

**DRAFT GUIDELINES FOR SCHOOLS FOR THE LEARNERS WITH  
INTELLECTUAL DISABILITIES**

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## 1. Introduction

The accommodation of learners with intellectual disability in schools, special care centres and hostels during the COVID-19 pandemic requires the consideration of the complex and unique needs and accommodations required to ensure their school attendance is in their best interest. The Minister of Health, Dr Zweli Mkhize, has described the fight against COVID-19 as a people's war against the virus:

*We will defeat the pandemic on the basis of collective social behavioural change, that creates a whole new culture of distancing, of use of masks, cough etiquette and ensuring that everybody is cautious of their individual roles, because unless our citizens themselves take responsibility of infection control, then off course we will not be able to win*

From the above, it is obvious that our chance to win lies in our acts of meticulous planning, preparation and constant awareness. A higher degree of these capabilities is, however, required where schools have learners and persons with disabilities or who may be vulnerable and susceptible to contracting COVID-19. For instance, a range of complicating factors may arise in a school context, due to the nature of vulnerabilities and the manner in which schools manage their daily practices in response to these complexities that may compromise the safety of learners, teachers and support staff.

To this end, these guidelines provide an outline of the steps that may be taken in order to limit the chance of contracting the virus in schools and special care centres with learners with intellectual disability and at the same time honour the rights of learners. Schools are alerted to the fact that the strength of these guidelines lies in them being used and applied in conjunction with directions from the following documents, which are freely available at [www.education.gov.za](http://www.education.gov.za) :

- *Coronavirus Orientation Guidelines for Schools, Teachers, Support Staff and Learners on the COVID-19 Outbreak in South Africa;*
- *DBE Guidelines for Schools on Maintaining Hygiene during COVID-19 Pandemic;*
- *ELRC Collective Agreement 1 of 2020: Concession process to follow for employees with a comorbidity (COVID-19);*
- *Standard Operating Procedure for the Prevention, Containment and Management of COVID-19 in Schools and School Communities; and*

- *Guidelines for Healthcare- and Social Service Professionals in the Department of Basic Education during the Coronavirus (COVID-19) Outbreak in South Africa.*

## **2. Key considerations**

- 2.1 Children with intellectual disabilities are more likely to make sense of the pandemic and associated crises from the perspective of their own physical and emotional safety. Educators and non-educators must understand and accept that expecting these learners to put other people's needs before their own may be unrealistic.
- 2.2 Even though regular routine with learners with intellectual disability may be compromised, maintaining a daily routine with them is important. Educators and non-educators may use visual aids to set a new routine with their learners, just so they are adequately prepared to respond to the learners' needs as well as any crisis.
- 2.3 While it is normal for most educators and non-educators to engage with the learner by giving instructions or guiding them through learning activities, it is equally important for the learner to see them as a friendly presence, especially during this time.
- 2.4 Educators and non-educators must stay alert to the number of demands they place on their learners. Asking them to wash their hands, study, take a bath, etcetera, is important, but educators and non-educators must try putting these in other formats instead of just demanding them, because that could lead to resistance, conflict or passive following.
- 2.5 Educators must set some teaching goals every week, so that learners can continue to learn. However, educators must be realistic about these goals and focus on daily life skills, which are easy and can be a part of their learner's routine.
- 2.6 Children with intellectual disabilities are likely to experience difficulty in coping with academic tasks. Therefore, educators must not push learners excessively, as this could reduce the learner's motivation and cause aversion.

