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The move has been suspended due to the fact that the new building in 88 Visagie Street is not ready for occupation yet.

We will later on issue another notice informing you of the new date of relocation.

We are doing everything possible to ensure that our service to you is not disrupted.

As things stand, we will continue providing you with our normal service from the current location at 196 Paul Kruger Street, Masada building.

Customers who seek further information and or have any questions or concerns are free to contact us through telephone 012 748 6066 or email Ms Maureen Toka at Maureen.Toka@gpw.gov.za or cell phone at 082 859 4910.

Please note that you will still be able to download gazettes free of charge from our website www.gpwonline.co.za.

We apologise for any inconvenience this might have caused.

Issued by GPW Communications

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No FUTURE QUERIES WILL BE HANDLED IN CONNECTION WITH THE ABOVE.

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Department:
Government Printing Works
REPUBLIC OF SOUTH AFRICA

HIGH ALERT: SCAM WARNING!!!

TO ALL SUPPLIERS AND SERVICE PROVIDERS OF THE GOVERNMENT PRINTING WORKS

It has come to the attention of the *GOVERNMENT PRINTING WORKS* that there are certain unscrupulous companies and individuals who are defrauding unsuspecting businesses disguised as representatives of the *Government Printing Works* (GPW).

The scam involves the fraudsters using the letterhead of *GPW* to send out fake tender bids to companies and requests to supply equipment and goods.

Although the contact person's name on the letter may be of an existing official, the contact details on the letter are not the same as the *Government Printing Works*. When searching on the Internet for the address of the company that has sent the fake tender document, the address does not exist.

The banking details are in a private name and not company name. Government will never ask you to deposit any funds for any business transaction. *GPW* has alerted the relevant law enforcement authorities to investigate this scam to protect legitimate businesses as well as the name of the organisation.

Example of e-mails these fraudsters are using:

PROCUREMENT@GPW-GOV.ORG

Should you suspect that you are a victim of a scam, you must urgently contact the police and inform the *GPW*.

GPW has an official email with the domain as @gpw.gov.za

Government e-mails DO NOT have org in their e-mail addresses. All of these fraudsters also use the same or very similar telephone numbers. Although such number with an area code 012 looks like a landline, it is not fixed to any property.

GPW will never send you an e-mail asking you to supply equipment and goods without a purchase/order number. *GPW* does not procure goods for another level of Government. The organisation will not be liable for actions that result in companies or individuals being resultant victims of such a scam.

Government Printing Works gives businesses the opportunity to supply goods and services through RFQ / Tendering process. In order to be eligible to bid to provide goods and services, suppliers must be registered on the National Treasury's Central Supplier Database (CSD). To be registered, they must meet all current legislative requirements (e.g. have a valid tax clearance certificate and be in good standing with the South African Revenue Services - SARS).

The tender process is managed through the Supply Chain Management (SCM) system of the department. SCM is highly regulated to minimise the risk of fraud, and to meet objectives which include value for money, open and effective competition, equitability, accountability, fair dealing, transparency and an ethical approach. Relevant legislation, regulations, policies, guidelines and instructions can be found on the tender's website.

Fake Tenders

National Treasury's CSD has launched the Government Order Scam campaign to combat fraudulent requests for quotes (RFQs). Such fraudulent requests have resulted in innocent companies losing money. We work hard at preventing and fighting fraud, but criminal activity is always a risk.

How tender scams work

There are many types of tender scams. Here are some of the more frequent scenarios:

Fraudsters use what appears to be government department stationery with fictitious logos and contact details to send a fake RFQ to a company to invite it to urgently supply goods. Shortly after the company has submitted its quote, it receives notification that it has won the tender. The company delivers the goods to someone who poses as an official or at a fake site. The Department has no idea of this transaction made in its name. The company is then never paid and suffers a loss.

OR

Fraudsters use what appears to be government department stationery with fictitious logos and contact details to send a fake RFQ to Company A to invite it to urgently supply goods. Typically, the tender specification is so unique that only Company B (a fictitious company created by the fraudster) can supply the goods in question.

Shortly after Company A has submitted its quote it receives notification that it has won the tender. Company A orders the goods and pays a deposit to the fictitious Company B. Once Company B receives the money, it disappears. Company A's money is stolen in the process.

Protect yourself from being scammed

- If you are registered on the supplier databases and you receive a request to tender or quote that seems to be from a government department, contact the department to confirm that the request is legitimate. Do not use the contact details on the tender document as these might be fraudulent.
- Compare tender details with those that appear in the Tender Bulletin, available online at www.gpwonline.co.za
- Make sure you familiarise yourself with how government procures goods and services. Visit the tender website for more information on how to tender.
- If you are uncomfortable about the request received, consider visiting the government department and/or the place of delivery and/or the service provider from whom you will be sourcing the goods.
- In the unlikely event that you are asked for a deposit to make a bid, contact the SCM unit of the department in question to ask whether this is in fact correct.

Any incidents of corruption, fraud, theft and misuse of government property in the *Government Printing Works* can be reported to:

Supply Chain Management: Ms. Anna Marie Du Toit, Tel. (012) 748 6292.
Email: Annamarie.DuToit@gpw.gov.za

Marketing and Stakeholder Relations: Ms Bonakele Mbhele, at Tel. (012) 748 6193.
Email: Bonakele.Mbhele@gpw.gov.za

Security Services: Mr Daniel Legoabe, at tel. (012) 748 6176.
Email: Daniel.Legoabe@gpw.gov.za

Closing times for **ORDINARY WEEKLY** **GOVERNMENT GAZETTE** **2020**

*The closing time is **15:00** sharp on the following days:*

- **24 December 2019**, Tuesday for the issue of Friday **03 January 2020**
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- **17 July**, Friday for the issue of Friday **24 July 2020**
- **24 July**, Friday for the issue of Friday **31 July 2020**
- **31 July**, Thursday for the issue of Friday **07 August 2020**
- **06 August**, Thursday for the issue of Friday **14 August 2020**
- **14 August**, Friday for the issue of Friday **21 August 2020**
- **21 August**, Friday for the issue of Friday **28 August 2020**
- **28 August**, Friday for the issue of Friday **04 September 2020**
- **04 September**, Friday for the issue of Friday **11 September 2020**
- **11 September**, Friday for the issue of Friday **18 September 2020**
- **17 September**, Thursday for the issue of Friday **25 September 2020**
- **25 September**, Friday for the issue of Friday **02 October 2020**
- **02 October**, Friday for the issue of Friday **09 October 2020**
- **09 October**, Friday for the issue of Friday **16 October 2020**
- **16 October**, Friday for the issue of Friday **23 October 2020**
- **23 October**, Friday for the issue of Friday **30 October 2020**
- **30 October**, Friday for the issue of Friday **06 November 2020**
- **06 November**, Friday for the issue of Friday **13 November 2020**
- **13 November**, Friday for the issue of Friday **20 November 2020**
- **20 November**, Friday for the issue of Friday **27 November 2020**
- **27 November**, Friday for the issue of Friday **04 December 2020**
- **04 December**, Friday for the issue of Friday **11 December 2020**
- **10 December**, Thursday for the issue of Friday **18 December 2020**
- **17 December**, Thursday for the issue of Friday **24 December 2020**
- **23 December**, Wednesday for the issue of Friday **31 December 2020**

LIST OF TARIFF RATES FOR PUBLICATION OF NOTICES

COMMENCEMENT: 1 APRIL 2018

NATIONAL AND PROVINCIAL

Notice sizes for National, Provincial & Tender gazettes 1/4, 2/4, 3/4, 4/4 per page. Notices submitted will be charged at R1008.80 per full page, pro-rated based on the above categories.

Pricing for National, Provincial - Variable Priced Notices		
Notice Type	Page Space	New Price (R)
Ordinary National, Provincial	1/4 - Quarter Page	252.20
Ordinary National, Provincial	2/4 - Half Page	504.40
Ordinary National, Provincial	3/4 - Three Quarter Page	756.60
Ordinary National, Provincial	4/4 - Full Page	1008.80

EXTRA-ORDINARY

All Extra-ordinary National and Provincial gazette notices are non-standard notices and attract a variable price based on the number of pages submitted.

The pricing structure for National and Provincial notices which are submitted as **Extra ordinary submissions** will be charged at **R3026.32** per page.

GOVERNMENT PRINTING WORKS - BUSINESS RULES

The **Government Printing Works (GPW)** has established rules for submitting notices in line with its electronic notice processing system, which requires the use of electronic *Adobe Forms*. Please ensure that you adhere to these guidelines when completing and submitting your notice submission.

CLOSING TIMES FOR ACCEPTANCE OF NOTICES

1. The *Government Gazette* and *Government Tender Bulletin* are weekly publications that are published on Fridays and the closing time for the acceptance of notices is strictly applied according to the scheduled time for each gazette.
2. Please refer to the Submission Notice Deadline schedule in the table below. This schedule is also published online on the Government Printing works website www.gpwonline.co.za

All re-submissions will be subject to the standard cut-off times.

All notices received after the closing time will be rejected.

Government Gazette Type	Publication Frequency	Publication Date	Submission Deadline	Cancellations Deadline
National Gazette	Weekly	Friday	Friday 15h00 for next Friday	Tuesday, 15h00 - 3 working days prior to publication
Regulation Gazette	Weekly	Friday	Friday 15h00 for next Friday	Tuesday, 15h00 - 3 working days prior to publication
Petrol Price Gazette	Monthly	Tuesday before 1st Wednesday of the month	One day before publication	1 working day prior to publication
Road Carrier Permits	Weekly	Friday	Thursday 15h00 for next Friday	3 working days prior to publication
Unclaimed Monies (Justice, Labour or Lawyers)	January / September 2 per year	Last Friday	One week before publication	3 working days prior to publication
Parliament (Acts, White Paper, Green Paper)	As required	Any day of the week	None	3 working days prior to publication
Manuals	Bi- Monthly	2nd and last Thursday of the month	One week before publication	3 working days prior to publication
State of Budget (National Treasury)	Monthly	30th or last Friday of the month	One week before publication	3 working days prior to publication
Extraordinary Gazettes	As required	Any day of the week	Before 10h00 on publication date	Before 10h00 on publication date
Legal Gazettes A, B and C	Weekly	Friday	One week before publication	Tuesday, 15h00 - 3 working days prior to publication
Tender Bulletin	Weekly	Friday	Friday 15h00 for next Friday	Tuesday, 15h00 - 3 working days prior to publication
Gauteng	Weekly	Wednesday	Two weeks before publication	3 days after submission deadline
Eastern Cape	Weekly	Monday	One week before publication	3 working days prior to publication
Northern Cape	Weekly	Monday	One week before publication	3 working days prior to publication
North West	Weekly	Tuesday	One week before publication	3 working days prior to publication
KwaZulu-Natal	Weekly	Thursday	One week before publication	3 working days prior to publication
Limpopo	Weekly	Friday	One week before publication	3 working days prior to publication
Mpumalanga	Weekly	Friday	One week before publication	3 working days prior to publication

GOVERNMENT PRINTING WORKS - BUSINESS RULES

Government Gazette Type	Publication Frequency	Publication Date	Submission Deadline	Cancellations Deadline
Gauteng Liquor License Gazette	Monthly	Wednesday before the First Friday of the month	Two weeks before publication	3 working days after submission deadline
Northern Cape Liquor License Gazette	Monthly	First Friday of the month	Two weeks before publication	3 working days after submission deadline
National Liquor License Gazette	Monthly	First Friday of the month	Two weeks before publication	3 working days after submission deadline
Mpumalanga Liquor License Gazette	Bi-Monthly	Second & Fourth Friday	One week before publication	3 working days prior to publication

EXTRAORDINARY GAZETTES

3. *Extraordinary Gazettes* can have only one publication date. If multiple publications of an *Extraordinary Gazette* are required, a separate Z95/Z95Prov *Adobe* Forms for each publication date must be submitted.

NOTICE SUBMISSION PROCESS

4. Download the latest *Adobe* form, for the relevant notice to be placed, from the **Government Printing Works** website www.gpwonline.co.za.
5. The *Adobe* form needs to be completed electronically using *Adobe Acrobat / Acrobat Reader*. Only electronically completed *Adobe* forms will be accepted. No printed, handwritten and/or scanned *Adobe* forms will be accepted.
6. The completed electronic *Adobe* form has to be submitted via email to submit.egazette@gpw.gov.za. The form needs to be submitted in its original electronic *Adobe* format to enable the system to extract the completed information from the form for placement in the publication.
7. Every notice submitted **must** be accompanied by an official **GPW** quotation. This must be obtained from the *eGazette* Contact Centre.
8. Each notice submission should be sent as a single email. The email **must** contain **all documentation relating to a particular notice submission**.
 - 8.1. Each of the following documents must be attached to the email as a separate attachment:
 - 8.1.1. An electronically completed *Adobe* form, specific to the type of notice that is to be placed.
 - 8.1.1.1. For *National Government Gazette* or *Provincial Gazette* notices, the notices must be accompanied by an electronic Z95 or Z95Prov *Adobe* form
 - 8.1.1.2. The notice content (body copy) **MUST** be a separate attachment.
 - 8.1.2. A copy of the official **Government Printing Works** quotation you received for your notice. (*Please see Quotation section below for further details*)
 - 8.1.3. A valid and legible Proof of Payment / Purchase Order: **Government Printing Works** account customer must include a copy of their Purchase Order. **Non-Government Printing Works** account customer needs to submit the proof of payment for the notice
 - 8.1.4. Where separate notice content is applicable (Z95, Z95 Prov and TForm 3, it should **also** be attached as a separate attachment. (*Please see the Copy Section below, for the specifications*).
 - 8.1.5. Any additional notice information if applicable.

GOVERNMENT PRINTING WORKS - BUSINESS RULES

9. The electronic *Adobe* form will be taken as the primary source for the notice information to be published. Instructions that are on the email body or covering letter that contradicts the notice form content will not be considered. The information submitted on the electronic *Adobe* form will be published as-is.
10. To avoid duplicated publication of the same notice and double billing, Please submit your notice **ONLY ONCE**.
11. Notices brought to **GPW** by "walk-in" customers on electronic media can only be submitted in *Adobe* electronic form format. All "walk-in" customers with notices that are not on electronic *Adobe* forms will be routed to the Contact Centre where they will be assisted to complete the forms in the required format.
12. Should a customer submit a bulk submission of hard copy notices delivered by a messenger on behalf of any organisation e.g. newspaper publisher, the messenger will be referred back to the sender as the submission does not adhere to the submission rules.

