

**GN 796 of 17 July 2020: Directions issued in terms of regulation 4 (1) (a) of the
Regulations made under section 27 (2) of the Act: Measures to Address, Prevent and
Combat the Spread of COVID-19
(Government Gazette No. 43533)**

	as amended by	
Notice	Government Gazette	Date
R.868	43600	7 August 2020
1278	43954	3 December 2020
1360	44004	15 December 2020
240	44297	19 March 2021

DEPARTMENT OF HEALTH

I, Dr Zwelini Lawrence Mkhize, the Minister of Health hereby, in terms of regulation 4 (1) (a) of the Regulations made in terms section 27 (2) of the Disaster Management Act, 2002 (Act No. 57 of 2002), published in *Government Gazette* No. 43258, Government Notice No. R. 480 of 29 April 2020, issue the directions set out in the Schedule, to address, prevent and combat the spread of COVID-19 in South Africa.

(Signed)

**DR ZWELINI LAWRENCE MKHIZE, MP
MINISTER OF HEALTH**

DATE: 15/07/2020

Schedule

1. Definitions.—In these Directions, a word or expression bears the same meaning assigned to it in the Disaster Management Act, 2002 and the Regulations, and unless the context indicates otherwise—

“**crew**” means persons on board a conveyance who are not passengers;

“**cross border freight operators**” means persons entering through the borders of the Republic for the purposes of transporting cargo;

(Editorial Note: The amendment by GN 1360 of 2020 does not issue an instruction to insert the definition of “cross border freight operators”. We suggest that the definition was intended to be inserted and have included this definition for your reference.)

“**frequent traveller**” means a person who travels through the borders of the Republic on more than one occasion within a fourteen-day period excluding airline crew and cross border freight operators;

(Editorial Note: The amendment by GN 1278 of 2020 does not issue an instruction to insert the definition of “frequent traveller”. We suggest that the definition was intended to be inserted and have included this definition for your reference.)

“**Health Officer**” means a health officer as defined in the National Health Act, 2003 (Act No. 61 of 2003);

“**human remains**” means human remains as defined in the Human Remains Regulations, mortal remains has similar meaning;

“**Human Remains Regulations**” means the regulations relating to the management of human remains made under section 68 (1) (b) read with section 90 (4) (c) of the National Health Act, 2003 and published in Government Notice No. R. 363 of 22 May 2013;

“**negative COVID-19 test result**” means a Polymerase Chain Reaction test result stating the particular names of the traveller corresponding to the passport and issued by a laboratory with its name indicated on the test result;

(Editorial Note: The amendment by GN 1278 of 2020 does not issue an instruction to insert the definition of “negative COVID-19 test result”. We suggest that the definition was intended to be inserted and have included this definition for your reference.)

“**PPE**” means personal protective equipment;

“**point of entry**” means a port of entry designated by the Cabinet Minister responsible for Home Affairs;

“**the Regulations**” means the regulations published in *Government Gazette* No. 43258, Government Notice No. R. 480 of 29 April 2020, as amended by Government Notice No. 608 of 28 May 2020 and Government Notice No. 714 of 25 June 2020.

2. Recruitment and Training of Human Resources.—(1) Additional health personnel must be recruited or seconded and deployed in strategic areas such as points of entry, surveillance, case investigation, laboratory service, mortuaries, environmental health and quarantine sites, etc. for the purposes of addressing, preventing and combating the spread of COVID-19.

(2) The recruitment process in relation to critical COVID-19 related posts must be shortened by advertising a post and effecting appointments within a period of a week, on condition that an appointment may be set aside depending on the outcome of personnel suitability checks and verification processes.

(3) Special technical skills required to support the Department and enhance capacity on a short term basis may be recruited in line with COVID-19 emergency acquisitions processes.

(4) Where required, officials must be urgently seconded within a week.

(5) All health personnel employed in both the public and private sector must be trained on COVID-19 for the effective and efficient management of the COVID-19 outbreak including the management of mortal remains.

