone who is not a member of your household, use the phone or other means of contact

11.5. Living with older/vulnerable persons

- Evidence from many countries suggests that older people and vulnerable people (those who are immune-compromised or have pre-existing conditions like cardiovascular disease, diabetes or hypertension) are more at risk for COVID-19 transmission, morbidity and mortality

- If you live with an older or vulnerable person who doesn't need to self-isolate, they can continue their normal activities.
- However, you should try to reduce your close contact with them as far as possible

11.6. Children and childcare

- Try to reduce your contact with your children as far as possible, but that may not be possible, particularly with young children
- Try to explain what is happening in a way that is easy to understand. Tell them you are staying at home to protect other people. Try to avoid worrying them
- If a child develops symptoms, you should contact the NICD. They will also need to stay at home for 14 days from the onset of their symptoms
- If you wish to breastfeed, take precautions to limit the potential spread of COVID-19 to the baby by:
 - washing your hands before touching the baby, breast pump or bottles
 - avoiding coughing or sneezing on the baby while feeding at the breast
 - cleaning any breast pump as recommended by the manufacturer after each use
 - considering asking someone who is well to feed your expressed breast milk to the baby
 - if you are feeding with formula or expressed milk, sterilise the equipment carefully before each use. You should not share bottles or a breast pump with someone else

11.7. Laundry

- Wash items according to manufacturer's instructions
- It's okay to wash your dirty laundry with the rest of your household if you do the washing yourself, but you should only fold and put away your own items.
- It may be easier for someone else to fold and put away clean shared laundry items (such as towels and tea towels) and provide a supply for you.
- If you do not have a washing machine, wait 72 hours after your 14-day isolation period has ended before taking your laundry to a laundrette.

11.8. Mental health and wellbeing

- Emotional and mental health is important. It is normal to feel stressed or lonely when self-isolating, during this time you can do the following:
 - Reach out to your usual supports, like family and friends, and talk about how you feel.
 - Stick to a routine such as having regular mealtimes, bedtimes and exercising.
- If you feel you are not coping, it is important to talk with a health professional (which includes allied health practitioners or traditional health practitioners).

ANNEXURE A: BASIC RESPONSIBILITIES FOR SETTING UP QUARANTINE FACILITY

ANNEXURE A: BASIC RESPONSIBILITIES FOR SETTING UP QUARANTINE FACILITY			
ACTIVITY	RESPONSIBILITY	DATE	STATUS
Secure venue	Law Enforcement		
Site cleared of guests	Facility management		
Site cleared of functions	Facility management		
SANDF on site and fully secured	SANDF		
Staff briefing	NDoH/DDRMC		
Setting up administrative support (IT, printers etc)	DDMC		
PPE on site	NDoH		
Issuing of PPE	NDoH		
Level 1 hospital established	NDoH		
Staff medical assessment	SANDF		
Accommodation planned	DDMC/Facility Manager/Chief Medical Officer		
Dining area planned	DDMC		
Bio-medical waste area identified	Chief Medical Officer		
Security post established	SANDF/SAPS		
Delivery of cleaning equipment and disinfectant materials	DDMC/NDoH		
Quarantined persons briefed	Chief Medical Officer		
Accommodation issued	Facility Management		
Dining area allocated	DDMC		
Medical assessment for persons to be released from quarantine after 14 days	NICD		
Transport of medical samples to relevant laboratory	Local public hospital?		
Setting up on-site ambulance	Provincial DoH		



ANNEXURE B: DETAILED CHECKLIST FOR THE ESTABLISHMENT OF AQUARANTINE FACILITY			
1.	BASIC INFORMATION		
1.1	Name of facility:		
1.2	Physical Address:		
1.3	Coordinates i.e. (25°44'27.40"S; 28°11'24.18"E)	(Degrees	Minutes Seconds):
1.4	Contact person:		
1.5	Email address:		
1.6	Phone number:		
1.7	Alternative contact detail:		
2.	LOCATION OF FACILITY		
2.1	Located away from residential areas?	YES	NO
2.2	Distance (km) from closest residential area:		
2.3	Located away from areas of mass gathering (e.g. places of worship, sports stadium, etc)	YES	NO
3.	ACCESS AND SECURITY		
3.1	Does the facility have a fenced perimeter?	YES	NO
3.2	Is access controlled to the facility?	YES	NO
3.3	How many access gates does the facility have?		
4.	FACILITIES AND AMENITIES		
4.1	How many floors are there in the facility?		
4.2	If more than one floor, does the building consist of lifts?	YES	NO

ANNEXURE B: DETAILED CHECKLIST FOR THE ESTABLISHMENT OF AQUARANTINE FACILITY			
4.3	How many accommodation rooms are available in the facility? (take into account family occupancy)		
4.4	How many en-suite accommodation rooms are available in the facility? (take into account family occupancy)		
4.5	How many beds in each room of the facility?		
4.6	Independent air conditioning in rooms?	YES	NO
4.7	Windows that open up to outside?	YES	NO
4.8	Exhaust or other fans in the rooms?	YES	NO
4.9	Are there separate exit and entry points to the facility?	YES	NO
4.10	24/7 security available?	YES	NO
4.11	Separate entry for non-healthcare professionals (housekeeping/catering)?	YES	NO
4.12	Number of bathrooms in the building (excluding en-suite rooms)?		
4.13	Carpets in rooms?	YES	NO
4.14	Carpets in communal areas?	YES	NO
4.15	In-house catering facilities?	YES	NO
4.16	Separate resting rooms for staff?	YES	NO
5.	SERVICES		
5.1	Is potable water supply uninterrupted?	YES	NO
5.2	Does the facility have electricity supply?	YES	NO
5.3	Does the facility consist of a standby power generator?	YES	NO
6.	CATERING		
6.1	Does the facility have sufficient catering facilities	YES	NO
6.2	Are the catering facilities sufficient for the capacity of the facility?	YES	NO

ANNEXURE B: DETAILED CHECKLIST FOR THE ESTABLISHMENT OF AQUARANTINE FACILITY			
7.	ACCESSIBILITY TO FACILITY		
7.1	Proximity to nearest airport?		
7.2	Proximity to the nearest railway station?		
7.3	Proximity to nearest bus station/taxi rank?		
7.4	Is the road to the facility fairly free of heavy traffic?	YES	NO
7.5	Is the road to the facility wide enough for two vehicles at any time?	YES	NO
7.6	Access to facility and loading area of patients for ambulances?	YES	NO
7.7	How far is the nearest hospital where clinical ventilation is available (ICU / High Care)?		
8.	STAFF		
8.1	Attached details of operational staff at the facility?	YES	NO
9.	RECREATIONAL FACILITIES		
9.1	Internet access?	YES	NO
9.2	Recreational room?	YES	NO
9.3	If yes to above, please specify?		
9.4	TVs/radios in rooms?	YES	NO
9.5	Provision of printed materials?	YES	NO
9.6	Secured outside and open areas (green areas)?	YES	NO

ANNEXURE 6

FUNERAL UNDERTAKES' DATA BASE AND AVAILABLE SPACE AT GRAVEYARDS

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FUNERAL UNDERTAKES' DATA BASE AND AVAILABLE SPACE AT GRAVEYARDS

Funeral Undertakers' Name/Crematoria	Gov. Or Priv.	Physical Address & Tel.nr	Capacity: Nr. of shelves/ chambers	GPS	Nr. of coffins available	Nr. of pathologists	CoC Yes/No
Doves Beaufort West	Priv.	7 Donkin Street, Beaufort West beaufortwes@doves.co.za beaufortwest.branchmanager@doves.co.za Tel: 023 415 1400 Cell: 060 552 2527	8 shelves	-32.344160, 22.582166	16 - Coffins	0	Yes
AVBOB Beaufort West Do have PPE but not enough	Priv.	123 Donkin Street, Beaufort West beaufortwes@funeral.avbob.co.za Tel: 023 414 2216	14 Shelves	-32.353055, 22.583508	16 - normal coffins 8 - Caskets 3 - oversized 15 - next week	0	Yes
Lykshuis Merweville	Gov.	Hugenoot Street, Merweville 023 414 8100	2 Drawers	-32663641, 21514014	No coffins at site	0	CoC expired This is a facility of which the equipment was donated to provide a cold drawer for the public in a deep rural area, it is/was managed by Beaufort West Municipality.

