

# Vulamasango Open Gates Health Policy



P.O. Box 177  
Observatory 7935 / South Africa  
Tel. / Fax: +27 (0)21-371 52 46  
Mobile: +27 (0)84-415 35 50  
info@vulamasango.org  
www.vulamasango.org

This document is aimed at setting the standard for all matters relating to health and wellness at Vulamasango. This document has been constructed under the regulations of South Africa, which include the Government Notice NO R.918 of 30 July 1999; the South African Children's Act 38 of 2005 as amended by Children's Amendment Act 41 of 2007 and the South African Health Act of 2004 and as amended by the National Health Amendment Act 2013; and the Regulations governing general hygiene requirements for food premises and the transport of food under government notice R.918 of July 30 1999.

## **Aim**

The aim of this document is to standardize the process around health issues at Vulamasango. This pertains to all matters including food, water and sanitation, hygiene and cleanliness, doctor appointments, medication, testing and results, sharing and keeping of information and any other applicable areas.

## **Food**

Vulamasango shall always strive to maintain the standards set for the storage, preparation and serving of food for all children and youths.

## **Certificate of acceptability**

The application of the certificate was accepted by the South African Department of Health. An inspection was conducted to ensure that the minimum standards are met. The kitchen shall therefore be kept in accordance with the regulations set out on the certificate.

It is the responsibility of all members of staff to ensure that the kitchen is kept clean and hygienic and not contaminated by other pollutants.

The cook shall be mainly responsible in ensuring that this is followed and all surfaces are disinfected properly before use.

As per section 3(8) of the Regulations governing general hygiene requirements for food premises and the transport of food.

*"If the person in charge of food premises is replaced by another person, such person shall inform the local authority in writing of such replacement within 30 days after the date thereof and the local authority shall subject to the provisions of regulation 4(2), issue a new certificate of acceptability in the name of the new person in charge."* In the case of Vulamasango the person mentioned above is the CEO Mr. Florian Kraemer.

## **Food premises**

### **Standards and requirements for food premises**

The food shall always be prepared in the kitchen or area that meets all the requirements of a food facility as per section 5 and 6 of the same legislation as applicable to Vulamasango.

## **Clothing**

For all persons making food the following shall be expected:

Protective clothing, including head covering and footwear must be clean and neat when such person begins to handle food; at all times during the handling of the food be in such a clean condition and of such design and material that it cannot contaminate the food. It must be so designed that the food cannot come into direct contact with any part of the body, excluding the hands.

**Duties of a person in charge of food premises and all food handlers shall be**

As per section 10 of the Regulations governing general hygiene requirements for food premises and the transport of food; a person in charge of food premises shall ensure that –

- Effective measures are taken to eliminate flies, other insects, rodents or vermin on the food premises;
- Any person working on the food premises is adequately trained in food hygiene by an inspector or any other suitable person.
- Refuse is removed from the food premises or from any room or area in which food is handled as often as is necessary and that refuse is stored or disposed of in such a manner that it does not create a nuisance;
- Refuse bins are cleaned regularly and disinfected whenever necessary and whenever an inspector requires it to be done.
- The food premises and any land used in connection with the handling of food and all facilities, containers are kept clean and free from any unnecessary materials, goods or items that do not form an integral part of the operation and that have a negative effect on the general hygiene of the food premises;
- No person handling non-prepacked food wears any jewellery or adornment that may come into contact with the food, unless it is suitably covered;
- No animal, subject to the provisions of any law, is kept or permitted in any room or area where food is handled, except that a guide dog accompanying a blind person may be permitted in the sales or serving area of the food premises.
- A live animal may be killed in a separate room before the carcass is handled;
- No condition, act or omission that may contaminate any food arises or is performed or permitted on the food premises;
- The provisions of these regulations are complied with
- All persons under his or her control who handle food at all times meet the standards and requirements and execute the duties
- A room or area in which food is handled shall not be used for –
  - (i) Sleeping purposes
  - (ii) Washing, cleaning or ironing of clothing or similar laundry
  - (iii) Any other purpose or in any manner that may contaminate the food therein or thereon
- No food handler touches ready-to-consume non-prepacked food with his or her bare hands, unless it is unavoidable for preparation purposes, in which case such food shall be handled in accordance with good practice;
- Persons with who are suffering from or are carriers of diseases or conditions that are in the contagious stages that can be transferred through should not work with food. Unless they have a medical certificate stating they are fit to handle food.
- Any person who has not cut their fingernails or whose clothes or hands are not clean shall not handle a food container.
- Every person shall ensure that they wash their hands with soap after the touching any items that may contaminate the food. This includes but is not limited to touching money or handkerchief. Hands must be washed after touching raw vegetables, eggs fruit, meat or fish before touching ready-to-use food.
- Smoking is not permitted in the kitchen and or food preparation or serving areas.
- No coughing, sneezing, licking of fingers, inflation of food containers.