3. Deployment of Human Resources.—(1) Health authorities in the three spheres of government must identify areas where there is a need for the deployment of health personnel to respond to the COVID-19 outbreak irrespective of their areas of jurisdiction or area of responsibility.

(2) All health personnel must be available for deployment to the identified sites such as quarantine facilities and any other areas that require health services.

4. Sourcing of Human Resources from the Expanded Public Works Programme, Retired Health Professionals, unemployed health professionals or graduates, Community Based Organisations and Non-Governmental Organisations to render services in identified sites.—(1) Retired health personnel, community services personnel, extended public works programme workers, unemployed health professionals or graduates, Community Based Organisations and Non-Governmental Organisations may be requested to fill in positions on a temporary basis to assist in responding to the COVID-19 outbreak.

(2) Health authorities in the three spheres of government must engage with Non-Governmental Organisations and individual retired health professionals to consider assisting government in rendering services in identified sites.

(3) Health authorities in the three spheres of government must liaise with the Department of Public Works and Infrastructure or relevant agencies for the purposes of

sourcing expanded public works programme workers to support the fight against COVID-19.

5. Provision of Health Equipment, Sanitation Materials and Medical Supplies.—(1) Health authorities in the three spheres of government must endeavour to source and provide health equipment, sanitation material and medical supplies to various sites as may be required to respond to the COVID-19 outbreak.

(2) All health care risk waste generated from the use of health equipment material and medical supplies must be treated in compliance with the provisions of the National Environmental Health Norms and Standards, published in *Government Gazette* No. 39561 of 24 December 2015.

(3) Personnel must be trained in the use of the items referred to in subparagraph (1) including PPE.

6. Disposal of waste and sanitation of equipment from quarantine or treatment facility.—(1) The segregation, storage, collection, treatment, handling and disposal of health care waste must be dealt with as provided for in the National Public Hygiene Strategy and Implementation Plan for 2020 available on the website of the National Department of Health.

(2) All medical equipment used in the quarantine and isolation facility must be sterilised first before it can be used again.

7. Identification and establishment of mortuaries that will accommodate all COVID-19 mortal remains.—(1) Municipalities must identify suitably authorised mortuaries with valid certificates of competence, for the accommodation of all COVID-19 mortal remains and further management.

(2) All Provincial Departments of Health must identify suitable government mortuaries that will accommodate COVID-19 mortal remains and determine their capacity.

(3) Private and government mortuary operators must make available additional mortuary capacity and multi-transportation for mortal remains should the need arise.

(4) Municipalities and traditional authorities must identify and make land available for multi-burials should the need arise.

8. Handling of COVID-19 mortal remains: General.—(1) The handling, transportation, importation, exportation and final disposal of COVID-19 mortal remains must be conducted only in accordance with chapters 4, 5 and 6 of the Human Remains Regulations.

(2) All persons handling COVID-19 mortal remains must wear suitable personal protective clothing at all times.

(3) All persons handling COVID-19 mortal remains must practice good personal hygiene such as washing hands with soap and water and using personal protective clothing.

(4) No person may at any given time make contact with, or touch, the mortal remains without wearing the appropriate PPE.

(5) Municipalities and private mortuary operators must ensure that the burial or cremation of COVID-19 mortal remains takes place in suitably approved cemeteries *or* crematoria, respectively.

(6) Where the carrying capacity of the cemetery may be exceeded as a result of COVID-19 deaths, the municipality or traditional authority may allow more than one human remain to a maximum of three human remains to be buried in one grave.

9. Handling of COVID-19 mortal remains in mortuaries or at funeral undertakers.—(1) All persons, preparing, transferring, washing, and handling the body must use full PPE at all times.

(2) A clear body bag must be used for transferring the body from the place of death to a premise for further handling.

(3) (a) When in the hospital or private mortuary, the body bag may be opened for family members (one at a time) to identify the human remains without touching the body.

(b) The mortuary attendant must wear full PPE at the mortuary.

(c) The family members must be provided with masks and gloves for the viewing and must not touch the body with bare hands.

