

IT IS BETTER AND SAFER TO BE QUARANTINED AT A GOVERNMENT FACILITY THAN AT HOME



WE ALSO URGE GENERAL PRACTITIONERS NOT TO SEND PEOPLE WITH COVID SYMPTOMS HOME WITHOUT TESTING THEM

RECENT developments show that we have now reached a stage where the transmission of COVID-19 is growing at an exponential rate.

As Government, we are extremely concerned about the number of people who are dying from home, having chosen to self-quarantine or isolate at home – instead of doing so at facilities that are provided by Government.

These facilities are staffed with healthcare workers who are trained in the management of COVID-19.

We have issued an instruction to all our Primary Health Care clinics and Community Health Centres to ensure that if any patient is exhibiting signs and symptoms of COVID-19 they must be tested.

No such patients may be sent home without undergoing a COVID-19 test.

As the KwaZulu-Natal Department of Health, we have made available a number of quarantine sites where everyone who is awaiting their test results can be accommodated and monitored. Removing oneself from the rest of society in such cases is extremely important as it reduces the risk of COVID-19 transmission in the community.

This arrangement is helpful for those people whose home circumstances do not allow for self-quarantine.

We urge those who have tested positive for COVID-19 not to rely on self-medication, or on the sole usage of traditional remedies such as steaming, because that can lead to complications

or death. Especially those at higher risk to develop severe infection.

While the Department does recognise the role and impact of traditional health practitioners within the value chain of health, we urge the public to visit a healthcare facility and adhere to the prescribed treatment schedule.

We have issued contact details of all quarantine sites that people can enquire from regarding the location of such sites, and how they may be accessed.

We have a number of designated COVID-19 health facilities, which are equipped to admit and treat people who have tested positive for COVID-19.

Furthermore, we urge all doctors including those in private practice to ensure that when people present to them with signs and symptoms of COVID – 19 (such as coughing, chest pains, high temperature, or lack of taste) that they are tested for COVID – 19.

We urge doctors not to merely prescribe or dispense symptom relief medication for patients with these symptoms and send them home because they may suffer complications and end up losing their lives. In some instances, such patients may have their COVID-19 results remain unknown well beyond the time of their burial.

Therefore, the need to establish as far as possible whether a patient is suffering from COVID – 19 or not can never be over-emphasised. Undergoing a COVID-19 test is the only way to determine whether an individual has acquired this disease or not.

WE URGE ALL OUR FELLOW COMPATRIOTS TO ENSURE THAT THEY ADHERE TO COVID-19 SAFETY PROTOCOLS, AND TREATMENT SCHEDULES AT ALL TIMES SO THAT WE CAN REDUCE THE RATE OF INFECTIONS.

CONTACT DETAILS FOR QUARANTINE SITES:

AMAJUBA	: 033 328 7051 / 034 328 7028
ETHEKWINI	: 031 480 3701 / 031 480 3703 031 480 3782 / 031 480 3783
HARRY GWALA	: 039 834 8276
ILEMBE	: 066 596 1746 / 067 353 7553
KING CETSHWAYO	: 035 787 6316
UGU	: 083 501 2387 / 066 492 2377
UMGUNGUNDLOVU	: 033-897 1087 / 033-897 1047 033-897 1026 / 033-897 1046 033-897 1043 / 033-897 1055
UMKHANYAKUDE	: 079 508 9829
UMZINYATHI	: 034 299 9105 / 034 299 9131
UTHUKELA	: 036 631 2202
ZULULAND	: 035 879 1052 / 035 879 1053 035 897 1054 / 035 897 1055 035 897 1870

MANAGEMENT OF COVID-19 AFFECTED EMPLOYEES IN THE WORKPLACE

1. SUPPORT FOR COVID-19 AFFECTED EMPLOYEES

When an employee has tested positive for Covid-19, they must be notified by a doctor or nurse that they are infected and need to be isolated for 10 days. However, there are certain cases where such notification happens while an employee is at work. If the employee is at work, then:

Immediately separate him/her from other employees preferably by placing him/her in a well-ventilated isolation room. Encourage adherence to Infection Prevention Control measures i.e. provision of mask, practicing of basic hygiene, among others.

- Ensure that your employee is counselled and is in a reasonable mental state to follow other instructions, such as advice regarding isolation. Establish if the employee is able to effectively self-isolate at home, or if isolation at a public facility would be required, and whether they are able to travel safely to a place of isolation (home or isolation facility).

