

**CENTRAL KAROO DISTRICT
COVID-19
INTEGRATED RESPONSE PLAN
(Part 2 of 2)**

**RESPONSE PLANS / SOP's
FOR
MUNICIPALITIES & OTHER STATE DEPT.'s
(CENTRAL KAROO)**

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TABLE OF CONTENTS

Nr.	Annexure	Pg nr.
1.	<u>CENTRAL KAROO DISTRICT MUNICIPALITY – COVID-19 MANAGEMENT PLAN</u>	3
2.	<u>BEAUFORT WEST MUNICIPALITY - COVID-19 ACTION PLAN</u>	44
3.	<u>PRINCE ALBERT MUNICIPALITY - COVID-19 CONTINGENCY PLAN</u>	55
4.	<u>LAINGSBURG MUNICIPALITY - COVID-19 PLAN</u>	63
5.	<u>REVISED WC DoH SERVICE RESPONSE PLAN FOR ALL HEALTH ESTABLISHMENTS IN CKD</u>	84
6.	<u>WESTERN CAPE GOVERNMENT FORENSIC PATHOLOGY SERVICE (FPS) STANDARD OPERATING PROCEDURE SAFETY GUIDELINES</u>	98
7.	<u>DEPT. SOCIAL DEVELOPMENT - EDEN KAROO REGION BUSINESS CONTINUATION PLAN - COVID1-19 EPIDEMIC</u>	121
8.	<u>SASSA PROCESS FOR MANAGEMENT OF SRD PROCESS DURING LOCKDOWN PERIOD</u>	129

ANNEXURE 1

CKDM COVID-19 RESPONSE PLAN



TABLE OF CONTENTS

Nr.	Topic	Pg nr.
1.	INTRODUCTION	5
2.	HOW A COVID-19 OUTBREAK COULD AFFECT THE CKDM	5
3.	THE CKDM AS AN EMPLOYER	5
4.	CKDM ADMINISTRATIVE & OTHER CONTROLS	9
5.	NATIONWIDE LOCKDOWN: ESSENTIAL SERVICES WORKERS	12
6.	COMMUNICATION LINES & REPORTING	13
7.	CKDM PROVIDING GUIDANCE AND SUPPORT TO OTHER EMPLOYERS / ORGANISATIONS	18
8.	EMERGENCY PROCUREMENT	20
9.	COPING WITH STRESS DURING THE 2019-NCOV OUTBREAK	20
10.	HOW TO STAY INFORMED	21
11.	UPDATING OF COVID-19 MANAGEMENT PLAN	21
ANNEXURES		
1.	CKDM PROTOCOL FOR MEETINGS & EVENTS	
2.	CKDM NOTICE TO EMPLOYEES: LOCKDOWN	
3.	CKDM MHS STANDARD NOTICE TO WORKPLACES – GETTING YOUR WORKPLACE READY FOR COVID 19	
4.	CKDM EHP HOUSEHOLD EVALUATION TOOL	

1. INTRODUCTION

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

This Plan serves to outline and provide guidance to the Central Karoo District Municipality (CKDM) and the District as a whole as far as our role, responsibilities and the actions to be taken in the District in response to Covid-19 pandemic.

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

Thus, the focus should also be for the CKDM to prepare and educate its employees as well as the general public in the event of an outbreak of the disease in the Central Karoo.

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

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

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

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

As a result, workplaces may experience:

a) Absenteeism

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

b) Interrupted service delivery.

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

3. THE CKDM AS AN EMPLOYER

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

On the issue of a healthy working environment, the CKDM 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 CKDM to manage the risk of contamination in the workplace.

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

a) Sharing information with employees through:

- Email communication.
- Information Posters.
- Formal Education sessions.
- Social media (Facebook etc).
- Website.

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 (CKDM Buildings)

- Make sure that workplaces are clean and hygienic.

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

d) When an employee falls ill

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

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

Where an employee exceeds their sick leave entitlement, then the balance of the employee's leave will be unpaid unless agreed to the contrary. However, the employee would be entitled to claim unemployment insurance benefits (UIF). If an employee is placed under quarantine, and confirmed by a medical practitioner, it will be considered a special leave. (As stipulated in relevant agreements / legislation / State of Emergency requirements etc.)

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

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

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

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

e) Self-quarantine

If the CKDM has reasonable grounds to believe that an employee might be infected, the CKDM 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 CKDM.

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

f) Work Travel

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

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

g) Partial or temporary business closure

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

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

The CKDM Management should also consider further measures as circumstances change

4. CKDM ADMINISTRATIVE & OTHER CONTROLS

a) Face masks

The CKDM will / may offer face masks to ill employees and visitors (when necessary) to contain respiratory secretions until they are able leave the CKDM. In the event of a shortage of masks, the CKDM may provide a reusable face shield that can be decontaminated. (an acceptable method of protecting against droplet transmission)

b) Contact – Sick people

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

c) Access to the Workplace

It was decided by the CKDM Management that:

- No visitors will be allowed to enter directly to any office.
- Reception will contact employees to inform them of visitors and the reason for the visit. Employees will engage with the visitor at Reception and will not take any visitors to his/her office, unless it is approved by his/her Director.
- Employees must try to minimize any contact with other people and only allow visits from the public or other employees if it is not possible to communicate via e-mail or telephone.

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

d) Job appointments / Programmes / Interviews

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

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

e) Occupational health and safety

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

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

f) Medical monitoring of workers

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

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

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

These resources include:

- A screening questionnaire.
- An incident register.

g) Personnel exposure while working away

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

e) Temporary workers

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

f) 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.

g) Organising meetings or events: CKDM (Annexure1)

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

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

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

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

No meeting may be attended by more than 25 people

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

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

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

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

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

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

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

h) Measures to promote social distancing

- All employees must take their own health seriously and must play their role in protecting the health of their co-workers and the residents we serve.
- As a general guide, all employees should do their best to remain one metre away from each other where feasible. It is accepted that this is difficult to

enforce in all situations including walking between venues, travelling in elevators, exiting and entering buildings, however an effort must be made nevertheless.

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

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

- The CKDM 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.

5. NATIONWIDE LOCKDOWN: 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 CKDM staff to travel to work

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

Staff were 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.

6. COMMUNICATION LINES & REPORTING

It is evident that municipalities 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.

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.

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 act4 of 2013 is provided in Annexure

a) CKDM Email Communication

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

For the purpose of this Plan, the following communication lines will apply when emails are received.

Sender→	Receiver→	Distribute to→	End Receiver
WC DoH (CK) Dr. A. Muller Mrs. A. Jooste	CKDM Mr. G. E. van Zyl	CKDM Municipal Manager	Cat. B.-Mun's
		CKDM Director Corporate & Strategic Services	Employees working in relevant Department
		CKDM Chief Financial Officer	
		CKDM Sr. Manager Roads / Infrastructure	
Institutions / Role-players / other		CKDM Director Corporate & Strategic Services	Institutions / public (where applicable) Acc. Establishments & other identified role-players
		Environmental Health Practitioners	
		Tourism Associations	
WC DoH (CK) Mrs. A. Jooste	CKDM Ex. Mayor Dr. A. Rabie	Councilors & Members: District Health Council (when necessary)	As decided by Mayor
CKDM Comm. Officer		Councilors & Members: District Health Council (when necessary)	As decided by Mayor

b) CKDM Formal WhatsApp Communication

For the purpose of this Plan, the following communication lines will apply when WhatsApp's are received.

WhatsApp Group	Members on Group	Actions to be taken
CKDM Resilience	<ul style="list-style-type: none"> • Mayor • Mun. Manager • Director Corporate Services • Chief Financial Officer • Sr. Manager Roads • Disaster Manager • Manager MHS • Comm. Officer • L Crafford • N. Oerson 	<p>All relevant, verified information is placed on the Group.</p> <p>In consultation with the Mayor, information is then distributed by the Municipal Manager to the Karoo MM's WhatsApp-Group.</p> <p>The Mayor also in turn distribute information to a Mayors WhatsApp-Group and other relevant stakeholders</p>
CKDM Personnel	<ul style="list-style-type: none"> • CKDM staff 	HR, Manager MHS & Communication Officer place relevant verified info, as well as info on awareness raising on the Group
CKDM EHP's	<ul style="list-style-type: none"> • EHP's 	Manager MHS and EHP's share info on Covid 19 as well as actions to be taken where necessary.
Central Karoo JOC	<ul style="list-style-type: none"> • Members representing municipalities, SAPS, Prov. Health, State dept.'s, Agriculture etc. 	All relevant, verified information is placed on the Group.

c) CKDM Website

All relevant information to Covid - 19 is continuously posted on the CKDM website.

Information is provided to the Council's ITC officer of the Council who in turn places it on the Web site.

Covid-19 information on the Website is divided into the following sections, namely:

- Legislation.
- Regulations / Directions.
- Guidelines.
- Training and Education Material.

CKDM website: <https://www.skdm.co.za>

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.

d) Joint Operation Centre's (JOC)

The CKDM has established a District Joint Operational Committee to facilitate a coordinated response and flow of information. The CKDM 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.

e) 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.

f) 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.

g) 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.

h) Reporting

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 COIDA-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.

7. CKDM PROVIDING GUIDANCE AND SUPPORT TO OTHER EMPLOYERS / ORGANISATIONS

- a) Providing employers with guidance and information as well as practical steps to assist employers in dealing with COVID19 in the work environment.

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

Community awareness, education 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.

8. EMERGENCY PROCUREMENT

- a) The CKDM will undertake emergency procurement within the framework of the Disaster Management Act, and the transversal contracts that have been finalized by the Municipal Infrastructure Support Agent prior to the pandemic.
- b) Adhere to National Treasury Regulations as well as the National Treasury Instruction No. 08 of 2019/2020 dated 19 March 2020, relating to “Emergency Procurement in Response to National State of Disaster”.
- c) All procurement done must be reported to the first council meeting after the lifting of the declaration of the State of Disaster.
- d) Disinfectant and hand sanitizers and other material / equipment will be procured by the relevant Department in CKDM in consultation with the CKDM Municipal Manager and Senior officials.
- e) The development of the posters and pamphlets, if necessary, will be done in house between the Section MHS and the Communication Officer at no additional cost to Council.

The budgets of local municipalities that are not water authorities and they are underspending should be reprioritised.

Municipalities should submit suggestions on what government should do immediately and in the medium term to prevent job losses.

9. 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.

10. 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/2ROLREF>
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*

11. UPDATING OF COVID-19 RESPONSE PLAN

The CKDM Covid-19 Management 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

CKDM PROTOCOL FOR MEETINGS / EVENTS



CENTRAL KAROO DISTRICT MUNICIPALITY



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

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

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

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

1. No meeting may be attended by more than 25 people
2. The meeting venue must be considered when determining how many people are invited.
3. The organiser of the meeting is to take appropriate measures to set up the meeting venue to achieve the desired level of social distancing.
4. If for any reason a meeting relates to a critical function, but requires attendance by more than 25 people, then permission must be sought from the Municipal Manager
5. 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.
6. The Municipal Manager will consider the request, and record in writing why the meeting is agreed to or not. If granted, the number of attendees may under no circumstances include more than 50 attendees.
7. Exempted from the provision of a maximum of 25 people attending a meeting related to a critical function are any meetings related directly to responding to the coronavirus pandemic, including but not limited to, staff awareness, training, simulations, disaster planning meetings, and emergency meetings.
8. However, organisers of this category of meetings still have to make every effort to ensure social distancing in the meetings. Even under this category, the number of attendees may under no circumstances include more than 50 attendees.

BEFORE THE MEETING OR EVENT, THE CKDM WILL:

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

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

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

DURING THE MEETING OR EVENT

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

GVZ.

PREPAREDNESS PLAN

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

10. Personal Protective Equipment (PPE) and Hand Hygiene

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

GVZ.

CKDM NOTICE TO EMPLOYEES





CENTRAL SENTRAAAL **KAROO**

DISTRIKSMUNISIPALITEIT / DISTRICT MUNICIPALITY
UMASIPALA WESITHILI SASE

63 Donkin Street
Donkinstraat 63
Private Bag X560
Privaatsak X560
Ingxowa X560
BEAUFORT WES(T)/ BHOBHOFOLO
6970

fFaksi / Fax / Faka: 023 - 415 1258
iFowuni / Tel: 023 - 449 1000
E-mail: manager@skdm.co.za

URGENT NOTICE TO ALL EMPLOYEES : COVID-19 LOCKDOWN

Official notice is herewith given that the CKDM will close down all operations from **11:00 on 26 March 2020 and will re-open on Friday, 17 April 2020.**

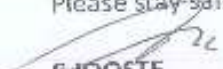
The following rules will apply during lockdown:

1. Only essential services offices of the CKDM will be open:-
 - Environmental Health Services & Disaster Management
2. No other employee will be allowed to return to the office accept when it is on written instruction by the Municipal Manager or Departmental Head. Therefor kindly note that the same behaviour will be expected from all personnel as if working hours apply (i.e. drinking on duty). No overtime or any other additional salary will be payable if an urgent matter must be attended to.
3. Employees with the necessary equipment and who receives a cellphone and data allowance will work from home as far as it is possible.
4. All employees will be on **mandatory paid leave** for the lockdown period.
5. A Joint Operation Centre will attend to all issues in the Central Karoo Region and can any urgent questions be submitted to the following contacts:

Mr J Jonkers	Director Corporate & Strategic Services (JOC Chairman)	076 194 3630
Mr G E van Zyl	Manager Municipal Health (COVIC-19 Coordinator)	083 654 9688
Mr H J Rust	Manager Emergency Services	082 925 7953
Mnr N Oerson	Disaster Management Officer	072 652 5148

6. As instructed by the President - **Individuals will not be allowed to leave their homes except under strictly controlled circumstances, such as to seek medical care, buy food, medicine and other supplies or collect a social grant.**

Please stay safe and also listen to the radio to stay updated.


S-JOOSTE
MUNICIPAL MANAGER
/s/ S
Ref 9/7/R / 25 March 2020



"Working-together in development and growth"

CKDM MHS NOTICE: GETTING YOUR WORKPLACE READY FOR COVID-19





CENTRAL SENTRAL KAROO

DISTRIKMUNISIPALITEIT / DISTRICT MUNICIPALITY
UMASIPALA WESITHILI SASE

63 Donkin Street
Donkinstraat 63
Private Bag X560
Privaatsak X560
Irigoien X560
BEAUFORT WES(T)/ BHOBHOFOLO
6970

Faksi / Fax / Faks: 023 - 415 1253
IFowuni / Tel: 023 - 449 1000
E-mail: manager@skdm.co.za

Attention: Owners / Persons in Charge of Workplaces

Dear Sir / Madam

GETTING YOUR WORKPLACE READY FOR COVID-19

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

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

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

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

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

1. How COVID-19 spreads

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

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

Most persons infected with COVID-19 experience mild symptoms and recover. However, some go on to experience more serious illness and may require hospital care.

Risk of serious illness rises with age: people over 40 seem to be more vulnerable than those under 50. People with weakened immune systems and people with conditions such as diabetes, heart and lung disease are also more vulnerable to serious illness.

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

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

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

a) Make sure your workplaces are clean and hygienic

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

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

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

c) Promote good respiratory hygiene in the workplace.

- Display posters promoting respiratory hygiene. Combine this with other communication measures such as offering guidance from occupational health and safety officers, briefing at meetings and information on the intranet etc.

- Ensure that face masks and / or paper tissues are available at your workplaces, for those who develop a runny nose or cough at work, along with closed bins for hygienically disposing of them.
 - Why? Because good respiratory hygiene prevents the spread of COVID-19
- d) Advise employees and contractors to consult national travel advice before going on business trips.
- e) Brief your employees, contractors and customers that if COVID-19 starts spreading in your community anyone with even a mild cough or low-grade fever (37.3 C or more) needs to stay at home. They should also stay home (or work from home) if they have had to take simple

3. Other important information:

3.1 Masks

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

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

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

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

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

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

3.2 The Face

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

3.3 Handwashing

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

3.4 Surfaces and objects

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

3.5 Handshakes

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

3.6 If you get flu

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

3.7 Sick leave

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

3.8 If someone is sick

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

3.9 Doctor's Rooms

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

3.10 Vitamins

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

3.11 Flu Injection

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

3.12 Risk Register

Consider keeping a register in your workplace/establishment, of people who have travelled or are at other risk of developing COVID-19. They should self-monitor if they are well. If they are contacts of confirmed cases, they need to contact the toll-free no. [0800-029-999](tel:0800-029-999) to discuss the need to self-quarantine.

3.13 When COVID-19 is suspected

You may have COVID-19 if ...

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

a) *Symptoms of COVID-19*

Sudden chest illness with:

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

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

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

3.14 Percentages

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

protect and care for our loved ones. We should try to keep safe from COVID-19 to protect our loved ones from germs we could unknowingly carry to them.

3.15 Quarantine

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

3.16 Self-Quarantine

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

3.17 Self-Monitor

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

3.18 Isolation

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

3.19 Self-Isolation

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

3.20 Close contacts

Face to face contact

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

3.21 Direct care

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

3.20 Casual Contact

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

3.21 Care and Concern

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

3.22 In the Home

a) *Home Care of the Sick*

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

b) *Other Chronic Conditions*

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

c) *HIV and COVID-19*

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

4. How to stay informed

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

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

- Advice and guidance from WHO on COVID-19

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

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

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

5. Coping with stress during the 2019-ncov outbreak

- It is normal to feel sad, stressed, confused, scared or angry during a crisis. Talk to people you trust can help.

- If you must stay at home, maintain a healthy lifestyle - including proper diet, sleep, exercise and social contacts with loved ones at home and by email and phone with other family and friends.
- Don't use smoking, alcohol or other drugs to deal with your emotions. If you feel overwhelmed, talk to someone. Have a plan, where to go to and how to seek help for physical and mental health needs if required.
- Get the facts. Gather information that will help you accurately determine your risk so that you can take reasonable precautions. Find a credible source you can trust such as WHO website etc.
- Limit worry and agitation by lessening the time you and other employees spend watching or listening to media coverage that you perceive as upsetting.
- Draw on skills you have used in the past that have helped you to manage previous life's adversities and use those skills to help you manage your emotions during the challenging time of this outbreak.