(d) The undertaker must monitor and supervise the viewing of the human remains.

(4) (a) Washing of the human remains must be done by the funeral undertaker.

(b) If the family wishes to wash and/or dress the body, they may only do so under the funeral undertaker's supervision prior to the body being placed in the body bag or shroud or blanket prior to placing it in a coffin.

(c) Those carrying out the task referred to in subparagraphs (a) and (b) must wear PPE such as gloves, masks and waterproof coverall aprons.

(d) All PPE used must be safely disposed of immediately.

(5) Once the body has been washed and prepared for burial, no further washing or handling of the human remains is permitted.

(6) If a post-mortem is required, safe working techniques must be used, and full PPE must be worn.

(7) Where embalming is required it must be undertaken at a funeral undertaker's premises and the embalmer must wear full PPE.

(8) Where non reusable body bags are used, they must be cut immediately and disposed of as infectious waste.

(9) Reusable body bags must be washed, cleaned and disinfected prior to reuse and be kept in a good condition.

(10) A body bag, shroud or blanket may be used to cover the human remains for burial.

(11) A body bag may be used for medical reasons or where the family decides to bury using such body bag.

(12) Human remains and coffins may not be wrapped in plastic.

[Para. 9 substituted by GN 240 of 19 March 2021.]

10. Measures when a person passes on at home.—(1) In the event that a person dies at home of COVID-19, the person or persons attending to the mortal remains must not, at any stage, handle the mortal remains.

(2) Emergency Medical Services must be called immediately to declare the person dead, before removal by an undertaker.

(3) The deceased person's apparel and other articles on the deceased person's body must be handled with gloves and cleaned with a detergent followed by disinfection with a solution of at least 70% ethanol or 0.1% (1000 ppm) bleach.

(4) Clothing and other fabric worn by the deceased must be machine washed with warm water at 60°-90°C (140-194°F) and laundry detergent.

(5) If machine washing is not possible, linens may be soaked in hot water and soap in a large drum using a stick to stir while being careful to avoid splashing.

(6) The drum must then be emptied, and the linens must be soaked in 0.05% chlorine for approximately 30 minutes. Finally, the laundry must be rinsed with clean water and the linens must be allowed to dry in full sunlight.

(7) A specimen must be taken from a person who died outside of a health facility, excluding death as a result of trauma, by a—

- (a) medical practitioner when certifying a death at home;
- (b) medical practitioner at a funeral parlour when certifying a death; or
- (c) mortician or professional nurse at a funeral parlour.

[Sub-para. (7) inserted by GN 1278 of 3 December 2020.]

11. Conveyance of COVID-19 mortal remains.—(1)

[Sub-para. (1) deleted by GN 1278 of 3 December 2020.]

(2) No person other than an attending medical practitioner, an attending forensic pathologist or a medical practitioner who can prove that he or she has treated the deceased during illness, may certify that the person did not die of an infectious disease. A certificate or declaration that a person did not die of an infectious disease must—

- (a) accompany the mortal remains at all times during the conveyance and up to the burial; and
- (b) be shown to an Environmental Health Practitioner on demand, by the person responsible for the conveyance of the mortal remains.

(3) No person may—

- (a) damage a polythene bag or a sturdy non-transparent sealed coffin;
- (b) open such bag or coffin;
- (c) remove the mortal remains from the bag or coffin; or
- (d) come into direct contact with the mortal remains after the bag or coffin has been sealed, unless it is done on the funeral undertaker's premises with suitable PPE.

(4) Notwithstanding the provisions of subparagraph (1), the importation and exportation of human remains must be in accordance with requirements of the Human Remains Regulations.

12. Measures applicable to funerals and the burial or cremation of COVID-19 mortal remains.—(1) A funeral undertaker must deliver the mortal remains on the day of burial and not the night before the burial and must, at all times, ensure that the remains are not touched.

