

**GNR.180 of 10 February 1967: General health regulations promulgated in terms of the Public Health Act, 1919**

DEPARTMENT OF HEALTH

**as amended by**

| <b>Notice</b> | <b>Government Gazette</b> | <b>Date</b>     |
|---------------|---------------------------|-----------------|
| R.988         | 9728                      | 3 May 1985      |
| R.1256        | 10297                     | 27 June 1986    |
| R.185         | 10594                     | 30 January 1987 |

The Minister of Health has by virtue of the powers vested in him by sections 112, 115, 132 and 157 of the Public Health Act, 1919 (Act [No. 36 of 1919](#)), made the following general health regulations as set out below:

ARRANGEMENT OF REGULATIONS

- [1.](#) Definitions
- [2.](#) Scope of regulations

[PART I](#)

PREMISES AND DWELLINGS

[PART II](#)

REMOVAL OF NIGHT-SOIL, REFUSE, ETC.

[14-16.](#)

[PART III](#)

POLLUTION OF WATER

[17-21.](#)

[PART IV](#)

THE KEEPING OF ANIMALS AND POULTRY

[22-26.](#)

[PART V](#)

BUTCHERIES

[PART VI](#)

TRANSPORTATION OF MEAT

[37-39.](#)

[PART VII](#)

SUPPLY OF MILK

[PART VIII](#)

RESTAURANTS, REFRESHMENT ROOMS OR TEA-ROOMS, EATING-HOUSES, ETC.

[PART IX](#)

HOTELS, BOARDING-HOUSES AND LODGING-HOUSES

[100-107.](#)

[PART X](#)

SWIMMING-BATHS

[108-111.](#)

[PART XI](#)

CAMPING GROUNDS AND CARAVAN PARKS

[112-122.](#)

## SCHEDULES

|                            |   |
|----------------------------|---|
| <a href="#">Schedule A</a> |   |
| <a href="#">Schedule B</a> | Registration as a purveyor of milk/dairyman   |
| <a href="#">Schedule C</a> | Registration of premises to be used as dairy/milk shop  |
| <a href="#">Schedule D</a> | Application to carry on a camping round/caravan park business   |
| <a href="#">Schedule E</a> | Notice of application to carry on a camping round/caravan park business                                   |
| <a href="#">Schedule F</a> | Certificate of registration for the carrying on and maintenance of a camping ground/caravan park business |

**1. Definitions.**-In these regulations, unless inconsistent with the context-

**"abattoir"** includes all buildings, kraals, pens, sites and open spaces situated within the boundaries of the premises provided for the slaughtering of any bovine, calf, sheep, lamb, goat, pig or any other animal or bird intended for human consumption;

**"animal"** means a mule, ass, horse, donkey, foal, pig, piglet, bovine, calf, sheep, lamb, goat or kid;

**"approved"** means as approved by the Regional Director;

**"article of food"** or **"food"** or **"foodstuff"** means any part of an animal, poultry or any product prepared therefrom, and includes fish, fruit and vegetables, condiments, confectionery, bread, beverages and any other article or thing (excluding medicine or water but including ice) in any form, state or stage of preparation, which is intended or ordinarily used for human consumption;

**"bakery"** means any premises where bread, bread rolls, cake or confectionery is prepared to be sold or to be offered for sale;

**"butcher"** means any person or company or firm in possession of or required to be in possession of a butcher's licence issued in terms of the relevant Act;

**"butcher's meat"** means the carcass, or meat, or offal of any bovine, calf, sheep, lamb, goat, pig or any other quadruped or bird intended for human consumption, but shall not include canned meat;

**"butchery"** means any premises used for the sale of butcher's meat and for keeping, storing, preparing or exposing butcher's meat intended for sale, or used in any other way for the purpose of a butcher's business and includes the shop and associated rooms;

**"camping"** means the erection or use of any temporary structure intended for temporary use by persons for dwelling or sleeping purposes, and includes the erection or use of tents intended for such purposes, but not the parking or use of any caravan;

**"camping ground"** means any premises on which any temporary or removable structure, including a tent but excluding a caravan, intended for temporary use by persons for dwelling or sleeping purposes is erected or used or intended to be erected or used;

**"caravan"** means any vehicle or similar structure which is capable of being moved or removed or towed and which has no foundation other than wheels or jacks and is designed or built in such a manner that persons may use such vehicle or structure for dwelling or sleeping purposes, and includes (without prejudice to the definition) any mobile house or trailer or travelling trailer;

**"caravan park"** means any premises offering accommodation for two or more caravans or intended for such accommodation, whether or not any charge is made for such accommodation;

**"caravan space"** means any piece of land or any allotment within any caravan park, appointed or used or intended for the accommodation of one caravan;

**"carrier"** has the meaning assigned thereto in [regulation 1](#) promulgated by Government Notice No. R.548, dated 7th April, 1966;

**"dairy"** . . . . .

[Definition of ["dairy"](#) deleted by [GNR.1256 of 1986.](#)]

**"dairyman"** . . . . .

[Definition of ["dairyman"](#) deleted by [GNR.1256 of 1986.](#)]

**"hawker"** means an itinerant retailer in one or more kinds of wares which may include fresh produce and foodstuffs. The words **"peddler"** and **"vendor"** have the same meaning;

**"holder of a certificate of registration"** means any person registered by the local authority under the relevant provisions of these regulations;

**"hotel boarding-house and lodging-house"** means any premises where board or lodging is provided on a profit basis for more than five persons and includes associated buildings and recreational facilities on such premises;

**"lighted"**, in relation to any room or place in which any person dwells or works or where any food or beverage for human consumption is sold or prepared for sale, means that the total unobstructed window area, at least half of which shall be capable of opening, shall be not less than one-tenth of the floor area of such room or place; and, in relation to any room or place in which food or any other thing is stored or kept, that the total unobstructed window area shall be not less than one-twelfth of the floor area of such room or place;

**"local authority"** means a magistrate acting in terms of [section 9](#) of the Public Health Act;

**"meat product"** means any product made of butcher's meat with spices and condiments, with or without farinaceous or other vegetable substances;

**"mileage"** means a rate of 10 cents per mile covered by the inspecting officer, calculated from and back to the magistrate's office or Bantu Affairs Commissioner's office or police station nearest the premises in respect of which a certificate of fitness has been applied for. Should it be necessary for the inspecting officer to inspect several premises for the purpose of a certificate of fitness in the course of one trip, mileage shall be calculated for each of the applicants concerned on an approved pro rata basis;

**"milk"** means the milk obtained from a cow and includes "sour milk" marketed as such, as well as skim-milk, separated milk and buttermilk but not colostrum, cream or powdered milk or condensed milk in hermetically sealed containers;

**"milk shop"** . . . . .

[Definition of "[milk shop](#)" deleted by [GNR.1256 of 1986](#).]

**"overcrowded"**, in relation to any room or place where any person works or dwells, means that there is less than 40 sq. feet of floor space and less than 40 cubic feet of air space for each occupier over the age of 10 years and at least half of this space for each occupier younger than 10 years, except any room or place covered by the provisions of the Bantu Labour Act, 1964, or regulations made thereunder, in which case the provisions of the said Act and regulations shall apply; and **"overcrowding"** shall have a corresponding meaning;

**"poultry"** means a duck, muscovy duck, fowl, goose or turkey;

**"purveyor of milk"** . . . . .

[Definition of "purveyor of milk" deleted by [GNR.1256 of 1986](#).]

**"Regional Director"** means any Regional Director of State Health Services or any Assistant Regional Director of State Health Services;

**"restaurant"** means any premises where any article of food is prepared for selling purposes or offered for sale to be consumed on or in such premises and where accommodation is provided for this purpose;

**"rodent-proof"** has the meaning assigned thereto in regulation 2 (a) and (b) promulgated by Government Notice No. R.1411, dated 23rd September, 1966;

**"structure"** means any stable, lean-to, pigsty, kraal, covering or building used for the keeping, sheltering or enclosing of animals;

**"swimming-bath"** means any premises where swimming-bath facilities are provided for the public at a charge and includes the associated buildings and also relates to any swimming-bath forming part of the recreational facilities of any hotel, boarding-house or lodging-house; and **"keeper of a swimming-bath"** has a corresponding meaning;

**"tea-room"** means any premises where tea, coffee or any similar beverage, cold drinks or mineral water, ice cream, sweets, confectionery or any other prepared light refreshment not cooked on such premises are sold or offered for sale for consumption on such premises and where accommodation is provided on such premises for this purpose;

**"ventilate"**, in relation to any room or place where any food or beverage is kept or prepared for human consumption, or where any person works or dwells, means that such room or place is ventilated by one or more windows opening directly to the outer air and capable of opening entirely or partly and so placed as to make an effective through-draught or cross-ventilation possible.

Any other expression in these regulations unless the context otherwise indicates, has the same meaning as that assigned thereto in the Public Health Act, 1919 (Act [No. 36 of 1919](#)). The Regional Director shall decide for the purpose of these regulations on the meaning of "proper", "effective", "sufficient", "suitable", "adequate", or "satisfactory".

**2. Scope of regulations.**-These regulations shall apply to every area of the Republic where the magistrate is the "local authority" in terms of [section 9](#) of the Public Health Act, 1919, excluding the Bantu areas, namely scheduled area, as described in [the Schedule](#) to the Bantu Land Act, 1913 (Act [No. 27 of 1913](#)), and land in released areas as described in the Bantu Trust and Land Act, 1936 (Act [No. 18 of 1936](#)), of which the Trust or a

Bantu is the registered owner, or which has been registered in the name of the Minister of Bantu Administration and Development or any other person in trust for a Bantu, a Bantu tribe or a Bantu community, or which is registered in the name of a deceased Bantu.

PART I  
PREMISES AND DWELLINGS  
[[Part I](#) withdrawn by GNR.1256 of 1967.]

PART II  
REMOVAL OF NIGHT-SOIL, REFUSE, ETC.

**14.** No person shall deposit or cause or allow to be deposited any refuse, night-soil, litter, waste, manure or any offensive matter or liquid in or on or near any street, public thoroughfare, proclaimed or public road, public place or common land so as to be offensive or a nuisance or injurious or dangerous to health, or to promote the breeding of flies and mosquitoes, or to harbour rodents.

**15.** (1) No person who removes or causes or allows to be removed from any premises or along any road, public thoroughfare, proclaimed or public road, or from any public place or common land any refuse, night-soil, litter, waste, manure or offensive matter or liquid shall in the process of removal deposit or cause or allow to be deposited any such refuse, night-soil, litter, waste, manure, offensive matter or liquid in or on any such street, public thoroughfare, proclaimed or public road, public place or common land so as to be offensive, or a nuisance, or injurious or dangerous to health, or liable to be offensive, or a nuisance, or injurious or dangerous to health.

(2) For the purpose of such removal a suitable container, receptacle or vehicle so used or contrived or furnished with a suitable covering as to prevent the contents thereof from spilling or falling out, shall be used in every case.

(3) If in the process of such removal any person spills or drops or causes or allows to be spilt or dropped in or on any street, public thoroughfare, proclaimed or public road, public place, or common land any such refuse, night-soil, litter, waste, manure, offensive matter or liquid, he shall immediately remove or cause to be removed from the place where it was spilt or dropped all such refuse, night-soil, litter, waste, manure, offensive matter or liquid and shall immediately thereafter thoroughly clean such place.

(4) Nothing contained in these regulations shall be deemed to prohibit the dumping of any refuse, night-soil, litter, waste, manure, offensive matter or liquid in any place specially set apart by the local authority for that purpose, in such an approved manner as not to be offensive, or a nuisance or injurious or dangerous to health.

**16.** No person shall cause or allow any offensive liquid to flow either above or below the surface of the ground or through the soil from his premises onto any public thoroughfare, proclaimed or public road, public place, common land or into any stream, water course or water furrow.

PART III  
POLLUTION OF WATER

**17.** No person shall deposit in or cause or allow to be deposited in or cause or allow to enter or to discharge into any water supply which the public within the district of the local authority has a right to use and does use, any matter, liquid or thing which is infectious or is injurious to man: Provided that the addition to such water supply of liquids or other substances used by the local authority to combat snails, insects, pathogenic organisms, etc., which may spread diseases or cause a nuisance shall not be excluded hereby.

**18.** (1) No person shall so add or cause or allow to be so added any infectious, offensive or noxious matter, effluent, fluid or thing to any water supply which the public within the district of the local authority has a right to use and does use, as to be a nuisance or a danger to health.

(2) No person shall so keep or cause or allow to be so kept any animal or bird by the side of, or in immediate proximity to, any water supply which the public within the district of the local authority has a right to use and does use, as to cause pollution of such water or to be a nuisance or dangerous to health.

**19.** No person shall cause or allow any animal or bird to enter or in any other way pollute any water supply which the public within the district of the local authority has a right to use and does use, so as to pollute such water

or render it liable to pollution in such a manner as to be a nuisance or a danger to health.

**20.** No person shall bathe, or wash or cause or allow to be washed any garment or any other article or animal in, or in any place which drains into, any water supply which the public within the district of the local authority has a right to use and does use as drinking water or for domestic purposes (whether or not such water supply is derived from sources within or outside such district): Provided that these regulations shall not apply in the case of any stream, water course or water furrow-

- (1) the water from which is not used as drinking water or for domestic purposes at any place less than one mile below the place in the stream, water course or water furrow where washing or bathing takes place;
- (2) at places where washing or bathing usually takes place, unless prominent notice boards prohibiting bathing and washing, or bathing only, or washing only, in the entire stream, water course, water furrow, or in a defined portion thereof, have been placed by the local authority at or near such places.

**21.** No person shall take on cause or allow to be taken water from any water supply which the public within the district of the local authority has a right to use and does use, in such a manner that such water is polluted or liable to be polluted, or as to be a nuisance or a danger to health.

#### PART IV THE KEEPING OF ANIMALS AND POULTRY

**22.** No person shall so keep or cause or allow to be so kept any animal or poultry as to be offensive or a nuisance or injurious or dangerous to health.

**23.** Except where such an arrangement already exists at the coming into operation of these regulations, no person shall without the prior permission in writing of the local authority keep any animal or poultry in any structure within a distance of 50 feet of any dwelling or public building or of any road or street boundary. Such structure shall at all times be kept thoroughly clean. No part of such structure shall be under the same roof as, or form part of, any wall of any dwelling or public building.

**24.** (1) Any person wishing to erect a building, stable or lean-to shall submit in advance to the Regional Director a plan of the site indicating the surrounding buildings, water supplies and sanitary conveniences, as well as a proper sketch plan in duplicate and all the relevant particulars of the proposed building, stable or lean-to.

(2) Any person who owns or occupies any premises on which a building or stable or lean-to is to be erected shall to the satisfaction of the local authority provide such building or stable or lean-to with the following:

- (a)
  - (i) An effective roof of impervious material;
  - (ii) a sloping floor of impervious material which drains effectively;
  - (iii) adequate drainage;
  - (iv) suitable and adequate facilities for the collection and disposal of all manure or refuse;
  - (v) an adequate and wholesome water supply; and
  - (vi) in the case of any stable or building, sufficient lighting and ventilation.
- (b) Walls, which up to the anchor plates of every building, stable or lean-to shall be-
  - (i) eight feet high in the case of a pitched roof;
  - (ii) not less than ten feet high in the case of a flat roof which shall have a slope of not less than 15 degrees;
  - (iii) on an average ten feet high with a minimum of eight feet at the lower end in the case of a roof of the lean-to type.

Such building, stable or lean-to shall at all times be maintained in good repair.

**25.** When in the opinion of the local authority any animal or poultry kept on any premises, whether or not such premises have been approved by the local authority in terms of these regulations, is a nuisance or danger to

health, the local authority may order the owner or occupier of such premises by notice in writing to remove the cause of such nuisance or danger to health or to abate such nuisance or danger and to do such work or things as the local authority may deem necessary for this purpose within a reasonable period to be specified in the notice. Should any owner or occupier fail to comply with any or all of the requirements of such notice within the specified time, the local authority may immediately prohibit the keeping of any animal at or poultry on such premises and such owner or occupier shall be guilty of an offence.

**26.** Any person keeping any animal or poultry shall not allow the accumulation of any manure or filth so as to cause any nuisance or danger to health. Any person maintaining any structure in which any manure or stable filth may accumulate shall ensure that such manure or stable filth is removed therefrom daily and so disposed of as not to cause any nuisance or danger to health. The provisions of this regulation shall not exclude the application of stable manure to cultivated lands for fertilising purposes.

#### PART V BUTCHERIES

[[Part V](#) withdrawn by GNR.185 of 1987.]

#### PART VI TRANSPORTATION OF MEAT

**37.** Every butcher shall at his own expense provide a suitable vehicle used exclusively for the transportation and delivery of meat or meat products and shall at all times keep the said vehicle in a clean condition and further so maintain it that meat or other butcher's products transported or delivered therein are not contaminated by flies, dirt, filth, impurity or any other injurious matter or thing.

**38.** (1) Every vehicle used for the transportation of butcher's meat from the abattoir to any butchery, market, public place or any place where the meat is to be sold, exposed or offered to the public for sale shall be lined with a suitable impervious jointless material which shall be capable of being cleaned easily, and shall further be so contrived that-

- (i) all carcasses or parts thereof may hang from a crossbeam with stainless steel hooks fitted at such a height that, if suspended therefrom, no part of any carcass touches the floor of the vehicle;
- (ii) all meat is properly protected from dirt and flies.

(2) No tarpaulins or cloths shall be allowed in or on the vehicle.

(3) The vehicle shall be furnished with a removable rust-proof box of impervious material with a tight-fitting lid, in which the heads, trotters and washed entrails of the animals slaughtered at the abattoir may be transported.

(4) The box as well as the body of the vehicle and associated parts shall be clean when meat is loaded therein; when the meat has been delivered, the box as well as the interior surfaces of the body of the vehicle and associated parts shall be washed thoroughly to remove all impurities, if necessary with hot water, soap or detergent.

(5) No offal, hides or refuse shall be transported in any vehicle together with meat intended for human consumption.

(6) No person shall sit, lie or stand on any carcass or part thereof.

**39.** (1) Every person concerned in the handling or transportation of butcher's meat shall be provided by the butcher with clean sound overalls and head coverings of a light colour. At the beginning of each shift, or, more frequently, should it appear necessary, porters shall be provided by the butcher with suitable, clean hooded capes.

(2) At the end of each shift, every porter shall take his overall, head covering and cape to the change-room so that they may be cleaned.

(3) Overalls, head coverings and capes shall be worn for one shift only, after which the butcher shall have them cleaned and sterilised.

(4) No person who is a "carrier" of any disease referred to in regulation 64 (3), or who is suffering from any infectious disease or has on his body any suppurating sore shall handle or transport meat. Should the butcher suspect that one of his employees handling or transporting meat is suffering from any disease in a communicable form or is the "carrier" of such disease, he shall immediately notify the local authority accordingly.

#### PART VII

PART VIII  
RESTAURANTS, REFRESHMENT ROOMS OR TEA-ROOMS, EATING-HOUSES, ETC.  
[[Part VIII](#) withdrawn by GNR.185 of 1987.]

PART IX  
HOTELS, BOARDING-HOUSES AND LODGING-HOUSES

**100.** (1) No person shall carry on the business of an hotel or boarding-house or lodging-house in or on any premises, unless he has had such premises registered in advance with the local authority for this purpose. The local authority may consider an application for registration and issue to the applicant the certificate of registration applied for, only if such application is accompanied by a certificate of fitness in accordance with [regulations 101](#) and [102](#).

(2) Each such certificate of registration shall be issued free of charge and shall take effect from the date of issue up to and including the next succeeding 31st day of December, when it shall lapse. Any application for renewal of such certificate of registration shall be made not less than one month before the date of expiry and in accordance with [subregulation \(1\)](#) of this regulation.

**101.** (1) The applicant shall apply to the Regional Director, in writing, in advance for such certificate of fitness. In his application, the applicant shall furnish a description of the premises as well as particulars of the situation thereof; he shall further indicate whether provision is being made for adults or children and specify the number, race and sex of the persons for whom he intends to cater on such premises, apart from any other information which the Regional Director may deem necessary to enable him to consider the application.

(2) The Regional Director may at his discretion also carry out or cause to be carried out by a medical inspector or a health inspector an inspection *in loco* of the premises to which the application relates, and the applicant shall pay to a Receiver of Revenue an inspection fee of R1,05 and any mileage due in respect of such inspection.

(3) Where an application relates to any premises not yet registered with the local authority for the purpose concerned, such application shall be accompanied by a proper sketch plan in duplicate of the building or proposed building, drawn to a scale of one-eighth of an inch to one foot and indicating the situation and measurements of the premises or proposed building.

**102.** After the applicant has furnished the Regional Director with documentary proof that he has paid to a Receiver of Revenue the inspection fee as well as any mileage due, the Regional Director shall issue to the applicant the certificate of fitness applied for if in the light of the particulars at his disposal he is satisfied that the premises comply or the building plan of the proposed premises complies with all the requirements contained in [regulation 103](#).

**103.** The interior surfaces of all walls shall be plastered smoothly and painted with oil paint. Every room shall have a dust-proof ceiling and be sufficiently lighted and ventilated. An hotel, boarding-house or lodging-house shall be rodent-proof. It shall also be rendered fly-proof with wire gauze of 81 mesh. The following facilities shall be provided:

(1) Bedrooms for one and for two persons with space of not less than 400 cub. feet per person and hot and cold water laid on in pipes over a wash-hand basin in every room. The floor space of every single room shall be not less than 100 square feet and the minimum wall length of such room shall be 8 feet.

(2) A bathroom and a shower. In the case of any premises registered to accommodate eight or more persons, separate bathrooms shall be provided for men and for women, with an additional bathroom for every additional number of up to eight persons, for each of the two sexes: Provided that

(i) a shower may be provided instead of every second bath required for each of the two sexes; and

(ii) boys under the age of ten years may be allowed to use bathrooms allocated to women.

(3) A lounge. However, such a room is required only in the case of premises registered to accommodate ten (10) or more guests.

(4) Adequate sleeping and eating facilities for resident employees as well as ablution facilities and sanitary conveniences in accordance with the provisions of regulations 6 and 8, respectively.

(5) In the case of non-resident employees, separate change-rooms for the two sexes, for Whites and non-



Whites, respectively, provided with an adequate supply of clean hot and cold water in pipes laid on over an adequate number of wash-hand basins of suitable material, equipped with waste-water pipes draining into an effective drainage system.

