



basic education

Department:
Basic Education
REPUBLIC OF SOUTH AFRICA

GUIDELINES FOR SCHOOLS WITH LEARNERS WITH PHYSICAL DISABILITIES

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1. INTRODUCTION

The accommodation of learners with physical disabilities in schools, and hostels, where applicable, 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.

The World Health Organisation advises that actions need to be taken to ensure that people living with disability can always access the health-care services, water and sanitation services and public health information they require, including during the COVID-19 outbreak. People/Learners with disability may be at greater risk of contracting COVID-19 because of:

- Barriers to implementing basic hygiene measures, such as hand washing (e.g. hand basins, sinks or water pumps may be physically inaccessible, or a learner may have physical difficulty rubbing their hands together thoroughly);
- Difficulty in enacting social distancing because of additional support needs or because they are institutionalized;
- The need to touch things to obtain information from the environment or for physical support;
- Barriers to accessing public health information.

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 with learners with physical disabilities 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 :

- *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); and*

- *Standard Operating Procedure for the Prevention, Containment and Management of COVID-19 in Schools and School Communities.*

2. KEY CONSIDERATIONS

- 2.1 Learners with physical disabilities are usually dependent on therapeutic, medical and other support. This implies in most cases direct physical contact is required by them. Depending on underlying health conditions, learners with disability may be at greater risk of developing more severe cases of COVID-19 if they become infected. This may be because of COVID-19 exacerbating existing health conditions, particularly those related to respiratory function, immune system function, heart disease or diabetes and barriers to accessing health care.
- 2.2 These learners may also be disproportionately impacted by the outbreak, because of serious disruptions to the services and supports, including personal assistance, they rely on. The following are key considerations to be taken into account when providing support to learners with physical disabilities:
 - 2.2.1 Range of physical disabilities that present as barriers to learning and the impact of these barriers on, for example, social distancing.
 - 2.2.2 Provision of appropriate therapeutic and psycho-social support to learners.
 - 2.2.3 Personal Protective Equipment's (PPEs) and the ease of use given the physical disability.
 - 2.2.4 There are various categories of health and social care professionals and support staff required to support learners e.g. Nurses, Occupational Therapists, physiotherapists, speech therapists, audiologists and teacher aides, etc.
 - 2.2.5 Sanitization of therapeutic equipment and assistive devices, including prosthetics, callipers and hand rails. Wheelchairs require special consideration as they are low and susceptible to virus droplets.
- 2.3 Information channels that will be accessed by learner and their families. For example, as many children with disabilities are out of school, any information campaigns delivered through schools may not reach children with disabilities. Therefore, using other text messages or phone calls to learners and their families, especially for those who may be at home.
- 2.4 Compliance with COVID-19 protocols to consider with high risk learners, such as, social distancing when assisting:
 - 2.4.1 Quadriplegic learners with Activities of Daily Living (ADLs) such as bathing, toileting, feeding and dressing.
 - 2.4.2 Learners who are unable to wash hands / sanitize owing to poor hand function.
 - 2.4.3 Learners with comorbid conditions, e.g. epilepsy, cardiac conditions, respiratory conditions, tracheostomies, etc.
 - 2.4.4 Learners with tactile defensive, who may struggle to tolerate the wearing of masks / face shields.

3. CONTAINMENT OF THE DISEASE

Special considerations for of learners with physical disabilities include risk assessments for health conditions where learners would be at high risk of developing severe COVID-19 symptoms. It is therefore important to assess if learners have other health conditions and to assess the respiratory function of learners, if they have postural deformities, and chest wall deformities, or weak respiratory muscles affecting respiratory output and endurance.

Given the COVID-19 protocols as per DoH and DBE, each institution must craft relevant standard procedures that are institution specific and practical other strategies to put in place for would be:

- Designated personnel to ensure that the Standard Operating Procedures (SOPs) are implemented and adhered to strictly, this will provide a solid platform to contain and manage the disease.
- Establishment of a COVID-19 Health Committee.
- Learners that are vulnerable or high risk must be supported off site via a blended or hybrid curriculum delivery system so no child falls behind.
- An organogram must be designed and visible to all stakeholders for advocacy on containment of this disease and dissemination of correct and factual information to staff, learners and their families.
- A line function to be established that manages the containment within a policy framework with appropriate regard for compassion and empathy.

3.1 PERSONAL PROTECTIVE EQUIPMENT (PPE)

- 3.1.1 Personal protective equipment (PPE) is used to protect individuals while performing specific tasks that might involve contact with blood or body fluids, which may contain infectious agents. This is crucial, because PPE will only protect you and others from harm, if you are able to put it on, use it, remove it and dispose of it in the correct manner. Getting it wrong at any of these stages could lead to contamination of you and you passing it on to others.
- 3.1.2 All staff and professionals, in identifying what PPE they require to provide a range of high-quality therapeutic and psychosocial services, should be guided by hazard identification and risk assessment principles as recommended by occupational health and safety professionals.
- 3.1.3 All staff need to go through a training on the proper wearing and disposing of PPEs, after an activity has been performed with a learner, this includes support staff in hostels and learners who will be staying in the hostel.
- 3.1.4 For learners with physical disabilities, the instance of close contact maybe be inevitable, especially for those who require maximum support in performing ADLs. It is important that both parties are well informed on the safety and risk aspects of such activities. In addition, where appropriate, a learner must be trained to perform their ADLs with minimal contact. Using of disposable equipment is recommended, especially where close physical contact cannot be avoided.