(2) The organiser or family member who applies for an authorisation letter to bury or cremate the mortal remains from the Municipality or relevant Traditional Council or leader, is also responsible for ensuring that health requirements are adhered to, during the funeral proceedings.

(3) Distributing printed funeral programmes to people attending the funeral or the guests is prohibited.

(4) Singing or speaking at the funeral without a facemask is prohibited.

(5) The use of a microphone is allowed provided that the microphone is sanitised after each speaker.

(6) After funeral gatherings, including “after tears” gatherings or rituals are prohibited.

13. Hygiene requirements for mortuary premises: COVID-19 remains.—(1) The mortuary must be kept clean and properly ventilated and illuminated at all times.

(2) Surfaces and instruments must be made of materials that can be easily disinfected as prescribed in the Human Remains Regulations.

(3) Surfaces, where the body was prepared, must first be cleaned with soap and water, or a commercially prepared detergent solution. After cleaning, a disinfectant with a minimum concentration of 0.1% (1000 ppm) sodium hypochlorite (bleach), or 70% ethanol must be used to disinfect.

14. Disposal of COVID-19 mortal remains: Burial or cremation.—(1) Cremation is highly recommended where a person has passed on due to COVID-19.

(2) A burial or cremation of COVID-19 mortal remains must be carried out in accordance with the Human Remains Regulations.

(3) (a) Burial services must be as short as possible but may not exceed two hours, in order to minimise possible exposure.

(b) Mourners must observe physical distancing during and after the burial service.

(4) Only close family members should attend a funeral and burial service.

(5) For the purposes of protecting the health of the mourners at a burial service, a person who is ill or is a patient should not attend a burial service irrespective of his or her relationship with the deceased.

(6) Those tasked with placing the body in the grave, on the funeral pyre, etc. must wear gloves and wash hands with soap and water once the burial is complete.

15. Disposal of COVID-19 Mortal Remains.—(1) The burial or cremation of the COVID-19 mortal remains must take place within five days from the date of death.

(2) The relevant district and/or metropolitan municipality in conjunction with the relevant local municipality must intervene where the burial or cremation of the COVID-19 mortal remains is not done within five days and such intervention must include the following:

(a) The district and/or metropolitan municipality must give the family of the deceased person notice that the COVID-19 mortal remains must be buried or cremated within 24 hours of the said notice;

(b) In the event of the family of the deceased person not complying with the notice referred to in subparagraph (a) the district and/or metropolitan municipality in conjunction with the local municipality, must proceed immediately with the burial or cremation of the COVID-19 mortal remains;

(c) The undertaker must inform the municipality or relevant authority if the undertaker is aware or suspects that the burial or cremation may not take place within five days.

(3) Should the death rate appear to exceed the capacity of available space to keep mortal remains, the relevant health authority and/or municipality may intervene to facilitate multi-burials.

(4) Municipalities or the tribal authority must ensure that a multi-burial is done in consideration of human dignity and the necessary controls must be put in place to ensure that mortal remains can be identified.

(5) Machinery (for digging and closing of graves) may be used if deemed fit to prevent the further spread of COVID-19 and when hand tools are used during the digging and closing of a grave, the tools must be sanitised.

(6) (a) Mourners and all other persons at the funeral must comply with all health requirements and must always wear their cloth face masks and sanitise their hands.

(b) Spraying of funeral attendees and graves with bleach or any other unapproved sanitisation material or chemicals for sanitisation purposes is prohibited.

(7) People carrying the coffin must wear disposable hand gloves, which must be disposed of properly.

(8) A maximum of 50 people are allowed to attend a funeral, including undertaker personnel.

[Para. 15 substituted by GN 240 of 19 March 2021.]

16. Persons exiting the Republic.—(1) A person exiting the Republic through a point of entry must be subjected to screening, including the completion of a traveller health questionnaire.

(2) A person who during screening, is found to have had exposure to COVID-19 or is presenting with any signs and symptoms of COVID-19 must be subjected to a medical examination which may include testing.