In addition to the facilities prescribed in [subregulations \(1\)](#) (5), the following shall also be provided in hotels and boarding-houses:

(6) A dining-room with a floor area of not less than 400 square feet and a minimum wall length of 15 feet, with a sufficient number of tables and chairs for the maximum number of guests, so arranged that there is not less than 9 square feet of floor space for each of the guests who may use such dining-room.

(7) A kitchen with not less than 400 square feet of floor area and a minimum wall length of 15 feet, for the cooking or preparation of food or beverages. The kitchen shall be fly-proof, shall not form part of the dining-room and shall have a floor of approved, smoothly finished impervious material. Except where glazed tiles are used, the interior surfaces of the walls shall be painted with oil paint of a light colour. A canopy shall be fitted over the stove for the effective removal of fumes, and where the Regional Director deems it necessary, provision shall be made for the mechanical removal of the fumes to the outer air. A proper, adequate and clean supply of hot and cold running water shall be laid on in the kitchen over a wash-hand basin as well as over an effective sink, both of which are to be installed in a suitable position and fitted with a waste-water pipe draining into the drainage system. The sink, which is intended for the proper washing and cleaning of utensils and apparatus used in connection with the business, shall be provided with a draining board of stainless steel, slate or any other approved impervious material or, if such draining board is made of wood, it shall be hard wood with tight-fitting tongue and groove joints. The wall to which the wash-hand basin and the sink, respectively, have been fitted shall be covered with glazed tiles or any other approved impervious material to a height of not less than 18 inches from the edge of the wash-hand basin or sink.

(8) A storeroom with a floor area of not less than 180 square feet and a minimum wall length of 12 feet, for the storage of articles of food so as to keep them sound and to protect them from contamination; such storeroom shall be provided with a refrigerator of an adequate size.

(9) A sufficient number of fly-proof refuse receptacles of galvanised metal or some other suitable impervious material, as well as a suitable covered receptacle to contain refuse in the kitchen until it is removed to the refuse receptacles in the back yard.

(10) No kitchen or room for eating purposes may at any time be used as a bedroom or for sleeping purposes.

(11) A bar (if the occupier of the premises is licensed to sell intoxicating liquor) with a floor area of not less than 300 square feet and a minimum wall length of 15 feet. Such bar shall be furnished with a counter with a smooth, impervious top. In the bar there shall also be clean running water laid on in pipes over sinks made of stainless steel. Associated with the bar, but separate therefrom, shall be a cloak-room provided with not less than one sanitary convenience and one urinal as well as hot and cold water laid on in pipes over a wash-hand basin where sufficient clean nail brushes and clean towels shall at all times be provided by the licensee.

**104.** No person carrying on the business of any hotel or boarding-house or lodging-house shall-

- (1) fail to maintain the premises in a clean, tidy and good condition at all times;
- (2) fail to maintain at all times in a clean, tidy and good condition all kitchen utensils, receptacles, containers, linen, kitchen towels and cloths, furniture, fixtures and fittings and other articles used therein;
- (3) fail to keep in a sound condition at all times all wire gauze or screens on doors and windows to keep out flies;
- (4) provide, sell or deliver or cause or allow to be provided, sold or delivered any kind of food or beverage other than wholesome, sound and uncontaminated food and beverages;
- (5) use or cause or allow to be used for the purpose of containing, wrapping, handling or covering any food, any vessel, utensil, receptacle, container, paper or any other material which is not clean;
- (6) handle or cause or allow to be handled any cooked or prepared foodstuffs except by means of clean apparatus or instruments;
- (7) use or cause or allow to be used any crockery which is cracked or chipped;
- (8) fail to take and to maintain effective measures for the prevention of the breeding of, and for the destruction of flies, cockroaches, rodents and any other vermin;
- (9) fail to provide and to maintain suitable means of protecting all food on the premises from contamination by dust, filth and flies or any other matter or thing;
- (10) apply residual insecticide, whether it be of high or low toxicity, directly to any food or equipment where food is handled, or in equipment, containers or utensils, a limited area of which comes into contact with food. Residual or aerosol sprays shall be used with care according to the directions on the label and limited to those places where insects are liable to harbour or breed or crawl;
- (11) keep or cause or allow to be kept any clothing in the kitchen, store-room or pantry;
- (12) provide or cause or allow to be provided bedding, blankets, bed linen or towels that are not clean;



- (13) provide or cause or allow to be provided bed linen or towels which have not been washed thoroughly after being used by any other person;
- (14) launder or cause or allow to be laundered linen, towels, blankets and cloths in any place other than an approved laundry or on the premises where separate and adequate facilities for laundering and ironing have been provided;
- (15) fail to provide a sufficient supply of soap, clean towels, nail brushes and wash-hand basins for the use of his employees in all change-rooms;
- (16) use or cause or allow to be used any change-room for any purpose other than that of a change-room;
- (17) fail to provide clean sound overalls of washable material of a light colour or any other suitable uniforms for the use of his employees, and to maintain such overalls and uniforms in a clean sound condition;
- (18) fail to ensure that such overalls or uniforms are worn at all times where food and beverages are being prepared and handled by him and his employees;
- (19) fail to ensure that no person who is a "carrier" of any disease referred to in regulation 64 (3) or who is suffering from an infectious disease or may be sickening for it because of having been in contact with it enters a kitchen of such hotel or boarding-house or handles on such premises any food which he provides for the lodgers in such hotel, boarding or lodging-house;
- (20) fail to keep refuse receptacles covered, and fail to maintain such receptacles in a clean, sanitary and good condition;
- (21) fail to maintain the premises in accordance with the provisions of [regulation 103](#) at all times.

**105.** No person working or employed in any hotel or boarding-house or lodging-house shall fail to wear clean sound overalls of washable material of a light colour while preparing or handling food or beverages.

**106.** Any person employed or working in an hotel or boarding-house or lodging-house shall, before commencing work, wash his hands with soap and water at the beginning of his shift and after any interruption thereof whereby his hands are liable to be contaminated, unless such person does not have to handle articles of food.

**107.** Any person carrying on the business of an hotel or boarding-house or lodging-house on any premises shall post up or cause to be posted up and maintained in a prominent place in such premises, a copy of these regulations. Such copy shall at all times be maintained in a legible state.

#### PART X SWIMMING-BATHS

**108.** (1) No person shall carry on, in or on any premises, the business of a keeper of a swimming-bath, unless for the persons who are to use the swimming-bath, provision is made for change-rooms for the respective races and sexes separately, each of these change-rooms being provided with a sufficient number of showers, as well as sanitary conveniences.

(2) Showers with running water shall be provided in the ratio of one to every 50 men or multiples thereof, and for 500 or more men showers shall be provided on the basis of 10 to every 1 000 men. Similar but separate provision shall be made for women.

(3) Change-rooms for men and women separately with the following facilities shall be provided-

- (i) for men: For up to 30 persons provision shall be made for a urinal 24 inches in width of an approved impervious material and for every 30 persons or part of this number one water-closet in a sanitary convenience with a door, the interior surfaces of the walls of which shall be brought to a smooth finish and painted with washable oil paint and tiled with glazed tiles to a height of 4 feet 6 inches; for more than 30 persons provision shall be made for every 100 persons for a urinal 6 feet in width of approved impervious material and for every 100 persons there shall be one water-closet each of which shall be in a separate sanitary convenience with a door and which shall further be finished as prescribed above;
- (ii) for women: For every 25 persons or part of this number provision shall be made for one water-closet, each of which shall be in a separate sanitary convenience with a door, and the walls of which shall be brought to a smooth finish and painted with washable oil paint and tiled with glazed tiles to a height

of 4 feet 6 inches;

- (iii) for men and women, separately: Provision shall be made for every 30 persons or part of this number for a wash-hand basin of approved material and the surface of the wall to which such basin is affixed shall be tiled with glazed tiles to a height of 18 inches immediately above such basin; provision shall also be made for a mirror measuring 6 sq. feet (with, for women only, a shelf or dressing-table and a chair or bench for every 30 persons or part of this number).

(4) The floors of all change-rooms shall be of an impervious material brought to a smooth finish without cracks or grooves, and shall have a fall of not less than  $\frac{1}{4}$  in. in 12 in. towards a drain so that the surface may be hosed effectively. All junctions between wall and floor shall be coved properly to facilitate cleaning.

(5) Foot-baths with a suitably diluted disinfectant shall be provided at the entrance of the change-rooms to the swimming-bath.

**109.** If the swimming-bath management provides towels and bathing-costumes for the use of persons using the swimming-bath, the following provisions shall be complied with:

(1) Each time any such towel or bathing-costume has been used, such towel and costume shall be rinsed thoroughly in fresh water and washed with soap and hot water and dried thoroughly.

(2) Clean towels and costumes shall be kept strictly separate from those which have not yet been cleaned.

(3) Clean towels and costumes shall not be stored on shelves, kept in baskets or served over counters with which soiled towels and costumes have come into contact.

(4) It shall be the duty of the swimming-bath management to ensure that the provisions of [subregulations \(1\) \(3\)](#) are strictly complied with.

**110.** Every keeper of a swimming-bath shall ensure that-

(1) the premises are at all times in a clean and tidy condition and maintained in good order;

(2) between each particular period of use and the following, all towels and costumes issued to swimmers are properly washed;

(3) in order to preserve reasonable purity of the water in the swimming-bath, the water is replaced as often as possible with clean water or that a water purification plant is installed and maintained for such purpose and that any notice from the local authority that the water in such swimming-bath is to be replaced or purified, is complied with without delay;

(4) an effective chlorinator is provided and maintained to ensure a sufficient free or available chlorine content in the swimming water at all times, irrespective of the number of swimmers;

(5) all swimmers are warned by prominent notices against the undesirable habits of spitting, blowing or spouting water from the mouth or blowing the nose in the swimming-bath.

(6) sufficient refuse receptacles of an approved type and receptacles of a smaller type with self-closing lids, according to circumstances, are provided and maintained;

(7) before any person enters the swimming-bath he showers thoroughly.

**111.** The keeper of the swimming-bath shall ensure that water in the swimming-bath always contains 0,5 to 1,0 parts per 1 000 000 by weight, free or available chlorine and that faecal E. coli are absent in a sample of 100 ml of the swimming-bath water; and shall further ensure that the swimming-bath is at all times kept free from snails.

## PART XI CAMPING GROUNDS AND CARAVAN PARKS

**112.** (1) No person shall carry on a camping ground business or a caravan park business unless he has had the premises concerned registered in advance with the local authority for this purpose. In order to have any premises registered for this purpose, the applicant shall submit his application to the local authority in the form set out in [Schedule D](#) and the local authority may consider such application and issue to the applicant the certificate of registration applied for, only if such application is accompanied by a certificate of fitness issued in accordance with [regulations 113](#) and [114](#).

(2) At the same time, or as soon thereafter as may be, the applicant shall have published at his own expense in any newspaper which is in circulation in the vicinity concerned a notice in the form set out in [Schedule E](#).

(3) Each such certificate of registration shall be issued free of charge and shall take effect from the date of issue up to and including the next succeeding 31st day of December when it shall lapse. Any application for renewal

of such certificate of registration shall be made not less than one month before the date of expiry and in accordance with [subregulation \(1\)](#) of this regulation.

**113.** The applicant shall apply in writing in advance for the certificate of fitness to the Regional Director, to whom he shall submit for approval-

- (1) the relevant building plans in duplicate, drawn to a scale of 1 inch to 8 feet;
- (2) a plan of the premises drawn to a scale of 1 inch to 40 feet, on which is shown-
  - (a) the full extent of the land on which it is desired to carry on a camping ground business or a caravan park business;
  - (b) all existing buildings on the land;
  - (c) contour lines with interstices of 5 feet;
  - (d) any servitudes and building line restrictions;
  - (e) the proposed lay-out of the caravan park or camping ground, including all ablution blocks, laundry facilities, accommodation for servants, caravan spaces, the allocation of camping sites, access roads, drainage points, lighting and water supply points, amenity buildings and any other features of the proposed design and development of the land; and
- (3) a block plan of the land to a scale of not less than 1 inch to 40 feet indicating-
  - (i) the land and all the existing buildings thereon;
  - (ii) all the adjoining properties, with their designations and numbers of registration, as well as buildings thereon;
  - (iii) all the adjacent roads and rights-of-way; and
  - (iv) the north point.

The Regional Director may also at his discretion carry out or cause to be carried out by a medical inspector or a health inspector an inspection *in loco* of the land to which the application relates, and the applicant shall pay to a Receiver of Revenue an inspection fee of R1,05 and any mileage due in respect of such inspection.

**114.** After the applicant has furnished documentary proof that he has paid to a Receiver of Revenue the inspection fees as well as any mileage due, the Regional Director shall issue the certificate of fitness if he approves the applicant's plans and is satisfied that-

- (i) the carrying on of the proposed camping ground business or caravan park business in the vicinity concerned will in his opinion not be a source of annoyance to the inhabitants of the surrounding properties; and
- (ii) the applicant will comply with the minimum requirements and conditions contained in [regulation 115](#) in respect of camping grounds, and the conditions contained in [regulation 116](#) in respect of caravan parks.

**115.** (1) The following shall be the minimum requirements for any camping ground business:

- (a) Not more than one person per 400 sq. feet of the area of the camping ground, including roads, ablution blocks, amenity buildings or structures, motor car parks, etc., shall be accommodated in any camping ground;
- (b) no buildings, structures or tents erected or placed in any camping ground shall be within 30 feet of any dwelling-house or residential building; should there be a dwelling-house or residential building on the property, such dwelling-house or residential building shall be built on a site measuring 10 000 sq. feet which has been set aside exclusively for such dwelling-house or residential building, and on which no person shall camp;
- (c) roadways not less than 12 feet in width shall be laid out and the surface thereof hardened so as to afford vehicles adequate access to camping lots under all weather conditions and such roadways shall afford free and unobstructed access to a public road;
- (d) drains capable of carrying off all rain-water from roadways and camping sites shall be provided;
- (e) no lot allocated to any camper and his party shall be of a lesser area than 750 sq. feet;
- (f) no camping lot shall encroach on any access roadway or on land which is subject to any building line restriction or be allowed within 20 feet of any water-closet, shower or bathroom, and no person shall camp in any place other than a camping lot allocated to him;

- (g) every camping lot shall have direct access to a roadway;
  - (h) an adequate supply of wholesome water for the domestic requirements of the maximum number of campers accommodated therein shall be laid on, and one permanent stand pipe shall be provided in a convenient position for the use of every two camping lots, and a grease trap set in a dished and properly rendered surround and connected to an approved drainage system shall be provided under every stand pipe tap;
  - (i) separate showers, properly screened from public view, shall be provided for the use of the male and female campers, respectively, and in the ratio of one shower to every 10 men or part of this number, and similar separate provision shall be made for women in separate cubicles. Adequate and wholesome hot and cold water shall be laid on in pipes to the showers; similar but separate conveniences shall be provided for non-White servants;
  - (j) at each ablution block one permanent wash-hand basin with a shelf and a separate mirror for every 25 persons or part of this number shall be provided for men and women separately. Not less than one wash-hand basin shall be installed at the entrance of a latrine block; similar but separate conveniences shall be provided for non-White servants;
  - (k) separate water-closets shall be provided for male and female campers, respectively, in the ratio of not less than one water-closet to every 15 women or part of this number and not less than one water-closet and 12 in. of urinal width to every 25 men or part of this number; similar but separate conveniences shall be provided for non-White servants;
  - (l) the internal walls of every bathroom and latrine shall be tiled to a height of not less than 4 ft. 6 in., from the floor, and the wall surfaces behind the wash-hand basins shall be tiled to a height of not less than 18 in.; elsewhere wall surfaces shall be painted with washable oil paint;
  - (m) a laundry, provided with wash tubs, ironing facilities and an enclosed and screened drying yard shall be provided, and no washing shall be done or clothing hung out to dry in any place other than places specially provided for this purpose;
  - (n) all cooking within the camping ground shall be done in a clean and sanitary manner so as not to give rise to excessive smoke or any nuisance or danger to public health, and all cooking places and utensils, crockery, etc., supplied by the holder of a certificate of registration shall at all times be kept clean; for this purpose a sufficient number of sinks of a suitable material over which an adequate supply of hot and cold water is laid on in pipes shall be provided;
  - (o) one refuse receptacle of an approved type shall be provided for every two camping lots and the holder of a certificate of registration shall arrange for the regular removal of the contents of such receptacle;
  - (p) fire-buckets filled with water or sand, or any other suitable fire-fighting appliances, shall be placed at convenient points throughout the camping ground.
- (2) For the purposes of these regulations no camper's party shall consist of more than one family or six persons, inclusive of the camper.

**116.** The following shall be the minimum requirements for a caravan park business:

- (1) Not more than 15 caravan spaces shall be provided on every acre of land which is suitable for this purpose, and the caravan spaces shall be so arranged as to allow a distance of not less than 20 feet between any two caravans and between any caravan and any boundary of the caravan park;
- (2) a caravan space shall have an area of not less than 1 000 sq. feet;
- (3) an open space for recreational purposes shall be provided at every caravan park in the ratio of one-third of an acre of recreational space to every fifteen caravan spaces;
- (4) roadways not less than 12 feet in width shall be laid out and the surface thereof hardened so as to afford vehicles adequate access to all caravan spaces under all weather conditions, and such roads shall afford free and unobstructed access to a public road;
- (5) the park shall be properly and attractively laid out and landscaped, and it shall be a condition that the plan as approved by the local authority shall be adhered to in every detail by the holder of a certificate of registration;
- (6) suitable approved direction signs to the parks shall be placed at appropriate approved points;
- (7) every caravan space shall have direct access to a roadway;
- (8) the position and details of access to the caravan park shall be subject to approval by local authorities, and access shall be had only in the positions and in the manner so approved;
- (9) a security fence shall be provided to enclose the entire area of every caravan park. For the purpose of this subregulation a security fence means-
  - (i) a substantial fence of barbed wire with not less than nine taut wires and standards of iron or

durable wood, properly and substantially erected. The standards shall be not more than 30 feet apart. The uppermost wire shall be not less than 6 feet from the ground. The wire shall be not lighter than No. 8 gauge with lacing of wire or droppers not more than 6 feet apart; or

- (ii) any other fence not less than 6 feet high from the ground and meeting with the approval of the local authority;
- (10) a minimum of one light shall be provided in a convenient and suitable position for every four caravan spaces and shall be kept burning during the hours of darkness whenever the caravan park is in use;
- (11) an adequate supply of wholesome water shall be available and one permanent stand pipe shall be provided in a convenient position for every two caravan spaces; under every stand pipe tap there shall be a grease trap set in a dished and properly rendered surround, connected to a suitable drainage system;
- (12) a minimum of one bathroom or one shower cubicle to every six caravan spaces shall be provided; sufficient hot and cold water shall be laid on in pipes to every shower cubicle or bathroom; an effective hot water system shall be provided and kept in operation whenever the caravan park is in use;
- (13) for every four caravan spaces (or part of this number) a minimum of one water-closet for each sex shall be provided in addition to 12 inches of urinal width for every 25 men or part of this number; not less than one wash-hand basin shall be provided at the entrance of every latrine block for the respective sexes and races;
- (14) the internal walls of all bathrooms and latrines shall be painted with washable paint and tiled to a height of 4 ft. 6 in. from the floor;
- (15) a laundry equipped with wash tubs, ironing facilities and an enclosed or screened drying yard shall be provided as part of every caravan park; no washing shall be done or clothing hung out to dry in any place other than the places specially provided for this purpose;
- (16) adequate servants' quarters with sleeping accommodation and with adequate ablution and sanitary facilities shall be provided;
- (17) fire-buckets filled with water or sand, or any other suitable fire-fighting appliances, shall be provided at convenient points throughout the caravan park;
- (18) one refuse receptacle of an approved type shall be provided in a convenient position for every two caravan spaces, and the holder of a certificate of registration shall arrange for the regular removal of the contents of such receptacle;
- (19) a park supervisor appointed by the holder of a certificate of registration shall be in attendance whenever the caravan park is in use;
- (20) apart from the buildings or structures and other amenities forming part of the caravan park, and the caravans and the vehicles used for moving them, no tent, structure, shelter or any other similar thing shall be allowed in the caravan park, with the single exception of side-tents of a woven fabric or sunshades attached to the caravans;
- (21) only caravans, in a good state of repair and of good external appearance shall be allowed into or to remain in any caravan park;
- (22) it shall be the duty of the holder of a certificate of registration or any other person responsible for the conduct of the caravan park business to refuse admittance to any unsightly or dilapidated caravan.

**117.** (1) Provided an application is accompanied by the Regional Director's certificate of fitness, the local authority shall consider such application within 42 days of its being lodged with the local authority by the applicant, and in this connection the local authority shall take into account any objections, in writing, received as a result of the newspaper notice referred to in [regulation 112](#).

(2) The local authority shall notify the applicant forthwith as to whether the application is being accepted or refused, and if the local authority accepts the application, it shall issue a certificate of registration in the form set out in [Schedule F](#). In terms of such certificate of registration the holder shall be authorised to carry on and maintain such camping ground business or caravan park business in accordance with any condition stipulated in such certificate and with the provisions contained in [regulation 115](#) in the case of any camping ground business and with the provisions contained in [regulation 116](#) in the case of any caravan park business.

(3) The maximum number of persons who may be accommodated in a camping ground, calculated on the basis prescribed in regulation 113 (1) (a), shall be stated in the certificate of registration in respect of any camping ground.

(4) A certificate of registration in respect of any caravan park business shall specify the maximum number of caravans which in accordance with the provisions of regulation 114 (a) will be allowed in a caravan park at any one time.

**118.** The holder of a certificate of registration in respect of every registered camping ground business or registered caravan park business shall, in addition to any other duties imposed upon him elsewhere in these regulations, ensure that-

- (1) all activities on such camping ground or in such caravan park take place in such a manner as not to cause any user any inconvenience and endanger public health;
- (2) all buildings, drains, roads, water-closets, sanitary fittings and all other necessary amenities in such camping ground or caravan park are at all times kept in a clean, efficient and tidy condition;
- (3) all roadways and water-closets, as well as buildings containing public or communal toilets or showers, are lighted between sunset and sunrise for the purposes of safety, convenience and traffic;
- (4) no vagrant or disorderly person is allowed to loiter or harbour in such camping ground or caravan park;
- (5) dogs or other domestic animals are effectively controlled by their owners;
- (6) he, or some competent person appointed by him, is at all times in charge of the camping ground or caravan park to ensure that the provisions of these regulations are duly complied with;
- (7) not more than the maximum number of persons or caravans permitted in terms of his certificate of registration is allowed to be in such caravan park or on such camping ground at any one time.

