

Film Shoot Covid-19 Management Plan.

1. Company Overview

Name of Production and Film Shoot, in (which provinces). The Film Shoot is based in (Name of Area). The Minister of Health has reported that (Name of Province or Filming area) has recorded () Number of infected people.

2. Facts

Coronaviruses are a large family of viruses that are common in humans and many different species of animals, including camels, cattle, cats, and bats. Rarely, animal coronaviruses can infect people and then spread between people, such as with MERS-CoV and SARS-CoV. The virus that causes COVID-19 is spreading from person-to-person. The first recorded case was in Wuhang, China and subsequently become an Internationally Pandemic.

3. Scope

This plan may provide guidance in order to prevent workplace exposures to acute respiratory illnesses, including COVID-19, in non-healthcare settings. The plan also provides planning considerations if there are more widespread, community outbreaks of COVID-19.

4. Symptoms

a. The symptoms of most coronaviruses are similar to any other upper respiratory infection, including

- Runny nose,
- Coughing,
- Sore throat, and sometimes a fever.
- Flu like Symptoms

b. Standard Prevention Methods

Employees should practice the following necessary precaution.

- Appropriate medical plan to be drawn up
- Regular hand washing with soap and water.
- Regular rinsing with 60% or more alcohol based sanitizer
- Masks available for persons on set/workplace (preferably not clothe masks as social distancing is difficult to achieve on set)
- Covering mouth and nose when coughing and sneezing,
- Avoid close contact with anyone showing symptoms of respiratory illness such as coughing and sneezing. i.e. social distancing as far as possible
- Avoid touching your face.
- High risk persons, with pre-existing conditions like diabetics, asthmatics etc. and persons over the age of 60
- Include Covid-19 protocols in induction
- Unit and cleaning staff to ensure all ablution facilities are wiped down and clean after every use
- Unit and catering to ensure cleaning of all common areas every hour and every 30 min when crew and cast are on lunch and supper
- Catering to draw up risk assessment with regard to preparation and distribution of food and eating area.
- Bio-Hazard bins for disposable mask and gloves

- Equipment used on set to be i.e. cameras, lighting, grips prevent cross contamination and to be cleaned regularly
- To ensure new government laws regarding gatherings are adhered to
- **Medical assistance on set (Medic/Safety Officer)**
 - All crew and cast to be tested prior to shoot
 - Individual medical assessment prior to commencement of shoot
 - Daily vital checks including temperature
 - Personal responsibility with regard to hygiene
 - Safety Person to ensure all protocols put in place to be adhered to
 - Production to ensure PPE is available
 - Anti – bacterial wash and sanitizer to be made available in common areas

5. Employees who;

Condition	Action to be taken	Additional action
Acute respiratory illness	Stay at home	Get medical attention as soon as possible.
Acute respiratory illness symptoms (i.e. cough, shortness of breath) upon arrival to work or become sick during the day	Separated, sent home immediately. Provided with mask to cover their noses and mouths.	To seek medical attention and inform production
<i>Any reported case must be immediately communicated to the Production and Safety Officer</i>		

Plan of Action.

Requirements	Tools needed	Responsible person	Date
Awareness	Posters	Production and Safety Officer	
Hand hygiene at workplace	Sanitizers at the entrance	Production and Safety Officer	
Hygiene at workplace	Cleaning of equipment, ablution facilities, catering and eating areas and common areas. (alcohol-based products)	Production and Safety Officer	
Hand hygiene at workplace	Installation of hand sanitizers in common areas (alcohol-based sanitizer)	Production and Safety Officer	
Hand hygiene on set	Provide cleaners with disposable gloves	Production and Safety Officer	
Facial Protection	Provide x2 or x3 ply disposable masks	Production and Safety Officer	
Medical waste	Provide medical waste bins	Production and Safety Officer	

Emergency Contacts

Authority	Contacts
Coronavirus Tollfree	
Ambulance/Hospital	
Local Department of Health	
Production/Manager	
HSE Officer/Manager	

Communication the plan.

Employees Rep Name	Effectiveness of Communication	Signature of Employee's Rep and Date	Communicator's name and Signature
	<i>I (employee's Rep) declare that the above mention subject was discussed with the workforce.</i>		
	<i>I (employee's Rep) declare that the above mention subject was discussed with the workforce.</i>		

Company Internal 2019-nCoV CONTACT LINE LIST

Complete a contact line list for every case under investigation and every confirmed case

		Details of case under investigation/confirmed case			
NICD Identifier				Date Symptom	DD/MM/YYYY
				Onset	
Surname				Name	
For cases who travelled long-distance (>2 hours in public transport) in the past 14 days					
Office or area of work:		Worker major routines		Number of Office Occupants	

Details of employees had contacts (With close contact* 14 days prior to symptom onset, or during symptomatic illness. Add rows if necessary.)