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All people working with food and in any formation shall be expected to familiarize themselves with this policy and the sections mentioned herein.

### 6. Toilets

Vulamasango shall employ the regulations given in Annexure C of the Regulations governing general hygiene requirements for food premises and the transport of food as far as possible.

The number of latrines, urinal stalls and hand washbasins as specified in Annexure C of the Regulations governing general hygiene requirements for food premises and the transport of food under government notice R.918 of July 30 1999.

Hand-washing facilities which shall be provided with cold and/or hot water for the washing of hands by workers on the food premises and by persons to whom food is served for consumption on the food premises, together with a supply of soap and clean hand-drying equipment for such persons.

Food storage containers must be liquid proof and dust proof

A storage space for the hygienic storage of food and a separate storage for refuse containers

An adequate supply of water

Vulamasango shall always strive to keep the specifications of the Annexure mentioned above as quoted below;

### ANNEXURE C: SANITARY CONVENIENCES

| Population:<br>Number of people consuming<br>food at one place, including all<br>staff involved in preparation<br>and serving | Number of sanitary conveniences to be installed in relation to the<br>population as give in the first column. |                   |                    |   |                    |  |
|---|---|-------------------|--------------------|---|--------------------|--|
|   | Men   |                   |                    | Women   |                    |  |
| For a population up to  | Latrines  | Urinal<br>Stalls* | Hand<br>washbasins | Latrines  | Hand<br>washbasins |  |
| 10  | 1   | 1                 | 1                  | 1   | 1                  |  |
| 20  | 1   | 2                 | 2                  | 2   | 2                  |  |
| 40  | 2   | 3                 | 2                  | 3   | 3                  |  |
| 60  | 3   | 3                 | 2                  | 4   | 4                  |  |
| 80  | 4   | 4                 | 3                  | 6   | 5                  |  |
| 100   | 4   | 4                 | 3                  | 8   | 6                  |  |
| 120   | 5   | 5                 | 4                  | 9   | 7                  |  |
| 140   | 5   | 5                 | 4                  | 10  | 8                  |  |
| 180   | 5   | 6                 | 5                  | 11  | 8                  |  |
|   | Add 1 latrine, 1 hand washbasins and 1<br>urinal for every 70 persons in excess of<br>180 persons             |                   |                    | All 1 latrine and 1 hand<br>washbasin for every 35<br>persons in excess of 180<br>persons |                    |  |

\* Urinal stall: A single urinal basin or a urinal trough at least 60cm in length

## Physical Health of child

### 1. Part B of information register

Every person applying for work at Vulamasango shall after being accepted for the position be required to fill form 29 as per section 126(1) South African Children's Act 38 of 2005. This is to establish if the name of the individual does not appear in Part B of the Register. Should the name of the person appear on the register, the offer of employment shall be regressed.

#### 1.1 Disclosure of the information

Vulamasango shall handle the information according to the limitations of section 127 the same act, which states: **1. No person may disclose the fact that the name of a particular person appears in Part B of the Register except-** (a) *Within the scope of that person's powers and duties in terms of this Act or any other law;* (b) *To a body referred to in section 126 (1) or (2) on written request by such person or institution;* (c) *To a person referred to in section 126 (3);* or (d) *When ordered by a court to do so.* **2. The general rule with regard to the disclosure of information in Part B of the Register is that it must be in the best interests of the child, unless the information is disclosed following an inquiry in terms of section 126.** **3. The Director-General must inform a person found unsuitable to work with children when that person's name and particulars are entered in Part B of the Register.**

#### 1.2 Removal of name from Part B of the register

Vulamasango shall not be responsible for seeing to the change or removal of a persons name from the register. The onus is upon the individual to write to the Director General as specified in *section 128* of the same act.