6. Attachments

Included are the following for your attention:

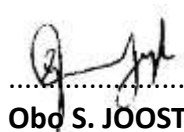
Annexure 1

Contact details of the Section Municipal Health Services of the Central Karoo District Municipality

Annexure 2

Posters that can be placed / put up in your workplace

Kind regards







Obo S. JOOSTE
MUNICIPAL MANAGER

Enquiries: G. E. van Zyl
Manager Municipal Health Services

ANNEXURE 1

CONTACT DETAILS: CKDM SECTION MUNICIPAL HEALTH SERVICES

Surname	Initials	Designation	Responsible Area	E-mail	Tel. no.
Van Zyl	G. E.	Manager 	District	gerrit@skdm.co.za	023-4491060
Belwana	M. L.	Office Assistant 	Office admin	mbelwana@skdm.co.za	023-4491063
Crafford	L.	Snr EHP / Air Quality & Waste Officer 	MHS – Beaufort West Air Quality – District Waste - District	leon@skdm.co.za	023-4491062
April	J. J.	Snr EHP 	Beaufort West Murraysburg Nelspoort	jose@skdm.co.za	023-4491063
Nogqala	S	EHP 	Beaufort West	sibongile@skdm.co.za	023-4491061
Pikelela	Z	EHP 	Beaufort West	zimbini@skdm.co.za	023-4491061
Du Toit	A. M.	Snr EHP 	Laingsburg Matjiesfontein Merweville	abri@skdm.co.za	023-5511014
Snoek	N.	Snr EHP 	Prince Albert Leeu-Gamka Klaarstroom PA Road	nomabhongo@skdm.co.za	023-5411320

CKDM - EHP
HOUSEHOLD EVALUATION TOOL
FOR COVID 19





CENTRAL KAROO DM - MHS HOUSEHOLD EVALUATION FOR COVID 19

Date of evaluation:

Evaluation conducted by:

Department / Municipality:

Signature of official:

Section A: Nature of social distancing:

Isolation (symptomatic)		Quarantine (asymptomatic)		Contact	
-------------------------	--	---------------------------	--	---------	--

Date of start of isolation / quarantine / contact:

Section B: Information of person:

Information	1	2	3	4
Name				
Surname				
Age				
Gender				
Contact number of household				

Note: Please add additional members on a second form.

Section C: Evaluation

Type of dwelling:

Formal house	Informal house (e.g shanty)	Other	Condition of building	Good
				Poor

Remarks:

.....

.....

.....

Environmental / Physical living conditions

CHECKLIST		YES	NO	REMARKS
1.	How many rooms in the household?(please indicate under "REMARKS")			
2.	Is there overcrowding? How many people are occupying the dwelling? (please indicate under "REMARKS")			
3.	Is there adequate natural ventilation?			
4.	Can the windows be opened?			
5.	Upon inspection were they open?			
6.	Is there electricity in the house?			
7.	Is there evidence of burning coal/ wood inside the house for heat or for food preparation?			
8.	Is there any sign of dampness in the house or fungal growth on the walls, floor, etc.			
9.	Is there access to safe drinking water? (Please describe the water source)			
10.	Is there access to ablution facilities? (Please describe the ablution type)			
11.	Are the people in the house knowledgeable about correct hand washing?			
12.	Are the people in the house knowledgeable about the routes of transmission of COVID 19?			
13.	Are the people in the house practicing the recommended sneezing and coughing etiquette?			
14.	Are people in the house wearing personal protective equipment such as gloves and masks?			
15.	Are there any smokers in the household and do they smoke inside the house?			
16.	Are children and other non-smokers exposed to second hand tobacco smoke?			

17.	Does personal hygiene seem to be satisfactory?			
18.	Are there pets in the house or on the premises and how do they interact with the people, especially the children?			
19.	What effect do the animals / pets have on the general cleanliness of the house and premises?			
20.	Is there anyone with a chronic illness living in the house?(please indicate)			

Remarks:

.....
.....
.....

+ **Waste Management**

CHECKLIST		YES	NO	REMARKS
1.	Where is waste generated due to the COVID 19 case stored?			
2.	Do children or animals have access to the waste?			
3.	Are the waste stored in the recommended containers?			
4.	How are containers disposed of?			
5.	How frequently are containers disposed of / collected?			
6.	How are new, unused containers obtained?			

Remarks:

.....
.....
.....
.....
.....

ANNEXURE 2



BEAUFORT WEST MUNICIPALITY COVID-19 ACTION PLAN

BEAUFORT WEST MUNICIPALITY



COVID-19 ACTION PLAN

1. INTRODUCTION

- 1.1 This Plan serves to outline and provide guidance to the Beaufort West Municipality on its role, responsibilities and actions to be taken in response to the COVID-19 pandemic, together with the Corporate Disaster Management Plan of the Beaufort West Municipality.
- 1.2 In implementing this Plan, the Beaufort West Municipality should avoid adding to employee and general public anxiety and uncertainty by premature over reacting.
- 1.3 Thus, the focus of the Beaufort West Municipality will be to prepare and educate its employees, as well as the general public, by implementing preventative measures.
- 1.4 With this in mind, the following three focus areas have been identified that the Beaufort West Municipality must proactively address -
 - 1.4.1 Obligations of the Beaufort West Municipality;
 - 1.4.2 Information and communication dissemination; and
 - 1.4.3 Providing guidance and support to other employers/organizations, on request.

2. SCOPE AND APPLICATION

This COVID-19 Action Plan is applicable to all Councilors and employees of the Beaufort West Municipality, as well as any visitor to any of the Beaufort West Municipality Municipality's facilities.

3. OBLIGATIONS OF THE BEAUFORT WEST MUNICIPALITY

- 3.1 The Occupational Health and Safety Act, 1993 (Act No 85 of 1993) places an express obligation on the Employer to maintain a working environment that is safe and healthy.
- 3.2 On the issue of a healthy working environment, the Employer must ensure that the workplace is free from any risk to the health of its employees as far as it is reasonably practicable.
- 3.3 Within the context of COVID-19, there is a clear obligation on the Employer to manage the risk of contamination in the workplace.
- 3.4 Practically, the Employer can ensure a healthy working environment by ensuring that the workplace is clean and hygienic, promoting regular hand washing by employees, promoting good respiratory hygiene by employees and keeping employees informed on developments related to COVID-19.

4. INFORMATION AND COMMUNICATION DISSEMINATION

- 4.1 Road Shows with limited number of employees at a time
- 4.2 E-mail communication
- 4.3 Information posters
- 4.4 Grapevine
- 4.5 Formal educational sessions
- 4.6 Social media (Facebook & Twitter)
- 4.7 Website

5. PROVISION OF HAND SANITISERS

- 5.1 All offices, depots, mechanical workshops, fire stations and facilities;
- 5.2 All official vehicles;
- 5.3 Kitchens;
- 5.4 Strategically throughout all facilities to be accessed by general public:
 - 5.4.1 Public waiting and receiving areas,
 - 5.4.2 All entrances, and
 - 5.4.3 Ablution facilities.

6. ENVIRONMENTAL DISINFECTION OF BEAUFORT WEST MUNICIPAL BUILDINGS

- 6.1 Disinfection of certain high risk areas should be done at least twice per day:
 - 6.1.1 All entrances/receiving areas;
 - 6.1.2 Waiting areas;
 - 6.1.3 Gathering/meeting places after any gathering or meeting; and
 - 6.1.4 Door handles and railings.
- 6.2 Procurement of appropriate disinfectants effective against Corona virus.
- 6.3 Logistical Support staff to be trained on:
 - 6.3.1 Proper application of disinfectants;
 - 6.3.2 Personal protection of staff;
 - 6.3.3 Cleaning of surfaces; and
 - 6.3.4 Cleaning of vehicles.

7. ASPECTS TO BE CONSIDERED BY MANAGEMENT

7.1 What is the Employer going to do with employees reporting for duty but showing symptoms of COVID-19 infection?

- 7.1.1 Supervisor to **isolate** affected employee and phone the public hotline on 0800 029 999 and follow their instructions or phone the Western Cape 24-hour hotline on 021 928 4102.
- 7.1.2 Employees who experience general symptoms of a cold or flu should stay at home until such time they are fit to return to work. However, such employees will be required to justify their absence by means of a medical certificate issued by a registered medical practitioner.
- 7.1.3 Employees not having sufficient sick leave to be dealt with in terms of the Main Collective Agreement and the Collective Agreement on Conditions of Service for the Western Cape Division of the SALGBC.
- 7.1.4 **Unauthorized absenteeism and /or abuse of sick leave** will be dealt with in terms of the applicable labour legislation and collective agreements.

7.2 Meetings / Events / Gatherings

- 7.2.1 All non-essential meetings/events/gatherings will be cancelled with immediate effect, provisionally until 17 April 2020.
- 7.2.2 Attendance of all external meetings/events/gatherings to be explicitly approved by the Municipal Manager (in the event of employees) / Executive Speaker (in the event of Councillors).

7.3 Travel

7.3.1 All non-essential national and international travel by Councillors and employees for official purposes are prohibited with immediate effect, provisionally until 17 April 2020, excluding official travel related to operational purposes.

7.4 Continuation of essential services

7.4.1 In the case of any partial or total shut down as a result of COVID-19, the minimum services determination as contained in the Minimum Service Agreement of the Beaufort West Municipality, as approved by the Essential Services Committee on 12 November 2019, will apply in terms of the following designated essential services:

- Traffic Service x 7
- Fire Services x 8
- Refuse Removal Service x 19
- Water Purification x 8
- Water & Sewerage x 12

NB: Employees must be rotated to eliminate fatigue. This schedule must be administered by Line Management.

7.4.2 These services, if interrupted, would endanger the life, personal safety and/or health of the whole or part of the population.

7.4.3 The affected Divisions should ensure that they have the necessary contingency procedures in place to inform the Division: Information and Communication Technology timeously of particular ICT-services required and to provide the names of employees who will perform essential services to the Division: Information and Communication Technology.

7.5 Possible lockdown scenario

7.5.1 Employees who have access to laptops should ensure that they have their laptops with them at all times, should the need arise to enforce flexible or

remote working conditions.

7.5.2 Total lockdown to be addressed, if and when necessary by the Senior Management Team, depending on prevailing conditions and situations.

7.5.3 The Local Disaster Management Team is as follows:

- Municipal Manager
- Heads of Department
- Manager Traffic Service
- Representative of the Electro Technical Department
- Acting Senior Manager: Community Services
- Town Manager: Murraysburg / Nelspoort / Merweville
- Superintendent Waste Management
- Executive Mayor
- Speaker
- Councillor E. Wentzel

The Municipal Manager and the Mayor will represent Council on the Joint Operation Centre

7.5.4 Section 5(3) Regulations: Identification of buildings for isolation and quarantine purpose is as follows:

- Voortrekker Hall
- Recreation Hall
- Land Bank (Public Works)
- Standard Bank
- Transnet Buildings
- Murraysburg Town Hall
- Merweville Sportground
- Nelspoort Community Hall

8. INFORMATION AND COMMUNICATION

All communication regarding COVID-19 will be centralized in the Office of the Municipal Manager.

8.1 Information to be shared

8.1.1 What is the disease:

The Covid-19 pandemic originated in China in late 2019 and has spread across the globe. All countries are currently trying to mitigate the rate of infection.

8.1.2 How does the disease spread:

The spread of the disease is thought to happen mainly via respiratory droplets produced when an infected person coughs or sneezes.

8.1.3 How to protect oneself from the disease;

8.1.4 Symptoms of the disease and how to self-diagnose;

8.1.5 What to do if you suspect that you are infected; and

8.1.6 Self-isolation and quarantine.

8.2 Develop and disseminate posters and pamphlets to

8.2.1 General public;

8.2.2 Places of work;

8.2.3 Institutions;

8.2.4 Public places; and

8.2.5 Schools.

8.3 Education and training

8.3.1 Education and training forms an integral part of any Municipal Health Service and educating the public and staff on COVID-19 plays an essential role in combating the disease.

8.3.2 Education interventions:

- Standardized PowerPoint presentation; and
- WHO short video?

8.3.3 This should be made available via the Division: Communications on the:

- Beaufort West Municipality website;
- Social media; and
- Restaurants; etc.

9. BUDGET

9.1 Adequate appropriation will be effected on the current 2019/2020 Adjustments Budget to accommodate expenditure related to the implementation of this Action Plan.

10. UPDATING OF COVID-19 ACTION PLAN

10.1 Note should be taken that this Action Plan is not intended to be exhaustive, but will cover the immediate need for preventative action.

10.2 This COVID-19 Action Plan of the Beaufort West Municipality will continuously be updated under the supervision of the Municipal Manager to ensure that it adheres to prevailing circumstances.

11. EFFECTIVE DATE

11.1 This COVID-19 Action Plan is effective from date of signature thereof by the Municipal Manager.


MUNICIPAL MANAGER

25 MARCH 2020
DATE

MINUTES OF A 4TH SPECIAL COUNCIL MEETING HELD ON TUESDAY, 24 MARCH 2020

RESOLUTION	ACTION	PERSON RESPONSIBLE
1.1	That the Proposed Action Plan, attached as Annexure 'B' as presented by the Health and Safety Officer be approved and accepted.	Acting Municipal Manager
1.2	That the pay points will be opened from 10:00 till 14:00 on a daily basis and the cashiers be rotated on a daily basis. Forthwith that one customer at a time be allowed in the building under security control and that a record be kept of clients going in and out of the building.	Acting Director: Financial Services
1.3	That the Municipal Manager submit an application in terms of the Solidarity Funding that is available as announced by the President on the 23 rd March 2020.	Acting Municipal Manager
1.4	That the departments provide the names of essential services staff and letters to the South African Police Services to identify municipal staff during the lockdown period including external contractors.	Acting Municipal Manager
1.5	That the Executive Mayor address the general public regarding Council's resolutions emanated from the National Directives on the pandemic.	Executive Communication Officer
1.6	That approval be granted that the responsible person at the Stores be on standby for issuing of necessary tools and materials needed for daily tasks during the lockdown period.	Acting Municipal Manager
1.7	<p>That a Disaster Management Team be established internally that will liaise and report to the Joint Operational Centre which is constituted of the following members:-</p> <ul style="list-style-type: none"> • Municipal Manager • Directors • Chief of Traffic • Representative of the Electro Technical Department • Acting Senior Manager: Community Services • Town Manager: Murraysburg • Superintendent Waste Management • Executive Mayor • Speaker • Councillor E. Wentzel <p>Forthwith that the Municipal Manager and the Mayor delegated to represent Council on the Joint Operational Centre.</p>	All nominated Officials and nominated Councillors
1.8	That no accounts will be blocked and that payments for accounts be postponed to 30 April 2020 without charging interest, provided that the lockdown does not continue.	Acting Director: Financial Services
1.9	That service interruptions and single incidents not be attended to after 18:00, only bulk services interruptions / breakdowns be attended to after 18:00.	Communication Officer
1.10	That purchases of materials for repair of services may proceed upon arrangement with suppliers and official orders be issued upon suspension of the lockdown period.	All Directors & Acting Directors and Senior Managers
1.11	That the approval of the Budget and IDP meeting will only be attended by Councillors, Municipal Manager, the Acting Director: Financial Services and the IDP Coordinator on the 31 st March 2020.	Acting Municipal Manager
1.12	<p>That engagement with various departments be arranged to deliberate on the following:-</p> <p>1.12.1 That the implication of those who cannot visit the Clinic during the lockdown period be discuss with the Department of Health.</p> <p>1.12.2 That an engagement with the Tax Association be arranged to discuss methods to prevent the spread of the virus in the Taxi vehicles while transporting people from the public.</p> <p>1.12.3 That a discussion with Department of Social Development with regard to their plans for street kids.</p> <p>1.12.4 That a discussion be arrange with Department of Education and Department Social Development with regards to the feeding scheme.</p> <p>1.12.5 That notices be given to Spaza shops to adhere the regulations in terms of operation hours. Forthwith that Spaza shop owners be requested to stop charging people from the public extra fees on the purchasing of electricity.</p> <p>1.12.6 That an engagement be arranged with the business community to establish what they can contribute and what their needs are.</p>	Acting Municipal Manager

	<p>1.12.7 That in addition to the buildings for isolation and quarantine purposes the following be added to the COVID-19 Action Plan:-</p> <ul style="list-style-type: none">• Murraysburg Town Hall• Merweville Sportsground• Nelspoort Community Hall	
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ANNEXURE 3



PRINCE ALBERT MUNICIPALITY COVID-19 CONTINGENCY PLAN



INTERNE MEMO

AAN: ALLE PERSONEEL

VAN: MUNISIPALE BESTUURDER

DATUM: 24 MAART 2020

INSAKE: COVID 19 SA LOCKDOWN
MUNISIPALE GEBEURLIKHEIDSPAN VIR DIE PERIODE 27 MAART 2020 – 16 APRIL 2020

Na aanleiding van President Cyril Ramaphosa se aankondiging van n algehele sluiting van gebeurlikhede landwyd vanaf Vrydag 27 Maart tot Donderdag 16 April 2020 in reaksie om die verspreiding van die COVID 19 Virus te beperk hou die munisipaliteit van Prins Albert die volgende gebeurlikheidsplan voor ten einde te verseker dat essensiele dienste deurlopend gelewer word. Die volgende dienste word as essensiel geag en sal soos volg gelewer word tydens gemelde periode.

Verkeer, Brandweer, Sekuriteit, Riool, Water, Elektrisiteit en Vullisverwysdering

AFDELING: GEMEENSKAPSDIENSTE

1. VERKEERSAFDELING

- a) Die DLTC sal gesluit wees vir die tydperk van die algehele sluiting.
- b) Verkeer en Wetstoepassing Beamptes sal vir die periode van die lockdown saam en op instruksie van die Plaaslike SAPD werk en moet daaglik op werksdae om 05:45 by die SAPS stasie aanmeld. Werksure sal dus wees vanaf 05:45 tot 13:45 vir die periode van die lockdown.
- c) Twee amptelike gemerkte voertuie moet daaglik gebruik word (Bakkies) twee persone per voertuig.
- d) Daar moet met die Provinsiale Verkeer gereel word om verkeerswetstoepassing in Leeu-Gamka te doen.

BRANDWEER

- a. Brandweerdieners personeel (Sluit in Mnr Lekay, Mnr Marchel April en Mnr Edward MacDonald) sal op bystand wees vir die tydperk en dus van hulle huise af.
- b. Daar word verwag dat brandweerpersoneel onder geen omstandighede die dorp mag verlaat tydens hierdie tydperk nie. Indien brandweer personeel die dorp vir een of ander rede moet verlaat moet toestemming vooraf verkry word vanaf Mnr C Jafta.
- c. Brandweerdieners sal slegs op uitroep reageer.
- d. Brandweer voertuie moet te alle veilig parkeer word agter geslote hekke.
- e. Die drie Wetstoepassingsbeamptes sal ook bystanddieners lewer soos normaal.

2. SEKURITEIT TOESIGHOUDING

- a) Mnr Johnny Windvogel sal van die huis af werk, en vir hierdie periode as toesighouer optree oor Sekuriteits personeel (EPWP WERKERS). Dit sal van Mnr J Windvogel verwag word om ten minste 2 keer per dag inspeksie te doen by alle munisipale persele. Een inspeksie gedurende die dag en een inspeksie tussen 20:00 en 22:00 daaglik.

Persele sluit in;

EE Sentrum, Swembad, Sydwell Williams, Odendal Sportgronde, Familie Park, Munisipale Kantore Kerk Straat

- b) Inspeksies sal alleen uitgevoer word, geen ander persoon mag in voertuig toegelaat word nie.