(3) Based on the outcome of the medical examination referred to in subparagraph (2), the Director-General: Health or any delegated person may make a decision on whether or not the person is allowed to exit the Republic.

(4) Persons found to have contracted COVID-19 pursuant to testing in terms of subparagraph (2) must be placed under mandatory isolation or hospitalisation.

(5) Persons placed under isolation as provided for in subparagraph (4) may be permitted to self-isolate at their own private residence if they comply with the criteria set-out in paragraph 19.

[Para. 16 amended by GNR.868 of 7 August 2020 and substituted by GN 1278 of 3 December 2020.]

17. Persons entering the Republic.—(1) A person entering the Republic must be subjected to screening on arrival at the point of entry, including the completion of a traveller health questionnaire.

(2) A person who, during screening, is found to have had exposure to COVID-19 or is presenting with any signs and symptoms of COVID-19, must be subjected to a medical examination which may include testing and isolation.

(3) A person entering the Republic must on arrival at the point of entry, provide to the port health official the following:

- (a) A completed Traveller Health Questionnaire; and
- (b) a valid negative COVID-19 Polymerase Chain Reaction test result, not older than 72 hours from the date of departure from the country of origin.

(4) A person who is not in possession of a valid negative COVID-19 Polymerase Chain Reaction test result will be subjected to antigen testing at the point of entry and may be subjected to quarantine at an approved facility at his or her own cost.

(5) A person referred to in subparagraph (4) and who is subjected to quarantine—

- (a) must, on arrival at the point of entry, complete and sign a written declaration committing to adhere to quarantine requirements;
- (b) will be liable for all costs related to testing, quarantine and transportation.

(6) Persons entering the Republic are encouraged to install the COVID Alert SA mobile application on their mobile phones.

(7) A person who experiences any signs and symptoms consistent with COVID-19 whilst in the Republic, must seek medical attention and inform the medical practitioner of his or her travel history.

(8) The following category of persons are exempted from provisions of subparagraph (3) (b) but must comply with applicable entry requirements set out by the Department of Home Affairs:

- (a) Daily commuters from neighbouring countries who attend or teach at a school in the Republic;
- (b) Children below the age of five years;
- (c) cross border freight operators;
- (d) Airline crew and;
- (e) Medical evacuation crew undertaking medical evacuations.

(9)

[Sub-para. (9) deleted by GN 240 of 19 March 2021.]

(10) Frequent travellers must comply with subparagraph (3), but the initial test result presented on entry for subsequent travel remains valid for 14 days.

(11) A person referred to in subparagraphs (8) must adhere to COVID-19 health protocols and must—

- (a) be subjected to screening protocols on arrival at the point of entry;
- (b) complete the Traveller Health Questionnaire; and
- (c) be subjected to a medical examination which may include testing, where necessary.

(12) (a) Airline crew permitted to layover by the Department of Transport may do so at a facility identified by the employer and must inform port health of such facility.

(b) Monitoring of crew in the layover facility is the responsibility of the employer.

[Para. 17 amended by GNR.868 of 7 August 2020 and substituted by GN 1278 of 3 December 2020 and by GN 1360 of 15 December 2020.]

18. Cost of Quarantine for Persons Entering the Republic.—(1) A traveller entering the Republic or his or her employer must bear the cost of quarantine and isolation.

(2) The employer must bear the costs of the quarantine and isolation of airline crew and cross border freight operators.

(3) Employers who wish to have their employees in quarantine or isolation facilities of the employers' choice must pay all costs incurred.

(4) Monitoring and testing of travellers in quarantine or isolation facilities remain the responsibility of the traveller or employer.

[Para. 18 substituted by GN 1278 of 3 December 2020.]