- 2.7 Educators must try to maintain regular contact with their learners' health and social care professionals, such as occupational therapists, speech and language pathologists, psychologists, and others, and coordinate with them to ensure that their learners are on track and doing well.
- 2.8 Provide the learner with sufficient information regarding the procedures. Tell the learner about the new procedures regarding the wearing of masks, sanitisation of hands and taking of temperature. Discuss the steps in detail and inform the learner what he/she will be required to do. Keep in mind that you may have to repeat this several times for the learner to be able to make these part of their life.
- 2.9 Like all learners, learners with intellectual disability will not immediately be familiar with keeping the required distance between themselves and other learners, and must be reminded in appropriate ways to keep this distance until it becomes routine to them.
- 2.10 In the case of learners who struggle to adhere to the basic requirements, regulations and practices for the containment of COVID-19 and require additional assistive devices or personal protective equipment (for example, face shields, alternative masks, desk barriers), this should be brought to the attention of the COVID-19 compliance officer as soon as possible, so that the procurement of those items can be done to ensure the safety of learners and staff. For learners with intellectual disabilities, it may be important to have perspex partitions or barriers on tables or desks within classrooms and therapy areas. For any of these materials, it is essential that they are cleaned and sanitised regularly, as learners will touch them throughout the lessons or sessions.
- 2.11 Educators, health and social service professionals and non-teaching staff must consider the following when working with learners with intellectual disabilities:
- 2.11.1 **Accept the situation:** Educators, health and social service professionals and non-educators must understand and accept that expecting learners with intellectual disabilities to put other people's needs before their own is unrealistic.
- 2.11.2 **Communication:** When you are communicating with a learner with an intellectual disability, it is important that you talk to them with respect and a positive attitude. You may experience some difficulties with communication, but if you take the time to understand the best way to

communicate with them, then you will be off to a good start. Remember that they experience the full range of emotions just like any other person. The following points are important to bear in mind when communicating with someone with an intellectual disability:

- Show respect and kindness to all learners at all times, regardless of their ability.
- Avoid any disrespectful language or name calling.
- Make sure that the body language you use does not come across as defensive, such as crossed arms and legs.
- Be kind and open when communicating with a learner with an intellectual disability. Their disability does not stop them from forming strong emotional connections.
- Do not treat an older child with an intellectual disability as though they are a young child.
- Where appropriate, think about using alternative communication methods such as sign language or simplified signing or hand gestures.

2.11.3 **Set a routine:** Children are used to routines, such as going to school, therapies, coming home, and they like this structure and knowing what comes next. Since routines are different right now, it may make some children feel unsettled. Even though your regular routine with your learner may be compromised, maintaining a daily routine is important for your learners and you as well. Use visual aids to set a new routine with your learners, just so you are prepared enough to respond to the learner's needs as well as any crisis.

2.11.4 **Help the learner to understand:** Try to explain the situation using all the types and ways of communication (such as words, pictures, music, etc.) your child can understand. This may mean repeating it several times over several days. You can also try using stories with pictures that help explain a situation (See for example, <https://www.yai.org/news-stories/blog/using-social-stories-support-people-idd-during-covid-19-emergency> ). For example, say, "There's a germ called coronavirus." Then try to show and explain, "We can't stand too close to other people when we are outside our home." There are some good examples online of social stories that can be used to help explain COVID-19 (See, for instance,

<https://www.autismresourcecentral.org/social-stories-for-young-and-old-on-covid-19/> ).

- 2.11.5 **Get support:** Your role is, of course, vital, but this does not mean that you have to do everything yourself. Enlist the assistance and support of willing colleagues from your school, other schools and within the disability sector so as to strengthen your understanding of what is required to assist this category of learners learn the ropes of coping with the current crisis.
- 2.11.6 **Observe:** Learn to take cues from your learners to understand what they enjoy the most and which activities annoy or scare them. Set aside time to relax the emotions of learners using games and activities that learners enjoy.
- 2.11.7 **Be friendly:** While it is natural for most professionals in schools to engage with the learner to give instructions or guide them through activities, it is equally important for the learner to see you as a friendly presence.
- 2.11.8 **Reduce demands:** Stay alert to the number of demands you place on your learners. Asking them to wash their hands, study, take a bath, sanitise their table, keep a distance from others, is important, but try putting these in other formats, instead of just demanding them, because that can lead to resistance, conflict or passive following.
- 2.11.9 **Select your goals:** Set teaching goals every week with your help, so that learners can continue to learn. However, be realistic about these goals and also focus on daily life skills which are easy and can be a part of learner's routine.
- 2.11.10 **Don't push excessively:** Learners with intellectual disabilities are likely to have difficulty in coping with academic tasks, so health and social service professionals and educators must not push learners excessively. This can reduce their motivation and create an aversion too. Ensure that you set realistic academic and social goals.
- 2.11.11 **Stay in touch:** Encourage parents and guardians to maintain regular contact with their child's school, especially occupational therapists, educators, speech and language pathologists, psychologists, and others. Parents and guardians must be assisted to coordinate with these professionals to ensure that their child is on track and doing well, despite the pandemic and lockdowns. It is important that family members of learners with intellectual disabilities are aware of how to support and monitor them on a daily basis. They may need support with maintaining

their hygiene and other actions required to protect them against COVID-19 as they may be unable to do this independently.