QUOTATIONS

13. Quotations are valid until the next tariff change.
 - 13.1. **Take note:** **GPW's** annual tariff increase takes place on **1 April** therefore any quotations issued, accepted and submitted for publication up to **31 March** will keep the old tariff. For notices to be published from 1 April, a quotation must be obtained from **GPW** with the new tariffs. Where a tariff increase is implemented during the year, **GPW** endeavours to provide customers with 30 days' notice of such changes.
14. Each quotation has a unique number.
15. Form Content notices must be emailed to the *eGazette* Contact Centre for a quotation.
 - 15.1. The *Adobe* form supplied is uploaded by the Contact Centre Agent and the system automatically calculates the cost of your notice based on the layout/format of the content supplied.
 - 15.2. It is critical that these *Adobe* Forms are completed correctly and adhere to the guidelines as stipulated by **GPW**.
16. **APPLICABLE ONLY TO GPW ACCOUNT HOLDERS:**
 - 16.1. **GPW** Account Customers must provide a valid **GPW** account number to obtain a quotation.
 - 16.2. Accounts for **GPW** account customers **must** be active with sufficient credit to transact with **GPW** to submit notices.
 - 16.2.1. If you are unsure about or need to resolve the status of your account, please contact the **GPW** Finance Department prior to submitting your notices. (If the account status is not resolved prior to submission of your notice, the notice will be failed during the process).
17. **APPLICABLE ONLY TO CASH CUSTOMERS:**
 - 17.1. Cash customers doing **bulk payments** must use a **single email address** in order to use the **same proof of payment** for submitting multiple notices.
18. The responsibility lies with you, the customer, to ensure that the payment made for your notice(s) to be published is sufficient to cover the cost of the notice(s).
19. Each quotation will be associated with one proof of payment / purchase order / cash receipt.
 - 19.1. This means that **the quotation number can only be used once to make a payment.**

GOVERNMENT PRINTING WORKS - BUSINESS RULES**COPY (SEPARATE NOTICE CONTENT DOCUMENT)**

20. Where the copy is part of a separate attachment document for Z95, Z95Prov and TForm03
- 20.1. Copy of notices must be supplied in a separate document and may not constitute part of any covering letter, purchase order, proof of payment or other attached documents.
- The content document should contain only one notice. (You may include the different translations of the same notice in the same document).
- 20.2. The notice should be set on an A4 page, with margins and fonts set as follows:
- Page size = A4 Portrait with page margins: Top = 40mm, LH/RH = 16mm, Bottom = 40mm;
Use font size: Arial or Helvetica 10pt with 11pt line spacing;
- Page size = A4 Landscape with page margins: Top = 16mm, LH/RH = 40mm, Bottom = 16mm;
Use font size: Arial or Helvetica 10pt with 11pt line spacing;

CANCELLATIONS

21. Cancellation of notice submissions are accepted by **GPW** according to the deadlines stated in the table above in point 2. Non-compliance to these deadlines will result in your request being failed. Please pay special attention to the different deadlines for each gazette. Please note that any notices cancelled after the cancellation deadline will be published and charged at full cost.
22. Requests for cancellation must be sent by the original sender of the notice and must be accompanied by the relevant notice reference number (N-) in the email body.

AMENDMENTS TO NOTICES

23. With effect from 01 October 2015, **GPW** will not longer accept amendments to notices. The cancellation process will need to be followed according to the deadline and a new notice submitted thereafter for the next available publication date.

REJECTIONS

24. All notices not meeting the submission rules will be rejected to the customer to be corrected and resubmitted. Assistance will be available through the Contact Centre should help be required when completing the forms. (012-748 6200 or email info.egazette@gpw.gov.za). Reasons for rejections include the following:
- 24.1. Incorrectly completed forms and notices submitted in the wrong format, will be rejected.
- 24.2. Any notice submissions not on the correct *Adobe* electronic form, will be rejected.
- 24.3. Any notice submissions not accompanied by the proof of payment / purchase order will be rejected and the notice will not be processed.
- 24.4. Any submissions or re-submissions that miss the submission cut-off times will be rejected to the customer. The Notice needs to be re-submitted with a new publication date.

GOVERNMENT PRINTING WORKS - BUSINESS RULES**APPROVAL OF NOTICES**

25. Any notices other than legal notices are subject to the approval of the Government Printer, who may refuse acceptance or further publication of any notice.
26. No amendments will be accepted in respect to separate notice content that was sent with a Z95 or Z95Prov notice submissions. The copy of notice in layout format (previously known as proof-out) is only provided where requested, for Advertiser to see the notice in final Gazette layout. Should they find that the information submitted was incorrect, they should request for a notice cancellation and resubmit the corrected notice, subject to standard submission deadlines. The cancellation is also subject to the stages in the publishing process, i.e. If cancellation is received when production (printing process) has commenced, then the notice cannot be cancelled.

GOVERNMENT PRINTER INDEMNIFIED AGAINST LIABILITY

27. The Government Printer will assume no liability in respect of—
 - 27.1. any delay in the publication of a notice or publication of such notice on any date other than that stipulated by the advertiser;
 - 27.2. erroneous classification of a notice, or the placement of such notice in any section or under any heading other than the section or heading stipulated by the advertiser;
 - 27.3. any editing, revision, omission, typographical errors or errors resulting from faint or indistinct copy.

LIABILITY OF ADVERTISER

28. Advertisers will be held liable for any compensation and costs arising from any action which may be instituted against the Government Printer in consequence of the publication of any notice.

CUSTOMER INQUIRIES

Many of our customers request immediate feedback/confirmation of notice placement in the gazette from our Contact Centre once they have submitted their notice – While **GPW** deems it one of their highest priorities and responsibilities to provide customers with this requested feedback and the best service at all times, we are only able to do so once we have started processing your notice submission.

GPW has a 2-working day turnaround time for processing notices received according to the business rules and deadline submissions.

Please keep this in mind when making inquiries about your notice submission at the Contact Centre.

29. Requests for information, quotations and inquiries must be sent to the Contact Centre ONLY.
30. Requests for Quotations (RFQs) should be received by the Contact Centre at least **2 working days** before the submission deadline for that specific publication.

GOVERNMENT PRINTING WORKS - BUSINESS RULES

PAYMENT OF COST

31. The Request for Quotation for placement of the notice should be sent to the Gazette Contact Centre as indicated above, prior to submission of notice for advertising.
32. Payment should then be made, or Purchase Order prepared based on the received quotation, prior to the submission of the notice for advertising as these documents i.e. proof of payment or Purchase order will be required as part of the notice submission, as indicated earlier.
33. Every proof of payment must have a valid **GPW** quotation number as a reference on the proof of payment document.
34. Where there is any doubt about the cost of publication of a notice, and in the case of copy, an enquiry, accompanied by the relevant copy, should be addressed to the Gazette Contact Centre, **Government Printing Works**, Private Bag X85, Pretoria, 0001 email: info.egazette@gpw.gov.za before publication.
35. Overpayment resulting from miscalculation on the part of the advertiser of the cost of publication of a notice will not be refunded, unless the advertiser furnishes adequate reasons why such miscalculation occurred. In the event of underpayments, the difference will be recovered from the advertiser, and future notice(s) will not be published until such time as the full cost of such publication has been duly paid in cash or electronic funds transfer into the **Government Printing Works** banking account.
36. In the event of a notice being cancelled, a refund will be made only if no cost regarding the placing of the notice has been incurred by the **Government Printing Works**.
37. The **Government Printing Works** reserves the right to levy an additional charge in cases where notices, the cost of which has been calculated in accordance with the List of Fixed Tariff Rates, are subsequently found to be excessively lengthy or to contain overmuch or complicated tabulation.

PROOF OF PUBLICATION

38. Copies of any of the *Government Gazette* or *Provincial Gazette* can be downloaded from the **Government Printing Works** website www.gpwnonline.co.za free of charge, should a proof of publication be required.
39. Printed copies may be ordered from the Publications department at the ruling price. The **Government Printing Works** will assume no liability for any failure to post or for any delay in despatching of such *Government Gazette(s)*

GOVERNMENT PRINTING WORKS CONTACT INFORMATION

Physical Address:

Government Printing Works
149 Bosman Street
Pretoria

Postal Address:

Private Bag X85
Pretoria
0001

GPW Banking Details:

Bank: ABSA Bosman Street
Account No.: 405 7114 016
Branch Code: 632-005

For Gazette and Notice submissions: Gazette Submissions:

For queries and quotations, contact: Gazette Contact Centre:

E-mail: submit.egazette@gpw.gov.za

E-mail: info.egazette@gpw.gov.za

Tel: 012-748 6200

Contact person for subscribers: Mrs M. Toka:

E-mail: subscriptions@gpw.gov.za

Tel: 012-748-6066 / 6060 / 6058

Fax: 012-323-9574

GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF AGRICULTURE, LAND REFORM AND RURAL DEVELOPMENT

NO. 879

14 AUGUST 2020

**UMDONI MUNICIPALITY**

Tel: 039 976 1202 / Fax: 039 976 2044

Email: masis@umdoni.gov.zaWebsite: www.umdoni.gov.za**Umzumbe**
MUNICIPALITY**UMZUMBE MUNICIPALITY**

Tel: 039 972 0005 / Fax: 039 972 0099

Email: umzumbe@umzumbe.gov.zaWebsite: www.umzumbe.gov.za

CANCELLATION OF AGREEMENT FOR THE ESTABLISHMENT OF A JOINT MUNICIPAL PLANNING TRIBUNAL ENTERED INTO BY AND BETWEEN UMDONI, VULAMEHLO AND UMZUMBE LOCAL MUNICIPALITIES.

A notice hereby given of the Cancellation of Agreement for The Establishment of a Joint Municipal Planning Tribunal entered into by and between Umdoni Local Municipality (Hosting Municipality) Demarcation Code KZ 212, Vulamehlo Local Municipality Demarcation Code KZ 211 and Umzumbe Local Municipality Demarcation Code KZ 213 in terms of section 6 (2) (C) of Spatial Planning and Land Use Management Regulations No. R 239 of 2015.

For more queries please contact Mr. M. Mzotho on 039 976 2432, email: malusim@umdoni.gov.za or Mr. S. Nxele on 039 972 0005, email: sifison@umzumbe.gov.za.

Yours faithfully,

Dr. V.P. Tsako**Municipal Manager****Umdoni Municipality****Mr. T. P. Cele****Municipal Manager****Umzumbe Municipality**

DEPARTMENT OF AGRICULTURE, LAND REFORM AND RURAL DEVELOPMENT

NO. 880

14 AUGUST 2020

GENERAL NOTICE IN TERMS OF THE RESTITUTION OF LAND RIGHTS ACT, 1994 (ACT NO. 22 OF 1994), AS AMENDED

Notice is hereby given in terms of Section 11(1) of the Restitution of Land Rights Act, 1994 (Act No. 22 of 1994), as amended, that a claim for Restitution of Land Rights has been lodged on the properties in the Fetakgomo- Tubatse Local Municipality.

Chief Nkwana Aubrey Phasha lodged a land claim on behalf of Baroka Ba Nkoana (KRP 2550) before the cut-off date of the 31st December 1998. The land claim is on the below listed farms

PROPERTY DESCRIPTION	CURRENT OWNER OF THE PROPERTY	TITLE DEED NUMBER	EXTENT OF PROPERTY	ENDORSEMENTS	HOLDER
The Farm Winterveld 417 KS	Samancor Chrome Ltd	T14689/1993PTA	2459,7515Ha	K2449/1979RMPTA K2403/2004RMPTA	Jagdlust Chrome Co Pty Ltd Lebowa Platinum Mines Ltd
Zwartkoppies 413 KS Remaining Extent	Jibeng INV Pty Ltd	T40696/2001	1425,7914Ha	K3423/1992RM K5/2001S VA1248/1992 VA9/2001	Samancor Ltd Rand Mine Ltd K2660/1975RM Rand Mine Ltd
Jagdlust 418KS Remaining Extent	Government of Lebowa	T10267/1936	1375,0665Ha	I-2915/2014CPTA I-992/2014CPTA I-992/2014CPTA K2403/2004RMPTA K2860/1993RM K406/1936S K465/1936S Lebowa	Lebowa Platinum Mines Ltd
Portion 1 of the farm Jagdlust 418KS	Samancor Chrome Ltd	T14689/1993	687,5426Ha	I-992/2014CPTA K2450/1979SPTA K2403/2004RM K2449/1979RM K2868/1993PTA K38/1973LPTA Lebowa Release Area	Jagdlust Chrome Co Pty Ltd Lebowa Platinum Mines Ltd
Portion 2 of the farm Jagdlust	Kopanong Shopping	T75287/2009	1,9109Ha	B68826/1996 TE98229/1994	Northern Transvaal Dev Cop Ratsoma Mamolagane Edwin

418KS	Centre Pty Ltd			TE98229/1994	Ratsoma Kgogoropo Wilhemina
Umkoanesstad 419KS Remaining Extent	Government of Lebowa	T12586/1931	2635, 1021	I-2915/2014CPTA K23/2014RMPTA K4441/1989RMPTA K4710/2007SPTA K4710/2007SPTA K557/1993RM K7380/2001SPTA K8862/2008S VA864/1999PTA VA8926/2003SPTA	AFC Ltd Rustenburg Platinum Mines Ltd
Zwiterland 473KS	Government of Lebowa	T20362/1944	1952, 2520Ha	K4173/2001RMP K470/1944RMPTA Lebowa	
Indie 474 KS	Government of Lebowa	T5146/1934	1515, 5334Ha	I2915/2014CPTA I-992/2014CPTA Lebowa	Government of Lebowa
Portion 1 of the farm Indie 474 KS	Government of Lebowa	T11227/1933PTA	1515, 5334Ha	I2915/2014CPTA I-992/2014CPTA Lebowa	Government of Lebowa

Take Further Notice that the Office of the Regional Land Claims Commissioner: Limpopo has investigated this land claim. Any party that has an interest in the above-mentioned properties is hereby invited to submit in writing within **30 Days** of the publication of this notice, any comments or detailed objections on this Land Claim to the Regional Land Claims Commissioner: Limpopo, using the under-mentioned contact details and under reference number: **KRP 2550**.

Office of the Regional Land Claims Commissioner: Limpopo Or Submission may also be delivered at:

Private Bag X9552

POLOKWANE

0700

61 Biccard Street

POLOKWANE

0700


HARRY MAPUTHA
REGIONAL LAND CLAIMS COMMISSIONER

DATE: 2020/07/31

SOUTH AFRICAN QUALIFICATIONS AUTHORITY

NO. 881

14 AUGUST 2020



SOUTH AFRICAN QUALIFICATIONS AUTHORITY (SAQA)

APPLICATION FOR THE REGISTRATION OF ADDITIONAL PROFESSIONAL DESIGNATIONS FOR PROFESSIONAL BODIES ALREADY RECOGNISED BY SAQA

The public is invited to comment on the Directorate: Registration and Recognition's intention to recommend the registration for additional designations for the Professional Bodies listed below, in compliance with the *Policy and Criteria for Recognising a Professional Body and Registering a Professional Designation for the Purposes of the National Qualifications Framework Act, Act 67 of 2008* as approved by the Board of the South African Qualifications Authority (SAQA):

1. South African Professional Firearm Trainers Council (SAPFTC);
2. Southern African Communications Industries Association (SACIA); and
3. South African Council for Social Service Professions (SACSSP).

1. SOUTH AFRICAN PROFESSIONAL FIREARM TRAINERS COUNCIL (SAPFTC)

Professional designation titles	
Professional Range Officer	Professional Firearm Training Specialist
Professional Tactical Firearms Instructor	Professional Firearm Training Counsellor

2. SOUTHERN AFRICAN COMMUNICATIONS INDUSTRIES ASSOCIATION (SACIA)

Professional designation titles	
Certified Event Associate	Certified Event Safety Practitioner
Certified Event Practitioner	Certified Event Safety Professional
Certified Event Professional	Certified Actor

3. SOUTH AFRICAN COUNCIL FOR SOCIAL SERVICE PROFESSIONS (SACSSP)

Professional designation title
Child and Youth Care Worker (CYCW)

The detailed applications for the registration of additional professional designations are available on the SAQA website, saqa.org.za, and may also be obtained from Eugene du Plooy at e-mail address eduplooy@saqa.org.za.

Comments regarding the above applications should reach SAQA at the address below no later than 30 days after publication of this Notice.

All correspondence must be addressed to:

Ms EF Nyaka
Director: Registration and Recognition
South African Qualifications Authority
PostNet Suite 248
Private Bag X06
WATERKLOOF
0145

e-mail address: secretarydr@saqa.org.za

DE-RECOGNITION NOTICE BY THE SOUTH AFRICAN QUALIFICATIONS AUTHORITY OF THE INSTITUTE OF SAFETY MANAGEMENT (IOSM)

In accordance with the *National Qualifications Framework Act, 2008* (Act No. 67 of 2008) and the South African Qualifications Authority's (SAQA) *Policy and Criteria for Recognising a Professional Body and Registering a Professional Designation for the Purposes of the National Qualifications Framework Act, Act 67 of 2008*, SAQA recognises professional bodies and registers their designations of the National Qualifications Framework (NQF).

The Institute of Safety Management (IOSM) was recognised by SAQA from 7 February 2018 to 26 February 2020.

On 19 November 2019, SAQA received a request from the IOSM to be de-recognised as a professional body.

On 26 February 2020, the Executive Committee of SAQA de-recognised IOSM and de-registered its professional designations from the NQF.

