

03 June 2020

The King's Ken



Contact Us!



011 100 5377

admin@tkswr.co.za | www.tkswr.co.za

From the Principal's desk

Dr. Sheri Fanaroff is a medical doctor practising in Melrose, Johannesburg, and offers these insights.

This week, we all waited in anticipation to hear what Basic Education Minister, Angie Motshekga, would say about schools opening. Her announcement that schools will be opening from 1 June has been met with mixed feelings from parents, teachers, students and the media. There has been a lot of commentary from various sources, and I am going to concentrate on the medical facts that impact on the safety of children and teachers returning to school. I have many anxious parents worrying about their children leaving the safety of the cocoon they have been in at home for the past eight weeks, and some of these issues need to be addressed. Schools in 190 countries around the world have been closed over the last two months, so we are not alone in South Africa as we try to negotiate a balance between safe reopening of schools and increasing infection rates.

Stellenbosch University recently published an in-depth policy brief which states that the question of when and how children should return to school depends on 3 main points:

- Risk to children of disease and death
- Transmission of virus from children to adults
- Social and economic costs of keeping children at home

LET'S LOOK AT THESE THREE ISSUES:

01 COVID 19 IN CHILDREN:

Fatality rates from COVID 19 by age (our world in data 21 May) show that for COVID 19, unlike many other diseases like Influenza and Malaria, the risk of dying if infected is negligible. Data from today from South Korea, Spain, China and Italy, show a 0% case fatality rate in children 0 to 9 years, and from South Korea, Spain and Italy, a 0% case fatality rate in the 10 to 19 year age group, with a 0.2% case fatality rate in the 10 to 19 year age group in China. The USA CDC reported on 1 May that there were 9 deaths among children age 0 to 14 years (0.02% of their total deaths). Sadly, South Africa reported the death of a 2 day old neonate from COVID yesterday (the mom was also positive), making this the only fatality (0.3% of total SA deaths) in the 0 to 9 year age group in South Africa, and no deaths in the 10 to 19 year age group. Pediatric pulmonologist, Prof Robin Green tonight in a lecture stated categorically that this death was a result of severe prematurity and NOT COVID 19.

Large studies from Italy, Japan, the Netherlands, Switzerland, South Korea, Iceland and Germany all show very low infection rates in children under 10 years, with one study from Vo in Italy, who screened 86% of their population, detecting NO infections in children tested under age 10 years.

A summary by Munro of the five studies (done in China and Japan) looking at whether children catch the disease at the same rate as adults, concluded that children are significantly less likely to acquire COVID infection when exposed to it, than adults.

The South African age stats figures from 19 April showed that COVID had been detected in 97 (2.6% total) children aged 0 to 10 and 136 (4.3% total) children aged 11 to 20 (from a total of 3144 infections). No more recent SA data is available with age breakdown. Prof Green stated that to date in SA, there has not been one child in South Africa admitted to ICU with COVID 19 infection, and stressed that COVID has both a lower incidence and severity in children.

In a nutshell, children are far less likely to contract COVID 19 and to suffer severe disease if they do get it.

02 TRANSMISSION OF VIRUS FROM CHILDREN TO ADULTS

Evidence from around the world is consistently showing that, although children were initially thought to be super spreaders (based on the Influenza model), this assumption was incorrect, and in fact children are rarely the primary sources of infection in a household or population.

The concern was that, as for Influenza and the 2003 SARS epidemic, children might have asymptomatic infection and unknowingly drive household and community transmission. Data from studies done in China, the French Alps, New South Wales and the Netherlands, all suggest that SARS-CoV-2 is mainly

spread between adults and from adult family members to children. Tracing studies from US, Australia, Germany, the Netherlands, China, South Korea and Singapore all support the hypothesis that children are NOT the primary spreaders of the virus.

03 SOCIAL AND ECONOMIC COSTS OF KEEPING CHILDREN AT HOME

I am keeping this update medical, so am not delving into the benefits that children of all ages derive from going to school (socially, psychologically, educationally, nutritionally) or the pros and cons of staying at home for online learning. Suffice to say that the social isolation of extended lockdown can create anxiety, depression, inactivity and other problems in children, and that the longer children stay out of school, the more difficult it is to get them back.