**119.** Failure on the part of the holder of a certificate of registration to comply with any condition laid down in the certificate of registration issued in terms of [regulation 117](#) or with any provision of these regulations shall be a sufficient reason for the cancellation of such certificate of registration by the local authority: Provided that a certificate of registration shall not be so cancelled, unless the holder of such certificate of registration has failed to do so within a reasonable time after having been notified in writing by registered post to comply with such condition.

**120.** A certificate shall be issued in terms of [regulation 117 \(2\)](#) on the understanding that, should the local authority at any time after the expiry of a period of not less than five years after the date of issue of such certificate of registration in respect of any camping ground business or caravan park business decide that the continued existence of such camping ground business on caravan park business is undesirable since, in the opinion of the Regional Director, it is unsightly, objectionable or a source of annoyance to the inhabitants of the surrounding properties, the local authority may prohibit further use of the land as a camping ground business or caravan park business, as the case may be, and notify the holder of a certificate of registration accordingly after having given the holder of a certificate of registration not less than one year's notice of its intention in this connection, whereupon the certificate of registration shall be deemed to be cancelled and of no further force and effect.

**121.** The provisions of these regulations shall apply to any camping ground business or caravan park business in existence at the date of promulgation hereof: Provided that the owners of such camping ground and caravan park businesses shall be granted a period of one year within which to carry out any works or arrangements necessary to comply with these regulations; provided, further, that any camping ground business or caravan park business, as the case may be, shall with effect from the date of promulgation of these regulations be deemed to be registered as such thereunder.

**122.** (1) No person shall occupy or use or allow to be occupied or used any land for the purpose of a camping ground business or caravan park business, unless such land has been registered with the local authority for this purpose: Provided that any person may occupy or use a caravan on any camping ground with the permission of the local authority and the holder of a certificate of registration.

(2) No person shall camp in any caravan park.

(3) The provisions of these regulations shall not apply to land where for a period of not more than 21 days in any continuous period of six months any person is camping with the prior permission in writing of the owner or lessee of such land. Such permission may be granted by the owner or lessee, only if he is satisfied that sufficient and suitable sanitary facilities and facilities for the removal of refuse are available on the surrounding premises or provided on the camping site and that such camping does not endanger public health or interfere with the amenities of the vicinity.

(4) No person shall keep any caravan in the same caravan park for a period exceeding sixty (60) days. Should any person have had a caravan in a caravan park for a continuous period exceeding seven (7) days, not less than fourteen (14) days shall have elapsed after such caravan has been taken out of the caravan park and before it may again be taken into the same caravan park.

**123.** The holder of a certificate of registration shall ensure that during the currency of a certificate of registration issued to him in his name by the local authority in terms of regulations 27, 41, 69, 75, 85, 95, [100](#) or [112](#), no structural alteration is made to the buildings concerned without the prior consent in writing of the Regional Director.

**124.** (1) These regulations shall come into operation on 1st January, 1968: Provided that the requirements laid down in regulations 3 (2) (3) and 24 (2) (b) shall not be applicable to buildings existing at the time of promulgation of these regulations, unless the roofs or walls of such buildings are altered structurally (except alterations for lighting or ventilation purposes).

(2) . . . . .

[\[Sub-reg. \(2\) deleted by GNR.988 of 1985.\]](#)

**125.** These regulations shall be deemed to be in addition to, but not in substitution for, any law or regulation in force within the district of the local authority.

### **Schedule A**

To the Magistrate,

Application No.

I/We, (1)

of (2)

hereby apply to be registered until 31st December, 20, to carry on business as a (5) dairyman/ purveyor of milk within the magisterial district of on and in the premises situated at (3)

(4) I/we hereby further apply for registration as a (5) dairy/milk shop of the premises situated at (3)

and indicated in detail on the plan (6) and for the issue to me/us of the said registration in respect

of the said premises. The maximum number of cows I/we intend to keep on the said premises at any one time is (7) .

Dated on this                      day of    20

Signature of Applicant

- (1) Name of applicant in full.
- (2) Full address of applicant.
- (3) Full address of premises.
- (4) Delete this part if not required.
- (5) Delete word which is not applicable.
- (6) Applicant shall endorse on the reverse hereof a plan of the premises to be registered.
- (7) State number of cows.

### **Schedule B**

#### **REGISTRATION AS A PURVEYOR OF MILK/DAIRYMAN**

The Magistrate,

No.

#### **REGISTRATION AS A PURVEYOR OF MILK/DAIRYMAN**

Registration is hereby granted to  
to carry on business as a purveyor of milk/dairyman on and from the premises

within the magisterial district of  
from the date hereof until 31st December, 20 .

(This registration is granted subject to the registered holder's right to carry on business on the premises and to use the premises for the purpose specified, and does not exempt the holder from obtaining any licence which is required in terms of any law.)



**Schedule C**

## REGISTRATION OF PREMISES TO BE USED AS DAIRY/MILK SHOP

The Magistrate,

No.

## REGISTRATION OF PREMISES TO BE USED AS DAIRY/MILK SHOP

1. It is hereby certified that the premises situate at \_\_\_\_\_ and known as \_\_\_\_\_ and indicated in detail on the plan endorsed above are registered to be used as a dairy/milk shop.

\*2. The premises are registered for \_\_\_\_\_ cows.

Dated on this

day of

20

Magistrate

\* Delete if not applicable

**Schedule D**APPLICATION TO CARRY ON A CAMPING GROUND/  
CARAVAN PARK BUSINESS

## APPLICATION TO CARRY ON A CAMPING GROUND/CARAVAN PARK BUSINESS

To the Magistrate,

Sir,

I hereby apply for approval to carry on a camping ground/caravan park business on Lot No. \_\_\_\_\_

situate in the Magisterial District of \_\_\_\_\_  
in the Province of \_\_\_\_\_,

and I undertake to comply with the relevant regulations.

Plans and particulars of the proposed camping ground/caravan park as required by [regulation 113](#) have been submitted in duplicate to the Regional Director, State Health Services,

\_\_\_\_\_ , for the purposes of a certificate of fitness.

The notice required by [regulation 112](#) of the regulations governing camping sites and caravan parks was published in the \_\_\_\_\_ on \_\_\_\_\_ , 20\_\_\_\_\_ .

The total area of the land is \_\_\_\_\_ sq. ft.

The maximum number of campers/caravans to be provided for at any one time is \_\_\_\_\_

Yours faithfully,

Applicant

Date

Address

**For office use only**

Application received

Objections received

Official report received

Approved

**Schedule E**NOTICE OF APPLICATION TO CARRY ON A CAMPING GROUND/  
CARAVAN PARK BUSINESS

Magisterial District of

NOTICE OF APPLICATION TO CARRY ON A CAMPING  
GROUND/CARAVAN PARK BUSINESS

Notice is hereby given that I have applied for approval by the Magistrate to carry on a camping ground/caravan park business on Lot No. .  
situate in .  
Plans and particulars have been submitted to the Regional Director at whose office they are open to inspection during normal office hours.  
Any objection to the approval of my application should be lodged with the said Magistrate within fourteen days of the date of this notice or of the date of the newspaper in which this notice is published, whichever is the later date.

Applicant

Date

### Schedule F

## CERTIFICATE OF REGISTRATION FOR THE CARRYING ON AND MAINTENANCE OF A CAMPING GROUND/CARAVAN PARK BUSINESS

Magisterial District of

### CERTIFICATE OF REGISTRATION FOR THE CARRYING ON AND MAINTENANCE OF A CAMPING GROUND/CARAVAN PARK BUSINESS

I, , Magistrate of the District of , hereby certify that whereas the provisions of [regulations 115](#) and [116](#) of the regulations governing the camping ground and caravan park businesses and other regulations in force within my area of jurisdiction and the conditions on which I have approved the carrying on of a camping ground/caravan park business by Mr on Lot No. , situate in the District of , as indicated on the accompanying plan, have been complied with to the satisfaction of the Regional Director, the said camping ground/caravan park business is hereby registered as such, and that Mr is hereby authorised as the holder of a certificate of registration to carry on and to maintain the said camping ground/caravan park business in accordance with the said provisions and conditions which are hereby incorporated as conditions of this registration.

The maximum number of persons to be accommodated in the camping ground is ( ).

The maximum number of caravans to be accommodated in the caravan park is ( ).

This registration is subject to cancellation on the grounds of non-compliance with the conditions hereof or with the provisions of the regulations governing the camping ground and caravan businesses in the circumstances referred to in [regulation 119](#) of the said regulations, and is also subject to cancellation in terms of [regulation 120](#) of the said regulations.

Magistrate

Date and office stamp.

## **GNR.158 of 1 February 1980: Regulations governing private hospitals and unattached operating theatre units**

### DEPARTMENT OF HEALTH

#### as amended by

| Notice | Government Gazette | Date             |
|--------|--------------------|------------------|
| R.696  | 6928               | 3 April 1980     |
| R.2687 | 12842              | 16 November 1990 |
| R.434  | 14653              | 19 March 1993    |

### GENERAL NOTE

**In terms of GNR.2687 of 1990, the word "Secretary", wherever it occurs in [GNR.158 of 1980](#), is substituted by the expression "Head of Department".**

The Minister of Health has, by virtue of the powers vested in him by section 44 of the Health Act, 1977 (Act 63 of 1977), made the following regulations:

## ARRANGEMENT OF REGULATIONS

|                            |   |
|----------------------------|---|
| <a href="#">1.</a>         | Definitions   |
| <a href="#">2-6.</a>       | Registration  |
| <a href="#">7-11.</a>      | Establishment of private hospitals and unattached operating-theatre units                             |
| <a href="#">12-13.</a>     | Application for renewal of registration   |
| <a href="#">14-15.</a>     | Handling of applications  |
| <a href="#">16.</a>        | Re-application for registration   |
| <a href="#">17.</a>        | Exemption from requirements in respect of registration  |
| <a href="#">18-20.</a>     | Cancellation of certificate of registration   |
| <a href="#">21.</a>        | Building requirements for unattached operating-theatre units  |
| <a href="#">22.</a>        | Rooms required  |
| <a href="#">23.</a>        | Accommodation   |
| <a href="#">24.</a>        | Furniture and equipment   |
| <a href="#">25-29.</a>     | Duties of proprietor  |
| <a href="#">30-35.</a>     | Private hospitals   |
| <a href="#">36-46.</a>     | Operating-theatre unit in a private hospital  |
| <a href="#">47-48.</a>     | Maternity unit  |
| <a href="#">49.</a>        | Alterations   |
| <a href="#">50.</a>        | Displaying of certificate of registration at private hospitals and unattached operating-theatre units |
| <a href="#">51-54.</a>     | Inspections   |
| <a href="#">55-58.</a>     | Appeals   |
| <a href="#">59-60.</a>     | Offences and penalties  |
| <a href="#">61.</a>        | Forms   |
| <a href="#">62-63.</a>     | Repeal of regulation R.1071 of 25 June 1971   |
| <a href="#">Annexure A</a> | Scope of prescribed procedures carried out in unattached operating-theatre units                      |
| <a href="#">Annexure B</a> |   |
| <a href="#">Annexure C</a> | Certificate of registration   |
| <a href="#">Annexure D</a> | Register of patients admitted   |
| <a href="#">Annexure E</a> | Maternity register  |
| <a href="#">Annexure F</a> | Operating-theatre register  |
| <a href="#">Annexure G</a> | Casualty and out-patients register  |
| <a href="#">Annexure H</a> | Register of nursing staff   |

**1. Definitions.**-For the purposes of these regulations, unless the context otherwise indicates-

**"approved"** means approved by the Head of Department;

**"central sterile supply department"** means a room or rooms in which instruments, dressings, basins, containers, water and other items which are required to be sterile for the treatment of patients are sterilised, and are for this purpose received, cleaned, packed, sterilised and stored;

**"demarcated area"** means an area which divides sterile from non-sterile areas;

**"Director"** means the Chief executive officer responsible for hospital services of the provincial administration of a province within which a particular private hospital or unattached operating-theatre unit is or is to be situated;  
[Definition of "[Director](#)" substituted by GNR.2687 of 1990.]

**"Head of Department"** means the Head of the Department of Health Services and Welfare, Administration: House of Assembly;

[Definition of "Head of Department" inserted by GNR.2687 of 1990.]

**"inspecting officer"** means an officer as defined in [section 1](#) of the Public Servants Act, 1957 (Act [54 of 1957](#)), or an officer or employee employed in terms of a Provincial Ordinance in the a Provincial Hospital Service, authorised in writing by the Head of Department to carry out an inspection;

[Definition of "[inspecting officer](#)" substituted by GNR.696 of 1980.]

**"lighted"**, in relation to any room, means that such room is effectively lighted by means of an approved artificial lighting system or that the total unobstructed window area is equivalent to not less than 15 per cent of the floor area of such room;

**"Minister"** means the Minister of Health Services, Welfare and Housing: House of Assembly;

[Definition of "[Minister](#)" inserted by GNR.2687 of 1990.]

**"operating-theatre"** means a room in which a registered medical practitioner or dentist carries out operations;

**"operating-theatre unit"** means a place where surgical activities are carried out and in which provision is made for those facilities as set forth in these regulations;

**"overcrowded"**, in relation to any room or accommodation, means that there is less than 4 m<sup>2</sup> of floor area and less than 12 m<sup>3</sup> of air space for each person working or accommodated in such room or accommodation and less than half of this area and space for each such person under 10 years of age: Provided that the floor area and air space of a single room shall not be less than 10 m<sup>2</sup> and 30 m<sup>3</sup> respectively;

**"prescribed procedures"** means the surgical operations and medical procedures listed in [Annexure A](#);

**"private hospital"** means any hospital or any other institution, building or place at which provision is made for the treatment and care of cases requiring medical or surgical treatment and nursing care, but excluding-

- (a) a hospital or any such institution, building or place conducted by the State, a provincial administration, local authority, private hospital authority, hospital board or any other public body;
- (b) any consulting room, surgery or dispensary of a medical practitioner or dentist which does not provide any bed accommodation;
- (c) an unattached operating-theatre unit;
- (d) a hospital or other institution licensed for the reception and detention of mentally ill persons in terms of section 46 of the Mental Health Act, 1973 (Act No. 18 of 1973); and
- (e) an institution, building or place for the treatment or nursing care of aged people attached to an old age home as defined in the Aged Persons Act, 1967 (Act [No. 81 of 1967](#)), or a housing development scheme as defined in the Housing Development Schemes for Retired Persons Act, 1988 (Act [No. 65 of 1988](#)).

[Definition of "[private hospital](#)" substituted by GNR.434 of 1993.]

**"proprietor"** means the person, or the nominee in the case of a company or an association of persons (whether corporate or incorporate), who establishes, extends, conducts or maintains a private hospital or unattached operating-theatre unit;

**"recovery room or area"** means that section of an operating-theatre unit specially set aside and fully equipped for the immediate post-operative recovery, resuscitation, nursing and special care of patients until such time as such patients are considered to have recovered sufficiently to be safely removed from the aforementioned section;

**"sluice room"** means a room where bed pans, urinals, sputum mugs and similar containers are kept and can be emptied, washed out, disinfected and stored, and where soiled linen, dressings and similar items can be deposited prior to removal;

**"treatment"** means any diagnostic or therapeutic procedure carried out for surgical, medical, obstetrical or dental purposes, and includes the provision of the necessary nursing services, accommodation, equipment and ancillary facilities, and **"treat"**, **"treating"** and **"treated"** have corresponding meanings;

**"unattached operating-theatre unit"** means an operating-theatre unit not owned or managed by the State, a provincial administration, a local authority, a private hospital authority, a hospital board or any other public body and not attached to a hospital or nursing home or maternity home, and where a patient operated on in such operating-theatre unit may remain for a period not exceeding 12 hours, reckoned from the time he enters the unit immediately before being operated on; and

**"ventilated"**, in relation to any room, means that such room is ventilated by an effective artificial ventilation system or by one or more windows opening direct to the outer air and capable of opening wholly or partly, and so placed as to make possible an effective through draught or cross-ventilation.

Any other expression in these regulations has the same meaning, unless the context clearly indicates otherwise, as that assigned to it in the Health Act, 1977 (Act 63 of 1977).

**2. Registration.**-Subject to the provisions of [regulation 8](#), no person shall erect, establish, extend, conduct, maintain, manage, control or render any service in a private hospital or an unattached operating-theatre unit or permit or arrange for treatment to be provided therein unless such private hospital or unattached operating-theatre unit or proposed private hospital or unattached operating-theatre unit has been registered in accordance with the provisions of these regulations and the proprietor is in possession of a valid certificate of registration issued to him in respect thereof by the Head of Department.

**3.** Each such certificate of registration issued in terms of [regulation 14 \(1\)](#) or [14 \(3\)](#) shall be effective from the date of issue up to and including the next succeeding 31st day of December, when it shall lapse, or for such portion of the said period as may be specified in the certificate of registration. An application for the renewal of such certificate of registration shall be made in accordance with [regulation 11](#), not less than 90 days before the date of expiry: Provided that whenever such registration certificate is issued after 30 September, such registration certificate is issued for a period up to 31 December of the following year.

**4.** A private hospital or unattached operating-theatre unit shall not be registered as such and no certificate of registration shall be issued in respect thereof, unless-

- (1) the premises on which a private hospital or unattached operating-theatre unit is or is to be conducted and the equipment which is used or is intended for use in such private hospital or unattached operating-theatre unit are suitable and adequate for the purposes of the said private hospital or unattached operating-theatre unit;
- (2) the private hospital or unattached operating-theatre unit is not managed or will not be managed in a manner which will be detrimental to the physical, mental or moral welfare of the patients or staff;
- (3) the staff of the private hospital or unattached operating-theatre unit comply with, or will comply with, accepted standards for the purposes of such hospital or unit;
- (4) the person in charge of such private hospital or unattached operating-theatre unit is or will be registered as a medical practitioner or, in the case of an exclusively dental service, a dentist, in terms of the Medical, Dental and Supplementary Health Service Professions Act, 1974 (Act [56 of 1974](#)), or in the case of a general medical nursing service or a midwifery service, is or will be registered in terms of the Nursing Act, 1978 (Act [50 of 1978](#)), as a registered nurse or midwife, respectively;
- (5) a nurse registered in terms of the Nursing Act, 1978 (Act [50 of 1978](#)), is or will be in charge of the nursing service if the person in charge is a registered medical practitioner or dentist as described in [subregulation \(4\)](#); and
- (6) such registration is in the public interest.

**5.** (1) In his application the proprietor shall give a description of the premises and also furnish particulars regarding their location, the nature of the treatment to be rendered there, the population groups of the staff attached to the private hospital or unattached operating-theatre unit and the population groups that will make use of the private hospital or unattached operating-theatre unit, and shall furnish any further information required by the Head of Department in order to consider the application.

(2) The proprietor shall immediately report to the Head of Department in writing any change in the particulars furnished by him in terms of subregulation (1) or indicated on the current certificate of registration issued in terms of [regulation 12](#) of these regulations.

**6.** The proprietor of a registered private hospital shall give not less than three months' notice in writing of the intended closure of such hospital to the Head of Department, the Director, patients and staff: Provided that, in exceptional circumstances, the Head of Department may authorise a shorter period of notice.

[[Reg. 6](#) amended by GNR.2687 of 1990.]

**7. Establishment of private hospitals and unattached operating-theatre units.**-(1) No person shall erect, alter, equip or in any other way prepare any premises for use as a private hospital or unattached operating-theatre unit without the prior approval in writing of the Head of Department.

(2) (i) Any person intending to establish a private hospital or an unattached operating-theatre unit shall first obtain permission in writing from the Head of Department, who, after consultation with the Director, shall satisfy himself as to the necessity or otherwise for such a private hospital or unattached operating-theatre unit before granting or refusing permission.

[[Para. \(i\)](#) amended by GNR.2687 of 1990.]

(ii) Having obtained such permission, the applicant shall complete Form I ([Annexure B](#)) and submit plans for approval by the Head of Department, together with the necessary information, and shall supply any additional information which the Head of Department may require.

(3) Permission and approval in terms of [regulation 7](#) are not transferable.

**8.** In the case of a private hospital or unattached operating-theatre unit of which the buildings are still to be erected or converted, plans of the buildings or proposed buildings shall accompany the application for registration. The plans should show clearly the nature and construction of the buildings or proposed buildings or the nature of the conversions, as the case may be. Room names, dimensions and square measurements shall be attached to the plans in the form of a schedule.

**9.** A sufficient number of lifts or ramps shall be provided where patients are housed in a multi-storey building: Provided that adequate provision shall be made for lifts suitable for taking a patient bed or trolley and for the separate removal of soiled linen, waste and refuse.

**10.** All plans shall be drawn to the scale of 1:100 and submitted in duplicate.

**11.** The applicant shall furnish the Head of Department with proof, in writing, that neither the Government departments concerned nor the local authority concerned have any objection to the private hospital or unattached operating-theatre unit being conducted on the premises concerned. In the case of a building still to be erected or converted, the applicant shall furnish proof, in writing, that the plan has been passed by the local authority concerned.

**12. Application for renewal of registration.**-Not less than 90 days before the date on which a certificate of registration expires, the proprietor shall apply for the renewal of such registration.

**13.** Every application for renewal of registration of a private hospital or unattached operating-theatre unit shall be made to the Head of Department substantially in the form of Form I in [Annexure B](#).

**14. Handling of applications.**-Upon the receipt of an application the Head of Department shall, after consultation with the Director, decide-

- (1) to register the proposed private hospital or unattached operating-theatre unit and issue a certificate of registration in respect thereof, subject to such conditions as he may deem fit; or
- (2) to refuse registration, in which event he shall not issue any certificate of registration; or
- (3) to renew the registration of the private hospital or unattached operating-theatre unit and issue a certificate of registration in respect thereof, subject to such conditions as he may deem fit; or
- (4) to refuse the renewal of registration, in which event no certificate of registration shall be issued.

[[Reg. 14](#) amended by GNR.2687 of 1990.]

**15.** The Head of Department may for the purposes of [regulation 14](#) carry out or cause to be carried out by an inspecting officer an inspection of the premises in respect of which the application was made and the applicant shall pay to the Receiver of Revenue in respect of such inspection an inspection fee of R30, which shall include transport fees.