2.11.12 **Prioritise self-care.** Remember that your physical and mental health is important, too! Taking care of yourself is key to helping you continue taking care of others during the pandemic. Try to eat healthy, regular meals, exercise and get enough sleep. Finding others to talk to, whether in person, or by phone or video can also help relieve stress and make you feel less alone. Professional support groups are a great way to connect with other professionals working with children with intellectual and other disabilities.

Since previously available respite options may no longer be available, focus on what can help you feel restored. This might mean taking short breaks from the immediate stress of the situation. This might mean spending some time watching videos or any other entertainment to give yourself a brief mental break.

### **3. Containment of the disease**

3.1 Learners with intellectual disability will need close supervision and support measures for adherence to the basic personal hygiene and containment measures. This might be a huge challenge for these learners at schools, because most of them don't have the ability to adhere to safety precautions.

3.2 In addition, learners in this domain may not understand the principles of social distancing and appropriate social etiquette alternatives, such as elbow touches. They will need instruction and support to learn that social distancing means that no physical contact, touching, no hugging, shaking hands or any other greeting of any person is permitted – peers, educators and support staff. For many learners, safe playground etiquette in relation to social distancing will need to be repeatedly taught, demonstrated, and reinforced. Learning techniques such as role play and use of social stories have been found to be very useful with these learners.

3.3 In terms of containing the disease within a school environment, the staff will need to play a vigilant role in monitoring breaches of adherence to social distancing and hygiene regulations, and to apply risk management principles swiftly. For example, if two learners trip accidentally on the corridor and have physical contact



and one learners' mask slips off, the staff members will need to quickly ascertain the situation and take the appropriate steps to mitigate risk. Appropriate steps in this case would be to take both learners to the hand-cleaning or sanitising station, removing the learners' face mask and carefully putting it on again, and then washing his//her hands thoroughly. Since one learner in the accident had not had the mask on, but just for a short period, this would not constitute a risk of unprotected close contact, which is where both parties are without masks, with physical contact for 15 minutes.

3.4 However, if an incident occurred on the school grounds where two learners were found to be in close physical contact, without masks for longer than 15 minutes, this would be a more serious breach, but would still not be considered prolonged close contact as neither party would be at school if they were symptomatic. However, the potential for this sort of situation needs to be safe guarded against through close supervision of learners.

3.5 Staff need to familiarise themselves with regulations and may refer to flow charts such as this one to assess each breach of social distancing regulations: [https://medical.mit.edu/sites/default/files/COVID-19\\_Flow\\_Chart.pdf](https://medical.mit.edu/sites/default/files/COVID-19_Flow_Chart.pdf)

- *What counts as “close contact?”*
- *You spent a PROLONGED period of time in the Same room.*
- *You had DIRECT PHYSICAL CONTACT with the Person (e.g., kissing, hugging).*
- *You SHARED eating or drinking utensils with them.*
- *You came into contact with their RESPIRATORY*
- *SECRETIONS (e.g., they coughed on you).*

3.6 Parents and caregivers must be encouraged not to send their child to school if they have any symptoms. The school must actively investigate any reason for absenteeism of a learner, before permitting them to return, to enable accurate management of each case. The school must be provided with accurate information in order to guide parents to have the child tested or quarantine them until results come back. The parents must understand that if the test results are positive the child needs to be in self-isolation for 14 days and may not return to school before that period.

3.7 Learners who are collected by school bus from their homes, needs to be screened by the Screening Team before the learner alights the bus, and the parents need to verify the screening questions.