2.1 SEKURITEIT : TOILET AGTER ABSA BANK

- a. Aangesien dit verwag word van meeste besighede om gesluit te wees, en vanaf die publiek om in huis te wees sal die publieke toilet gesluit wees vir die publiek vanaf Vrydag 27 Maart 2020 tot Donderdag 16 April 2020.
- b. Die toilet sal slegs oop wees vir die publiek op die volgende dae en volgens normale ure:
 - i. 30, 31 Maart en 01 April 2020 tydens die All Pay“ uitbetalings;
 - ii. Die toilet moet daaglik ontsmet word vir die 3 dae.
- c. Die sekuriteit funksie sal slegs na ure gelewer vanaf op 2 skofte per dag vir die periode van die algehele sluiting. (drie all pay dae uitgesluit.)

Skof 1 : 16:00 – 00:00

Skof 2 : 00:00 – 08:00

- d. Die sekuriteit funksie het ten doel om die munisipale gebou en voertuie te beveilig gedurende die nag.
- e. n kennisgewing sal by die toilet aangebring word om die publiek dienooreenkomstig in te lig.

3.2 SEKURITEIT: ODENDAAL SPORTGRONDE

Mnr Cheslynne Skaarne (EPWP WERKER) sal Sekuriteitsdienste verrig by Odendaal Sportgronde gedurende die nag. Die veld sal slegs gedurende die nag nat gemaak word.

3.3 SEKURITEIT: MUNISIPALE SWEMBAD

- a. Die swembad sal op Woensdag 25 Maart en 9 April 2020 behandel word met chemikalieë. Hierdie toediening is voldoende onder normale instandhouding prosedure.
- b. Sekuriteitsdiens (EPWP WERKERS) sal slegs gedurende die nag gelewer word volgens die volgende skof patroon.

Skof 1	: 16:00 – 00:00
Skof 2	: 00:00 – 08:00

3.4 SEKURITEIT: STORTINGSTERREIN:

Sekuriteitsdiens sal slegs gedurende die nag gelewer word (nagdiens.)

3. BIBLIOTEKDIENSTE

Biblioteke in al drie dorpe sal gesluit wees vir die publiek vir die periode van die algehele landwye sluiting. Personeel sal van die huis af werk.

4. ONDERHOUD EN INSTANDHOUDING VAN VOERTUIE

- a) Geringe nood onderhoudswerk op voertuie wat benodig word vir die lewering van essensiele dienste sal deur Mnr Richard Arries behartig word.
- b) Klagtes moet direk na Mnr C Jafta verwys word, wie sal toesien dat die nood herstelwerk gedoen sal word.
- c) Dit sal dan van Mnr R Arries verwag word om te reis tussen die drie dorpe in die munisipale gebied soos die behoefte mag ontstaan.

5. TEGNIESE AFDELING:

5.1 WATER EN RIOOL SUIWERING

Waterproses Kontroleerders sal slegs verantwoordelik wees vir die inkeur van waterbeurte tydens die periode. (Christiaan Minnaar en Bradley Meintjies) Reservior,

rouwater dam vlakke en boorgaat vlakke sal deur Mnr A America deur middel van die telemetrie stelsel gemonitor word.

Hierdie personeel sal op gereedheid wees om op enige noodtoestand / krisis te reageer.

Waterproseskontroleerders in Leeu-Gamka en Klaarstroom sal hul normale verpligtinge nakom. Hulle sal vanaf die huis werk en n aktiwiteitsskedule kry wat hulle moet navolg vir die 3 weke.

5.2 PUBLIEKE WERKE: WATER EN RIOOL NETWERK INSTANDHOUDING

Bystandspanne gaan voort volgens rooster slegs vir uitroepe en klagtes vanaf die publiek. Hierdie personeel sal by die huis bly en op gereedheid wees.

Daar word verwag dat personeel onder geen omstandighede die dorp mag verlaat tydens hierdie tydperk nie. Indien personeel die dorp vir een of ander rede moet verlaat moet toestemming vooraf verkry word vanaf Mnr A America.

Die bystand skedule vir die periode van algehele landwye sluiting word hierby aangeheg.

Hierdie geld vir al 3 dorpe.

6.3 RIOOLTREKKINGS:

- a) Die verwagting is dat die aanvraag vir riooltrekkings van gaste huise en besighede gaan afneem vir die 3 weke tydperk omrede beweging van burgers beperk is. Daarom sal trekkings geskied op aanvraag. Eienaars moet gedurende hierdie periode die noodnommer skakel en versoek vir ,n riool trekking. Alle riool trekking sal binne 24 uur prioritiseer en afgehandel word.
- b) Die rioolspan sal volgens die normale bystand rooster werk.

6.4 VULLISVERWYDERING:

- a) Vullisverwydering gaan voort soos normaal en sal in al drie dorpe gedoen word met die vulliskompakteerder.
- b) Vullisverwydering van besighede wat gaan oop wees sal volgens uitroep hanteer word. Besighede sal dienooreenkomstig ingelig word.

6. VERSKAFFING VAN SWARTSAKKE AAN HUISHOUDINGS:

- a) Swartsakke sal aan huishoudings verskaf word (aflewering) Die Wetstoepassingbeamptes sal swartsakke aflewer by elke woning op Woensdag 25 en Donderdag 26 Maart 2020.
- b) Die CLO's in die buite dorpe moet die aflewering van swartsakke aan huishoudings prioritiseer voor Donderdag 26 Maart 2020.

7. ELEKTRIESE DIENSTE

- a) Slegs noodgeval elektriese netwerk instandhouding werk sal gedoen word gedurende die lockdown periode.
- b) Die kontrakteur Mnr J Nel mag slegs op instruksies reageer vanaf die PA Noodnommer (Mnr Kammies) en die Tegnieuse Bestuurder Mnr A America.

8. PROJEKTE

Projekte wat in huis befonds word, sal op Donderdag 26 Maart 2020 gestop word vir die 3 weke periode. Hierdie projekte sal aanvang neem op 17 April 2020. Alle fondse moet teen 30 Junie 2020 spandeer word.

Die gesondheid van werkers op projekte en hul families kan nie op risiko geplaas word nie.

9. ADMINISTRATIEWE PERSONEEL

Die volgende personeel sal van die huis af werk en moet die volgende uitkomst bereik.

A Kammies / Danvor Sarelse

Sal bystand / naure nommer hanteer.

G van der Westhuizen

- a) Daaglikse Eposse en Epos korrespondensie
- b) Finaliseer alle uitstaande pos beskrywings van amptenare
- c) Opstel van Gemeenskapsveiligheidspan
- d) Finaliseer Landelike Ontwikkelingsplan vir Leeu-Gamka
- e) Finaliseer Notules van Portefulje Komitees
- f) Finaliseer departementele maandverslae

C Jafta

- a) Finaliseer 2020/2021 IDP Review
- b) Eposse en epos korrespondensie van tyd tot tyd.
- c) Begin met die opstel van departementele inventaris register ten opsigte van alle gereedskap en toerusting.
- d) Finaliseer departementele maandverslae

A America

- a) Stel Standard Operating Procedures op vir sleutel personeel
- b) Finaliseer evaluering van Elektriese Tender. Aanstelling moet gedoen word met ingang 1 Julie 2020 vir die volgende 3 jaar.
- c) Begin met die opstel van departementele inventaris register ten opsigte van alle gereedskap en toerusting.

- d) Eposse en epos korrespondensie van tyd tot tyd.

D Sarelse

- a) Opstel van Paaie Netwerk Instandhoudingsplan (Insluitend pad tekens en padmerke).
- b) Opstel van Water en Riool Retikulasie Instandhoudingsplan alle dorpe (Insluitend pompstasies en Filterpompe instandhoudings skedule)
- c) Koordineer die buite spanne/operationele bedrywighede via telefoon om te verseker dat die take wel uitgevoer word soos deur die noodnommer deurgegee.

N Wicomb

- a) Draft PMU Business Plan FY 2020/21.
- b) Administrative template designs for Technical Services Document Archive.

A Waterboer

- a) Finaliseer Work Place Skills Plan
- b) Prossesseer inkomende korrespondensie en versprei elektronies

D Mooneys

- a) Finaliseer advertensies vir die advertering en vulling van alle begrote vakante poste;
- b) Stel Standard Operating Procedures op vir Personeel afdeling.
- c) Dateer verlof registers op.
- d) Opstel van lone-lys vir EPWP werkers wat indiens sal wees soos sekuriteitbeampes.
- e) Keur betalings goed vanaf kantoor. HR Beampete sal kantoor besoek om betalings te prosesseer.

H Esterhuizen

- a) Op bystand indien enige publieke deelname intervensies en uitreikings gedoen moet word.

FINANSIELE DIENSTE

9.1 BESTELLINGS VIR NOODAANKOPE

- a) Die bestellingboek sal by Mnr D Plaatjies wees te Mossiestraat 17 Prince Albert indien dringende aankope gedoen moet word.
- b) 'n Algemene bestelling is in plek gesit vir die verskaffing van Brandstof.

9.2 LONE EN BETALINGS

Lone betalings sal deur die Salarisklerk en HR Beampte behartig word wie die munisipale kantore sal besoek vir welke doel soos nodig.

A VORSTER
MUNISIPALE BESTUURDER

ANNEXURE 4



LAINGSBURG MUNICIPALITY COVID-19 PLAN

Laingsburg Municipality (COVID-19)

Coronavirus Disease 2019

A new coronavirus called COVID-19 was identified in China and is associated with an outbreak of pneumonia. This document contains Laingsburg Municipality's planning on the outbreak of the coronavirus disease. It covers the general information on COVID-19 such as what coronavirus is, the symptoms, prevention, and treatment. It further details the municipal measures in place as well as the different departments and institutions with Laingsburg and the surrounding areas. The document also to create awareness to Laingsburg public at large including visitors.

Laingsburg Municipality (COVID- 19)

Coronavirus Disease 2019

WHAT IS CORONAVIRUS-19 (COVID-19)?

Coronaviruses are large groups of viruses that are common amongst animals. These viruses can make people sick, usually with a mild to moderate upper respiratory tract illness, similar to a common cold. A new coronavirus named COVID-19 was identified in China and is associated with an outbreak of pneumonia. (14-21 days)

HOW IT SPREADS

This virus is spread in large droplets by coughing and/or sneezing. This virus has cell receptors for lungs It infects the body through nose or mouth via hands or an infected cough or sneeze into the nose or mouth. This virus is on surfaces and one will not be infected unless their unprotected face is coughed or sneezed upon. Everything with infected people will be contaminated and potentially infectious. Touching and an object or surface with the virus on it, the touching your nose or your mouth is contagious.

THE SYPTOMS

Mild to respiratory illness with:

- Fever
- Cough
- Difficulty breathing
- Sore throat
- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

The complete clinical picture with regards to COVID-19 is still not clear. Patients with underlying illness and the elderly appear to be in increased risk on severe illness.

WHO IS AT GREATER RISK

- Older adults
- People who have serious chronic medical conditions like:
- Heart disease
- Diabetes
- Lung disease

. PREVENTION

There are currently no vaccines available to protect one from COVID-19 infection but transmission is reduced through:

- Washing hands frequently
- Avoid touching with unwashed hands
- Avoid close contact with infected people
- Cover you cough or sneeze with a tissue and discard after use.

SOME OF THE NATIONAL MEASURES IN PLACE

- Fever screenings is in place at international airports
- Procedures are in place for case detection, isolation and management for quick diagnosis to be made.
- All health facilities will be able to manage suspected or confirmed cases and refer to the appropriate referral or designated hospital.
- Protocols are in place for follow-up of case contacts to ensure that the virus does not spread.

LAINGSBURG MUNICIPALITY MEASURES IN PLACE

Laingsburg Town lies in a geologically fascinating area and it's a worthwhile and hospitable stop on the busy N1 highway through the Great Karoo. It is accessible from all the major cities of the Western Cape as well as Northern Cape, Eastern Cape, Free State and Gauteng Province with an estimated 14 000 vehicles passing through Laingsburg every day. On a daily bases, buses and taxis stops in Laingsburg's major filling stations on their way from and to the Eastern Cape, Gauteng, Free Sate and Cape Town for filling, resting and refreshments. Laingsburg municipality is closely monitoring the outbreak of coronavirus and does not take the issue lightly. The municipality is concerned about the possibility of the commuter population bringing the virus into the municipality. A lot needs be done to protect the community and the visitors at large. In trying to fight the virus the following measures are in place within the municipality:

- Toilets must be cleaned regularly with alcohol based sanitizers
- Public visiting area regularly cleaned and kept ventilated all times
- Municipal workers to clean hands thoroughly with soap or alcohol based sanitizers
- Municipal workers to avoid hand shaking

- Keep bottle of alcohol based sanitizer available at municipal entrance for use after touching when one cannot immediately wash their hands
- Cough and sneeze into a tissue and safely discard thereafter.
- Availability of information i.e. pamphlets in the public visiting areas to raise awareness and keeping the community informed
- Municipal workers are advised to consult health institution immediately when they feel sick from any of the symptoms.
- Municipal workers and the community at large are advised to keep away from others who are sick to avoid being infected.
- It is recommended that face masks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others.

POLICE STATION

Public safety is the top priority of the police station and that includes keeping the community safe from coronavirus as well.

OLG AGE HOME

The purpose of this document is to provide interim guidance on preventing the spread of COVID-19 in aged care facilities to protect both the aged care residents and workers. Reports suggest that older people, particularly those with pre-existing health problems are more likely to get severe illness. It is important that aged care facilities have processes in place to limit the spread of COVID-19 in their facilities. Aged care providers should advise all visitors and staff to stay away from the facility if they are ill. If visitors have cold or flu symptoms, they should be symptom free for 48 hours before they visit.

SCHOOLS

It is important to encourage children and staff to take every day preventative actions to prevent the spread of respiratory illnesses. This includes staying at home when sick, washing hands with soap and water or use an alcohol based hand sanitiser with at least 60% alcohol and cleaning frequently touched surfaces. If children do become ill, they should be strictly isolated at home. In situations where the child or staff member becomes sick at school, they should be separated from well students and staff until sick students and staff can be sent home.

FILLING STATIONS

Laingsburg filling stations are very busy stations as most busses, taxis and trucks stop for filling petrol and also to get some refreshment. Toilets need to be cleaned and sanitized after every bus has stopped and commuters used toilets. Petrol attendants to wear protective gloves when filling up. Drivers are urged to sanitize their hands after visiting the petrol pumps and be sure not to touch their face after doing so.

SHOPS

Shops must guarantee that customers maintain at least one meter apart from a coughing person. Use of the disinfectant wipes at the stores including wiping the trolley handle, shopping baskets and the child sit in the trolley cart.

TOURISM

Laingsburg tourism role is taking active steps to ensure that tourism does not suffer in its town. Availability of tourists' questionnaire at the tourism reception. Tourists to disclose in a questionnaire of any of their recent travel

GUEST HOUSES/HOTELS

All guest houses, hotels and BnB's in Laingsburg to have a questionnaire available at the entry points. Guests to disclose in a questionnaire of any of their recent travel. If a guest or workers develop fever, cough and difficulty breathing they should seek medical advice promptly as this may be due to a respiratory infection or other serious condition. Hotel management should provide information and brief all employees and contract staff, including domestic and cleaning staff, on relevant information and procedures to prevent the spread of coronavirus to people in the hotel setting. The risk of guests who may be infected staying in hotels is currently very low. It is important that the hotel provides guests with information about COVID-19 to prevent spread upon their arrival to the hotel.

Hotel operators to respond quickly and introduce preventative measures. This will be accomplished through a combination of health measures, such as infection prevention for travelers and awareness-raising by doing the following:

- Avoid handshakes for at least until the situation is controlled
- Hotel staff should wear gloves while cleaning and use alcohol hand rub before and after wearing gloves and also as an added precaution, they must wear a surgical mask while cleaning the room.
- Hotel owners and managers to frequently communicate with the workers and remind them of the importance of washing hands frequently;
- • Provide sanitizers to the hotel visitors and the workforce;
- • Inform the hotel guests that sanitizers are available and the hotel management has introduced risk mitigation measures;
- Sterilize anything a traveler would touch often, this can include but is not limited to light switches, door handles, toilets, telephones and the reception counter.

LAINGSBURG FARMERS MEASURES IN PLACE

Farmers to communicate to their workers about coronavirus. The purpose of this document is to provide interim guidance on preventing the spread of COVID-19 in the farming facilities to protect both the farmers and the workers care. 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. Toilets must be cleaned regularly with alcohol based sanitizers

- Public visiting area must regularly cleaned and kept ventilated all times
- Employees to clean hands thoroughly with soap or alcohol based sanitizers
- Avoid hand shaking
- Keep bottle of alcohol based sanitizer available at the entrance for use after touching when one cannot immediately wash their hands
- Cough and sneeze into a tissue and safely discard thereafter.

Laingsburg Farm workers (COVID-19)

WHAT IS CORONAVIRUS-19 (COVID-19)?

Coronaviruses are large groups of viruses that are common amongst animals. These viruses can make people sick, usually with a mild to moderate upper respiratory tract illness, similar to a common cold. A new coronavirus named COVID-19 was identified in China and is associated with an outbreak of pneumonia. (14-21 days)

HOW IT SPREADS

This virus is spread in large droplets by coughing and/or sneezing. This virus has cell receptors for lungs It infects the body through nose or mouth via hands or an infected cough or sneeze into the nose or mouth. This virus is on surfaces and one will not be infected unless their unprotected face is coughed or sneezed upon. Everything with infected people will be contaminated and potentially infectious. Touching and an object or surface with the virus on it, the touching your nose or your mouth is contagious.

THE SYPTOMS

Mild to respiratory illness with:

- Fever
- Cough
- Difficulty breathing
- Sore throat
- Difficulty breathing or shortness of breath

- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

The complete clinical picture with regards to COVID-19 is still not clear. Patients with underlying illness and the elderly appear to be in increased risk on severe illness.

WHO IS AT GREATER RISK

- Older adults
- People who have serious chronic medical conditions like:
 - Heart disease
 - Diabetes
 - Lung disease

PREVENTION

There are currently no vaccines available to protect one from COVID-19 infection but transmission is reduced through:

- Washing hands frequently
- Avoid touching with unwashed hands
- Avoid close contact with infected people
- Cover you cough or sneeze with a tissue and discard after use.

NATIONAL MEASURES IN PLACE

Fever screenings is in place at international airports

- Procedures are in place for case detection, isolation and management for quick diagnosis to be made.
- All health facilities will be able to manage suspected or confirmed cases and refer to the appropriate referral or designated hospital.
- Protocols are in place for follow-up of case contacts to ensure that the virus does not spread.