3.1.5 PPE is divided into four (4) categories:

3.1.5.1 Eye and face protections, goggles, visor, plastic face shields.

3.1.5.2 Hand protection, variety of gloves.

3.1.5.3 Respiratory protection, variety of face masks and

3.1.5.4 Clothing (disposable or non-disposable clothing items)

3.1.5.5 After a full-risk assessment, the staff must take all four categories into consideration especially where close contact is inevitable




3.2 THERAPEUTIC SUPPORT

3.2.1 It is advised that the following steps be followed in respect of containment-related matters:

STEP	ACTIVITY	CONSIDER THE FOLLOWING
1	Analyse the current therapy workload in terms of individual therapy, group therapy and type of interventions	The number of learners that will be in each therapy and those who required therapy while at home
2	Determine how groups can be reduced if the number in the group will not accommodate social distancing	<ul style="list-style-type: none"> Room space Revising of timetable
3	Individual session is non-contact and learner is well, proceed	<ul style="list-style-type: none"> Use of mask and social distancing
4	Individual session involves physical contact but non-contact with e.g. saliva, mucous, respiratory droplets consider continuing	<ul style="list-style-type: none"> Appropriate PPE for example mask/ shield/ gloves/ apron and other items Not intervening might have lasting effects on the learner
5	Individual session involves physical contact and contact with e.g. saliva, mucous, respiratory droplets reconsider therapy and look at other possibilities for example modification/ rethinking how therapy is provided i.e. modelling what needs to be done, show activity in a video format/ picture format and other formats	<ul style="list-style-type: none"> If you decide to continue with therapy determine whether appropriate PPE is available
6	Consult with peers if you are uncertain even after conducting risk assessments	Speak to your professional organisation and also other colleagues in the department of health on cases you may be faced with
7	If, for whatever reason, therapy in the immediate school programme is not possible, consider to provision of home programmes or tele-therapy or parental advise brochure	<ul style="list-style-type: none"> Use this time to conduct research, updating knowledge, even participate in broader school programmes where you are needed
8	If therapy material is paper based and involves physical contact	Laminate all paper based therapy material if possible, to make it easy to disinfect at the end of the therapy session

3.2.2 For the containment of COVID-19, it is advised that the following aspects be considered pertaining to the therapy room.

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






		
3	Put up posters with precautions on COVID-19, which should have clear illustrations on hand washing protocol, social distancing, sneezing on the fold of an elbow and wearing of masks	<ul style="list-style-type: none"> • Language used on the posters should be simple and be age appropriate • Consider using Alternative and Augmentative Communication (AAC) symbols on posters for learners that are not literate
4	Keep sanitiser at the entrance of the therapy room, for easy access to anyone entering the room	
5	Evaluate the number of therapists doing therapy at the same time in one room	<ul style="list-style-type: none"> • Social distancing needs to be accorded for
6	Before learners enter the therapy room, wipe and clean all the surfaces with disinfectant/water with a disinfectant	<ul style="list-style-type: none"> • This should also be repeated at the end of the day
		
7	Check the timetable for the day and choose the equipment / material / assistive devices that will be used by the learners	
8	Disinfect/sanitise the selected equipment/material/assistive devices that will be used by the learners	
		
9	Clearly mark and separate individual learner's material e.g. use old ice cream tubs to store their individual items and mark the tubs clearly	<ul style="list-style-type: none"> • Avoid mixing material in one container even if these are cleaned and disinfected • As far as possible, the learners should not be sharing material
10	Where it is impossible not to share, keep a record of all the learners using shared material/equipment/assistive devices	<ul style="list-style-type: none"> • Records should be clear on the names of the learners sharing the material and the dates they have been shared
11	Re-arrange learner working space to maintain social distancing. Allow at least 1.5 metre	<ul style="list-style-type: none"> • The working space distance may be increased depending on the activities in the




	distance between the learner working spaces	room and the risk factors <ul style="list-style-type: none"> Demarcation of the therapy (follow guidelines by WHO on the distance specs)
12	Cover all the working surfaces with plastic material (plastic/pvc/vinyl), which can be easily wiped with warm water and bleach after each use	
13	If doing floor activities – use play mats with easy to clean material like vinyl/pvc/plastic (therapy mats are ideal). If these are not available, place newspapers which can be easily disposed after every use	<ul style="list-style-type: none"> If using newspapers, ensure that you use at least 3 layers of paper, just in case there is drooling or excretion of any body fluids
14	The therapy area may be used on rotational basis but ensure all surfaces be cleaned in between therapy sessions using a warm water and bleach solution	
15	No sharing of tissue-rolls / toilet paper rolls/equipment/material	<ul style="list-style-type: none"> This should be included on the posters
16	Store away/cover all the equipment that you are not using at the time	
17	Every therapy room should have a bin with lid and be lined with the waste disposal plastic bag	<ul style="list-style-type: none"> Ensure that bins are kept away from the learners
18	The bins should be emptied at the end of each day	<ul style="list-style-type: none"> Medical waste must be dealt with appropriately, considering GDE Circular 06 of 2020
19	When disposing of the waste, the plastic must be closed tight and disposed at a designated area at the school	
20	Keep replacement masks in the therapy room. These should be clearly marked with the learners' names	
21	At the end of the day disinfect the door knobs, telephone, table top surfaces, and floor surfaces by cleaning with warm water mixed with bleach.	<ul style="list-style-type: none"> These should also be cleaned and disinfected throughout the day