							No Pathologist at facility, and no undertaker
Fortune Funeral Services Beaufort West	Priv.	4 Daniël Street, Beaufort West fortunefuneralservices@gmail.com Cell: 082 381 8222	3 Shelves	-32.365814, 22.573859	12 - Normal coffins 1 - Casket	0	Yes
Josticare Begrafnisdienste BK Beaufort West	Priv.	5 De Vries Street, Beaufort West 0836842917dj@gmail.com Tel: 023 415 1310 Cell: 083 684 2917	9 Shelves	-32.364039, 22.573868	3 – Normal Coffins 4 - Caskets	0	Yes
Booyens Begrafnisdienste Beaufort West	Priv.	45 Lang Street, Beaufort West Tel: 023 414 3677 Cell: 064 089 2903		-32.373555, 22.575179	4 Drawers 4 – Normal Coffins 2 - Caskets	0	Busy with re-application
Little Woods Funeral Services Beaufort West	Priv.	David September Avenue, Beaufort West Cell: 087 808 3839 littlewoods@beaufortwest.net	10 Shelves	-32.365297, 22.572348	10 – Normal Coffins 6 - Caskets 4 – Normal more expensive	0	Busy with re-application

De Wit Begrafnisdienste Laingsburg	Priv.	8 Van Riebeeck Street, Laingsburg	3 – 6 Drawers	-33.195551, 20.858988	Not in operation but can be used if needed	0	CoC Expired and facility not in use but can be used if needed
SAVV Leeu-Gamka	Priv.	Gouwsblom Street, Leeu Gamka katrina.prins09@gmail.com 021 931 8465	6	-32.767417, 21.968485	Unknown	0	Yes
Murraysburg No Facility	N/a		0		0	0	N/A
Klaarstroom No Facility	N/a		0		0	0	N/A
Prince Albert No Facility	N/a		0		0	0	N/A
Nelspoort No Facility	N/a		0		0	0	N/A
Matjiesfontein No Facility	N/a		0		0	0	N/A
Forensic Pathologist Beaufort West	Gov.	Voortrekker Street	65 Shelves	-32.352185 22.608037		0	0 No

Forensic services (State) do have space for 65 bodies. They do not have Coffins is in Voortrekker Street Beaufort West. They do not have any pathologist in Beaufort West. Service is rendered from George.

1. GRAVES AVAILABLE

1.1 Beaufort West District:

- **Beaufort West**
 - The available graves in Beaufort West is **240**.
 - The average burials per month is 22 calculated on the average of the last **6** months. The remaining of the cemetery is therefore **10** months.
- **Murraysburg**
 - Does not have enough capacity at this stage.
 - Beaufort West Municipality is in the process of expanding the graveyard and the necessary EIA process is underway. There are however an additional **200** graves in the **Helde Akker** that may be used in case of an emergency.
- The cemeteries of **Merweville and Nelspoort** has got enough burial space and no shortfall is anticipated.

1.2 Prince Albert District:

- **Prins Albert:**
 - There is a space 47 m x 103 m available for graves.
 - 118 Graves available.
 - 2070 m² available must first be cleared of plants before it can be used.
- **Klaarstroom**
 - 16 graves available.
- **Prince Albert Road**
 - No graves available.
- **Leeu-Gamka**
 - No information received.

1.3 Laingsburg District:

- **Laingsburg**
 - Goldnerville Graveyard space available 150-200 depending on the way burials will be done.
 - Centre Town Graveyard space available 60 - 100 depending on the way burials will be done.

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ANNEXURE 7

WC DoH

**CIRCULAR H41 OF 2020:
COVID-19: MANAGEMENT OF
DECEDENTS IN THE WESTERN
CAPE**

DRAFT



TO ALL SMS MEMBERS/ CHIEF DIRECTORATES / DIRECTORATES / REGIONAL / DISTRICT OFFICES, SUB-STRUCTURES / ALL FACILITY MANAGERS/ CITY OF CAPE TOWN / HIGHER EDUCATION INSTITUTIONS / PRIVATE SECTOR

Circular H 41 of 2020: COVID-19: Management of decedents in the Western Cape

1 Introduction

- 1.1. This document serves to outline the functions of various role players in different settings in response to a COVID-19 death in the Western Cape.
- 1.2. This document is a combination of various directives issued in the "Guidelines for case-finding, diagnosis, management and public health response in South Africa", the "COVID-19 Environmental Guidelines" and the relevant National Health Act regulations and should be read in conjunction with those documents.

2 Important notice

- 2.1. Deaths **exclusively** as a result of suspected or confirmed SARS-CoV-2/COVID-19 are **NOT** unnatural deaths. These cases, therefore, do **NOT** require medicolegal autopsies.
- 2.2. Such cases should therefore **NOT** be referred to Forensic Pathology Service (FPS) mortuaries by hospitals/clinics for medicolegal autopsies.
- 2.3. People that die of **unnatural causes** with suspected or confirmed SARS-CoV-2/COVID-19; however, are still required by law to be referred for medicolegal examination by FPS.

3 Recommendation regarding swabbing of suspected COVID-19 deceased cases

- 3.1. In all the categories listed hereunder, where the case conforms to the criteria for a possible COVID-19 diagnosis, it is recommended that throat and nasopharyngeal swabs be taken by the responsible medical practitioner, and the swabs be dispatched according to the accepted protocol to the designated NHLS laboratory in the prescribed way.
- 3.2. The taking of swabs is not indicated where the postmortem interval exceeds three days in relation to deaths where there is a history consistent with COVID-19, where a patient was not seen in a clinical setting and/or specimens retained.

4 Management of decedents that died in a Western Cape Government healthcare facility as a result of COVID-19 where an undertaker serves as the designated mortuary

- 4.1. Healthcare facility staff to ensure that the human remains are appropriately double bagged and sanitized to ensure safe transportation in line with that of a Biological safety Hazard level 3.
- 4.2. The healthcare facility shall contact the relevant Environmental Health Practitioner (EHP) in the municipal district to ensure that the handling of the human remains is strictly monitored by the EHP throughout the process.
- 4.3. The relevant contracted undertaker who serves as the undertaker for the removal of decedents from the healthcare facility shall remove the human remains to the undertaker's premises.
- 4.4. The human remains must be transported in a manner that is compliant with the provisions of the Regulations Relating to the Management of Human Remains.
- 4.5. Human remains can only be transferred from one designated facility to another designated facility or from such to a cemetery or crematorium.
- 4.6. Direct handling of the human remains is strongly discouraged and if necessary, shall conform to full Personal Protective Equipment (PPE).
- 4.7. Where it is feasible and acceptable to family culture and/or religion, it is strongly recommended that the human remains be cremated.
- 4.8. In all cases, human remains should not be kept in households for a vigil or any purpose but be kept in designated healthcare facility mortuary premises, and directly transported from designated healthcare facility mortuary straight to the place of burial or cremation or the home on the day of burial/cremation.

