



## Pharmacist in a lockdown\*

November Nkambule

I received my Regulation 11B(3) permit on 20 April 2020, 25 days into the extended 35-day lockdown. I was elated. I felt a sense of absolution and relief; not dread and trepidation, as one would expect.

A Regulation 11B(3) permit is a permit to Perform Essential Services during the lockdown. It gives permission to the holder thereof to be out and about, more than the ordinary person, supposedly performing or travelling to perform essential services.

When the lockdown was announced, we were each challenged to prove that we needed to be out of our homes in order to be able to continue to perform our work. The first knee-jerk immediate response is **yes of course**, I am a Pharmacist, an essential healthcare services provider. To put the question differently, do we need to be at the office to be able to do our work; do we really need to travel or be travelling in order to do our work. With the exception of meetings, workshops, conferences, support visits to institutions etc, my daily work consists of the phone and the computer (laptop). With the lockdown came social distancing, which meant curtailing all meetings unless absolutely unavoidable.

And that is how I ended up spending 25 whole days working from home. Mine was one of those clear-cut easy to resolve cases. I did not need to be at the office to do my work.

Contrary to popular expectations, work from home is not holiday. It was actually quite busy those first few days; maybe even more than usual. The emails were flying in and out. This report is required, that plan is needed, what is the strategy to tackle this and that issue. The phone is on the ear almost half the day. The phone battery often needs to be re-charged midway during the day.

The lockdown has not stopped the programmes. If anything, the programmes are more intense. The closure of a lot of industries means that we need to juggle from the non-functional ones to those that remain open. In addition, various stakeholders are leveraging the lockdown to push for programmes that never gained much traction prior to this. Whereas in the past an institution may have not been in favour of implementing multi-month dispensing to stable patients on chronic medicines, for instance, with the lockdown it is required that we minimise patients coming to the health facilities. The facilities are therefore compelled almost to ensure that multi-month dispensing happens and happens now.

Where a programme would have been called Project X, for example, it is now called COVID-19 Project X. A simple process like the purchase of

pharmacy prescription sheets became known as COVID-19 purchase of prescription sheets. This makes these projects a priority. There is of course a reasonable and acceptable excuse for this. Because the impact and magnitude of the disease is not known, and it is also not known where and when we may be needed during the peak, everyone needs to ensure that their desk is cleared.

This Regulation 11B(3) permit means that now I have to go to work... like, really go to work; not just sit at my dining room table on the laptop and phone. It means, apart from the regular lame excuse of going to the shops for this and that grocery item, one has an actual and purposeful reason to drive out of the gate. It means one has an actual valid reason to be on the roads. It means actually going out there, meeting with real people and doing real work, like work has always been known and is supposed to be.

I think it was about 15 to 18 days into the lockdown, after the extension was announced that it began to take its toll. Here I was, day in day out, at my dining room table, in front of the laptop, with cell phone. My beard grew big all over my face, my moustache covered nearly my entire mouth and the afro grew O'Jays big. The need to get up in the morning, take a bath and put on a fresh set of clothes disappears gradually over the days. The need for breakfast in the morning, lunch in the afternoon and supper in the evening vanishes. One large meal sometime during the day does it all. The need for proper cooked meals loses its significance. Bread rolls with some leftover stew from last week is good enough. Lunch at 01h00 is not unusual. The need for 8 hours' work, 8 hours' recreation and 8 hours' sleep fades away. The need for a clean, tidy house flies out the window. An email at 03h00 is not uncommon. To be in pyjamas at 15h00 is not strange. To still be in bed at 13h00 is not out of this world. There is little difference between a workday and a weekend. One has to check the day of the week and time of the day before making that call, lest we call a work colleague on a Sunday night for work matters.

I believe that this would be classified as a form of depression in western medicine. In my book it is called cowardice. Here I was behind closed doors and high walls and my colleagues are out there fighting on their own. What soldier hides themselves behind their mothers' skirts when there is a war out there to be fought. It is cowardice particularly from someone who has been through it all. I pride myself as someone who has survived the best and the worst. I worked through the taxi shutdown of the Johannesburg CBD in 2019; I made it through the anti-farm murders shut down of the N1 and R59 freeways in 2017; I am someone who saw the worst of the truck drivers closure of major

freeways in 2017 and 2018; someone who has been through the public sector strikes of 2007 and 2010; someone who has lived through the political unrest of the early nineties and late eighties. Being locked down like this is a huge slap in the face.

This Regulation 11B(3) permit throws me a lifeline. *Free at last, free at last. Thank God Almighty, I am free at last!* I feel like exclaiming.

So why am I being called out now? There are various reasons, but most importantly, there has been a realisation that, as much as we

must be safe, for our sake as well as for the sake of all those around us, and including those that we serve, life has to continue, almost as if alongside this pandemic. It will not be possible to lock many of us down for long. Life needs us out there. Trust me when I say that implementation of programmes is best done when one is on site. Support to institutions and monitoring & evaluation does not work so well from behind high walls.

\* Adapted from a true tale as told by a pharmacist. Some scenes have been enhanced for dramatic effect.

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# Thank you for keeping essential workers safe!

**Kristien Schutte**

Between some of our Uitenhage Despatch quilting clan members, friends from my church, my pharmacy manager and family, one of my pharmacist's assistants and some eager hospital staff working in our CSSD department, we have been able to deliver 316 masks to essential hospital workers to keep them safe going home and using public transport. Still making more and donating to our local provincial hospital! Thanks to everyone that is making masks!



The pharmacy team, working to keep employees safe

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# My frontline experience

**Obey Madzingo**

At the onset it was a joke. Not that the number of memes has now decreased, on the contrary as the pandemic intensifies, so do the memes. If it were to be sketched, the meme curve would almost mirror the epidemic curves. I for one had planned to visit Europe over the Easter holidays to reward myself, as one should after surviving a tumultuous 2019. Chill out 2020, it is not a competition! The joke in the pharmacy was, "If you go to



Obey Madzingo

Europe, please do not come back to work". Little did we know that this was going to become a reality in a few weeks to come. My colleagues and I went from starting our mornings by dissecting the latest *Date My Family* episode to discussing the current load shedding schedule; then suddenly the EskomSePush app started giving the latest COVID-19 related statistics and that has now shaped the morning pleasantries.

It is not uncommon for pharmacists to feel overlooked when other healthcare professionals are mentioned. But when the president announced the lockdown, pharmacy services were highlighted as essential, meaning our doors ought to be kept open. Because the protective personal equipment (PPE) forms part of non-ethical/surgical stock, we were suddenly thrust into a position where we had to ration the supply of PPE to hospital outlets. We were now the powerful-popular kids. It seemed everyone in the hospital had

suddenly forgotten how to wash their hands with soap and water – the 70% alcohol-based hand sanitiser became liquid gold.

The office phone now rings on a loop and its bellowing sound has become a constant reminder of a plethora of requests that are likely to be on the other end. The most likely options are that the unit manager of a ward wants the PPE that is owed to her; there is a call from the CEO's office instructing pharmacy to immediately compile a report on the quantity of PPE available and the said report is needed by the district manager, who also has to send it to the powers that be. Oh, and the report was due yesterday!

The corner of my eye spots my colleague in the next dispensing window. She has chronic sinusitis but these days she seems to be wearing purple make-up. Either that or she cannot dare to sneeze without risking a pestle landing on her face. Meanwhile, my cellphone

has been ping-pong the entire time but I just haven't had the chance to catch up. As I glance on the screen, WhatsApp group forums are lit with messages. Pharmacists from neighbouring hospitals are already reporting suspected cases in their institutions. The closest hospital with a confirmed case is at least some hundred-odd kilometres away, "Thank you, Lord, for protection", a silent prayer. In between dispensing I am trying to digest umpteen COVID-19 national and provincial guidelines.

"We need permits to come to work now?!" I exclaim to my colleagues. Before that sinks in someone gets off the dispensary landline and says, "There is a suspected case in casualty". Quick, which one of the fifty-eleven guidelines received this week talked about how to handle the physical prescriptions again?! I really shouldn't have used the money for the Schengen visa, my protection prayers are probably being blue ticked...

## Rhodes University to the rescue!

The countrywide shortage of hand sanitiser was a major cause of concern for healthcare professionals and consumers alike. The major reason given was that manufacturers were unable to obtain the ethanol necessary to produce the sanitiser.

Thanks to a donation of ethanol by the South African Institute for Aquatic Biodiversity (SAIAB), supply of peroxide and glycerol by the Eastern Cape Department of Health, and the willingness of the university to purchase raw materials and provide space and expertise,

the Department of Pharmacy, led by Prof. Rod Walker, was able to step up to the mark and manufacture thousands of litres of the much-needed commodity.

The products were distributed to a number of facilities within various districts in the Eastern Cape. In addition to supplying products, the University provided training, at no charge, to scientific technicians from the Dohne Agricultural Development Institute, Stutterheim.



The hard working team – clockwise from top left, Danielle Walker and Cameron Heathfield, Alyson Bennett, Privilege Mazonde, Prof. Rod Walker, Melissa Chikukwa, SAIAB, Shaelyn Walker and Clarence Dhege



Rod Walker with a consignment of sanitiser destined for the Eastern Cape Department of Health, as well as some for the Ubunye Foundation for distribution in rural communities

# Snippets from the lockdown

The following paragraphs were posted on facebook by pharmacists. They reflect the way in which pharmacists are approaching their stressful lives.

1. I feel like a leper every day when I get home. Remove my shoes and sanitise. Sanitise my handbag, my lunch bag, strip and put my clothes in a separate bin bag, then immediately take a hot shower before even greeting my family at home. And then after all that I hope and pray I have not brought any bugs home. I'm a pharmacist at a district and regional hospital.
2. For two weeks now I have not been able to buy food for my household. Due to the hours and demand of our work, by the time I get to the stores everything has been purchased already. How can

we serve our communities when our communities panic buy up all the goods? In the UK they have introduced special hours for health care workers and senior citizens to buy supplies. Our government needs to step in. Our local businesses need to step up.

3. Trying my best effort to do this. Not wearing any jewellery except my watch. Sanitising as much as possible. And hand washing. Work shoes get left in a separate spot before walking in the house. Go shower as soon as possible. Phone cleaned as often as possible.

## Public health promotion by B. Pharm students amidst the COVID-19 pandemic: the #CombatCoVID-19 campaign at the University of the Western Cape

Amidst the widespread panic and uncertainty of a looming public health crisis, undergraduate pharmacy students at the University of the Western Cape and UWCAPS (UWC Association for Pharmacy students) launched a campus-wide campaign to inform on prevention strategies and symptom identification, debunk myths and convey calm to a 24 000-strong university community who had just received news of their first positive COVID-19 case.

Assuming a responsibility as public health professionals - in training to do their bit to curb the global pandemic, the students, adopting the tag #CombatCoVID-19, designed several infographic materials, ensured prominence of these materials across the campus and hosted presentations to hundreds of members of the campus community. Their efforts were lauded by the Dean of Natural Sciences and acting Vice-Chancellor of the university, particularly as their campaign uncovered "critical issues which nobody had thought of." (Professor Davies-Coleman)

Leading the students as they actioned their campaign across campus, Dr Mariam Parker, Pharmacy Practice lecturer, reported that the students identified a significant problem when they recognised that the cleaning staff contingent were uninformed, baffled and overlooked in all the media hype pertaining to the coronavirus



Mariam Parker

pandemic, and as a result were not fulfilling duties essential to curbing the transmission of COVID-19.

The students raised the issue of the lack of hand soap and sanitiser in the restrooms across campus. Assuming it was a procurement issue, they offered to source these essentials by approaching pharmaceutical companies for contributions, but were left perplexed when the procurement department at the university responded that they had anticipated the heightened demand and had several months' worth of supplies available in their stores. On enquiring with the cleaning management why it were not available in the restrooms, they too confirmed that availability of these supplies was not in question and further, that they had issued clear directives to all their personnel to replenish soaps and sanitiser at least thrice daily.

Suspecting a missing link somewhere, the students went on to speak directly to the 200-member contingent of the cleaning staff and identified that there was both a glaring lack of communication with, and agitation among the cleaning staff contingent who seemed demotivated, dispirited and incensed at the fuss created about COVID-19. Students questioned, probed and empathised to uncover bitterness and anger caused by several issues including distress associated with possibly contracting what they perceived to be a virus with a definite fatality once infected, a sudden increased demand on their typical workload and general misinformation and uncertainty. They admitted to receiving the instruction to replenish soap and hand



UWC pharmacy students embark on a campaign to #CombatCoVID-19

sanitiser, but did not understand how it would help to curb COVID-19. They also felt that they were being unfairly ostracised, being the only people on campus being asked to wear masks and gloves. This situation left some feeling discouraged and unwilling to fulfil their newly acquired, crucial roles of ensuring the constant availability of hand-hygiene essentials and widespread disinfection of hallways, offices and common areas.

The students then directed their campaign to the cleaning staff who were invited to an hour long podium presentation and Q&A session with the students who delivered their material and fielded questions in English, Afrikaans, isiXhosa, Zulu and Sepedi. Students delivered informative and eloquent presentations, displaying competence, empathy and professionalism. They were challenged and confronted by the disgruntled cleaning staff members, but their articulate and persuasive responses yielded a calmer, more informed audience who at the end, expressed much appreciation and approval of the efforts by the students.

They requested copies of the infographic materials and the students were delighted that the cleaning staff offered to take the message and materials to their churches, community halls and supermarkets in their townships and informal settlements. The students were pleased that their effort, though originally intended only for the cleaning staff, would possibly reach social systems where the need therefore was perhaps the greatest. Their stewardship, care and responsible citizenry was awarded by the Dean of the Faculty of Natural Sciences at the university who pledged a further financial commitment to enable the students to produce their materials in indigenous languages to ensure it reaches even deeper into communities in the Western Cape.