



BOWEN INTERNATIONAL SCHOOL

(EMIS NO:700401006)

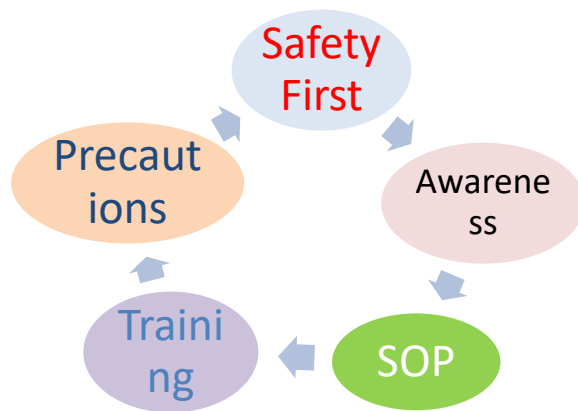
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Procedures for opening School after a Disaster: Covid-19



Procedure when School opens: Taken from the Disaster Mangement Policy.

| Morning: | |
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| Step 1 | Prepare a screening area at the gate. |
| Step 2 | Screen one learner at a time. Use a thermometer to check the learners temperature and record it. |
| Step 3 | Fill in the Attendace Register. |
| Step 4 | Dispense hand sanitizer onto the learners hands. |
| Step 5 | Check if the mask is correctly put on. |
| Step 6 | The Teacher will escort the learner to their respective class. Mark spacing in each area for social distancing. |
| 1st and 2nd Break | |
| Step 1 | Teachers and learners must make a line for the Bathroom. |
| Step 2 | Have lunch using the social distancing guidelines. |
| Step 3 | Teacher must check that each learner washes their hands and puts on their mask's after eating their lunch. |
| Dismissal: | |
| Step 1 | Learners must remain in their classrooms untill their transport arrives. Each learner will be escorted to our screening area. |
| Step 2 | Check the learners temperatures and record it. |
| Step 3 | Dispense the hand sanitizer onto the learners hands. |

| Procedure if a Learner shows signs of illness during School hours: | |
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| Health Monitoring will be carried out daily! | |
| Step 1 | The learner must be taken to the sick room until the Parent can collect the Child. |
| Step 2 | Keep the learner calm and attend to their health issue by checking their vitals. |
| Step 3 | Inform the Parent by calling them. |

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| Step 4 | Monitor the learner's well being by checking their temperature and keeping them hydrated. |
| Step 5 | If you suspect Covid 19 Virus or any infectious disease, quarantine the learner in the sick room. |
| Step 6 | The Teacher or first aider will take precautions by using a face mask, gloves and sanitizing the room. |

Procedure for washing hands.

Washing Hands Routine:

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| Step 1 | Assisted by the First Responders and Teachers at break times. |
| Step 2 | After washing hands, the Teacher will use the sanitizing spray to sanitize the Learners hands. |
| Step 3 | |

Social Distancing:

Social Distancing of Learners:

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| Step 1 | Social interactions will be monitored and assisted by the First Responders and Teachers. |
| Step 2 | Classroom seating arrangements will be made to allow social distancing. |
| Step 3 | No sports activities will take place until we get a notice from the Department of education. |
| Step 4 | Seating and play areas will be monitored by the Teachers at all times. |



Anti-microbial treatment cleaning:

Decontamination and deep cleaning process:

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| Step 1 | An outsourced cleaning Company is appointed do deep cleaning and anti-microbial treatment throughout the entire premises. A certificate of conformance will be issued to the School. |
| Step 2 | Cleaning of the tables, chairs and floors will be handled internally before School resumes. |
| Step 4 | The School's cleaning staff will clean the tables, chairs and empty the bins twice, daily. Bathrooms and toilets will also be sanitized twice, daily. |
| Step 5 | Waste removal bins will be disposed according to the Department of Health's Regulations. |

Internal Training:

Staff and Teachers.

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| Step 1 | Training on precautions, preventing and screening of the Covid 19 will be done by a Parent, Mrs Xulu is a professional nurse at the Alberton Clinic. |
| Step 2 | Videos and information pamphlets will be given to Parents, Learners and Staff members. |
| Step 3 | The Cleaning staff and Security will also be given internal training on the procedures for cleaning. |

Social Stigma associated with Covid-19

Negative impact on stigazation:

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| Step 1 | If not monitored correctly, learners and staff will hide their status of the Covid-19. This is to avoid isolation and discrimination. |
| Step 2 | Teachers will introduce lessons on stigma and bullying as part of their Life Skills curriculum. |
| Step 3 | The Teddy Bear Clinic will offer the School counselling and advice to Parents and Learners. |
| Step 4 | The Mangement Team and Teachers will also counsel Learners that needs advice or support. |

Daily Register:

Learners, Staff and Transporters.