Vulamasango is also not bound to hire the individual should the name be cleared unless they reapply for a vacant position and go through the same screening process. This application shall be treated with no special treatment or prejudice.

## Medical Assessment

Should a medical assessment may be deemed necessary as part of the admission needs of the child. This may be due to varying circumstances including if the child shows signs of physical illness/ injuries/ abrasions or any other that may need a medical practitioners opinion. This is carried out to determine whether the child requires any treatment to injuries or any other medical care, or to provide a detailed record of the young person's medical and physical condition. Medical results will be handled as prescribed below and every case shall be treated with the utmost discretion. The applying social worker is required to submit the medical history of the person(s) they applying for. The Director Child Care/ Internal Social Worker or appointed member of the Management Committee may send a letter of recommendation to the applying social work for such tests should they be deemed necessary. Noncompliance may result in non-placement of the person(s).

- The need and arrangements for a medical examination is discussed with the parents and the child, (in accordance with the child's age, maturity and stage of development) and their views need to be taken into consideration.
- Consideration is given to the gender of the young person and that of the medical practitioner particularly in cases of possible sexual abuse.
- Consent for the medical examination is sought from the parents, guardians, caregiver, or the person who has parental responsibility and rights of the child.

- A child may consent to his or her own medical treatment if the child is over 12 years of age and is able to understand the medical risks, benefits and other implications of the treatment.
- The child or young person is able to choose to have another adult person present during the medical examination. Young children should always be accompanied by a responsible, caring adult.
- Where parental consent to a medical examination is not forthcoming, legal advice is sought and an application made for a court order if it is in the child's best interest to do so.
- Clear written timescales are established for medical examinations of children to be carried out.

### Consent to Medical Treatment

The Children's Act 38 of 2005 allows a child of 12 years or more to consent to the medical treatment apart from surgery if they are mature enough to comprehend the situation fully. This of course circumscribed instances where parent consent is needed. Child care workers may also give consent as *persons not holding parental responsibilities and rights* under section 32 of the same act, which states:

*(1) A person who has no parental responsibilities and rights in respect of a child but who voluntarily cares for the child indefinitely, temporarily or partially, including a caregiver who otherwise has no parental responsibilities and rights in respect of a child, must, whilst the child is in that person's care- (a) safeguard the child's health, well-being and development; and (b) protect the child from maltreatment, abuse, neglect, degradation, discrimination, exploitation, and any other physical, emotional or mental harm or hazards.*

*(2) Subject to section 129, a person referred to in subsection (1) may exercise any parental responsibilities and rights reasonably necessary to comply with subsection (1), including the right to consent to any medical examination or treatment of the child if such consent cannot reasonably be obtained from the parent or guardian of the child.*

*(3) A court may limit or restrict the parental responsibilities and rights, which a person may exercise in terms of subsection (2).*

In the case of Vulamasango the Housemother, members of the Management team, Crèche teachers and volunteers may be tasked by Director Child Care to see to a medical emergency. In cases where the child's consent is not enough, the person accompanying may after speaking to either the DCC or CEO or in the absence of both the PM may consent to the medical procedure. This consent may be given telephonically to the member of staff who took the child in for medical assistance.

The table below lists who has the powers of consent under different circumstances and the act's involved (Consent to Medical Treatment in South Africa published in 2011).

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| The current legal situation regarding clinical treatment of minors (Consent to Medical Treatment in South Africa published in 2011)  |   |  |   |
|--|---|--|---|
| <b>Circumstance</b>  | <b>Age at which patient can consent</b> | <b>Relevant Act</b>  | <b>Comments</b>   |
| Medical treatment  | 12                                      | Section 129 of the Children's Act 2005                             | A child of 12 or older may consent to medical treatment.  |
| The patient must be mature enough to understand the implications of undertaking the proposed treatment, but if he/she lacks capacity, a person with parental responsibility or a caregiver can consent on his/her behalf, failing that, the head clinician of a hospital can give consent.   |   |  |   |
| Surgical treatment   | 12                                      | Section 129 of the Children's Act 2005                             | A child of 12 or older may consent with a parent's or guardian's assent   |
| Patients may consent to surgery if they are mature enough, but a parent or guardian must also agree to the operation. The patient's consent and parent's assent must be in writing and signed using form 34.   |   |  |   |
| HIV test   | 12                                      | Section 130 of the Children's Act 2005                             | Consent for an HIV test may be given by a child of 12 or older, or by a younger child with sufficient maturity to understand the implications of the test.                              |
| The child must have proper pre- and post- test counseling. The clinical and social implications must be explained.   |   |  |   |
| Termination of pregnancy   | No lower age limit.                     | Section 5 of the Choice on Termination of Pregnancy Act 92 of 1996 | 5(2) "no consent other than that of the pregnant woman shall be required for the termination of a pregnancy." for the purposes of this Act, "woman" means any female person of any age. |
| A girl of any age can request a ToP, but if she is a minor, she should be advised to consult with her parents/guardian, though she should not be denied a ToP if she fails to do so.   |   |  |   |
| Request for contraception  | 12                                      | Section 134 of the Children's Act 2005                             | Came into force in July 2007.   |
| It is illegal to refuse to sell (or supply freely available) condoms to children aged 12 or over. Other forms of contraception can also be supplied if the child is mature enough to understand the implications and it is clinically appropriate. If a minor seeks contraceptive advice without parental consent, his/her confidentiality should be respected, unless there are reasonable grounds for suspecting the child is being exploited or abused. |   |  |   |

|   |    |  |  |
|---|----|--|--|
| Sexual intercourse  | 16 | Sections 1, 15, 16 & 57 of the Criminal law (Sexual offences and related Matters) Amendment Act 32 of 2007 | Section 54 of the Act places an obligation on anyone with knowledge (or a reasonable suspicion) of a sexual offence against a child to report it to the police. There are harsh penalties for failure to report. |
| Children are considered incapable of consenting to sex until the age of 12. Between 12 and 16, they are considered capable, but not mature enough to consent to sex. At 16, the law considers them both capable and mature enough for consensual sex. |    |  |  |

|   |                 |                                       |   |
|---|-----------------|---------------------------------------|---|
| Virginity test  | 16              | Section 12 of the Children's Act 2005 | It is illegal to carry out a virginity test on someone under the age of 16. If they are 16 or older, a test may be carried out only with their written consent. |
| Consent for a virginity test must be given in writing on the specified form (form 1) and signed by both the subject of the test with the signed assent of a parent or guardian. |                 |                                       |   |
| Circumcision  | 16 (males only) | Section 12 of the Children's Act 2005 | Female circumcision is illegal at any age. Male circumcision is permissible under specific circumstances  |

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Male circumcision may only be carried out on a boy under 16 if it conforms to religious practices or is medically necessary. Consent must be in writing on form 2. Circumcision for social or cultural reasons must only be carried out if the boy is aged 16 or older and with his written consent (using form 3) and the signed assent of a parent or guardian.

|   |    |  |  |
|---|----|--|--|
| Minor with parental responsibility for a child  | 12 | Sections 1, 15, 16 & 57 of the Criminal law (Sexual offences and related Matters) Amendment Act 32 of 2007 | Section 54 of the Act places an obligation on anyone with knowledge (or a reasonable suspicion) of a sexual offence against a child to report it to the police. There are harsh penalties for failure to report. |
| if the consent is for surgical treatment, the assent of the parent or guardian of the child-parent's should also be obtained. The consent must be in writing on form 35.  |    |  |  |
| Sterilisation   | 18 | Section 129 of the Children's Act 2005.  | A child-parent of sufficient maturity may consent to medical or surgical treatment on her child's behalf.  |
| Minors may only be sterilised if their life would be jeopardised or their health seriously impaired by a failure to do so. In such cases, a sterilisation can be carried out if the parents/guardian have consented and an independent medical practitioner, after consulting with the child concerned, makes a written statement that the sterilisation would be in the best interests of the child. |    |  |  |

### Limitations

**Medical Care:** The Children's Act Section 129 states that no parent, guardian or care-giver of a child may refuse to assist a child or withhold consent by reason only of religious or other beliefs, unless that parent or guardian can show that there is a medically accepted alternative choice to the medical treatment or surgical operation concerned.

**HIV testing:** No child may be tested for HIV except when it is in the best interests of the child and consent has been given; or the test is necessary in order to establish whether a health worker may have contracted HIV due to contact in the course of a medical procedure involving contact with any substance from the child's body that may transmit HIV; or any other person may have contracted HIV due to contact with any substance from the child's body that may transmit HIV, provided the test has been authorized by a court.

**HIV tests for foster care or adoption purposes:** In cases where the testing of a child is to fulfill legal responsibilities (i.e. for adoption or foster care where it found necessary), Vulamasango shall ask the government to pay for the all fees encountered as per section 131 of the Children's Act.

### Testing

In protecting the rights and wellbeing of the child, no child shall be tested without their knowledge. In cases where a child has been asked to test; or he or she has asked him/herself to test the matter shall be treated with utmost confidentiality and the following process shall be followed.

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1. **Counseling before and after HIV-testing:** Taking into consideration the consent age the child must get proper counseling from an appropriately trained person. The child's parent or caregiver, if the parent or caregiver has knowledge of the test.
2. **Post-test counseling:** Taking into consideration the consent age the child must get proper counseling from an appropriately trained person. The child's parent or care-giver, if the parent or care-giver has knowledge of the test.
3. **Confidentiality of information (Status):** No person may disclose the fact that a child is HIV-positive without consent given, except within the scope of that person's powers and duties in terms of the Children's Act 38 of 2005 or any other law; When necessary for the purpose of carrying out the provisions of the Act; For the purpose of legal proceedings; or in terms of an order of a court.
4. **Disclosure Consent:** Consent to disclose the fact that a child is HIV-positive may be given by the child, if the child is 12 years of age or older; or under the age of 12 years and is of sufficient maturity to understand the benefits, risks and social implications of such a disclosure; a designated child protection organisation arranging the placement of the child, if the child is under the age of 12 years and is not of sufficient maturity to understand the benefits, risks and social implications of such a disclosure;

### Notes

- The After School Care programs shall always promote education and making of informed decisions. It shall always put first the importance of delaying sexual onset and the risks of early sexual intercourse.
- Further information shall always be attainable from trained personnel who work with the young people including all housemothers, crèche teachers, etc. This is to ensure that there is always a great pool of information for all young people.
- The project manager and all staff in supervisory and or managerial positions shall always be expected to refer other staff to right avenues.
- The office shall always have all emergency numbers for both staff and children.
- Vulamasango shall always take all necessary steps to ensure the safety and good health of all its children, youths, volunteers and staff.
- Vulamasango shall not take the responsibility for staff members and children taking contraceptives and shall not be held responsible for any pregnancies unless they may result from rape occurring to a child of Vulamasango or at Vulamasango. In this case Vulamasango staff may be found guilty and will still be held responsible if found to have been negligent and such negligence leading up to the rape of a child. The member(s) of staff responsible shall be persecuted to the full extent of the law. Vulamasango shall not bare the fault of any members of staff as explained in the constitution under powers of the organization.
- All members of staff have a responsibility to ensure they carryout their work in a way that does not put them in danger by following the health and safety regulations as per the Occupational Health and Safety Act.

### Contraceptives

No person may refuse to provide a child over the age of 12 years with condoms on request where such condoms are provided or distributed free of charge. Contraceptives other than condoms may be provided to a child on request by the child and without the consent of the parent or caregiver of the child if the child is at least 12 years of age. All children and youths shall be encouraged to first meet with a proper medical practitioner to advise them on choice



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and to conduct a medical examination to determine whether there are any medical reasons why a specific contraceptive should not be provided to the child. For all staff and it is important to remember that a child who obtains condoms, contraceptives or contraceptive advice in terms of the Children's Act is entitled to confidentiality in this respect.

### **Physical Health of Staff Members**

#### **Sick Days for Staff members**

As per the Basic Conditions of Employment Act, 2007 section 3(3) all employees are entitled to 6 weeks paid sick leave in a period of 36 months. This act establishes the quota in which the days are accumulated. Vulamasango shall employ the specifications of this act for all members of staff.

During the first 6 months an employee is entitled to one day's paid sick leave for every 26 days worked. And Vulamasango may require a medical certificate before paying an employee who is absent for more than two consecutive days or is frequently absent.

#### **Maternity leave**

A pregnant employee is entitled to four consecutive month's maternity leave. A pregnant employee or employee nursing her child is not allowed to perform work that is hazardous to her or her child.