LAINGSBURG FARMERS MEASURES IN PLACE

Farmers to communicate to their workers about coronavirus. The purpose of this document is to provide interim guidance on preventing the spread of COVID-19 in the farming facilities to protect both the farmers and the workers care. 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. Toilets must be cleaned regularly with alcohol based sanitizers

- Public visiting area must regularly cleaned and kept ventilated all times
- Employees to clean hands thoroughly with soap or alcohol based sanitizers
- Avoid hand shaking

- Keep bottle of alcohol based sanitizer available at the entrance for use after touching when one cannot immediately wash their hands
- Cough and sneeze into a tissue and safely discard thereafter.
- During the flu season farm managers should assist workers to get medical assistance.
- Workers showing symptoms should be isolated from others for at least 14 days.

Laingsburg hotels (COVID-19)

WHAT IS CORONAVIRUS-19 (COVID-19)?

Coronaviruses are large groups of viruses that are common amongst animals. These viruses can make people sick, usually with a mild to moderate upper respiratory tract illness, similar to a common cold. A new coronavirus named COVID-19 was identified in China and is associated with an outbreak of pneumonia. (14-21 days)

HOW IT SPREADS

This virus is spread in large droplets by coughing and/or sneezing. This virus has cell receptors for lungs It infects the body through nose or mouth via hands or an infected cough or sneeze into the nose or mouth. This virus is on surfaces and one will not be infected unless their unprotected face is coughed or sneezed upon. Everything with infected people will be contaminated and potentially infectious. Touching and an object or surface with the virus on it, the touching your nose or your mouth is contagious.

THE SYPTOMS

Mild to respiratory illness with:

- Fever
- Cough
- Difficulty breathing
- Sore throat
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- New confusion or inability to arouse
- Bluish lips or face

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WHO IS AT GREATER RISK

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- Lung disease

PREVENTION

There are currently no vaccines available to protect one from COVID-19 infection but transmission is reduced through:

- Washing hands frequently
- Avoid touching with unwashed hands
- Avoid close contact with infected people
- Cover you cough or sneeze with a tissue and discard after use.

NATIONAL MEASURES IN PLACE

Fever screenings is in place at international airports

- Procedures are in place for case detection, isolation and management for quick diagnosis to be made.
- All health facilities will be able to manage suspected or confirmed cases and refer to the appropriate referral or designated hospital.
- Protocols are in place for follow-up of case contacts to ensure that the virus does not spread.

LAINGSBURG HOTELS' MEASURES IN PLACE

All guest houses, hotels and BnB's in Laingsburg to have a questionnaire available at the entry points. Guests to disclose in a questionnaire of any of their recent travel. If a guest or workers develop fever, cough and difficulty breathing they should seek medical advice promptly as this may be due to a respiratory infection or other serious condition. Hotel management should provide information and brief all employees and contract staff, including domestic and cleaning staff, on relevant information and procedures to prevent the spread of coronavirus to people in the hotel setting. The risk of guests who may be infected staying in hotels is currently very low. It is important that the hotel provides guests with information about COVID-19 to prevent spread upon their arrival to the hotel.

Hotel operators to respond quickly and introduce preventative measures. This will be accomplished through a combination of health measures, such as infection prevention for travellers and awareness-raising by doing the following:

- Avoid handshakes for at least until the situation is controlled

- Hotel staff should wear gloves while cleaning and use alcohol hand rub before and after wearing gloves and also as an added precaution, they must wear a surgical mask while cleaning the room.
- In the event of a guest indicating that they have traveled outside the country or have been in contact with someone who has traveled within the past 14 days this guest must be treated as a potential case for the virus.
- Hotel owners and managers to frequently communicate with the workers and remind them of the importance of washing hands frequently;
- Provide sanitizers to the hotel visitors and the workforce;
- Inform the hotel guests that sanitizers are available and the hotel management has introduced risk mitigation measures;
- Sterilize anything a traveler would touch often, this can include but is not limited to light switches, door handles, toilets, telephones and the reception counter.

Laingsburg old age home (COVID-19)

WHAT IS CORONAVIRUS-19 (COVID-19)?

Coronaviruses are large groups of viruses that are common amongst animals. These viruses can make people sick, usually with a mild to moderate upper respiratory tract illness, similar to a common cold. A new coronavirus named COVID-19 was identified in China and is associated with an outbreak of pneumonia. (14-21 days)

HOW IT SPREADS

This virus is spread in large droplets by coughing and/or sneezing. This virus has cell receptors for lungs It infects the body through nose or mouth via hands or an infected cough or sneeze into the nose or mouth. This virus is on surfaces and one will not be infected unless their unprotected face is coughed or sneezed upon. Everything with infected people will be contaminated and potentially infectious. Touching and an object or surface with the virus on it, the touching your nose or your mouth is contagious.

THE SYPTOMS

Mild to respiratory illness with:

- Fever
- Cough
- Difficulty breathing
- Sore throat
- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse

- Bluish lips or face

The complete clinical picture with regards to COVID-19 is still not clear. Patients with underlying illness and the elderly appear to be in increased risk on severe illness.

WHO IS AT GREATER RISK

- Older adults
- People who have serious chronic medical conditions like:
 - Heart disease
 - Diabetes
 - Lung disease

PREVENTION

There are currently no vaccines available to protect one from COVID-19 infection but transmission is reduced through:

- Washing hands frequently
- Avoid touching with unwashed hands
- Avoid close contact with infected people
- Cover you cough or sneeze with a tissue and discard after use.

NATIONAL MEASURES IN PLACE

Fever screenings is in place at international airports

- Procedures are in place for case detection, isolation and management for quick diagnosis to be made.
- All health facilities will be able to manage suspected or confirmed cases and refer to the appropriate referral or designated hospital.
- Protocols are in place for follow-up of case contacts to ensure that the virus does not spread.

LAINGSBURG OLD AGE HOME MEASURES IN PLACE

The purpose of this document is to provide interim guidance on preventing the spread of COVID-19 in aged care facilities to protect both the aged care residents and workers. Reports suggest that older people, particularly those with pre-existing health problems are more likely to get severe illness. It is important that aged care facilities have processes in place to limit the spread of COVID-19 in their facilities. Aged care providers should advise all visitors and staff to stay away from the facility if they are ill. If visitors have cold or flu symptoms, they should be symptom free for 48 hours before they visit

- Toilets must be cleaned regularly with alcohol based sanitizers
- Public visiting area regularly cleaned and kept ventilated all times
- Employees to clean hands thoroughly with soap or alcohol based sanitizers
- Avoid hand shaking

- Keep bottle of alcohol based sanitizer available at the entrance for use after touching when one cannot immediately wash their hands
- Cough and sneeze into a tissue and safely discard thereafter.
- Availability of information i.e. pamphlets in the public visiting areas to raise awareness and keeping the community informed
- Consult health institution immediately when they feel sick from any of the symptoms.
- keep away from others who are sick to avoid being infected.
- It is recommended that face masks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others.
- Screen visitors by asking travel related question and look for signs of the symptoms.
- Keep the immune system protected of all inhabitants at all time by isolating those with infectious diseases

Laingsburg Traffic and Police department (COVID-19)

WHAT IS CORONAVIRUS-19 (COVID-19)?

Coronaviruses are large groups of viruses that are common amongst animals. These viruses can make people sick, usually with a mild to moderate upper respiratory tract illness, similar to a common cold. A new coronavirus named COVID-19 was identified in China and is associated with an outbreak of pneumonia. (14-21 days)

HOW IT SPREADS

This virus is spread in large droplets by coughing and/or sneezing. This virus has cell receptors for lungs It infects the body through nose or mouth via hands or an infected cough or sneeze into the nose or mouth. This virus is on surfaces and one will not be infected unless their unprotected face is coughed or sneezed upon. Everything with infected people will be contaminated and potentially infectious. Touching and an object or surface with the virus on it, the touching your nose or your mouth is contagious.

THE SYPTOMS

Mild to respiratory illness with:

- Fever
- Cough
- Difficulty breathing
- Sore throat

- Difficulty breathing or shortness of breath
- Persistent pain or pressure in the chest
- New confusion or inability to arouse
- Bluish lips or face

The complete clinical picture with regards to COVID-19 is still not clear. Patients with underlying illness and the elderly appear to be in increased risk on severe illness.

WHO IS AT GREATER RISK

- Older adults
- People who have serious chronic medical conditions like:
 - Heart disease
 - Diabetes
 - Lung disease

PREVENTION

There are currently no vaccines available to protect one from COVID-19 infection but transmission is reduced through:

- Washing hands frequently
- Avoid touching with unwashed hands
- Avoid close contact with infected people
- Cover you cough or sneeze with a tissue and discard after use.

NATIONAL MEASURES IN PLACE

Fever screenings is in place at international airports

- Procedures are in place for case detection, isolation and management for quick diagnosis to be made.
- All health facilities will be able to manage suspected or confirmed cases and refer to the appropriate referral or designated hospital.
- Protocols are in place for follow-up of case contacts to ensure that the virus does not spread.

LAINGSBURG TRAFFIC DEPARTMENT MEASURES IN PLACE

- Toilets must be cleaned regularly with alcohol based sanitizers
- Public visiting area regularly cleaned and kept ventilated all times
- Employees to clean hands thoroughly with soap or alcohol based sanitizers
- Avoid hand shaking
- Keep bottle of alcohol based sanitizer available at the entrance for use after touching when one cannot immediately wash their hands
- Cough and sneeze into a tissue and safely discard thereafter.

- Availability of information i.e. pamphlets in the public visiting areas to raise awareness and keeping the community informed
- Consult health institution immediately when they feel sick from any of the symptoms.
- Keep away from others who are sick to avoid being infected.
- It is recommended that face masks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others.
- Stand 1.5 meters away from a client during inspection or consultation and only approach to receive requested documentation and return to a safe distance.
- Use disposable gloves when handling requested documentation and sanitize your hands after taking of the gloves.
- When the need arise to handle an individual; use gloves and a mask and sanitize afterwards

Laingsburg Filling stations (COVID-19)

WHAT IS CORONAVIRUS-19 (COVID-19)?

Coronaviruses are large groups of viruses that are common amongst animals. These viruses can make people sick, usually with a mild to moderate upper respiratory tract illness, similar to a common cold. A new coronavirus named COVID-19 was identified in China and is associated with an outbreak of pneumonia. (14-21 days)

HOW IT SPREADS

This virus is spread in large droplets by coughing and/or sneezing. This virus has cell receptors for lungs It infects the body through nose or mouth via hands or an infected cough or sneeze into the nose or mouth. This virus is on surfaces and one will not be infected unless their unprotected face is coughed or sneezed upon. Everything with infected people will be contaminated and potentially infectious. Touching and an object or surface with the virus on it, the touching your nose or your mouth is contagious.

THE SYPTOMS

Mild to respiratory illness with:

- Fever
- Cough
- Difficulty breathing
- Sore throat
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- New confusion or inability to arouse

- Bluish lips or face

The complete clinical picture with regards to COVID-19 is still not clear. Patients with underlying illness and the elderly appear to be in increased risk on severe illness.

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- Older adults
- People who have serious chronic medical conditions like:
- Heart disease
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PREVENTION

There are currently no vaccines available to protect one from COVID-19 infection but transmission is reduced through:

- Washing hands frequently
- Avoid touching with unwashed hands
- Avoid close contact with infected people
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NATIONAL MEASURES IN PLACE

Fever screenings is in place at international airports

- Procedures are in place for case detection, isolation and management for quick diagnosis to be made.
- All health facilities will be able to manage suspected or confirmed cases and refer to the appropriate referral or designated hospital.
- Protocols are in place for follow-up of case contacts to ensure that the virus does not spread.

LAINGSBURG FILLING STATIONS MEASURES IN PLACE

Laingsburg filling stations are very busy stations as most busses, taxis and trucks stop for filling petrol and also to get some refreshment. Toilets needs to be cleaned and sanitized after every bus has stopped and commuters has used the toilets. Petrol attendants to wear protective gloves when filling up. Drivers are urged to sanitize their hands after visiting the petrol pumps and be sure not to their face after doing so.

- Availability of information i.e. pamphlets in the public visiting areas to raise awareness and keeping the community informed
- Consult health institution immediately when they feel sick from any of the symptoms.
- Keep away from others who are sick to avoid being infected.

- It is recommended that face masks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others.
- Clean public area after every buss/breakfast rush with alcohol based sanitizers.
- Clean hand towel bins after every rush.
- Treat all travelers and potential victims of the virus.
- Inform the hospital and municipality of any suspicious cases.
- During the flu season all workers must consult the hospital and inform then on the contact with travelers.

Laingsburg tourism (COVID-19)

WHAT IS CORONAVIRUS-19 (COVID-19)?

Coronaviruses are large groups of viruses that are common amongst animals. These viruses can make people sick, usually with a mild to moderate upper respiratory tract illness, similar to a common cold. A new coronavirus named COVID-19 was identified in China and is associated with an outbreak of pneumonia. New coronavirus may not show symptoms for several days (14-21 days)

HOW IT SPREADS

This virus is spread in large droplets by coughing and/or sneezing. This virus has cell receptors for lungs It infects the body through nose or mouth via hands or an infected cough or sneeze into the nose or mouth. This virus is on surfaces and one will not be infected unless their unprotected face is coughed or sneezed upon. Everything with infected people will be contaminated and potentially infectious. Touching and an object or surface with the virus on it, the touching your nose or your mouth is contagious.

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WHO IS AT GREATER RISK

- Older adults
- People who have serious chronic medical conditions like:
- Heart disease
- Diabetes
- Lung disease

PREVENTION

There are currently no vaccines available to protect one from COVID-19 infection but transmission is reduced through:

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- Avoid touching with unwashed hands
- Avoid close contact with infected people
- Cover you cough or sneeze with a tissue and discard after use.

NATIONAL MEASURES IN PLACE

Fever screenings is in place at international airports

- Procedures are in place for case detection, isolation and management for quick diagnosis to be made.
- All health facilities will be able to manage suspected or confirmed cases and refer to the appropriate referral or designated hospital.
- Protocols are in place for follow-up of case contacts to ensure that the virus does not spread.

LAINGSBURG TOURISM MEASURES IN PLACE

Laingsburg tourism role is taking active steps to ensure that tourism does not suffer in its town. Availability of tourists' questionnaire at the tourism reception. Tourists are to disclose in a questionnaire of any of their recent travel

- Toilets must be cleaned regularly with alcohol based sanitizers
- Public visiting area regularly cleaned and kept ventilated all times
- Employees to clean hands thoroughly with soap or alcohol based sanitizers
- Avoid hand shaking
- In the event of a guest indicating that they have traveled outside the country or have been in contact with someone who has traveled within the past 14 days this guest must be treated as a potential case for the virus.
- Keep bottle of alcohol based sanitizer available at the entrance for use after touching when one cannot immediately wash their hands
- Cough and sneeze into a tissue and safely discard thereafter.
- Availability of information i.e. pamphlets in the public visiting areas to raise awareness and keeping the community informed

- Consult health institution immediately when they feel sick from any of the symptoms.
- Keep away from others who are sick to avoid being infected.
- It is recommended that face masks should be used by people who show symptoms of COVID-19 to help prevent the spread of the disease to others.

Laingsburg Wind farm construction (COVID-19)

WHAT IS CORONAVIRUS-19 (COVID-19)?

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THE SYPTOMS

Mild to respiratory illness with:

- Fever
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- Older adults
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NATIONAL MEASURES IN PLACE

Fever screenings is in place at international airports

- Procedures are in place for case detection, isolation and management for quick diagnosis to be made.
- All health facilities will be able to manage suspected or confirmed cases and refer to the appropriate referral or designated hospital.
- Protocols are in place for follow-up of case contacts to ensure that the virus does not spread.

LAINGSBURG HOTELS' MEASURES IN PLACE

All contractors and employees of the renewable energy sites must at all time take additional precaution to prevent an outbreak and the possibility of an outbreak should become part of the projects risk assessment.

The site must keep a register of all who travelled. The register must include location the person travelled to, the dates he travelled, the means of travel, if he was in contact of someone who has travelled outside of the country. The register must be sent to the municipality and the health department on a weekly bases.

Contractors to respond quickly and introduce preventative measures. This will be accomplished through a combination of health measures, such as infection prevention for travellers and awareness-raising by doing the following:

- Avoid handshakes for at least until the situation is controlled

- Staff should wear gloves and clean their hands with when taking gloves off or putting them on.
- In the event of a person indicating that they have traveled outside the country or have been in contact with someone who has traveled within the past 14 days this person must be treated as a potential case for the virus.
- Contract managers to frequently communicate with the workers and remind them of the importance of washing hands frequently;
- Provide sanitizers to the workforce;
- Sterilize anything a traveler would touch often.