5 COVID-19 death in a Western Cape Government healthcare facility where the facility has a mortuary

- 5.1. Healthcare facility staff to ensure that the human remains are appropriately double bagged and the outer surface decontaminated to ensure safe transportation and further handling.
- 5.2. The healthcare facility shall contact the relevant EHP in the municipal district to ensure that the handling of the human remains is strictly monitored by the EHP throughout the process.
- 5.3. The human remains are considered contagious and should be kept only in designated health facilities' mortuaries.
- 5.4. Human remains can only be transferred from one designated facility to another designated facility or from such to a cemetery or crematorium.
- 5.5. Direct handling of the human remains is strongly discouraged and if necessary, shall conform to full PPE.
- 5.6. Where it is feasible and acceptable to family culture and/or religion, it is strongly recommended that the human remains be cremated.
- 5.7. In all cases, human remains should not be kept in households for a vigil or any purpose but be kept in designated healthcare facility mortuary premises and directly transported from the designated healthcare facility mortuary straight to the place of burial or cremation or the home on the day of burial/cremation.
- 5.8. The human remains must be transported in a manner that is compliant with the provisions of the Regulations Relating to the Management of Human Remains.

6 COVID-19 death at a private healthcare facility

- 6.1. Healthcare facility staff to ensure that the human remains are appropriately double bagged and the outer surface decontaminated to ensure safe transportation and further handling.
- 6.2. The healthcare facility shall contact the relevant EHP in the municipal district to ensure that the handling of the human remains is strictly monitored by the EHP throughout the process.
- 6.3. The undertaker contracted by the next of kin to collect the human remains.
- 6.4. The human remains must be transported in a manner that is compliant with the provisions of the Regulations Relating to the Management of Human Remains.
- 6.5. Human remains can only be transferred from one designated facility to another designated facility or from such to a cemetery or crematorium.
- 6.6. Direct handling of the human remains is strongly discouraged and if necessary, shall conform to full PPE.
- 6.7. Where it is feasible and acceptable to family culture and/or religion, it is strongly recommended that the human remains be cremated.
- 6.8. In all cases, human remains should not be kept in households for a vigil or any purpose but be kept in designated healthcare facility mortuary premises and directly transported from designated healthcare facility mortuary straight to the place of burial or cremation or the home on the day of burial/cremation.

7 COVID-19 death in Emergency Medical Services (EMS) transport

- 7.1. If a patient dies in transit, the EMS provincial coordinator, provincial communicable disease control coordinator (CDCC) and the standby forensic medical practitioner (in the case of unnatural death) must be notified.
- 7.2. A decision on where to take the decedent must be communicated to the ambulance crew. This should be the mortuary or undertaker which acts as the storage facility for the hospital where the patient was on route to. In the case of unnatural deaths which is also a suspected COVID-19, the human remains will be referred to the relevant FPS mortuary.
- 7.3. Provincial Environmental Health must be informed.
- 7.4. Under no circumstances will the decedent be removed from the ambulance other than at an assigned facility that was communicated to the ambulance crew.
- 7.5. The decedent must be placed in double body bags that are fluid leak proof. The bags must be wiped down with a 0.05% chlorine solution before leaving the ambulance by persons with the appropriate PPE, either porters or crew.
- 7.6. The removal of a suspected COVID-19 decedent must be done under the directive of Environmental Health. In FPS cases, the EHP must be informed but does not have to be onsite, and this noted in the occurrence book.

8 COVID-19 natural death in a community

- 8.1. EMS performs the death declaration.
- 8.2. SAPS complete the SAPS 180 form.
- 8.3. The next of kin is instructed to contact an undertaker to facilitate collection of the human remains.

- 8.4. During the initial phases of the health service response, FPS is dispatched on request of an undertaker to assist in the double bagging and decontamination of the outer bag for the safe transportation of the human remains. The undertaker is to be present whilst this occurs and to take responsibility for all property and valuables. The deceased will be transported from the scene in the undertaker's vehicle.
- 8.5. The relevant EHP in the municipal district is dispatched to ensure that the handling of the human remains is strictly monitored by the EHP throughout the process.
- 8.6. The undertaker collects the human remains under the supervision of the relevant EHP in the district where the patient died.

9 Death where COVID-19 is suspected but results not available yet

- 9.1. The responsible medical practitioner is to proceed with notifying the death (e.g. lower respiratory tract infection).
- 9.2. The body is to be sealed and removed by the designated undertaker.
- 9.3. The human remains are indicated as possible COVID-19 on the double bag and handled as such.

10 Import and export of human remains who died of COVID-19

- 10.1. The human remains of a person who has died of a confirmed COVID-19 should be cremated.
- 10.2. Where cremation is not possible, the repatriation of human remains who died of confirmed or suspected COVID-19 must be conducted in line with the Regulations Relating to the Management of Human Remains (*Regulation 363 of 22 May 2013*).
- 10.3. A formal request for an import/export permit issued by the Director-General: Health must be made by the Department of International Relations and Cooperation (DIRCO) or through the embassies, prior to importation/exportation of the human remains.
- 10.4. The import/export permit, death certificate and written declaration by an institution responsible for packaging the human remains; stating that the transportation of human remains will not constitute a health hazard must always accompany the human remains. No person must open the coffin or remove the human remains after they have been sealed without prior approval from an EHP.

11 In the case of exportation of human remains who died of COVID-19

- 11.1. The human remains must be transported from the mortuary of a designated facility to the point of entry by the relevant contracted undertaker in consultation with the embassy of which the deceased holds residence.
- 11.2. The EHP at a municipal level must monitor the handling of the human remains at the designated mortuary.
- 11.3. The EHP at a point of entry must monitor the removal of the human remains from the relevant undertaker mortuary.

12 In the case of importation of human remains who died of COVID-19

- 12.1. The EHP at a point of entry must inform the relevant undertaker of the arrival of the human remains for transportation.
- 12.2. The EHP at a point of entry must monitor the removal of the human remains from the conveyance to the relevant undertaker vehicle.
- 12.3. The EHP at a municipal level must monitor the handling of the human remains after arrival at the designated mortuary.

Yours Sincerely



DR E ENGELBRECHT
HEAD OF DEPARTMENT: HEALTH
DATE: 30/03/2020

DRAFT

ANNEXURE 8

**WC DEA: DP
NOTICE TO MUNICIPALITIES:
HOUSEHOLD WASTE
MANAGING COVID-19 GENERAL**

DRAFT

CIRCULAR: DEA&DP 0006/2020

**To: All Executive Mayors
All Municipal Managers
All Municipal Waste Managers**

AMENDMENT TO DEA&DP PROTOCOL FOR MANAGING GENERAL HOUSEHOLD WASTE DURING THE COVID-19 PANDEMIC

1. The Department of Environmental Affairs and Development Planning's (DEA&DP's) letter issued individually to all Municipalities in the Western Cape Province on 27 March 2020, on the subject of "Managing Covid-19 General Household Waste", the text of which is attached hereto as Annexure 1, refers. This letter is referred to as the General Household Waste Protocol ("Protocol").
2. It has come to the Department's attention through enquiries received from Municipalities that Paragraph 1 of the Protocol would be challenging for Municipalities to implement, due to patient confidentiality and its ethical implications, and the possible stigmatization of infected persons. The Protocol states "The Municipality is to stay abreast of the number and locations of households within the Municipality of the infected patients through the Metro and District JOC to plan logistically".
3. Due to these operational and confidentiality challenges, and the associated challenge to obtain information at household level, the Department now proposes that emphasis should be placed on communicating to citizens in communities within the jurisdiction of the municipalities on how to manage Covid-19-infected general household waste, as outlined in Paragraph 2 of the Protocol. It is also suggested that this Protocol be adopted for managing any infectious materials from all households.
4. In terms of Regulation R399 Disaster Management Act (57/2002): Directions made in terms of Section 27(2) by the Minister of Cooperative Governance and Traditional Affairs on 25 March 2020, Section 6.4.2 states that Municipalities are directed to identify hotspot areas and mitigation measures within their areas of jurisdiction. In line with these Directions, Paragraph 1 of the Protocol is therefore amended (bold text insertion) as follows:

"The Municipality is therefore requested to stay abreast of **the hotspots** (as defined in Regulation R399) within the Municipality to plan logistically and should be guided by the DEA&DP Protocol as previously issued on 27 March 2020 (Annexure 1)".
5. Furthermore, Paragraph 4 of the Protocol is amended (bold text insertion) as follows:

*"The Municipality needs to provide **all communities** with the required information to appropriately manage the waste generated and to create awareness, using the most appropriate means of communication under these circumstances".*

6. Annexure 2 is therefore the amended **DEA&DP Protocol for Managing COVID-19 General Household Waste** issued on 2 April 2020 and replaces the letters issued to the Western Cape Municipalities on 27 March 2020.
7. Should any of the information change based on the current situation or you may require any further information, please contact the DEA&DP Directorate Waste Management officials, as listed in Annexure 2.