If the employee is at home or at a Quarantine Facility, then:

- Assist the employee to follow advice regarding isolation that is required to protect their family, friends, and colleagues.

Additionally:

- Provide suitable sick leave arrangements for the 10 days that the employee will be away from work. Note that 10 days is the minimum time of isolation and that it might be longer, depending on how ill the employee becomes and the treatment required.
- Provide supportive counselling via the Employee Assistance Programme (EAP) or Employee Wellness Programme.
- If the likelihood is high that the infection was occupationally acquired, (in other words it arose out of or in the course of work duties), then a Workers' Compensation Claim needs to be completed through Human Resources Department.

2. SUPPORT FOR OTHER EMPLOYEES

- Follow advice from your Occupational Health Practitioner, and assure staff that you are supporting the affected employee(s).
- Communicate to the employees the process that will be followed, update them throughout the process, and provide them with the necessary counselling and psycho-social support.

3. INFORM THE OCCUPATIONAL HEALTH PRACTITIONER AND DISTRICT HEALTH OFFICE

- Inform the Occupational Health Practitioner as soon as the infection of an employee is reported.
- The Occupational Health Practitioner is responsible for:
 - Screening all employees in the affected workplace to determine possible exposure to the virus, and will advise on what further steps to take;
 - Advising the nearest Tracing Team for Contact Tracing; and
 - Management of contacts and quarantined employees

4. IDENTIFY WHO THE EMPLOYEE CAME INTO CLOSE CONTACT WITH

- The employee could have been infected by fellow workers, customers, or by someone within their home or social circle. Therefore, it is important to differentiate between the following 3 possible scenarios;
 - Employees who are told by their health care provider that they have tested positive
 - Employees who present at work with symptoms, and were referred for testing and had positive results
 - Employees who were identified as a contact of a positive case within the workplace, and subsequently test positive
- For scenario 1 and 2: Assist the employee to identify if he/she came into contact with anyone;
 - o i.e. within 1 metre, for more than 15 minutes without PPE (no face cover/mask/visor) or with failure of PPE and/or direct contact with respiratory secretions (Clinically or Laboratory).
- For scenario 3: This employee already has an identified index case and had already been in quarantine as a contact and is therefore unlikely to require any further investigation within the workplace. The employer needs to provide support as stated above.
- Contact tracing for contacts outside the workplace is not a primary responsibility of the employer. However, the employer should collaborate with the health authorities (District's Tracing Team) in the identification of contacts.

5. ASSIST WITH TRACING AND QUARANTINING OF PEOPLE WHO MAY HAVE BEEN INFECTED

- Quarantine means that people who are at high risk of being infected with coronavirus are separated from other people for 10 days from the date that they were exposed to their infected colleague, so that they cannot infect others should they also become infectious
- For certain front-line workers, quarantine may be for a minimum of 7 days, with daily symptom self-checking until 10 days from the last COVID-19 exposure.
- Depending on their home circumstances, they can be quarantined either at home or at a specially designated quarantine facility.

6. STEPS TO TAKE TO PREVENT ANY FUTURE INFECTIONS AMONG EMPLOYEES

- Symptom screening twice a day for all employees, and on-going education of employees on measures to reduce their own risk of infection e.g. appropriate use of PPE, donning and doffing (wearing and removing) of PPE, etc.
- Ensure continued physical distancing, hand hygiene, wearing of face masks and regular cleaning of frequently touched surfaces is in line with National Infection Prevention and Control (PC) guidelines, both in work areas and in rest areas.
- Ensure adherence to IPC zoning criteria in facilities.

7. TEMPORARY CLOSURE FOR CLEANING AND DISINFECTION ONLY

- All areas where the affected employee worked or visited in the work site will need to be temporarily closed for aeration, cleaning and disinfection as per National IPC guidelines.
- This process should take between 24 to 48 hours, depending on the size of the Unit/Section/Facility that needs to be cleaned.

NB: In terms of the Statement issued by the National Department of Health, on the 10th of June 2020, on Cleaning and Decontamination of Workplaces in the context of Covid-19, it states:

"The Department of Health does not endorse or require 'deep cleaning' that involves fumigation, demisting or fogging. Nor does the Department of Health require such a 'certificate of cleaning'."