ANNEXURE 5

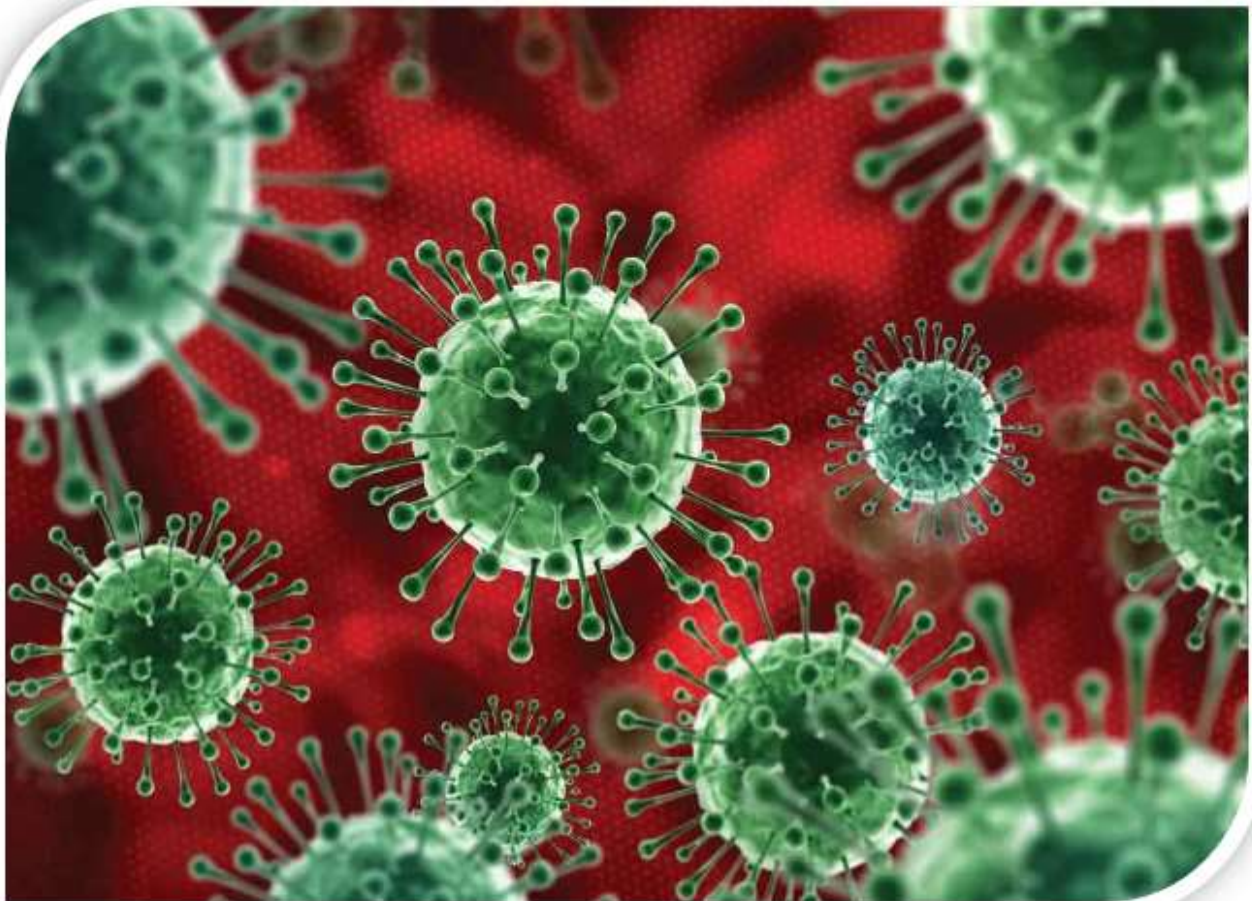


REVISED COVID – 19 SERVICE RESPONSE PLAN FOR ALL HEALTH ESTABLISHMENTS IN THE CENTRAL KAROO DISTRICT



**Western Cape
Government**

Health



**COVID – 19 De-escalation Service Response Plan for
Department of Health in the Central Karoo District**

27 March 2020

(The plan will be updated as needed)

Index:

1. DE-ESCALATION OF HEALTH SERVICES:	7
1.1. SCREENING:	7
1.2. PRIMARY HEALTH CARE FACILITIES (INCLUDING SATELLITE CLINICS):	7
1.3. HOSPITALS:	7
1.3.1. INPATIENT SERVICE:	7
1.3.2. OUTPATIENT SERVICE:	7
1.3.3. THEATRE SERVICES:	7
1.3.4. OUTREACH SERVICES:	7
1.4. CLINICAL SERVICES:	8
1.4.1. ALLIED HEALTH WORKERS (DIETICIAN, OCCUPATIONAL THERAPIST AND PHYSIOTHERAPIST - EXCEPT RADIOGRAPHERS):	8
1.4.2. RADIOGRAPHY SERVICES:	8
1.4.3. DENTAL SERVICES:	8
1.4.4. PHARMACEUTICAL SERVICES:	9
1.4.5. NURSING SERVICES:	9
1.4.6. MEDICAL SERVICES:	9
1.4.6.1. PRIMARY HEALTH CARE SERVICES:	9
1.4.6.2. HOSPITAL SERVICES:	9
1.5. ADMINISTRATIVE SERVICES:	9
1.5.1. RECEPTION/ADMISSION CLERKS:	9
1.5.2. SUPPLY CHAIN MANAGEMENT & FINANCE:	9
1.5.3. INFORMATION MANAGEMENT:	10
1.5.4. PEOPLE MANAGEMENT:	10
1.5.5. WORKSHOP:	10
2. PERSONAL PROTECTIVE EQUIPMENT (PPE):	10
3. TRANSPORT:	11
4. SUPERVISION OF CHILDREN:	11
5. COMMUNITY BASED SERVICES:	11
6. PRIMARY HEALTH CARE FACILITIES, INCLUDING SATELLITE CLINICS.	12
7. DISTRICT HOSPITALS:	13
9. ANNEXURE A: SCREENING TOOL FOR PRIMARY HEALTH CARE FACILITIES	14
10. ANNEXURE B: SCREENING TOOL FOR DISTRICT HOSPITALS	16

1. DE-ESCALATION OF HEALTH SERVICES:

1.1. Screening:

Screening at hospital and clinic entrances will continue. Testing will take place at the Emergency Centres at the 4 district hospitals.

1.2. Primary Health Care Facilities (including Satellite Clinics):

- 1.2.1. Screening will take place at the entrance of the facility.
- 1.2.2. After screening, a CNP / PN will triage all patients visiting the facility without an appointment. They must treat and discharge the patient if appropriate. Patients who are acutely ill will be allowed to enter for further treatment.
- 1.2.3. Patients with appointments will be seen on the scheduled time slot;
- 1.2.4. If a PN / CNP cannot manage a sick patient, utilising all treatment guidelines, he/she must telephonically discuss the patient with a dedicated medical officer stationed at the hospital.
- 1.2.5. No visitors will be allowed in the facility. A parent/guardian/care taker will be allowed with a child, and a guardian / care giver for an elderly and/or frail or very sick person.
- 1.2.6. Number of people in the waiting areas will be limited to 30 people;
- 1.2.7. Chronic prescriptions must be send to the dedicated doctor at the hospital, for review and signing.
- 1.2.8. Acute prescriptions will be managed the same as the telephonic consultations with the dedicated medical officer – discuss the patient with the doctor telephonically, who will then either give a telephonic prescription or he/she can email the prescription.
- 1.2.9. Counselling services will be available as pre-determined.

1.3. Hospitals:

1.3.1. Inpatient service:

- 1.3.1.1. There will be no visiting hours during the lockdown period.
- 1.3.1.2. Treat and manage all inpatients.

1.3.2. Outpatient service:

- 1.3.2.1. No outpatient services will be rendered, except high risk obstetric patients.
- 1.3.2.2. Stable patients will be referred to the appropriate level of care and/or be given an alternative date.

1.3.3. Theatre Services:

- 1.3.3.1. Only emergency procedures.

1.3.4. Outreach Services:

- 1.3.4.1. All outreach services will be cancelled for the lockdown period.

If you are at home during office hours you will be considered on duty. You are on call and must be available on your telephone and can be called in to work at any time. If you cannot be reached (do not answer your phone) you will be disciplined. Staff who signed leave during this period, will not be called in until their leave period is over. Should the situation escalate you can be called in to render service where required. You will not be requested to work outside your scope of practice.

1.4. Clinical Services:

1.4.1. Allied Health Workers (Dietician, Occupational Therapist and Physiotherapist - except Radiographers):

- 1.4.1.1. All outreach services / clinics are cancelled.
- 1.4.1.2. Allied Health Workers will work from home and are on call, and must be available at Beaufort West (DT, OT, PT) and Prince Albert Hospital (OT, PT), should their services be required.
- 1.4.1.3. Acute patients will be seen at Beaufort West and Prince Albert Hospital.
- 1.4.1.4. Acute patients that require urgent services at Laingsburg and Murraysburg Hospitals must be transferred as an inpatient to Beaufort West Hospital, after discussion with the relevant staff member.
- 1.4.1.5. Allied Health workers can be contacted for telephonic consultations at Beaufort West Hospital - 📞: 023 414 8200.

1.4.2. Radiography Services:

- 1.4.2.1. All outreach services to Laingsburg and Prince Albert Hospitals are cancelled.
- 1.4.2.2. Emergency services will be clustered together and will be transported to Beaufort West Hospital.
- 1.4.2.3. Skeleton staff will be available daily during the week. The on-call roster is applicable for after hours.
- 1.4.2.4. Obstetric ultrasound services will continue as per appointment.

1.4.3. Dental Services:

- 1.4.3.1. All routine dental services are cancelled.
- 1.4.3.2. One dentist and one dental assistant is on standby for acute, emergency services. Phone Beaufort West Hospital - 📞: 023 414 8200.

1.4.4. Pharmaceutical Services:

1.4.4.1. Pharmacy services remains unchanged and will continue as usual.

1.4.5. Nursing Services:

1.4.5.1. Nursing Manager / Facility Managers / Primary Health Care Manager / Operational Managers / Sister in Charge of Facility must ensure that enough nursing staff is on duty to cover services.

1.4.6. Medical Services:

1.4.6.1. Primary Health Care Services:

1.4.6.1.1. All doctor outreach services to Primary Health Care Facilities are suspended until the end of the lockdown.

For the management of acute ill patients and chronic prescriptions refer to **Primary Health Care Facilities (including Satellite Clinics)**., page

1.4.6.1.2. DE-ESCALATION OF HEALTH SERVICES:7.

1.4.6.2. Hospital Services:

1.4.6.2.1. The doctors will work on a shift basis, according to a duty roster.

1.4.6.2.2. Doctors not onsite at their respective facilities are on standby and must be contacted as needed / required.

1.4.6.2.3. An on-call team is available at Beaufort West Hospital for emergency theatre cases.

1.5. Administrative Services:

1.5.1. Reception/Admission Clerks:

1.5.1.1. Reception and / or Admissions Clerks are considered an essential service and the service must be always be covered.

1.5.1.2. Managers / Supervisors must draw up rosters to ensure that there is always a clerk on duty.

1.5.1.3. Information clerks can be utilised to assist with reception services, except for the period 1 – 8 April 2020. Information Clerks must compile, capture and finalise data submission for March 2020 (Annual Report).

1.5.1.4. Requests must be communicated to Ms Goliath via Beaufort West Hospital - 📞: 023 414 8200.

1.5.2. Supply Chain Management & Finance & Revenue Services:

1.5.2.1. Managers / Supervisors must draw up rosters for who will be at work and who will be on call.

1.5.2.2. Skeleton staff must be available to ensure continuation of services.

- 1.5.2.3. Transport outreaches to outlying Health Facilities will continue as per the normal roster.
- 1.5.2.4. Transport to PHC facilities in Beaufort West will take place once a week.

1.5.3. Information Management:

- 1.5.3.1. Information clerks can be utilised to assist with reception services, except for the period 1 – 8 April 2020. Information Clerks must compile, capture and finalise data submission for March 2020 (Annual Report).
- 1.5.3.2. Requests must be communicated to Ms Goliath via Beaufort West Hospital - 📞: 023 414 8200.

1.5.4. People Management:

- 1.5.4.1. Managers / Supervisors must draw up rosters for who will be at work and how will be on call.
- 1.5.4.2. Skeleton staff must be available to ensure continuation of services.

1.5.5. Workshop:

- 1.5.5.1. Managers / Supervisors must draw up rosters for who will be at work and how will be on call.
- 1.5.5.2. Skeleton staff must be available to ensure continuation of services.

2. PERSONAL PROTECTIVE EQUIPMENT (PPE):

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

N95 Respirators are for frontline staff.

Surgical Masks are for symptomatic patients, irrespective of COVID 19.

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

Should you wear a mask?

✓ **Yes.** If you have respiratory symptoms - cough, difficulty breathing



✓ **Yes.** If you are providing care to individuals with respiratory symptoms

✓ **Yes.** If you are a health worker and attending to individuals with respiratory symptoms

X **NOT** needed for general public who do not have respiratory symptoms



3. **TRANSPORT:**

Transport will be provided to staff affected by the lockdown of transport services. This is only applicable when a particular taxi is not going to be operating during the lockdown period. If you came to work in your own vehicle, before the lockdown, you continue to do so. The same applies for those colleagues who lives close to their workplace and used to walk to work. Continue to do so.

Staff travelling to work in their own vehicles, are requested to assist colleagues with lifts to work where possible.

4. **SUPERVISION OF CHILDREN:**

- Should there be essential staff members that needs to be at work, who do not have support at home to look after young children, the following applies:
 - o The manager / supervisor of the Health Establishment must provide an area at work where the children can stay during the working hours of the parent.
 - o Volunteer community member / teachers can assist to supervise the children.
 - o The manager / supervisor must submit a workable plan to the management team (Dr Muller) for consideration.

5. **COMMUNITY BASED SERVICES:**

5.1. Community Health Workers (CHW) will continue to do the screening questions at the Primary Health Care facilities.

- 5.2. CHW will be available on the days when CDU packages are distributed to assist with the quick handing out of chronic medicine. The number of CHW available has been determined per the need of a specific facility.
- 5.3. Should any facilities need additional assistance from CHW's and/or counsellor, contact the Central Karoo District Office at 023 414 3590.

6. PRIMARY HEALTH CARE FACILITIES, INCLUDING SATELLITE CLINICS.

- 6.1. Available staff must give regular health promotion talks in the waiting area of the clinic on hand hygiene, cough etiquette and basic IPC principles, including social distancing;
- 6.2. CHW will do screening at the entrance of the facility.
- 6.3. **The Operational Manager / Sister in Charge of the Facility must:**
 - 6.3.1. Identify a place where the CHW can be stationed at the entrance of the facility where basic screening will take place;
 - 6.3.2. Identify a separate, dedicated space where the additional screening questions can be asked. Either an ENA or EN will work at this station; A dinamap and clinical thermometer must also be available in this area.
 - 6.3.3. Ensure that hand sanitizers are available at both stations;
 - 6.3.4. Working surface must be disinfected regularly;
 - 6.3.5. Informational posters must be available and noticeable.
 - 6.3.6. Ensure that all the necessary forms are available;
 - 6.3.7. Ensure that all staff (including administrative staff and cleaners) are trained on hand hygiene practices – correct handwashing techniques;
 - 6.3.8. Ensure that cough etiquette is practiced in the facility and that any person with a cough will be issued with a surgical mask;
 - 6.3.9. Ensure that routine cleaning practices are carried out, with emphasis on regular cleaning of surfaces, door handles, taps etc.
 - 6.3.10. Set up a triage system to monitor entrance of patients to the facility.
- 6.4. Should a patient meet all the criteria to be tested, EMS must be contacted to transport the patient to the nearest emergency centre or the patient can make use of private transport.
- 6.5. Ensure that the person under investigation (PUI) wears appropriate PPE before transport to the hospital;
- 6.6. EMS must take that PUI straight to the dedicated room at the hospital;
- 6.7. The OPM/Sister in Charge of the Facility must alert personnel at the hospital to expect patient;
- 6.8. Community needs to be educated to only visit the hospital / clinic in case of real illness and not to bring unnecessary people with.
- 6.9. The OPM / Sister in Charge of the Facility must activate contact tracing team if needed (positive case). The tracing team must visit the contacts every day, for 14 days, to monitor development of any possible symptoms and to act accordingly.

7. District Hospitals:

7.1. The Nursing Manager must:

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

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



COVID 19 SCREENING QUESTIONNAIRE

NAME OF PRIMARY HEALTH CARE FACILITY: _____

NAME OF PATIENT: _____

DATE: _____

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

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

Health care worker details:

Name: _____

Signature: _____

Registration number: _____

NAME OF PRIMARY HEALTH CARE FACILITY: _____

Patient name: _____

Date of Birth: _____

File Number: _____

Address: _____

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

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

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

Name stamp
Health care worker details: _____

Name: _____

Signature: _____

Registration number: _____

10. ANNEXURE B: SCREENING TOOL FOR DISTRICT HOSPITALS



COVID 19 SCREENING QUESTIONNAIRE

NAME OF DISTRICT HOSPITAL: _____
NAME OF PATIENT: _____
DATE: _____

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

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

Health care worker details:

Name:

Signature:

Registration number:

NAME OF DISTRICT HOSPITAL:



Patient name:

Date of Birth:

File Number:

Address:

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

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

Health care worker details:

Name:

Signature:

Registration number:

ANNEXURE 6



**WESTERN CAPE GOVERNMENT
FORENSIC PATHOLOGY SERVICE
(FPS)
STANDARD OPERATING
PROCEDURE SAFETY
GUIDELINES –
HAZARD GROUP 3 PATHOGENS –
CORONAVIRUS (SARS-COV-
2/COVID-19)**

WESTERN CAPE GOVERNMENT FORENSIC PATHOLOGY SERVICE (FPS)

STANDARD OPERATING PROCEDURE

SAFETY GUIDELINES – HAZARD GROUP 3 PATHOGENS – CORONAVIRUS (SARS-COV-2/COVID-19) [FPS/WC/P013.2]

Version	1.1	Title	Safety Guidelines – Hazard Group 3 Pathogens – Coronavirus (SARS-CoV-2/COVID-19)
Issue Date	25/03/2020	DCN	FPS/WC/P013.2
Distribution	FPS Personnel		
Placement	<p>The soft copy will be made available online at: https://livelinkfp.pgwc.gov.za/ecom/cs.exe?func=ll&objId=330961&objAction=browse&viewType=1</p> <p>The controlled hard copy will be at Forensic Pathology Service Head Office with the Director: Forensic Pathology Service</p>		
Prepared by	Mr K. R. Jones Dr M. du Plessis Senior Forensic Pathology Service Management Team		
Approved by	Director: Forensic Pathology Service	Author(s) Signature(s)	Mrs V. Thompson
<p>This standard operating procedure is based on current best practice standards from national and international guidelines. Review and update of information will be done as needed.</p>			
Annual Review	Review Date	Revision Date	Signature & Date
	20/03/2021		
	20/03/2022		
	20/03/2023		
	20/03/2024		

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Western Cape Government Forensic Pathology Service

Table of Contents

1.	General Policy.....	4
2.	Purpose	4
3.	Scope	4
4.	Normative References	4
5.	Terms and Definitions	5
6.	Abbreviations.....	5
7.	Responsibilities.....	5
7.1	Forensic Pathology Service Personnel	5
7.2	FPS Facility Manager	5
8.	Background and Clinical Signs and Symptoms	6
9.	Important Notice	6
10.	Requirements: Equipment and Materials.....	6
10.1	General.....	6
10.2	Personal Protective Equipment (PPE)	7
10.3	Consumables	7
11.	Transmission Based Protocol and Prevention: Facility Precautions and Visitors	7
12.	Personal Protective Equipment (PPE):	9
13.	How to put on and remove A60 coverall	11
14.	Receipt of Call of Possible Sudden Unexpected Death in an Adult, Child, or Infant... 11	
15.	Notification Procedures at the FPS Facility	12
16.	Attending to an Unnatural Case for Admission to FPS with Suspected or Confirmed COVID-19:.....	13
16.1	General.....	13
16.2	Scene.....	13
16.3	Facility.....	14
16.4	Autopsy	14
17.	Isolation procedures: Staff.....	15
18.	Identification Procedure.....	15
19.	Disposal and Release of the Body of the Decedent/Procedure by Funeral Undertakers.....	16
20.	Waste management.....	16
21.	Injury on Duty.....	16
22.	Records and Documentation.....	16



Western Cape Government Forensic Pathology Service

23.	Revision and Approval History	17
24.	Process Sequence	18
	Annexure A – Preparation of Sodium Hypochlorite Solution	19
	Annexure B – COVID-19 Checklist	21
	Bibliography.....	22



Western Cape Government Forensic Pathology Service

1. General Policy

- 1.1 This procedure should be read in conjunction with the following Department of Health circulars:
 - 1.1.1 Engelbrecht B. Western Cape Preparedness for COVID-19 Cases. 2020 March 11. 60p. Circular No.: H22/2020.
 - 1.1.2 Engelbrecht B. The Western Cape Government Health: People Management Response to COVID -19. 2020 March 18. 2p. Circular No.: H27/2020.
 - 1.1.3 Angeletti-du Toit L. Management of COVID-19 Isolation Health Care Waste Generated in the Western Cape Health Department Designated COVID-19 Units. 2020 March 25. 1p. Circular No.: H32/2020.
- 1.2 Du Plessis M, Forensic Pathology Service (FPS) Standard Operating Procedure (SOP) Work Group. Western Cape Forensic Pathology Service Standard Operating Procedure Safety Guidelines – Hazard Group 4 Pathogens – Viral Haemorrhagic Fevers. 2019 April 18. 18p. SOP no.: FPS/WC/P013.