**16. Re-application for registration.**-Any proprietor who has applied for registration of a private hospital or unattached operating-theatre unit and whose application has been refused or any proprietor whose application for renewal of registration has been refused or whose certificate of registration has been cancelled in terms of [regulation 18](#) or any proprietor who failed to apply timeously for renewal of registration and whose certificate of registration has expired or any proprietor or prospective proprietor who lodged an appeal in terms of [regulation 55](#) against the refusal by the Head of Department of registration or renewal of registration or against the cancellation by the Head of Department of a certificate of registration and whose appeal has been dismissed may at any time re-apply for registration or renewal of registration of the same private hospital or unattached operating-theatre unit: Provided that, if registration or renewal of registration has been refused or the certificate of registration has been cancelled because of failure by the applicant to comply with all the conditions and requirements imposed by the Head of Department in terms of [regulation 14 \(1\)](#) or [14 \(3\)](#), such further application shall not be made until and unless all such conditions and requirements have been complied with.

**17. Exemption from requirements in respect of registration.**-The Head of Department may at any time, on such conditions and for such period as he may determine, grant a proprietor exemption from any requirements in respect of registration in terms of these regulations.

[[Reg. 17](#) amended by GNR.2687 of 1990.]

**18. Cancellation of certificate of registration.**-A certificate of registration may at any time be cancelled-

- (1) by the Head of Department if the proprietor-

- (i) fails to comply with any conditions and requirements imposed in terms of [regulation 14 \(1\)](#) or [14 \(3\)](#); or
- (ii) fails to furnish the returns, particulars or information which he is required to furnish in terms of [regulation 28](#); or
- (iii) is found guilty of an offence in terms of the provisions of these regulations;

(2) by the Head of Department or the Minister if he deems it to be in the public interest that the private hospital or unattached operating-theatre unit in respect of which such certificate of registration has been issued be closed.

**19.** Whenever the Head of Department or the Minister, as the case may be, cancels a certificate of registration in terms of [regulation 18](#) he shall give notice in writing to the proprietor that he is so cancelling the certificate of registration and that the private hospital or unattached operating-theatre unit in respect of which it was issued shall be closed down on or before a date specified in such notice.

**20.** Upon the cancellation of a certificate of registration in terms of [regulation 18](#), the registration of the private hospital or unattached operating-theatre unit in respect of which such certificate of registration was issued shall lapse on the date specified in the written notice referred to in [regulation 19](#).

**21. Building requirements for unattached operating-theatre units.**-The rooms of an unattached operating-theatre unit shall comply with the following requirements:

(1) Save where otherwise required in these regulations, all walls shall not be less than 2,6 m high, measured from the floor to the ceiling, and shall be constructed of burnt brick, stone, concrete or some other impervious material and, unless otherwise approved, the external walls shall be not less than 225 mm thick and the internal walls not less than 89 mm thick.

(2) In the operating-theatre, sluice room, toilets and shower cubicles, the joint between the walls and the floor shall be rounded.

(3) All corridors taking patient trolleys shall be not less than 2 m wide.

(4) All doors giving access to rooms in which patients are to be accommodated shall be not less than 2 m high and 1 m wide.

(5) All rooms shall be satisfactorily ventilated and lighted and spacious enough to ensure that they are not overcrowded when the maximum number of persons that would normally be in them at any time are present.

(6) All rooms, corridors and theatres shall be provided with a smooth, dustproof ceiling.

(7) The floors of all rooms and corridors shall be of approved material and covered with impervious washable material: Save that where flammable materials are used, kept or stored, the floor of the operating-theatre and the rooms where such flammable materials are used, kept or stored, as well as all floors within a distance of 1 m of the doors of the operating-theatre and of such rooms where flammable materials are used, kept or stored, shall be covered with anti-static material of a washable impervious type and that a conspicuous cautionary notice is a requirement if the floor is not anti-static.

(8) The surfaces of the walls shall be smoothly plastered and, save where otherwise provided in this regulation, be painted with washable paint of a light colour or clad with a washable impervious material: Provided that in the case of sluice rooms, toilets, shower cubicles, operating-theatres, central sterile supply departments or sterilising rooms, the walls up to a height of not less than 2,1 m from the floor may, instead of being painted with washable paint of a light colour, be covered with white or light-coloured glazed tiles or other washable, impervious, material: Provided further that the walls behind all wash-hand basins shall, up to a height of 500 mm above and 500 mm on either side of such wash-hand basins, be covered with white or light-coloured glazed tiles or other washable, impervious material.

(9) Properly placed and adequate fire-hydrants, fire-hoses, fire-extinguishers, fire-escapes and emergency exits shall be provided and satisfactorily maintained.

(10) If the operating-theatre unit is in a multi-storeyed building and not on the ground floor, the building shall be equipped with fire-escape stairs as well as a lift of sufficient size to take a patient stretcher.

(11) Sufficient water shall be laid on to all taps, showers, sluicing apparatus and sanitary conveniences in the operating-theatre unit and all waste water from wash-hand basins, sluice rooms, sluice pans and toilet pans shall effectively drain into an approved sewerage system.

(12) An incinerator or other suitable system shall be provided for the effective incineration or disposal of soiled dressings and surgically removed tissues, without causing any nuisance.

**22. Rooms required.**-An unattached operating-theatre unit shall be conducted in accommodation in which provision is made for-



- (1) an operating-theatre with adjoining sterilising room and recovery area and ward accommodation so planned or conducted that male and female patients shall be effectively separated: Provided that if such recovery area is so arranged as to provide adequate substitute ward accommodation, no such separate ward accommodation shall be required;
- (2) a scrubbing-up area outside the operating-theatre: Provided that if the operating-theatre is sufficiently spacious for the purpose, such scrubbing-up area may be provided at a suitable place within the operating-theatre; and
- (3) a sluice room, sluicing facilities, nurses' duty room facilities, a linen room or cupboard for clean linen, storage space for flammable material, adequate change-room and toilet facilities for staff and patients separately (toilets, independent from change-rooms may be provided, for males and females separately), a waiting-room for patients and their visitors, office space and, where applicable, a consulting room.

**23. Accommodation.**-The rooms referred to in [regulation 22](#) shall comply with the following requirements:

(1) The waiting-room shall have a floor area of not less than 12 m<sup>2</sup>, with a minimum wall length of 3 m: Provided that if the office space is to be provided inside the waiting-room the floor of the waiting-room shall have an area of not less than 18 m<sup>2</sup> and a minimum wall length of 3,6 m.

(2) The office space shall-

- (i) have a floor area of not less than 6 m<sup>2</sup> if a portion of the waiting-room is set aside for this purpose; or
- (ii) be provided in the form of a separate room, with a floor area of not less than 10 m<sup>2</sup> and a minimum wall length of 2,4 m.

(3) The consulting room, if provided, shall be outside the operating-theatre area and shall have a floor area of not less than 12 m<sup>2</sup> and a minimum wall length of 3 m and shall be fitted with at least one wash-hand basin with sufficient hot and cold water laid on.

(4) The operating-theatre shall have a floor area of not less than 20 m<sup>2</sup>, and a minimum wall length of 3,6 m. The walls shall be not less than 2,6 m high, measured from the floor to the ceiling, and shall have a continuous, smooth surface and be painted with hard glossy epoxy resin or a similar paint or covered with any other suitable washable impervious material; the ceiling shall be painted with a light-coloured enamel paint. The walls, the floor and the ceiling shall be capable of withstanding repeated cleansing and disinfection.

(5) In the scrubbing-up area, hot and cold water shall be laid on to elbow-operated taps over two wash-hand basins or troughs.

(6) The operating-theatre shall be effectively ventilated and lighted: Provided that windows, if any, shall be dustproof. The minimum requirement for air conditioning shall be the installation of an office type conditioning unit with a 10 micron dust filter.

(7) The operating-theatre shall be provided with electric power to at least three flashproof wall plugs, a suitable electric operating-theatre lamp suspended from the ceiling or cantilevered from the wall, approved facilities for emergency lighting in the event of a power failure and an approved operating table capable of placing the patient at least in the Trendelenburg position and, where applicable, in other positions as well, depending on the operations to be carried out.

(8) The operating-theatre shall be provided with suitable suction apparatus (for use by the surgeon and the anaesthetist separately) with at least two suction points capable of effectively removing blood and mucus simultaneously. Provision shall also be made for emergency facilities of this kind which can be used if the apparatus that is normally used fails.

(9) The operating-theatre shall be provided with suitable piping for conducting oxygen and nitrous oxide from a gas bank unless such gases are supplied in cylinders. A Boyle's apparatus or other suitable type of anaesthetic apparatus with all the necessary connections for the patient's airways shall be provided. A gas scavenging apparatus shall be mandatory.

(10) The sterilising room shall have a floor area of not less than 9 m<sup>2</sup> and a minimum wall length of 3 m. Save that where an unattached operating-theatre unit was conducted on the same premises prior to the promulgation of these regulations and a sterilising room with a smaller floor area was used for this purpose, such room may continue to be so used.

(11) The instruments, basins, dressings, dressing drums/packs, containers, water, etc., shall be sterilised in the sterilising room in an approved sterilising apparatus which may use one or more of the following methods:

- (i) Steam under pressure;
- (ii) boiling water;
- (iii) dry heat;
- (iv) a sterilising gas;

- (v) any other approved method:

Provided that if a steam autoclave is used, the apparatus shall be mounted in an adequately ventilated machine room outside but immediately next to the sterilising room, with the autoclave facing into the sterilising room: Provided further that if the process used involves the production of steam, water vapour or other gases, a suitable apparatus for the effective removal thereof shall be provided.

(12) Instead of built-in sterilising apparatus, suitable arrangements may be made for an approved central sterile supply department to provide sufficient sterile dressings, towels, bowls, basins, instruments, syringes and sterile water for all operations.

(13) (1) The recovery room or area shall be in the demarcated area and shall have a floor area of not less than 12 m<sup>2</sup> and a minimum wall length of 3 m. It shall be fitted with at least one wash-hand basin to which hot and cold water shall be laid on to elbow-operated taps over the wash-hand basin; at least one flashproof wall plug; a portable lamp that can be taken to every bed; a suction apparatus which can effectively draw off blood and mucus and can reach every bed; a supply of oxygen so laid on that oxygen can be supplied to every bed; and suitable resuscitation apparatus. In addition, facilities shall be provided for the screening-off of patients if necessary.

(2) A slop hopper and sink shall be provided in a suitable area.

(14) The change room shall have a floor area of not less than 7 m<sup>2</sup> and a minimum wall length of 2,1 m and shall be fitted with flashproof wall plugs and at least one wash-hand basin to which hot and cold water is laid on. Flush toilets shall be provided in each change room on the basis of one for every eight persons, and such flush toilets shall be partitioned off from the rest of the change room. Such change room shall have adequate facilities where clothes and clean and soiled theatre clothing may be kept separately. Such change room shall have one door which opens inside the demarcated area and a separate entrance from outside the demarcated area.

(15) The ward shall have a floor area of not less than 8 m<sup>2</sup> for every bed. It shall be fitted with at least one flashproof wall plug and a wash-hand basin to which hot and cold water is laid on to elbow-operated taps.

(16) The sluice room shall have a floor area of not less than 5 m<sup>2</sup> and a minimum wall length of 2,1 m. Sufficient cold water shall be laid on to a sluice pan. The sluice room shall be fitted with suitable shelves of impervious material for clean and disinfected bed pans and urine containers, as well as receptacles of impervious material, with tight-fitting lids, for soiled linen.

(17) (i) The storage area for flammable material shall have a floor covered with a washable, impervious material;

(ii) a suitable linen room or cupboard for clean linen shall be provided; and

(iii) facilities for sterile storage shall be provided.

(18) The duty room shall have a floor area of not less than 10 m<sup>2</sup> and a minimum wall length of 2,4 m. It shall be next to the recovery room or area and between the latter and the ward, if any, with a window in the wall between the duty room and the recovery room or area and one in the wall between the duty room and the ward. It shall be equipped with hot and cold water laid on to elbow-operated taps over a wash-hand basin and a table with a top of impervious material, a refrigerator, and, unless provided elsewhere in the building, a flush toilet and sufficient shelves and lockers for keeping clothes, shoes and soiled gowns separately: Provided that instead of a duty room, a duty station may be provided for the nurse within the recovery room or area or the ward, and such station shall be equipped with such facilities as may be necessary for this purpose. An alarm system shall be installed to alert all staff of any emergency cases.

**24. Furniture and equipment.**-(1) In accommodation in which an unattached operating-theatre unit is being conducted the following facilities shall be provided in addition to the furniture and equipment:

- (i) Facilities for the administration of intravenous fluids and blood;
- (ii) sphygmomanometers;
- (iii) a stethoscope;
- (iv) syringes and needles;
- (v) a separate lockable cupboard for Schedule 7 substances;
- (vi) a separate lockable cupboard for all other Schedule 1-6 unscheduled medicines;
- (vii) a separate lockable cupboard for hazardous substances;
- (viii) an instrument cupboard for the operating-theatre.

(2) In addition the operating-theatre unit shall contain sufficient suitable apparatus and instruments, including not less than two laryngoscopes, McGill forceps for adults and children, suitable endotracheal tubes with the necessary connections, tongue forceps, airways, a tracheostomy set, a cardiac massage set and defibrillator, as well as means to ventilate the patient if the oxygen supply fails, and other equipment and materials that may be required for emergencies.

**25. Duties of proprietor.**-The proprietor shall ensure that-

- (1) the accommodation in which he conducts his unattached operating-theatre unit is always in a clean and tidy condition;
- (2) all equipment and instruments are always clean and in good and safe working order, and are kept tidily in the appropriate storage place or cupboard when not in use;
- (3) any sterilising apparatus or equipment is not used or permitted to be used for any other purpose than sterilisation and that it is regularly tested for effectiveness and the results recorded in a register which he shall maintain for this purpose;
- (4) the operating-theatre is not used or permitted to be used for any other purpose than as an operating-theatre;
- (5) a register is kept of all surgical operations performed and all specimens forwarded for pathological examination;
- (6) any scheduled substance in terms of the Medicines and Related Substances Control Act, 1965 ([Act 101 of 1965](#)), and any hazardous substance in terms of the Hazardous Substances Act, 1973 ([Act 15 of 1965](#)), shall be stored only in lockable cupboards kept for the purpose;
- (7) no curtains are hung in the operating-theatre or the sterilising room;
- (8) no carpets or any loose covering materials are on or are laid on the floor of the operating theatre or the sterilising room or any ward or duty room or patient area; that there is no wall paper against the walls of patient or treatment areas and further that all walls are kept free from affixed notices and paper or similar material which impedes cleaning;
- (9) any room showing dampness in the walls, floor or ceiling is not used for patient accommodation;
- (10) instruments and equipment shall at all times be kept clean, tidy and in good and safe working condition and, if used in the treatment of patients, shall be effectively disinfected or sterilised, as may be required, prior to use;
- (11) while there is a patient in the operating-theatre unit, no doors affording admission to the unit are locked;
- (12) the sluice room is not used or permitted to be used for any purpose other than the storage and cleansing of bed pans, urine bottles and similar containers, and the rinsing and depositing of soiled linen, dressings and other waste, until their removal, and that no place other than the sluice room is used for the storage and cleansing of such items;
- (13) in each sluice room proper receptacles of impervious material, having tight-fitting lids, are always available for soiled linen, dressings and other waste;
- (14) the contents of receptacles for soiled dressings and waste tissues are removed at least twice a day and effectively disposed of;
- (15) after use, all bed pans and urine containers are immediately emptied, rinsed clean and then disinfected;
- (16) an adequate number of refuse receptacles of impervious material, with tight-fitting lids in good condition, are available; that they are never left open; that the contents of such containers are effectively disposed of at least once daily without causing a nuisance, and that such containers are properly washed and disinfected after they have been emptied;
- (17) the floors of the rooms used for the unattached operating-theatre unit are cleaned at least once a day and that all refuse is emptied into refuse receptacles;
- (18) in the event of the floors not being anti-static, an appropriate warning is prominently displayed;
- (19) requisites such as soap, a suitable nail brush and hand-drying facilities are always available at every wash-hand basin in the unattached operating-theatre unit;
- (20) a registered nurse or medical practitioner or dentist (apart from the registered nurses, medical practitioners or dentists in the operating-theatre) is always present as long as there is a patient not fully conscious in the recovery room or area;
- (21) whenever there is a bed patient on the premises of an unattached operating-theatre unit the services of at least an enrolled nurse are readily available;
- (22) the various rooms or areas are used only for the purposes for which they have been approved;
- (23) all services and measures generally necessary for adequate care and safety of patients are maintained and observed;
- (24) aseptic principles are fully observed in the treatment of patients;
- (25) all wash-hand basins for patients, staff and visitors are satisfactorily provided with cleansing

materials and drying facilities;

- (26) effective pest control is exercised;
- (27) sewerage and storm-water drainage systems are maintained in conformity with the requirements of the local authority concerned;
- (28) foodstuffs are handled, kept, stored and prepared on the premises in conformity with public health standards and the regulations of the local authority concerned;
- (29) adequate stand-by facilities for lighting and for the maintenance of vital equipment and services are provided and maintained;
- (30) no unauthorised person has access to patient records and that the privacy and interests of patients are safeguarded;
- (31) a "No Entry" sign is affixed to the operating-theatre unit; and
- (32) a copy of these regulations, in a legible condition and up to date, is kept available on the premises.

**26.** The proprietor shall keep or cause to be kept in the following separate registers, where applicable:

- (a) A register of general medical and surgical patients admitted, substantially in the form of [Annexure D](#);
- (b) a register of maternity patients admitted and of deliveries substantially in the form of [Annexure E](#);
- (c) a register of all patients treated in any operating-theatre, substantially in the form of [Annexure F](#);
- (d) a register of out-patients or casualty patients treated, substantially in the form of [Annexure G](#);
- (e) a register, as required by the Head of Department, of patients with infectious diseases, or any other special class of patient; and
- (f) a register of the nursing staff, substantially in the form of [Annexure H](#).

**27.** No proprietor shall admit to or treat in or allow to be admitted to or treated in any private hospital more patients than the number authorised by the certificate of registration. The Head of Department may give permission for more patients to be admitted or treated in emergencies or if he is satisfied that no other hospital facilities are available.

**28.** Every proprietor shall within 15 days of the end of each month furnish or cause to be furnished to the Head of Department a return showing the number of patients exceeding daily during the month the number authorised by the certificate of registration and the reasons for such excess in each case.

**29.** Every proprietor shall without delay furnish to the Head of Department such returns and information as the Head of Department may from time to time require in relation to the control and management of the private hospital concerned, the facilities, stores or staff at its disposal, the services rendered therein and the patients receiving treatment or nursing care therein.

**30. Private hospitals.-Accommodation and facilities.**-A private hospital shall be conducted on premises where adequate and satisfactory provision has been made for-

- (a) one or more nursing units, including-
  - (i) beds in wards or rooms for the treatment of patients;
  - (ii) a duty room or duty station for nurses so placed that physical access to any patient requiring care is not impeded or delayed;
  - (iii) bathing and toilet facilities for patients;
  - (iv) a treatment or dressing room;
  - (v) separate storage space for linen, pharmaceuticals, ward equipment, patients belongings and such sundry items as may be necessary for the management of the nursing unit;
  - (vi) a sluice room;
  - (vii) facilities for the cleansing and storage of cleaning equipment and materials;

- (viii) a ward kitchen; and
- (ix) connecting corridors;
- (b) a room or rooms, adequate for administrative control, enquiries, admission of patients and storage of records, which shall be separate from the duty room of a nursing unit and accessible to the staff without their having to pass through the patient areas;
- (c) a main kitchen;
- (d) store-rooms for bulk storage;
- (e) a rest-room and toilet facilities for staff;
- ( f ) a waiting area and toilet facilities for visitors;
- (g) sterile supplies;
- (h) facilities for the immediate supply of all necessary pharmaceutical products;
- (i) a laundry or a supply of clean linen;
- ( j ) a mortuary or for the immediate removal of any dead body; and
- (k) an approved incinerator or other suitable system for the effective and innocuous disposal of soiled dressings and surgically removed tissues.

**31. Additional facilities.**-Depending on the requirements of the patients admitted or treated at such hospital, any or all of the following facilities may be provided, in accordance with these regulations, and, where deemed indispensable or required by the Head of Department, shall be thus provided:

- (a) An operating-theatre unit;
- (b) a separate maternity unit;
- (c) reception and treatment facilities for out-patients and/or casualties;
- (d) central sterilising facilities;
- (e) accommodation and facilities for employees;
- ( f ) facilities for-
  - (i) radiology and allied diagnostic purposes;
  - (ii) physiotherapy;
  - (iii) occupational therapy;
  - (iv) electro-convulsive treatment;
  - (v) psychotherapy;
  - (vi) any special investigation or treatment;
  - (vii) the training of nurses, medical practitioners and members of supplementary health service professions;
  - (viii) the medical examination of employees;
  - (ix) the training of employees in first aid;
- (g) any other approved facilities.

**32. General structural requirements.**-Save where otherwise required in these regulations, the following structural requirements shall apply to all private hospitals:

(1) The walls of the operating-theatre unit and of the labour unit shall be not less than 2,6 m high, measured from the floor to the ceiling and constructed of approved impervious material.

(2) In the operating-theatre unit, the labour unit, all toilets, bathrooms and sluice rooms, and wherever else necessary, the joint between the floor and the walls shall be so rounded as to permit effective cleaning.

(3) Each corridor or passageway used for patients shall be not less than 2 m wide and where patients are moved within the operating-theatre unit or labour unit the corridor shall be at least 2,5 m wide.

(4) All rooms shall be satisfactorily lighted and ventilated.

(5) Dustproof ceilings of smooth, impervious material, painted with a white or light-coloured suitable washable paint, shall be provided throughout all patient accommodation and treatment areas.

(6) The floors of all rooms and corridors shall be of concrete or a similar impervious material brought to a smooth finish and, except where otherwise provided in these regulations, covered with a washable, impervious material.

(7) All interior wall surfaces shall be given a smooth, hard plaster finish with rounded corners, painted with a light-coloured durable washable paint or alternatively satisfactorily covered with a similar washable, impervious material: Provided that, where walls have been painted, the walls behind wash-hand basins shall be specially clad to a height of at least 500 mm above, and to a distance of at least 500 mm beyond the sides of such wash-hand basins in glazed tiling or a special washable, impervious material so as to form an impervious finish continuous with the paintwork.