8. POSSIBLE TEMPORARY CLOSURE OF THE WORK SITE FOR OTHER REASONS

8.1 Temporary Closure of a Unit/Section (Maximum 48 hours)

Whether the workplace will close or not will be determined by the outcome of the investigation. The closure of a Unit/Section should be considered if there is an insufficient number of employees for the work site to continue its operations safely because of the following;

- The number of employees who have been screened and have symptoms and therefore need quarantine is considerably large.
- The number of employees who are contacts and therefore needing quarantine is considerably large.
- The number of employees diagnosed with COVID – 19 and therefore needing isolation is considerably large.

8.2. Temporary Closure of a Facility (Maximum 48 hours)

As a matter of principle, no CEO/Director/Chief Director/DDG has a mandate to close a Facility/Building. The decision to close a Facility/Building can only be made by the Honourable MEC, through the Head of Health.

The closure of a Facility/Building can only be considered if it meets the criteria listed above and multiple Units/Sections/Wards in a Facility/Building are affected.

In the case of a Hospital/CHC/Clinic, the Facility may need to remain open, with a brief suspension of some services, or usage of alternative means such as a mobile health service.

9. RE-OPENING OF THE WORK SITE

In order for the work site to be re-opened, the following minimum requirements should be in place:

- An assessment of the circumstances which resulted in the exposure of the employee/s to the coronavirus.
- A description of steps that will be taken to remedy any shortcomings in prevention activities uncovered during the assessment.
- Cleaning and disinfection of all surfaces and objects that have been contaminated has been done.
- Procedures are in place to implement all the prevention activities.
- If a workplace was closed upon instructions from an inspector of the Department of Employment and Labour, then formal compliance needs to be demonstrated before it can be permitted to re-open.

LET'S CHANGE SOCIAL BEHAVIOUR TO FIGHT THIS PANDEMIC

The World Health Organization (WHO) recognises the value of human behaviour in managing pandemics. Its **Outbreak Communications Planning Guide** suggests behaviour changes can reduce the spread by as much as 80%.

National Health Minister Dr Zweli Mkhize, speaking at the launch of a field hospital in the Eastern Cape, said, "We will have to rely on a change of social behaviour to beat this virus."

Ms Trish Graaf
Clinical psychologist
Edendale Hospital



Mkhize encouraged South Africans to practice essential preventative measures of COVID-19 such as regular washing or sanitising of hands, wearing cloth masks in public as well as maintaining social distance.

Clinical psychologist from Edendale Hospital, Ms Trish Graaf, shares her thoughts on the importance of social behaviour in fighting the COVID-19 pandemic.

How do you speak to someone who isn't convinced by facts?

It would be important to really listen, and to try to understand what factors might be getting in the way of behavioural

change. Understanding what these barriers are would then guide you in promoting a change of mind-set. Simply confronting a person is unlikely to have positive results, and may result in more resistance. Also bear in mind that people will listen more readily to people they trust and relate to, so sometimes it might be helpful to enlist the help of somebody the person respects or admires, to get the message across.

Knowledge does not automatically result in behaviour change.

There are many different factors that may act as barriers to adopting protective behaviours. For example, recent research shows that the likelihood of people wearing masks can be influenced by

certain personality traits. Different attitudes toward rules is another factor – some people react strongly against what they see as attempts to control them, even if the intention is actually to protect them. This is usually influenced by a person's life history and upbringing.

Some people may also be unconsciously avoiding the reality of the pandemic, as a way of escaping uncomfortable fear and anxiety. This allows them to continue with ways of behaving that feel familiar and comfortable – even if they are no longer safe in this context.

Many people are also feeling overwhelmed, and don't feel that their actions will make a difference. The lengthy incubation period of the coronavirus also means that people don't see the

consequences of not changing their behaviours immediately.

How can we be more open to changing our own minds?

We can remind ourselves that as overwhelming as the pandemic may seem, we as individuals are not powerless. The decisions and actions we take do make a difference. By deciding to take consistent precautions, you can help protect the people you care about.

As more people do this, social norms change – and generally people do tend to adjust their behaviours to fit the norms around them. Behavioural change has the power to minimise new infections and save lives.

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WE CAN STRIVE FOR A HEPATITIS FREE FUTURE

It's Possible...Believe it...