Yours sincerely



PIET VAN ZYL
Head of Department
Department of Environmental Affairs and Development Planning

Date: 02 April 2020

Copied to:

Heads of Metro and District Disaster Management (DM) Centres:

(1) Gerhard Otto	Head: Garden Route DM	gotto@gardenroute.gov.za	0814699128
(2) Hein Rust	Head: Central Karoo DM	hein@skdm.co.za	0829257953
(3) Shaun Minnies	Head: Cape Winelands DM	shaun@capewinelands.gov.za	0827799823
(4) Franquin Petersen	Head: West Coast DM	fwpetersen@wodm.co.za	0791734916
(5) Reinhard Geldenhuys	Head: Overberg DM	rgeldenhuys@odm.org.za	0832738234
(6) Greg Pillay	Head: City of Cape DM	Greg.Pillay@capetown.gov.za	0847117723

(7) Graham Paulse, Head of Department: Local Government (Graham.Paulse@westerncape.gov.za)

(8) Colin Deiner, Chief Director: WC Disaster Management Centre (Colin.Deiner@westerncape.gov.za)

(8) Dr Wayne Smith, Head: Chemical Unit (Medical) Disaster Medicine and Mass Events
(Wayne.Smith@westerncape.gov.za)

(9) Mishelle Govender, Chief Director: Hazardous Waste Management & Licensing, Department of Forestry, Fisheries and Environment (MiGovender@environment.gov.za)

[Text of DEA&DP Circular Letter to all Municipalities on 27 March 2020]

MANAGING COVID-19 GENERAL HOUSEHOLD WASTE

Considering the current Covid-19 pandemic in South Africa, with reference to the Western Cape, urgent and drastic measures to manage the disease is necessary. Firstly, to limit the contact of persons who may be infected with other groups of people. The current circumstances require extra-ordinary measures to curb the spread of infections and therefore we need to take all possible measures to combat and contain the virus.

In line with the Regulation R399 Disaster Management Act (57/2002): Directions made in terms of Section 27(2) by the Minister of Cooperative Governance and Traditional Affairs of 25 March 2020, Waste Management has been declared as an essential service, and is crucial to the management and containment of the spread of the virus, therefore a concern has been raised that waste from the households of infected or quarantined patients could pose a considerable risk if not managed appropriately.

After consultation with the Department of Environment, Forestry and Fisheries (DEFF), the Provincial Department of Environmental Affairs and Development Planning (DEA&DP) proposes that the following measures be put in place:

1. The Municipality is to stay abreast of the number and locations of households within the Municipality of the infected patients through the Metro and District JOC to plan logistically.
2. Waste management officials need to be permitted in terms of Regulation 11B of GN R398 of 25 March 2020 (GN 43148) in the Municipalities to move around freely for the provision of waste management services.
3. The Municipality must ensure: -
 - That all waste items that have been in contact with individuals that are confirmed or suspected cases of COVID-19 (e.g. used tissues, disposable cleaning cloths, gloves, masks, etc.) are disposed of securely within disposable plastic bags.
 - When full, the plastic bag should then be placed in a second bin bag and tied.
 - These bags should be stored separately for five (5) days before being put out for collection by the municipality.
 - Other household waste can be disposed of as normal.
 - Alternative services should be provided to communities where this protocol cannot be practically implemented, such as informal areas. Expanded Public Works Programme (EPWP) workers can assist in collecting these bags provided they have the appropriate personal protective equipment (PPE) and are trained to handle this waste.
4. The Municipality needs to provide these households with the required information to appropriately manage the waste generated to create awareness (such as pamphlets).
5. The collection personnel should be made aware of the risks associated with working with Covid-19 waste and should be provided the appropriate personal protection equipment (PPE).

6. Municipalities should ensure synergy between the Environmental Health officials and the Waste Managers.
7. Municipalities are requested to update their status of new cases and the progress of the pandemic on a weekly basis to manage the collection and safe disposal of this waste, and if required by the DEFF, DEA&DP or the Disaster Management Centres.
8. Municipalities must ensure that infectious material must be treated as isolation waste when Covid-19 patients are treated at clinics or hospitals and in accordance with the Western Cape Health Waste Legislation.

DEA&DP PROTOCOL FOR MANAGING COVID-19 GENERAL HOUSEHOLD WASTE (AS REVISED ON 2 APRIL 2020)

Considering the current Covid-19 pandemic in South Africa, with reference to the Western Cape, urgent and drastic measures to manage the disease is necessary. Firstly, to limit the contact of persons who may be infected with other groups of people. The current circumstances require extra-ordinary measures to curb the spread of infections and therefore we need to take all possible measures to combat and contain the virus.

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After consultation with the Department of Environment, Forestry and Fisheries (DEFF), the Provincial Department of Environmental Affairs and Development Planning (DEA&DP) proposes that the following measures be put in place:

1. The Municipality is therefore requested to stay abreast of **the hotspots** (as defined in Regulation R399) within the Municipality to plan logistically.
2. Waste management officials need to be permitted in terms of Regulation 11B of GN R398 of 25 March 2020 (GN 43148) in the Municipalities to move around freely for the provision of waste management services.
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 - When full, the plastic bag should then be placed in a second bin bag and tied.
 - These bags should be stored separately for five (5) days before being put out for collection by the municipality.
 - Other household waste can be disposed of as normal.
 - Alternative services should be provided to communities where this protocol cannot be practically implemented, such as informal areas. Expanded Public Works Programme (EPWP) workers can assist in collecting these bags provided they have the appropriate personal protective equipment (PPE) and are trained to handle this waste.
4. The Municipality needs to provide **all communities** with the required information to appropriately manage the waste generated and to create awareness, **using the most appropriate means of communication under these circumstances**.
5. The collection personnel should be made aware of the risks associated with working with Covid-19 waste and should be provided the appropriate personal protection equipment (PPE).