19. Criteria for self-quarantine and self-isolation for persons inside the Republic.—(1) In order to qualify for self-quarantine or self-Isolation, the applicant must have the following:

- (a) Separate well ventilated bedroom with a bathroom and toilet, or a residence that is not shared with persons who are not subject to quarantine;

- (b) meals served in the room in disposable utensils or utensils that are separate and are washed properly, if there are persons who are not subject to quarantine;
 - (c) support from friends or family that can facilitate the drop off of food and medicine at the gate if they are not able to make use of online shopping facilities and contactless deliveries;
 - (d) thermometer that will allow him or her to measure his or her temperature daily;
 - (e) access to the internet and a phone that allows the daily reporting of symptoms;
 - (f) access to a private physician that he or she can contact should he or she be in need of medical advice or care; and
 - (g) a contact number where he or she can be reached during the period of self-quarantine or self-isolation.
- (2) The 10-day period of quarantine and isolation applies to persons—
- (a) entering the Republic without a valid test certificate who are subjected to quarantine;
 - (b) who upon entry, have been screened and found to be COVID-19 positive or suspected of having contracted COVID-19; and
 - (c) who are inside the Republic and have to be quarantined (either because they are suspected of having contracted COVID-19 or of having been in contact with a person who is a carrier of COVID-19) or isolated (because they are confirmed as clinical or laboratory cases having contracted COVID-19).

[Para. 19 amended by GN 1278 of 3 December 2020. Sub-para. (2) substituted by GN 1278 of 3 December 2020.]

20.

[Para. 20 amended by GNR.868 of 7 August 2020 and deleted by GN 1278 of 3 December 2020.]

21. Designation of quarantine facilities.—The National Department of Health, provincial departments of health, the Department of Public Works and Infrastructure and municipalities must collaboratively allocate and designate quarantine facilities which will be under the management of the provincial departments of health, and which must provide, amongst others, the following:

- (a) Primary health care services including test swabs and supporting medical services;
- (b) Environmental health services;
- (c) Emergency medical services;
- (d) Forensic pathology services; and
- (e) PPE.

(2) Quarantine or isolation facilities must adhere to the criteria stipulated in the approved guidelines for quarantine and isolation.

[Sub-para. (2) inserted by GN 1278 of 3 December 2020.]

(Editorial Note: Numbering as per original *Government Gazette*.)

21A. A symptomatic person.—(1) A person who tests positive for COVID-19 and is symptomatic with mild disease (not requiring hospitalisation for COVID-19) must be isolated for a period of at least 10 days from the date when the symptoms set in.

(2) A person may de-isolate 10 days after the onset of symptoms, provided that the person no longer has fever and his or her other symptoms have improved.

(3) A symptomatic person with moderate-severe disease must be isolated for 10 days after recovery when the person no longer requires supplemental oxygen and is clinically stable.

(4) Contact tracing must be conducted for close contacts (any individual within two metres of an infected person for at least 15 minutes) of laboratory-confirmed or probable COVID-19 patients.

[Sub-para. (4) inserted by GN 1278 of 3 December 2020.]

(5) Remote communications for the purposes of case investigation and contact tracing must be utilised and in-person communication may be used after remote options have been exhausted.

[Sub-para. (5) inserted by GN 1278 of 3 December 2020.]

(6) Testing is recommended for all symptomatic close contacts of confirmed or probable COVID-19 patients.

[Para. 21A inserted by GNR.868 of 7 August 2020. Sub-para. (6) inserted by GN 1278 of 3 December 2020.]

21B. An asymptomatic person.—(1) An asymptomatic person who tests positive for COVID-19 must be isolated for 10 days from the day of his or her positive test.

(2) Asymptomatic close contacts must self-quarantine and be monitored for 10 days after their last exposure, with linkage to clinical care for those who develop symptoms.

[Para. 21B inserted by GNR.868 of 7 August 2020 and substituted by GN 1278 of 3 December 2020.]

21C. Repeat testing.—(1) Repeat testing is not required in order for a person to de-isolate.

(2) A close contact who tests positive (symptomatic or asymptomatic) must be managed as a confirmed COVID-19 case.

(3) If testing cannot be conducted, a symptomatic close contact must self-isolate and be managed as a probable COVID-19 case.

[Para. 21C inserted by GNR.868 of 7 August 2020 and substituted by GN 1278 of 3 December 2020.]