3.2.3 Considering individual therapy/counselling and assessments it is advised that the following be considered:


STEP	ACTIVITY	CONSIDER THE FOLLOWING
1	Therapists/counsellors should re-prioritise the learners who need intensive therapy/high level need of therapy support	<ul style="list-style-type: none"> This means that timetables will need to be re-worked
2	timetables will need to include cleaning and preparation in-between sessions	
3	Therapists/counsellors will prepare the working surface before the learners can be fetched from the classrooms	
4	Allocate a learner with their specific therapy	<ul style="list-style-type: none"> These should be placed on a surface that

	material/assistive devices required for that activity	has already been cleaned
5	Therapists/counsellors will also prepare and wear appropriate PPEs for the session	
6	The choice of specialised PPEs will be determined by the type of activity chosen for that session	
7	<p>Therapists/counsellors will need to fetch learners and accompany them back to the classrooms after therapy</p> <p>Greetings gestures: Refrain from shaking hands or hugging and ensure you have explained to the learner why this protocol is being followed</p>	<ul style="list-style-type: none"> Learners cannot be left wandering on the therapy room or corridors
	 	
8	<p>Learners and therapists/counsellors should wear masks at all times</p> 	
9	<p>Before entering the therapy room, learners should sanitize/wash their hands</p> 	<ul style="list-style-type: none"> There should be a hand sanitiser at the entrance of the therapy room. Another one can be kept next to the working area in case it is necessary to use it during therapy
10	<p>Before starting any therapy, therapists / counsellors should wash/sanitise their hands</p> <p>Ensure that there is another sanitiser placed next to where the learner is sitting for use when necessary</p> 	
11	Keep a minimum distance of 1.5m between the therapist/counsellor and the learner	<ul style="list-style-type: none"> Seating arrangement will also be influenced by the type of activity chosen, but a minimum of 1.5m distance should always be observed

		
12	<p>Before the start of every session, learners should be reminded of the precautions on COVID-19 – i.e. washing of hands, wearing of masks, social distancing, greeting gestures and coughing on the flex of the elbow. Keep it simple.</p>  <p>Greetings gestures: Refrain from shaking hands or hugging and ensure you have explained to the learner why this protocol is being followed</p> 	<ul style="list-style-type: none"> • This should be protocol before start of every session because it may take very long for some learners to understand and get used to these protocols
13	<p>Always wash hands with soap and water for 20 seconds, or use alcohol-based hand sanitiser after contact with any person or after contact with frequently touched surfaces i.e. phones, door handles and other similar items</p>	
14	<p>Cough in the fold of the elbow or in a tissue which you discard and wash your hands</p>	
15	<p>Avoid touching your eyes, nose and mouth with unwashed hands</p>	
16	<p>Therapists/counsellors should be on the look-out for/observe any signs of distress. If a learner shows any signs of difficulty, the mask may be removed and allow a breathing break</p>	<ul style="list-style-type: none"> • Some learners may have co-morbidities or sensory issues and they may struggle with continuous wearing of masks and could present with respiratory issues or behavioural difficulties
17	<p>When the mask is removed, ensure that the minimum social distance of 1.5m is observed</p>	
18	<p>When helping, learners remove their masks, the therapist's hands must be washed clean.</p>	<p>Therapists/ Counsellors should be protected/ wearing PPE's when engaging in this activity to</p>

	Remove the mask from the back, holding on the elastic from the ears. Never hold the mask from the front	minimize exposure
19	At the end of the session, the therapist/counsellor and learners must sanitise/ wash hands with soap 	
19	At the end of the session, dispose the PPEs immediately into the waste disposal bag	
20	Where it is not necessary to dispose of the PPEs, they must be thoroughly sanitised or cleaned with a solution of warm water and bleach/water and soap	
22	Clean all the surfaces that were used during therapy using warm water and bleach solution/sanitiser 	

3.2.4 Play therapy must be carefully planned. It is advised that the following be considered:


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





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



3.2.5 For group therapy or counselling the following steps must be following with the considerations:

STEP	ACTIVITY	CONSIDER THE FOLLOWING
1	The use of group therapy/counselling is discouraged for large groups. However, if the space is large enough to accommodate social distancing, smaller groups of not more than 3 learners may be facilitated.	
2	The choice of group activities should not include sharing and touching. Always observe minimum social distancing (1.5m space) between learners.	<ul style="list-style-type: none"> • Thus, the therapists/counsellors will only be able to accommodate groups that can keep to social distancing of a minimum of 1.5m apart. Avoid the use of shared equipment like swings, hammocks, therapy balls etc.
3	If a therapy/counselling session previously consisted of many learners these groups should be split into smaller groups	<ul style="list-style-type: none"> • This will impact on the frequency of how learners were seen
4	Therapists/counsellors should re-prioritise the learners who need intensive therapy/high level need of therapy support	<ul style="list-style-type: none"> • This means that therapy Timetables will need to be re-worked
5	Timetable will need to include cleaning and preparation in-between sessions	