6. Municipalities should ensure synergy between the Environmental Health officials and the Waste Managers.
7. Municipalities are requested to update their status of new cases and the progress of the pandemic on a weekly basis to manage the collection and safe disposal of this waste, and if required by the DEFF, DEA&DP or the Disaster Management Centres.
8. Municipalities must ensure that infectious material must be treated as isolation waste when Covid-19 patients are treated at clinics or hospitals and in accordance with the Western Cape Health Waste Legislation.
9. Should any of the information change or you require any further information please contact the following officials: -

Eddie Hanekom, Director Waste Management
Telephone: (021) 483 2728 Cellular: 083 797 4742
E-mail: Eddie.Hanekom@westerncape.gov.za

August Hoon, Deputy Director: Waste Management Planning
Telephone: (021) 483 2712 Cellular: 083 566 2762
E-mail: August.Hoon@westerncape.gov.za

Lance McBain-Charles, Deputy Director: Waste Management Licensing
Telephone: (021) 483 2747 Cellular: 073 185 9981
E-mail: Lance.McBain-Charles@westerncape.gov.za

Belinda Langenhoven Deputy-Director: Waste Policy and Minimisation
Telephone: (021) 483 2728 Cellular: 083 384 0514
E-mail: Belinda.Langenhoven@westerncape.gov.za

ANNEXURE 9

WC DEPT. HEALTH SOP FOR THE MANAGEMENT OF HCW IN HEALTH CARE FACILITIES

DRAFT



STANDARD OPERATING PROCEDURE FOR THE MANAGEMENT OF COVID-19 HEALTH CARE WASTE IN WESTERN CAPE HEALTH CARE FACILITIES SERVICED BY AVERDA HEALTH CARE WASTE SERVICES [WESTCOAST, GARDEN ROUTE AND CENTRAL KAROO DISTRICT]

1. PURPOSE:

The purpose of this SOP is to assist Western Cape Government Health (WCGH) facilities in managing the COVID-19 pandemic effectively by describing processes for handling (containerization), storage, transport (collection), treatment and disposal of waste generated in the treatment of patients who are infected with COVID-19.

2. DISPOSAL OF INFECTIOUS WASTE

- **No re-usable containers are to be used!!**
- The waste stream generated from isolation units/wards during the care of positive COVID-19 patients shall be treated as isolation waste.
- The waste, including PPE worn by the staff, should be discarded into the designated cardboard boxes fitted with **2 red liners (double bagged)**.
- The inner bag is to be sealed with a cable tie when $\frac{3}{4}$ full.
- The second liner must then be cable tied and the box to be closed and sealed with the tape.
- The box shall be clearly marked "**COVID-19**" and is to be taken to the facility's Health Care Risk Waste Central Storage Facility prior to collection by Averda.

3. DISPOSAL OF SHARPS

- All sharps waste such as syringes, needles, blades etc. should be discarded in an appropriate size sharps container. The most commonly used is the 5 litre sharps container.
- Seal the sharps container once $\frac{3}{4}$ full.
- Clearly mark such container "COVID-19".

4. DISPOSAL OF PHARMACEUTICAL WASTE

- COVID 19 wards/units shall be issued with a pharmaceutical waste container for the disposal of all pharmaceutical waste:
- No stock must be returned to the pharmacy – all unused stock must be discarded.
- Empty ward stock containers must be discarded into this container.
- Pharmaceutical waste container/s must be sealed when $\frac{3}{4}$ full.
- The container/s must be clearly marked "COVID-19".
- The sealed and marked containers are to be taken to the Central Storage Facility prior to collection by Averda.

5. COLLECTION, TRANSPORTATION AND TREATMENT OF COVID-19 ISOLATION WASTE

The health care facility is to forward an email to marika.human@averda.com and KBH.HealthWasteManagement@westerncape.gov.za advising the following:

- a. The number of COVID -19 sharps and other COVID 19 containers to be collected;
 - b. The number of COVID -19 cardboard box sets to be collected;
 - c. The contact person on site;
 - d. The Health Care Facility Name;
 - e. Put '**COVID-19 waste collection**' in the subject line of the email.
- On collection a separate waste manifest document shall be made available to the health care facility indicating the volumes of **COVID-19** waste removed.
 - The waste can be collected and transported with the other health care risk waste streams/categories provided it is clearly identified and marked "**COVID-19**".
 - The Health Care Waste Officers or designated representatives at the facility shall witness collection at **all times** of the waste.
 - Collection frequencies will be arranged internally between hospital/clinic representative and Averda. It is therefore crucial that COVID-19 isolation waste be routinely monitored during storage.

6. MANAGEMENT OF COVID-19 WASTE FOR PATIENTS UNDER INVESTIGATION

- The waste stream generated in units during the care of suspected COVID-19 patients shall be handled as health care risk waste.
- The waste shall be safely disposed of in doubled bagged (red liners) using the designated single use box sets and marked "Suspected COVID-19".
- A temporary room or storage area shall be identified to store such waste for "Suspected COVID-19".
- If the patient tests NEGATIVE for COVID-19, then the waste shall be handled as normal/regular health care risk waste (infectious waste) instead of isolation waste.
- If the patient tests POSITIVE for COVID-19, the waste shall be handled as isolation waste and all the other requirements as mentioned above shall be adhered to.

7. TRAINING

- Training of staff on this SOP is essential/mandatory.
- This SOP will also form part of the training program that is provided by Averda in all WCGH facilities.
- Training on this interim guideline will ensure preparedness of health care facilities, Averda and its staff and all other relevant stakeholders when managing waste generated during the COVID 19 pandemic.

DR. ANWAR KHARWA
ACTING DIRECTOR: FACILITIES MANAGEMENT
DATE: 3/7/2020



ANNEXURE 10

DEA: DP

**PRACTICE NOTES ON LAND USE
MANAGEMENT DURING THE
COVID-19 NATION-WIDE
LOCKDOWN PERIOD**

DRAFT



Our Reference: DEA&DP Circular 0004/2020

TO: ALL MUNICIPAL MANAGERS, MUNICIPAL PLANNING HEADS AND PLANNING CONSULTANTS

PRACTICE NOTES ON LAND USE MANAGEMENT DURING THE COVID-19 NATION-WIDE LOCKDOWN PERIOD

The declaration of a National State of Disaster on 15 March 2020, as well as the Nation-wide 21-day lockdown period, from 27 March 2020 to 16 April 2020, has reference.

1. INTRODUCTION

- 1.1 Whilst the nation is under lockdown to prevent the spread of the COVID-19 disease, we have a responsibility to also do what we can to support our economy. We encourage everybody involved in the planning and development sector to consider ways to continue with our work where it is at all possible.
- 1.2 There are undoubtedly going to be processes that cannot continue during this period, specifically fair administrative procedures and public participation (e.g. advertising, public notices and appeal processes). These processes will have to be put on hold during this period irrespective of compulsory regulatory prescripts and may have to be re-run once the lockdown has been lifted.
- 1.3 Due to the Constitutional division of the spatial planning and land use management function and the fact that the majority of land use management services are regulated by municipal by-laws, the Western Cape Government does not have the mandate or authority to exempt any party from the regulatory prescripts in the by-laws of the individual municipalities.
- 1.4 In addition to the above, various procedures in the municipal by-laws do not allow for condonation of non-compliance with time frames as prescribed. It is therefore essential that each municipality interrogate the applications currently in their systems and decide how best to proceed with the applications given the challenges posed with public participation and fair administrative procedures.
- 1.5 The Department's (DEA&DP's) role under these circumstances is to support the municipalities with best practice. Whilst no precedent nor "best practice" exists for this current situation, it is important that municipalities share their experiences with us and respond to initial suggestions. In this way DEA&DP can disseminate and share information to ensure that we apply uniform solutions across the Western Cape.

- 1.6 DEA&DP will be liaising with our National colleagues and also stay abreast of developments in other Provinces and will distribute and share information as we receive it.
- 1.7 The following practice notes are initial suggestions from the team here at DEA&DP, that may have to be developed further as this lockdown period continues.

2 MUNICIPAL LAND USE MANAGEMENT

2.1 Applications

- (a) Applicants are encouraged to finalise applications and submit same for processing, where possible, particularly in municipalities with electronic submission services.
- (b) Municipalities should accept and process applications for completeness, liaise with applicants should outstanding information be required and ensure that applications are ready for public participation. In this regard municipalities should be aware and keep track of backlogs that may build up during this period and ready itself to deal with these backlogs once the lockdown has been lifted.
- (c) We strongly recommend, however, that municipalities do not proceed to the advertising stage during this period, as it would be difficult to ensure that fair administrative procedures are achieved. Depending on the duration of the national lockdown, it is best that applications are only advertised once the lockdown has been lifted.