“A Hepatitis Free Future”

World Hepatitis Day was commemorated this week on the 28th of July, to enhance awareness about viral hepatitis, an inflammation of the liver which causes a range of health problems, including liver cancer. There are five main strains of the hepatitis virus – A, B, C, D and E. Hepatitis B and C are the most common cause of deaths and the disease kills about 1.4 million people every year. Hepatitis B and C in particular can lead to chronic disease in hundreds of millions of people and, together, are the most common cause of liver cirrhosis, cancer and viral hepatitis-related deaths

“Hepatitis Free-Future”
is the Theme for this year

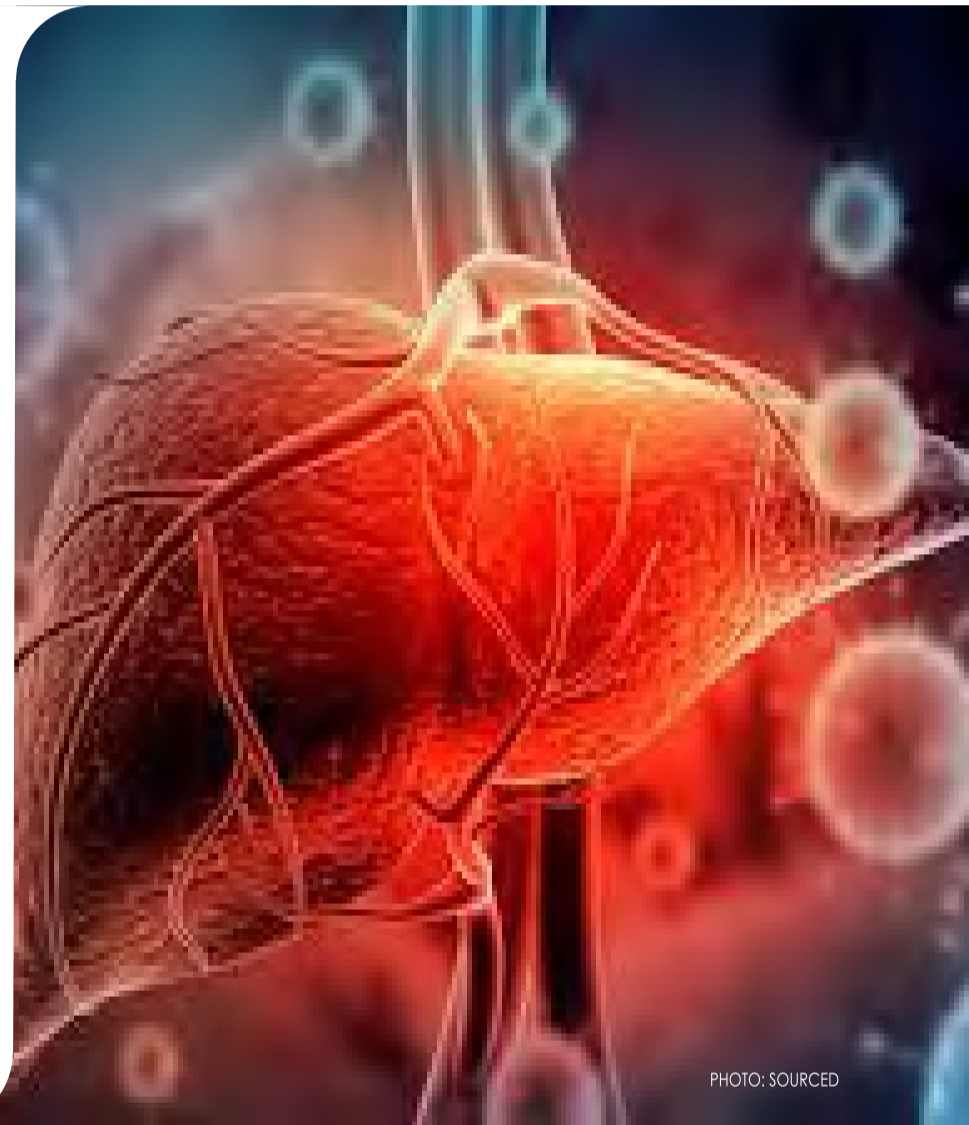


PHOTO: SOURCED

HEPATITIS SYMPTOMS

- Symptoms of hepatitis **A**, **B** and **C** may include; fever, malaise, loss of appetite, diarrhea, nausea, abdominal discomfort, dark-coloured urine and jaundice (a yellowing of the skin and whites of the eyes).
- Hepatitis D (HDV) is only found in people already infected with hepatitis B.
- Hepatitis E (HEV) begins with mild fever, reduced appetite, nausea and

vomiting lasting for a few days. Abdominal pain, itching (without skin lesions), skin rash or joint pain, jaundice, with dark urine and pale stools, and a slightly enlarged, tender liver (hepatomegaly), or occasionally acute liver failure.