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| Step 1 | To avoid crowding in the mornings and afternoons, Transporters will not be allowed in the School premises. |
| Step 2 | The register will be monitored and marked twice daily. Morning and afternoon. |
| Step 3 | Parents will sign an Indemnity Form. This form will give us permission to have the Learner's at School, ref to Learner Indemnity form. |

➤ **Appointed Staff will fill in this Register in the morning and afternoon.**

Covid-19 Learners Daily Attendance & Register

Declaration: By Signature, you acknowledge that:

1. Have you, to the best of your knowledge, been in contact with anyone with Covid-19 or flu like symptoms such as coughing, sneezing, sore throat, sore chest or high temperatures;
2. Do you have Covid-19 or flu like symptoms such as coughing, sneezing, sore throat, sore chest or high temperatures;

If the answer is "YES" to either of the above questions, please report immediately to the HR department or Principal and DO NOT proceed to your Department/ Workplace

You confirm that:

3. You have taken all precautions to minimise your risk of Covid-19 infection as described by the Safe Operating Procedure C-4 as read in conjunction with Government guidelines;
4. You are feeling fit and healthy and able to be at school without any risk to anyone,
5. You undertake to immediately report to the Teacher/Principal if you are not feeling well;
6. You will not come to school if you feel that you are getting Covid-19 type symptoms as described above;
7. You will report to the Principal/Deputy if you suspect any person/learner that you think is unwell or showing Covid-19 type symptoms.

| Daily register for Learners | | | | | | |
|------------------------------------|---------------------------|--------------|----------------|-----------------|---|-----------------------------|
| Date | Name & Surname | Grade | Time In | Time Out | Temperature Reading/Overall health | Checked by/Signature |
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➤ **Parents and Visitors will fill in this form below.**

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| Daily Visitor Covid-19 Questionnaire form SHE |
| <i>Please answer all questions honestly and accurately to enable us to assess all risks associated with Covid-19. All information provided will be treated in the strictest confidence.</i> |
| Date : |

| Initial & Surname | Company | Cell No. | Who are you visiting | Purpose of Visit | Have you been in Contact with anyone with Covid-19 or similar symptoms | If "Yes" when? | Do you consider yourself fit and healthy and do not pose a risk to anyone? | Temp Reading | Signature |
|-------------------|---------|----------|----------------------|------------------|--|----------------|--|--------------|-----------|
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➤ **Staff Members will fill in this questionnaire upon resuming of School.**

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|---|--|--------------------|--|----------------------|--|
| Employee Covid-19 Questionnaire | | | | | |
| Emp. No | | Initials & Surname | | Department/Job Title | |
| Date of Birth | | Age | | Date | |
| <i>Please answer all questions honestly and accurately to enable us to assess all risks associated with Covid-19. All information provided will be treated in the strictest confidence.</i> | | | | | |

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| 1. Did you travel away from your normal place of residence during lockdown? Yes or No | |
| 2. If "Yes" where | |

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| did you travel to? | |
| 3. To the best of your knowledge have you been in contact with anyone with Covid-19 type symptoms over the last 21 days such as flu or cold symptoms, sore throat, coughing, difficulty in breathing? Yes or No | |
| 4. If " Yes " please describe what contact you have had and when last were you with that person. | |
| 5. Are you currently taking medication including cough medicine, antibiotics, medicine for TB or for any other chest or chronic related ailments, including diabetes? Yes or No | |
| 6. If " Yes " What medicine are you taking and how long have you been taking it? | |
| 7. Are you a smoker? Yes or No. | |
| 8. How are you feeling at the moment? e.g. fit, healthy, tired, aching body, headache, sore throat etc. | |
| 9. If you are not feeling well how long have you been feeling like this? Please describe your symptoms as best you can. | |
| 10. Do you consider yourself fit and healthy enough to resume normal duties? Yes or No | |
| 11. If " No " do you need to be referred to a Doctor? | |

12. **Declaration.** By signature, you acknowledge that you are fit and healthy and able to return to work. You further undertake to immediately notify the Company if you are not feeling well or have been in contact with a person with Covid-19 or suspected to have Covid-19. You also give us your permission to discuss, in strictest confidence any ailments that you have with our Company Doctor.

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| Signed | | Witness | |
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FOR OFFICE USE ONLY

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| Risk Rating High; Medium; Low | | Action Plan | |
|-------------------------------------|--|-------------|--|

Staff Members will fill in this register daily.

Covid-19 Employee Daily Attendance & Register

Declaration: By Signature, you acknowledge that:

1. Have you, to the best of your knowledge, been in contact with anyone with Covid-19 or flu like symptoms such as coughing, sneezing, sore throat, sore chest or high temperatures;
2. Do you have Covid-19 or flu like symptoms such as coughing, sneezing, sore throat, sore chest or high temperatures;

If the answer is "YES" to either of the above questions, please report immediately to the HR department or Branch Manager and DO NOT proceed to your Department/ Workplace

You confirm that:

3. You have taken all precautions to minimise your risk of Covid-19 infection as described by the Safe Operating Procedure C-4 as read in conjunction with Government guidelines;
4. You are feeling fit and healthy and able to carry out your duties without risk to anyone;
5. You undertake to immediately report to the Clinic Sister or Supervisor if you are not feeling well;
6. You will not come to work if you feel that you are getting Covid-19 type symptoms as described above;
7. You will report to the HR Department or your Branch Manager any person that you think is unwell or showing Covid-19 type symptoms.

| DATE | | | | | |
|----------|----------------|---------------------|---------|----------|-----------|
| Emp. No. | Name & Surname | Temperature Reading | Time In | Time Out | SIGNATURE |
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Awareness Print Rich environment for Corona Virus awareness!



- Sign Boards or posters will be displayed in each class or room providing information regarding prevention and precautions.
- Parents will receive newsletters regularly on the process and progress of our daily activities supporting the prevention of covid-19 virus.