QUESTIONS I'VE BEEN ASKED MOST FREQUENTLY AROUND GOING BACK TO SCHOOL :

01 Is it safe to go back?

Government regulations stipulate that schools must be sanitized and specific protocols put in place to ensure the safety of learners and teachers. Most private schools have spent the last few months exploring these measures and will be ready to open on 1st June. The crucial points for safe return to school include the basic principles of physical distancing, hand hygiene and wearing of masks. There are multiple details that need to be taken into account, which are beyond the scope of this update - there are comprehensive protocols and guidelines available, which I urge you to check that your schools are implementing.

Screening before entering campus, limited numbers of children in classrooms, spacing between desks, rigorous sanitisation, wearing of masks, and playground supervision are just some of the considerations that should be taken into account. Schools also need policies around what to do when a teacher or child gets infected, and around sick children staying at home. If all the recommendations are followed, I do believe that it is safe for children to go back. In public schools, where there is often poor sanitation and overcrowding, these measures are going to be much more difficult to implement.

It has been suggested in a few sources that infections are more likely to be transmitted between parents congregating at schools and through social gatherings outside of schools- these need to be avoided.

02 My child is immunocompromised or has asthma; should I rather keep them at home?

The advice from Prof Green and other paediatric pulmonologists in South Africa is that each case should be assessed and discussed with the individual's doctor or paediatrician. There is still not enough hard evidence in children as to which comorbidities might be more dangerous in children affected with COVID 19. Children with underlying cardiac disease, severe lung disease, immunosuppression eg HIV or Cancer, those on chemotherapeutic or

immunosuppressive medications, those with severe uncontrolled asthma, diabetes, cystic fibrosis, and post bone marrow transplants all need to be individually assessed for risk versus benefit. There is no blanket decision that is correct for all of these children. Even some in these categories might be able to attend school with proper cautions in place. Remember that children who fall into these categories would always be at risk for infectious diseases, including Influenza and RSV, which are always around in Winter. Prof Green tonight said that Asthma is not a contra-indication to going back to school, particularly if well controlled. He felt that the only children who should probably be kept at home for now are those on continuous immunosuppressive therapy, but reiterated that children with comorbidities should be assessed on an individual basis.

03 My child is healthy, but at home someone (grandparent/parent) is immunocompromised. Should we keep our child at home so that they can't infect the rest of the family?

As stated above, the evidence shows that there is only a small risk of children spreading illness from school to home. However, it is important that the elderly/ill person at home is protected. This means that if the child is going to school, in the home there needs to be physical distancing, strict hand hygiene and possibly mask wearing if in close contact.

The elderly/ sick person does need to remain as isolated as possible. Each family needs to weigh up the risk: benefit ratio for themselves and make a decision based on what is correct for them. Many schools will offer a blended learning environment or continued distance learning for vulnerable students. There are some families who need to take advantage of this. This should be discussed both with the school and with your doctor.

04 [I am a teacher at a school, but I am over 60/ have a comorbidity. Am I at risk? What must I do about going back to school?](#)

The Department of Health has published documents outlining risk assessments for the workplace, including questionnaires for vulnerable employees (including teachers). The onus is on the employer/ school to provide a workplace that is safe, with appropriate provision of personal protective equipment, and adequate facilities for social distancing, hygiene and sanitation. All teachers at risk should be individually assessed and a decision made as to whether they are able to continue working through the pandemic, or should rather stay home.

05 [I've heard that children are at risk of Kawasaki disease from COVID, which can be fatal - is this true?](#)

Kawasaki disease is a rare autoimmune disease pre-empted by a virus, and there have been recent reports of Kawa-

saki linked to COVID 19 in children. Without going into too much detail, this is something that doctors are watching out for, but is EXTREMELY RARE (despite the media over-reporting of it). Most (of the few) children who have been treated for Kawasaki from COVID, have recovered from it.

06 [My child is too anxious to go back to school. He/she is worried he will get sick.](#)

Remember that children take cues from their parents' behaviour and reactions. If you are constantly watching COVID news and expressing your concerns, of course your children will absorb this and be nervous. Children may need constant reassurance, both from their teachers and from their parents, and will need lots of patience and encouragement while they adapt to the new normal. Children need to be taught the practicalities of viral control at home, and coming home to take off shoes, wash hands, and change clothes needs to become a way of life.