TREATMENT AND PREVENTION

Safe and effective vaccines are available to prevent hepatitis B virus (HBV). This vaccine also prevents the development of hepatitis D

virus (HDV) and is given at birth to reduce the risk of transmission of the virus from a mother to child. Chronic hepatitis B infection can be treated with antiviral agents.

Treatment can slow the progression of cirrhosis, reduce incidence of liver cancer and improve long term survival. Only a proportion of people with chronic hepatitis B infection will require treatment.

A vaccine also exists to prevent infections of hepatitis E (HEV), although it is not widely available. There are no specific treatments for HBV and HEV and hospitalization is not usually required.

HEPATITIS FACT CHECK

- 325 million people are living with viral hepatitis B and C
- 900,000 deaths per year caused by hepatitis B virus infection
- 10% of people living with hepatitis B and 19% living with hepatitis C know their hepatitis status
- 42% of children, globally, have access to the birth dose of the hepatitis B vaccine

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BREASTMILK IS BEST IN EQUIPPING YOUR BABY TO FIGHT DISEASES

World Breastfeeding Week is observed on 01-07 August 2020 to raise awareness on the many benefits of breastmilk and to advocate for the act of breastfeeding. The South African theme this year is "Support Breastfeeding for a Healthier South Africa."



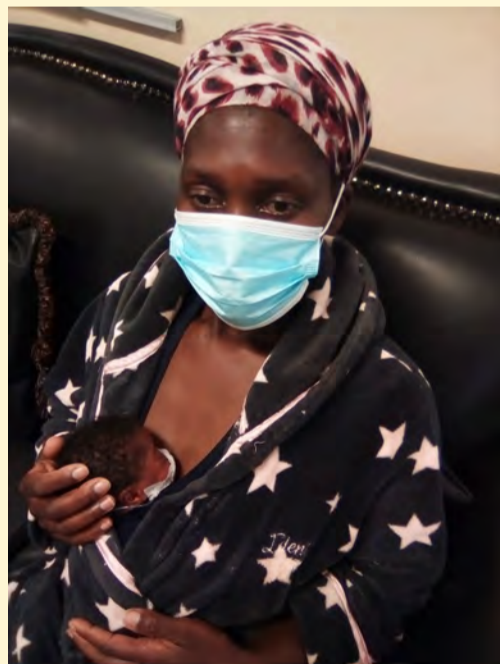
However, the COVID-19 pandemic has raised questions on whether or not this practice should continue. Thankfully, the World Health Organisation (WHO) recommends that mothers with suspected or confirmed COVID-19 should be encouraged to initiate or continue to breastfeed. Mothers should be counselled that the benefits of breastfeeding substantially outweigh the potential risks for transmission.

WHO recommends exclusive breastfeeding for the first 6 months of life, followed by continued breastfeeding with appropriate complementary foods for up to 2 years and beyond. In KwaZulu-Natal infant feeding practices at 14 weeks was 50.5% in the KIBS outcome survey (KIBS2, 2018) with 47.1% of infants mix fed (received breastmilk together with other solids/ liquids) within the first 4 weeks of birth (KIBS, 2016).

Breast milk is more than just a secure food source for babies but it is also packed with disease fighting properties that protect babies from illness. It is important to feed babies breastmilk within the first hour as it contains antibodies that babies need since it lines the baby's stomach and gives it protection from infections. Consequently, breastmilk reduces chances of children developing gastric and breathing problems, thrush,

diarrhoea, and pneumonia. On the other hand, non-breastfed infants have a 14 times greater risk of mortality when compared to breastfed infants.

To ensure that babies of mothers who can't breastfeed don't miss out on these benefits, the KZN Department of Health also has milk banks at 18 of its health facilities. These milk banks collect, test, pasteurize and store breast milk from qualifying women. Here are some testimonials from grateful mothers:



Thembelihle Mabaso,
36 years old,
Edendale Hospital

When I started using donor milk it was because I delivered within 7 months and that resulted in me having problems producing milk. I had to use pills that were prescribed by the doctors. They

said that they were going to help me to produce milk but unfortunately they didn't help, I was still producing a little milk. Then the doctors organized a dietitian for me that was going to help me but that did not help either.

I was then told about donor milk. I had fears about using the donor milk because I thought it may cause sickness in my baby. After the doctors explained everything thoroughly to me, I accepted the offer. I've been giving my baby the donor milk since 24 July 2020 and the outcomes are good, my baby is growing healthy.