2. Purpose

- 2.1 This SOP is to ensure that all decedents with suspected COVID -19 disease be handled in a safe manner preventing the risk of infection/ contamination to the staff.
- 2.2 To ensure facility preparedness for highly infectious pathogens in line with national and provincial guidelines.
- 2.3 To ensure that all staff are informed regarding the associated risks, the performance of FPS functions and safeguarding self and colleagues within the COVID-19 context.

3. Scope

- 3.1 To give guidelines on the approach and management of cases with suspected COVID-19 in the setting of the medicolegal mortuary.
- 3.2 To establish procedures to prevent the spread of the infection to ensure keeping staff and the community safe from disease.

4. Normative References

- 4.1 There are no normative references in this document.
- 4.2 This document should be read in conjunction with the following acts and regulations as well as their amendments where applicable:
 - 4.2.1 Inquests Act No. 58 of 1959.
 - 4.2.2 Notice on Compensation for Occupationally-acquired Novel Corona Virus Disease (COVID-19) Under Compensation for Occupational Injuries and Diseases Act No.130 of 1993 as amended. 2020. (Circular No. CF/03/2020)



Western Cape Government Forensic Pathology Service

- 4.2.3 Occupational Health and Safety Act No. 85 of 1993.
- 4.2.4 Regulations: Regulations issued in terms of section 27(2) of the Disaster Management Act, 2002. Government Gazette No. 43107 18 March 2020 (Published under Government Notice No. 318).
- 4.2.5 Regulations: Rendering of Forensic Pathology Services. Government Gazette No. 41524 23 March 2018 (Published under Government Notice R359)
- 4.3 Further related guidelines and documents that are relevant to this SOP are given in the Bibliography.

5. Terms and Definitions

For the purposes of this document, the terms and definitions given in FPS/WC/P000b apply.

ISO and IEC maintain terminological databases for use in standardisation at the following addresses:

- ISO Online browsing platform: available at <https://www.iso.org/obp/ui>
- IEC Electropedia: available at <http://www.electropedia.org/>

6. Abbreviations

For the purposes of this document, the abbreviations given in FPS/WC/P000b apply.

7. Responsibilities

This document applies to all FPS personnel, stakeholders, visitors, volunteers and contractors at FPS facilities.

7.1 Forensic Pathology Service Personnel

- 7.1.1 FPS personnel employed by the Western Cape Government Department of Health on a fixed, temporary or voluntary appointment need to ensure compliance with the Occupational Health and Safety legislation, guidelines, and procedures set out in this SOP.

7.2 FPS Facility Manager

- 7.2.1 The person responsible for ensuring that the FPS personnel adhere to the procedures outlined below.



8. Background and Clinical Signs and Symptoms

On 31st December 2019, the World Health Organisation (WHO) was alerted to a cluster of pneumonia of unknown aetiology in patients in Wuhan City, Hubei Province of China. One week later, the novel coronavirus [severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2)] was identified as the cause.[1]

The resulting illness was named COVID -19 on the 11th February 2020. The clinical spectrum of COVID-19 ranges from an asymptomatic or mild flu-like illness to severe pneumonia requiring critical care.

Epidemiological information provided by the Chinese Centre for Disease Control and Prevention (CDC) reported that more than 80% of symptomatic patients developed a mild disease, an estimated 14% develop severe disease (with hypoxemia, dyspnoea and tachypnoea) while 5% become critically ill (with respiratory failure, septic shock and/or multi-organ dysfunction). The proportion of asymptomatic carriers is currently unknown. The most common presenting symptom has been fever (~90%, but only present in 44% on admission). Other common symptoms include cough (68%), fatigue (38%), sputum production (34%), shortness of breath (19%), myalgia or arthralgia (15%), sore throat (14%), headache (13.6%) and chills (12%). Death was reported in 2.3% (n=1 023) of the cases studied.[1]

On 11th March 2020 the WHO has characterised COVID-19 as a pandemic which means that the disease has spread globally and infected a large number of individuals.

9. Important Notice

- 9.1 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.
- 9.2 Such cases should therefore **NOT** be referred to FPS mortuaries by hospitals/clinics for medicolegal autopsies.
- 9.3 People that die of **unnatural causes** (example gunshot wounds and motor vehicle collisions) with suspected or confirmed SARS-Cov-2/COVID-19; however, are still required by law to be referred for medicolegal examination by FPS.

10. Requirements: Equipment and Materials

10.1 General

- 10.1.1 Every facility must have the items listed below on hand and preferably pre-packed, excluding the gumboots, which are a personal issue.



Western Cape Government Forensic Pathology Service

- 10.1.2 Equipment and materials must not be locked away, be accessible to all staff, available on the vehicle and in the mortuary.
- 10.1.3 FPS personnel to sign of receipt of N95 respirator mask/N95-capability mask/respirator mask (facility-specific) to ensure the rational and appropriate use of PPE. Furthermore, to optimise current stock and availability of PPE. This is also recommended for consumables.

10.2 Personal Protective Equipment (PPE)

- 10.2.1 A60 coverall;
- 10.2.2 Eye protection: goggles/face shield (visor);
- 10.2.3 Hair covering;
- 10.2.4 Long-sleeve gown;
- 10.2.5 N95-respirator/N95-capability mask/respirator mask;
- 10.2.6 Non-sterile high-risk gloves;
- 10.2.7 Medical/surgical knee-high rubber boots (gumboots);
- 10.2.8 Medical/surgical masks;
- 10.2.9 Plastic arm sleeves;
- 10.2.10 Surgical scrub suit;
- 10.2.11 Water-resistant apron.

10.3 Consumables

- 10.3.1 Disinfectants such as sodium hypochlorite (household bleach); alcohol; phenolic compounds; quaternary ammonium compounds; and peroxygen compounds (facility availability).
- 10.3.1 Sodium hypochlorite/bleach solution of 5 000 ppm (0.5%) for bodies and body bags. A 500 ppm (0.05%) solution is used for dissection areas and instruments. (See Annexure A for preparation of a sodium hypochlorite solution)
- 10.3.2 Sealable body bags of not less than 150 µm thick;
- 10.3.3 Red plastic waste bags;
- 10.3.4 Cable ties for red bags or other identified purposes;
- 10.3.5 Spray bottles;
- 10.3.6 Duct/masking tape for an apron.

11. Transmission Based Protocol and Prevention: Facility Precautions and Visitors

- 11.1. Infection is transmitted via droplet spread from person-to-person by face-to-face contact or from contaminated surfaces. It is not clear whether there is an associated risk of transmission from aerosol spread. Caution should still be implemented in aerosol generated procedures such as moving of the body, manipulation of the lungs at autopsy, and using an oscillating head saw. The virus is excreted in stool and can be transmitted via faeco-oral route too.



Western Cape Government Forensic Pathology Service

- 11.2. The virus can survive on surfaces for some time (hours to days) depending on the environment and surface. Environmental cleaning of objects and surfaces are therefore important and are done using disinfectants or a diluted sodium hypochlorite solution. (See Annexure A for preparation)
- 11.3. Universal health and safety guidelines should be adhered to. (Clause 19 of SOP FPS/WC/P013)
- 11.4. **Hand hygiene is the first and most essential aspect. Wash hands with water and soap or alcohol-based hand sanitizer for at least 20 seconds. Visibly soiled hands rather to be washed with soap and water.**
- 11.5. Regular hand washing and disinfecting is encouraged.
- 11.6. Perform hand hygiene before and after removing PPE.
- 11.7. Have hand sanitizers available. Refer to individual facility preparedness documents for more information on areas of availability and related duties.
- 11.8. Cough and sneeze into the elbow or a tissue and then immediately dispose of the tissue. Avoid coughing into your hands.
- 11.9. Prevent touching your mouth, eyes and nose unless you have washed your hands.
- 11.10. Prevent shaking of hands and use alternative non-contact ways to greet namely a wave or slight head bow, or any other method deemed appropriate. Avoid touching elbows as people are encouraged to sneeze into their elbows.
- 11.11. Keep constantly decontaminating surfaces in public spaces that are commonly touched like counters, desks, keyboards, telephones, hand radios, cameras, door handles; and bathroom fixtures such as taps and toilets.
- 11.12. Environmental cleaning and decontamination of shared items such as desks and computers services must be done at least three times a day. One-minute contact time with the appropriate disinfectant is sufficient.
- 11.13. Avoid sharing pens/objects with people of the public or with staff members.
- 11.14. Cover any cuts or wounds with waterproof bandages or dressings.
- 11.15. Wear the appropriate PPE for the situation it calls for.
- 11.16. Ensure social distancing between our clients, undertakers and staff.
- 11.17. Limit the number of family members attending the mortuary. See Clause 18.
- 11.18. Limit the numbers of police and undertakers attending the mortuary.
- 11.19. Encourage telephonic inquiries.
- 11.20. Safe waste management procedures.
- 11.21. Staff, funeral undertakers, and any other person involved in the handling of a deceased's body with suspected or confirmed COVID-19 must be informed of the potential risk of infection and the hazard categorisation.
- 11.22. Minimal handling of the body should be aimed for by FPS and funeral undertakers.
- 11.23. Aerosolised procedures should be avoided or limited.
 - 11.23.1. Moving, rolling, and undressing the body are procedures that are likely to cause droplet contact.
 - 11.23.2. Autopsy, invasive procedures, and oscillating saws can cause aerosols.



Western Cape Government Forensic Pathology Service

12. Personal Protective Equipment (PPE):

- 12.1 The rationale for, and required PPE for cases of suspected or confirmed COVID-19:
- **Apron:** in addition to a gown, an apron should be worn where there is a risk of splashing or spraying of potentially infectious material.
 - **Eye protection:** goggles or face shield (visor). This to protect the eyes from respiratory splash or spray.
 - **Gloves:** non-sterile gloves to provide contact protection. In high risks environments such as at the autopsy double gloving is recommended.
 - **Gowns:** long-sleeve gown or water-resistant long-sleeve gown (if and where available) to protect the skin against contact spread from potentially infectious sources such as blood, body fluids, excretions, and secretions. Nitrile gloves are preferred. Heavy-duty gloves over nitrile gloves are recommended when there are risks of cuts, puncture wounds, or other injuries that will cause a break in the skin such as autopsy.
 - **Mask:** N95 respirator mask/N95 capabilities mask/respirator mask/equivalent standard (facility dependant) to protect against aerosolised infectious droplets in high-risk working environments such as the scene or at autopsy. Medical/surgical masks can be worn in low-risk environments such as administrative areas and while cleaning. Type IIR masks are considered fluid-resistant medical/surgical masks.
- 12.2 The N95 respirator mask can be used for up to 8-hours. If the mask is not being used, it should be safely removed after hand hygiene has been performed, and placed in a paper bag in a dry area to avoid contamination. Placing the N95 respirator mask in a plastic bag creates 'sweat' and renders the mask ineffective for use.
- 12.3 Every FPS staff member is responsible for his/her mask.
- 12.4 A seal check should be performed on the N95 respirator mask to ensure that the mask fits properly.
- 12.5 The individual may wish to wear additional PPE.
- 12.6 Protective clothing or uniforms must be kept separate from outdoor clothing.
- 12.7 Recommended PPE according to setting, personnel, and activity:

Setting	Target personnel/people	Activity	Type of PPE
Administration	All staff	Administrative duties only. No contact with families/visitors.	No PPE needed.
	All staff	Contact with families/visitors who are making enquiries, or at the facility to identify decedents. Visitors such as SAPS members to collect post-mortem reports.	Maintain spatial distancing. No PPE needed. If families/visitors are coughing staff to wear medical/surgical mask and non-sterile gloves.



Western Cape Government Forensic Pathology Service

			<p>Medical/surgical masks to be available for families/visitors who are coughing.</p> <p>If the coughing individual is accompanied by a non-coughing member, the latter should rather assist with administrative procedures if possible.</p> <p>Staff that is coughing is encouraged to use medical/surgical masks if they are at work.</p>
	Cleaners	Cleaning only, in the absence of families/visitors	<p>Boots or closed work shoes</p> <p>Eye protection</p> <p>Gown or waterproof apron</p> <p>Heavy-duty gloves</p> <p>Medical/surgical mask</p>
Scene	FPO AMP/FMP	<p>Attending and examination of scenes with suspected or confirmed COVID-19.</p> <p>Collecting relevant information and evidence at the scene.</p> <p>Collecting a body from the scene and transporting it to the relevant facility.</p> <p>Interviewing of next-of-kin/witnesses at the scene.</p>	<p>A60 coverall</p> <p>Eye protection</p> <p>Double Gloves</p> <p>Knee-high gumboots/surgical boots</p> <p>N95/respirator/equivalent mask</p> <p>The interview should be conducted outside the house/dwelling or outdoors.</p>
Facility - Admission	FPO	<p>Admitting unnatural case with suspected/confirmed COVID-19.</p> <p>Transferring the body from FPS vehicle to facility for admission and placement in the fridge.</p>	<p>Eye protection</p> <p>Gloves</p> <p>Gown and waterproof apron</p> <p>Medical/surgical mask</p>
Autopsy	FPO AMP/FMP	Post-mortem examination of an unnatural case with suspected/confirmed COVID-19.	<p>Disposable plastic sleeve covers</p> <p>Double glove including mesh/cut resistant glove</p> <p>Eye protection</p> <p>Gown</p> <p>Hair/head covering</p> <p>Knee-high gumboots/surgical boots</p> <p>N95/respirator/equivalent mask</p> <p>Surgical scrub suit</p> <p>Waterproof Apron (As per standard autopsy PPE guidelines)</p>



Western Cape Government Forensic Pathology Service

	Visitors: investigating officers, LCRC photographers		Maintain a spatial distance of at least 1.5 metres Eye protection Gown Gloves Medical/surgical mask Shoe covers
	Cleaners	Cleaning of autopsy suites once post-mortem examination/autopsy finished and the body removed.	Boots or closed work shoes Eye protection Gown or waterproof apron Heavy-duty gloves Medical/surgical mask
Identification	FPO	Assisting with identification procedures.	Eye protection Gown or waterproof apron Gloves Medical/surgical mask
Disposal and release of the body	FPO	Handing over of the remains to the funeral undertaker	Eye protection Gown or waterproof apron Gloves Medical/surgical mask
Other areas not included above	All staff	No contact with suspected/confirmed COVID-19.	Maintain a spatial distance of at least 1.5 metres. No PPE needed.

13. How to put on and remove A60 coverall

13.1 Refer to Clauses 11 and 12 in SOP FPS/WC/P013 for steps and procedures on how to put on and remove A60 coverall.

14. Receipt of Call of Possible Sudden Unexpected Death in an Adult, Child, or Infant

14.1 The Forensic Pathology Officer (FPO) is always expected to ask medically related questions before attending a death scene relating to a sudden unexpected and unexplained death in adults, children or infants. This is to ensure we are dealing with a medicolegal case. Procedures in these cases have not changed. All FPS personnel attending to a call or scene should be vigilant to the current COVID-19 pandemic and on high alert. The attached checklist (Annexure B) serves merely to alert the FPO to a potential hazard during their normal questioning. Furthermore, to channel their concerns to the standby authorised medical practitioner/forensic medical practitioner (AMP/FMP) who will be in the best position to give guidance to the FPO on the scene.

14.2 The checklist covers most of the signs and symptoms. The presence of symptoms will depend on the incubation period and the clinical disease. All possible symptoms must be recorded to enable the AMP/FMP to make the most informed decision.

14.3 Symptoms that might be present, but not included in the below criteria include muscle pains and fatigue (tiredness).



Western Cape Government Forensic Pathology Service

- 14.4 The COVID-19 checklist can be used when the call is received at the facility and prior to attending the scene. This can be used as a tool to screen the case and decide whether the case needs to be admitted to the mortuary as an unnatural case. This will also aid in preparing FPS for any risks they may encounter when going to the scene.
- 14.5 The COVID-19 checklist must be completed at the scene if not done yet.
- 14.6 It is advised to perform the checklist and obtain further information from the next-of-kin or witnesses outside of the dwelling where there is adequate ventilation. Maintain a safe spatial distance of at least 1.5 metres while wearing the required PPE. This will decrease the risk of infection transmission.
- 14.7 The signs and symptoms are recorded on the checklist. **If the first red box is checked along with any of the other red boxes, the AMP/FMP is immediately contacted before leaving for the scene so that the risk can be assessed.**
- 14.8 The **red blocks** relate to the criteria for a **deceased Person Under Investigation (PUI)** who is at risk of SARS-Cov-2 infection, which is similar to the living and is as follows: Persons with acute respiratory illness with sudden onset of at least one of the following: cough, sore throat, shortness of breath or fever ($\geq 38^{\circ}\text{C}$) (measured) or a history of fever (subjective)], irrespective of admission status
AND
In the 14 days prior to the onset of symptoms, met **at least one** of the following epidemiological criteria:
- i. Were in close contact with a confirmed or probable case of SARS-Cov-2 infection;
- OR**
- ii. Had a history of travel to areas with local transmission of SARS-Cov-2 (the list of these countries will change with time – consult the NICD website: www.nicd.ac.za);
- OR**
- iii. Worked in, or attended a health care facility where patients with SARS-Cov-2 infections were being diagnosed/treated;
- OR**
- iv. Admitted with severe pneumonia of unknown aetiology.
- 14.9 The sudden death questionnaire (FPS006) should still be completed as per usual procedure.
- 15. Notification Procedures at the FPS Facility**
- 15.1 As soon as the first red box is checked along with a second red block, the FPO will immediately alert the AMP/FMP who will decide on the way to proceed.
- 15.2 The FPO must then communicate this decision to the standby manager, who will alert the facility manager, who will alert the district manager who will inform the director FPS.



Western Cape Government Forensic Pathology Service

- 15.3 The AMP/FMP will alert the consultant on call who will alert the chief pathologist. The medical professionals will be responsible for alerting the NICD as per their notification process.
- 15.4 COVID-19 is a category 1 notifiable medical condition (a respiratory disease caused by a novel respiratory pathogen). The AMP/FMP is responsible for notification of cases on receipt of laboratory diagnosis of SARS-Cov-2 infection.
- 15.5 Cases that meet the criteria for a deceased person under investigation should be notified to the district provincial communicable disease control coordinator (CDCC) as per notifiable medical conditions procedures. The CDCC for the Western Cape is Ms C. Lawrence, **072 356 5146/021 483 9964/021 483 3156/021 483 6878/073 177 4735**.
- 15.6 The AMP/FMP can contact the **NICD hotline** for advice: **082 883 9920** or **066 562 4021**.

