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GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF HEALTH

NO. 796

17 JULY 2020

DIRECTIONS ISSUED IN TERMS OF REGULATION 4(1)(a) OF THE REGULATIONS MADE UNDER SECTION 27(2) OF THE DISASTER MANAGEMENT ACT, 2002 (ACT No. 57 OF 2002): MEASURES TO ADDRESS, PREVENT AND COMBAT THE SPREAD OF COVID-19

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.



DR ZWELINI LAWRENCE MKHIZE, MP
MINISTER OF HEALTH

DATE: 15/07/2020

Schedule

Definitions

1. 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;

“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;

“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.

Recruitment and Training of Human Resources

2. (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.

Deployment of Human Resources

3. (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.

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

4. (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.

Provision of Health Equipment, Sanitation Materials and Medical Supplies

5. (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.

Disposal of waste and sanitation of equipment from quarantine or treatment facility

6. (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.

Identification and establishment of mortuaries that will accommodate all COVID-19 mortal remains

7. (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.

Handling of COVID-19 mortal remains: General

8. (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.

Handling of COVID-19 mortal remains in mortuaries or at funeral undertakers

9. (1) A body bag must be used for transferring the body from the mortuary to a private undertaker, to be exported for non-South Africans or to the family for final burial or cremation. Those handling the body at this point must use full PPE.

(2) The outer surface of the body bag must be decontaminated immediately after the body has been put into the bag and may require at least two individuals wearing the appropriate PPE, in order to manage this process.

(3) The trolley carrying the body must be disinfected prior to leaving the ward or anteroom.

(4) Prior to leaving the ward or anteroom, the staff members must remove their PPE.

(5) (a) Once in the hospital or private mortuary, the body bag may be opened for family members (one at a time) to view the human remains.

(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.

(6) Washing or preparing the mortal remains is allowed provided those carrying out the task wear PPE such as gloves, masks and waterproof coverall and all PPE used must be disposed of immediately. However, the washing and preparing of the mortal remains by family members is not encouraged due to the health risks.

(7) Mortuary staff and funeral directors must be advised by the Environmental Health Practitioner of the biohazard risk.

(8) No washing is allowed out of the mortuary or funeral undertaker's premises.

(9) If the family wishes to dress the body, they may do so at the funeral undertaker's premises prior to the body being placed in the body bag and those carrying out the task must wear PPE such as gloves, masks and waterproof coverall apron and all PPE used must be disposed of immediately.

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

(11) In order to avoid excessive manipulation of the body, embalming is not recommended; however, if embalming is undertaken, the embalmer must wear full PPE.

(12) After use, empty body bags must be cut and disposed of as health care risk waste.

(13) After use, the reusable empty heavy duty body bags must be treated in terms of existing procedures.

Measures when a person passes on at home

10. (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.

Conveyance of COVID-19 mortal remains

11. (1) The mortal remains of a COVID-19 patient may not be conveyed in public in any way unless-

- (a) such remains are placed in a polythene bag, sealed in an airtight container, placed in a sturdy non-transparent sealed coffin, and the total surface of the body is covered with a 5 cm layer of wood sawdust or other absorbent material

which is treated with a disinfectant: Provided the embalming is done only if the mortal remains are transported across borders or for long distances;

- (b) a transparent body bag is utilised for ease of verification of the human remains without breaking the seal of the body bag;
- (c) a medical practitioner declares, in writing, that in his or her opinion the conveyance of such mortal remains will not constitute a health hazard if handled in accordance with the requirements provided for above; and
- (d) the body is transported in an authorised vehicle designated and certified to transport mortal remains.

(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.

Prohibition of viewing and storage of COVID-19 body at home

12. A funeral undertaker must deliver the mortal remains on the morning of burial and not the night before the burial and must ensure that the remains are not touched.

Hygiene requirements for mortuary premises: COVID019 remains

13. (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.

Disposal of COVID-19 mortal remains: Burial or cremation

14. (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.

Disposal of COVID-19 Mortal Remains

15. (1) The COVID-19 mortal remains must not be kept for more than seven days at the mortuary.

(2) The relevant health authority may intervene where mortal remains are not claimed within seven days.

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

(4) Municipalities 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 digging and closing of the grave, the tools must be sanitised.

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

Persons exiting the Republic

16. (1) All persons exiting the Republic through a point of entry must be subjected to screening.

(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.

(3) Based on the outcome of the medical examination referred to in sub-paragraph (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 subparagraph (2) may be placed under mandatory isolation.

(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 20.

Persons entering the Republic

17. (1) All persons entering the Republic through any point of entry-

- (a) must be subjected to screening at the point of entry and may be placed under mandatory quarantine for a minimum period of 14 days; and
- (b) may be permitted to self-quarantine at a place that complies with the criteria set out in paragraph 20.