The de-recognition of the Professional Body:

- Institute of Safety Management (IOSM); and

The de-registration of Professional Designations:

- ROSCord - Registered Occupational Safety Coordinator
- ROSPrac - Registered Occupational Safety Practitioner
- ROSProf - Registered Occupational Safety Professional



DR JULIE REDDY
ACTING CHIEF EXECUTIVE OFFICER
SOUTH AFRICAN QUALIFICATIONS AUTHORITY
DATE: 30 July 2020

DEPARTMENT OF TRADE, INDUSTRY AND COMPETITION

NO. 882

14 AUGUST 2020



Business Rescue Continuing Professional Development Policy

Document control

Managed by	CIPC
Policy Officer	Vuyani Nkohla
Policy Sponsor	Adv Rory Voller
Approved by	CIPC Business Rescue Liaison Committee
Date approved	
Next review date	
Version	2
File number	
Status	Final

ISO 9001: 2008 Certified

The dti Campus (Block F – Entfufukweni), 77 Meintjies Street, Sunnyside, Pretoria / P O Box 429, Pretoria, 0001
Call Centre: 086 100 2472
Email: vnkohla@cipc.co.za / Website: www.cipc.co.za

BUSINESS RESCUE CPD POLICY

August 2019

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BUSINESS RESCUE CPD POLICY

August 2019

1. Policy Statement

On 17 May 2019 the Business Rescue Liaison Committee ("BRLC") adopted the Guidelines – CPD programme in terms whereof the BRLC will set out the required CPD for business rescue practitioners.

Business rescue practitioners (BRP's) would be required to take responsibility for undertaking the relevant learning activities that will demonstrate their commitment to lifelong learning and attain the required competencies (abilities, skills and knowledge) for them to practice as BRP's.

2. Definitions and Interpretations

In this policy:

"BRLC"	:	Business Rescue Liaison Committee
"CPD"	:	means continuous professional education.
"the Act"	:	the Companies Act, No 71 of 2008
"Regulations"	:	Companies Regulations 2013
"business rescue cpd"	:	means CPD related to the business rescue field and can include related to all field of business rescue, including, but not limited to accounting, taxation, legislation, human resources

3. Purpose

The purpose of this policy is to:

- Ensure that BRP's are aware of their responsibilities when applying to be business rescue practitioners and future requirements
- Ensure that all stakeholders, professional bodies and BRP's
 - o have a clear and concise understanding of the CPD required to be a registered BRP
 - o understand what will qualify as CPD
 - o understand how CPD will be monitored
 - o understand how non-compliance with the policy will be dealt with.

4. Scope

This policy only applies to BRP's who have applied and are registered with the CIPC as registered business rescue practitioners, it does not matter whether the BRP has in fact been appointed or not to a business rescue.

5. Roles and Responsibilities

The BRLC is the owner of this policy and is responsible for:

- Review of this policy.
- Monitoring the effectiveness of the process.

BUSINESS RESCUE CPD POLICY

August 2019

The **Accredited Professional Bodies** as accredited in terms of the APPLICATION FOR THE ACCREDITATION OF PROFESSIONAL BODIES FOR BUSINESS RESCUE PRACTITIONERS are responsible for

- Monitoring of the CPD of their relevant members
- Providing opportunities for BRP's to obtain the relevant CPD
- Reporting CPD compliance and non-compliance to the CIPC

The **BRP's** are responsible for:

- Identifying and completion of the relevant CPD
- Keeping records

CIPC

- Monitoring of CPD
- Dealing with non-compliance to the policy

6. Background

- 6.1 Section 138 of the Companies Act No. 71 of 2008 (as amended) ("**Act**") provides for the qualifications of Business Rescue Practitioners (BRP).
- 6.2 Regulation 126(1) read in conjunction with Section 138(1):
The Commission must, when considering an application for accreditation of a profession under section 138(1), have due regard to the qualifications and experience that are set as conditions for membership of any such professional body, and the ability of such professional body to discipline its members and the Commission may revoke any such accreditation if it has reasonable grounds to believe that the professional body is no longer able to properly monitor or discipline its members.
- 6.3 For the purpose of this application. Section 128(1) (d) of the Act defines "**business rescue practitioner**" as a person appointed, or two or more persons appointed jointly, in terms of Chapter 6 of the Act to oversee a company during business rescue proceedings and "practitioner" has a corresponding meaning.
- 6.4 Section 138(1) provides that a person may be appointed as the business rescue practitioner of a company only if the person –
 - (a) is a member in good standing of a legal, accounting or business management profession accredited by the Commission;
 - (b) has been licensed as such by the Commission in terms of subsection (2);
 - (c) is not subject to an order of probation in terms of section 162 (7);
 - (d) would not be disqualified from acting as a director of the company in terms of section 69 (8);
 - (e) does not have any other relationship with the company such as would lead a reasonable and informed third party to conclude that the integrity, impartiality or objectivity of that person is compromised by that relationship; and
 - (f) is not related to a person who has a relationship contemplated in paragraph (d).
- 6.5 In addition to the accreditation of the professional bodies, the Commission may issue Conditional Licenses to any qualified person to practice in terms of Chapter 6 of the Act and may suspend or withdraw any such license in the prescribed manner.

BUSINESS RESCUE CPD POLICY

August 2019

- 6.6 As per the *APPLICATION FOR THE ACCREDITATION OF PROFESSIONAL BODIES FOR BUSINESS RESCUE PRACTITIONERS* section 4 deals with the Applicability of the Applicant to conduct its activities effectively and the CIPC requires the following from the applicant, which is the relevant professional bodies:

4 THE ABILITY OF THE APPLICANT TO CONDUCT ITS ACTIVITIES EFFECTIVELY:

4.2 Every professional body accredited by the Commission whose members are entitled to oversee an entity during business rescue proceedings must demonstrate that;

4.2.1 It has proper mechanisms for ensuring that its members participate in continued professional development and achievement of professional competence;

4.2.2 It has mechanisms to ensure that its members are disciplined where appropriate;

4.2.3 It is, and is likely to continue to be, financially and operationally viable for the foreseen future;

4.2.4 It keeps and maintains a proper register of its members;

4.2.5 It has in place appropriate programmes and structures to ensure that it is actively endeavouring to achieve the objective of being representative of all sectors of the South African population; and

4.2.6 It meets any other requirements that may be determined by the Commission from time to time.

As per 4.2.6 of the accreditation process the Commission has decided to set out a specific CPD requirement for BRP's to be monitored and reported to by the professional bodies.

CPD is a continuation of initial professional development that is the learning and development through which individuals develop the competencies that enable them to perform the role and function for a BRP and is the learning and development that take place after completion of an initial qualification which allows the individual to become a member of the various accredited professional bodies. To continue to be registered and perform the services of a BRP the individual must develop and maintain the competencies, skills and knowledge to act as a BRP.

The BRLC has agreed to an input-based approach which establishes a minimum set of learning activities by means of which individuals can develop and maintain competence.

In view of the above, the BRLC has developed this CPD policy to assist –

- a) Accredited professional bodies to fulfil its obligations in terms of the accreditation process
- b) Individual BRP's in meeting their obligations in terms of competence, skills and knowledge;
- c) Training providers to provide recognisable CPD activities.

7. Policy requirements

The BRLC has adopted the *Input-based approach*

Individuals are required to complete:

- a **minimum** of 20 hours of relevant professional development activity during every calendar year, of which –
 - a **minimum** of 12 (of the above 20 hours) hours must be verifiable; and 4 hours must be directly related to business rescue
 - a **minimum** of 8 hours of learning (verifiable/non-verifiable) must be completed during each of the years.

BUSINESS RESCUE CPD POLICY

August 2019

Four hours must be directly related to business rescue and the other eight hours can be CPD that is related to the concept / process of business rescue, such as accounting, taxation, management accounting, human resources, management and related labour and other legislation.

Explanation

The input-based approach serves as a proxy for measuring development and maintenance of competence because of the ease of measurement and verification.

This approach is measured in terms of the number of hours which are spent on the relevant learning activity.

Learning activities that do not represent a full hour must be recorded as a portion of an hour with the minimum portion being 0.25 of an hour (15 minutes).

As a test, verifiable CPD can be identified as any activity on which a member can answer 'yes' to the following questions:

- Was the learning activity relevant to your current or future professional development?
- Can you provide verifiable evidence that you undertook the learning activity?

Ultimately, it is the BRP's professional judgement and integrity that determine whether the relevant learning activity will be classified as either verifiable or non-verifiable CPD.

A portion of hours undertaken by members must be verifiable. The concept of verifiability is that the learning activity can be *objectively verified* (i.e. by someone with no direct or vested interest in the learning activity) by a *competent source* (i.e. someone who can provide a true and fair representation that the learning activity has taken place). Although the list below provides examples (list is not exhaustive) of activities of what would constitute a verifiable CPD activity, it is ultimately the members' responsibility to determine whether a learning activity can be regarded as verifiable:

- Participation in:
 - courses, conferences, workshops, seminars, events or arm chair discussions (both third party and accredited professional bodies); and
 - in-house or company-specific training;
- Reading CPD verifiable articles in:
 - the *journals / publications* and answering the related questions.

These questions must be successfully answered in order for this to qualify as verifiable CPD;
- Viewing webinar offerings and answering the related questions
- Attending meetings that contribute to members' current and / or future roles;
- Undertaking committee work (including preparation for meetings) to the extent that learning is gained from this activity;
- Developing systems and processes;
- Publishing articles related to members' professional development or career paths;
- Giving relevant in-house presentations;
- Developing or delivering a course or CPD session in an area related to one's professional responsibilities;
- Undertaking action-based learning (research initiatives);
- Undertaking further formal or professional qualifications or formal studies, for example MBA, Higher Diplomas, Certificates and Master's degrees in a relevant discipline (only the verifiable portion),
 - including contact time with the lecturer and attendance of lectures and tutorials;
 - preparing for and taking professional examinations;
 - undertaking e-learning, on-line and web-based training; and
 - viewing technical DVDs, podcasts, webinars in group or discussion sessions.

BUSINESS RESCUE CPD POLICY

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One aspect of verifiable CPD is that the appropriate records and supporting documentation (underlying records) must be accessible should a member be selected for verification of CPD.

Generally, only the initial preparation time and the first time a repetitive activity is performed (e.g. lecturing introductory accounting to multiple classes), constitute CPD. Thereafter incremental learning may be accounted for which relies on the members' professional judgement.

Verifiable CPD does not necessarily require the member to incur costs or spend a significant amount of time on the attendance of courses and seminars. Accredited professional bodies however do provide a series of products and service offerings to its members that could be used for fulfilling CPD requirements. However, as CPD is specific to the individual and is to be relevant to their individual learning needs, individual BRP's have the freedom to acquire their learning from any applicable source that will ensure that they meet their current and future professional development needs.

8. Reporting period

The reporting period will be for one year, from 1 January to 31 December and the first cycle will commence on 1 January 2020.

For a BRP who registered during the year, he/she may apportion the CPD based on the number of months in the year in respect of which he/she was registered as such. Detailed BRP CPD records must be maintained by individual whether on a CPD system or personal records – for example, excel or word. Note that if the BRP is selected for audit, they will be required to provide the record of CPD as well as related evidence.

9. Members who are member of various professional bodies

BRP's might also be members of various professional bodies. CPD will be monitored and reported by the accredited professional body that the BRP has indicated on its registration application with the CIPC as a BRP.

10. Monitoring

The accredited professional body shall undertake a monitoring process to ensure –

- (a) that CPD undertaken is relevant and appropriate to the current and future role of the individual; and
- (b) that appropriate records and supporting documentation are kept.

In order to assess whether BRP's meet the requirements of this policy, monitoring shall take the form of an annual verification of the CPD of a randomly selected sample of all individuals.

Explanation

The onus rests on the individual to provide evidence to demonstrate that competence was developed or maintained. Individuals are responsible for –

- retaining appropriate records and supporting documents related to their CPD activities; and
- providing, on request, verifiable evidence to demonstrate their compliance with the requirements of the CPD policy.

As part of this monitoring process the accredited professional bodies can require individuals to provide evidence of relevant learning activities or verification of the competencies they have developed and maintained through their chosen programmes of CPD activities.

BUSINESS RESCUE CPD POLICY

August 2019

On an annual basis, the accredited professional bodies will have to verify whether individuals have met the objective of CPD. This will be done by selecting a random sample of their members to review and assess their compliance with the requirements of CPD and review and assess learning plans or other related CPD documents. Individuals who are selected as part of the random sample are required to submit to accredited professional body their reporting documentation as proof of attendance of courses, etc., or completion of the recorded activities by the required date to be provided each year, taking into consideration reporting obligations to the CIPC.

11. Exemptions

Individuals may apply for exemption from the requirements of this policy in exceptional circumstances. To qualify for an exemption, members must not be professionally active.

Explanation

Members apply for exemption by submitting an application with the relevant information. All applications submitted are assessed on a case-by-case basis. Prior to the submission of an application for an exemption from the CPD policy the member must consider the following aspects:

- The member must not be professionally active – i.e. may not carry out any work that is associated with BRP, regardless of whether it is paid or unpaid work; and
- Should be for an extended period of time, i.e. the member does not plan to do so for a significant period of time.

Once the exemption has been granted to the member, this will remain in place until the circumstances for which the exemption was granted are no longer applicable. The onus is on the member to inform the professional body when the circumstances around the granting of the exemption are no longer applicable.

The following is an example of, but not limited to, circumstances for which an exemption may be granted to a member:

- Members who take extended leave from work for family-related reasons; e.g. a member who decides to take family responsibility leave.

12. Reinstatement

Individuals who are re-instated are required to demonstrate that while they were not licensed as a BRP they maintained and developed their professional competencies and could be required to demonstrate this on re- instatement.

Explanation

Should members resume business rescue activities after a significant period during which such activities were not performed, the accredited professional body may require the individual to undertake additional relevant CPD or to provide a plan which sets out in detail how the members will update their knowledge and ensure they can perform their responsibilities competently and with due care.

13. Disciplinary actions and sanctions

Accredited professional bodies shall inform the CIPC of non-compliance with the policy and this information will be taken into account when the licenses are renewed. Where a BRP has not met the requirements of the policy but is in the process of a business rescue the CIPC will not renew the BRP

BUSINESS RESCUE CPD POLICY

August 2019

license once the business rescue is completed, unless the BRP can show that remedial action has been taken.

Individuals who do not comply with the requirements of this policy shall be referred to the relevant accredited professional body for disciplinary action.

NOTE: accredited professional bodies will institute disciplinary action but not necessarily suspension of membership. CIPC will have to deal with this in terms of renewal of license

14. Conclusion

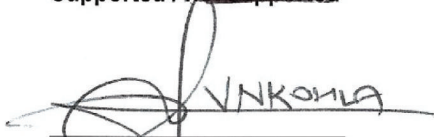
The CIPC and accredited professional bodies cannot provide assurance that all BRP's will provide high quality professional service at all times. Doing so would entail more than merely monitoring professional competence, for high quality professional service entails the application of that knowledge with professional judgement and an objective attitude.

However, despite the inherent limitations it is important to have a CPD programme in place, to make it possible for an individual member to fulfil his/her professional activities and responsibilities and to ensure the maintenance of professional standards, ethics and knowledge.

15. Policy effective date and review

This policy is effective from 1 January 2020 and will be reviewed annually or as required, in order to ensure the terms are current.

Supported / ~~not supported~~



Mr. Vuyani Nkohlh

Senior Manager: DMP

Date: 6 / 2 / 2020

Approved / not approved



Adv. Rory Voller

Commissioner: CIPC

Date: 7 / 2 / 2020

GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF AGRICULTURE, LAND REFORM AND RURAL DEVELOPMENT

NOTICE 433 OF 2020

AGRICULTURAL PRODUCT STANDARDS ACT, 1990 (ACT No. 119 OF 1990)

REGULATIONS REGARDING THE GRADING, PACKING AND MARKING OF DRIED FRUIT INTENDED FOR SALE IN THE REPUBLIC OF SOUTH AFRICA: REVISION OF THE REGULATIONS

INVITATION FOR PUBLIC COMMENTS

I, Angela Thokozile Didiza, Minister of Agriculture, Land Reform and Rural Development, acting under section 15 of the Agricultural Product Standards Act, 1990 (Act No. 119 of 1990), hereby make known that I intend to publish revised regulations regarding the grading, packing and marking of dried fruit intended for sale in the Republic of South Africa.