2.2 Decisions

- (a) Whilst Municipal Planning Tribunals are not able to have meetings during the lockdown period, municipal planning officials are encouraged to still prepare professional reports for the MPT's consideration, where relevant processes have been completed and information is available to finalise the reports. It is acknowledged that this is only possible where systems, processes and equipment allows municipalities to proceed with the assessment and consideration of land use planning applications. This will ensure that MPT's will be in a position to consider and decide on applications as soon as the lockdown has been lifted.
- (b) Applications delegated to authorised officials, should be finalised and decided on as far as possible. We recommend, however, that the decisions not be communicated during the lockdown period, to avoid the appeal procedures being triggered. We strongly recommend that any decisions taken during the lockdown period should only be communicated to applicants and any person(s) whose rights are affected once the lockdown has been lifted.
- (c) Decisions by the Appeal Authority could be finalised and communicated to applicants and any person whose rights are affected, as no further activity in terms of the planning law is regulated. Applications for the judicial review of appeal decisions, as the only further action possible, has a 180-day time frame and should not be impacted by the lockdown.

2.3 Applications in Process

- (a) Municipalities will have to consider how to deal with applications that were in the system immediately prior to the coming into effect of the national lockdown, on a case by case basis. We advise that the following principle should be taken into consideration: Processes such as notices inviting comment and appeals, and which periods closed during the lockdown period, should be re-run after the lockdown. Fair administrative processes would not otherwise be possible under these circumstances.

3. PROVINCIAL PLANNING SERVICES

3.1 Land Development Applications

The same principles outlined above for municipal land management will apply to applications submitted in terms of Section 53 of the Western Cape Land Use Planning Act, 2014 (Act No 3 of 2014) (LUPA) to DEA&DP.

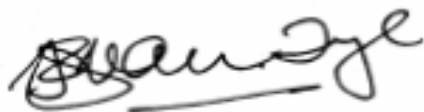
3.2 Provincial Comment on Applications and other services

DEA&DP will continue to provide comment on applications in terms of Section 45 of LUPA, municipal by-laws, human settlement projects, environmental impact assessments and will issue certificates in terms of the Subdivision of Agricultural Land Act, 1970 (Act No 70 of 1970), etc. provided the relevant information is forwarded electronically (e.g. by means of e-mail or web-links, etc.), as we are working from home during the lockdown period.

4. ZONING SCHEMES

- 4.1 We acknowledge that the national lockdown may have an impact on certain municipalities' ability to comply and adopt zoning schemes by June 2020 as stipulated in SPLUMA.
- 4.2 We encourage municipalities to continue with the process as far as the legislation will allow and submit your drafts to our Department for assistance and comment once this stage is reached.
- 4.3 The Department will also keep both SALGA and our National colleagues at the Department of Agriculture, Land Reform and Rural Development abreast of the situation and our interim arrangements in the Western Cape and also request that a national exemption be issued by the National Minister from the provisions of SPLUMA.

We are looking forward to your reply. For further details please engage with our Director: Development Management, Kobus Munro, on 083 7011890 or Kobus.Munro@westerncape.gov.za.



PIET VAN ZYL
HEAD OF DEPARTMENT
ENVIRONMENTAL AFFAIRS AND DEVELOPMENT PLANNING

DATE: 2 April 2020

ANNEXURE 11

COVID-19 BULK CENTRAL PROCUREMENT STRATEGY FOR GOVERNMENT INSTITUTIONS

DRAFT



COVID-19 BULK CENTRAL PROCUREMENT STRATEGY FOR GOVERNMENT INSTITUTIONS

1. PURPOSE

- 1.1 The purpose of this Circular is to advise municipalities and municipal entities disaster management central emergency procurement process for Personal Protective Equipment (PPE) that may be implemented by accounting officers.
- 1.2 This Circular must be read in conjunction with the Municipal Supply Chain Management Regulations, noting that MFMA Circular 100, is updated and replaced by this Circular.

2. BACKGROUND

- 2.1. On 15 March 2020 the COVID-19 pandemic was declared a national state of disaster in terms of section 27(1) of the Disaster Management Act (DMA), 2002 (Act No. 57 of 2002). Consequently, on 18 March 2020, the Minister of Cooperative Governance and Traditional Affairs made regulations under section 27(2) of the DMA, which were amended (DMA Regulations).
- 2.2 Regulations 2(3) and (4) of the DMA Regulations provide that Institutions within national, provincial and local government must-
 - a) make resources, other than funding, available; and
 - b) make funding available and, 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, shift funding, within its budget,to implement regulations and directives in terms of section 27(2) of the DMA regarding the national state of disaster.
- 2.3 Regulations 2(5) of the DMA Regulations requires National Treasury to take the necessary steps in terms of applicable legislation to implement regulations or directions issued in terms of section 27(2) of the DMA, regarding the national state of disaster.
- 2.4 Regulation 9(a) of the DMA Regulations provides that emergency procurement for institutions are subject to amongst other, the MFMA and the applicable emergency provisions in the regulations made under the MFMA.

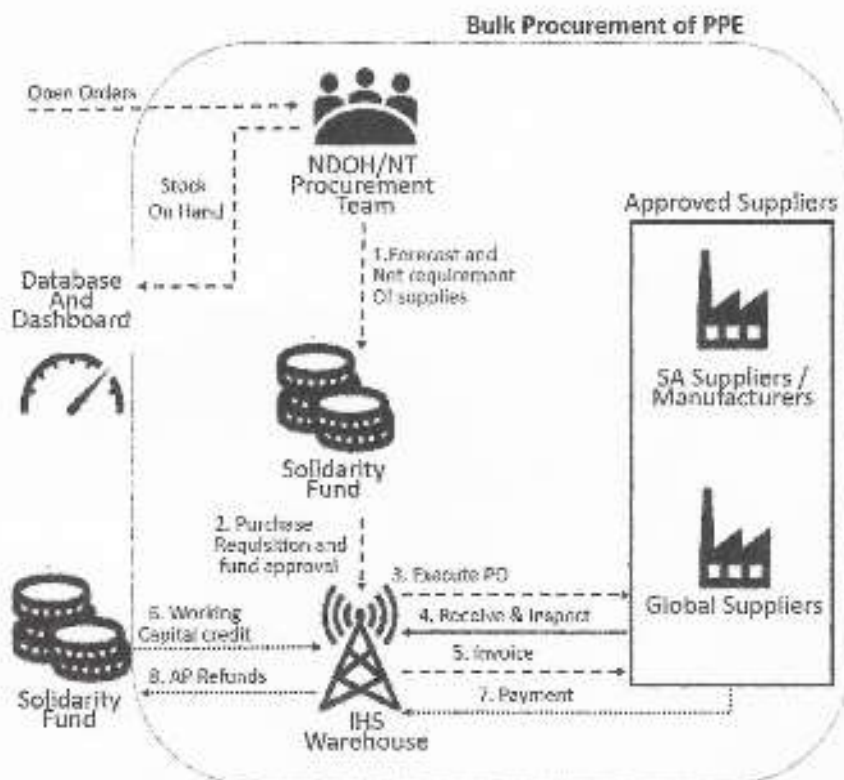
- 2.5 In light of the lockdown, emergencies may occur where normal procurement practices are impractical and, moreover, where there is high demand within a short time frame for goods or services required, and therefore the need to make special arrangements with service provider's with proven capability and capacity to assist thus mitigating against dangerous, perilous, or risky situation, misery or defect.
- 2.6 Government recognises the difficulty of sourcing critical and essential health products during the COVID-19 Emergency. Whilst some products are produced locally, many specialised products need to be imported. Current transversal contract suppliers are also finding it difficult to secure supplies and face extended lead times for delivery.
- 2.7 It is also acknowledged that all COVID-linked PPE products are experiencing unprecedented and global demand, resulting in massive price increases and global shortages. Whilst some of these products could be produced locally in South Africa, the Department of Trade, Industry and Competition (DTIC) is looking into the feasibility of such domestic production, which will take some time, and will possibly not be able to deliver most required products immediately, and certainly not within the lockdown stage where extreme measures to suppress the virus are being undertaken.
- 2.8 In trying to secure such imported PPE products like surgical and other masks, gloves, bodysuits, etc. many manufacturing countries have also imposed export bans, where the items are available, prices have risen sharply, made worse by the depreciation and volatility of the rand. Further, even where such products have been secured, immediate up-front payments are required, and suppliers face a huge challenge in arranging immediate delivery of such stock to SA. Hence the need to engage a central implementing agent to provide a system for the procuring, warehousing and distributing of such products.
- 2.9 As the pandemic impacts both the public and private sectors, it was imperative to collaborate and join forces to manage the national state of disaster. Thus, a decision for a public and private sector central procurement strategy was made at the National Joint Operational and Intelligence Structure (NATJOINTS). The NATJOINTS accepted voluntary support from Business South Africa (BSA) to provide the services of Imperial Health Sciences (IHS) as the Central Implementing Agent for the public and private sectors to utilise its logistical expertise and capabilities on a non-profit basis.
- 2.10 A procurement team has been established consisting of officials from the National Department of Health (NDOH) and National Treasury's Office Chief Procurement Office (NT-OCPO) to ensure that there is proper segregation of duties and no conflict of interest between government, IHS and service providers.
- 2.11 In the last two weeks, as the virus has substantially increased globally, many countries are competing with each other to secure the required commodities.