22. Medical evacuation through air or land points of entry.—(1) Persons or medical evacuation companies intending to undertake medical evacuations for emergency medical attention for a life threatening condition or critical medical treatment, must obtain approval from the Department of Health prior to arrival in the Republic.

(2) Requests for approval for such medical evacuation must be submitted using Forms AC 1 and AC 2 attached to these Directions.

(3) When a patient who is a minor or a person with disability is being evacuated, only one responsible adult may accompany the minor or the person with disability.

[Sub-para. (3) substituted by GNR.868 of 7 August 2020.]

(4) Medical evacuation companies must have a medical surveillance plan in place for ongoing screening of the medical evacuation crew and must attach the plan to the application for the evacuation of a patient.

(5) Medical evacuation crew must adhere to PPE requirements and must be subjected to screening at the point of entry.

(6) In addition to screening, the medical evacuation crew member may be subjected to a medical examination which may include testing.

(7) If a medical crew is found to be experiencing any signs and symptoms for COVID-19, he or she will be isolated.

23. Cargo and Crew vessels.—(1) Ship crew who intend disembarking in the Republic, must produce a valid negative COVID-19 test result not older than 72 hours from the date of signing onto the vessel.

(2) A crew member who is not in possession of a valid negative COVID-19 test result will be subjected to testing for COVID-19 on arrival and may be subjected to quarantine at an approved facility at the employers cost.

[Para. 23 amended by GNR.868 of 7 August 2020 and substituted by GN 1278 of 3 December 2020.]

24.

[Para. 24 amended by GNR.868 of 7 August 2020 and deleted by GN 1278 of 3 December 2020.]

25. Maritime safety precautions.—(1) Masters of vessels must maintain a medical log of daily temperature screening of all persons on board and this must be presented to the Port Health Officer on request.

(2) Persons disembarking and embarking vessels must wear PPE, maintain physical distancing, ensure good hand hygiene and their luggage must be sanitised.

26. Medical evacuations from vessels.—(1) All emergency medical evacuations to be conducted from vessels out at sea must be communicated by the shipping agent and Maritime Rescue Coordination Centre (MRCC) to Port Health Services of the nearest harbour.

(2) Evacuation of seafarers, passengers, mariners on board all ships along the South African coastline must be allowed in terms of Search and Rescue as well as the Merchant Shipping Act, 1951 (Act No. 57 of 1951), and subject to the following:

- (a) The evacuation must comply with the provisions relating to medical evacuations contained in the South African Maritime and Aeronautical Search and Rescue Act, 2002 (Act No. 44 of 2002); and
- (b) the evacuation must be carried out in terms of the MRCC SOPS and Marine Notice 24 of 2020.

27. Local air travel.—(1) All persons undertaking local air travel must be subjected to screening before departure.

(2) Persons found to have an elevated temperature or symptoms consistent with COVID-19 must be subjected to a medical examination which may include testing and may not be allowed to board the aircraft.

28. Cross Border Truck Operators.—(1) A person operating cross border trucking for the movement of goods must be subjected to screening at the point of entry and where necessary, medical examination.

(2) Testing contemplated subparagraph (1) must be at the cost of the employer.

(3) A cross border truck operator who has tested positive for COVID-19 whilst outside the borders of the Republic and who returns to the Republic must inform the port health official at the point of entry of his or her intention to return prior to returning.

(4) The employer of the truck operator referred to in subparagraph (3) must ensure that arrangements are made for the safe transportation of the truck operator from the point of entry to the isolation area or medical facility for medical attention.

[Sub-para. (4) substituted by GNR.868 of 7 August 2020.]

29. Control Measures for Public places.—Government departments, municipalities and private entities responsible for public places must—

- (a) ensure that public hygiene measures are implemented in all public places as described in the National Public Hygiene Strategy, 2020;
- (b) ensure that public places are cleaned and disinfected;
- (c) provide for hand hygiene; and
- (d) enable the practice of physical distancing.