(8) Effectively placed and adequate fire-hydrants, fire-hoses, fire-extinguishers, fire-escapes and emergency exits shall be provided and satisfactorily maintained.

(9) Wash-hand basins shall be provided in the immediate vicinity of all toilets, urinals and sluices.

(10) An air-conditioning system shall be installed in the room provided for the storage of medicine in order to ensure a constant room temperature.

**33. Patient accommodation.**-(1) In this regulation any fixture shall, for purposes of determining minimum measurements, be regarded as a wall or part of a wall of a room in which a patient is accommodated.

(2) No patient shall be accommodated in any room with a floor area of less than 10 m<sup>2</sup> or in a single room where there is not a minimum space of-

- (a) 0,9 m at between any side of any bed and the nearest wall on that side; and
- (b) 1,2 m between the foot of any bed and the opposite wall.

(3) No patient shall be accommodated in a room with more than one bed unless provision is made for a minimum space of-

- (a) 0,75 m at between any side of any bed and the nearest wall;
- (b) 0,9 m between the sides of any adjacent beds; and
- (c) 1,2 m between the foot of any bed and the opposite wall or a minimum of 1,5 m between the foot of any bed and the opposite bed.

(4) No infant shall be accommodated in a nursery unless there is a minimum space of-

- (a) 0,75 m between adjacent cots;
- (b) 0,6 m between any side of any cot and the nearest wall; and
- (c) 0,9 m between the foot of any cot and the opposite wall.

(5) No patient room shall be used for the accommodation of both male and female patients, except when all patients are children not older than 10 years: Provided that a patient room may be used for the simultaneous accommodation of a husband and wife.

(6) Except in the case of a mother and child, children and adults, shall always be accommodated in separate rooms: Provided that, where separate accommodation for adults and children under the age of 10 years is impractical for reasons of treatment, proper screening facilities shall be available.

**34. Patient rooms.**-(1) Each patient room in a private hospital shall communicate directly with a corridor or passageway.

(2) Doors giving access to rooms in which patients are or are to be accommodated shall be at least 1,2 m wide.

(3) Each patient room shall be provided with a wash-hand basin fitted with elbow-operated taps to which hot and cold water is laid on.

(4) Each patient room shall be identified by displaying at the entrance-

- (a) the number of the patient room; and
- (b) the approved number of beds in such room.

**35. Ancillary facilities.**-(1) (a) Where several patient rooms share toilet facilities or where a patient room with its own facilities contains more than eight beds, the following shall be provided:

- (i) At least one bath or shower per 12 patients or part of such number: Provided that the proportion of baths to showers shall correspond to the function of the nursing unit;

- (ii) at least one toilet per eight patients or part of such number, but in male wards a urinal may be substituted for every third toilet; and
- (iii) at least one wash-hand basin per eight patients or part of such number.
- (b) Adequate special bathing facilities for babies shall be provided in direct conjunction with nurseries.
- (2) (a) The size and equipment of the ward kitchen shall be adequate for the size and function of the nursing unit and for the system of supplying food.
- (b) The ward kitchen shall be so placed that it does not cause a nuisance.
- (3) (a) Depending on the system of supplying food, adequate provision shall be made for-
  - (i) facilities for taking delivery of, storing and preparing hot and cold food, and serving such food to patients and staff;
  - (ii) facilities for the removal, washing-up and storage of crockery and cutlery; and
  - (iii) facilities for the effective extraction of steam, smoke, vapour and heat.
- (b) Adequate and suitable provisions shall be made for-
  - (i) garbage bins which can be properly emptied and cleaned and which are provided with close-fitting lids; and
  - (ii) wash-hand basins for kitchen staff.
- (4) Suitable change room, rest room and toilet facilities for employees shall be provided and such facilities shall be of the standard laid down in the Factories, Machinery and Building Work Act, 1941 (Act [22 of 1941](#)), as amended.
- (5) Suitable and adequate waiting rooms, toilets and wash-hand basins shall be provided for visitors.

**36. Operating-theatre unit in a private hospital.-General requirements.**-An operating-theatre unit shall include the following:

- (a) One or more operating-theatres with access only through a room, area, passageway or corridor which is clearly within the demarcated area and so planned and equipped that adequate control can be exercised over all persons and materials which enter such room, area, passageway or corridor;
- (b) and further within the demarcated area-
  - (i) adequate sterile pack and setting rooms;
  - (ii) a scrubbing-up area outside but adjacent to the operating-theatre, with satisfactory access to such operating-theatre: Provided that, subject to the recommendation of the Director with regard to any special services offered in the operating-theatre, the Head of Department may permit such scrubbing-up area to be situated within the operating-theatre;
  - (iii) a recovery room or area where patients can be adequately accommodated for post-operative nursing surveillance, which is immediately accessible to a medical practitioner and which has sufficient resuscitation and emergency facilities;
  - (iv) a sterile supply unit: Provided that a portion of the facilities of such unit may be screened off so as to fall outside the demarcated area;
  - (v) a sluice room to serve the operating-theatre or operating-theatres only: Provided that, where a special corridor is provided from which cleaning of the operating-theatre or operating-theatres can be effected such sluice room shall not be situated within the demarcated area, but shall be so situated as to have an access door from such corridor only;
  - (vi) suitable change-room facilities, with direct access to the demarcated area, for medical practitioners, nursing and domestic staff: Provided that additional change facilities shall be provided for patients not utilising ward accommodation;
  - (vii) a transfer area, for the transfer of patients from ward trolleys to theatre trolleys, across the demarcated area;
  - (viii) a nurses' duty room or duty station which is so situated, constructed and equipped that it is possible for the nursing staff to observe patients directly and render assistance to patients where necessary;
  - (ix) if light refreshments are to be served, suitable facilities for storing, preparing and serving such refreshments;
  - (x) cleaners' facilities; and
  - (xi) separate store-rooms, or sufficient suitable storage cupboards in lieu thereof, for the storage of clean linen, medicines, equipment and sundry items.



**37. Dimensions.**-Any operating-theatre shall have-

- (a) a floor area of not less than 30 m<sup>2</sup>;
- (b) a wall height of not less than 3 m;
- (c) a width of not less than 5,1 m; and
- (d) an instrument setting area immediately off the operating-theatre.

**38. Floor.**-(1) The floor of any operating-theatre shall be of impervious material, laid without open interstices and with jointing filled in so as to provide a continuous impervious covering, and so finished that the wall covering and the floor covering are joined in a continuous smooth surface without interstices.

(2) In an operating-theatre, unless anti-static floor has been laid and maintained in conformity with the specifications of the South African Bureau of Standards there shall be affixed and prominently displayed at the entrance to such theatre a cautionary notice to the effect that the floor of such theatre is not anti-static and that explosive anaesthetic agents, gases or cleaning agents are not to be used inside such theatre.

**39. Installations.**-At every theatre there shall be provided-

- (a) an adequate piped gas supply of oxygen and nitrous oxide;
- (b) an adequate lighting system;
- (c) an air-conditioning system fitted with filters effective for five micron particles and with sufficient capacity to maintain a temperature of at least 10 °C and a relative humidity of at least 45 per cent;
- (d) an adequate and satisfactory mechanical suction system with at least two suction points;
- (e) adequate facilities for an emergency supply of oxygen and nitrous oxide, emergency lighting and emergency suction in the event of mechanical, electrical or other failure during an operation;
- (f) electric power to at least three flash-proof wall plugs with an earth leakage device at a minimum height of 1,5 m;
- (g) an approved operating table on which the patient can be positioned according to the requirements of the operation to be performed.

**40. Corridors within operating-theatre units.**-An unobstructed width of not less than 2,5 m shall be maintained for patient trolleys in corridors and passageways within any operating-theatre unit.

**41. Scrubbing-up areas within operating-theatre units.**-(1) Any scrubbing-up area shall have a width of not less than 2,1 m and shall be so equipped as to permit both unhindered and simultaneous scrubbing-up by at least two persons under hot and cold running water from elbow-operating taps over splash-limiting basins or a drainage trough, and gowning prior to entering the operating-theatre.

(2) Where the use of the operating-theatre is limited to the procedures listed in [Annexure A](#), satisfactory provision for simultaneous separate scrubbing-up by two persons only will be deemed sufficient for the purposes of this regulation.

**42. Recovery areas within operating-theatre units.**-(1) The recovery room or area shall be inside the demarcated area and shall have a floor area of not less than 12 m<sup>2</sup> and a wall length of not less than 3 m, and shall provide sufficient space for at least one patient from each operating-theatre which it serves, calculated on the basis of 9 m<sup>2</sup> of unobstructed floor area per patient.

(2) The recovery room or area shall be fitted with-

- (a) a wash-hand basin to which hot and cold water is laid on to elbow-operated taps;
- (b) a sufficient supply of oxygen for each patient to be accommodated;
- (c) a sufficiently adjustable fixed or portable lamp for every recovery bed or trolley;
- (d) an adequate and satisfactory mechanical suction system with one suction point for every recovery bed or trolley;

- (e) two flash-proof electric power outlets for every recovery bed or trolley; and
- (f) facilities for screening off patients.

**43. Sterile supply unit.**-(1) The sterile supply unit shall have a floor area of not less than 12 m<sup>2</sup>, a wall length of not less than 3 m and adequate free floor space.

(2) The sterile supply unit shall be adequately equipped separately to receive, clean, pack, sterilise and store instruments, materials, dressings, basins, containers, water and sundry items used in connection with the treatment provided.

(3) If a steam autoclave is used, it shall be mounted in an adequately ventilated and accessible machine room outside and immediately adjacent to the sterilising area, with the autoclave opening into such area: Provided that, if any sterilising process used involves the production of steam, water vapour or any other gases, a suitable means for the effective removal thereof shall be provided.

(4) The provisions of this regulation shall not preclude any proprietor from establishing and maintaining, with the consent of the Head of Department, and subject to such conditions as the Head of Department may impose, an approved central sterile supply department in order to provide adequate sterile supplies to all patient accommodation and treatment areas of the hospital.

**44. Duty rooms within operating-theatre units.**-(1) The theatre duty room shall have a floor area of not less than 10 m<sup>2</sup> and a minimum wall length of 2,4 m and shall be so situated and constructed as to make effective patient surveillance possible: Provided that an adequate duty station may be provided instead of a duty room.

(2) The theatre duty room or station shall be equipped with such facilities as may be necessary for the purpose for which such theatre duty room or station is used.

**45. Sluice rooms of operating-theatre units.**-A theatre sluice room shall have a floor area of not less than 5 m<sup>2</sup> and a minimum wall length of 2,1 m and shall be fitted with-

- (a) a sluice pan;
- (b) adequate shelving for storing clean containers;
- (c) a stainless steel wash-up basin with hot and cold water; and
- (d) a wash-hand basin with hot and cold water.

**46. Change rooms of operating-theatre units.**-A theatre change room shall be of adequate size and shall have a floor area of not less than 9 m<sup>2</sup> and a minimum wall length of 2,1 m and shall be provided with-

- (a) a wash-hand basin to which hot and cold water is laid on;
- (b) suitably partitioned off toilets on the basis of one toilet for every seven members of the theatre staff or part of such number;
- (c) adequate facilities for the separate storage of personal clothing and effects, clean and used theatre clothing; and
- (d) a shower cubicle with a dry change area.

**47. Maternity unit.**-*General requirements.*-A maternity unit shall include-

- (a) one or more nursing units, in accordance with these regulations;
- (b) adequate nursery facilities which shall include-
  - (1) a separate room where facilities for special care shall be provided, including-
    - (i) at least one incubator;
    - (ii) resuscitation equipment with suction and oxygen; and
    - (iii) oxygen and suction supply in the main nursery;
  - (2) resuscitation equipment in the delivery room shall include-
    - (i) a table of a suitable height; with
    - (ii) overhead heating; and

- (iii) oxygen and suction supply;
- (c) a milk kitchen, if more than 15 mother beds are provided;
- (d) a patients' preparation room, if more than 15 mother beds are provided;
- (e) a labour unit consisting of-
  - (i) a delivery room or rooms on the basis of one delivery room for every 10 mother beds, or one delivery room plus a room for patients in the first stage of labour for every 15 mother beds;
  - (ii) ancillary services, including-
    - (aa) a sluice room with provision for storing, examining and disposing of placentas; and
    - (bb) separate storage facilities for sterile packs and instruments, linen, medicines and sundry equipment;
- (f) where more than 15 mother beds are provided and no operating-theatre facilities are readily available, provision shall be made for an operating-theatre unit with sufficient suitable theatre facilities.

**48. Delivery rooms.**-(1) Each delivery room shall have a floor area of not less than 16 m<sup>2</sup> and a minimum width of 3,7 m.

(2) Each delivery room shall also contain-

- (a) adequate scrubbing-up facilities;
- (b) a suitable adjustable lamp, fixed or mobile;
- (c) an anti-static floor if explosive anaesthetic gases are used;
- (d) adequate provision for oxygen; and
- (e) adequate baby resuscitation facilities.

**49. Alterations.**-No building of any private hospital or unattached operating-theatre unit or any portion of such building shall be extended, demolished or otherwise structurally or functionally altered without the written approval of the Head of Department. Any proprietor wishing to obtain such approval shall apply in writing and every such application shall-

- (1) be accompanied by detailed plans and specifications; and
- (2) set out in full the reasons for the proposed extension, demolition or alteration.

[[Reg. 49](#) amended by GNR.2687 of 1990.]

**50. Displaying of certificate of registration at private hospitals and unattached operating-theatre units.**-The holder of a valid certificate of registration shall display or cause to be displayed in a conspicuous place on the premises to which such certificate relates, the certificate of registration mentioned in [regulation 14 \(1\)](#) or [14 \(3\)](#).

**51. Inspections.**-The Head of Department may at any time, and as often as he may deem necessary, inspect or have inspected by an inspecting officer any private hospital or unattached operating-theatre unit.

**52.** The proprietor of a private hospital or unattached operating-theatre unit or any other person responsible for the management or control thereof or who is in charge of the nursing services thereof shall render to the inspecting officer in terms of these regulations all information the said officer may require in regard to the organisation and management of such private hospital or unattached operating-theatre unit and the accommodation, nursing and treatment of the patients. All registers, clinical records and any other records in connection with patients and staff shall also be available for inspection.

**53.** No person shall in any way obstruct any inspecting officer carrying out his inspection or refuse to furnish to the best of his knowledge any information requested by such officer or to show any apparatus or place or thing or to unlock any cupboard.

**54.** The Head of Department may at any time direct the proprietor of such private hospital or unattached operating-theatre unit by notice in writing to effect, within a reasonable period stated in the notice, such structural alterations or such improvements in regard to the organisation or management of the said private hospital or unattached operating-theatre unit or to acquire or replace such equipment or to remedy such defects as may be specified in the said notice.

**55. Appeals.**-The proprietor or prospective proprietor of a private hospital or unattached operating-theatre unit may appeal in writing to the Minister against any decision made by the Head of Department in terms of any provision of these regulations in respect of such proprietor or prospective proprietor, as the case may be, of a private hospital or unattached operating-theatre unit.

**56.** An appeal in terms of [regulation 55](#) shall be lodged within seven days of the decision appealed against having come to the knowledge of the proprietor or prospective proprietor, as the case may be, and shall clearly state-

- (1) against which decision such appeal is lodged; and
- (2) the grounds on which such appeal is lodged.

**57.** Any appeal in terms of these regulations shall be lodged with the Head of Department, who shall submit it to the Minister together with his reasons for the decision against which the appeal is being lodged.

**58.** The Minister may confirm, amend or revoke a decision taken by the Head of Department in terms of the provisions of these regulations and inform the owner or prospective owner of a private hospital or unattached operating-theatre unit in writing of his decision.

**59. Offences and penalties.**-Any person who-

- (1) establishes, extends, conducts, maintains, manages, controls or renders a service in any private hospital or unattached operating-theatre unit which is not registered in terms of the provisions of these regulations; or
- (2) extends, demolishes or makes structural alterations to the existing buildings of a private hospital or unattached operating-theatre unit, or any portion of such buildings, or alters the purpose for which such buildings are used, without the prior approval in writing of the Head of Department; or
- (3) is the proprietor of or is employed at a private hospital or unattached operating-theatre unit and who-
  - (i) fails or refuses to allow the Head of Department, or any person acting on his behalf, access to such hospital or unit for the purpose of an inspection in terms of [regulation 52](#); or
  - (ii) fails to comply with the provisions of [regulation 54](#); or
  - (iii) obstructs or hinders the Head of Department or any person acting on his behalf in the performance of his duties in terms of [regulation 53](#), or who contravenes or fails to comply with such provisions, shall be guilty of an offence and liable-
    - (a) upon a first conviction, to a fine not exceeding R500 or to a term of imprisonment not exceeding six months or to both such fine and such term of imprisonment;
    - (b) upon a second conviction for a similar offence, to a fine not exceeding R1 000 or to a term of imprisonment not exceeding one year or to both such fine and such term of imprisonment; and
    - (c) upon a third or subsequent conviction for a similar offence, to a fine not exceeding R1 500 or to a term of imprisonment not exceeding two years or to both such fine and such term of imprisonment.

**60.** All provincial-aided hospitals are excluded from these regulations.

**61. Forms.**-Forms essentially as specified in the annexures hereto shall be used for the purposes of the Health Act, 1977 (Act 63 of 1977). and the regulations made under the Act.

**62. Repeal of regulation R.1071 of 25 June 1971.**-(1) The provisions of the regulations in respect of unattached operating-theatre units (Regulation R.1071 of 25 June 1971), are hereby repealed in so far as they apply or relate to unattached operating-theatre units.

(2) Any notice, order, decision, approval, permission, authority, information or document issued, made, granted or furnished and any other action taken under any provision of these regulations or repealed by these regulations shall, if not inconsistent with the provisions of these regulations, be deemed to have been issued, made, granted, furnished or taken under the corresponding provisions of these regulations.

**63.** Date of commencement of regulations is 1 April 1980.

#### ANNEXURES

| <i>Annexure</i>   | <i>Form</i> | <i>Subject</i>  |
|-------------------|-------------|---|
| <a href="#">A</a> | -           | Scope of prescribed procedures carried out in unattached operating-theatre units.     |
| <a href="#">B</a> | I           | Application for registration as a private hospital/unattached operating-theatre unit. |
| <a href="#">C</a> | II          | Certificate of registration.  |
| <a href="#">D</a> | III         | Register of patients admitted.  |
| <a href="#">E</a> | IV          | Maternity register.   |
| <a href="#">F</a> | V           | Operating-theatre register.   |
| <a href="#">G</a> | VI          | Casualty and out-patients register.   |
| <a href="#">H</a> | VII         | Register of nursing staff.  |

#### Annexure A

##### SCOPE OF PRESCRIBED PROCEDURES CARRIED OUT IN UNATTACHED OPERATING-THEATRE UNITS

In unattached operating-theatre units no prescribed procedures shall be carried out unless the necessary facilities, equipment and assistance are available for such procedures, for resuscitation and for post-operative care.

##### A. DENTISTRY

- (1) Restorative dentistry.
- (2) Removal of teeth.
- (3) Minor oral procedures.

##### B. GENERAL SURGERY

- (1) Warts.
- (2) Circumcision.
- (3) Stitching of wounds and tendons.
- (4) Incision of superficial abscesses.
- (5) Evacuation of haematoma.
- (6) Removal of fingernails and toenails.
- (7) Removal of superficial foreign bodies, but only where methods for accurate localisation are available.
- (8) Sigmoidoscopy and colonoscopy.
- (9) Removal of simple superficial tumours.
- (10) Injection of haemorrhoids and varicose veins.
- (11) Abdominal paracentesis.
- (12) Anal dilatations.

- (13) Muscle biopsy.
- (14) Evacuation of thrombosed external haemorrhoids.
- (15) Treatment of fissure *in ano*.
- (16) Lateral sphincterectomy.

#### C. PSYCHIATRY

- (1) Electroconvulsive therapy.
- (2) Narco-analysis.
- (3) Electrostimulation.
- (4) Lumbar and cisternal puncture.

#### D. ORTHOPAEDICS

- (1) Reduction of simple fractures.
- (2) Reduction of simple dislocations.
- (3) Manipulations.
- (4) Aspiration of joints.
- (5) Injections into joints.
- (6) Arthrography.
- (7) Carpal-tunnel release.
- (8) Tendon suture.
- (9) Nerve suture.
- (10) Ganglion removal.

#### E. EAR, NOSE AND THROAT

- (1) Laryngoscopy.
- (2) Proof puncture and sinus irrigation.
- (3) Paracentesis, including insertion of grommets and toilet of ears under general anaesthetic.
- (4) Cauterisation.
- (5) Removal of foreign bodies and polyps.
- (6) Reduction of fractured nose.
- (7) Tonsillectomy and adenoidectomy.

#### F. GYNAECOLOGY AND OBSTETRICS

- (1) Examination under anaesthetic.
- (2) Incision of Bartholin's cyst.
- (3) External version.
- (4) Insertion of intra-uterine contraceptive device.
- (5) Cauterisation of cervix.
- (6) Endometrial biopsy.
- (7) Hysterosalpingogram.
- (8) Excision of cervical polyp.
- (9) Vulva biopsy.
- (10) Hormone implantation.
- (11) Hymenectomy.
- (12) Dilatation and curettage.
- (13) Diagnostic laparoscopy.
- (14) Sterilisation.

- (15) Shirodkar operation.
- (16) Investigative radiological general anaesthetics.
- (17) Other minor procedures which will not necessitate an X-ray within the unit within a period of 12 hours.

#### G. OPHTHALMOLOGY

- (1) Examination of children under anaesthetic.
- (2) Removal of corneal foreign bodies.
- (3) Probing of tear ducts.
- (4) Incision of Meibomian cysts.
- (5) Removal of Pterygium.

#### H. DERMATOLOGY

- (1) Diathermy and curettage of warts.
- (2) Diathermy and curettage of plantar warts.
- (3) Diathermy and curettage of *verrucae acuminatae*.
- (4) Biopsy of skin or mucous membrane by means of incision or punch.
- (5) Removal of benign superficial lesions.
- (6) Removal of malignant superficial lesions.
- (7) Incision and drainage of superficial abscess.

#### I. UROLOGY

- (1) Cystoscopy.
- (2) Urethral dilation.
- (3) Vasectomy.
- (4) Testis biopsy.
- (5) Meatotomy.
- (6) Circumcision.
- (7) Removal of urethral caruncles.
- (8) Removal of spermatocele.

#### J. THORACIC SURGERY

- (1) Pleural aspiration and needle biopsy of pleura and lung.
- (2) Intercostal block.
- (3) Removal of superficial tumours.
- (4) Bronchoscopy
- (5) Oesophagoscopy
- } with or without removal of foreign bodies.
- (6) Dilatation of oesophagus.

#### K. NEUROSURGERY

As under B, plus, where applicable:

- (1) Examination under an anaesthetic.
- (2) Lumbar puncture and similar procedures such as intrathecal phenol or alcohol administration, spinal root block, air encephalogram, myelogram, drug administration and spinal drainage.
- (3) Nerve block, e.g. Gasserian ganglion, occipital nerve, etc.
- (4) Angiography-needle or catheter.
- (5) Tracheotomy.
- (6) Drainage of ventricles through existing burr hole or fontanelle or bone biopsy, for purposes of drainage or administration of contrast media or drugs.

#### L. PLASTIC SURGERY

As under B, plus, where applicable:

- (1) Plastic repair of small wounds.
- (2) Manipulation of nasal fracture (under local anaesthetic).
- (3) Small skin transplants.
- (4) Excision and repair of scars (under local anaesthetic).

#### M. MEDICINE

- (1) Gastroscopy and duodenoscopy.
- (2) Sigmoidoscopy.
- (3) Rectal biopsy.
- (4) Sternal puncture.
- (5) Diagnostic paracentesis of pleura and peritoneum.
- (6) Injection into nerve roots and ganglia.
- (7) Lumbar puncture.

### Annexure B

Form 1

Department of Health

Application for registration as a \*private hospital/unattached operating-theatre unit in terms of Regulation R.158 of 1 February 1980.

The Head of Department for Health  
Private Bag X88  
PRETORIA  
0001

Application is hereby made for the registration of the following \*private hospital/unattached operating-theatre unit, details of which are supplied below for the year ending 31 December 20

1. Name of \*private hospital/unattached operating-theatre unit
2. Situation of premises (street, locality, town)
3. Name and postal address of registered owner of the property (premises)
4. Name and address of proprietor (in the case of a company or association, its nominee) who will be conducting the \*private hospital/unattached operating-theatre unit
5. Name and address of the medical practitioner or registered nurse and midwife who will be in charge
6. If a medical practitioner will be in charge, name and qualifications of the registered nurse and midwife who will be in charge of the nursing services
7. Number and allocation of beds available for patients (see notes below)

|            | <i>General</i> |                 | <i>Maternity</i> |               | <i>Infectious<br/>disease</i> | <i>Other<br/>(specify)</i> | <i>Total</i> |
|------------|----------------|-----------------|------------------|---------------|-------------------------------|----------------------------|--------------|
|            | <i>Adults</i>  | <i>Children</i> | <i>Mothers</i>   | <i>Babies</i> |                               |                            |              |
| Whites     |                |                 |                  |               |                               |                            |              |
| Non-Whites |                |                 |                  |               |                               |                            |              |

8. Number of:
  - (a) Operating-theatres
  - (b) Delivery rooms
9. Changes in the patient accommodation/beds available during the current year, if any (specify)
10. Numbers of registered staff \*employed at date of application/to be employed at date of new registration applied for:

|           |       | <i>Practitioners</i> |               | <i>Nurses</i>     |                |
|-----------|-------|----------------------|---------------|-------------------|----------------|
|           |       | <i>Medical</i>       | <i>Dental</i> | <i>Registered</i> | <i>Student</i> |
| Full-time | White |                      |               |                   |                |



|           |           |  |  |  |  |
|-----------|-----------|--|--|--|--|
| Part-time | Non-White |  |  |  |  |
|           | White     |  |  |  |  |
|           | Non-White |  |  |  |  |

11. Number of full-time enrolled nurses \*employed at date of application/to be employed at date of new registration applied for:

|           |           | <i>Enrolled nurses</i> | <i>Enrolled student nurses</i> | <i>Enrolled nursing assistants</i> | <i>Enrolled pupil nursing assistants</i> |
|-----------|-----------|------------------------|--------------------------------|------------------------------------|--|
| Full-time | White     |                        |                                |                                    |  |
|           | Non-White |                        |                                |                                    |  |

12. Other full-time registered staff employed (if any) (specify)

13. Other part-time registered staff employed (if any) (specify)

14. If the hospital is recognised by the South African Nursing Council as an approved training school for nurses, midwives or enrolled nurses or enrolled nursing assistants:  
(a)

| <i>General nurses</i> | <i>Midwives</i> | <i>Enrolled nurses</i> | <i>Enrolled nursing assistants</i> |
|-----------------------|-----------------|------------------------|------------------------------------|
|                       |                 |                        |                                    |

(b) If the hospital is recognised as an approved training school for one or more of the categories of nursing staff referred to in subsection (a), the following information should also be given:

| <i>Category</i>               | <i>Number of registration or enrolment certificate issued by the S.A.N.C.</i> | <i>Date of issue</i> |
|-------------------------------|---|----------------------|
| (i) Student general nurses    |   |                      |
| (ii) Student midwives         |   |                      |
| (iii) Pupil nurses            |   |                      |
| (iv) Pupil nursing assistants |   |                      |

Registration with the S.A. Nursing Council (specify):

|           | <i>Number of original certificate</i> | <i>Date of issue</i> | <i>Annual registration</i> |             |
|-----------|---------------------------------------|----------------------|----------------------------|-------------|
|           |                                       |                      | <i>Receipt number</i>      | <i>Date</i> |
| General   |                                       |                      |                            |             |
| Midwifery |                                       |                      |                            |             |
| Other     |                                       |                      |                            |             |

(c) Other trained staff, excluding person in control:

(i) Registered nurses/midwives:

| <i>Name</i> | <i>Qualifications</i> | <i>Number of original certificate</i> | <i>Date of issue</i> | <i>Annual registration</i> |             |
|-------------|-----------------------|---------------------------------------|----------------------|----------------------------|-------------|
|             |                       |                                       |                      | <i>Receipt number</i>      | <i>Date</i> |
|             |                       |                                       |                      |                            |             |

(ii) Enrolled nurses

Total

(iii) Enrolled nursing assistants

Total

15. Arrangements for the training and teaching of each of the following categories, as applicable:

(i) Student nurses

(ii) Student midwives

(iii) Pupil nurses

(iv) Pupil nursing assistants

I hereby certify that the above particulars are true and correct.

Place

Date

Signature of proprietor

N.B.-If available space is insufficient, attach separate schedule.

Notes:

(a) \*Words designated by an asterisk to be deleted if not applicable.

(b) This form is to be used for the first and every subsequent application for registration.

(c) Item 7: The numbers of beds, cribs/cots actually available for accommodating patients are to be stated, but these exclude-  
all trolleys;  
all waiting, preparation, first stage and labour room beds and cots in maternity units;  
the recovery trolleys and recovery beds of an operating-theatre unit of a private hospital, but not those of an unattached operating-theatre unit.

### Annexure C

#### CERTIFICATE OF REGISTRATION

Form II

Certificate No.

Reference No.

DEPARTMENT OF HEALTH

#### CERTIFICATE OF REGISTRATION

It is hereby certified that the  
situated at  
is registered as a \*private hospital/unattached operating-theatre unit in terms of Regulation R.158 of 1 February 1980 for a period of months, ending

Name of proprietor or managing body

Address of proprietor or managing body

Name of person in charge

Maximum number of patients who may be accommodated at the same time:

| <i>Patients that can be accommodated simultaneously</i> | <i>Maximum number accommodated</i> |                  |
|---|------------------------------------|------------------|
|   | <i>White</i>                       | <i>Non-White</i> |
| *Medical and surgical:                                  |                                    |                  |
| (a) Adults  |                                    |                  |
| (b) Children  |                                    |                  |
| Maternity:  |                                    |                  |
| (a) Mothers   |                                    |                  |
| (b) Babies  |                                    |                  |
| Infectious diseases                                     |                                    |                  |
| Other (specify)   |                                    |                  |

With the exception of the above-mentioned activities, the activities of the above-mentioned \*private hospital/unattached operating-theatre unit are restricted as follows

Signed at

this

day of

20

*This certificate is not transferable and must be renewed annually.*

\* Delete if not applicable.

**Annexure D**  
REGISTER OF PATIENTS ADMITTED

Form III

REGISTER OF PATIENTS ADMITTED

| Serial No. | Patient registration no. | Date admitted | Full name of patient | Age | Sex | Residential address | Diagnosis/ reason for admission | Name of medical practitioner treating the patient | Final diagnosis | Date of    |       | In case of death         |                   |
|------------|--------------------------|---------------|----------------------|-----|-----|---------------------|---------------------------------|---|-----------------|------------|-------|--------------------------|-------------------|
|            |                          |               |                      |     |     |                     |                                 |   |                 | Dis-charge | Death | Certified cause of death | By whom certified |
|            |                          |               |                      |     |     |                     |                                 |   |                 |            |       |                          |                   |

**Annexure E**  
MATERNITY REGISTER

Form IV

MATERNITY REGISTER

Serial number of case

Date admitted

Name of patient

Age

Population group

Address

(a) Number of previous confinements

(b) Number of previous miscarriages

(c) Date of confinement

(d) Date of miscarriage

Full-term, premature or miscarriage? If miscarriage, state approximate number of months

Presentation

Duration of labour

Sex of infant

Born alive or dead

Complications (if any) during or after labour

Name of medical practitioner (block letters)

Signature

Name of midwife (if any)

Date of midwife's last visit or date of discharge

Condition of mother then

Condition of child then

Remarks

Signature

**Annexure F**  
OPERATING-THEATRE REGISTER

Form V

# OPERATING-THEATRE REGISTER

Serial number  
 Date  
 Name  
 Admission register No.  
 Age  
 Ward  
 Anaesthetics  
 Name of anaesthetist  
 Name of surgeon  
 Name of assistant surgeon  
 Operation  
 Duration of operation: From \_\_\_\_\_ to \_\_\_\_\_  
 Drains, etc.  
 Theatre

Signature of nurse taking operation

Signature of co-checker

Remarks (complications, accidents, etc.)

## Annexure G CASUALTY AND OUT-PATIENTS REGISTER

Form VI

### CASUALTY AND OUT-PATIENTS REGISTER

| <i>Serial No.</i> | <i>Re-gister No.</i> | <i>Date</i> | <i>Time</i> | <i>Name</i> | <i>Age</i> | <i>Sex</i> | <i>Address</i> | <i>Com-plaint/ Injury</i> | <i>Dis-charge</i> | <i>Name of medical practi-tioner</i> |
|-------------------|----------------------|-------------|-------------|-------------|------------|------------|----------------|---------------------------|-------------------|--------------------------------------|
|                   |                      |             |             |             |            |            |                |                           |                   |                                      |

## Annexure H REGISTER OF NURSING STAFF

Form VII

### REGISTER OF NURSING STAFF

Full name  
 Maiden name (if applicable)  
 Identity number  
 Sex  
 Date of birth  
 Population group  
 Nationality

**GN 1434 of 15 December 2017: Regulations relating to the surveillance and the control of notifiable medical conditions**  
**(Government Gazette No. [41330](#))**

as amended by

**Notice**  
 2060  
[R.2190](#)

**Government Gazette**  
[46319](#)  
[46590](#)

**Date**  
 4 May 2022  
 22 June 2022

DEPARTMENT OF HEALTH

The Minister of Health has, in terms of [section 90 \(1\) \(j\), \(k\) and \(w\)](#) of the National Health, Act, 2003 (Act [No. 61 of](#)

[2003](#)), made the regulations in [the Schedule](#).

(Signed)

**DR. P. A. MOTSOLEDI, MP**  
**MINISTER OF HEALTH**

## **SCHEDULE**

### *ARRANGEMENT OF REGULATIONS*

- [1.](#) Definitions

#### [CHAPTER 1](#)

##### IMPLEMENTATION PRINCIPLES AND RESPONSIBILITIES IN RELATION TO NOTIFIABLE MEDICAL CONDITIONS

- [2.](#) Implementation principles  
[3.](#) Responsibilities at national level  
[4.](#) Responsibilities at provincial level  
[5.](#) Responsibilities at health district level  
[6.](#) Responsibilities at health sub-district level  
[7.](#) Responsibilities at health establishment level  
[8.](#) Responsibilities of health care providers  
[9.](#) Responsibilities of laboratories  
[10.](#) Responsibilities of pathologists and laboratory personnel  
[11.](#) Responsibilities of Medical Schemes

#### [CHAPTER 2](#)

##### DECLARATION OF NOTIFIABLE MEDICAL CONDITIONS

- [12.](#) Declaration of notifiable medical conditions  
[13.](#) The notification and reporting process

#### [CHAPTER 3](#)

##### PREVENTION AND CONTROL OF NOTIFIABLE MEDICAL CONDITIONS

- [14.](#) Voluntary medical examination, prophylaxis, treatment, isolation and quarantine  
[15.](#) Mandatory medical examination, prophylaxis, treatment, isolation and quarantine  
[16.](#) Control of the spread of notifiable medical conditions  
[16A.](#) .....  
[16B.](#) .....  
[16C.](#) .....

#### [CHAPTER 4](#)

##### GENERAL MATTERS

- [17.](#) Representation  
[18.](#) Confidentiality  
[19.](#) Protection of health records  
[20.](#) Offences and penalties  
[21.](#) Repeal  
[22.](#) Short title

#### [ANNEXURE A](#)

- [Table 1:](#) List of category 1 notifiable medical conditions  
[Table 2:](#) List of category 2 notifiable medical conditions  
[Table 3:](#) List of category 3 notifiable medical conditions  
[Table 4:](#) List of category 4 notifiable medical conditions

#### [ANNEXURE B](#)

- [Table 1:](#) Data elements to be reported by health care providers  
[Table 2:](#) Data elements to be reported by private and public health laboratories  
[Table 3:](#) Data elements to be reported by medical schemes

**1. Definitions.**-In these regulations, a word or expression to which a meaning has been assigned in the Act bears the meaning so assigned, unless the context indicates otherwise-

**"carrier"** means a person who is confirmed to be infected with a notifiable medical condition through laboratory

tests or other medical procedures, but does not show any clinical signs and symptoms of the disease at the time;

**"category 1 notifiable medical condition"** means a condition indicated in [Annexure A](#), Table 1, that requires immediate reporting by the most rapid means available upon clinical or laboratory diagnosis followed by a written or electronic notification to the Department of Health within 24 hours of diagnosis by health care providers, private health laboratories or public health laboratories;

**"category 2 notifiable medical condition"** means a condition indicated in [Annexure A](#), Table 2 that must be notified through a written or electronic notification to the Department of Health within seven days of clinical or laboratory diagnosis by health care providers, private health laboratories or public health laboratories;

**"category 3 notifiable medical condition"** means a condition indicated in [Annexure A](#), Table 3 that must be notified through a written or electronic notification to the Department of Health within 7 days of diagnosis by private or public health laboratories;

**"category 4 notifiable medical condition"** means a condition indicated in [Annexure A](#), Table 4 that must be notified through a written or electronic notification to the Department of Health within 1 month of diagnosis by private and public health laboratories;

**"case"** means a person who is diagnosed with a notifiable medical condition either as a clinical case or a laboratory confirmed case;

**"clinical case"** means a patient that presents with clinical signs and symptoms of a notifiable medical condition;

**"contact"** means a person who has been exposed to a notifiable medical condition but does not show any clinical signs and symptoms of the disease at the time;

**"contamination"** means the presence of an infectious or toxic agent or matter on a human or animal body surface, in or on a product prepared for consumption or on other inmate objects, including conveyances, that may constitute a public health risk;

**"focal person"** means a person designated in terms of [regulations 4 \(2\) \(f\)](#), [5 \(2\) \(e\)](#) and [6 \(2\) \(e\)](#);

**"IHR"** means the World Health Organization's International Health Regulations, 2005;

**"ill person"** means an individual suffering from or affected with a physical ailment that may pose a public health risk;

**"isolation"** means the separation of an ill or contaminated person or affected baggage, a container, conveyance, goods or a postal parcel from others in such a manner as to prevent the spread of infection or contamination;

**"laboratory confirmed case"** means a patient with a notifiable medical condition diagnosed through a Department of Health approved laboratory diagnostic method;

**"Medical Scheme"** means a medical scheme registered in terms of [section 24](#) of the Medical Schemes Act, 1998 (Act [No. 131 of 1998](#));

**"national department"** means the national Department of Health;

**"national (IHR) Focal Point"** means the national centre, designated by each State Party, which shall be accessible at all times for communications with World Health Organization's (WHO) IHR Contact Points under the International Health Regulations;

**"notifiable medical condition"** means a medical condition, disease or infection of public health importance that is classified as notifiable in terms of [regulation 12](#);

**"outbreak"** means the occurrence of more cases of a disease than that which is normally expected, within a specific place or group of people, over a given period of time;

**"provincial department"** means the provincial Department of Health;

**"public health risk"** means a likelihood of an event that may adversely affect the health of human populations, with the emphasis on one which may spread internationally or may present a serious and direct danger;

**"quarantine"** means the restriction of activities and/or separation from others of a suspect person who is not ill or of a suspect baggage, container, conveyance or goods in such a manner as to prevent the possible spread of infection or contamination;

**"surveillance"** means the systematic, ongoing collection, collation and analysis of data for public health purposes and the timely dissemination of public health information for assessment and public health response as necessary;

**"suspect"** means "those persons, baggage, cargo, containers, conveyances, goods, or postal parcels considered by the a State Party as having been exposed, or possibly exposed, to a public health risk and that could be a possible source of spread of disease;

**"the Act"** means the National Health Act, 2003 (Act [No. 61 of 2003](#)); and

**"WHO IHR Contact Point"** means the unit within the WHO which shall be accessible at all time for

## CHAPTER 1

### IMPLEMENTATION PRINCIPLES AND RESPONSIBILITIES IN RELATION TO NOTIFIABLE MEDICAL CONDITIONS

#### **2. Implementation principles.**-In implementing these Regulations, the following must be taken into account-

- (1) the provisions of the Constitution of the Republic of South Africa, 1996;
- (2) full respect for the dignity, confidentiality, human rights and fundamental freedoms of persons; and
- (3) the requirement by the International Health Regulations (IHR), 2005 for countries to develop the capacity to detect, assess, notify and respond promptly and effectively to public health risks.

#### **3. Responsibilities at national level.**-(1) The Minister has the overall responsibility to oversee the implementation of these Regulations.

##### (2) The Director-General must-

- (a) promote adherence to the use of standard case definitions for all notifiable medical conditions according to the World Health Organization (WHO) International Classification of Diseases as adapted by the national department;
- (b) promote adherence to the use of national department forms and tools for reporting notifiable medical conditions;
- (c) promote the adherence to the notification procedures stipulated in these Regulations;
- (d) ensure that structures, processes and systems are in place for the surveillance and control of notifiable medical conditions as stipulated in national department guidelines;
- (e) designate and ensure the functioning of the National IHR Focal Point;
- (f) notify the WHO IHR Contact Point through the National IHR Focal Point within 24 hours of epidemiological assessment, of all events which may constitute a public health emergency of international concern;
- (g) issue and promote adherence to national department guidelines on the surveillance and control of notifiable medical conditions.

#### **4. Responsibilities at provincial level.**-(1) The Provincial Member of the Executive Council responsible for health must ensure the implementation of these Regulations within the Province.

##### (2) The Head of a Provincial Department of Health must-

- (a) ensure adherence to these Regulations within his or her Province;
- (b) ensure adherence to the use of standard case definitions for all notifiable medical conditions according to the WHO International Classification of Diseases as adapted by the national department;
- (c) ensure adherence to the use of national department forms and tools for reporting notifiable medical conditions;
- (d) ensure adherence to the notification procedures stipulated in these Regulations;
- (e) ensure that structures, processes and systems are in place for the surveillance and control of notifiable medical conditions as stipulated in national department guidelines;
- (f) designate a person responsible for coordinating the surveillance and control of notifiable medical conditions;
- (g) ensure that national department guidelines on the surveillance and control of notifiable medical conditions are adhered to and implemented.

#### **5. Responsibilities at health district level.**-(1) The district health manager must implement these Regulations within his or her district.

##### (2) The district health manager must-

- (a) ensure that these Regulations are adhered to in his or her district;

- (b) ensure adherence to the use of standard case definitions for notifiable medical conditions according to the WHO International Classification of Diseases as adapted by the national department;
- (c) ensure adherence to the use of national department forms and tools for reporting notifiable medical conditions;
- (d) ensure adherence to the notification procedures stipulated in these Regulations;
- (e) designate a person responsible for coordinating the surveillance and control of notifiable medical conditions;
- (f) ensure that national department guidelines on the surveillance and control of notifiable medical conditions are adhered to and implemented.

**6. Responsibilities at health sub-district level.**-(1) The sub-district health manager must implement these Regulations within his or her health sub-district.

(2) The sub-district health manager must-

- (a) ensure that these Regulations are adhered to in his or her sub-district;
- (b) ensure adherence to the use of standard case definitions for notifiable medical conditions according to the WHO International Classification of Diseases as adapted by the national department;
- (c) ensure adherence to the use of national department forms and tools for surveillance of notifiable medical conditions;
- (d) ensure adherence to the notification procedures stipulated in these Regulations;
- (e) designate a person responsible for coordinating the surveillance and control of notifiable medical conditions;
- (f) ensure that national department guidelines on the surveillance and control of notifiable medical conditions are adhered to and implemented.

**7. Responsibilities at health establishment level.**-(1) The health establishment manager must implement these Regulations within his or her health establishment.

(2) The health establishment manager must-

- (a) ensure that these Regulations are adhered to in his or her health establishment;
- (b) ensure adherence to the use of standard case definitions for notifiable medical conditions according to the WHO International Classification of Diseases as adapted by the national department;
- (c) ensure adherence to the use of national department forms and tools for reporting notifiable medical conditions;
- (d) ensure adherence to the notification procedures stipulated in these Regulations;
- (e) ensure that national department guidelines on the surveillance and control of notifiable medical conditions are adhered to and implemented.

**8. Responsibilities of health care providers.**-(1) A health care provider must-

- (a) notify the focal person at the health sub-district level of any diagnosed case of a notifiable medical condition through the use of-
  - (i) standard case definitions for notifiable medical conditions according to the WHO International Classification of Diseases as adapted by the national department;
  - (ii) national department forms and tools for reporting notifiable medical conditions;
  - (iii) notification procedures stipulated in these Regulations;
- (b) ensure adherence to these Regulations;
- (c) adhere to national department guidelines on the surveillance and control of notifiable medical conditions.