16. Attending to an Unnatural Case for Admission to FPS with Suspected or Confirmed COVID-19:

16.1 General

- 16.1.1. Infection prevention and control (IPC) is a critical and integral part of the management of decedents, and a combination of standard, contact and droplet precautions should be practised for all COVID-19 cases. For this reason, PPE must be worn correctly.
- 16.1.2. Double bagging and continual changing of PPE is to ensure that the outer surface of the inner body bag does not contaminate the outer surface of the second body bag. Contamination can occur by the inner bag touching the outer surface of the outer body bag or the FPO touching the outer side of the second body bag with contaminated PPE such as gloves.
- 16.1.3. Clear body bags are not available.

16.2 Scene

- 16.2.1. Death declaration is performed by Emergency Medical Service (EMS) Personnel as per usual.
- 16.2.2. EMS may have identified that the case is a suspected or confirmed case of COVID-19 when on the scene. EMS to report this fact through the relevant channels. FPS to confirm with EMS that these procedures have been done.
- 16.2.3. Death determined to be natural only when arriving at the scene:
 - 16.2.3.1. When FPO's are on the scene, and the death is determined to be natural, they will assist the funeral undertakers by placing the body in the body bags as described below (16.2.5 to 16.2.10, and 16.2.12 to 13).
 - 16.2.3.2. The body will then be handed over the funeral undertakers who must be present at the scene.
 - 16.2.3.3. FPS is not responsible for transporting the body to the funeral undertakers.



Western Cape Government Forensic Pathology Service

- 16.2.3.4. Completion of the death notification form (DHA-1663) will be the responsibility of the funeral undertaker storing the remains.
- 16.2.3.5. If the AMP/FMP is present on the scene, they can complete the DHA-1663.
- 16.2.4. When death is due to unnatural causes, the FPO's will proceed with the collection, transferring, and admitting of the body to the FPS facility.
- 16.2.5. Staff is encouraged not to drive to scenes in full PPE, instead on the scene find a discrete place to put on PPE.
- 16.2.6. Put on full PPE as described earlier (Clause 13). This is to be done before entering the area where the deceased is.
- 16.2.7. Spray down the front, back, and sides of the body (and clothing) with a 5 000 ppm sodium hypochlorite solution (0.5%).
- 16.2.8. Place the body in a body bag and seal.
- 16.2.9. Spray the outer surface of the inner body bag with 5 000 ppm sodium hypochlorite solution (0.5%).
- 16.2.10. Change gloves and put first body bag into a blue second body bag and seal. Keep the second body bag outside area of contamination.
- 16.2.11. Spray the second bag with 5 000 ppm sodium hypochlorite solution (0.5%).
- 16.2.12. Place in stokes basket with a blue mattress removed. The double-bagged body should not be placed on a stretcher.
- 16.2.13. Remove PPE and place in a red bag and seal with cable ties for hazardous disposal and keep separate from all other waste. Mark all bags for easy identification.
- 16.2.14. Remove PPE and place in another red bag, cable tie and mark as COVID-19.
- 16.2.15. When collecting the body from the scene, the vehicle is reversed upwards and close to the door as possible.
- 16.2.16. The appropriate BIOHAZARD warning tag indicating "Hazard Group 3 Pathogens" should be attached on the outside of the second body bag.

16.3 Facility

- 16.3.1. When arriving at the facility, the vehicle is reversed as close to the off-load entrance as possible.
- 16.3.2. Disinfect all equipment that was used in the collection of a suspected or confirmed COVID-19 case such as the stretcher, stokes basket, scoop, and vehicles.
- 16.3.3. At the facility, put on PPE, remove the body and place it in the fridge.
- 16.3.4. There are no isolation procedures for the body once it is in the fridge.
- 16.3.5. Adequate marking of the body bag to indicate suspected or confirmed COVID-19.

16.4 Autopsy

- 16.4.1. No autopsy will be performed on a suspected or confirmed cases unless the death is suspected to be unnatural. Changes to this protocol will be communicated.



Western Cape Government Forensic Pathology Service

- 16.4.2. All precautions, as listed in Clause 11, still pertain and should be followed for autopsy procedures.
- 16.4.3. Limit the number of personnel working in the autopsy room to the minimum number necessary to conduct the autopsy safely.
- 16.4.4. Limit the number of personnel working on the body at any time.
- 16.4.5. Avoid using the oscillating bone saw.
- 16.4.6. Do not use high-pressure water sprays.
- 16.4.7. Should the AMP/FMP elect to perform swabs, it must be done according to the guidelines of the NICD.
- 16.4.8. The handling of needles and sharps must be with caution and disposed of in the correct container as per standard autopsy practice.
- 16.4.9. Soiled gowns should be removed as soon as possible, placed in a laundry receptacle, and hand hygiene performed.
- 16.4.10. Remove all PPE safely and dispose of according to standard precautions.
- 16.4.11. Perform hand hygiene.

17. Isolation procedures: Staff

- 17.1. Any FPS employee who is directly involved with the collection of suspected COVID-19 and displays symptoms of COVID - 19 should self-isolate for 14 days.
- 17.2. Staff with possible flu-like symptoms are recommended to stay at home, inform their manager and put oneself in self-isolation. Call the COVID-19 helpline to get tested (WhatsApp 0600 123456 or Hotline 0800 029 999).

18. Identification Procedure

- 18.1 A safe distance should be maintained (at least 1.5 metres) where possible.
- 18.2 Follow basic guidelines as set out in Clause 11 and refer to Clause 12 for recommended PPE to wear.
- 18.3 Limit the number of families in the facility at any one time.
- 18.4 Limit visitor movement/community members within the institution. Inform the family that a maximum of TWO family members will be allowed to view the body during the identification process. All other family members must stay outside the facility, and not in the waiting areas. Notices to this effect must be put up at all entrances.
- 18.5 Limit the number of people who will perform the identification (two is recommended).
- 18.6 Ask questions as set out in the COVID-19 checklist (Annexure B) before identification processes if not already done at the scene, as indicated in Clause 14. This might be in light of new information.
- 18.7 Visual identification can be made through glass with the minimal number of family and staff present.
- 18.8 DNA or odontology will be done when necessitated by the mandate imposed on the AMP/FMP by the Inquests Act.



Western Cape Government Forensic Pathology Service

19. Disposal and Release of the Body of the Decedent/Procedure by Funeral Undertakers

- 19.1 No verified case may be handed to an undertaker that is not equipped to deal with COVID-19.
- 19.2 Strict control over the undertakers who are collecting bodies and a limited number should only be allowed to enter at one time.
- 19.3 The decontaminated double-bagged body can be transported in a sturdy (solid) non-transparent sealed coffin by the appropriate undertaker.
- 19.4 The body bag should be placed directly into a coffin.
- 19.5 The double-bagged body should ideally not be removed from the body bags by undertakers before burial or cremation.
- 19.6 Body bags can be opened for family viewing of the face only while the person doing this is wearing appropriate PPE. The family should be provided with masks and non-sterile gloves. Kissing of the body is not allowed.
- 19.7 Hygienic/religious/traditional/customary practices and preparations should be discouraged; however, if this is done appropriate PPE must be worn by the individuals handling the body.
- 19.8 Burial in a sealed coffin can be done.
- 19.9 The body can be embalmed until further notice.
- 19.10 The embalmer must wear the appropriate PPE and aerosol-generating procedures minimised.
- 19.11 Cremation can be done on cases with suspected/confirmed COVID-19.
- 19.12 Family members who are concerned about exposure and risk of infection should contact the NICD for advice.

20. Waste management

- 20.1 Any waste generated from a suspected or confirmed case of COVID-19 must be double-bagged in red waste bags.
- 20.2 The waste should not be placed into normal infectious waste bins but in specifically designated boxes as it is disposed of differently.

21. Injury on Duty

- 21.1 Direct contact with the infected person's blood, excretions, secretions, or any other fluid or tissue onto the skin or mucous membranes or via a penetrating injury must be immediately reported to the FPS manager and NICD.

22. Records and Documentation

- 22.1 COVID-19 checklist (FPS110).
- 22.2 Death notification form (DHA-1663).



Western Cape Government Forensic Pathology Service

22.3 Sudden death questionnaire (FPS006(a)/(b)).

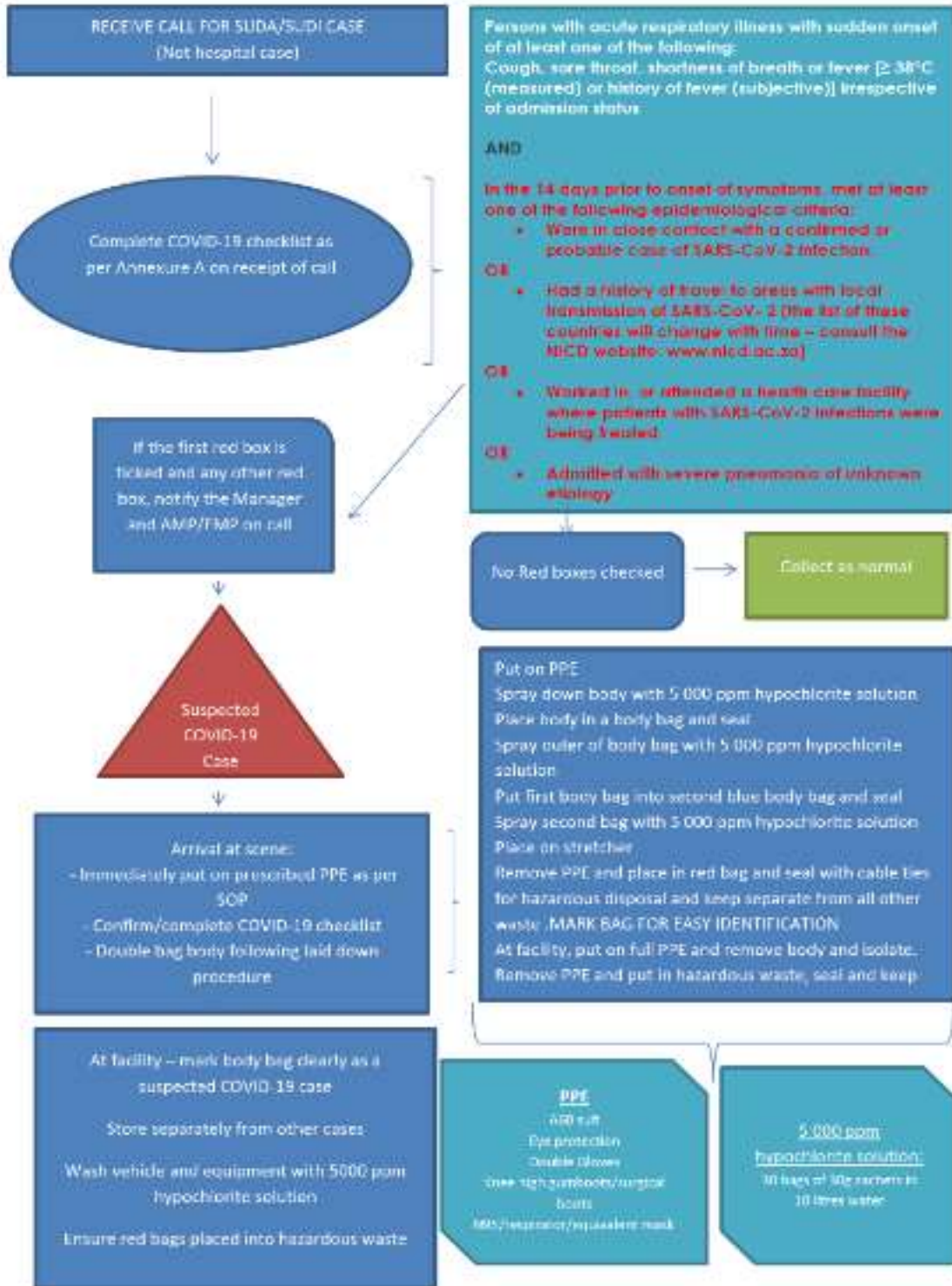
23. Revision and Approval History

The top row of this table shows the most recent changes to this controlled document.

Revision Level/ number	Revision Date (DD/MM/YYYY)	Revised by: (name and signature)	Brief Description/Nature of Changes
Revision 01 Version 1.1	27/03/2020	Dr M. du Plessis	<ul style="list-style-type: none">▪ Clause 10.2.1 (p7): Coverall to replace suit.▪ Clause 12: 12.7 (p10): A60 coverall included as scene PPE, and gown and waterproof apron removed.▪ Annexure A (p19): concentration in sentence 3 under 'Recommended' section changed to ratio. Correction made to dilution of hypochlorite solution to water.
Revision 00 Version 1.0	25/03/2020	Dr M. du Plessis	Document Completed.



24. Process Sequence





Annexure A – Preparation of Sodium Hypochlorite Solution

(Informative)

Recommended:

Sodium hypochlorite (NaOCl) (bleach) solution

- Bodies and body bags: 5 000 ppm (0.5%)
- Dissection areas, instruments, and surface disinfectant: 500 ppm (0.05%)

The correct ratio (x:y) of sodium hypochlorite (bleach) to water needed to meet the concentrations above can be calculated.

The concentration of sodium hypochlorite should be noted on the container, and the correct ratio can be calculated from this.

For common household bleach, such as Jik, the sodium hypochlorite (NaOCl) concentration is approximately 3.5%.

Reduce the concentration of sodium hypochlorite with clean water.

3.5% Bleach/sodium hypochlorite – 0.5% diluted solution

This will be achieved with a 1:6 dilution ratio of 3.5% household bleach to water. (One part sodium hypochlorite (1 cup=250ml) to 6 parts water (6 cups=1 500 ml)).

3.5% Bleach/sodium hypochlorite – 0.05% diluted solution

This will be achieved with a 1:69 dilution ratio of 3.5% household bleach to water. (One part sodium hypochlorite (1 cup=250ml) to 69 parts water (69 cups=17 250 ml)).

Calculation/formula:

Step 1: C(%) x Vol1 = C(%)2 x Vol2

$$3.5\% \times 250 \text{ ml} = 0.5\% \times \text{Vol2}$$

$$\text{Vol2} = \frac{3.5\% \times 250 \text{ ml}}{0.5\%}$$

$$0.5\%$$

$$\text{Vol2} = 1\,750 \text{ ml}$$

Step 2: Vol2 – Vol1 = Vol3

Subtract the original volume (Vol1) from the calculated volume (Vol2)

$$1\,750 \text{ ml} - 250 \text{ ml} = 1\,500 \text{ ml}$$



Western Cape Government Forensic Pathology Service

Step 3: To determine how many cups of water is needed you divide the final volume (Vol3) with the volume in a cup (250 ml): **Vol3/250**

$$1\ 500\ \text{ml}/250\ \text{ml} = 6\ \text{cups}$$

Precautions when using bleach solutions:

- Bleach can corrode metals and damage painted surfaces.
- Avoid touching your eyes when handling bleach. If bleach gets into your eyes, immediately rinse it with water for at least 15 minutes. Consult a doctor.
- Do not mix or used bleach with other household detergents or disinfectant. The effectiveness of the bleach is reduced. Dangerous chemical reactions can also occur. These chemical reactions can lead to serious injury or death. Rather use detergents first, rinse thoroughly with water before using bleach for disinfecting.
- Bleach should be stored in a cool, dry, shaded place. Sunlight causes a toxic gas to be released from undiluted bleach.
- Sodium hypochlorite decomposes with time losing its effectiveness. Recently produces bleach should be used. Do not overstock on this disinfectant.
- Prepare diluted bleach solutions daily. It should be clearly marked/labelled. Date the solution. Discard after 24-hours after preparation.
- Organic materials inactive bleach. First, clean these surface as normal and then use bleach solutions.
- Keep bleach and bleach solutions out of the reach of children.



Western Cape Government Forensic Pathology Service

Annexure B – COVID-19 Checklist

(Informative)

COVID-19 Checklist

To be completed for all SUDA/SUDI cases to alert the staff to a possible High Risk Case

Tick

Persons with acute respiratory illness with sudden onset of at least one of the following:

Cough, sore throat, shortness of breath or fever (≥ 38°C) (measured) or history of fever (subjective)



IF THIS BLOCK AND ANY ONE OF THE BELOW RED BOXES ARE TICKED, NOTIFY THE STANDBY PATHOLOGIST PRIOR TO ACCEPTING CASE

AND

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

Was in close contact with a confirmed or probable case of Covid-19 infection;



OR

Had a history of travel to areas with local transmission of Covid-19 (the list of these countries will change with time – consult the NICD website: www.nicd.ac.za)



LIST COUNTRIES

OR

Worked in, or attended a health care facility where patients with Covid-19 infections were being treated



OR

Admitted with severe pneumonia of unknown aetiology





Western Cape Government Forensic Pathology Service

Bibliography

It is advised to refer to the respective NICD and WHO websites for the latest data and guidelines.

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8. Kuonza L. Updated guidelines on notification of COVID-19 cases to NMCSS [memo]. 2020 March 20.
9. Vellema J. State of disaster: guidelines for the containment/management of the corona virus (COVID-19) in the Forensic Pathology Service. 2020 March 17.
10. COVID-19 – General guidance for the management of the dead ICRC Forensic Unit. 2020 March 23.

ANNEXURE 7



DEPT. SOCIAL DEVELOPMENT

**EDEN KAROO REGION BUSINESS
CONTINUATION PLAN - COVID1-
19 EPIDEMIC**

FINAL – 18 MARCH 2020

DSD EDEN KAROO REGION BUSINESS CONTINUATION PLAN - COVID1-19 EPIDEMIC FINAL – 18 MARCH 2020

INTRODUCTION

- On 15 March 2020 the President Cyril Ramaphosa declared a national state of disaster in terms of the Disaster Management Act.
- Government Gazette - Notices Disaster Management Act, 2002 (act 57 of 2002) dated 15 Mar 2020 was issued.
- Various online communications from Premier's office vis Corporate Communication.
- Garden route district JOC and Karoo District JOC, protocols is relevant in this context.
- Western Cape Director-General Circular 17 of 2020: WCG People Management Policy Response to the COVID – 19 outbreak signed 13 March 2020.
- Western Cape Director-General Circular 23 of 2020: Managing COVID – 19 in the workplace signed 16 March 2020.
- DSD Social Relief Disaster Management Protocol - 22 May 2019 is relevant in this context.
- DSD Business Continuity Plan (BCP) – 2007 is relevant in this context.
- Eden Karoo Region Business Continuity Plan for COVID -19 follows below.