All interested parties are invited to submit comments and any representations concerning the proposed revised regulations in writing within **30 days** from the date of publication of this Notice to the following address:

Executive Officer: Agricultural Product Standards
Department of Agriculture, Land Reform and Rural Development
Private Bag X343, Pretoria, 0001
30 Hamilton Street, Harvest House Building, Arcadia, Room 157
Tel. no. 012 319 6106; Fax no. 012 319 6265
Email: PurityM@dalrrd.gov.za

The revised regulations are available on the Department's website www.dalrrd.gov.za, go to "Branches" → "Agricultural Production, Health & Food Safety" → "Food Safety & Quality Assurance" → "Draft legislation for comments", or can be forwarded via electronic mail or posted to any person upon request.

Ms. Angela Thokozile Didiza

Minister: Agriculture, Land Reform and Rural Development

DEPARTMENT OF AGRICULTURE, LAND REFORM AND RURAL DEVELOPMENT
NOTICE 434 OF 2020

PRODUCT CONTROL FOR AGRICULTURE (PROKON)

AGRICULTURAL PRODUCT STANDARDS ACT, 1990 (ACT NO. 119 OF 1990)

COMMENTS FOR PROPOSED INSPECTION FEES

In terms of section 3 (1A) (a)(ii) of the Agricultural Product Standards Act, 1990 (Act No. 119 of 1990), the Product Control for Agriculture (Prokon) designated as an assignee in terms of section 2(3) of the said Act, hereby imposes the following inspection fees in respect imported products, which may be sold in the Republic of South Africa:

Product	Point of inspection	Times	Fee
All regulated fresh fruit and vegetables	All ports of entry and other officially designated inspection points	Normal time (Monday to Friday) 08h00 -16h00 Saturday 08h00 – 13h00 Sunday 08h00 – 12h00	R230 per half hour or part thereof
		Normal overtime (Monday to Saturday) After 16h00 Monday to Friday After 13h00 on Saturdays	R520.00 per hour
		Sunday and Public Holidays	R620.00 per hour
		Kilometer rate	R3.61 per kilometer

The rates above will apply to inspections carried out at any harbour, airport, distribution center, packhouse, cold storage facility and any other designated facility that holds, handles or distributes imported fresh fruit and vegetables for sale in South Africa.

- In all instances where it's found that the rates are insufficient to recover costs of the inspections, Prokon, reserves at its own discretion, the right to add kilometer rates or recover the actual costs of the inspection done.
- All fees exclude Value Added Tax (VAT).

Comments may be addressed to the following details for 30 days from publication:

Chief Executive Officer: Product Control For Agriculture, Mr. Etienne Booyens, P.O Box 24026, Gezina, 0031, Tel. (012) 325 4578 or 086 542 2521 or e-mail: etienne@prokonsa.co.za.

PRODUCT CONTROL FOR AGRICULTURE (PROKON)**AGRICULTURAL PRODUCT STANDARDS ACT, 1990 (ACT NO.119 OF 1990)****INSPECTION FEES**

In terms of section 3 (1A) (a)(ii) of the Agricultural Product Standards Act, 1990 (Act No. 119 of 1990), the Product Control for Agriculture (Prokon) designated as an assignee in terms of section 2(3) of the said Act, hereby imposes the following inspection fees in respect imported products, which may be sold in the Republic of South Africa:

The inspection fees are as follows:

INSPECTION FEES

Please refer to Gazette No. 40537 of 6 January 2017.

Newly added regulated products

<u>Products</u>	<u>Inspection fee</u>
Pineapples	1.8c per kg
Other fruit	1.8c per kg

All levies exclude Value Added Tax (VAT).

Fees will become effective from date of publishing.

Chief Executive Officer: Product Control of South Africa, Mr. Etienne Booyens, P.O Box 24026, Gezina, 0031, Tel. (012) 325 4578 or 086 542 2521 or e-mail: etienne@prokonsa.co.za.

ECONOMIC DEVELOPMENT DEPARTMENT**NOTICE 435 OF 2020****COMPETITION TRIBUNAL****NOTIFICATION OF COMPLAINT REFERRAL**

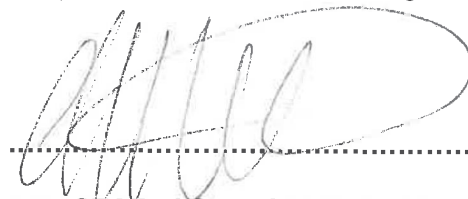
The Competition Tribunal gives notice in terms of Section 51(3) & (4) of the Competition Act 89 of 1998 as amended, that it received the c
COVCR074Jul20 complaint referrals listed below. The complaint(s) alleges that the respondent(s) engaged in a prohibited practice in
contravention of the Competition Act 89 of 1998.

Case No.	Complainant	Respondent	Date received	Sections of the Act
COVCR074Jul20	Competition Commission	Levtrade International (Pty) Ltd	22/07/2020	8(1)(a)

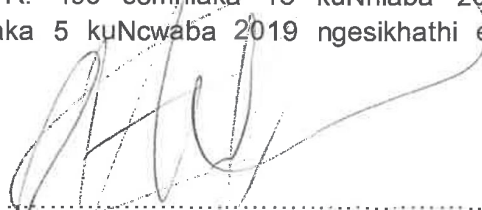
The Chairperson
Competition Tribunal

DEPARTMENT OF EMPLOYMENT AND LABOUR**NOTICE 436 OF 2020****LABOUR RELATIONS ACT, 1995****FURNITURE BARGAINING COUNCIL: RENEWAL OF PERIOD OF OPERATION OF THE COLLECTIVE BARGAINING FEE COLLECTIVE AGREEMENT**

I, **STEPHEN RATHAI**, Director: Collective Bargaining, duly authorised thereto by the Minister of Labour, hereby, in terms of section 32(6)(a)(ii) of the Labour Relations Act, 1995, renew the period fixed in Government Notices Nos. R. 20 of 20 January 2017, R. 752 of 28 July 2017, R. 496 of 18 May 2018 and R. 1037 of 5 August 2019, by a further period ending 30 April 2021.


.....
DIRECTOR: COLLECTIVE BARGAINING**UMNYANGO WEZEMISEBENZI NEZABASEBENZI****UMTHETHO WOBUDLELWANO KWEZABASEBENZI KA-1995****FURNITURE BARGAINING COUNCIL: UKUVUSELELWA KWESIKHATHI SOKUSEBENZA KWESIVUMELWANO SENKOKHELO YOKUHLANGANYELA**

Mina, **STEPHEN RATHAI**, uMqondisi Wezokuxoxisana phakathi kwabaQashi naBasebenzi, ngegunya likaNgqongqoshe Wezabasebenzi, lapha ngokwesigaba 32(6)(a)(ii) soMthetho Wobudlelwano Kwezabasebenzi, ka-1995 ngimemezela ukuthi isikhathi sokusebenza kwesivumelwano senkokhelo esinqunywe kwiZaziso zikaHulumeni ezingunombolo R. 20 somhlaka 20 kuMasingana 2017, R. 752 somhlaka 28 kuNtulikazi 2017, R. 496 somhlaka 18 kuNhlaba 2018 kanye nesingunombolo R. 1037 somhlaka 5 kuNcwaba 2019 ngesikhathi esingeziwe esiphela mhlaka 30 kuMbasa 2021.


.....
**UMQONDISI: WEZOKUXOXISANA
KWABAQASHI NABASEBENZI**

**LEGAL PRACTICE COUNCIL
NOTICE 437 OF 2020**

NATIONAL OFFICE
Thornhill Office Park
Building 20
94 Bekker Street
Vorna Valley, Midrand
1686
Tel: 010 001 8500



Date: 14 August 2020

**THE SOUTH AFRICAN LEGAL PRACTICE COUNCIL
REQUEST FOR COMMENT: LANGUAGE POLICY**

All interested parties are invited to comment on the draft Language Policy of the South African Legal Practice Council.

The draft Policy is published herewith for comment.

All interested parties are called upon to submit their comments to Council in writing within a period of 30 days from the date of publication of this notice.

All comments must be sent by email to rules@lpc.org.za on or before 14 September 2020.

SIGNED AT MIDRAND THIS 14TH DAY OF AUGUST 2020

Ms Kathleen Matolo-Dlepu

Chairperson: Legal Practice Council

EXECUTIVE COMMITTEE: Ms Kathleen Matolo-Dlepu (*Chairperson*) | Adv Anthea Platt SC (*Deputy Chairperson*) |
Adv. Greg Harpur SC | Ms Trudie Nichols | Mr Lutendo Sigogo | Mr Jan Stemmett | Adv. Phillip Zilwa SC
Executive Officer: Ms Charity Nzuza



The South African Legal Practice Council Policy Manual

Language Policy

Policy Owner	Legal Practice Council		
Effective date	When finalised		
Authorized by	Chairperson Ms Kathleen Matolo-Dlepu		
		Signature	Date
	Executive Officer Ms Charity Nzuza		
		Signature	Date
Note	The South African Legal Practice Council reserves the right to amend the contents of this policy as and when required.		

1. INTRODUCTION

1.1 The South African Legal Practice Council ("the LPC") is a statutory body established in terms of Section 4 of the Legal Practice Act No. 28 of 2014 ("the LPA").

1.2 The purpose of the LPA is to, *inter alia*:-

- create a single unified statutory body to regulate the affairs of all legal practitioners and all candidate legal practitioners in pursuit of the goal of an accountable, efficient and independent legal profession;
- protect and promote the public interest;
- provide a fair, effective, efficient and transparent procedure for the resolution of complaints against legal practitioners and candidate legal practitioners

1.3 The objects of the LPC are to, *inter alia*:-

- facilitate the realisation of the goal of a transformed and restructured legal profession that is accountable, efficient and independent;
- preserve and uphold the independence of the legal profession;
- determine, enhance and maintain appropriate standards of professional practice and ethical conduct of all legal practitioners and all candidate legal practitioners;
- promote access to the legal profession, in pursuit of a legal profession that broadly reflects the demographics of the Republic;



- provide for procedures for complaints and disciplinary action in respect of misconduct by legal practitioners and candidate legal practitioners.
 - uphold and advance the rule of law, the administration of justice, and the Constitution of South Africa.
- 1.4 The LPC recognises that the legal practitioners and candidate legal practitioners who are regulated by it form part of the rich multicultural and multilingual tapestry of South Africa.

2. SCOPE AND OBJECTIVE OF THE POLICY

- 2.1 This policy is applicable to the employees of the LPC, its Council and Provincial Council members, its Committees, Provincial Committees and its service providers and all documents published, printed and distributed in any format (including electronic) by the LPC. It is expected of all to comply with the letter and spirit of this policy.
- 2.2 The purpose of the policy is to:
- 2.2.1 improve on both internal and external communication;
 - 2.2.2 promote good language management for efficient service administration by the LPC to meet all stakeholders expectations and needs;
 - 2.2.3 demonstrate support for the promotion of language equity and language rights and in this regard to accommodate and encourage linguistic diversity and multilingualism particularly at the interface with members of the public and in relation to the lodgement of complaints against legal practitioners and candidate legal practitioners.
- 2.2.4 recognise that the above-stated purposes are subject to the qualifications that:
- 2.2.4.1 the Council may use any particular official language for the purpose of regulation, taking into account usage, practicality, expense, regional circumstances, and all other reasonable and/or relevant factors including the balance of the needs and preferences of the population as a whole, or in the province concerned;
 - 2.2.4.2 the Council will endeavour to take all reasonable measures within its available resources to achieve the progressive realization of the rights embodied in section 30 of the Constitution that everyone has the right to use the language of their choice, but no one exercising these rights may do so in a manner inconsistent with any provision of the Bill of Rights.



3. DEFINITIONS

- 3.1 **Constitution** means the Constitution of the Republic of South Africa, 1996.
- 3.2 **External communication** means communication between the LPC, Provincial Councils, the legal profession, its stakeholders and members of the public. It also includes examinations and assessments conducted through the LPC.
- 3.3 **Internal communication** means communication with LPC employees and Committees (national, provincial, divisions, units, departments).
- 3.4 **Multilingual** means the use of more than one language or the ability to use more than one language.
- 3.5 **Official languages** means any one of the languages recognised as such by the Constitution.

4. LEGAL PRINCIPLES

This policy recognises that the following legislation, amongst others, takes precedence over any provisions of this policy and are applicable to this policy:

- 4.1 The Constitution of the Republic of South Africa 1996.
- 4.2 The Legal Practice Act, 28 of 2014.

5. THE POLICY

- 5.1 The LPC recognises its accountability to all its stakeholders under the legal and regulatory requirements applicable to its operations and is committed to high standards in terms of business conduct.
- 5.2 The LPC commits itself to:
 - 5.2.1 recognising the constitutional basis towards multilingualism;
 - 5.2.2 promoting and understanding that all official languages must be treated equitably;
 - 5.2.3 promoting good language management; and
 - 5.2.4 preventing the use of any language for the purpose of exploitation, domination and discrimination within the LPC.
- 5.3 The language policy is based on the following principles:
 - 5.3.1 Effective communication within the framework of multilingualism;
 - 5.3.2 Equity of language rights as outlined in the Constitution of the Republic of South Africa;
 - 5.3.3 Facilitating internal and external communication;



- 5.3.4 Viewing multilingualism as a resource; and
- 5.3.5 Redressing marginalization of indigenous languages.
- 5.4 South Africa is a multi-lingual society with 11 official languages. Section 6 of the Constitution provides the legal framework for embracing linguistic and cultural diversity within the LPC.
- 5.5 The Employment Equity Act protects employees from unfair discrimination. Section 6(1) of the Employment Equity Act prohibits discrimination on, *inter alia*, the grounds of culture and language.
- 5.6 The LPC's policy is also informed by the fact that English is the language of record in court proceedings and the predominant language used in business, international law and politics, commerce and industry.
- 5.7 Accordingly, English is the language of record for the LPC and all internal and external communication will be in English.
- 5.8 The LPC hereby determines that its language of record shall be English.

6. COMPLAINTS MECHANISM FOR COMPLAINTS OF MISCONDUCT

- 6.1 The LPC's Code of Conduct serves as the prevailing standard of conduct, which legal practitioners and candidate legal practitioners must adhere to, and failure to do so constitutes misconduct.
- 6.2 Based on the importance of promoting the use and development of all the official languages and in order to facilitate the manner in which members of the public may lodge complaints at the LPC's Provincial Councils, the LPC will, in addition to English, seek to ensure that it is able to receive and interpret complaints from members of the public in other official languages to the extent that this may be practicable and convenient according to the means and abilities that are present in the provincial office of the LPC concerned.
- 6.3 This service will be provided by Provincial Council employees who are multilingual and not by formal language practitioners or interpreters.

BOARD NOTICES • RAADSKENNISGEWINGS

BOARD NOTICE 94 OF 2020**ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA**

6 CASTELLI, IL VILLAGGIO, 5 DE HAVILLAND CRESCENT SOUTH, PEREQUOR TECHNOPARK, PRETORIA, 0184

Telephone: (012) 349 2331 Facsimile: (012) 349 2327

Email: registrar@ahpcsa.co.za

Website: www.ahpcsa.co.za

**ALLIED HEALTH PROFESSION COUNCIL OF SOUTH AFRICA:
DEREGISTRATION, NEW REGISTRATION AND RESTORATION OF
PRACTITIONERS / THERAPISTS: 2 AUGUST 2019 TO 7 JANUARY 2020**

In terms of section 22 of the Allied Health Professions Act, Act 63 of 1982, ("the Act") the following names have been removed from the relevant registers, after consultation with the relevant professional boards in terms of section 21(5) of the Act, or added to the registers or restored to the relevant registers.

A handwritten signature in black ink, appearing to read 'Mullinder'.

DR LOUIS MULLINDER

REGISTRAR: ALLIED HEALTH PROFESSION COUNCIL OF SOUTH AFRICA

AHPCSA DEREGISTRATIONS 2 AUG 2019 - 7 JAN 2020					
NUMBER	LASTNAME	FIRSTNAME	PROFESSION	DATE	REASON
A00047	AELFANG	MARTINA	THERAPEUTIC REFLEXOLOGY	18/11/2019	OWN REQUEST
A11756	ALBERTYN	JOHANN	THERAPEUTIC MASSAGE THERAPY	31/10/2019	NPF
A11791	BAVUMA	NANGAMSO	HOMEOPATHY	31/10/2019	NPF
A00653	BERGER	ANNETT	THERAPEUTIC REFLEXOLOGY	7/1/2020	NO CONTACT
A00653	BERGER	ANNETT	THERAPEUTIC MASSAGE THERAPY	7/1/2020	NO CONTACT
A11329	BEUKES	SAMANTHA	THERAPEUTIC REFLEXOLOGY	21/11/2019	OWN REQUEST
A11952	BICOFF	MAXIMILIANO	CHIROPRACTIC	31/10/2019	NPF
A00629	BOSMAN	PATRICIA	THERAPEUTIC REFLEXOLOGY	7/1/2020	NO CONTACT
A10703	BOWER	GUY	CHIROPRACTIC	31/10/2019	NPF
A10318	BROWN	COLIN	CHIROPRACTIC	2/12/2019	OWN REQUEST
A11775	BULANE	TEBOHO	UNANI-TIBB	31/10/2019	NPF
A11338	COETZEE	CUAN	CHIROPRACTIC	7/11/2019	OWN REQUEST
A11298	COETZEE	MERLIN	THERAPEUTIC REFLEXOLOGY	31/10/2019	NPF
A11894	COLLINS	LUANA	THERAPEUTIC REFLEXOLOGY	11/11/2019	OWN REQUEST
A10797	DAYA	SHEETAL	HOMEOPATHY	14/10/2019	OWN REQUEST
A01997	DORFAN	JANET	THERAPEUTIC AROMATHERAPY	19/11/2019	DECEASED
A01997	DORFAN	JANET	UNANI-TIBB	19/11/2019	DECEASED
A10295	DUNCAN	CLIFF	CHIROPRACTIC	27/11/2019	OWN REQUEST
A11970	ERASMUS	LISA	THERAPEUTIC REFLEXOLOGY	31/10/2019	NPF
A02117	FONSECA	SHANE	CHIROPRACTIC	3/9/2019	OWN REQUEST
A10823	FORBES	LAUREN	CHIROPRACTIC	27/11/2019	OWN REQUEST
A02488	GAYER	GAIL	THERAPEUTIC MASSAGE THERAPY	31/10/2019	OWN REQUEST
A02508	GRANT	SUSAN	THERAPEUTIC AROMATHERAPY	21/11/2019	OWN REQUEST
A02919	HARGRAVES	LAURA	THERAPEUTIC AROMATHERAPY	30/9/2019	OWN REQUEST
A11876	HEIN	MEGAN	THERAPEUTIC REFLEXOLOGY	13/11/2019	OWN REQUEST
A11876	HEIN	MEGAN	THERAPEUTIC AROMATHERAPY	13/11/2019	OWN REQUEST
A10659	HILLERMANN	ROMI	THERAPEUTIC REFLEXOLOGY	7/1/2020	OWN REQUEST

A03084	HOORZOAK	ZUREENA	HOMEOPATHY	31/10/2019	NPF AND NON-COMPLIANT CPD
A11731	JONES	KIRSTY	THERAPEUTIC REFLEXOLOGY	31/10/2019	NPF
A11651	KHAN	SAJEDA	THERAPEUTIC REFLEXOLOGY	31/10/2019	NPF
A04121	KREIN	ANDREW	CHINESE MEDICINE AND ACUPUNCTURE	31/10/2019	NPF
A04211	KRUGER	ELIZABETH	THERAPEUTIC REFLEXOLOGY	31/10/2019	NPF
A04070	KURCZYCH	ANASTAZIA	CHIROPRACTIC	15/10/2019	OWN REQUEST
A04486	LAMPE	SYLVIA	THERAPEUTIC REFLEXOLOGY	7/1/2020	OWN REQUEST
A04504	LANSDELL	CATHERINE	THERAPEUTIC REFLEXOLOGY	7/1/2020	NO CONTACT
A04504	LANSDELL	CATHERINE	THERAPEUTIC AROMATHERAPY	7/1/2020	NO CONTACT
A04565	LEVITAN	LARINE	ACUPUNCTURE	7/1/2020	OWN REQUEST
A11536	LEVY	ROMY	HOMEOPATHY	31/10/2019	NPF
A10022	LINDSEY-RENTON	CATRIONA	CHIROPRACTIC	7/1/2020	OWN REQUEST
A05191	MAHARAJ	MAYA	THERAPEUTIC REFLEXOLOGY	7/1/2020	NO CONTACT
A11836	MAKWALE	GLORY	HOMEOPATHY	31/10/2019	NPF
A11628	MATTHEWS	ROGER	CHIROPRACTIC	7/1/2020	OWN REQUEST
A05100	MC CARTHY	KEVIN	THERAPEUTIC REFLEXOLOGY	31/10/2019	NPF
A05052	MCLEOD	GAIL	THERAPEUTIC REFLEXOLOGY	7/1/2020	NO CONTACT
A05196	MEYER	PENELOPE	THERAPEUTIC MASSAGE THERAPY	7/1/2020	OWN REQUEST
A01471	MILNE	BRONISLAVA	THERAPEUTIC REFLEXOLOGY	15/10/2019	OWN REQUEST
A11098	MITCHELL	JENNIFER	THERAPEUTIC REFLEXOLOGY	31/10/2019	NPF
A11525	MODAN	RAHEEMA	THERAPEUTIC REFLEXOLOGY	31/10/2019	NPF
A11259	MOHAMMED	SHAHNAWAAZ	THERAPEUTIC MASSAGE THERAPY	30/9/2019	OWN REQUEST
A05084	MURUGEN	SAROJINI	THERAPEUTIC REFLEXOLOGY	31/10/2019	NPF
A05201	NAGEL	BERNHARD	NATUROPATHY	7/1/2020	OWN REQUEST
A05201	NAGEL	BERNHARD	HOMEOPATHY	7/1/2020	OWN REQUEST
A11396	NARAHARI	KANADA	AYURVEDA	31/10/2019	NPF
A11744	NERPAT	RESHMA	THERAPEUTIC REFLEXOLOGY	31/10/2019	NPF
A11905	NOWBUTH	AVIS	HOMEOPATHY	31/10/2019	NPF

A05400	NURCOMBE-TNORNE	ANDREW	CHIROPRACTIC	31/10/2019	NPF
A05636	OBERHOLZER	JOHANNA	THERAPEUTIC REFLEXOLOGY	31/10/2019	NPF
A10492	OLIVEIRA	SHELLEY	THERAPEUTIC REFLEXOLOGY	31/10/2019	NPF
A05640	OTHONOS	ANN	THERAPEUTIC REFLEXOLOGY	7/1/2020	NO CONTACT
A06256	PETERS	CAROLINE	THERAPEUTIC REFLEXOLOGY	31/10/2019	NPF
A12037	RABOTHATA	SEFORO	THERAPEUTIC REFLEXOLOGY	31/10/2019	NPF
A06948	RAJKUMAR	SHARITHA	THERAPEUTIC REFLEXOLOGY	31/10/2019	NPF
A06948	RAJKUMAR	SHARITHA	THERAPEUTIC AROMATHERAPY	31/10/2019	NPF
A11585	RAWAT	ANITA	THERAPEUTIC REFLEXOLOGY	31/10/2019	OWN REQUEST
A06990	REBELO	DULCIE	THERAPEUTIC REFLEXOLOGY	31/10/2019	OWN REQUEST
A06969	ROESE	LISA	THERAPEUTIC MASSAGE THERAPY	7/1/2020	OWN REQUEST
A11584	ROSS	CHANTEL	THERAPEUTIC REFLEXOLOGY	7/1/2020	OWN REQUEST
A11283	ROSSOUW	ANNE-MARIE	THERAPEUTIC MASSAGE THERAPY	10/12/2019	OWN REQUEST
A11265	RUDDEN	DEBORAH	THERAPEUTIC REFLEXOLOGY	7/1/2020	OWN REQUEST
A11119	SCHÄCHNER	HOLGER	NATUROPATHY	31/10/2019	NPF
A06130	SEERPATH	SHENETTE	THERAPEUTIC REFLEXOLOGY	7/1/2020	OWN REQUEST
A06130	SEERPATH	SHENETTE	THERAPEUTIC AROMATHERAPY	7/1/2020	OWN REQUEST
A01521	STEVENSON	LINDA	THERAPEUTIC REFLEXOLOGY	7/1/2020	OWN REQUEST
A11627	TREMBLAY	MARIE-EVE	CHIROPRACTIC	7/1/2020	OWN REQUEST
A07630	TSOTETSI	SEABATA	HOMEOPATHY	31/10/2019	NPF
A07721	TURNER	AILEEN	THERAPEUTIC MASSAGE THERAPY	7/1/2020	OWN REQUEST
A10947	TURNBULL	GRANT	CHIROPRACTIC	31/10/2019	NPF
A10873	TYCHSEN	RORY	CHIROPRACTIC	31/10/2019	NPF
A08473	VAN LINGEN	LAWRENCE	CHIROPRACTIC	31/10/2019	NPF
A10849	VAN TONDER	LYNELLE	CHIROPRACTIC	7/1/2020	OWN REQUEST
A10794	VON BARDELEBEN	CARON	HOMEOPATHY	7/1/2020	OWN REQUEST
A10338	WALDER	NICOLE	THERAPEUTIC MASSAGE THERAPY	31/10/2019	NPF
A08440	WHITE	HORACE	CHIROPRACTIC	31/10/2019	DECEASED

A01520	ZWARTS	NINET	THERAPEUTIC AROMATHERAPY	31/10/2019	NPF
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AHPCSA RESTORATIONS 2 AUG 2019 - 7 JAN 2020				
NUMBER	LASTNAME	FIRSTNAME	PROFESSION	DATE
A04238	HORTON	JANINE	HOMEOPATHY	15/8/2019
A04238	HORTON	JANINE	THERAPEUTIC REFLEXOLOGY	15/8/2019

AHPCSA NEW REGISTRATIONS 2 AUG 2019 - 7 JANUARY 2020				
NUMBER	LASTNAME	FIRSTNAME	PROFESSION	DATE
A12169	ALEXANDER	CHARNÉ	NATUROPATHY	11/10/2019
A12156	BADENHORST	NANNICK	CHIROPRACTIC	17/9/2019
A12132	CHUTRUGON	PRITHA	THERAPEUTIC REFLEXOLOGY	7/8/2019
A12131	CLARKE	KAYLEAH	CHIROPRACTIC	5/8/2019
A12151	CLOETE	NATASHKA	NATUROPATHY	5/9/2019
A12188	COERTZE	MARNELI	CHIROPRACTIC	9/12/2019
A12133	COLLATZ	FRANCIS	CHIROPRACTIC	13/8/2019
A12155	COX-KLEYN	MICHELLE	CHIROPRACTIC	16/9/2019
A12180	DANIELS	CHESNÉ	HOMEOPATHY	18/11/2019
A12157	DE SOUSA	NIKITA	CHIROPRACTIC	19/9/2019
A12142	DE SWARDT	MELISSA	THERAPEUTIC REFLEXOLOGY	23/8/2019
A12149	DE WIT	DALE	CHIROPRACTIC	3/9/2019
A12134	DURBEC	INGRID	OSTEOPATHY	14/8/2019
A12152	EDMESTON	CLAIRE	THERAPEUTIC REFLEXOLOGY	6/9/2019
A12159	EMMS	ANDREW	CHIROPRACTIC	20/9/2019
A12183	FILLIS-GOLIATH	LYNN	CHIROPRACTIC	27/11/2019
A12162	FULLER	SIAN	CHIROPRACTIC	2/10/2019
A12182	GUMEDE	APHELELE	HOMEOPATHY	19/11/2019
A12161	HERBST	RENÉ	THERAPEUTIC REFLEXOLOGY	1/10/2019

A12190	HOLZ	KELSI	CHIROPRACTIC	10/12/2019
A12158	HUMBY	CHLOË	CHIROPRACTIC	19/9/2019
A12184	JOUBERT	THEONETTE	CHIROPRACTIC	28/11/2019
A12178	KALUBI	AGNES	HOMEOPATHY	12/11/2019
A12137	KGOADI	SELINA	THERAPEUTIC REFLEXOLOGY	21/8/2019
A12141	KHORASANI	FATEMEH	CHIROPRACTIC	23/8/2019
A12172	KINGHAM	MARK	CHIROPRACTIC	23/10/2019
A12176	KUKARD	AMBER	CHIROPRACTIC	7/11/2019
A12168	MADIKIZA	ZENI	THERAPEUTIC REFLEXOLOGY	10/10/2019
A12139	MALLANE	RELEBOHILE	THERAPEUTIC AROMATHERAPY	21/8/2019
A12187	MANDA	KARMEN	CHIROPRACTIC	4/12/2019
A12173	MATLAPENG	REABETSWA	THERAPEUTIC REFLEXOLOGY	24/10/2019
A12175	MBATHA	NTHOMBIZETHU	HOMEOPATHY	5/11/2019
A12147	MCLAREN	MURRAY	CHIROPRACTIC	3/9/2019
A12171	MDLULI	ZINHLE	HOMEOPATHY	17/10/2019
A12154	MEYER	RUMANDIE	THERAPEUTIC MASSAGE THERAPY	9/9/2019
A12164	MIENIE	NELITHA	CHIROPRACTIC	2/10/2019
A12191	MOS	KYLE	CHIROPRACTIC	7/1/2020
A12177	MZEMBETA	THENORIA	UNANI-TIBB	12/11/2019
A12192	PARSHOTAM	RASHMI	THERAPEUTIC REFLEXOLOGY	7/1/2020
A12146	PILLAY	SHARNÉ	CHIROPRACTIC	3/9/2019
A12189	POSTHUMUS	KAYLEIGH	CHIROPRACTIC	10/12/2019
A12143	SAVIOLI	VALERIE	THERAPEUTIC MASSAGE THERAPY	27/8/2019
A12179	SCHÄFER	TAMARYN	CHIROPRACTIC	13/11/2019
A12153	SEAGER	KAELIN	CHIROPRACTIC	9/9/2019
A12170	SHENNAN	JESSICA	HOMEOPATHY	15/10/2019
A12135	SKINNER	FRANCES	OSTEOPATHY	15/8/2019
A12160	SOTONDOSHE	OLWETHU	HOMEOPATHY	1/10/2019
A12150	STONE	NIKITA	THERAPEUTIC MASSAGE THERAPY	5/9/2019

A12144	SWANEPOEL	CHANTÉL	THERAPEUTIC REFLEXOLOGY	3/9/2019
A12138	TOOLEY	JANINE	CHIROPRACTIC	21/8/2019
A12181	VAN DONGEN	MARK	CHIROPRACTIC	18/11/2019
A12140	VAN JAARSVELD	DANAE	THERAPEUTIC MASSAGE THERAPY	22/8/2019
A12136	VAN RENSBURG	RENALDI	HOMEOPATHY	16/8/2019
A12145	WAKEFORD	ERIN	CHIROPRACTIC	3/9/2019
A12163	WESSELS	CHELSEY	CHIROPRACTIC	2/10/2019

BOARD NOTICE 95 OF 2020**ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA (AHPCSA)**

6 CASTELLI, IL VILLAGGIO, 5 DE HAVILLAND CRESCENT SOUTH, PERSEQUOR TECHNOPARK, PRETORIA, 0184

Telephone: (012) 349 2331; Email: registrar@ahpcsa.co.za; Website: www.ahpcsa.co.za

... AUGUST 2020

**AHPCSA EXECUTIVE COMMITTEE SARS-COV-2 / COVID19 DIRECTIVES AND
EXTRAORDINARY POLICY DECISIONS: 10 MARCH 2020 TO 22 JUNE 2020**

The Executive Committee of the Allied Health Professions Council of South Africa, after due consideration and in light of the South African State of Disaster as a result of the magnitude and severity of the Covid-19 outbreak which has been declared a global pandemic, taking into account sections 1(2)(a), 3, 4, and 9 of the Allied Health Professions Act, Act No 63 of 1982 ("the Act"), read together with Regulation 54(g) of Regulations No R 127 of 12 February 2001 and the Code of Ethics in terms of Section 54(9) of the Regulations No. R.127 of 12 February 2001 to the Allied Health Professions Act, Act 63 of 1982, as amended ("the Code of Ethics"), ratified all directives and extraordinary policy decisions (as taken and published at www.ahpcsa.co.za in the period 10 March 2020 to 30 April 2020) as set out in **ADDENDA A to O** below at an extraordinary executive committee meeting held on 11 June 2020, resolving further, at the same meeting, a revision to the TELEHEALTH AND TELEMEDICINE AS A RESULT OF THE SOUTH AFRICAN STATE OF DISASTER GUIDELINES (as originally published at www.ahpcsa.co.za on 25 March 2020; revision as published at www.ahpcsa.co.za on 22 June 2020) as set out in **ADDENDA P and Q**.

The directives and extraordinary policy decisions as encompassed within **ADDENDA A to Q**, remain in force until otherwise directed by the AHPCSA or the AHPCSA Executive Committee in order to achieve the objects of the Act, the basic human / patient rights of dignity, respect, privacy and confidentiality and subject to the scope of practice for your profession; should the AHPCSA become aware of any practitioner or therapist who does not comply with these directives and extraordinary policy decisions and/or practices outside of his or her scope of practice, such person shall make him or herself guilty of unprofessional conduct and face disciplinary action in terms of sections 23 to 30 of the Act.



DR LOUIS MULLINDER

REGISTRAR: ALLIED HEALTH PROFESSION COUNCIL OF SOUTH AFRICA

ADDENDUM A

FROM THE DESK OF THE REGISTRAR

10 MARCH 2020

Dear Practitioners and Therapists

COVID19 OR CORONA VIRUS OUTBREAK IN SOUTH AFRICA

Printed and electronic media sources are providing information services on reported cases of South Africans infected with the Corona Virus seemingly quicker than official websites such as that of the National Department of Health and the National Institute of Communicable Diseases are being updated. Notwithstanding, the following links are provided for your further use, if needed:

- <http://www.health.gov.za/>
- <http://www.nicd.ac.za/>
- <http://www.nicd.ac.za/notifiable-medical-conditions/>

and the Corona Virus Hotline Contact Number is 0 800 029 999

The AHPCSA wishes to draw your attention to the proscription against practitioners or therapists to express themselves *in public regarding matters of a health science nature without the permission of the board* (1983 Rules), the definition of advertising, also proscribed (2001 Regulations), sections 3 and 5 of the Code of Ethics (AHPCSA Board Notice 178 of 2015) and the rights of any patient, regarded as a consumer according to the Consumer Protection Act (68 of 2008), not to be subject to misleading, fraudulent or deceptive representations of any kind or which may cause consumers unwarranted anxiety. Should the AHPCSA become aware of any practitioner or therapist engaging in any such activity, such practitioner or therapist shall face disciplinary action in terms of sections 22 to 30 of the Allied Health Professions Act (63/1982).

DR LOUIS MULLINDER

REGISTRAR: ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

ADDENDUM B

ALLIED HEALTH PROFESSIONS: PRACTITIONERS/THERAPISTS: LOCKDOWN: LEGAL POSITION

FROM THE DESK OF THE REGISTRAR

24 MARCH 2020

Dear Practitioner / Therapist

Pursuant to President Ramaphosa's speech yesterday, 24 March 2020, the following excerpt (emphasis added) is relevant:

All shops and businesses will be closed, except for pharmacies, laboratories, banks, essential financial and payment services, including the JSE, supermarkets, petrol stations and health care providers.

National Health Act (61/2003), section 1 (emphasis added):

"health care provider" means a person providing health services in terms of any law, including in terms of the –

- (a) Allied Health Professions Act, 1982 (Act 63 of 1982);
- (b)

Should you so choose, as an AHPCSA-registered practitioner or therapist, you may continue to practice (carry a photo of your registration certificate with you when you travel), as confirmed with the National Department of Health, taking all necessary precautions to protect yourself and your personnel, adhering to public healthcare authority directives and other AHPCSA legislative precepts.

DR LOUIS MULLINDER
REGISTRAR: ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

ADDENDUM C

EXTRAORDINARY AHPCSA POLICY DECISION



ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
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25 MARCH 2020

EXTRAORDINARY AHPCSA POLICY DECISION TELEHEALTH AND TELEMEDICINE AS A RESULT OF SOUTH AFRICAN STATE OF DISASTER

The Executive Committee of the Allied Health Professions Council of South Africa ("the AHPCSA Exco"), after due consideration and in light of the South African State of Disaster as a result of the magnitude and severity of the Covid-19 outbreak which has been declared a global pandemic, taking into account sections 1(2)(a), 3, 4, and 9 of the Allied Health Professions Act, Act No 63 of 1982 ("the Act"), read together with Regulation 54(g) of Regulations No R 127 of 12 February 2001 and the Code of Ethics in terms of Section 54(9) of the Regulations No. R.127 of 12 February 2001 to the Allied Health Professions Act, Act 63 of 1982, as amended ("the Code of Ethics"), has resolved that all practitioners and therapists may practice Telehealth and/or Telemedicine for the period of the South African State of Disaster or as otherwise directed by the AHPCSA or the AHPCSA Exco, subject to the Guidelines as provided by the AHPCSA and the scope of practice of your profession.

Any previous Board Notice dealing with Telemedicine is hereby suspended for the duration of the period South Africa is declared a State of Disaster or as otherwise directed by the AHPCSA or the AHPCSA Exco.

Should the AHPCSA become aware of any practitioner or therapist who does not comply with the Guidelines and/or practise outside his/her scope of practice, such person shall make himself/herself guilty of unprofessional conduct and face disciplinary action in terms of sections 23 to 30 of the Act.

DR LOUIS MULLINDER
REGISTRAR: ALLIED HEALTH PROFESSION COUNCIL OF SOUTH AFRICA

ADDENDUM D

GUIDELINES TO THE EXTRAORDINARY AHPCSA POLICY DECISION: TELEHEALTH AND TELEMEDICINE AS A
RESULT OF THE SOUTH AFRICAN STATE OF DISASTER AS PUBLISHED AT WWW.AHPCSA.CO.ZA ON 25 MARCH
2020



ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
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Website: www.ahpcsa.co.za

25 MARCH 2020

GUIDELINES: TELEHEALTH AND TELEMEDICINE AS A RESULT OF SOUTH AFRICAN STATE OF DISASTER

1. The Allied Health Professions Act 63 of 1982 as amended ("the Act"), the Regulations in terms of the Allied Health Professions Act of 1982 as amended ("the Regulations") and the Code of Ethics in terms of Section 54(9) of the Regulations No. R.127 of 12 February 2001 to the Allied Health Professions Act, Act 63 of 1982, as amended (the Code of Ethics") have reference.
2. In order to achieve the objectives of the Act, being inter alia to *assist in the promotion and protection of the health of the population of the Republic* during the declared State of Disaster by President Cyril Ramaphosa on 15 March 2020 and in order to protect the health of the practitioners and therapists themselves, health care providers which include AHPCSA-registered practitioners and therapists, are informed by the **EXTRAORDINARY AHPCSA POLICY DECISION: TELEHEALTH AND TELEMEDICINE AS A RESULT OF THE SOUTH AFRICAN STATE OF DISASTER**, published at www.ahpcsa.co.za on 25 March 2020, that they may practice telehealth and/or telemedicine.
3. In order to ensure health care services are still being provided during this national period of shutdown and during the Covid-19 pandemic and to achieve the objects of the Act to protect the health of the public and all practitioners and therapists, the following guidelines must be adhered to during the period which practitioners and therapists are entitled to practice telehealth and telemedicine.
4. As per the Universal Declaration of Human Rights (as per the World Health Organisation – "WHO") which recognizes "the inherent dignity" and the "equal and unalienable rights of all members of the human family", it is important that when practicing telehealth and telemedicine, the fundamental rights of patients must be respected, namely **dignity, privacy, confidentiality and informed consent**.
5. The practice of telehealth and/or telemedicine may be used for new and current patients of the practitioner or therapist.
6. In order to practice telehealth and/or telemedicine, the informed consent of the patient must be obtained prior providing the service. The informed consent must include but is not limited to the following information:
 - 6.1. The patient must expressly understand and confirm that he/she agrees that the practitioner or therapist may engage via a telehealth consultation.

- 6.2. That the patient understands that the consultation will be done via video/internet conferencing technology and that he/she agrees thereto.
- 6.3. The purpose of the telehealth consultation is to assess and treat his/her condition, subject to the information provided by the patient.
- 6.4. The telehealth consultation is done through a two-way video link-up whereby the practitioner can see the patient's image on the screen and hear his/her voice.
- 6.5. The patient is at liberty to ask questions and seek clarification of the procedures and telehealth.
- 6.6. The patient may at any time ask that the telehealth consultation be stopped.
- 6.7. The patient acknowledges the risks of telehealth consultation in respect of the technology use or assessment made by the practitioner or therapist when vital information regarding the problem is not disclosed by the patient.
- 6.8. Any paperwork exchanged will likely be provided through electronic means.
- 6.9. During the telehealth and/or telemedicine consultation, details of his/her medical history and personal health information will be discussed through the use of interactive video.
- 6.10. The consultation will be recorded.
7. Physical requirements for a telehealth and/or telemedicine consultation:
 - 7.1. Stable internet connection (upload/download not under 3mbps).
 - 7.2. Computer with webcam and integrated microphone.
 - 7.3. Quiet and professional area in which to conduct your virtual session.
 - 7.4. Headphones to ensure privacy.
 - 7.5. Being professionally dressed.
 - 7.6. Good quality lighting.
8. Only recognized and secure online software may be used in order to protect and guarantee the privacy and confidentiality of a patient.
 - 8.1. The software must have the ability to record all consultation in order to ensure that all consultations are recorded and added to patient records.
 - 8.2. The software must be secured from end-to-end in an effort to ensure that all patient information is protected.
 - 8.3. Full regard must be given to the Protection of Personal Information Act of 2013 in that practitioner and therapist must conduct themselves in a responsible manner when collecting, processing, storing and sharing a patient's personal information.
9. During a telehealth and/or telemedicine consultation, the practitioner or therapist must attend to the following:
 - 9.1. Take a full history of the patient (if not concluded before and being documented on the patient's file).
 - 9.2. Observe the patient for obvious anomalies.
 - 9.3. To triage those who are in need of hospital care from those who can be managed via telemedicine.
 - 9.4. Establish the main / chief complaint.
 - 9.5. Obtain the history of presenting illness, associated signs and symptoms.
 - 9.6. Obtain full medical history, if not already on file.
 - 9.7. Obtain family, personal and social history.
 - 9.8. Establish medication review.
 - 9.9. Establish whether the patient has any allergies or intolerances.
 - 9.10. Obtain a detailed review / explanation of the symptoms of the patient.
 - 9.11. Observations: e.g. breathing, sputum quality and other as may be relevant.
 - 9.12. Take the vital signs that are able to be taken. This can be explained to the patient prior to the consultation taking place so as to adequately prepare the patient and further it needs to be explained to the patient (verbally and as per the informed consent to be signed) that the patient accepts full responsibility of the accuracy provided of the vital signs. This can be done in the following ways:
 - 9.12.1. Temperature taken by the patient himself / herself;
 - 9.12.2. Pulse rate: This can be described manually to the patient or, if they use such devices, wearable fitness trackers which have been shown to produce reliable and valid data readings, such data may be provided by the patient.
 - 9.12.3. Respiration rate: Observation by the practitioner during consultation.
 - 9.12.4. Blood pressure: If the patient has assistance or is able to obtain a blood pressure device, then it can be screened.
10. Any advice and/or prescription of medication will be in accordance with the SAHPRA and AHPCSA guidelines.
11. Medication can be sent/couriered to the patient or collected with appropriate protocol to prevent cross infection.
12. Any suggested treatment regimen is limited to only that which a patient may reasonably understand correctly and to be able to carry out safely.

DR LOUIS MULLINDER
REGISTRAR: ALLIED HEALTH PROFESSION COUNCIL OF SOUTH AFRICA

ADDENDUM E

FROM THE DESK OF THE REGISTRAR

26 MARCH 2020

STATE OF DISASTER: COVID19 PANDEMIC: AHPCSA EXCO DIRECTIVE

Pursuant to a number of enquiries received by the AHPCSA, I am directed to inform you, on behalf of the AHPCSA Exco, that the following AHPCSA Exco directive now applies during the State of Disaster period of lockdown and/or until a further directive issued by the AHPCSA or the AHPCSA Exco:

1. LEGAL ASPECTS OF LOCKDOWN

The purpose of the Lockdown is to enforce isolation to prevent the spread of the virus further throughout the South African population. While you are allowed to receive patients, should you have chosen to keep your practice open, reception of patients is in essential cases only, namely for emergency cases only. For any other patient queries you must use telehealth/telemedicine according to the Guidelines and Board Notice published on the AHPCSA website on 25 March 2020. In the event that you receive any essential patient, namely as an emergency, you are required to adhere the principles to ensure the safety of your patient by conforming to the safety directives and protocols issued by the Minister of Health, the National and Provincial Departments of Health or any other South African healthcare authority. In summary, therefore, assess the risk-benefit ratio and only see patients in extreme need / emergency at your registered place of practice on a face-to-face basis and use telehealth/telemedicine in all other instances.

2. PERMIT TO PERFORM ESSENTIAL SERVICE

The above-mentioned permit is issued to you in your individual capacity as a practitioner or therapist for the purposes of performing an essential service. This permit:

- does not permit you to conduct your healthcare practice as you would in normal circumstances;
- is not transferable to any member of staff for whatever reason and is practitioner / therapist specific and limited;
- may not be edited, emended or changed in any way or manner whatsoever and is required to be presented to any law enforcement officer as issued by the AHPCSA, together with a copy of your registration certificate and the appropriate identification document;
- is subject at all times to the Laws of South Africa and prescribed regulations and protocols from time to time by government.

3. NON-COMPLIANCE

Any non-compliance with the above directive shall be regarded as unprofessional conduct and may furthermore liable to possible prosecution by National Authorities.

DR LOUIS MULLINDER

REGISTRAR: ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

ADDENDUM F

FROM THE DESK OF THE REGISTRAR

26 MARCH 2020

Dear Practitioner / Therapist

TELEHEALTH/TELEMEDICINE AND TRAVEL PERMIT [REGULATION 11B(3) OF REGULATIONS PROMULGATED IN TERMS OF THE DISASTER MANAGEMENT ACT, 2002: AMENDMENT OF REGULATION ISSUED IN TERMS OF SECTION 27(2)]

EXTRAORDINARY AHPCSA POLICY DECISION: TELEHEALTH AND TELEMEDICINE AS A RESULT OF SUCH THE SOUTH AFRICAN STATE OF DISASTER AND GUIDELINES

The AHPCSA Exco has resolved that all practitioners and therapists may practice telehealth and/ or telemedicine for the period of the South African state of disaster or as otherwise directed by the AHPCSA or the AHPCSA Exco subject to the guidelines and the scope of practice for your profession. Visit <https://ahpcsa.co.za/> to view the relevant documentation (AHPCSA website homepage). This modus of consultation is to ensure that healthcare services may still be provided during this national period of lockdown due to the Covid-19 pandemic and to protect both the health of the public and yourselves and to avoid all non-essential contact between yourself and any patient.

TRAVEL PERMIT [REGULATION 11B(3) OF REGULATIONS PROMULGATED IN TERMS OF THE DISASTER MANAGEMENT ACT, 2002: AMENDMENT OF REGULATION ISSUED IN TERMS OF SECTION 27(2)]

The necessary documentation is currently being drafted and will be available at a later stage today, 26 March 2020, on the AHPCSA website: <https://ahpcsa.co.za/> and will also be forwarded to all professional associations for onward transmission to members. Should you choose to practice during this lockdown period, and need to travel from your home to your practice, then the document must be downloaded and printed and kept together with a copy of your AHPCSA registration certificate and your identification documentation with identification number as indicated on your AHPCSA registration certificate for presentation to any law enforcement authority if so requested.

COVID19 OR CORONA VIRUS OUTBREAK IN SOUTH AFRICA

Any suspected case of a Covid19 or coronavirus infection must be reported to the relevant public healthcare authorities immediately:

- <http://www.health.gov.za/>
- <http://www.nicd.ac.za/>
- <http://www.nicd.ac.za/notifiable-medical-conditions/>

and the Corona Virus Hotline Contact Number is 0 800 029 999.

The AHPCSA wishes to draw your attention to the proscription against practitioners or therapists to express themselves in public regarding matters of a health science nature without the permission of the board (1983 Rules), the definition of advertising, also proscribed (2001 Regulations), sections 3 and 5 of the Code of Ethics (AHPCSA Board Notice 178 of 2015) and the rights of any patient, regarded as a consumer according to the Consumer Protection Act (68 of 2008), not to be subject to misleading, fraudulent or deceptive representations of any kind or which may cause consumers unwarranted anxiety. Should the AHPCSA become aware of any practitioner or therapist engaging in any such activity, such practitioner or therapist shall face disciplinary action in terms of sections 22 to 30 of the Allied Health Professions Act (63/1982).

DR LOUIS MULLINDER

REGISTRAR: ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

ADDENDUM G

PERMIT TO PERFORM ESSENTIAL SERVICE

[REGULATION 11B(3) OF REGULATIONS PROMULGATED IN TERMS OF THE DISASTER MANAGEMENT ACT, 2002: AMENDMENT OF REGULATION ISSUED IN TERMS OF SECTION 27 (2)]

The Allied Health Professions Council of South Africa (AHPCSA) is a statutory health body established in terms of the Allied Health Professions Act, 63 of 1982 (the Act) in order to control all allied or complementary health professions, which includes Aromatherapy, Ayurveda, Chinese Medicine and Acupuncture, Chiropractic, Homeopathy, Naturopathy, Osteopathy, Phytotherapy, Reflexology, Therapeutic Aromatherapy, Therapeutic Massage Therapy, Therapeutic Reflexology and Unani-Tibb.

Pursuant to President Ramaphosa's directive issued on 24 March 2020: *All shops and businesses will be closed, except for pharmacies, laboratories, banks, essential financial and payment services, including the JSE, supermarkets, petrol stations and healthcare providers.* The National Health Act (62/2003), section 1: "health care provider" means a person providing health services in terms of any law, including in terms of the - *Allied Health Professions Act, 1982 (Act 63 of 1982)*;

Any person registered under the AHPCSA may, if he or she so chooses, practice his or her profession and is thus permitted to travel to and from his or her practice, or, only in the case of an emergency to and from the home of any patient.

ANNEXURE C

FORM 1

PERMIT TO PERFORM ESSENTIAL SERVICE REGULATION 11 B (3)

SURNAME	AS INDICATED ON THE AHPCSA REGISTRATION CERTIFICATE			
FULL NAMES	AS INDICATED ON THE AHPCSA REGISTRATION CERTIFICATE			
IDENTITY NUMBER	AS INDICATED ON THE AHPCSA REGISTRATION CERTIFICATE			
CONTACT DETAILS	CELL NUMBER	TELEPHONE NUMBER (W)	TELEPHONE NUMBER (H)	EMAIL ADDRESS
	AS PROVIDED BY THE AHPCSA-REGISTERED HEALTHCARE PROVIDER	AS PROVIDED BY THE AHPCSA-REGISTERED HEALTHCARE PROVIDER	AS PROVIDED BY THE AHPCSA-REGISTERED HEALTHCARE PROVIDER	AS PROVIDED BY THE AHPCSA-REGISTERED HEALTHCARE PROVIDER
PHYSICAL ADDRESS	AS PROVIDED BY THE AHPCSA-REGISTERED HEALTHCARE PROVIDER			

I, the undersigned, hereby certify that any person presenting this documentation to any law enforcement officer or authority together with:

1. A COPY OF THE AHPCSA REGISTRATION CERTIFICATE INDICATING REGISTRATION IN ANY ONE OF THE ABOVE-MENTIONED PROFESSIONS, TOGETHER WITH
2. A VALID IDENTIFICATION DOCUMENT BEARING THE SAME IDENTIFICATION DETAILS AS INDICATED ON THE AHPCSA REGISTRATION CERTIFICATE.

Is thus permitted to travel to and from his or her practice or, only in the case of an emergency to and from the home of any patient:

SURNAME	MULLINDER
FULL NAMES	LOUIS
IDENTITY NUMBER	5502135102085

I certify further that the name of any person registered under the AHPCSA may further be verified on the official AHPCSA website at <https://ahpcsa.co.za/practitioners/>, such name having been entered under the respective register pertaining to any one of the above-mentioned professions.

SIGNED AT PRETORIA ON THIS THE 26TH DAY OF MARCH 2020

DR LOUIS MULLINDER
REGISTRAR: ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

ADDENDUM H

FROM THE DESK OF THE REGISTRAR

18 APRIL 2020 (EDITED 20 APRIL 2020; RESENDING DUE TO NON-RECEIPT)

Dear practitioner and therapist

1. LEGAL ASPECTS OF LOCKDOWN

It is to be regretted that cases of non-compliance with AHPCSA decisions and legal directives continue to be reported to the AHPCSA, in particular practising as normal during the lockdown period or that safety directives relating to the use of personal protective equipment are being ignored. In this latter regard visit:

<https://www.nicd.ac.za/diseases-a-z-index/covid-19/covid-19-guidelines/>

on a regular basis to ensure that you remain current with all requisite safety directives and protocols to ensure the safety of your patient and yourself by conforming to these as issued by the Minister of Health, the National and Provincial Departments of Health or any other South African healthcare authority.

Allied health practitioners or therapists may only see patients in an emergency at the registered place of practice on a face-to-face basis and are required to use telehealth/telemedicine modus in all other instances until further notice.

2. CONTINUING PROFESSIONAL DEVELOPMENT (CPD)

The Chiropractic Association of South Africa (the CASA) has applied for and received approval for some twenty new CPD activities for chiropractors during the lockdown period and is to be recognised and thanked for this initiative, but also for informing me of another CPD activity:

“Short course on COVID-19 in SA for Healthcare Professionals”

The course has been accredited according to the HPCSA Medical and Dental Board Guidelines for Healthcare Professionals for 10 Clinical CEU's and is recognised in terms of the cross-accreditation rule for 10 CEUs for AHPCSA practitioners and therapists: https://www.mpconsulting.co.za/products/online-cme/1432/short-course-on-covid-19-in-sa-for-healthcare-professionals?fbclid=IwAR0Uy_DSvmFa-P2Sjro9Jc1arYbDPzrHD0O61vRKLoEOpN3EuR2hdKDzZyc

Participants are assessed by means of a multiple-choice questionnaire after viewing each video and the learning outcomes are:

- Discuss and explain the relationship of the COVID-19 virus within the bigger family of coronaviruses
- Relate the dynamics of the early outbreak of COVID-19 infections in China to further spread of the virus throughout the world
- Explain the physics of airborne and droplet transmission and the role of infection control in limiting the spread and in containment of infectious diseases
- State the phases of a pandemic and list the appropriate responses
- Discuss the key activities required in surveillance of and containment of COVID-19 in South Africa
- Compare the different types of protective equipment focussing on N95 and surgical masks and their role and relative effectiveness in protection against COVID-19
- Demonstrate how to collect nasopharyngeal and oropharyngeal swabs for COVID-19 testing
- Differentiate the different treatment modalities for mild, moderate and severe COVID-19 cases
- Describe the management of adverse events and identified high risk cases of COVID-19 infections

- Describe the indications for mechanical ventilation and explain the potential pitfalls pre-, during and post intubation
- Relate COVID-19 to other Influenza and coronavirus infections, compare it with ordinary “flu” and analyse and compare the lessons learnt from SARS and MERS

The course includes the following video topics:

Covid 19 What is the novel virus, epidemiology, outbreak in China, infectiousness/attack rate; Dr Terry Marshall Clinical Virologist, Ampath

Aerobiology and infection control of contact, droplet nuclei and airborne pathogens; Prof Anton Stoltz Head of Department: Infectious Diseases, Department of Internal Medicine, University of Pretoria

South African COVID preparedness and response activities; Dr Kerrigan McCarthy, Division of Public Health, Surveillance and Response Unit, NICD

Air travel on COVID 19; Dr Lesego Bogatsu Senior Manager, SA Civil Aviation Society

Coronaviruses and what did we learn from other human coronaviruses including SARS and MERS; Dr Michael Boswell Infectious Disease Specialist, Steve Biko Hospital, University of Pretoria

Personal protective equipment including (N95): Actions and Strategies to stop the spread of COVID-19; Ms Katekani Ngobeni Infection Control Specialist, Senior Researcher, CSIR

How to clinically approach COVID 19 infected patients from mild to severe disease; Prof. Andreas Engelbrecht Head: Emergency Medicine, University of Pretoria

Mechanical Ventilation in COVID-19; Prof. Andreas Engelbrecht Head: Emergency Medicine, University of Pretoria

3. **SA HEALTH PRODUCTS REGULATORY AUTHORITY: WARNING: COVID-19 - CAUTION FOR THE USE OF HEALTH PRODUCTS** (previous request to the professional associations to circulate amongst members)

The South African Health Products Regulatory Authority (SAHPRA) has issued a warning as to the risk of sub-standard and falsified health products in relation to the Covid19 pandemic which may be accessed at:

http://www.sahpra.org.za/wp-content/uploads/2020/03/Warning_Risk-of-SF-Health-products.doc-30March.pdf.
(accessed 18 April 2020): The following bears special noting (page 2):

Do not buy medicines (including complementary medicines) advertised as cures or preventive treatments for coronavirus, SARS-CoV-2 or COVID-19.

No serological tests (also referred to as rapid tests or finger-prick tests) for the diagnosis of COVID-19 have as yet been approved for use in South Africa. The only tests that can be relied upon are molecular tests that are conducted by accredited laboratories in the public and private sectors (Refer to Communication MD003).

Any medicine (including complementary medicine), or medical device or IVD advertised for conditions such as COVID-19 without the appropriate authorisation from the SAHPRA may be- i) subjected to immediate call up for registration with the cessation of sale in terms of section 14(2) of the Medicines Act; ii) the subject of a public notice of the status of such product with SAHPRA in terms of section 22B of the Medicines Act; or iii) declared as undesirable in terms of section 23 of the Medicines Act.

Any complaints related to complementary medicines may be submitted on the SAHPRA CM website www.sahpracm.org.za. **No complementary medicines have been approved for use in high-risk conditions such as COVID-19.**

DR LOUIS MULLINDER
AHPSCA REGISTRAR

ADDENDUM I

PERMIT TO PERFORM ESSENTIAL SERVICE

[REGULATION 11B(3) OF REGULATIONS PROMULGATED IN TERMS OF THE DISASTER MANAGEMENT ACT, 2002: AMENDMENT OF REGULATION ISSUED IN TERMS OF SECTION 27 (2)]

The Allied Health Professions Council of South Africa (AHPSCA) is a statutory health body established in terms of the Allied Health Professions Act, 63 of 1982 (the Act) in order to control all allied or complementary health professions,

which includes Aromatherapy, Ayurveda, Chinese Medicine and Acupuncture, Chiropractic, Homeopathy, Naturopathy, Osteopathy, Phytotherapy, Reflexology, Therapeutic Aromatherapy, Therapeutic Massage Therapy, Therapeutic Reflexology and Unani-Tibb.

Pursuant to President Ramaphosa's directive issued on 24 March 2020: *All shops and businesses will be closed, except for pharmacies, laboratories, banks, essential financial and payment services, including the JSE, supermarkets, petrol stations and healthcare providers.* The National Health Act (62/2003), section 1: "health care provider" means a person providing health services in terms of any law, including in terms of the - *Allied Health Professions Act, 1982 (Act 63 of 1982)*;

Until further notice, any person registered under the AHPCSA may, if he or she so chooses, receive patients on a face-to-face basis at the registered place of practice or at the home of any patient but ONLY IN AN EMERGENCY; the telehealth/telemedicine modus of consultation must be used in all other instances/cases.

**ANNEXURE C
FORM 1
PERMIT TO PERFORM ESSENTIAL SERVICE
REGULATION 11 B (3)**

SURNAME	AS INDICATED ON THE AHPCSA REGISTRATION CERTIFICATE			
FULL NAMES	AS INDICATED ON THE AHPCSA REGISTRATION CERTIFICATE			
IDENTITY NUMBER	AS INDICATED ON THE AHPCSA REGISTRATION CERTIFICATE			
CONTACT DETAILS	CELL NUMBER	TELEPHONE NUMBER (W)	TELEPHONE NUMBER (H)	EMAIL ADDRESS
	AS PROVIDED BY THE AHPCSA-REGISTERED HEALTHCARE PROVIDER	AS PROVIDED BY THE AHPCSA-REGISTERED HEALTHCARE PROVIDER	AS PROVIDED BY THE AHPCSA-REGISTERED HEALTHCARE PROVIDER	AS PROVIDED BY THE AHPCSA-REGISTERED HEALTHCARE PROVIDER
PHYSICAL ADDRESS	AS PROVIDED BY THE AHPCSA-REGISTERED HEALTHCARE PROVIDER			

I, the undersigned, hereby certify that any person presenting this documentation to any law enforcement officer or authority together with:

3. A COPY OF THE AHPCSA REGISTRATION CERTIFICATE INDICATING REGISTRATION IN ANY ONE OF THE ABOVE-MENTIONED PROFESSIONS, TOGETHER WITH
4. A VALID IDENTIFICATION DOCUMENT BEARING THE SAME IDENTIFICATION DETAILS AS INDICATED ON THE AHPCSA REGISTRATION CERTIFICATE.

Is thus permitted to travel to and from his or her registered place of practice to receive patients on a face-to-face basis or at the home of any patient but ONLY IN AN EMERGENCY; the telehealth/telemedicine modus of consultation must be used in all other instances/cases.

SURNAME	MULLINDER
FULL NAMES	LOUIS
IDENTITY NUMBER	5502135102085

I certify further that the name of any person registered under the AHPCSA may further be verified on the official AHPCSA website at <https://ahpcs.co.za/practitioners/>, such name having been entered under the respective register pertaining to any one of the above-mentioned professions.

SIGNED AT PRETORIA ON THIS THE 20TH DAY OF APRIL 2020

DR LOUIS MULLINDER
REGISTRAR: ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

ADDENDUM J

FROM THE DESK OF THE REGISTRAR
25 APRIL 2020

Dear practitioner and therapist

COVID 19 PANDEMIC: AHPCSA UPDATE

As you are aware, from 1 May 2020 a risk-adjusted strategy aimed at easing the current lockdown restrictions will be implemented to ensure that the South African government's response to the pandemic can be as precise and targeted as possible and a national level and separate levels for each province, district and metro in the country, will be applicable. The AHPCSA currently awaits further government directives as to which areas will be classified as lockdown Level 4, but also which areas might remain under lockdown Level 5, before issuing any further practice directives.