#### 4. Risk assessment in relation to COVID-19

4.1 Educators, health and social service professionals and non-teaching staff must consider using the following levels to assess risk and take decisions on what steps to take to ensure their safety and those of learners:

RISK LEVEL	DESCRIPTION
High	The learner frequently puts hands or objects in their mouth, or has language impairments preventing them from participating in necessary isolation. The learner's behaviour could potentially expose objects or others to saliva or other infectious material. The learner has significant difficulty maintaining distance from others. The learner is unable to wear a mask or face shield.
Moderate	The learner has behaviours that may make isolation more challenging such as impulsivity or difficulty maintaining physical distancing.
Low	The learner is able to communicate and participate in isolation and appropriate hand hygiene activities, and can and willing to wear a mask.

Table 1: COVID-19: Transmission Risk Stratification of Learners

4.2 The information and the judgment used to come to a particular conclusion using Table 1 above must be used to make a decision on the most effective steps that must be taken to ensure your safety and that of the learners. At no instance must this transmission risk stratification table be used to unfairly discriminate against learners; it must be used to ensure the safety of learners and staff.

#### 5. Wearing of face masks and shields

5.1 Many learners with intellectual disability and those that are autistic have sensory sensitivities which may make mask-wearing problematic to the extent that the touch sensation on the face from the fabric, or ear loops, or the odour of their own breath, makes wearing a regular face mask may be intolerable.

5.2 Some learners with intellectual disability have facial expressions that will alert a teacher to a seizure, which will be obscured by a cloth mask and, in this case, it may be more appropriate for them to wear a transparent window-type mask or a face-shield.

- 5.3 Learners with intellectual disability have individual differences, which may require occupational therapy assessment on an individual basis, as some may not tolerate cover of their mouth and nose, while some may not tolerate the ear loops or the odour of their breath under the mask. In this case, alternative protective nose and mouth protection may need to be explored, such as a different shape or size of mask, a cloth mask with respirator valve and/or face shields, to increase tolerance to mask wearing. For some learners, who constantly touch their face and the outside fabric of their mask, an alternative style of fabric needs to be trialled.
- 5.4 Literature proposes that cloth masks which are duckbill shaped or cup-shaped are preferred, as they do not collapse on inspiration and there is little fabric contact with the skin. Therefore, schools must consider trialling several alternatives to build up tolerance of mask wearing.
- 5.5 For most young children, it may be necessary to have a break from mask-wearing and this should be permitted as a reasonable accommodation measure and treated and accepted as a necessary comfort break, preferably for 10 minutes, under supervision and with assistance..
- 5.6 Some learners with conditions such as poor oral-motor tone and drooling, explosive speech and respiratory difficulties, will require clinical assessment and problem-solving by a therapist to enable better compliance with the hygiene and safety standards for prevention of transmission and spread of COVID-19. Some learners may benefit from a cloth mask with a respirator valve.
- 5.7 Each learner to be allocated two cloth masks. (type may differ according to appropriateness for learner)
- 5.7.1 Each mask to have learners name on it.
- 5.7.2 On day 1 return, learners must be wearing their personal mask when boarding the school bus. (have masks on standby for those that don't have).
- 5.7.3 When entering the classroom, the learners' personal mask is removed, and the educator allocates them their (new) mask no.1 for the day.
- 5.7.4 They may wash their personal masks and dry it during the day to be used when they are dismissed at the end of the day.