- 2.12 Given the above situation, it is clear that countries need to centralise their procurement for local and imported health products, not only to develop scale and prevent its regions or provinces from competing with each other for limited supplies, but to scale up their orders and also to arrange transport logistics to ensure quick air transport for products that are to be imported.
- 2.13 The decentralised system of procurement in South Africa, where organs of state and private sector business each place their individual orders, has seriously impaired the ability of any entity or company to successfully order and receive critical health products required to fight COVID-19, including PPE products.
- 2.14 Orders from individual government institutions are also too small to be successfully executed, hence the need for a country approach when ordering health products from local and global suppliers. More seriously, the small size of orders has crippled the process to place orders and procure products on the scale required to support mass testing and treatment initiatives, as recently pronounced by the President. This will in turn make it difficult for Government to make more informed decisions on the success of suppression and mitigation efforts like the lockdown, and how it can and should be extended, and rapidly targeting hotspots that may be identified.
- 2.15 It is also important that Government sets the maximum price per product it will pay. In the current disaster environment, which is more akin to a war situation with serious shortages and where rationing and price controls may be required.
- 2.16 In order to facilitate an efficient and effective delivery of goods and services to address COVID-19 requirements, whilst ensuring that the core values of fairness, transparency, competitiveness, cost-effectiveness and equitability, as enshrined in section 217 of the Constitution are adhered to, National Treasury has developed this circular to determine a procurement and provisioning framework for COVID-19 related PPE.

3. PRINCIPLES FOR COVID-19 PROCUREMENT

The following principles apply to COVID-19 linked PPE products.

A: BULK PROCUREMENT OF PPE FROM LOCAL AND INTERNATIONAL SUPPLIERS



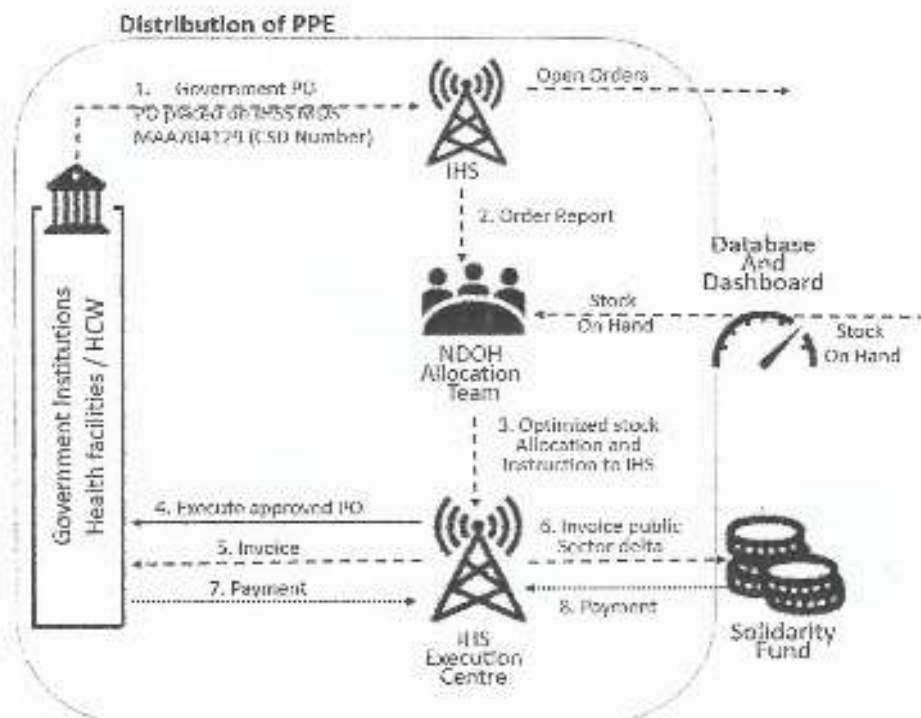
3.1 Principle One: All COVID-19 related PPE products to be centrally procured, warehoused and distributed for the public sector. For this purpose, a structure was established to ensure proper segregation of duties.

- (a) A Government Procurement Team made up of NDOH and NT will execute bulk procurement orders on behalf of the State from both local and global suppliers.
- (b) IHS, as the Central Implementing Agent, will only execute orders on instruction from the NDOH/NT Procurement Team. IHS merely acts as the executing agent and has no role in procurement decisions.

3.2 Principle Two: All suppliers, locally and globally, are invited to offer their products. All local suppliers have been invited through a National Treasury Media Statement, to provide their details and COVID-19 related health products, based on specifications provided by NDOH, to a central email address set up for this purpose (covid19supplies@businessresponsecovid19.co.za). Local suppliers and manufacturers will receive preference. This will include already contracted service providers that are on transversal contracts or any other departmental contracts. IHS, on instruction from the Government Procurement Team, will place orders on suppliers, for products identified, that meet the standards determined by NDOH.

- 3.3 Principle Three: Up-front credit provided by the Solidarity Fund.** Based on forecasts and government demand IHS will approach the Solidarity Fund to request up-front credit to pay suppliers for the bulk orders. Solidarity Fund will consider all applications, approve and provide up-front credit to IHS. IHS to recover the cost (on a non-profit basis) from government institutions who had placed orders in order to pay back the Solidarity Fund for the credit advanced.
- 3.4 Principle Four: Inventory Management:** All incoming stock of PPE items are centrally warehoused at IHS and proper inventory management is maintained.
- 3.5 Principle Five: Quality Control.** The NDOH, together with SABS, NRCS and SAHPRA will undertake quality assurance checks as and when required.