(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) A person who wishes to be placed under self-quarantine or his or her employer must submit a written application, 72 hours prior to the intended date of travel, to the Director-General: Health to obtain approval.

(4) An application referred to in subparagraph (3) must be supported by the following:

- (a) Particulars of the place and address where self-quarantine will take place;
- (b) written declaration committing to all conditions for self-quarantine;
- (c) copy of Identity Document or Passport;
- (d) contact details where the applicant may be reached for the duration of the quarantine period; and
- (e) details of his or her itinerary for the last 30 days.

(5) Where approval for self-quarantine has not been granted or it has been determined that the person has failed to adhere to the self-quarantine conditions, such a person will be placed at in a state identified quarantine facility.

(6) Subject to subparagraphs (7) and (8), the Director-General: Health may exempt the following categories of persons from the requirement for quarantine:

- (a) Persons arriving in the country to attend the funeral of an immediate family member;
- (b) persons who, for medical reasons, are unable to undergo quarantine;
- (c) cross border truck drivers; and
- (d) commuting cross border school learners, students, educators and persons transporting them.

(7) Persons referred to in subparagraph (6) will be subjected to screening at the point of entry and where necessary, medical examination and daily monitoring by a health officer.

(8) Persons referred to in subparagraph (6) (a) and (b) must submit a written request to the Director-General: Health with supporting documentation prior to written approval, for an exemption from quarantine, being granted.

(9) Persons exempted from quarantine by the Director-General: Health must, on arrival, adhere to COVID-19 precautionary measures and conditions communicated by a port health official.

Cost of Quarantine

18. (1) Where exceptional circumstances make it necessary for the mandatory quarantine or isolation of a person entering the Republic to take place in a manner which involves the incurring of additional costs beyond those ordinarily incurred as a result of mandatory quarantine or isolation, the Director-General: Health may direct that such person, or his or her employer, is to pay the additional costs incurred.

(2) Self-quarantine and self-isolation are at own or the employer's expense.

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

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

(5) Monitoring and testing of employees in quarantine or isolation remains the responsibility of the employer and this would be at no cost to the state.

Criteria for self-quarantine and self-isolation

19. (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) If a person's application is approved by the Director-General: Health he or she will be allowed to self-quarantine or isolate on arrival and will be subjected to health reporting protocols and regular follow-ups by the Department of Health.

Quarantine of aircraft crew: International travel

20. (1) A crew member other than those referred to in paragraph 23, who has been permitted to disembark, irrespective of circumstances, must be subjected to screening and quarantine for a minimum period of 14 days if such crew member has concluded his or her operation.

(2) Where a crew member is in transit or is still required to undertake an operation or board or depart for international travel within the 14 days quarantine period, such a crew member must be quarantined at a facility identified and managed by the employer.

- (3) All costs related to such quarantine must be borne by the employer.

Designation of quarantine facilities

21. 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.

Medical evacuation through air or land points of entry

22. (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 is being evacuated, only one responsible adult must be allowed to accompany the minor.

(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.

Cargo and crew vessels

23. (1) A person disembarking from a cargo and passenger vessel must be subjected to screening and mandatory quarantine for a minimum period of 14 days.

(2) A crew member embarking a cargo or passenger vessel must self-quarantine for a minimum period of 14 days and must be screened prior to joining the vessel.

(3) A crew member required to self-quarantine must maintain a daily body temperature log for the duration of self-quarantine.

(4) A crew member undertaking operations within South African territorial waters must be screened and upon completion of the operations may be required to self-quarantine.

Fishing vessels

24. (1) South African fishers from South African registered fishing vessels must be subjected to screening before embarking on a fishing vessel.

(2) Fishers referred in subparagraph (1), upon returning to port directly from fishing grounds and without having transhipped cargo on the high seas, must be subjected to screening and may be permitted to self-quarantine at home.

(3) Fishers undertaking operations within South African territorial waters may be screened upon completion of the operations.

(4) Fishers disembarking from international registered fishing vessels must be subjected to screening and mandatory quarantine for a minimum period of 14 days.

(5) Fishers embarking international fishing vessels permitted to operate from South Africa must self-quarantine for a minimum period of 14 days and be screened prior to joining

and must be required to maintain a daily body temperature log for the duration of self-quarantine.

Maritime safety precautions

25. (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.

Medical evacuations from vessels

26. (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.

Local air travel

27. (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.

Cross Border Truck Operators

28. (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 (4) 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.

Control Measures for Public places

29. 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.

Extension of registration for manufacturers or suppliers of fortification mixes

30. 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.

Withdrawal and Transitional measures

31. (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.

Commencement

32. 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				
	Temperature if above 38° C	°C/	°F		
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):

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: _____

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