- 5.7.5 The last period (life skills) of the school day can be used to have the learners wash their masks and hang in demarcated area in classroom/school for drying. (to be supervised/assisted by educator/class assistant).
- 5.7.6 The next day the learners are issued with mask no.2 when they enter the classroom.
- 5.8 This procedure will alternate. If the masks are managed by the bus assistant, this process can be followed:
- 5.8.1 On day 1-return, the assistant issues the marked mask no.1 which the learner puts on before entering the school bus.
- 5.8.2 The learner will use this mask for the entire day and return it to the assistant when they are disembarking at their stop/home at the end of the day.
- 5.8.3 This mask will be washed at school the next morning by the assistant.
- 5.8.4 On day 2-return, the learner will be issued with mask no.2 when they board the school bus.
- 5.9 Learners must be trained not to remove their mask. It is necessary to introduce routine activities that can help learners enjoy and follow the new normal.
- 5.10 For those learners who produce excessive amounts of sputum through drooling, may require up to three or four cloth masks per day, as the guidelines indicate that a mask needs to be changed when it becomes wet. These learners must be provided with additional drooling bibs, which must be changed as necessary. Schools must remember that staff will require training on safe removal of a soiled mask or bib, and replacement with clean ones. The soiled masks and bibs must be carefully returned to the family (or hostel laundry) in a sealed container or zip-lock bag marked as soiled.
- 5.11 For all learners with intellectual disability, it is important to provide written guidelines to parents, guardians and caregivers on washing of cloth masks. Where an alternative cloth mask with special washing instructions or a face shield is provided, relevant washing instructions also need to be provided. Parents/caregivers should be encouraged to provide a clean face mask daily, and where this is not being adhered to, parents need to be educated, and as a soiled cloth mask has potential risks for spread of the virus.

## **6. Reporting and management of cases**

- 6.1 The school should establish the COVID-19 Response Team in collaboration with DoH. When a child/learner appears to be sick or displays symptoms of COVID-19, such as dry cough, high fever, respiratory distress or shortness of breath, loss of taste or smell, diarrhoea or report a sore throat, the procedure below must be followed:
  - 6.1.1 Isolate the learner and keep them separate from other learners and staff until they can be assessed by a health professional. The school is to ensure that the learner has full understanding of what is happening and why, making use of South African Sign Language and/or their preferred medium of communication to avoid any unnecessary anxiety.
  - 6.1.2 Provide the learner with a transparent face shield/ surgical mask if they do not already have one on. The parents, caregivers or guardians of the child/learner must be informed immediately.
  - 6.1.3 Call the school nurse or the facility manager of the nearest health facility, the NICD toll-free emergency hotline for COVID-19 (0800 029 999) or the provincial officials, whose details are listed in the DBE Standard Operating Procedure for the Prevention, Containment and Management of COVID-19 in Schools and School Communities.
  - 6.1.4 The school will be advised on any further actions to be taken.
- 6.2 When a case of COVID-19 is confirmed, the following action should be taken:
  - 6.2.1 The school will be contacted by the relevant public health officials to discuss the case, identify people who have been in contact with the infected person and advise on further actions or precautions that should be taken.
  - 6.2.2 If a school has not been contacted regarding a possible case of COVID-19 in the school, they must contact the relevant provincial official whose details are listed in the DBE Circular 1 of 2020 or the NICD toll-free emergency hotline for COVID-19 on 0800 029 999 for referral to the relevant contact.
  - 6.2.3 Public health officials, with the assistance of relevant staff, will conduct a risk-assessment and provide recommendations on the management of children/learners and staff.

- 6.2.4 In most cases, closure of the school will not be necessary. The decision to close will be school- and context-specific, and must follow the procedure in Section 5.9 of the *Standard Operating Procedure for the Prevention, Containment and Management of COVID-19 in Schools and School Communities*.
- 6.3 Where a child/learner may have been exposed to a suspected/probable case of COVID-19, or a suspected case for whom testing for COVID-19 is inconclusive as reported by the laboratory, the following action must be taken:
- 6.3.1 If a child/learner has been in contact with a suspected case of COVID-19 in a school, no restrictions or special control measures are required until the laboratory test results for COVID-19 have been received. This needs to be communicated clearly and accessibly to the learner to ensure no unnecessary anxiety.
- 6.3.2 There is no need to close the institution or send other children/learners or staff home or hostel.
- 6.4 Where a child/learner may have been exposed to a confirmed case of COVID-19, the following action must be taken:
- 6.4.1 All close contacts of a confirmed COVID-19 case are required to quarantine in their homes or any other approved facility for 14 days while being monitored for symptoms. This means that the learner may not attend school or classes during this period, and the school must make alternative and appropriate arrangements for them to continue to receive education. The learner needs to fully understand why this is happening and what quarantining means over the 14 days at home.
- 6.4.2 Learners who are not contacts of a confirmed case should attend school. Family and friends who have not had close contact with the confirmed case do not need to take any precautions or make any changes to their own activities such as reporting to school or work, unless they begin to develop symptoms.
- 6.4.3 Learners who have interacted with a healthy contact of a confirmed case, specifically, should not be excluded from school. A person who comes into contact with the healthy contact of a confirmed case, is unlikely to result in transmission.
- 6.4.4 All case contacts who become symptomatic will be immediately tested by health authorities for COVID-19, and if they test positive for COVID-19,

active contact tracing and self-quarantine of all contacts will be implemented.

6.5 Keeping learners at home or closing schools is a serious decision which may restrict the learners' ability to acquire education, amongst other considerations. The decision to direct learners to stay at home or any other approved facility, because of possible exposure to, or infection with COVID-19 should be justified by the available scientific evidence and must be directed by the accountable health authorities.

## **7. Hostel, dining rooms and offices**

7.1 It is advisable to introduce staggered timetabling for mealtimes to allow a limited number of learners into the area at one time.

7.1.1 The dining areas and seating needs to be arranged in such a way that social distancing is easy for learners to comply with. For instance, dining tables should be positioned 1.5 meters apart to maintain social distancing.

7.1.2 The dining room must be well ventilated with windows and doors open while learners are having their meals.

7.1.3 Eating utensils used by each learner should be marked and utensils or piece of crockery, glass or serviette may not be shared with other learners

7.1.4 Posters reminding learners that NO SHARING is permitted may be necessary in these areas.

7.1.5 Cleaning of utensils – utensils should be washed with warm water and soap thoroughly after each use with running water instead of mixing all utensils in one wash. It is recommended that / Washing of utensils and cutlery need to be done swiftly in 60 degrees of soapy water or in a dishwasher before the next setting.

7.1.6 Clean surfaces, the dining tables and chairs regularly using recommended disinfectants such as diluted bleach after each group of learners have eaten.

7.1.7 Cloths used for cleaning surfaces should be soaked on a diluted bleach and washed with soap and water.

7.1.8 During play time, learners should be discouraged to play contact sport/games

- 7.1.9 Learners and hostel staff should always wear face masks. Each learner should have at least 2 masks, so that one can be used while the other is washed.
  - 7.1.10 A facemask/ face shields must be used for facial barrier for Deaf learners or for those learners who depend on facial expressions.
  - 7.1.11 The masks should be washed with soap and warm water every day after use and dried in the sunlight.
  - 7.1.12 Many of these learners will require close supervision in the safe, recommended way to don and doff a mask at mealtimes, as well as a storage method during mealtimes.
  - 7.1.13 Staff should be trained on the procedure for assisting learner, using the ear loops or ties to lift off the mask away from the learner's face, and at no time should the outside fabric be touched.
  - 7.1.14 Learners can be provided a labelled plastic container (like a 2l ice-cream container) for storage of masks at mealtimes to avoid the situation of a cloth mask being pulled under the chin or placed on the learners' lap.
- 7.2 Please note that staff assisting learners with donning and doffing of masks at mealtime need to follow these guidelines:
- 7.2.1 Wear cloth mask (this is the only PPE required)
  - 7.2.2 Wash your hands thoroughly before starting.
  - 7.2.3 Ensure you only touch the ear loops or head ties and remove the mask by moving the mask away from the learners' face. If the learner has top and bottom head ties, untie the bottom ones first to make this easier.
  - 7.2.4 Do not touch the outside surface of the mask. Place facedown into a plastic storage container.
  - 7.2.5 Sanitise your hands between assisting each learner.
  - 7.2.6 When complete wash your hands thoroughly.
- 7.3 There are learners who must be fed by a member of staff or personal assistant, as part of their personal care. This type of feeding intervention has the potential of direct contact or close (by wiping learners' mouth, putting on their apron or bib and getting in close enough to feed them physically. In all cases the contact is less than 1.5m and the learners mask is removed. There is also the risk that the staff member may come in contact with the learners' respiratory secretions (if they cough, choke or splutter or if by the nature of their condition they drool or



have explosive speech). In every case of requiring feeding a learner the appropriate risk-strategies need to be applied. These are as follows:

- 7.3.1 The staff member should be provided and should wear the following Personal Protective Equipment (PPE) for the single task of feeding this one learner
    - a. Cloth mask
    - b. Surgical, non-sterile gloves
    - c. PVC disposable apron
    - d. Face shield or eye goggles
  - 7.3.2 Assist with donning and doffing of the learners' mask and safe storage in a labelled container, for their sole use.
  - 7.3.3 Position yourself at 90 degrees or right angles (on the corner of a square or rectangular table) to the learner for the feeding task so that if the learner coughs you will not receive a direct droplet spray.
  - 7.3.4 Feed the learner at least 1.5m (or any other distance as determined by a competent authority) from any other person.
  - 7.3.5 Take responsibility for all the cleaning of the surfaces after the learner is fed i.e. Wheelchair tray, table surfaces etc. leaving them clean and disinfected for the next setting.
  - 7.3.6 Safely doff the PPE except for your face mask, wash the face shield and dispose apron and gloves in a plastic bag (which can go into normal rubbish); then wash your hand thoroughly including wrists and forearms before assisting another learner.
  - 7.3.7 If physically feeding another learner, wash your hands, prepare your working area and don all PPE items and then start the process again.
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- 7.4 Learners' temperature must be checked on arrival back to the hostel after the weekend pass out.
  - 7.5 Assistive devices used at home/hostel should be wiped cleaned with soap and water or sanitiser before they can be taken to school or use by other learners.
  - 7.6 If a learner at a hostel displays symptoms of COVID-19, including fever, tight chest, cough, difficulty breathing; learner should be immediately isolated And school management must be notified immediately.

- 7.7 Isolate the learners that may have been exposed to the learner with symptoms as part of the required protocol of dealing with COVID-19 exposed learners or learners showing symptoms.
- 7.8 Learners must be educated about the need for regular cleaning and adherence to hygiene and social distancing in the hostel, as though it was an extension of the school environment. No sharing of beds, linen, linen, bedding, pillows, towels or clothing should be permitted.
- 7.9 Bedrooms/Sleeping areas:
- 7.9.1 The sleeping areas must be well ventilated.
  - 7.9.2 To maintain social distancing – the space between the beds should be at least 1 metre.
  - 7.9.3 Discourage learners from sharing beds and clothing.
  - 7.9.4 Learners clothing must be washed with warm water and soap and dried in the sunlight and ironed thoroughly before wearing.
  - 7.9.5 Bed linen must be changed and washed regularly. Bed linen should be washed with warm water and soap and dried in the sunlight and ironed thoroughly.
  - 7.9.6 Sinks and bathtubs should be disinfected after every use.

## **8. Learners not returning to school**

- 8.1 The following categories of learners may not return to school:
- 8.1.1 *Learners with comorbidities that pose a risk to severe COVID-19 as guided by the Department of Health:* For these learners, schools must ensure that they set up appropriate mechanisms for these learners to continue with their education.
  - 8.1.2 *Learners from hotspot areas:* For these learners, schools must ensure that they set up appropriate mechanisms for these learners to continue with their education.
  - 8.1.3 *Learners whose parents have concerns about them returning to school in the context of COVID-19:* Parents, guardians and caregivers for these learners must make necessary arrangements with schools to ensure that the education of their children continues. Alternatively, learners can be allowed to attend two days in a week to avoid everyday contact. The curriculum should be trimmed to suit the circumstances.

- 8.1.4 *Learners whose parents have opted to home-educate:* Parents, guardians and caregivers of these learners must register their children in line with the Policy on Home Education and provide evidence of how they will ensure full and clear access to education, through South African Sign Language and/or the modality the learner uses. Continuous reporting to the school should be done accordingly.
- 8.2 For the above to happen, schools must set up appropriate mechanisms for parents, guardians and caregivers of the above categories of learners to inform the school in respect of the reasons for not returning to school, and these learners must be assisted to fully understand why they are not returning to school.
- 8.3 In addition, in order to ensure that learners can continue with their education, they must be provided with appropriate learning and teaching support materials, education-specific assistive devices and therapeutic support, where necessary.