6	Therapists/counsellors will prepare the working surface before the learners can be fetched from the classrooms	
7	Allocate learners with their specific therapy material/assistive devices required for that particular activity	<ul style="list-style-type: none"> • These should be placed on a surface that has already been cleaned
8	Therapists/counsellor's will also prepare and wear appropriate PPEs for the session	
9	The choice of specialised PPEs will be determined by the type of activity chosen for that session	
10	Therapists/counsellors will need to fetch learners and also accompany them back to the classrooms after therapy	<ul style="list-style-type: none"> • Learners cannot be left wandering on the therapy room or corridors
11.	Learners and therapists/counsellors should wear masks always	
12	Before entering the therapy room, learners should sanitize/wash their hands	<ul style="list-style-type: none"> • There should be a hand sanitiser at the entrance of the therapy room. Another one can be kept next to the working area in case it is necessary to use it during therapy
13	Before starting any session, therapists/counsellors should wash/sanitize their hands	
14	Keep a minimum distance of 1.5m between the therapist/counsellor and learners	
15	Before the start of every therapy session, the therapists/counsellors should remind the learners of the precautions on COVID-19 – i.e. washing of hands, wearing of masks, social distancing and coughing on the flex of the elbow. Keep it simple and use appropriate language	<ul style="list-style-type: none"> • This should be protocol before start of every session because it may take very long for some learners to understand and get used to these protocols • Facilitate understanding of precautions on COVID-19 with pictures or symbols for learners who are not literate
16	<p>It should be explained to the learners that there will be no sharing of material/equipment/assistive devices/tissues and other items</p>  <p>When providing tissues do not allow learners to touch the central box of tissues. The therapist/counsellor should offer the tissue to the learners</p>  <p>Or pre-divide tissues into portions so that different learners do not touch the same tissue boxes.</p>	<ul style="list-style-type: none"> • This should be a protocol before the start of every group session
17	Always wash hands with soap and water for 20 seconds, or use alcohol-based hand	

	sanitiser after contact with any person or after contact with frequently touched surfaces i.e. phones, door handles and other similar items	
18	Cough in the fold of the elbow or in a tissue which you discard and wash your hands	
19	Avoid touching your eyes, nose and mouth with unwashed hands	
20	Therapists/counsellors should be on the look-out for/observe any signs of distress. If a learner in a group shows any signs of difficulty, the mask may be removed and allow a breathing break	<ul style="list-style-type: none"> • When allowing a breathing break, the learner should be removed away from other learners and increase the social distance • Some learners may have co-morbidities or sensory issues and they may struggle with continuous wearing of masks and could present with respiratory issues or behavioural difficulties.
21	When the mask is removed, ensure that the minimum social distance of 1.5m is observed	<ul style="list-style-type: none"> • The learner should be provided with a temporal alternative protective equipment, i.e. shield and observe a minimum 1.5m distance from other learners
22	When helping learners remove their masks, the therapist's hands must be washed clean. Remove the mask from the back, holding on the elastic from the ears. Never hold the mask from the front	<ul style="list-style-type: none"> • Therapists/ Counsellors should be protected/ wearing PPE's when engaging in this activity to minimize exposure
23	At the end of the session, dispose the PPEs immediately into the waste disposal bag	
24	Learners and therapists/therapists should wash their hands with soap and water/sanitise at the end of the session	<ul style="list-style-type: none"> • Do not use a cloth towel for drying hands. Rather use paper towels and dispose them immediately
25	Accompany the learners back to their classrooms	
26	Where it is not necessary to dispose of the PPEs, they must be thoroughly sanitised or cleaned with a solution of warm water and bleach/water and soap	
27	Clean all the surfaces that were used during therapy using warm water and bleach solution	
28	Prepare for the next session, by cleaning the material/equipment and assistive devices that will be used	

3.3 THE MANAGEMENT OF ASSISTIVE DEVICES

3.3.1 It is important that assistive devices be sanitised before the learner arrives at school as well as at school, including when the learner is in the hostel.

3.3.2 Prior to arriving to school, the management of assistive devices must be cognisant of the following:

STEP	ACTIVITY	CONSIDER THE FOLLOWING
1	Prior to learners returning to school do an analysis of the different types of devices, the names of learners with the devices and which devices are left at school and those that used between home and school	