Busisiwe Mkhwanazi,
25 years old,
King Edward VIII Hospital

On 8 July I prematurely gave birth to triplets all of whom were classified as very low birth weight (<1.5kg). They were admitted to the nursery ward where they were started on human donor milk. I faced a challenge where I was unable to express enough milk for all my babies so I was advised to consider donor milk. They received the pasteurized donor milk well, started gaining weight and were improving clinically. They are now stable and continue to grow well.

Triplet 1 was 1.17 kg and is now 1.32kg
Triplet 2 was 1.19kg and is now 1.32kg
Triplet 3 was 1.11kg and is now 1.25kg

Donor milk helped my babies and I didn't know that someone

else's human donor milk can be given to other babies. I am very thankful. I am now able to express enough of my own milk to feed all my babies so donor milk has been stopped.



Hlengiwe Welkom,
32 years old,
Edendale Hospital

When I was pregnant I planned to breastfeed my baby. However, when I delivered I encountered the problem of not having enough milk to feed my baby. I was issued with donor milk forms and started using the donor milk in 20 June 2020. I was hesitant about using donor milk because I thought it is a formula but when they explained to me I was happy to start using donor milk.

The donor milk is helping my baby because he is gaining some weight. I would like to encourage other mothers to not be ashamed of using the donor milk because it is healthy for babies.

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STORED PASTEURIZED MILK



MS NOMUSA RADEBE

She works in the Milk Bank.

BREASTFEEDING AND COVID-19

Currently the World Health Organisation (WHO) recommends that mothers confirmed or suspected to have COVID - 19 should protect their babies' health by wearing a mask, washing their hands, wiping and sanitizing surfaces AND BREASTFEEDING their babies.

- Research thus far has shown that corona virus has not been transmitted through breastmilk or by giving breastmilk that has been expressed from a mother who is confirmed/ suspected to have COVID-19.

- The immune protection that breastfeeding provides for the baby is important and this means if the mother is well she should be encouraged and supported to breastfeed, while practicing appropriate infection prevention measures. This means that she should wash her hands before and after with soap and water or alternatively use hand sanitizer when touching her baby. In addition, she should wear a face mask.

What if the mother has tested positive for COVID-19 or is ill with COVID-19?

- If the mother is confirmed to have COVID-19, she should still continue to breastfeed. If she is unwell and unable to breastfeed, then she should be encouraged to express

breastmilk and ask a caregiver who is well to feed her milk to her baby.

- If the mother is confirmed/suspected to have COVID-19 and is very ill and unable to directly breastfeed, she should be supported to express breastmilk if possible. Expressing breastmilk is also important to sustain breastmilk production so that mothers can breastfeed when they recover.

- Hand expressing is the safest option. The expressed breastmilk should be fed to the baby preferably using a clean cup by a caregiver who is healthy and practicing appropriate hygiene measures.

What are the hygiene recommendations for a breastfeeding mother confirmed or suspected of having COVID-19 or any other infectious respiratory diseases that may be transmitted through coughing or sneezing?

A mother should:

- Regularly clean and disinfect surfaces.

- Wash hands frequently with soap and running water for 20 seconds or use an alcohol-based hand sanitizer, especially before touching the baby.

- Wear a cloth mask or scarf that covers her mouth and nose while feeding. It is important to:

- Avoid touching the mask while the baby is breastfeeding or when spending time with the baby

- Ensure that she does not touch the inner side of her mask and only untie it from behind.

- After each use, cloth masks should be washed with soap and water and ironed when dry

- Replace masks as soon as they become damp from breathing.

- Follow good respiratory hygiene: coughing or sneezing into her bent elbow covering her mouth and nose, or into a tissue which must then be immediately disposed of, thrown into a closed container followed by the washing of hands or usage of hand sanitizer.

- Regularly clean and disinfect surfaces within the home.

- Wash her hands before expressing breast milk. Breast pumps or cups should not be shared between mothers. Follow recommendations for breast pump cleaning after each use. Consider asking someone who is well to feed expressed milk to the baby (mother can decant milk from her container into a clean container held by a healthy person).

Is it necessary for a mother with confirmed or suspected COVID-19 or any other respiratory infections to wash her breast before she breastfeeds or before expressing milk?

- It is not necessary to wash the breast before every feeding episode or prior to expressing milk.

- If a mother is confirmed or suspected to have COVID-19 has just coughed over her exposed breast or chest, she should gently wash her chest with soap and lukewarm water for at least 20 seconds prior to feeding.

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