B: ORDER PLACING AND DISTRIBUTION OF PPE TO GOVERNMENT INSTITUTIONS



- 3.6 Principle Six: Order Placement and Allocation.** Government institutions to place orders on IHS (CSD No. MAA0704129) system, where after orders are daily consolidated, checked and prioritised by the NDOH Allocation Team. The NDOH Allocation Team will instruct IHS to execute the orders. This may mean that some orders will not be fulfilled 100% (e.g. the institution may have orders 100 masks but will only be allocated 50 masks based on the allocation algorithm). In this case, the "back-order" system will keep track of orders not completed. Government institutions will only be invoiced for products delivered.

- 3.7 Principle Seven: Prices paid by government institutions.** NDOH/NT Procurement Team determines the prices that government will pay for the products (Annexure A). Products are made available to the public sector at the determined prices. In the event that items are procured at prices below the prices on Annexure A, the public sector will receive the benefit of this positive margin. In the event that the products are procured above the prices on Annexure A, the Solidarity Fund will absorb the negative margin.
- 3.8 Principle Eight: Delivery and receipt of orders.** Ordering government Institutions will receive goods at specified delivery addresses, check goods against the order and sign the "Proof of Delivery" note.
- 3.9 Principle Nine: Payment.** Ordering government institutions to pay IHS within 10 days (preferably shorter periods) according to the determined prices, in order for IHS to recover the cost advanced by the Solidarity Fund and pay back the Solidarity Fund

4. PROCESS FOR PLACING ORDERS, RECEIVING AND PAYMENT BY GOVERNMENT INSTITUTIONS

4.1 Requisitions and order placing

- 4.1.1** If an institution decides to implement this disaster management central emergency procurement process for PPE, it must create IHS (CSD No. MAA0704129) as a supplier on its ordering system and the items listed in its ordering system with the prices indicated on **Annexure A**.
- 4.1.2** Institutions must first generate their requisitions and order using their own order books (face value books) or system-generated purchase orders if on an ERP system. Thereafter the information must be transferred onto the template order provided as **Annexure A**. This process will ensure that there are no questions when it comes to payment of these orders as they would have generated a commitment on the institution's system.
- 4.1.3** Internal approval to be done as per the institution's delegation of authority.
- 4.1.4** Once requisitions are approved, the purchase order must be generated and approved. Once approved, the order to be emailed to: covid19requests@businessresponsecovid19.co.za on the Order Template provided as **Annexure A**. The institution to attach a copy of the internal approved order form to the template order form.
- 4.1.5** When placing the first order, the institution must fill in the Customer Master Information template (**Annexure B**) and email it together with the first order.
- 4.1.6** Institutions are requested to rather place smaller orders for the immediate need for two weeks ahead. Big orders will result in many "back orders" to be managed.

4.1.7 The Order Template must clearly indicate the delivery address, the official responsible for receiving the order at delivery the point and that official's contact details.

4.1.8 An institution must put proper governance structure in place to carefully manage and sign-off on purchase orders. Proper record must be kept of all orders placed.

4.2 Order consolidation and allocation prioritisation

4.2.1 Orders will be consolidated by the NDOH Allocation Team daily at 18h00.

4.2.2 The orders will be subjected to an allocation algorithm managed by the NDOH Allocation Team. The algorithm assumptions will be based on epidemiological data and current government priorities as to where the need is the greatest.

4.2.3 The NDOH Allocation Team will submit an approved/partially approved order form to the IHS system with instructions to execute the order.

4.2.4 The institution will be notified of the status of its order and when delivery will take place.

4.3 Execution and distribution of orders

4.3.1 An order will be packed as per the instructions on the order.

4.3.2 A delivery note will be generated.

4.3.3 Distribution will be done of all processed orders.

4.3.4 Upon receipt of the order, institutions must check the order and sign the Proof of Delivery.

4.3.5 The Proof of Delivery will be retained in the IHS system.

4.4 Invoicing and payment of orders

4.4.1 The IHS system will generate an invoice, based on the executed order.

4.4.2 Invoices will be sent to the institutions.

4.4.3 Invoices to be settled by the ordering institution within 10 working days.

5. PROCUREMENT OF COVID-19 RELATED ITEMS AND SERVICES NOT COVERED BY THIS INSTRUCTION

- 5.1. If an item or service is not covered in this Circular, and is considered to be a specific requirement for the Institution to combat COVID-19, the Emergency procurement prescripts may be followed:
- i. Accounting officers may deviate from inviting competitive bids in cases of emergency in terms of regulation 36 of the Municipal Supply Chain Management Regulations read with the Municipal Supply Chain Management policies. This does not require National Treasury's approval.
 - ii. MFMA Circular 62 allows accounting officers to expand contracts for goods up to 15%. For expansions in excess, municipalities and municipal entities must follow the process outlined in section 116(3) of the Municipal Finance Management Act, and in order to expedite matters, as may be delegated.

6. GENERAL COMPLIANCE MEASURES

- 6.1 Where a municipality or municipal entity already have a contract(s) in place and/or placed orders in terms of MFMA Circular 100 for the same items listed in this Circular, it must honour the contract and/or orders.
- 6.2 In the event that the supplier cannot fulfil its obligation due to the high demand, it must notify the municipality or municipal entity in writing. The municipality or municipal entity may, only then, cancel the order. Institutions should act with caution when agreeing to lead and delivery times with suppliers, thus making it difficult for suppliers to deliver on the orders placed.
- 6.3 Where items are included in existing Facilities Management Contracts, municipalities or municipal entities may negotiate with the Facilities Management Service Provider to provide these items. Contracts may be expanded or varied (refer paragraph 5.1(ii)), but only for items that will aid the prevention of the spread of the virus. Institutions must not pay prices in excess of the prices provided for in **Annexure A**.
- 6.4 Municipalities or municipal entities may approach any other supplier to obtain quotes and may procure from such suppliers on condition that-
- i. the items are to the specifications as determined by the NDOH;
 - ii. the prices are equal or lower than the prices in **Annexure A**; and
 - iii. the supplier is registered in the Central Supplier Database.
- 6.5 Where municipalities or municipal entities already procured items, prior to the issue of this Circular, under the Emergency Procurement procedures in terms of MFMA Circular 100, such procurement must be reported within 10 days to the relevant treasury.

7. REPORTING

- 7.1 For audit purposes, institutions are required to keep record of:
- i. ALL orders placed with IHS through this mechanism;
 - ii. Proof of delivery notes;
 - iii. Invoices paid to IHS;
 - iv. All orders placed under paragraph 6.4 above; and
 - v. Consolidated record of the above.

8. APPLICABILITY

This Circular and its annexures are applicable to all municipalities and municipal entities.

9. EFFECTIVE DATE

This Circular takes effect on date of signature.

10. REPLACEMENT OF MFMA CIRCULAR 100

MFMA Circular 100 dealing with the Emergency Procurement Response to National State of Disaster is replaced through this Circular.

11. DISSEMINATION OF INFORMATION CONTAINED IN THIS INSTRUCTION

Accounting officers are requested to bring the contents of this Circular to the attention of all staff and procurement officials within municipalities and municipal entities.

12. CONTACT INFORMATION

12.1 Accounting officers may submit formal enquires in terms of this Circular to:

**The Director-General
National Treasury
Private Bag X115
PRETORIA
0001**

For attention: The Chief Procurement Officer

12.2 Queries related to this Circular may also be submitted by email to:
mfma@treasury.gov.za



DONDO MOGAJANE
DIRECTOR-GENERAL: NATIONAL TREASURY

Date: 15-04-2020

ATTACHMENTS

ANNEXURE A: PRICE LIST AND ORDER FORM
ANNEXURE B: CUSTOMER MASTER INFORMATION
**ANNEXURE C: GOVERNMENT BULK CENTRAL PROCUREMENT OF PPE
PROCESS FLOW**

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