2	Create a sanitising/ disinfecting/cleaning guide for each type of assistive device being taken home by a learner to enable parents to appropriately clean the device	<ul style="list-style-type: none"> • The type of assistive device • What type of cleaning agents can/ cannot be used on different types of devices • Language used- be clear and precise • Use pictures as often as possible • Issue to parents on the first day when learners are back at school
3	Create a daily checking off table for parent to sign after sanitising. This will serve as verification that a parent has complied with the routine requested	
4	Create posters on assistive devices do's and don'ts to be put up in the classroom and around the school	
5	Create a little tag for each learner outlining sanitising/ disinfecting of the device on arrival at school. This can be attached to a large device or placed in the learner's bag.	
6	Creating another low tech AAC device for learners to keep at home instead of learners travelling to and from home and school with the communication aid	<ul style="list-style-type: none"> • Create two devices one for home and one for school • Laminate low tech devices so that they can be easily disinfected without causing damage • Explore this option reduce infection
7	Make contact with schools/ parents whose learners you would have fitted with an assistive device as outreach and provide them with the guideline for ensuring infection control	
8	Plan advocacy sessions for learners explaining the appropriate care of their assistive devices in relation to infection control and COVID-19. This can also be done as in class activities.	<p>Conduct within the first few days of arriving back at school include:</p> <ul style="list-style-type: none"> • Limited touching of the device by many users • Where a device e.g communication boards/ books etc. are touched by multiple users the device must be disinfected after each use
9	If the learner is using a communication board, communication book or an electronic voice output device then create symbols/ pictures or voice output that the learner can point to/ touch/ press to request sanitising or disinfecting of the device each time a new user touches it	<ul style="list-style-type: none"> • Type of device • Cognitive level of the learner
10	Find a designated area close to the arrival point at school to sanitise assistive devices	

3.3.3 There are learners who use assistive devices daily. For them the following must be considered:

STEP	ACTIVITY	CONSIDER THE FOLLOWING
1	Learners, following daily screening, proceed to designated area for sanitising of assistive devices	<ul style="list-style-type: none"> • Type of assistive device • Type of cleaning agent/sanitiser to use
2	Verify whether the parent has sanitised/cleaned the device on arrival at home the previous day and prior to leaving the home by viewing the checking register provided to parents	
3	Learner then proceeds to classroom with device	

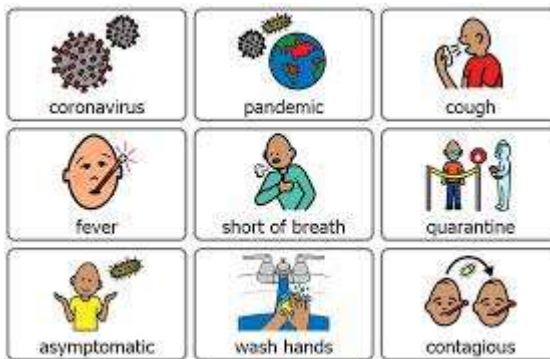
4	If a person needs to touch/handle an assistive device belonging to a learner, their hands must be washed/sanitised prior to touching the assistive device. The assistive device must be sanitised/ wiped clean after each new person touches it. The assistive device user must request assistance with cleaning the device if they are unable to do so themselves.	<ul style="list-style-type: none"> As per general instructions, if the user is non-verbal/ limited verbal output then the required communication access symbols/ pictures/ words and others must be available on their device Wheelchair users should limit the number of learners assisting them with pushing the wheelchair and maybe have a buddy system with one/ two designated assistants
5	Sanitise/ clean the device prior to the learner leaving the school	<ul style="list-style-type: none"> Consider inserting a column for the school to sign on the checking register that parents will have to sign as well
6	Assistive devices requiring repairs must be sanitised/ cleaned before being sent off for repairs and after being returned	

3.3.4 As part of therapeutic support assistive devices or equipment may be kept at school and used by more than one learner. It is therefore important that the transmission of the COVID-19 virus be contained by considering the following:

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

3.3.5 The following pictures outline the pictures that can be used in the communication devices or boards to communicate issues pertaining to COVID-19 containment.





3.4 MEDICAL SUPPORT



3.4.1 As part of rendering medical support, it is important that the following policy and procedure-related matters be considered during the administration of medication:

STEP	ACTIVITY	CONSIDER THE FOLLOWING
1	Preparing the Nurse's Clinic / Consulting Room at the beginning of the day Disinfect all equipment and surfaces including	<ul style="list-style-type: none"> Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and

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

3.4.2 Containing the virus whilst attending to learners requires that the following steps be followed:

STEP	ACTIVITY	CONSIDER THE FOLLOWING
1	<i>Preparing the Nurse's Clinic / Consulting Room at the beginning of the day</i> Disinfect all equipment and surfaces including taps, bins, toilet seats, toilet roll holders, door handles etc. at the beginning of the day prior to learners using the facility Open windows to ensure the clinic is well-ventilated or adjust the airflow of the air conditioner Ensure sanitiser is available at the entrance	<ul style="list-style-type: none"> ● Follow the manufacturer's instructions for all cleaning and disinfection products (e.g., concentration, application method and contact time, etc.). ● Use a diluted solution of bleach with water to wipe surfaces. ● Replenish sanitizer or replace bottle ● Wipe or wash sanitizer bottle
2	<i>Wear Appropriate Personal Protective</i>	<ul style="list-style-type: none"> ● Have replacement PPE nearby as close