1. SCOPE

- All staff and DSD clients in the Eden Karoo Region

2. COMMUNICATION

- From Head Office to region via HOD/Mr C Sauls to Regional Director.
- From Regional Office to service delivery areas via Regional Director to Middle Managers and all personnel where and when needed.
- Inter-governmental communication and liaison at regional/district level via district JOC'S

3. CRITICAL SERVICES AND SYSTEM:

Priority of Services to Clients with particular vulnerabilities(FOCUS SHOULD BE ON CRISIS INTERVENTIONS IN TERMS OF CHILD PROTOCOL, PROBATION SERVICES , VEP AND DISASTER MANAGEMENT)

- (a) Normal social welfare and community development services to the individuals, families and community
- ✓ Children at risk, that is in need of care and protection
 - ✓ Children in conflict with the law
 - ✓ Older person in need of care and protection
 - ✓ Persons with disability in need of care and protections
 - ✓ Victim support services
 - ✓ Social Relief of Distress

- ✓ Other Disaster Management issues (eg. Drought, Fires etc)
- ✓ Youth
- (b) Corona Virus (Covid-19) Disaster related services in terms of the Social Relief Disaster Management Protocol - 06 /06/2019 (Psycho-social support and Social relief)
- (c) and Community Development Services)

NB Key focus on all vulnerable groups (children, older persons and persons with disabilities)

(c) Priority of **Resources** provided by Corporate Services

- ✓ Secure office accommodation, with necessary services and resources
- ✓ Access to Records Management
- ✓ Network connectivity
- ✓ Transport availability
- ✓ Cell Phones
- ✓ laptops

4. SAFETY MEASURES FOR STAFF

- In terms of the OHS Act 85, of 1993, section 8: Refer to Western Cape Director-General Circular 23 of 2020: Managing COVID – 19 in the workplace signed 16 March 2020. (ANNEXURE A)

5. CRITICAL MATTERS TO RECEIVE ATTENTION REGARDING DISASTER RELATED INFORMATION MANAGEMENT AND HUMAN RESOURCE MANAGEMENT

- ✓ Referral systems/ pathways between different departments to continue in normal cooperation areas and strengthened in particular for tested and diagnosed persons
- ✓ Sensitise staff on a continues basis on hygiene routine that must be followed (Hand sanitisers to be made available to all staff) as well as general information regarding the pandemic.
- ✓ Flexible working arrangements to be put in place that will ensure services will be rendered 24/7
- ✓ After-hours policy and the approved submission for after-hours and standby service will apply
- ✓ After-hours rosters and day rosters to be updated as per normal and for the duration of the disaster.
- ✓ Make sure that staff understand the travelling restrictions
- ✓ Ensure that staff have all the necessary preventative information
- ✓ Promote the Employee Assistance Programme in support to staff and their families

6. REGIONAL BUSINESS CONTINUITY MANAGEMENT (BCM)

Regional BCM Committee:

Name	Designation	Contact nr
Ms M Hendricks	Regional Director: Eden Karoo	082 941 1082
Ms F Reachable	Manager: Business Planning	082 091 8231
Ms U Petersen	Social Work Supervisor (Special Programmes/Disaster Management)	076 451 6067
Mr M Skosana	Social Work Manager (George)	083 628 7074
Ms C Benadie	Social Work Manager (Area 1)	083 406 1013
Mr D Nghonyama	Social Work Manager (Area 2)	082 960 5746
Mr K Mazaleni	Social Work Manager (Area 3)	082 226 9521

Ms K Jobela	Social Work Manager (Area 4)	078 210 5972
Ms E Heydenrych	Head: Corporate Services	082 388 1613

NB!! PLEASE NOTE: ALL SDA's WILL BE OPEN DUE TO DISTANCES BETWEEN THEM, HOWEVER, ALL SERVICE POINTS EXCEPT MURRAYSBURG, UNIONDALE AND THEMBALETHU, WILL BE CLOSED. MANAGERS TO ENSURE THAT A NOTICE BE PLACED ON ALL DOORS OF THE OTHER SERVICE POINTS TO DIRECT PEOPLE TO THE SDA PHONE NUMBERS CLOSEST TO THEM

7. PARTICIPATION IN INTER-SECTORAL DISTRICT STRUCTURES

CENTRES	LOCATION	REPRESENTATIVES
Garden Route Disaster Management JOG	George	U Petersen Cell: 076 451 6067
Karoo Disaster Management JOG	Beaufort West	C Benadie Cell: 083 406 1013

- (1) **TWO DISASTERS CENTRES ACTIVATED IN THE EDEN KAROO REGION WHERE DSD REGIONAL OFFICE PARTICIPANTS WILL BE REPRESENTED AS PER ABOVE UNDER POINT 7.**
- (2) **NB!! DSD REGIONAL OFFICE AND SDA'S WILL NOT PARTICIPATE IN ANY OTHER STRUCTURES DURING THIS TIME WITH PARTNERS, INSTEAD PREVENTION MEASURES SUCH AS SKYPE, EMAIL AND TELEPHONE COMMUNICATION SHOULD BE ENCOURAGED WITH STAKEHOLDERS AND CLIENTS DURING THIS TIME, UNLESS ABSOLUTELY NECESSARY SUCH AS IN CRISIS INTERVENTION AS PART OF NORMAL SOCIAL WORK PRACTICE – IF IN DOUBT PLEASE CALL THE COLLEAGUES ABOVE OR ANY OF THE MANAGERS INDICATED ON PAGE 2**
- (3) **NB!! DSD WILL ONLY RESPOND TO DISASTER CASES IF REFERRALS ARE RECEIVED FROM THE DEPARTMENT OF HEALTH.**

8. MAIN SITES AND STAFF TEAMS TO BE ACTIVATED FOR REGIONAL COORDINATION AND COMMUNICATION AROUND THE COVID-19 EPIDEMIC AS OF 23 MARCH – 14 APRIL 2020 (could be extended)

SITE	AREA	COORDINATOR	STAFF	RESOURCES
Regional Office	Main centre	Ms M Hendricks supported by Ms U Petersen (programmatic) and Ms E Heydenrych (Corporate Services)	<ul style="list-style-type: none"> • Ms F Reachable (Manager) • Ms I Parks (SW Supervisor) • Mr T Don (Information Officer) • Mr W Josephs (Customer Care Officer) • Mr H Mngqibisa (State Accountant) • Mr J Junnies (State Accountant) 	<ul style="list-style-type: none"> Telephone 2 Subsidised Vehicle 1 GG vehicle Petty Cash SCM process

			<ul style="list-style-type: none"> • Mr T Maneli (Acting State Accountant) • Mr T Taute (Transport Officer) • Ms E November (Admin) • Mr R Fondling (Driver / Messenger) 	
George	George	Mr M Skosana	<ul style="list-style-type: none"> • Mrs I Phooko (SW Supervisor) • Mrs X Booie (SW) • Mr W Arries (SAW) • Mr S Dipa (SAW) • Mr D Goliat (Assisting with Customer Care) • Ms T van Wyngaardt (Admin) 	Telephone 1 Subsidised Vehicle 1 GG vehicle Petty Cash SCM process
Knysna	Bitou/Knysna	Mr K Mazaleni	<ul style="list-style-type: none"> • Ms E Van Vuuren (SW Supervisor) • Ms Y Malgas (SW Supervisor) • Mr L Ndabana (SW) • Ms A Mabula (SW) • Ms A Solomons (SAW) • Ms N Matiwane (CCA) 	Telephone 1 Subsidised Vehicle 1 GG vehicle Petty Cash SCM process
Beaufort West	Murraysburg, Laingsburg, Prince Albert Beaufort West	Ms C Benadie	<ul style="list-style-type: none"> • Ms W Adams (SW Supervisor) • Ms A Anthonie (SW – Intake) • Ms M Abrahams (SAW – Intake) • Ms R Muller (ACDP) 	Telephone 1 Subsidised Vehicle 1 GG vehicle Petty Cash SCM process

			<ul style="list-style-type: none"> • Mr G Ben (CCA) • Ms L Lottering (Admin / Registry) 	
Oudtshoorn	Oudtshoorn, Kannaland	Mr D Nghonyama	<ul style="list-style-type: none"> • Ms R Nortje (SW Supervisor) • Ms J Saaiman (SW) • Ms S Olieslaager (ACDP) • Ms M Sny (SAW) • Ms S Meyer (Admin) • Mr C Gelderblom (CCA) 	Telephone 1 Subsidised Vehicle 1 GG vehicle Petty Cash SCM process
Mossel Bay	Mossel Bay, Hessequa		<ul style="list-style-type: none"> • Ms S Fourie (SW Supervisor) • Ms J Hendricks (SW) • Mr M Mjungu (SW) • Ms N Mfedu (SW) • Mr H Williams (CDP) • Ms G Kiewiet (Admin) • Mr R Buis (CCA) 	Telephone 1 Subsidised Vehicle 1 GG vehicle Petty Cash SCM process

8. IMPLEMENTATION PLAN FOR COVID-19 DSD EDEN KAROO REGION:

- ANNEXURE A: DG CIRCULAR 23 OF 2020
- See ANNEXURE B attached – COVID-19 IMPLEMENTATION PLAN.
- See ANNEXURE C -HUMAN RESOURCE UTILISATION PLANNING GRID 19 MARCH –14 APRIL 2020
- See ANNEXURE D: REPORTING REGISTERS IN TERMS OF DG CIRCULAR 23 OF 2020 of 3.1 and 3.15.

Marie Hendricks

20/03/2020

REGIONAL DIRECTOR:

COVID-19 Implementation plan for Eden Karoo

No	Objectives	Activities	Service Delivery Area	Timeframe	Responsible Person	Progress
1.	To establish a COVID-19 coordinating readiness team for DSD Eden Karoo service delivery areas.	1. To establish COVID-19 coordinating readiness team in Central Karoo and Eden Karoo. (Overarching Disaster Management plan; communication strategy, partnerships, budget, MOU). 2. To establish WhatsApp Group for COVID-19. 3. Activate the existing After-Hour/Standby Staff to render psychosocial support services to diagnosed COVID-19 persons.	1. Central Karoo: B/West, Prince Albert, Laingsburg and Murraysburg. 2. Eden Karoo: Kannaland, Oudtshoorn, George, Knysna, Biltou, Mossel Bay and Hessequa.	1. 20/03/2020 2. 17/03/2020 3. 20/03/2020	Ms U Petersen Ms A Petersen Ms P Gouws Ms E Davids	1. Attended JOC Meeting on 12/03/2020. 2. Submitted Progress Report to Provincial DSD on 13/03/2020. 3. Developed Draft Contingency and Implementation Plan – 17/03/2020.
2.	Communication strategy DSD	1.1 Communicate DSD Eden Karoo referral strategy for COVID-19 to all clusters, NGO's and SDA's (maintain existing geographic working agreements/ boundaries). 1.2 Bi-weekly meetings.	<ul style="list-style-type: none"> • Central Karoo: B/West, Prince Albert, Laingsburg and Murraysburg. • Eden Karoo: Kannaland, 	1.1 27/03/2020 1.2 Twice a week (JOC)	Ms U Petersen Ms A Petersen Ms P Gouws Ms E Davids	1. Activated the WhatsApp Group with DSD Social Work Supervisors – 16/03/2020. 2. Consultation with the Deputy Manager of

Annexure B

		1.3 Bi-weekly progress reports from service providers. 2. Develop database for DSD Eden Karoo for COVID-19 referrals. 3. Structured consultation meetings with COVID-19 clusters.	Oudtshoorn, George, Knysna, Biltou, Mossel Bay and Hessequa. <ul style="list-style-type: none"> • Clusters: Dept of Education and Social Development. 	1.3 Once a week 2. As referrals are received from Dept Health/ Garden Route Municipality (Environmental Practitioners) 3. Once a week		<u>Environmental Department</u> (Garden Route) on the referral pathway.
3.	To establish a Psychosocial Support System	1. To establish psychosocial teams per SDA. 2. To provide in-service training to all teams. 3. To provide psychosocial support to families across the life cycle, infected and affected by COVID-19. 4. Utilise Social Workers on the after-hours/standby roster to provide psychosocial support, after hours. 5. Utilise Social Workers to provide psychosocial support during office hours.	1. Central Karoo: B/West, Prince Albert, Laingsburg and Murraysburg. 2. Eden Karoo: Kannaland, Oudtshoorn, George, Knysna, Biltou, Mossel Bay and Hessequa.	1. Immediately 2. Immediately 3. Continuous 4. Immediately 5. Continuous SWMA 1 Ms Carol Benadie 023 814 2073 SWMA 2	Ms U Petersen Ms A Petersen Ms P Gouws Ms E Davids	

		6. Emergency Line available to provide psychosocial support.		<p>Mr Dennis Ngonyama 044 272 8977</p> <p>SWMA 3 Mr Kenneth Mazaleni 044 814 1920</p> <p>SWMA 4 Ms Kholiswa Jobela 044 690 3943</p> <p>6. After-Hour Contact Numbers:</p> <p>SWMA 1 B/West: 076 8357 320 P/Albert: 073 4919 834 SWMA 2 Odn: 079 6529 045 K/land: 073 6521 835</p> <p>SWMA3 George: 072 5896 376 Knysna: 072 5275 386 Bitou: 082 5175 763</p>	
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Annexure B

	Provide After Care and Reunification services	<ol style="list-style-type: none"> All families that are affected will be identified continuously. Provide after care and reunification services as prescribed by Integrated Service Delivery Model. 		<p>SWMA 4 M/Bay: 0765172035 H/Qua: 0768858726</p>		
4	Provide Social Relief Services	<ol style="list-style-type: none"> Provide social relief to diagnosed COVID-19 persons who qualify according to the prescribed criteria of SASSA. Assess clients and refer to SASSA for SRD benefits. In the event of budget be allocated to DSD to provide Social Relief of distressed to then be explored. 	<ol style="list-style-type: none"> Central Karoo: B/West, Prince Albert, Laingsburg and Murraysburg. Eden Karoo: Kannaland, Oudtshoorn, George, Knysna, Bitou, Mossel Bay and Hessequa. 	<ol style="list-style-type: none"> As referrals are received from Dept Health/ Garden Route Municipality (Environmental Practitioners) Refer to above, 1. Refer to above, 1. 	<p>Ms U Petersen Ms A Petersen Ms P Gouws Ms E Davids</p>	

ANNEXURE 8

SASSA PROCESS FOR MANAGEMENT OF SRD PROCESS DURING LOCKDOWN PERIOD

Dear Partners in Service Delivery

This serves to confirm the SASSA process for management of the SRD PROCESS during the LOCKDOWN period:

1. SASSA CONTACT PERSONS

Project Co-ordinators

Ms Busisiwe Letompa	BusisiweLE@sassa.gov.za	Mobile 065 934 1046
Ms Patience Pietersen	PatienceP@sassa.gov.za	Mobile 083 535 7429

SASSA WC Call Centre

Samantha Finnish	SamanthaF@sassa.gov.za	Mobile 074 820 3254
Dineo Manne	DineoM@sassa.gov.za	Mobile 072 205 8693
Regional Email	grantsenquiriesWC@sassa.gov.za	

2. PROCESS

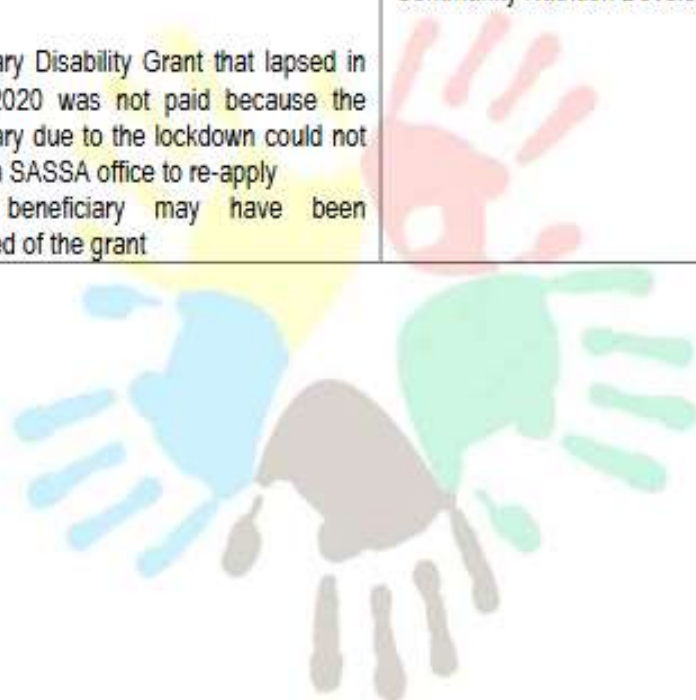
2.1 REFERRAL OF PERSON/S IN NEED

- Referrals can be done by any person who has no means to access food or as identified by community leaders and NGO's and sent to any of the SASSA Contact Persons provided above
- **PLEASE NOTE** the following information about the person/s in need of the Food Parcel must be provided:
 - ✓ Full Names and Surname
 - ✓ Identity Documents Number (ID)
 - ✓ Physical Home Address
 - ✓ Reliable Contact Number
 - ✓ State in short the reason for the request based on need, e.g. no income, waiting on approval of grant, did not receive grant payment, etc.
- The SRD Co-ordinator will screen the list (check on SASSA system whether any social assistance already provided). In such instances NO SRD will be provided
- If no grant is in payment the local SRD teams will be activated to complete an application and affidavit telephonically
- Full record will be kept of decisions taken on every application
- The Supply Chain Management team will be activated to place orders for the Food Parcels from the SASSA appointed service providers
- Approved applicants will be informed by SASSA of the date and venue for the collection of the Food Parcel (Central hubs will be used as collection points, which will be communicated once finalised, e.g. Metro: Athlone (Southern suburbs) and Bellville (Northern suburbs))
- When Food Parcels are collected the recipient must bring his/her IDENTITY DOCUMENT to ensure the right person as approved collected the Food Parcel. The ID will be copied and certified and will form part of the record
- The recipient will be expected to sign the application form to acknowledge receipt of the Food Parcel as well as the affidavit as recorded during the telephonic interview

- Only 10 recipients at a time will be allowed inside the venue where the Food Parcels will be issued. The time and venue for collection of the Food Parcel will be communicated to the recipient to observe the COVID-19 precautionary protocol as per the Regulations to the National Disaster Act.

3. CATEGORIES OF RECIPIENTS THAT MAY BE ASSISTED

CATEGORY 1	CATEGORY 2
<ul style="list-style-type: none"> ❖ <u>Eligible Beneficiaries</u> registered on SASSA database who did not receive their grant during April 2020 <p>EXAMPLE:</p> <ul style="list-style-type: none"> ❖ Temporary Disability Grant that lapsed in March 2020 was not paid because the beneficiary due to the lockdown could not access a SASSA office to re-apply ❖ Where beneficiary may have been defrauded of the grant 	<ul style="list-style-type: none"> ❖ Person/s with NO INCOME who <u>resides in own home</u> (NOT IN ANY FACILITY where daily meals are provided or who is being supported by the Community Nutrition Development Centres (CNDC))



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