07 [Is it safe for my child to wear a mask?](#)

Cloth masks are compulsory in Public in South African law and will be mandatory at school in order to prevent infections. (Children under age 3 should NOT wear masks). Children need to be taught how to safely put on and remove masks with clean hands, and should be reminded not to touch eyes, nose and mouth. In younger children, face shields might be feasible options that are easier to wear.

Masks are worn to reduce droplets being sprayed from infected people, and have been documented to reduce the spread of infections such as COVID, Influenza and RSV from asymptomatic carriers. They are NOT dangerous to wear, except as a choking hazard in toddlers.

Despite public perception, and various social media campaigns, there is NO proof that cloth masks cause hypercapnia (a build up of CO₂) - medical masks such as N95 may do this if worn for prolonged periods of time, but oxygen and CO₂ filter perfectly through cloth masks. Some people do find masks difficult to wear; they also come with the complication of contamination when not worn properly and touched often; however on balance where students may have asymptomatic infection, it will reduce droplet spread and are essential in any public setting.

For Nursery school children, other alternatives could be looked at, as has been done in China, like face shields or hats with shields.

We are now entering a period where we expect thousands of new cases each day. This is not surprising and, in fact, was predicted. This was the reason that the lockdown was instituted in the first place, giving the health system time to design the protocols necessary to cope with the inevitable increase in cases. It remains the responsibility of all of us to do our best to stay safe and healthy. Reasoned and responsible actions, as opposed to panic and anxiety, will help ensure that you and your families are looked after in the best possible way over the months ahead.

When faced with difficult medical choices, patients have often asked me "What would you do if it were your child?" I can confidently reply that I will be sending both my children back to school as soon as we are able to do so, having confidence in the processes that our school has put in place, and trusting in the best available evidence that suggests that this is the right course of action at this time.

Please discuss any concerns both with your school and with your doctor.

- DR SHERI FANAROFF



FROM OUR PAC TEAM

NOT EVEN THE CORONA VIRUS CAN STOP OUR PAC TEAM FROM DOING WHAT THEY LOVE!!

<https://tkswr.co.za/justaminute.php>



MENTAL HEALTH AWARENESS

The month of May is globally commemorated as Mental Health Awareness month. It is time to take honest stock of our cognitive, behavioural, and emotional well-being. This year, in particular, the importance of actively nurturing our mental health has been thrust into the spotlight. COVID-19 lockdown has unceremoniously disrupted our lives, separated people from their loved ones, cut off social interaction, and limited movements. It has also inundated us all with anxiety, loneliness, stress, and uncertainly, all factors capable of adversely impacting our mental health.

It is critical to highlight that the preservation of mental health is everybody's duty, it is not a concern for the select few but an active requirement for us all. We are beings with sentience, consisting of mind, body and soul all of which require intentional nurturing. Below are some helpful pointers to cushion and reduce the impacts of COVID-19 lockdown on our mental health:

- Take breaks from the information overload in news coverage, social media and on the radio.
- Strive to maintain a sense of normality in this abnormal situation by setting routines. Set your regular alarm, wash in the morning, restrict your work to regular work hours and schedule regular breaks. Routine is key for both parents and children.
- Allocate time for self-care and personal development. Read new books, meditate, write a journal, exercise regularly, eat healthy food and get plenty of sleep.
- Connect with others. Talk with people you trust about your concerns and how you are feeling. Reach out to check up on others and let them know that they are still loved. Reassure our children and create a safe space for open communication.
- Be gentle with yourself and show yourself compassion as you would a loved one.

As we learn to show ourselves compassion, we must be reminded and reassured of God's love for us. Reminded of God's divine love for us which is unilateral and unconditional. Allow this love to flow towards us and out of us, as it ministers and heals our minds. A reminder that we are enough.

SCOTCH TOKO
MTAT HEAD OF STUDENT AFFAIRS AND PARTNERSHIPS



Please Note: In case of absenteeism a doctor's note must be provided for all summative assessments (tests, orals, practical assessments etc) missed.

THE SCHOOL WEAR SHOP

Please take note...