#	Surname	First Name(s)	Sex (M/F)	Age (Y)	Relation to case	Date of last Contact with case	Place of last contact with case (Provide name and address)	Residential address (for next month)	Phone number(s), separate by semicolon	Alternate contact person and phone detail	HCW**? (Y/N) If Yes, facility name
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											

Company Internal 2019-nCoV Screening form

Complete this screening form

Details of health official completing this form		Date completing	DD/MM/YYYY
Surname		Name	
Role		Facility name	
Email address		Telephone number	

Instructions for completion: Mark "Y" if symptom present and "N"

DAY	1	2	3	4	5	6	7	8	9	10	11	12	13	14
Date (DD/MM)														
Fever	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Chills	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Cough	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Sore throat	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Shortness of breath	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Myalgia/body pains	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Diarrhea	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Remarks:

Annexure 8: Contact list

Institution/Province	Name	Email address	Telephone number
National Department of Health			
Communicable Disease Control	Tsakani Furumele	Tsakani.Furumele@health.gov.za	012 395 8096 / 0824199686
Malaria, Vector-borne and Zoonotic Diseases	Devanand Moonasar Wayne Ramkrishna	Patric.Moonasar@health.gov.za Wayne.Ramkrishna@health.gov.za	082 578 3107 082 317 4687
Port Health	Funeka Bongweni	Funeka.Bongweni@health.gov.za	012 395 9728 / 0609930107
Environmental Health	Murdock Ramathuba	Murdock.Ramathuba@health.gov.za	012 395 8518 / 0814150093
Emergency Medical Services	Raveen Naidoo Ahmed Bham	Raveen.Naidoo@health.gov.za Ahmed.Bham@health.gov.za	012 395 821 012 395 9636 / 0735716392
Hospital Services	Keneilwe Modise	Keneilwe.Modise@health.gov.za	012 395 8257 / 0829648888
Infection Prevention & Control	Ronel Steinhobel	Ronel.Steinhobel@health.gov.za	012 395 9198 / 0836275661
Provincial Communicable Disease Control Directorate			
Eastern Cape	Thomas Dlamini Nosimpiwo Mgobo	thomas.dlamini@echealth.gov.za Nosimpiwo.Mgobo@echealth.gov.za	083 378 0189 060 579 9027
Free State	Dikeledi Baleni Babsy Nyokong	balenid@fshealth.gov.za nyokongb@fshealth.gov.za	083 757 8217 082 463 7499
Gauteng	Chika Asomugha Caroline Kesebilwe	Chika.Asomugha@gauteng.gov.za Caroline.kesebilwe@gauteng.gov.za	082 330 1490 083 490 8165
KwaZulu-Natal	Premi Govender	premi.govender@kznhealth.gov.za	071 609 2505
Limpopo	Marlene Freda Ngobeni Mashudu P. Mudau	Marlene.Ngobeni@dhsd.limpopo.gov.za Prudence.Mudau@dhsd.limpopo.gov.za	079 491 1909 071 678 3864
Mpumalanga	Mandla Zwane Hluphi Mpangane	MandlaZw@mpuhealth.gov.za hluphim@mpuhealth.gov.za	082 229 8893 076 522 8511 / 013 766 3411
North West	Chriseldah Lebeko	clebeko@nwpg.gov.za	082 421 7985
Northern Cape	Gloria Hottie	hottieg@webmail.co.za	072 391 3345 / 053 830 0529
Western Cape	Charlene Jacobs	Charlene.Jacobs@westerncape.gov.za	072 356 5146 / 021 483 9964
Port Health and Environmental Health			
Central Region (Gauteng, Free-State, Northern Cape)	Funeka Bongweni	Funeka.Bongweni@health.gov.za	012 395 9728 060 993 0107
Northern Region (Limpopo, Mpumalanga, North West)	Ockert Jacobs	Ockert.Jacobs@health.gov.za	012 395 9417 082 372 0556
Coastal Region (KwaZulu Natal, Northern Cape, Western Cape)	Antoinette Hargreaves	Antoinette.Hargreaves@health.gov.za	031 301 0381 083 460 0935
Emergency Medical Services (EMS)			
National Institute for Communicable Diseases (NICD)			
Hotline (24-hours)	Doctor-on-call		082 883 9920
Outbreak Response Unit	Ann Mathews	annm@nicd.ac.za	066 0463581
Laboratory	Jacqueline Weyer	jacquelinew@nicd.ac.za	082 903 9131
	Kerrigan McCarthy	kerriganm@nicd.ac.za	0798717278
Designated Hospitals			
Eastern Cape:			041 405 2255

I the 16.1 Appointee of Company X, approve the implementation of this plan. All Departmental Heads are required to implement the preventive measures as stipulated in this plan.

CEO or 16.1 Appointee:
Signature:
Date