**9. Responsibilities of laboratories.**-(1) The laboratory manager of a private or a public health laboratory must implement these Regulations within his or her laboratory.



(2) The laboratory manager must-

- (a) ensure that these Regulations are adhered to in his or her laboratory;
- (b) ensure adherence to the use of standard case definitions for notifiable medical conditions according to the WHO International Classification of Diseases as adapted by the national department;
- (c) ensure adherence to the use of national department forms and tools for reporting notifiable medical conditions;
- (d) ensure adherence to the notification procedures stipulated in these Regulations;
- (e) ensure that national department guidelines on the surveillance and control of notifiable medical conditions are adhered to and implemented.

**10. Responsibilities of pathologists and laboratory personnel.**-(1) A pathologist and laboratory personnel must-

- (a) notify the focal person at the health sub-district level of any diagnosed case of a notifiable medical condition through the use of-
  - (i) standard case definitions for notifiable medical conditions according to the WHO International Classification of Diseases as adapted by the national department;
  - (ii) national department forms and tools for reporting notifiable medical conditions;
  - (iii) notification procedures stipulated in these Regulations;
- (b) ensure adherence to these Regulations;
- (c) adhere to national department guidelines on the surveillance and control of notifiable medical conditions.

**11. Responsibilities of Medical Schemes.**-A Medical Scheme must-

- (a) ensure that these Regulations are adhered to within its institution;
- (b) report any notifiable medical condition for which it has received a claim from a health care provider or laboratory personnel to the national department;
- (c) ensure adherence to the use of standard case definitions for notifiable medical conditions according to the WHO International Classification of Diseases as adapted by the national department;
- (d) ensure adherence to the use of national department forms and tools for reporting notifiable medical conditions;
- (e) ensure adherence to the notification procedures stipulated in these Regulations.

## CHAPTER 2

**12. Declaration of notifiable medical conditions.**-(1) The medical conditions listed in [Annexure A](#), Tables 1, 2, 3 and 4 are hereby declared to be notifiable medical conditions.

(2) The Minister, may declare, by Notice in the *Government Gazette*, a medical condition not listed in [Annexure A](#), as notifiable if in his or her opinion the medical condition-

- (a) poses a public health risk to a population of a particular community, district, municipality, province or the country;
- (b) may be regarded as a public health risk or has a potential for regional or international spread; and
- (c) may require immediate, appropriate and specific action to be taken by the national department, one or more provincial departments or one or more municipalities.

(3) The Minister may determine, by Notice in the *Government Gazette*, that-

- (a) certain diseases or medical conditions be notifiable in certain provinces, districts or municipalities, for a period specified in the Notice or until the Notice is withdrawn;
- (b) certain diseases or medical conditions be notifiable by certain categories of health care providers, pathologist or laboratory personnel; and
- (c) specific diagnostic or laboratory criteria apply to specific diseases or medical conditions.

**13. Notification and reporting process.**-(1) (a) A health care provider who diagnoses a patient with a notifiable medical condition listed in [Annexure A](#), Table 1, must report the medical condition to the focal person at the health sub-district level by the most rapid means available upon diagnosis, even before the case is laboratory confirmed in order to facilitate the implementation of public health measures and response;

(b) The report contemplated in [sub-regulation \(a\)](#) must be followed by a written or electronic notification within 24 hours of diagnosis, in order to facilitate the implementation of public health measures and response.

(c) A health care provider who diagnoses a patient with a notifiable medical condition listed in [Annexure A](#), Table 2, must notify the focal person at the health sub-district level of the medical condition within seven (7) days of diagnosis, through a written or electronic notification, in order to facilitate the implementation of public health measures and response.

(2) (a) A health care provider who diagnoses or treats a patient with a notifiable medical condition listed in [Annexure A](#), Tables 1 and 2, and the patient subsequently dies as a result of such a condition, must report the death to the focal person at the health sub-district level by the most rapid means available in order to facilitate the implementation of public health measures and response.

(b) The report contemplated in [sub-regulation \(a\)](#) must be followed by a written or electronic notification within 24 hours of diagnosis, in order to facilitate the implementation of public health measures and response.

(3) (a) A pathologist or laboratory personnel, who diagnoses a notifiable medical condition listed in [Annexure A](#), Table 1, must, upon diagnosis, report the medical condition to the focal person at the health sub-district level by the most rapid means available in order to facilitate the implementation of public health measures and response;

(b) The report contemplated in [sub-regulation \(a\)](#) must be followed by a written or electronic notification within 24 hours of diagnosis, to facilitate the implementation of public health measures and response;

(c) A pathologist or laboratory personnel, who diagnoses a notifiable medical condition listed in [Annexure A](#), Table 2, must notify the focal person at the health sub-district level of the medical condition within seven (7) days of diagnosis, through a written or electronic notification in order to facilitate the implementation of public health measures and response;

(d) A pathologist or laboratory personnel, who diagnoses a notifiable medical condition listed in [Annexure A](#), Table 3, must notify the focal person at the health sub-district level of the medical condition within 7 days of diagnosis, through a written or electronic notification, in order to facilitate the implementation of public health measures and response,

(e) A pathologist or laboratory personnel, who diagnoses a notifiable medical condition listed in [Annexure A](#), Table 4, must notify the focal person at the health sub-district level of the medical condition within 1 month of diagnosis, through a written or electronic notification, in order to facilitate the implementation of public health measures and response.

(4) A Medical Scheme must report a notifiable medical condition listed in [Annexure A](#), Tables 1, 2, 3 and 4, for which it has received a claim from a health care provider, a pathologist or laboratory personnel, to the national department on a monthly basis in order to facilitate the implementation of public health measures and response.

(5) (a) A health care provider, pathologist or laboratory personnel who has knowledge of an outbreak or an unusual incidence of-

(i) a notifiable medical condition listed in [Annexure A](#), Tables 1, 2, 3 and 4;

(ii) a medical condition deemed to be notifiable by the Minister; or

(iii) any other unusual case or cluster of disease not listed in [Annexure A](#),

must immediately report the outbreak or unusual incidence to the focal person at the health sub-district level, in order to facilitate the implementation of public health measures and response;

(b) The report contemplated in [sub-regulation \(a\)](#) must be followed by a written or electronic notification within 24 hours of diagnosis, in order to facilitate the implementation of public health measures and response.

(6) (a) A health care provider, must report data elements for notifiable medical conditions listed in [Annexure A](#), Tables 1 and 2 as detailed in [Annexure B](#), Table 1;

(b) A pathologist and laboratory personnel, must report data elements for notifiable medical conditions listed in [Annexure A](#), Tables 1, 2, 3 and 4 as detailed in [Annexure B](#), Table 2;

(c) A Medical Scheme must report data elements for notifiable medical conditions listed in [Annexure A](#), Tables 1, 2, 3 and 4 as detailed in [Annexure B](#), Table 3.

### CHAPTER 3 PREVENTION AND CONTROL OF NOTIFIABLE MEDICAL CONDITIONS

**14. Voluntary medical examination, prophylaxis, treatment, isolation and quarantine.**-(1) The disease-

specific guidelines on how to diagnose, manage and prevent the spread of notifiable medical conditions issued by the national department must be followed in implementing the appropriate medical examination, prophylaxis, counselling, treatment, isolation or quarantine measures.

(2) (a) A case or carrier of a notifiable medical condition listed in [Annexure A](#), Tables 1, 2, 3 and 4 or a medical condition deemed to be notifiable by the Minister, must subject himself or herself to further medical examination;

(b) The medical examination referred to in [sub-regulation \(a\)](#) may include but is not limited to a clinical examination followed by the taking of biological specimens necessary for laboratory confirmation.

(3) A person who has been in contact with a case or carrier of a notifiable medical condition must also subject himself or herself to the medical examination referred to in [sub-regulation \(2\) \(a\)](#).

(4) Following the medical examination, the health care provider may prescribe prophylaxis, treatment or implement isolation or quarantine procedures, if deemed necessary.

(5) The need, nature and extent of the intervention must be assessed, based on the nature of the public health risk and the particular circumstances of the individual.

(6) (a) The case or carrier referred to in [sub-regulation \(2\) \(a\)](#) must comply, to the best extent possible, with all infection control measures given, including but not limited to prophylaxis, treatment, isolation or quarantine measures;

(b) The case or carrier must also provide all information required to enable physical or virtual monitoring during the disease or pathogen incubation period.

(7) The likelihood of a carrier or contact becoming a case, based on the extent and duration of exposure to a known case, must be considered in determining and implementing appropriate isolation or quarantine measures.

(8) The carrier or contact must provide all information required to enable physical or virtual monitoring during the disease or pathogen incubation period.

(9) The following conditions must be fulfilled before voluntary prophylaxis, treatment, isolation or quarantine may be taken-

- (a) the notifiable medical condition must pose a public health risk; and
- (b) the person who is a case, carrier or contact of a notifiable medical condition has been offered and encouraged to accept counselling services in order to assist him or her to understand the nature of the voluntary measures, the personal health risk and the public health risk.

**15. Mandatory medical examination, prophylaxis, treatment, isolation and quarantine.**-(1) The required mandatory medical examination, prophylaxis, treatment, isolation or quarantine procedures must be determined on a case by case basis and tailored depending on the public health risk and individual circumstances of the person in question.

(2) The head of a provincial department must apply to the High Court for an appropriate court order, if a person who is a clinical or laboratory confirmed case, carrier or contact of a notifiable medical condition listed in [Annexure A](#), Tables 1, 2, 3 and 4 or a medical condition deemed notifiable by the Minister, refuses to consent to-

- (a) a medical examination, including but not limited to the taking of any biological specimen;
- (b) being admitted at a health establishment; or
- (c) mandatory prophylaxis, treatment, isolation or quarantine in order to prevent transmission.

(3) The health care provider should with the assistance of law enforcement agencies, subject a person who is a clinical or laboratory confirmed case, carrier or contact of a notifiable medical condition to prophylaxis, treatment or implement isolation or quarantine procedures whilst awaiting the court order anticipated in [sub-regulation \(2\)](#) in order to prevent transmission.

(4) The head of a provincial department must apply to a High Court for an order to conduct an autopsy on the body of a patient who has presumably died of a notifiable medical condition, in order to ascertain the exact cause of death, and only where this is in the interest of public health and is on special request by an interested person.

(5) The following conditions must be fulfilled before mandatory prophylaxis, treatment, isolation or quarantine may be taken-

- (a) the notifiable medical condition must pose a public health risk;
- (b) the person must have expressly, impliedly or by conduct refused voluntary measures to protect public health;
- (c) consent in terms of section 7 of the Act could not be obtained; and
- (d) the person who is a case, carrier or contact of a notifiable medical condition has been offered and encouraged to accept counselling services in order to assist him or her to understand the nature of the voluntary measures, the personal health risk, the public health risk and the procedure that will be followed should he or she refuse voluntary measures.

(6) The head of a provincial department is required-

- (a) to revise the decision to apply for a court order when the conditions of mandatory action change;
- (b) where a court order has been issued, to approach a court to amend a court order as conditions of the mandatory action change.

**16. Control of spread of notifiable medical conditions.**-(1) The district health manager must ensure that health care providers, the case, contact or carrier comply with the specified disease prevention, management and control measures stipulated in the national department guidelines.

(2) Where animal and environmental control is required, the district health manager must ensure that the necessary stakeholders are informed of, and involved in, the prevention and control of such a notifiable medical condition in line with the national department guidelines and procedures.

(3) The head of an institution, including but not limited to a training or education institution, a care or residential institution, a correctional services institution, who is aware or reasonably suspects that a person at the institution-

- (a) is a case or carrier of a notifiable medical condition listed in [Annexure A](#), Tables 1 and 2 or a medical condition deemed to be notifiable by the Minister; or
- (b) was in contact with a carrier or case of a notifiable medical condition listed in [Annexure A](#), Tables 1 and 2 or a medical condition deemed to be notifiable by the Minister,

must immediately report this to the health care provider within the institution or to the nearest health establishment who must notify the notifiable medical condition as stipulated in [Annexure A](#), Tables 1 and 2.

(4) The head of a provincial department must ensure the implementation of public health measures and response in order to prevent transmission, including closure of the institution should circumstances require.

(5) Any member of the community, including community health workers, local leaders, traditional or religious leaders, who is aware or reasonably suspects that a person in the community-

- (a) is a case or carrier of a notifiable medical condition listed in [Annexure A](#), Tables 1 and 2 or a medical condition deemed to be notifiable by the Minister; or
- (b) was in contact with a carrier or case of a notifiable medical condition listed in [Annexure A](#), Tables 1 and 2 or a medical condition deemed to be notifiable by the Minister,

must immediately report this to the nearest health establishment who must notify the notifiable medical condition as stipulated in [Annexure A](#), Tables 1 and 2.

**16A. ....**

[[R. 16A](#) inserted by GN 2060 of 4 May 2022 and repealed by GNR.2190 of 22 June 2022.]

**16B. ....**

[[R. 16B](#) inserted by GN 2060 of 4 May 2022 and repealed by GNR.2190 of 22 June 2022.]

**16C. ....**

[[R. 16C](#) inserted by GN 2060 of 4 May 2022 and repealed by GNR.2190 of 22 June 2022.]

## CHAPTER 4 GENERAL MATTERS

**17. Representation.**-(1) A person who is a clinical or laboratory confirmed case, carrier or contact of a notifiable medical condition and who refuses-

- (a) to voluntarily consent to a medical examination by a qualified health care provider including the taking of any biological specimen;
- (b) to be admitted at a health establishment; or
- (c) mandatory prophylaxis, treatment, isolation or quarantine in order to prevent transmission,

is entitled to legal representation.

(2) An indigent person who is a clinical or laboratory confirmed case, carrier or contact of a notifiable medical condition and who refuses-

- (a) to voluntarily consent to a medical examination by a qualified health care provider including the taking of any biological specimen;
- (b) to be admitted at a health establishment; or
- (c) mandatory prophylaxis, treatment, isolation or quarantine in order to prevent transmission,

is entitled to legal aid provided by the State in respect of any proceedings instituted or conducted in terms of the Act, subject to the provisions of the Legal Aid South Africa Act, 2014 (Act [No. 39 of 2014](#)).

**18. Confidentiality.**-(1) Information concerning a case, contact or a carrier of a notifiable medical condition, including information relating to his or her health status, treatment or stay in a health establishment, is confidential.

(2) No person may disclose information contemplated in [sub-regulation 18 \(1\)](#) unless-

- (a) the disclosure is for the purposes of public health surveillance, investigations and interventions; or
- (b) a court order or any law requires that disclosure.

**19. Protection of health records.**-The health records of a case, contact or carrier of a notifiable medical condition must be protected as provided for in section 17 (1) of the Act.

**20. Offences and penalties.**-Any person who-

- (a) fails to comply with a provision of these Regulations; or
- (b) has a duty to notify and fails to notify a condition contemplated in Tables 1, 2, 3 and 4 of [Annexure A](#),

is guilty of an offence and is on conviction liable to a term of imprisonment not exceeding 10 years, or imprisonment and such fine as determined by a court of law.

**21. Repeal.**-The Regulations published under [Government Notice No. R2438 of 30 October 1987](#), No. 328 of 22 February 1991, No. 716 of 22 April 1994, No. 1307 of 3 October 1997, No. R485 of 23 April 1999, are hereby repealed.

**22. Short title.**-These Regulations are called Regulations Relating to the Surveillance and the Control of Notifiable Medical Conditions, 2017.

## ANNEXURE A

**Table 1:**

**Category 1 notifiable medical conditions that require immediate reporting by the most rapid means available upon diagnosis followed by a written or electronic notification to the Department of Health within 24 hours of diagnosis by health care providers, private health laboratories or public health laboratories**

|    | <i>Notifiable medical condition</i>          |
|----|--|
| 1. | Acute flaccid paralysis                      |
| 2. | Acute rheumatic fever                        |
| 3. | Anthrax                                      |
| 4. | Botulism                                     |
| 5. | Cholera                                      |
| 6. | Diphtheria                                   |
| 7. | Enteric fever (typhoid or paratyphoid fever) |
| 8. | Food-borne disease outbreak*                 |
| 9. | Haemolytic uraemic syndrome (HUS)            |

|     |  |
|-----|--|
| 10. | Listeriosis  |
| 11. | Malaria  |
| 12. | Measles  |
| 13. | Meningococcal disease  |
| 14. | Pertussis  |
| 15. | Plague   |
| 16. | Poliomyelitis  |
| 17. | Rabies (human)   |
| 18. | Respiratory disease caused by a novel respiratory pathogen**   |
| 19. | Rift valley fever (human)  |
| 20. | Smallpox   |
| 21. | Viral haemorrhagic fever diseases***   |
| 22. | Yellow fever   |
| *   | Food-borne disease outbreak is the occurrence of two or more cases of a similar food-borne disease resulting from the ingestion of a common food.  |
| **  | Examples of novel respiratory pathogens include novel influenza A virus and MERS coronavirus.  |
| *** | Viral haemorrhagic fever diseases include Ebola or Marburg viruses, Lassa virus, Lujo virus, new world arena viruses, Crimean-Congo haemorrhagic fever or other newly identified viruses causing haemorrhagic fever. |

**Table 2:**

**Category 2 notifiable medical conditions to be notified through a written or electronic notification to the Department of Health within seven (7) days of clinical or laboratory diagnosis by health care providers, private health laboratories or public health laboratories**

[Table 2 amended by GN 2060 of 4 May 2022.]

|     | <i>Notifiable medical condition</i>   |
|-----|---|
| 1.  | Agricultural or stock remedy poisoning  |
| 2.  | Bilharzia (schistosomiasis)   |
| 3.  | Brucellosis   |
| 4.  | Congenital rubella syndrome   |
| 5.  | Congenital syphilis   |
| 5A. | Coronavirus disease (COVID-19)  |
| 6.  | <i>Haemophilus influenzae</i> type B  |
| 7.  | Hepatitis A   |
| 8.  | Hepatitis B   |
| 9.  | Hepatitis C   |
| 10. | Hepatitis E   |
| 11. | Lead poisoning  |
| 12. | Legionellosis   |
| 13. | Leprosy   |
| 14. | Maternal death (pregnancy, childbirth and puerperium)   |
| 15. | Mercury poisoning   |
| 16. | Soil transmitted helminths ( <i>Ascaris Lumbricoides</i> , <i>Trichuris trichiuria</i> , <i>Ancylostoma duodenale</i> , <i>Necator americanus</i> ) |
| 17. | Tetanus   |
| 18. | Tuberculosis: pulmonary   |
| 19. | Tuberculosis: extra-pulmonary   |
| 20. | Tuberculosis: multidrug-resistant (MDR-TB)  |
| 21. | Tuberculosis: extensively drug-resistant (XDR-TB)   |

**Table 3:**

**Category 3 notifiable medical conditions to be notified through a written or electronic notification to the Department of Health within 7 days of diagnosis by private and public health laboratories**

|    | <i>Notifiable medical condition</i>           | <i>Pathogen/s to notify</i>   |
|----|---|---|
| 1. | Gonorrhoea                                    | Ceftriaxone-resistant <i>Neisseria gonorrhoea</i>                         |
| 2. | Endemic arboviral diseases                    | West Nile virus, Sindbis virus, Chikungunya virus                         |
| 3. | Non-endemic arboviral diseases                | Dengue fever virus, other imported arboviruses of medical importance      |
| 4. | Non-typhoidal Salmonellosis                   | <i>Salmonella</i> spp. other than <i>S. Typhi</i> and <i>S. Paratyphi</i> |
| 5. | Rubella                                       | Rubella virus   |
| 6. | Shiga toxin-producing <i>Escherichia coli</i> | Shiga toxin-producing <i>Escherichia coli</i>                             |
| 7. | Shigellosis                                   | <i>Shigella</i> spp.  |

**Table 4:**

**Category 4 notifiable medical conditions to be notified through a written or electronic notification to the Department of Health within 1 month of diagnosis by private and public health laboratories**

|   | <i>Notifiable medical condition</i>  | <i>Pathogen/s to notify</i>   |
|---|--|---|
| 1   | Health care-associated infections or multi drug-resistant organisms of public health importance* | <ul style="list-style-type: none"> <li>Carbapenemase-producing Enterobacteriaceae</li> <li>Vancomycin-resistant enterococci</li> <li><i>Staphylococcus aureus</i>: hGISA and GISA</li> <li>Colistin-resistant <i>Pseudomonas aeruginosa</i></li> <li>Colistin-resistant <i>Acinetobacter baumannii</i></li> <li><i>Clostridium difficile</i></li> </ul> |
| * Health care-associated infection means an infection occurring in a patient during the process of care in a health establishment which was not present or incubating at the time of admission. |  |   |

## ANNEXURE B

**Table 1**

**Data elements to be reported by health care providers for Category 1 and Category 2 notifiable medical conditions**

|                                 |
|---------------------------------|
| First names                     |
| Surname                         |
| Gender (M/F)                    |
| Pregnant (yes/no)               |
| Citizenship                     |
| ID number                       |
| Passport number (if applicable) |
| Other ID number (if applicable) |
| Date of birth                   |
| Age                             |
| Patient HPRS-PRN                |
| Patient File/Folder #           |
| Hospital number (if applicable) |

|  |
|--|
| Ward name (if hospitalised)  |
| Residential address  |
| Telephone number   |
| Name and address of employer, school or other institution where patient spends much of the day |
| Telephone number of employer, school or other institution where patient spends much of the day |
| Notifiable medical condition diagnosed   |
| Method of diagnosis (clinical, lab, x-ray, other)  |
| ICD10 code   |
| Clinical symptoms  |
| Date of onset of symptoms  |
| Date of diagnosis  |
| Vaccination status   |
| Treatment given  |
| History of possible exposure in the last 60 days (yes/no/unknown)                              |
| Specimens collected (yes or no)  |
| Specimen type  |
| Date of specimen collection  |
| Specimen laboratory barcode/number   |
| Patient vital status (alive/deceased)  |
| Date of death  |
| Patient admission status (inpatient/ outpatient/discharged)                                    |
| Transferred to another facility (yes/no)   |
| Name of health establishment if transferred  |
| Places travelled to in the last 60 days (country, province, locality)                          |
| Dates travelled to and from the place of travel  |
| Health care provider first name  |
| Health care provider surname   |
| Health care provider practice number   |
| Health care provider mobile number   |
| Health establishment name  |
| Health establishment registration number   |
| Sub-district   |
| District/ Municipality   |
| Province   |
| Health establishment contact number  |
| Date of notification   |

**Additional information may be requested as and when necessary**

**Table 2:**

**Data elements to be reported by private and public health laboratories for Category 1, 2, 3 and 4 notifiable medical conditions**

|             |
|-------------|
| First names |
| Surname     |
| Sex (M/F)   |
| Citizenship |
| ID number   |



|   |    |
|---|----|
| Passport number (if applicable)                                   |    |
| Other ID number (if applicable)                                   |    |
| Date of birth   |    |
| Age   |    |
| Hospital number (if applicable)                                   |    |
| Ward name (if hospitalised)                                       |    |
| Residential address   |    |
| Telephone number  |    |
| Specimen type   |    |
| Date of specimen collection                                       |    |
| Date of specimen receipt into laboratory                          |    |
| Laboratory test performed   |    |
| Pathogens isolated  | 1. |
|   | 2. |
|   | 3. |
|   | 4. |
| Final laboratory test result                                      |    |
| Date final result authorised and reported to health care provider |    |
| Health care provider name   |    |
| Health care provider practice number                              |    |
| Health care provider contact number                               |    |
| Health establishment name   |    |
| Health establishment registration number                          |    |
| Sub-district  |    |
| District/ Municipality  |    |
| Province  |    |
| Health establishment contact number                               |    |
| Laboratory name   |    |
| Laboratory practice number  |    |
| Pathologist or laboratory personnel name                          |    |
| Laboratory contact number   |    |

**Additional information may be requested as and when necessary**

**Table 3:**

**Data elements to be reported by medical schemes for Category 1, 2, 3 and 4 notifiable medical conditions**

|                                 |
|---------------------------------|
| First names                     |
| Surname                         |
| Sex (M/F)                       |
| Citizenship                     |
| ID number                       |
| Passport number (if applicable) |
| Other ID number (if applicable) |
| Date of birth                   |
| Age                             |
| Hospital number (if applicable) |
| Ward name (if hospitalised)     |
| Residential address             |

|   |    |
|---|----|
| Telephone number  |    |
| Method of diagnosis (clinical, lab, x-ray, etc)                   |    |
| Notifiable medical condition diagnosed                            |    |
| ICD10 code  |    |
| Clinical symptoms   |    |
| Date of onset   |    |
| Date of presentation to health establishment                      |    |
| Treatment given   |    |
| Specimen type   |    |
| Date of specimen collection                                       |    |
| Date of specimen receipt into laboratory                          |    |
| Laboratory test performed   |    |
| Pathogens isolated  | 1. |
|   | 2. |
|   | 3. |
|   | 4. |
| Final laboratory test result                                      |    |
| Date final result authorised and reported to health care provider |    |
| Health care provider name   |    |
| Health care provider practice number                              |    |
| Health care provider contact number                               |    |
| Health establishment name   |    |
| Health establishment registration number                          |    |
| Sub-district  |    |
| District/ Municipality  |    |
| Province  |    |
| Health establishment contact number                               |    |
| Laboratory name   |    |
| Laboratory practice number  |    |
| Pathologist or laboratory personnel name                          |    |
| Laboratory contact number   |    |

**Additional information may be requested as and when necessary**

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

**GN 2819 of 2 December 2022: Regulations relating standards for emergency medical services  
([Government Gazette No. 47632](#))**

DEPARTMENT OF HEALTH

The Minister of Health has, under [section 90 \(1\) \(m\)](#) of the National Health Act, 2003 (Act [No. 61 of 2003](#)), and after consultation with the Office of Health Standards Compliance, to make Regulations in [the Schedule](#).

(Signed)

**DR M.J. PHAAHLA, MP**  
**MINISTER OF HEALTH**  
**DATE:** 10/08/2022

**SCHEDULE**

ARRANGEMENT OF REGULATIONS

## *Definitions, Application and Purpose*

- [1.](#) Definitions
- [2.](#) Scope and application
- [3.](#) Purpose of Regulations

## *User Rights*

- [4.](#) Dignity of user
- [5.](#) Information for user
- [6.](#) Stakeholder satisfaction surveys
- [7.](#) Complaints management

## *Clinical Governance and Clinical Care*

- [8.](#) User health records
- [9.](#) Clinical management of emergency care provision
- [10.](#) Dispatch of emergency vehicles
- [11.](#) Response management
- [12.](#) Clinical leadership and clinical risk
- [13.](#) Inter-facility transfers
- [14.](#) Planned user transport services
- [15.](#) User safety incidents
- [16.](#) Prevention and control of infections
- [17.](#) Waste management

## *Clinical Support Services*

- [18.](#) Medicines and medical supplies
- [19.](#) Medical equipment management

## *Leadership and Governance*

- [20.](#) Oversight and accountability

## *Operational Management*

- [21.](#) General management
- [22.](#) Human resources management
- [23.](#) Occupational Health and Safety
- [24.](#) Emergency and disaster preparedness
- [25.](#) Fleet management

## *Facilities and Infrastructure*

- [26.](#) Management of buildings and grounds
- [27.](#) Building engineering services
- [28.](#) Security services
- [29.](#) Linen services

## *General Provisions*

- [30.](#) Short title and commencement

## *Definitions, Application and Purpose*

**1. Definitions.**-In these Regulations any word or expression to which a meaning has been assigned in the Act, has the meaning so assigned, and unless the context otherwise indicates-

**"Advanced Life Support (ALS)"** means a level of care provided within the Paramedic, Emergency Care Technician or Emergency Care Practitioner scope of practice as determined by the Health Professions Council of South Africa in terms of the Health Professions Act, 1974 (Act [No. 56 of 1974](#));

**"Ambulance"** means an appropriately equipped vehicle which is either airborne, or land-based and designed or adapted for the purpose of providing emergency care and the transportation of user which is licensed to an EMS registered, staffed and equipped in terms of the EMS Regulations, published in the *Government Gazette* of 1 December 2017;

**"Ambulance Emergency Assistant"** means a person registered as such with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974;

**"Basic Ambulance Assistant"** means a person registered as such with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974;

**"Basic Life Support (BLS)"** means a level of emergency care provided primarily by emergency care providers that practice within the Basic Ambulance Assistant scope of practice as determined by the Health Professions Council of South Africa in terms of the Health Professions Act, 1974;

**"Emergency Care"** means the evaluation, treatment and care of an ill or injured person in a situation in which such emergency evaluation, treatment and care is required, and the continuation of treatment and care during the transportation of such person to or between health establishments;

**"Emergency Care Assistant"** means a person registered as such with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974;

**"Emergency Care Personnel"** means personnel who are registered with the Health Professions Council of South Africa under the auspices of the Professional Board for Emergency Care;

**"Emergency Care Practitioner"** means a person registered as such with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974;

**"Emergency Care Technician"** means a person registered as such with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974;

**"ECC"** means **Emergency Communication Centre** which houses call handlers and dispatch personnel for the EMS;

**"EMS"** means Emergency Medical Service, an organisation or body that is dedicated, staffed and equipped to operate an ambulance, medical rescue vehicle or medical response vehicle in order to offer emergency care;

**"EMS Manager"** means a person who is duly appointed as the responsible manager for the EMS and who is registered with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974;

**"EMS Station"** means a dedicated self-contained facility for the housing of emergency vehicles, personnel and associated emergency equipment;

**"EMS Station Manager"** means a person who is duly appointed as the responsible manager for the EMS Station and who is registered with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974;

**"EMS sub-station"** means a small, dedicated self-contained facility for the housing of emergency vehicles, personnel and associated emergency equipment which reports to a main EMS station within the geographic area where the supervisory and administrative functions are held and may be developed into a fully-fledged station;

**"Health Professions Act"** means Health Professions Act, 1974 (Act [No. 56 of 1974](#));

**"Health Professions Council of South Africa"** means the body established in terms of section 2 of the Health Professions Act; 1974

**"Intermediate Life Support (ILS)"** means a level of emergency care provided within the Ambulance Emergency Assistant scope of practice as determined by the Health Professions Council of South Africa in terms of the Health Professions Act, 1974;

**"Medical emergency"** means conditions requiring rapid intervention to avert death or disability, and those for which treatment delays of hours or less make interventions less effective;

**"National Road Traffic Act"** means the National Road Traffic Act, 1996 (Act [No. 93 of 1996](#));

**"Paramedic"** means a person registered as such with the Health Professions Council of South Africa in terms of the Health Professions Act, 1974;

**"Planned user transport services"** means the systematic transportation of non-emergency user from one health facility to another within an established referral system;

**"Response time"** means the time measured from when an EMS receives an emergency call to the time the first medical responder arrives at the scene;

**"Register of EMS"** means the publicly available register referred to in Regulation 9 (15) of the Emergency Medical Services Regulations, published in the *Government Gazette* of 1 December 2017;

**"Satellite point"** means a specific location where EMS vehicles are located on an *ad hoc* bases to be on stand by for emergency response during high profile events or during peak seasons to provide timeous emergency response thereby reducing emergency response times;

**"Service Licence"** means a licence issued to an EMS service in terms of the EMS Regulations, published in the *Government Gazette* of 1 December 2017, which authorises the provision of an EMS;

**"the Act"** means the National Health Act, 2003 (Act [No. 61 of 2003](#));

**"Triage"** means to sort user according to medical priority using an evidence-based triage scale; and

**"Vehicle Licence"** means a licence issued to a vehicle adapted for use as an emergency vehicle in terms of the EMS Regulations, published in the *Government Gazette* of 1 December 2017.

## **2. Scope and application.**-These Regulations apply to public and private EMS operating in the Republic of

South Africa, excluding the South African National Defence Force to the extent specified in measurement tools derived from these Regulations.

**3. Purpose of Regulations.**—The purpose of these Regulations is to promote and protect the health and safety of user, health care personnel and general public.

## CHAPTER 1:

### *Health Care User Rights*

**4. Dignity of health care user.**—(1) The EMS must have systems in place to ensure that users are treated with dignity and respect at all times.

(2) The EMS must have organisational policies and practices regarding user's rights that are consistent with [sections 10](#), and [27 \(1\) \(a\)](#) and [\(3\)](#) of the Constitution of the Republic of South Africa, 1996 and [Chapter 2](#) of the Act.

**5. Information for health care users.**—The EMS must provide users with adequate information about the health care services provided, including information: -

- (a) about the service made available to users, including the cost for services; and
- (b) relating to the quality of services provided.

**6. Stakeholder satisfaction surveys.**—(1) The EMS must have the mechanisms and systems to enable the stakeholders and users to communicate their experiences of care.

(2) The EMS station or ECC must, implement systems and processes to assess, monitor and improve their stakeholder satisfaction with the services provided annually.

**7. Complaints management.**—(1) The EMS must have a system for monitoring, assessing and responding to complaints.

- (2) The EMS must provide users with information about the process of lodging a complaint.
- (3) The EMS must record and analyse complaints to improve quality of care provided to the users.
- (4) The EMS must have a system to provide feedback to the complainant.

## CHAPTER 2

### *Clinical Governance and Clinical Care*

**8. Health care users records.**—(1) The station must ensure that accurate and comprehensive records of the health care services provided to users are created and maintained.

(2) The EMS must record accurate biographical information for users.

(3) The accurate and comprehensive records of clinical care provided to users must be documented by the EMS to facilitate continuity of care.

(4) The EMS must ensure that users health records are stored, accessible and can be retrieved when needed.

**9. Clinical management of emergency care.**—(1) The EMS must put in place an efficient call management system to facilitate access to communication systems to facilitate the provision of effective and appropriate emergency care.

(2) The EMS must ensure that contingency plans for communication system failure or malfunction are available and known to personnel and managers.

**10. Dispatch of emergency vehicles.**-(1) An efficient vehicle dispatch system must be in place to ensure user have rapid and safe access to services.

(2) For the purposes of [sub-regulation \(1\)](#), the EMS must-

- (a) have a Computer Aided Dispatch (CAD) system that facilitates vehicle allocation, routing and tracking and where an ECC does not have a Computer Aided Dispatch (CAD) system, a paper-based system must facilitate vehicle allocation, direction and tracking;
- (b) have a standardised process for dispatching vehicles; and
- (c) monitor response times for each stage of the call management and dispatch process.

**11. Response management.**-(1) Emergencies must be responded to in a co-ordinated and efficient manner by the EMS.

(2) For the purposes of [sub-regulation \(1\)](#), the EMS must-

- (a) ensure emergency vehicles are appropriately equipped and staffed; and
- (b) have systems to ensure that users are treated in accordance with current Health Professions Council of South Africa approved evidence-based guidelines to reduce variations in care and improve user outcomes.

(3) For the purposes of [sub-regulation \(2\) \(b\)](#)-

- (a) health care professionals must have and adhere to evidence-based clinical practice guidelines on stabilising user before and during transportation; and
- (b) comply with the standardised method of user handover to a receiving health care provider.

**12. Clinical leadership and clinical risk.**-(1) Systems to support the provision of quality health care services and prevent user safety incidents must be implemented by the EMS.

(2) For the purposes of [sub-regulation \(1\)](#), the EMS station must-

- (a) participate in local and regional clinical governance activities; and
- (b) have systems in place to ensure that user requiring resuscitation receive an immediate response by emergency care personnel trained in resuscitation.

**13. Interfacility transfers.**-(1) Interfacility transfers must be managed in a manner which promotes user safety.

(2) For the purposes of [sub-regulation \(1\)](#), the EMS must implement-

- (a) a standardised process for the arrangement of interfacility transfers, and
- (b) a standardised process for the pickup, transfer and drop off of user requiring an interfacility transfer.

**14. Planned user transport services.**-(1) Planned user transport services must be managed in a manner which promotes efficiency.

(2) For the purposes of [sub-regulation \(1\)](#), the EMS must implement a standardised process for the arrangement of planned user transport services.

**15. User safety incidents.**-(1) A system to report and monitor all user safety incidents, as per the current National Guideline for Patient Safety Incident Report and Learning in the Health Sector of South Africa, must be implemented.

(2) For the purposes of [sub-regulation \(1\)](#), the EMS must -

- (a) implement a system for recording, investigating and managing user safety incidents to minimise the risk of harm and the risk of recurrence; and
- (b) have systems in place to report user safety incidents to the responsible authority.

**16. Infection, prevention and control of infections.**-(1) An infection, prevention and control programme, as per the current National Department of Health's National Infection Prevention and Control Strategic Framework, to

minimise the risk of health care associated infections must be implemented.

(2) For the purposes of [sub-regulation \(1\)](#), the EMS must-

- (a) ensure infection prevention and control processes are implemented to reduce the risk of transmission of infection, and
- (b) ensure personnel receive training on the prescribed infection prevention and control practices.

(3) The decontamination of medical devices and equipment must be provided in a safe and effective manner, as per the current National Department of Health's National Infection Prevention and Control Strategic Framework.

(4) For the purposes of [sub-regulation \(3\)](#), the EMS must-

- (a) have systems in place for the decontamination of medical devices and equipment; and
- (b) ensure equipment used for decontamination is managed and maintained to ensure sustainability of decontamination services.

(5) Effective environmental cleaning which minimises the risk of disease outbreaks and the transmission of infection to user or EMS personnel must be implemented.

(6) For the purposes of [sub-regulation \(5\)](#), the EMS must-

- (a) ensure cleaning agents and equipment are approved by the relevant authority and available for cleaning personnel; and
- (b) ensure that the performance of the cleaning service is monitored, and corrective actions are taken where necessary.

**17. Waste management.**-(1) Health care risk waste and general waste must be handled, stored, and disposed of safely in accordance with relevant environmental legislation.

(2) For the purposes of [sub-regulation \(1\)](#), the EMS must-

- (a) ensure health care risk waste and general waste is handled, stored and disposed of safely; and
- (b) ensure procedures for recording of waste removed for destruction are implemented.

### CHAPTER 3

#### *Clinical Support Services*

**18. Medicines and medical supplies look at flow.**-(1) Safety protocols in relation to the administration of medicines must be made available to EMS personnel to protect user from medication errors.

(2) For the purposes of [sub-regulation \(1\)](#), the EMS must ensure that medicines are administered safely in accordance with standard operating procedures to minimise the risk of user safety incidents.

(3) Efficient stock management processes to ensure sustainable service delivery and minimisation of waste must be in place.

(4) For the purposes of [sub-regulation \(3\)](#), the EMS must-

- (a) ensure stock control and inventory procedures for medicines and medical supplies are implemented and maintained;
- (b) ensure medical supplies required for the care of user transported by the EMS are available;
- (c) implement controls for the management, recording and disposal of expired medicines and medical supplies;
- (d) including expired medicines ensure medicines are stored in accordance with Good Pharmacy Practice and manufacturer's guidelines; and
- (e) implement controls for the management, recording and distribution of medicines listed in [Schedules 5](#) and [6](#) of the Medicines and Related Substances Act, 1965 (Act [No. 101 of 1965](#)).

**19. Medical equipment management.**-(1) A medical equipment management programme must be implemented.

(2) For the purposes of [sub-regulation \(1\)](#), the EMS must-

- (a) ensure medical equipment is available and functional to provide care to user; and

- (b) ensure medical equipment is maintained and repaired according to a planned maintenance schedule, developed in accordance with the manufacturer's specifications.

## CHAPTER 4

### *Leadership and Governance*

**20. Oversight and accountability.**-(1) The provincial department must oversee and support the EMS.

(2) For the purposes of [sub-regulation \(1\)](#)-

- (a) The EMS are licensed as per the requirements of the Emergency Medical Services Regulations, published in the *Government Gazette* of 1 December 2017 and any other applicable legislation; and
- (b) A functional governance structure oversees service delivery to ensure quality services are provided.

## CHAPTER 5

### *Operational Management*

**21. General management.**-(1) Management of the EMS must ensure the provision of safe, effective and efficient user care.

(2) For the purposes of [sub-regulation \(1\)](#), the EMS must-

- (a) ensure the service is managed by an appropriately qualified individual, who is responsible for ensuring the provision of quality services; and
- (b) ensure that financial management and supply chain management processes facilitate business continuity and efficient service delivery.

**22. Human resources management.**-(1) Systems must be in place to manage personnel in line with relevant legislation, policies and guidelines.

(2) For the purposes of [sub-regulation \(1\)](#), the EMS must -

- (a) ensure copies of the most up to date human resource policies and relevant legislation are available at the EMS;
- (b) ensure human resource practices which maximise the efficiency of service delivery and personnel management are implemented;
- (c) ensure healthcare professionals maintain their registration with the relevant statutory health professional councils;
- (d) implement a performance management system in place for all employees; and
- (e) ensure the management of contracted service providers and volunteers maximises the benefit for the service while minimising risk to users and the service.

**23. Occupational Health and Safety.**-(1) Personnel must be protected from workplace hazards by the establishment and implementation of occupational health and safety systems.

(2) For the purposes of [sub-regulation \(1\)](#), the EMS must-

- (a) ensure that the health and safety of personnel is protected by implementing the requirements of the Occupational Health and Safety Act, 1993 (Act [No. 85 of 1993](#)),
- (b) implement measures to minimise the incidence of occupationally acquired injuries and diseases;
- (c) make available comprehensive wellness services to EMS personnel; and
- (d) facilitate claims of compensation for occupational injuries or diseases.

(3) A comprehensive safety programme must be designed and implemented to ensure the safety of vehicle crew members and uninterrupted service delivery to the community.

(4) For the purposes of [sub-regulation \(3\)](#), the must-

- (a) ensure that the EMS station collaborates with all relevant stakeholders in the design and



implementation of the EMS safety plan;

- (b) facilitate a programme of community engagement that builds relationships between EMS personnel and the communities they serve;
- (c) ensure EMS personnel participate in activities designed to improve social solidarity in the local community;
- (d) ensure all EMS personnel receive training to mitigate the risk of confrontation and violence during user transport episodes;
- (e) implement a system for the reporting of safety incidents;
- (f) ensure the EMS station or ECC manager utilises the national safety incident reporting database; and
- (g) implement a system for the management of safety incidents including outcomes and feedback to ensure quality improvement.

**24. Emergency and disaster preparedness.**-(1) The EMS provider must participate in district emergency and disaster planning processes and the provision of emergency and disaster response.

(2) For the purposes of [sub-regulation \(1\)](#), the EMS must-

- (a) attend local emergency and disaster planning meetings; and
- (b) implement systems to ensure adequate response during emergencies and disasters.

(3) Systems must be in place to ensure the safety of personnel in the event of fire.

(4) For the purposes of [sub-regulation \(3\)](#), the EMS must have systems in place to respond to fire in the EMS station or ECC.

**25. Fleet management.**-(1) The vehicles used to transport user and personnel must be safe and well maintained.

(2) For the purposes of [sub-regulation \(1\)](#), the EMS must-

- (a) ensure all vehicles are licensed and maintained;
- (b) ensure all drivers have a valid driver's licence and public transport driving permit;
- (c) ensure all EMS vehicles must comply with the National Road Traffic Act, 1996, or the relevant vehicle registration and safety legislation, as applicable; and
- (d) implement an effective fleet management system.

## CHAPTER 6

### *Facilities and Infrastructure*

**26. Management of buildings and grounds.**-(1) The building occupied for service delivery must meet the requirements of the National Building Regulations and Building Standards Act, 1977 (Act [No. 103 of 1977](#)) and the national building regulations made thereunder.

(2) For the purposes of [sub-regulation \(1\)](#), the EMS must -

- (a) have all the required compliance certificates in terms of the building regulations;
- (b) be equipped with the facilities required for service delivery; and
- (c) inspect and maintain building premises and grounds in accordance with a maintenance schedule.

**27. Facility management services.**-(1) The facility management services must be functional and enable safe and uninterrupted delivery of EMS.

(2) For the purposes of [sub-regulation \(1\)](#), the EMS must ensure routine and emergency electrical and water supplies are available on a continuous basis.

**28. Security services.**-(1) Security systems must be in place to protect users, personnel and property from security threats and risks.

(2) For the purposes of [sub-regulation \(1\)](#), the EMS must implement a security plan to protect users and personnel.

**29. Linen services.**-(1) Clean linen is provided as required for the type of services delivered.

(2) For the purposes of [sub-regulation \(1\)](#), the EMS must-

- (a) monitor the EMS station linen stock; or
- (b) manage the service provider effectively where laundry services are outsourced.
- (c) ensure the appropriate management of contaminated linen.

*General Provisions*

**30. Short title and commencement.**-These Regulations are called the Regulations relating to the Standards for Emergency Medical Services, 2022, and will come into operation 12 months after the date of promulgation.