1. UNTIL WE REACH LEVEL ONE APPOINTMENTS ONLY to avoid queues and to adhere to the social distancing rules. I will only be assisting one parent (family) at a time.
2. Please contact Liza on 072 1083 670 or email ropacc@vodamail.co.za to set up an appointment.
3. Assistance available on Saturdays to accommodate working parents.
4. Wearing of masks is compulsory.
No mask – No entry.
5. Hand sanitiser will be available in the shop for Parents and Children on entry and exit of the shop.



SWOP SHOP

For second hand school items to buy or swap

The shop will be open on **Mondays & Thursdays** from **06:45 to 07:30**. Please keep in mind that all items that you want to swap or donate must be in a usable condition. We will not accept clothes that are torn

CONTACT:
Kim 082 339 0640 or
Antoinette 061 944 3898.

HYGIENE GUIDELINES FOR SWOP SHOP/2nd HAND SHOP

Guidelines for the management of the swop shop/2nd hand uniform shop, based on the principles set out by the NCID in the control of Covid-19.

- Surfaces of the shop to be cleaned with household detergent, then disinfected applied to surfaces before the shop opens.
- All surfaces, including floors to be disinfected at the end of each day that the shop is open.
- Gloves to be used when cleaning the surfaces and handling soiled clothing items. Proper personal hygiene to be followed before and after the use of gloves. Correct disposal of gloves to be followed.
- Parents accessing the school grounds will be required to follow the access rules as set out by the school.
- Alcohol-based hand sanitiser to be used on entry to the shop.
- No mask No entry policy to be enforced.
- Maximum of 2 people to be allowed into the shop at any given time.
- Minimum social contact and a safe distance of 1,5m between customers.
- Parents advised to please bring their own bags or packets.
- Parents are requested to please wash any items brought in for exchanging.



Please contact:
Kim 066 521-8717 or Antoinette 061 944-3898

SECOND VIRTUAL WEBINAR WITH AFC BOURNEMOUTH ACADEMY

We were invited as a school to be part of the second ever AFC BOURNEMOUTH VIRTUAL WEBINAR. We were allocated 14 slots as part of a group of 100 learners in South Africa.

On Thursday 28th May, some of our First Team soccer players, Coach Dillon Wheatcroft and 1st team manager Garth Cruz took part in a Q&A Zoom Webinar which was led by Steve Cuss (AFC Bournemouth Head of Community) in partnership with SwitchedOn Education South Africa (Christian based schooling based in the UK).

The webinar was co-hosted by Graham Hill from SwitchedOn Education, Steve Cuss (Head of Community), Andrew Battison (Senior Manager) and two of AFC Bournemouth's Academy players Connor Kurran-Browne (u18 Forward) and Jordan Zemura (u21 Defender).

Our players were given the opportunity to ask questions to the academy players from AFC Bournemouth.

A few of the questions that were asked:

— Who inspired you?

Jordan: Watching my uncle play football in Zimbabwe ignited my love for football. I also always looked up to Ronaldinho as a kid; he just brought something different to the game which I always admired.

— How have your family been involved in your football career?

Connor: My family have been very invested in my football career from day



one. Driving me to training and games, buying my boots and kit, motivating me when times are tough; I do not think I would be where I am now if it were not for my family's support.

— What qualities make a good player/team-mate?

Jordan: Hard work would probably be the most important attribute. It is all about how much you are willing to put effort into your training on and off the pitch, behind closed doors, in lockdown. Hard work takes you a long way. Secondly, a standout team-mate is always looking to make his team better. It is not just all about how good you are on the ball or how many goals you can score.

This Zoom Webinar was recorded by the club's Media Team as part of their community development programme. We want to thank Graham Hill, Steve Cuss, Andrew Battison, Connor Kurran-Browne and Jordan Zemura for giving our players this incredible opportunity and we look forward to having more sessions with AFC Bournemouth.

Lockdown Homework

Please follow our Facebook page to see all the amazing work that our kids are doing during lockdown. We are very proud of every single one of them.



Teacher Geraldine celebrated her birthday this week. She surprised her class with a pizza making kit!



BEING BACK AT SCHOOL!



Please Note: In case of absenteeism a doctor's note must be provided for all summative assessments (tests, orals, practical assessments etc) missed.