30. Extension of registration for manufacturers or suppliers of fortification mixes.—A food fortification mix manufacturer, supplier or an importer who is required to register in terms of the Regulations Relating to the Fortification of Certain Foodstuffs, published in Government Notice No. R. 504 of 07 April 2003 and whose registration has expired or will expire during the period of the national state of disaster is deemed to be registered for the duration of the national state of disaster or pending the conduct of an audit.

31. Withdrawal and Transitional measures.—(1) The Directions issued under Government Notice No. 457, published in *Government Gazette* No. 43217 of 8 April 2020 are hereby withdrawn.

(2) The withdrawal of the Directions referred to in subparagraph (1) does not affect the validity of anything done in terms of those Directions.

32. Commencement.—These Directions come into operation on the date of publication in the *Government Gazette*.

FORM AC1

NOTIFICATION OF TRANSPORTATION OF A PATIENT/SICK PASSENGER PER AIRCRAFT/VESSELS/VEHICLE TO SOUTH AFRICA (AC1)

To be completed faxed or sent by e-mail (or phoned through) to the Port Health Officer at:

Port of Entry: Tel: Fax:

E-mail: Province:

MODE OF TRANSPORT INFORMATION

Mode of Transportation:

Flight/Vessel/registration no:

Port of Entry/departure:

Date of departure: Time of departure:

Point of Entry of disembarkation:

Date of arrival: Time of arrival:

Seat no:

INFORMATION OF PATIENT/SICK PASSENGER

Name of patient/sick passenger:

Age: Gender:

Nationality:

Passport no:

Medical condition of patient/Diagnosis (confirmed or suspected):

Presenting Condition

Date of onset
 Treatment given thus far
 Has the patient had fever during this illness or few days earlier (yes or no)

Countries lived in or visited during previous 21 days:

INFORMATION OF HOSPITAL/INSTITUTION IN SOUTH AFRICA

Name of hospital/institution responsible for treatment of patient:
 Treating doctor:
 Contact person:
 Tel: Fax no:
 Email:

MEDICAL EVACUATION COMPANY:

Medical Evacuation Company:
 Contact Person:
 Tel: Email:
 Airline/vessel/vehicle company responsible:
 Signature of Applicant: Date:

FORM AC2

**NOTIFICATION OF SYMPTOMS OF PATIENT/SICK PASSENGER
 TRANSPORTED PER VESSELS/VEHICLE/AIRCRAFT TO SOUTH AFRICA (AC2)**

1. To be completed by Medical companies

The form should be faxed or sent by e-mail to the Port Health Officer (PHO) or may be submitted to the PHO on arrival.

The form should be given to pilot/captain/driver who should give the information to the PHO of the destination port;

Reference number of PHO on form PH1 to approve transportation;

A completed Form AC1 should accompany this form if not yet submitted to PHO.

To be completed and faxed/sent by e-mail (or phoned through) to the Port Health Officer at:

NAME: Port of Entry:

Tel: Fax: E-mail:

Province:

OR

To be completed by Pilot/Captain/driver (crew member on his/her behalf) with the sick passenger on board.

Information should be provided to Port Coordinators/immigration officers or the control tower of the destination airport; or the form should be submitted to the PHO on arrival.

Flight no:		Seat no:		Date:	
Name of patient/sick passenger:					
CONDITION OF PATIENT/SICK PASSENGER (Tick in relevant box)					
NO	SIGNS/SYMPTOMS	YES	NO	UNCERTAIN	

	Does the patient have the following symptoms?			
1	Fever	°C/	°F	
	Temperature if above 38° C			
2	Severe headache			
3	Abnormal sweating			
4	Rapid breathing (Shortness of breath)			
5	Excessive coughing			
6	Severe vomiting			
7	Diarrhoea			
8	Bleeding			

Other symptoms/Diagnosis (Confirmed or working):

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NB Temperature to be written down, whether the patient has a fever or not (Compulsory)

I hereby confirm that the above-mentioned information is true and correct:

Name and Surname:

Signature: Date:
