

**STANDARD OPERATING PROCEDURE FOR PREPAREDNESS,
DETECTION AND RESPONSE TO CORONAVIRUS DISEASE 2019
(COVID-19) IN THE DEPARTMENT OF CORRECTIONAL SERVICES**



correctional services

Department:
Correctional Services
REPUBLIC OF SOUTH AFRICA

1. INTRODUCTION

Coronaviruses belong to a large family of viruses causing a wide spectrum of illness, ranging from very mild to severe. Some cause illness in people; numerous other coronaviruses circulate among animals, including camels and some bat species. Rarely, some animal coronaviruses can evolve to cause illness in people. Sometimes coronaviruses may develop the ability to spread from person to person.

Various countries including South Africa are currently on the alert for a possible outbreak of COVID-19 which was initially identified by the World Health Organization (WHO) China Country Office in Wuhan City, Hubei Province of China in December 2019. COVID-19 appears to be spreading rapidly throughout various continents with increasing mortalities and as a result countries developed procedures to manage the impending outbreaks. The National Department of Health (NDOH) developed the SOP for Preparedness, Detection and Response to COVID-19 for South Africa (attached as **Annexure "A"** for easy reference).

The Department of Correctional Services (DCS) will implement the above SOP. A DCS specific SOP has been developed and will be utilised together with the DOH SOP so as to contain and mitigate COVID-19 infections in the Department.

2. PURPOSE

The purpose of this SOP is to provide guidance to officials regarding focus areas and activities to be implemented for the prevention, detection and response to suspected and confirmed COVID-19 cases in DCS.

3. BELOW ARE FOCUS AREAS AND ACTIVITIES:

No	FOCUS AREAS	ACTIVITIES	RESPONSIBILITY	FREQUENCY
3.1.	Partnerships	<p>3.1.1. Establish partnerships with all relevant stakeholders such as South African Military Health Services (SAMHS), South African Police Services (SAPS), Provincial Centre for Disease Control (CDC), National Institute of Communicable Diseases (NICD), NICD Laboratory Services, Emergency Medical Services (EMS), Designated Hospitals and the Provincial Departments of Health (PDOH).</p> <p>NB: Refer to list of stakeholders contained on page 25 – 27 (Annexure 8) of the SOP for Preparedness, Detection and Response to COVID-19.</p>	<p>National Commissioner Chief Operations Commissioner Regional Commissioners Regional Heads Development and Care Regional HRD Regional Coordinators Health Care Services Area Commissioners Area Development and Care Health Managers Heads of Correctional Centres</p>	Continuously
3.2.	Awareness and sensitization of custodial officials, environmental hygiene officers, food service	<p>3.2.1. Conduct awareness sessions through different media i.e. distribution of information pamphlets, presentation videos etc.</p> <p>3.2.2. Post signs in all areas reminding symptomatic inmates to alert HCPs.</p>	<p>DC Communication HRD Head Office, Regional and Management area levels Integrated Employee</p>	Continuously

	officials, inmates, learners, interns and personnel	The promotion of hand hygiene and respiratory hygiene are essential preventive measures.	Health and Wellness Health and Operational Managers	
3.3.	Training of health care professionals	<p>3.3.1. Liaise with Provincial CDC Directorates and Regional training Centres (RTCs) for support and guidance.</p> <p>3.3.2. Conduct internal training in cases where DOH and RTCs do not have capacity to train.</p> <p>3.3.3. Report progress on training.</p>	<p>Regional Head Corporate Services DC Human Resource Development (HRD)</p> <p>Regional Coordinators Human Resources Development Regional Head Development and Care</p>	<p>Continuously</p> <p>Weekly</p> <p>Weekly</p>
3.4.	Protection of health care professionals, custodial officials, inmates, learners and interns (personnel)	<p>3.4.1. Ensure screening, assessment, early detection and manage the symptomatic source as per DOH SOP for Preparedness, Detection and Response to COVID-19.</p> <p>Link: https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(COVID-19)-infection-is-</p>	<p>Area Commissioners Heads of Colleges / Training Centres Area Development and Care Area Coordinator Corporate Services Heads of Correctional Centre Health Managers Integrated Health and Wellness (IEHW)</p>	Daily

	<p><u>suspected-202001255</u></p>		
	<p>3.4.2. Apply standard precautionary measures when managing inmates and learners.</p>		
	<p>3.4.3. Implement additional precautionary measures, i.e. contact and droplet precautions as well as airborne precautions.</p>		
	<p>3.4.4. Implement infection prevention and control (IPC) measures, IPC administrative, environmental and engineering controls</p> <p>Link: https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(COVID-19)-infection-is-suspected-20200125</p>		
	<p>3.4.5. Assign officials who will sanitise hands of other officials, inmates and visitors at all entry and exit points in correctional facilities.</p>		
	<p>3.4.6. Install secured alcohol (ethyl alcohol</p>		

		<p>70%) based sanitizer dispensers at all points of entry and exit and work stations.</p> <p>3.4.7. All officials at reception and admission areas in Correctional Centres must be issued with appropriate protective equipment i.e. heavy duty gloves (disposable gowns, N95 masks, protective eye shields.</p> <p>NB: Gloves to be sanitised between searches.</p> <p>3.4.8. Keys and shackles should be disinfected in between use.</p> <p>3.4.9. Sanitise reception and admission areas, cells, offices, vehicles and ablution facilities.</p>		
3.5.	Resources	<p>3.5.1. Procure PPE, medical equipment, educational material, hand wash liquid soap based hand rub (ethyl alcohol 70%), disposable hand towels, COVID-19 readiness pack (consisting of surgical masks, N95 masks, eye protection goggles, disposable long sleeved</p>	<p>DC Supply Chain Management Regional Head Finance and Supply Chain Pharmacists Logistics (Correctional Centre/Management</p>	As per need

	gowns, plastic aprons, surgical gloves), temperature scanners, cleaning material (rubber cleaning gloves, rubber boots, disinfectant solutions and eye) and isolation/quarantine tents.	Area)	
	3.5.2. Ensure the availability of the following Information, Education and Communication material: Fact sheets, information brochures, pamphlets and videos.	DC Communication	As per need
	3.5.3. Train officials and inmates on appropriate use of PPEs.	DC HRD IEHW Heads of Colleges / Training Centres Health Managers Heads of Correctional Centres	Daily

<p>3.6.</p>	<p>Preventive measures</p>	<p>3.6.1. Infection Prevention and Control (IPC) strategies</p> <p>Ensure triage, early recognition, and source control. Clinical triage includes a system for assessing all patients at admission allowing early recognition of possible COVID-19 infection and immediate isolation of patients with suspected COVID-19 infection in an area separate from other patients (source control).</p> <p>a) To facilitate the early identification of cases of suspected COVID-19 infection, healthcare facilities should:</p> <ul style="list-style-type: none"> ▪ encourage health care professionals (HCPs) to have a high level of clinical suspicion ▪ establish a well-equipped triage station at the entrance of health care facility, supported by trained staff <p>b) Applying standard precautions</p> <ul style="list-style-type: none"> ▪ Standard precautions include hand and respiratory hygiene, the use of 	<p>Health Managers Operational Managers Medical Practitioners</p>	<p>At all times</p>
		<p>Operational Managers Medical Practitioners Professional Nurses</p>	<p>At all times</p>	

		<p>appropriate personal protective equipment (PPE) according to risk assessment, injection safety practices, safe waste management, proper linens, environmental cleaning and sterilization of patient-care equipment.</p> <ul style="list-style-type: none"> ▪ Install secured alcohol (ethyl alcohol 70%) based sanitizer dispensers, hand liquid soap and paper towels at all points of entry and work stations excluding housing cells. ▪ Ensure availability of hand liquid soap and sanitisers in housing cells. ▪ The following respiratory hygiene measures are used: <ul style="list-style-type: none"> ✓ all patients to cover their nose and mouth with a tissue or elbow when coughing or sneezing; ✓ presumptive patients are offered surgical masks while they are in waiting areas; ✓ perform hand hygiene after contact with respiratory secretions. 		
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		<p>c) HCPs should apply the WHO's My 5 Moments for Hand Hygiene approach:</p> <ul style="list-style-type: none"> ✓ before touching a patient, ✓ before any clean or aseptic procedure is performed, ✓ after exposure to body fluid, ✓ after touching a patient and ✓ after touching a patient's surroundings. <p>NB: Hand hygiene includes either cleansing hands with an alcohol-based hand rub (ABHR) or with soap and water. Alcohol-based hand rubs are preferred if hands are not visibly soiled. Wash hands with liquid hand washing soap and water when they are visibly soiled.</p> <p>d) The rational, correct, and consistent use of PPE also helps to reduce the spread of pathogens. The use of PPE effectively depends on adequate and regular supplies, adequate staff training, appropriate hand hygiene and appropriate human behaviour.</p>	<p>Health Managers Medical Practitioners Operational Managers Professional Nurses</p>	<p>At all times</p>
		<p>Area Commissioners Heads of Correctional Centres Heads of Colleges/Training Centres Operational Managers</p>	<p>At all times</p>	

	<p>3.6.2. Implementing additional precautions</p> <p><u>Contact and droplet precautions</u></p> <p>NB: In addition to using standard precautions, all inmates, custodial officials, visitors and HCPs, should use contact and droplet precautions before entering the room where presumptive or confirmed COVID-19 patients are admitted.</p> <ul style="list-style-type: none"> ▪ inmates should be placed in adequately ventilated single cells; ▪ when single cells are not available, COVID-19 presumptive inmates should be isolated in specific designated areas; ▪ ideally all inmate's beds should be placed at least 1 m apart regardless 	<p>Area Commissioners Heads of Correctional Centres Heads of Colleges/Training Centres</p>	<p>At all times</p>
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	<p>of whether they are presumptive to have COVID-19 infection;</p> <ul style="list-style-type: none"> ▪ the use of boots, coverall and apron is not required during routine care; ▪ HCPs should use N95 masks and gloves; and wear eye protection (goggles) or facial protection (face shield) and clean, non-sterile, disposable long sleeved gowns to avoid contamination of mucous membranes; ▪ after patient care, appropriate removal and disposal of all PPEs and hand hygiene should be carried out. A new set of PPEs is needed, when care is given to a different patient; equipment should be either single-use or disposable or dedicated (e.g., stethoscopes, blood pressure cuffs and thermometers). If equipment needs to be shared sanitise between 	<p>Operational Managers Medical Practitioners Professional Nurses</p>	<p>At all times</p>
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	<p>patient (e.g., by using ethyl alcohol 70%);</p> <ul style="list-style-type: none"> ▪ HCPs should refrain from touching eyes, nose or mouth with potentially contaminated gloved or bare hands. 		
	<p>3.6.3. Airborne precautions for aerosol-generating procedures</p> <ul style="list-style-type: none"> ▪ limit the number of persons present in the room to the absolute minimum required for the patient's care and support; ▪ apply airborne precautions for example N95 masks and eye protection when performing aerosol generating procedure; ▪ disinfect the room after aerosol generating procedure. 	<p>Operational Managers Medical Practitioners Professional Nurses</p>	<p>At all times</p>
	<p>3.6.4. Implementing administrative controls</p> <ul style="list-style-type: none"> ▪ Administrative controls include, but 	<p>Area Commissioners Heads of Correctional</p>	<p>At all times</p>

	<p>may not be limited to:</p> <ul style="list-style-type: none"> ✓ ensuring that established IPC committees are functional; ✓ ensuring sustainable IPC infrastructures (e.g. all windows should allow cross ventilation) and activities; ✓ educating all categories of staff and inmates; ✓ ensuring access to laboratory testing services; ✓ preventing overcrowding, especially in the reception, admission and waiting areas; ✓ providing dedicated isolation areas for symptomatic patients; ✓ ensuring adequate supplies of PPE; ✓ ensuring adherence to IPC policies and procedures for all facets of health care. 	<p>Centres Heads of Colleges/Training Centres</p>	
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	<p>3.6.5. Administrative measures related to health care workers/professionals</p> <ul style="list-style-type: none"> ▪ provision of training; ▪ ensuring adequate staff; ▪ establishing a surveillance process for acute respiratory infections potentially caused by COVID-19; ▪ ensuring that health care workers/professionals and the public understand the importance of promptly seeking health care when experiencing symptoms that may be associated with COVID-19 infection; ▪ monitoring health care workers/professionals' compliance with standard precautions and providing mechanisms for improvement as needed. 	<p>Area Commissioners Heads of Correctional Centres Heads of Colleges/Training Centres Health Managers Medical Practitioners Operational Managers</p>	<p>Continuously</p>
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	<p>3.6.6. Using environmental and engineering controls</p> <p>These controls address the basic infrastructure of the health care facility and aim to ensure there is adequate ventilation in all areas in the correctional facility, as well as adequate environmental cleaning.</p> <p>Additionally, ideal spatial separation of at least 1m should be maintained between all patients. Both spatial separation and adequate ventilation can help reduce the spread of many pathogens in the healthcare setting.</p> <ul style="list-style-type: none"> ▪ Ensure that cleaning and disinfection procedures are followed consistently and correctly; ▪ Clean environmental surfaces with water and detergent and apply 	<p>Area Commissioners Heads of Correctional Centres Heads of Colleges/Training Centres Environmental Hygiene Supervisors</p>	<p>Daily</p>
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	<p>commonly used health facilities disinfectants (such as sodium hypochlorite);</p> <ul style="list-style-type: none"> ▪ Manage laundry, food service utensils and medical waste in accordance with safe routine procedures. 		
	<p>3.6.7. Duration of contact and droplet precautions for patients with COVID-19</p> <p>Standard precautions should be applied at all times. More comprehensive information about the mode of COVID-19 transmission is required to define the duration of additional precautions.</p> <ul style="list-style-type: none"> ▪ Additional contact and droplet precautions should continue until the patient is asymptomatic. <p>Link: https://www.who.int/publications-detail/infection-prevention-and-control-</p>	<p>DCS Medical Practitioners Health Managers Operational Managers Professional Nurses</p>	<p>Daily</p>

		<p><u>during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125</u></p>		
<p>3.7.</p>	<p>Cleaning, decontamination</p>	<p>3.7.1. It is important to ensure that environmental cleaning and disinfection procedures are followed consistently and correctly.</p> <p>Thoroughly cleaning environmental surfaces with water and detergent and applying commonly used hospital level disinfectants (such as sodium hypochlorite) are effective and sufficient procedures.</p> <p>Medical devices and equipment, laundry, food service utensils and medical waste should be managed in accordance with safe routine procedures.</p>	<p>Heads of Centres Heads of Colleges/Training Centres Line managers Environmental Hygiene Supervisors Food Service Supervisors Operational Managers</p>	<p>After removal of confirmed case / Daily as required</p>

		<p>Provide all cleaners with the relevant PPE (disposable long sleeved gowns, protective goggles, heavy duty gloves and boots).</p> <p>NB! Refer to page 17 Section 1.4 of the <i>DOH SOP for Preparedness, Detection and Response to COVID-19</i> and the Departmental Health Care Waste Norms and Standards.</p>		
3.8.	Screening on admission	<p>3.8.1. Compile written communication to SAPS highlighting the importance of screening inmates before admission to correctional facilities.</p> <p>3.8.2. Screen all inmates, officials and visitors as per attached templates Annexure “B”.</p> <p>3.8.3. Screen all learners on admission to the colleges and training centres.</p> <p>3.8.4. Screen all officials who have been away/travel/visited infected areas/on return to work.</p>	<p>Area Commissioners Heads of Correctional Centres Heads of Colleges/Training Centres Health Managers Operational Managers Professional Nurses Integrated Health and Wellness (IEHW)</p>	<p>During admission/daily/as per need</p>

3.9.	Admission process		During admission
	<p>3.9.1. Provide N95 masks and heavy duty gloves to officials in reception, admission, visitation areas and colleges.</p>	<p>Area Commissioners Heads of Correctional Centres Heads of Colleges/Training Centres Health Managers Operational Managers Professional nurses</p>	
	<p>3.9.2. Ensure availability of surgical masks in all reception, admission visitation areas and colleges for coughing and sneezing inmates, visitors and learners.</p>		
	<p>3.9.3. No learner / training service provider/ visitor must be admitted to the college / training centre without being screened.</p>		
	<p>3.9.4. All officials to wear PPE when in contact with inmates or public.</p>		
	<p>3.9.5. Sensitize reception / admission / visitation / trainers officials to identify and visitors and inmates who are continuously coughing and sneezing, and issue such with surgical masks.</p>		
	<p>3.9.6. All coughing/sneezing inmates must be referred to the Correctional Centre Clinic and visitors to their nearest public health facility.</p>		

		3.9.7. No inmate must be admitted into the correctional centre before being screened.		
3.10.	Movement control	3.10.1. Limit all movements of inmates/learners/officials in consultation with all relevant stakeholders, i.e. courts, external health facilities should there be confirmed cases. 3.10.2. Limit visits by external service providers and members of the public should there be any confirmed case.	Area Commissioners Heads of Correctional Centres Heads of Colleges/Training Centres Line managers	After a COVID-19 confirmed case
3.11.	Guarding and escorting functions	3.11.1. Provide relevant PPEs (masks and gloves) to all officials performing escort and guarding duties for presumptive and confirmed cases of COVID-19.	Area Commissioners Heads of Correctional Centres Heads of Colleges/Training Centres	Daily / as per need
3.12.	Visitations	3.12.1. Limit contact visits as far as possible and in agreement with the inmates/learners/officials, next of kin, legal representatives and civil society organizations should there be a confirmed case.	Area Commissioners Heads of Correctional Centres Heads of Colleges/Training Centres Line managers	After a COVID-19 confirmed case

		<p>3.12.2. Provide surgical masks in cases where visitors are consistently coughing and sneezing.</p> <p>3.12.3. Provide awareness sessions to visitors through different media.</p> <p>NB! Officials performing duties at visiting sites should wear N95 masks</p>		
3.13.	Case identification and definition	<p>NB: Identify and prepare designated isolation/quarantine areas</p> <p>3.13.1. Screen for COVID-19 symptoms and in the event of any presumptive case refer to page 8-10 of the SOP for <i>Preparedness, Detection and Response to COVID-19.</i></p> <p>3.13.2. Isolate symptomatic inmates/learners/officials.</p> <p>3.13.3. Collect nasopharyngeal swabs for detection of respiratory viruses.</p> <p>Collecting and handling laboratory specimens from patients with presumptive COVID-19</p>	<p>Area Commissioners Heads of Centres Heads of Colleges/Training Centres Health Managers Medical Practitioners Operational Managers Professional Nurses</p>	<p>Immediately after being identified as a suspect for COVID-19</p>
			<p>Health Managers Medical Practitioners Operational Managers</p>	<p>Immediately after being identified as a suspect for COVID-19</p>

	<p>3.13.4. All specimens collected for laboratory investigations should be regarded as potentially infectious.</p> <p>3.13.5. HCPs collecting/handling clinical specimens must adhere to the following standard precaution measures and biosafety practices to minimize the possibility of exposure to pathogens.</p> <ul style="list-style-type: none"> ▪ use appropriate PPE (i.e., eye protection, N95 mask, a long-sleeved disposable gown, gloves); ▪ If the specimen is collected with an aerosol-generating procedure, wear N95 and protective goggles; ▪ ensure that all personnel who handle specimens are trained in safe handling practices ▪ ensure that HCPs adhere to spill decontamination procedures where necessary; 	Professional Nurses	
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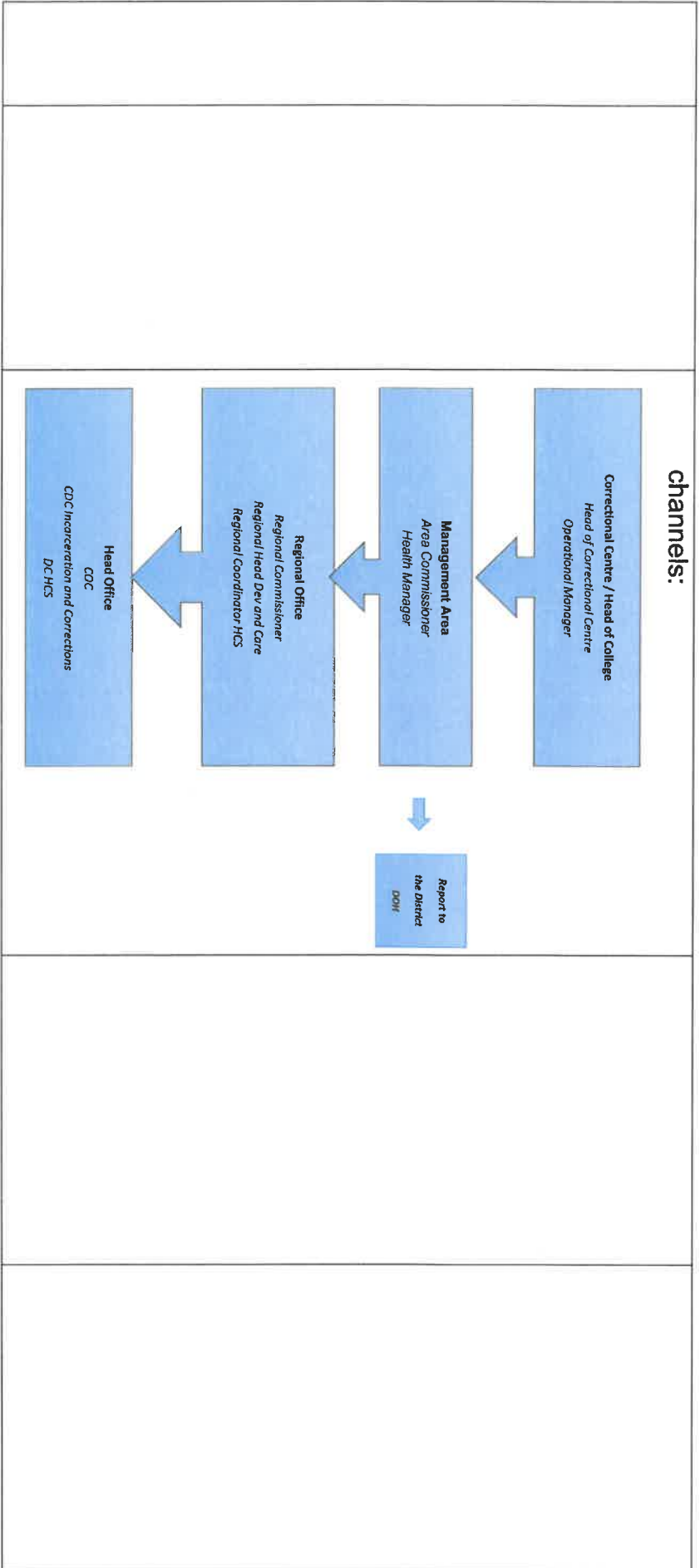
		<ul style="list-style-type: none"> ▪ place specimens for transport in leak-proof specimen bags (i.e., secondary containers) that have a separate sealable pocket for the specimen (i.e., a plastic biohazard specimen bag), with the patient's label on the specimen container (i.e., the primary container), and a clearly written laboratory request form; ▪ document clearly each patient's full name, date of birth and presumptive COVID-19 of potential concern on the laboratory request form; ▪ Notify the laboratory as soon as possible that the specimen is being transported. <p>NBI! Collection processes refer to page 9 of the <i>DOH SOP for Preparedness, Detection and Response to COVID-19</i>.</p>		
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		<p><i>Link: https://www.who.int/publications-detail/infection-prevention-and-control-during-health-care-when-novel-coronavirus-(ncov)-infection-is-suspected-20200125</i></p>		
3.14. Isolation and Quarantine		<p>3.14.1. Identify areas for isolation and quarantine of identified presumptive cases and confirmed COVID-19 patients whilst awaiting transportation to the designated hospitals.</p>	<p>Area Commissioners Heads of Correctional Centres Heads of Colleges/Training Centres Health Managers Operational Managers Professional Nurses</p>	<p>Immediately after being identified as presumptive for COVID-19</p>
		<p>3.14.2. Continue with quarantine for confirmed cases whilst awaiting evacuation and transportation to the designated hospital.</p>		
		<p>3.14.3. Ensure compliance to IPC measures and availability of personal protective equipment (PPE) at all times.</p>		
		<p>3.14.4. Remove inmates/learners/officials with negative laboratory results from isolation. Contact the Infectious Disease Specialist and or NICD 24 hour Hotline (082 883 9920).</p>		

	<p>NBI Refer to page 6 <i>DOH SOP for Preparedness, Detection and Response to COVID-19</i> for Isolation procedures.</p>		
<p>3.15. Transportation of specimens to National Institute for Communicable Diseases (NICD)</p>	<p>NBI: Transport the collected specimen as per page 9 Annexure 1 the <i>DOH SOP for Preparedness, Detection and Response to COVID-19</i></p> <ul style="list-style-type: none"> ▪ Complete the NICD form for COVID-19 testing (Annexure “C”) ▪ Immediately notify NHLS to collect the specimen to NICD 	<p>Operational Managers Professional nurses</p>	<p>Immediately after a specimen has been collected from the COVID-19 suspect</p>
<p>3.16. Notification of identified case</p>	<p>3.16.1. All confirmed COVID-19 cases to be reported to the Communicable Diseases Coordinator at the District DOH.</p> <p>NB: Class 1 Notifiable Medical Condition under “Respiratory Disease caused by a novel respiratory pathogen”</p>	<p>Health Managers Operational Managers Professional nurses</p>	<p>Immediately after a positive case has been confirmed</p>

		NBI Refer to page 7 <i>SOP for Preparedness, Detection and Response to COVID-19.</i>		
3.17.	Contact tracing	3.17.1. Isolate all contacts for twenty-one (21) days NBI Refer to page 11-13 of the <i>DOH SOP for Preparedness, Detection and Response to COVID-19 and DOH SOP for Contact Tracing</i>	Heads of Centres Heads of Colleges/Training Centres Line managers Health Managers Operational Managers Professional nurses	Immediately after confirmation of a positive case
3.18.	Referral and medical evacuation	3.18.1. Avoid moving patients out of their room or area unless medically necessary. 3.18.2. Ensure that HCPs and custodial officials who are moving patients perform hand hygiene and wear appropriate PPE as described in this section. 3.18.3. Notify the area receiving the patient of any necessary precautions as early as possible before the patient's arrival. 3.18.4. Routinely clean and disinfect surfaces which the patient is in contact. 3.18.5. Limit the number of HCPs, family	Area Commissioners Heads of Centres Heads of Colleges/Training Centres Health Managers Medical Practitioners Operational Managers Professional Nurses	Immediately after a positive COVID-19 has been confirmed

		<p>members and visitors who are in contact with a presumptive and confirmed COVID-19 patient.</p> <p>3.18.6. Maintain a record of all persons who had contact with the presumptive or confirmed COVID-19 patient.</p> <p>NBI! Refer to page 16-17 of the <i>DOH SOP for Preparedness, Detection and Response to COVID-19.</i></p>		
3.19.	Handling of health care waste	<p>3.19.1. Ensure availability of Health Care Waste contracts and amend schedules for delivery and collection.</p> <p>NBI! Refer to page 17 of the <i>DOH SOP for Preparedness, Detection and Response to COVID-19</i> and the Departmental Health Care Waste Norms and Standards</p>	<p>Area Commissioners Heads of Centres Heads of Colleges/Training Centres Line managers Health Managers Operational Managers</p>	Continuously
3.20.	Reporting	<p>3.20.1. All suspected/confirmed COVID-19 cases to be reported to the DCS Head Office via the following reporting</p>	Area Commissioners	With each suspected / confirmed case



Compliance with the aforementioned measures will limit the impact of COVID-19 to inmates, officials and the public at large. It is therefore imperative that all stakeholders work together to facilitate the successful implementation of this SOP.

4. CONCLUSION

STANDARD OPERATING PROCEDURE APPROVED BY:



A FRASER

NATIONAL COMMISSIONER

DATE OF APPROVAL: 03/03/14