	<p><i>Equipment</i> PPE should include a mask, apron and disposable gloves Be a role model by wearing the required PPEs</p>	<p>contact with the learner is unavoidable. Protect against airborne drops from a cough, sneeze and normal breathing.</p> <ul style="list-style-type: none"> • Keep a spray bottle with disinfectant at hand to wipe surfaces
3	<p><i>Reinforce Rules for the Clinic by checking for the following when learners arrive at the clinic</i> Learner must wear a mask if possible Sanitise hands Disinfect the wheelchair / walking frame, crutches or any other assistive device before entering the clinic:</p> <ul style="list-style-type: none"> • Social distancing of 1 metre • Wait to be called in 	<ul style="list-style-type: none"> • Display posters indicating proper cough and sneezing etiquette • Display sign / posters at the entrance requesting learner to wait until attended to • If learner is unable to disinfect assistive device independently, assist the learner to do so • Explain to learners why they should not be touching their masks.
4	<p><i>Social Distancing</i> Provide clear demarcations of 1m (with tape or barriers) for learners waiting to be attended to Allow the learner to exit before attending to the next learner Attend to one learner at a time All beds in the clinic / sick room / sick bay should be at least one meter apart (1,5 m is the ideal) Remember to protect yourself by maintaining a safe distance when attending to learners</p>	<ul style="list-style-type: none"> • Learners should not be accompanied by friends • Emphasise “no touch” connection with others • Discuss waving, nodding, smiling as forms of greeting and engaging, and to refrain from hugging, kissing, play-wrestling, etc..
5	<p><i>Procedures in the Clinic</i> Attend to learner by maintaining a safe distance Wash hands (ordinary soap) or disinfect them with an alcohol-based hand rub Put on non-sterile gloves Proceed gently to manage injury / wound Injuries must be treated as per universal blood regulations</p>	
6	<p><i>Disinfect / Sanitise Surfaces</i> Disinfect the wheelchair or other assistive device immediately after the service has been provided Frequently disinfect surfaces with a mild disinfectant immediately after the service has been provided</p>	<ul style="list-style-type: none"> • Keep a spray bottle with disinfectant at hand to wipe surfaces
7	<p><i>Waste management</i> Dispose the items used for dressing the wound and put the gloves in the medical waste bin provided</p>	<ul style="list-style-type: none"> • Consider in addition to general medical requirements, GDE Circular 06 of 2020
8	<p><i>Sanitising / Washing hands</i> Demonstrate the correct technique to wash hands by washing hands with the learner for 20 seconds using soap and clean, running water to help prevent the spread of germs Wash hands before and after attending to the learner If soap and water are not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol</p>	
9	<p><i>Precautions</i> Replace all linen (bed sheets, duvet covers and pillowslips) after every learner that lay on the bed. Linen must be washed / laundered before it is used again</p>	<ul style="list-style-type: none"> • Use disposable linen savers

	Avoid sharing of equipment / utensils. Wash and disinfect syringes/ cups after each use if they cannot be replaced. Write learners' names on the items to prevent contamination	
10	<p><i>Cleanliness of Ablution Facilities</i></p> <p>Use a cleaning roster to ensure that learner toilets / ablution facilities in the clinic are regularly disinfected during the school day</p> <p>Has a checklist of items that need to be disinfected?</p> <p>Washbasins / sinks and taps are frequently disinfected</p> <p>All surfaces are disinfected at the end of the day</p>	<ul style="list-style-type: none"> • Monitor cleaning processes

3.4.3 Nurses specifically has a major responsibility with advocacy in containing the transmission of the COVID-19 virus. It is advised that the following activities be considered:

STEP	ACTIVITY	CONSIDER THE FOLLOWING
1	Communication with parents	<ul style="list-style-type: none"> • Contact parents of learners with chronic diseases and update learner information. • Send messages, video clips to parents to promote daily symptom screening for learners at home before coming to school. • Request parents (when possible) to supply prescribed medication for the month (in the original packaging) in a sealed plastic packet. • Communicate with parents telephonically or via email.
2	Disinfect / Sanitise	<ul style="list-style-type: none"> • Wipe the packaging of medication received from parents before packing / storing. • Pack medication for each learner preferably in re-usable medicine cups. Once the learner has taken the medication, the cups are disinfected and wiped for re-use. • Disinfect bins daily
3	Stakeholder Involvement	<ul style="list-style-type: none"> • Engage with local health officials to share information & network for further referrals • Teach / train staff and reinforce healthy hygiene practices so they can teach these to learners • Assist learners to manage masks by demonstrating the appropriate techniques about the do's and don'ts about using masks to prevent contamination by touching of the face, eyes and mouth
4	Staff Training	<ul style="list-style-type: none"> • Train cleaning staff on how and when to clean and disinfect surfaces and objects that are frequently touched (for example, keyboards, desks, remote controls) • Staff should be trained by the school nurse on infection control basics, social distancing, hand washing, and use of gloves/facemasks

		<ul style="list-style-type: none"> Discourage staff and learners from sharing phones, desks, stationery and any other equipment
5	Communication	<ul style="list-style-type: none"> Communicate with school management to ensure adequate supplies of soap, paper towels, hand sanitiser, tissues and disinfectants to support healthy hygiene practices Discuss successes and challenges with school management. Request support from SBST if necessary

3.4.4 Nurses play an important role with the management of support to incontinent learners. Given the high risk of supporting these learners, the following must be considered:

STEP	ACTIVITY	CONSIDER THE FOLLOWING
1	<ul style="list-style-type: none"> Preparing the incontinence facility prior to use Disinfect all equipment and surfaces including change mats, hoists, taps, bins, toilet seats, toilet roll holders, door handles etc. at the beginning of the day prior to learners using the facility. Open windows to ensure the clinic is well-ventilated Sanitiser is available at the entrance 	<ul style="list-style-type: none"> Follow the manufacturer's instructions for all cleaning and disinfection products (for example, concentration, application method and contact time, etc...) Use a diluted solution of bleach with water to wipe surfaces Replenish sanitiser or replace bottle Wipe or wash sanitiser bottle
2	<ul style="list-style-type: none"> Wear Appropriate Personal Protective Equipment PPE should include a mask, visor, apron and disposable gloves. 	<ul style="list-style-type: none"> Have replacement PPE nearby as close contact with the learner is unavoidable Protect against airborne drops from a cough, sneeze and normal breathing Keep a spray bottle with disinfectant at hand to wipe surfaces
3	<ul style="list-style-type: none"> Check for the following when learners arrive at the clinic: <ul style="list-style-type: none"> learner must wear a mask Sanitise hands Disinfect the wheelchair / walking frame, crutches or any other assistive device before entering the clinic 	<ul style="list-style-type: none"> Display sign / posters at the entrance requesting learner to wait until attended to If learner is unable to disinfect assistive device independently, assist the learner to do so
4	<p><i>Procedures in the Clinic</i></p> <ul style="list-style-type: none"> Prior to changing the diaper, place a clean disposable linen saver on the change mat Remove soiled diaper Use wet wipes to wipe the learner Replace with a clean diaper 	
5	<p><i>Waste management</i></p> <ul style="list-style-type: none"> Dispose the used linen sheet from the change mat, wet wipes and the soiled diaper by wrapping in plastic and discarding in the medical waste bin provided 	
6	<ul style="list-style-type: none"> Disinfect / Sanitise Surfaces Disinfect the wheelchair or other assistive device immediately after the service has been provided Wipe the change mat in the presence of 	<ul style="list-style-type: none"> Keep a spray bottle with disinfectant at hand to wipe surfaces such as light switches, door and window handles, tap handles, sinks, tables etc.

	the learner	
7	<ul style="list-style-type: none"> Sanitising / Washing hands Dispose the gloves immediately after attending to the learner (Step 6) Wash hands thoroughly. Demonstrate the correct technique to wash hands by washing hands with the learner for 20 seconds using soap and clean, running water to help prevent the spread of germs 	<ul style="list-style-type: none"> Encourage the practice of washing hands If soap and water are not available and hands are not visibly dirty, use an alcohol-based hand sanitiser that contains at least 60% alcohol
8	<i>Reporting</i> <ul style="list-style-type: none"> Note the time of arrival, reason for visit, general health of learner 	<ul style="list-style-type: none"> Note infections, bedsores or any unusual bowel movement
9	<ul style="list-style-type: none"> Repeat process for the following learner taking strict precautions. Replace disposable gloves after every change. 	<ul style="list-style-type: none"> Wash your hands often, especially after handling soiled linen or clothing, and disinfect all shared surfaces
10	<i>Cleanliness of Ablution Facilities</i> <ul style="list-style-type: none"> Use a cleaning roster to ensure that learner toilets / ablution facilities in the clinic are regularly disinfected during the school day 	<ul style="list-style-type: none"> Have a checklist of items that need to be disinfected such as washbasins / sinks and taps Monitor the cleaning process and note the times that the facilities were cleaned. More frequent cleaning may be required / recommended
11	<i>Urinary Catheterisation</i> <ul style="list-style-type: none"> Follow Steps 1, 2 and complete Step 3 Monitor that learners wash hands thoroughly using soap and water prior to catheterisation All catheterisation equipment and surfaces must be disinfected and hands washed with soap and water thereafter. Hand hygiene is critical to prevent infections Each learner must have their own sanitiser, cloth and disinfectant bottle. 	<ul style="list-style-type: none"> Urinary catheterisation refers to the insertion of a catheter tube through the urethra and into the bladder to drain urine Demonstrate which surfaces need to be disinfected as most learners perform the process independently Make a poster / checklist with pictures to remind learners of the disinfection process Avoid sharing of equipment / utensils. Wash and disinfect syringes/ cups after each use if they cannot be replaced. Write learners' names on the items to prevent contamination Keep learner items separately to prevent infection
12	<i>Cleanliness of Ablution Facilities</i> <ul style="list-style-type: none"> Ensure that learner toilets / ablution facilities in the clinic are disinfected at the end of the school day All waste must be disposed of appropriately in the waste bins provided. 	<ul style="list-style-type: none"> All bins to be disinfected inside and outside Replace bin liners

3.5 SUPPORTING DROOLING LEARNERS

3.5.1 It is not uncommon for learners with physical disabilities to struggle with drooling, depending on the nature of the medical condition. This must be considered during the therapy and teaching contexts.

3.5.2 When there is therapy to address the drooling, the Speech Therapist needs to consider the following:

- Drooling is the reason for therapy
- Learner does not present any sign of illness: consider continuing / Learner presents signs of illness: hold on as nurse to screen learner

- If I delay therapy will it be detrimental or have long lasting effects: Yes – consider continuing / No – delay therapy
- Consider drooling therapy by modelling / home programme
- Ethically this learner needs to continue with therapy per my opinion but I am not sure whether to continue: consult your peers / advisors
- Decide: Therapy will continue for this learner under these circumstances

3.5.3 When teaching or working in a therapeutic context with a learner who drools, the following must be considered:

- Accept that drooling is part of the make-up of the specific learner.
- Learner presents signs that can be associated with COVID-19, refer him/her immediately for medical screening
- Ask yourself whether a delay in interaction would be delayed, what the impact be. If the impact is not that great, minimise direct interaction. Consider other teaching or therapeutic methodologies or approaches that would minimise direct interaction. Always have wipes at hand and make sure you wear the appropriate protective wear.
- Ethically if therapy should continue but the learner drools consider the most workable alternative
- Decision: Decide on how to support the learner, even if it means you should support the learner virtually.

4. REPORTING AND MANAGEMENT OF CASES

4.1 Schools must ensure that that there are adequate structures in place for the reporting and management of cases. The DBE SOP is available to guide schools on the procedures to follow www.education.gov.za. It is of vital importance that confidentiality, compliance empathy plays a pivotal role when dealing with suspected cases. The reporting and managing of cases would also be guided by:

4.1.1 School Policy

4.1.2 Procedures established by the COVID-19 Health Committee

4.1.3 The customized SOP.

5. HOSTEL AND DININGROOMS

- 5.1 The hostel is a learner's home away from home and therefore all necessary safety precautions must be taken into consideration when learners return to hostels. Strict measures must be put in place, including the training of staff to ensure adherence to SOP.
- 5.2 Learners must adhere to physical distancing guidelines by keeping at least 1.5m or 2m apart and also ensuring this spacing between beds, at the tables and when queuing for food. This means that learners must under no circumstances share beds or share their food and utensils with other learners.
- 5.3 Learners must bathe/shower daily with warm water and soap and wear shoes when going to the bathroom. This means that there must always be a sufficient supply of (warm) water and soap.

- 5.4 Learners must be encouraged not to socialise in other learners' rooms. However, this may have negative consequences for the wellbeing of learners. Therefore, schools must therefore find creative ways of ensuring sufficient opportunities to socialise safely and that learners' mental and emotional wellbeing is not undermined.
- 5.5 Learners must be encouraged not to share beds, towels, wash cloths, eating utensils and/or food and drinks or any other items.
- 5.6 Learners must wear face shields at all times, particularly when they are around other persons or fall in the categories as specified in the Standard Operating Procedures for Teachers, Non-teaching Staff and Learners on the Coronavirus (2019-ncov) or COVID-19 Outbreak in South Africa.
- 5.7 If a learner is sick at the hostel, guidance in section 5.3 of the Standard Operating Procedures for Teachers, Non-teaching Staff and Learners on the Coronavirus (2019-ncov) or COVID-19 Outbreak in South Africa must be followed.
- 5.8 Orientate staff and learners on relevant hygiene and social distancing regulations, correct usage of PPE's. principal/SMT member to ensure that there is strict adherence at all times via regular monitoring
- 5.9 Clean and disinfect all hostel rooms/dining room surfaces and objects, especially the frequently touched ones e.g. handles (in line with Covid-19 protocols).
- 5.10 Bathrooms toilets must have sanitizers for disinfection
- 5.11 All learners to wash their hands with soap and water before entering the dining hall.
- 5.12 Temperature reading and screening questions must be done for all learners and support staff at hostel before entering the dining hall and hostels rooms
- 5.13 All learners to have their face masks on at hostel and dining hall, and it can only be taken off when eating or drinking.
- 5.14 Support staff at the hostel and dining hall should always have their face masks on at ALL TIMES.
- 5.15 Encourage learners not to share utensils, use disposable utensils if possible and throw them away after use
- 5.16 Utensils should be washed at high temperatures to eliminate all germs
- 5.17 Remove all unused items and store in hostel ([eg-e.g.](#) Teddy bears).
- 5.18 Remove unused items in the dining hall ([eg-e.g.](#) Flower pots/ material table cloth covers). Rather make use of plastic table cloths, as they are easier to clean and disinfect.
- 5.19 Learners and support staff should report immediately to a designated staff if they not feeling well (School nurse, teacher, support staff etc.). and encouraged to stay at home if they are feeling sick. The necessary arrangements must be made especially where staff shortage may be a problem.
- 5.20 Availability of covered dustbins in the hostel and dining hall
- 5.21 Learners needing assistance with feeding; appropriate PPE's (gloves, plastic apron, face shield) for support staff required, utensils are disinfected, ONLY 1 person to feed them at a time.
- 5.22 Learners using wheelchairs and other assistive devices: ensure strict hygiene protocols are followed according to guidelines at all time before entering the hostel or dining hall.

- 5.23 Learners using AAC devices: ensure that alcohol based wipes are present to disinfect the device when entering or leaving the hostel or dining hall
- 5.24 Washing of sheets/linen at high temperatures with the necessary detergents. When cleaning/handling of linen, the correct PPE must be worn. Prevent airborne transmission by having good ventilation in the rooms and dining hall.

6. LEARNERS RETURNING TO SCHOOL

- 6.1 The following categories of learners may not return to school:
 - 6.1.1 *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.
 - 6.1.2 *Learner from hotspot areas:* For these learners, schools must ensure that they set up appropriate mechanisms for these learners to continue with their education.
 - 6.1.3 *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.
 - 6.1.4 *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.
- 6.2 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.
- 6.3 Arrangements for therapeutic support must be made either using telehealth while the learner is at home.