The AHPCSA will, however, be publishing another extraordinary policy decision, namely: **STATE OF DISASTER: GUIDELINES FOR GOOD PRACTICE HYGIENE RELATED TO SARS-COV-2 EPIDEMIC**, applicable to all AHPCSA-registered practitioners and therapists during each and every stage of the national lockdown, publication to be effected early next week.

DR LOUIS MULLINDER
AHPCSA REGISTRAR

ADDENDUM K

EXTRAORDINARY AHPCSA POLICY DECISION



ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
6 CASTELLI, IL VILLAGGIO, 5 DE HAVILLAND CRESCENT SOUTH, PERSEQUOR TECHNOPARK, PRETORIA, 0184
Telephone: (012) 349 2331 Facsimile: (012) 349 2327
Email: registrar@ahpcsa.co.za
Website: www.ahpcsa.co.za

28 APRIL 2020

EXTRAORDINARY AHPCSA POLICY DECISION: STATE OF DISASTER: GUIDELINES FOR GOOD PRACTICE HYGIENE RELATED TO SARS-COV-2 PANDEMIC

The Executive Committee of the Allied Health Professions Council of South Africa ("the AHPCSA Exco"), after due consideration and in light of the South African State of Disaster as a result of the magnitude and severity of the Covid-19 outbreak which has been declared a global pandemic, taking into account sections 1(2)(a), 3, 4, and 9 of the Allied Health Professions Act, Act No 63 of 1982 ("the Act"), read together with Regulation 54(g) of Regulations No R 127 of 12 February 2001 and the Code of Ethics in terms of Section 54(9) of the Regulations No. R.127 of 12 February 2001 to the Allied Health Professions Act, Act 63 of 1982, as amended ("the Code of Ethics"), has resolved that all practitioners and therapists shall adhere to the Guidelines for Good Practice Hygiene with immediate effect for the period of the South African State of Disaster or as otherwise directed by the AHPCSA or the AHPCSA Exco.

Should the AHPCSA become aware of any practitioner or therapist who does not comply with the Guidelines and/or practises outside his/her scope of practice, such person shall make himself/herself guilty of unprofessional conduct and face disciplinary action in terms of sections 23 to 30 of the Act.

DR LOUIS MULLINDER
REGISTRAR: ALLIED HEALTH PROFESSION COUNCIL OF SOUTH AFRICA

ADDENDUM L

**GUIDELINES TO THE EXTRAORDINARY AHPCSA POLICY DECISION: STATE OF DISASTER: GUIDELINES FOR GOOD
PRACTICE HYGIENE RELATED TO SARS-COV-2 EPIDEMIC
PUBLISHED AT WWW.AHPCSA.CO.ZA ON 28 APRIL 2020**



ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
6 CASTELLI, IL VILLAGGIO, 5 DE HAVILLAND CRESCENT SOUTH, PERSEQUOR TECHNOPARK, PRETORIA, 0184
Telephone: (012) 349 2331 Facsimile: (012) 349 2327
Email: registrar@ahpcsa.co.za
Website: www.ahpcsa.co.za

28 APRIL 2020

GUIDELINES: STATE OF DISASTER: GUIDELINES FOR GOOD PRACTICE HYGIENE IN RELATION TO SARS-COV-2

1. The Allied Health Professions Act 63 of 1982 as amended ("the Act"), the Regulations in terms of the Allied Health Professions Act of 1982 as amended ("the Regulations") and the Code of Ethics in terms of Section 54(9) of the Regulations No. R.127 of 12 February 2001 to the Allied Health Professions Act, Act 63 of 1982, as amended (the Code of Ethics) have reference.
2. In order to achieve the objectives of the Act, being inter alia to assist in the promotion and protection of the health of the public during the State of Disaster declared by President Cyril Ramaphosa on 15 March 2020, subsequently declared a Level 4 Alert Level by President Ramaphosa on 23 April 2020, but with effect from 1 May 2020, and in order to protect the health of the public, but also that of practitioners and therapists themselves, AHPCSA-registered practitioners and therapists, **are required to adhere to the EXTRAORDINARY AHPCSA POLICY DECISION: STATE OF DISASTER: GUIDELINES FOR GOOD PRACTICE HYGIENE IN RELATION TO SARS-COV-2**, as published at www.ahpcsa.co.za on 28 April 2020, and as set out herein in detail to ensure that the Universal Declaration of Human Rights (as per the World Health Organisation – "WHO") which recognizes "the inherent dignity" and the "equal and unalienable rights of all members of the human family", the fundamental rights of patients are respected, namely **dignity, privacy, confidentiality and informed consent**; that any healthcare services being provided during this national period of disaster as a result the Covid-19 pandemic are appropriate to reduce the spread of this disease as far as possible; and to achieve the objects of the Act to protect the health of the public and all practitioners and therapists.
3. AHPCSA-registered practitioners **are required to adhere to the following guidelines¹** (which remain subject to any existing or future safety directive or protocol which may be issued by the Minister of Health, the National and Provincial Departments of Health or any other appropriate South African healthcare authority or by the National Institute of Communicable Diseases (www.nicd.ac.za) in the event that they supersede any or all of the below in which case adherence to such safety directives or protocols as may supersede any of all of the below is required) **for the period of the South African State of Disaster during which practitioners and therapists are entitled to operate a healthcare establishment, until otherwise directed by the AHPCSA or the AHPCSA Exco.**

GUIDELINES FOR GOOD PRACTICE HYGIENE

DISCLAIMER

Any hygiene intervention must be viewed as a barrier to reduce the spread of disease, but may not be 100% effective. Practitioners should always be cognisant of the associated risks to themselves and patients in the current pandemic relating to the nature of our work, and ensure they are up to date with the latest information and directives regarding aspects of controlling the spread of COVID-19, as indicated in paragraph 3 above.

1. BACKGROUND

These guidelines have been developed to assist practitioners with regard to practice hygiene, specifically as a response to the pandemic, and the need to set out how practices should institute mechanisms to prevent the spread of the disease. The first case of the Coronavirus disease 2019 (COVID19) in South Africa was reported on 5 March 2020 and the disease declared a pandemic on 15 March 2020 by the WHO. The virus itself is referred to as SARS-CoV-2 (severe acute respiratory syndrome coronavirus 2)

¹ Originally developed and compiled by Dr Christopher Yelverton, University of Johannesburg for and on behalf of the Chiropractic Association of South Africa and as amended for the AHPCSA, with thanks.

and is extremely infectious, 2.5 times more than influenza. Patients who contract COVID-19 present predominantly with fever, dry cough, malaise and shortness of breath.

COVID-19 compared to other common conditions				
SYMPTOM	COVID-19	COMMON COLD	FLU	ALLERGIES
Fever	Common	Rare	Common	Sometimes
Dry cough	Common	Mild	Common	Sometimes
Shortness of breath	Common	No	No	Common
Headaches	Sometimes	Rare	Common	Sometimes
Aches and pains	Sometimes	Common	Common	No
Sore throat	Sometimes	Common	Common	No
Fatigue	Sometimes	Sometimes	Common	Sometimes
Diarrhea	Rare	No	Sometimes*	No
Runny nose	Rare	Common	Sometimes	Common
Sneezing	No	Common	No	Common

*Sometimes for children

Sources: CDC, WHO, American College of Allergy, Asthma and Immunology

BUSINESS INSIDER

2. HOW SARS-COV-2 IS SPREAD

The virus is spread by droplets during sneezing, coughing or talking, and contact with droplets on surfaces (skin or inanimate objects [fomites]). It enters the body via the mucosal lining of the eyes, nose and mouth. Personal, respiratory and surface hygiene are therefore important to stop the spread:


- Personal hygiene – washing hands (with soap and water) and/or disinfection with sanitiser of hands to remove or inactivate the viruses (if) present on the hands and stop the transfer to your eyes, mouth and nose as well as other surfaces. A minimum of 70% ethyl or isopropyl alcohol solution is required for adequate disinfection.
- Respiratory hygiene – covering of the mouth and nose when sneezing or coughing either with your elbow, or a tissue or paper towel that must be discarded immediately into a waste bin that can close. Make sure to wash or disinfect your hands after you discard the tissue or paper towel.
- Surface hygiene – cleaning and disinfecting general surfaces (with appropriate solutions) that may have been exposed to, or that potentially have virus containing droplets.
- Social distancing – ensuring that there is at least a 1.5 metre distance between people in case a person sneezes or coughs expelling any virus containing droplets.


3. HAND WASHING

The correct method of hand washing is an important aspect of controlling the spread of the disease. The following figures demonstrate the correct method of washing your hands and using hand sanitisers. It is important to note that hand sanitisers will not work if the hands are visibly dirty. Practitioners may consider printing these and place them in practices to assist patients in hand washing principles, and are available for viewing at <https://www.who.int/gpsc/5may/resources/posters/en/>.

How to Handwash?

WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB

 **Duration of the entire procedure: 40-60 seconds**

<p>0</p>  <p>Wet hands with water;</p>	<p>1</p>  <p>Apply enough soap to cover all hand surfaces;</p>	<p>2</p>  <p>Rub hands palm to palm;</p>
<p>3</p>  <p>Right palm over left dorsum with interlaced fingers and vice versa;</p>	<p>4</p>  <p>Palm to palm with fingers interlaced;</p>	<p>5</p>  <p>Backs of fingers to opposing palms with fingers interlocked;</p>
<p>6</p>  <p>Rotational rubbing of left thumb clasped in right palm and vice versa;</p>	<p>7</p>  <p>Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;</p>	<p>8</p>  <p>Rinse hands with water;</p>
<p>9</p>  <p>Dry hands thoroughly with a single use towel;</p>	<p>10</p>  <p>Use towel to turn off faucet;</p>	<p>11</p>  <p>Your hands are now safe.</p>



World Health Organization

Patient Safety
A World Alliance for Safer Health Care

SAVE LIVES
Clean Your Hands

Welcome to the
University of Johannesburg
Health Training Centre



How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

⌚ Duration of the entire procedure: 20-30 seconds

1a

Apply a palmful of the product in a cupped hand, covering all surfaces;

1b

Rub hands palm to palm;

2

Right palm over left dorsum with interlaced fingers and vice versa;

3

Palm to palm with fingers interlaced;

4

Backs of fingers to opposing palms with fingers interlocked;

5

Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;

6

Once dry, your hands are safe.

7

8

World Health Organization

Patient Safety

A World Alliance for Safer Health Care

SAVE LIVES

Clean Your Hands

Welcome to the

University of Johannesburg

Health Training Centre

blUJoy™

U Just drink it

4. PERSONAL PROTECTION EQUIPMENT (PPE)

The wearing of personal protective equipment ("PPE") by both practitioner and patient is subject to any requisite safety directive and protocol which may be issued by the Minister of Health, the National and Provincial departments of Health or any other appropriate South African healthcare authority or by the National Institute of Communicable Diseases (www.nicd.ac.za) and in the event that such safety directives or protocols supersede any or all of the below, adherence to such safety directives or protocols are required at all times:

Face masks

It is important to use these correctly, as incorrect use may do more harm than good, and equally important to appreciate that the mask may make you more likely to touch your face, as it may become an irritant, or that breathing and communication will be affected. Additional information is available at:

<https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks>

Guide for using a face mask:

- How to put on a face mask:
 - ✓ Clean your hands with soap and water or hand sanitiser before touching the mask.
 - ✓ Remove a mask from the box and make sure there are no obvious tears or holes in either side of the mask.
 - ✓ Determine which side of the mask is the top. The side of the mask that has a stiff bendable edge is the top and is meant to mould to the shape of your nose.

- ✓ Determine which side of the mask is the front. The coloured side of the mask is usually the front and should face away from you, while the white side touches your face.
 - ✓ Face Mask with Ear loops: Hold the mask by the ear loops. Place a loop around each ear.
 - ✓ Face Mask with Ties: Bring the mask to your nose level and place the ties over the crown of your head and secure with a bow.
 - ✓ Face Mask with Bands: Hold the mask in your hand with the nosepiece or top of the mask at fingertips, allowing the headbands to hang freely below hands. Bring the mask to your nose level and pull the top strap over your head so that it rests over the crown of your head. Pull the bottom strap over your head so that it rests at the nape of your neck.
 - ✓ Mould the stiff edge to the shape of your nose.
 - ✓ If using a face mask with ties: Then take the bottom ties, one in each hand, and secure with a bow at the nape of your neck.
 - ✓ Pull the bottom of the mask over your mouth and chin.
- How to take the face mask off:
 - ✓ Clean your hands with soap and water or hand sanitiser before touching the mask. Avoid touching the front of the mask. The front of the mask is contaminated. Only touch the ear loops/ties/band. Follow the instructions below for the type of mask you are using.
 - ✓ Face Mask with Ear loops: Hold both of the ear loops and gently lift and remove the mask.
 - ✓ Face Mask with Ties: Untie the bottom bow first then untie the top bow and pull the mask away from you as the ties are loosened.
 - ✓ Face Mask with Bands: Lift the bottom strap over your head first then pull the top strap over your head.
 - ✓ Throw the mask in a bin with a cover. Clean your hands with soap and water or hand sanitiser.

Other PPE

Clinic gowns or scrubs/ disposable aprons: You may consider wearing a clinic jacket or gown to protect underlying clothes to avoid contaminated clothes being taken home.

Gloves: These are not advised, unless performing techniques that require barrier protection. Hand hygiene is more important for treatment procedures.

Face masks/eye protection: Appears to be mainly for aerosolized treatment approaches

Other recommendations: Given the close contact nature of healthcare, distancing is not possible. A level of personal protection and personal protection equipment (PPE) should be considered.

Minimum protocol:

- No jewellery (watches, rings etc.), these make it difficult to clean effectively and can become carriers for droplets
- No sleeves, hand washing should be up to and including the elbows
- Face masks (for the doctor and patient) – sufficient evidence now exists, but no gloves – face mask protocols must be adhered to
- Clothes worn should be washed after practice (on a wash cycle that has a high temperature with washing powder with proper oxidizing agent, and should be tumble dried or hung in the sun for UV disinfection), and preferably not taken home.

5. RISK SYMPTOMS AND HISTORY

It is imperative to ensure the safety of yourself, staff and patients to try ensure no patients with the viral disease access the practice.

Important risk symptoms and history are:

- Cough, fever (above 38 degrees), sore throat, malaise
- Exposure to anyone with suspected or diagnosed with COVID-19 in the last 14 days
- Worked or attended a clinic facility treating COVID-19 patients
- Travel internationally or domestically in the last 14 days

Other factors relating to patient considerations:

Certain groupings have been identified as higher risk relating to the severity of disease, these include:

- Over 60 years of age
- Pre-existing conditions such as:
 - asthma
 - chronic lung conditions
 - hypertension
 - autoimmune diseases
 - organ transplants
 - cancer
 - Immunocompromised
 - Obesity (BMI over 40)
 - Liver or kidney conditions

It should be considered whether the increased risk associated with these groups necessitates face-to-face consultation or treatment. Telemedicine consultations should be considered to triage patients in these groups, and face-to-face consultation or treatment be considered only if necessary.

6. PATIENT SCREENING AND ARRIVAL AT PRACTICE

Minimum protocols:

- Patients should be phoned and screened the day before consultations, and requested to take appropriate action if they are presenting with any risk symptoms or history.
- Appropriate signage at the outside entrance to the practice should warn patients of hygiene and screening procedures.
- Patients should be stopped from entering the practice without control.
- All patients should be sprayed with hand sanitiser and asked to wait outside.
- All patients should wear or be given a face mask to reduce droplet spread.
- On arrival, patients must be screened for risk factors, and preferably sign they do not have risk symptoms or history.
- Consent forms should acknowledge the risks associated with potential exposure to SARS-CoV-2.
- Temperature testing/screening of patients before or as they enter the practice.
- Appropriate medical and administrative records must be kept that will facilitate tracing should a patient develop symptoms.
- A register should be kept of all persons entering the practice on any given day.

7. PATIENT DISTANCING

Social distancing that will be part of everyday living for the foreseeable future as a mechanism to limit the spread of the disease.

Minimum protocol:

- No patients in the waiting room, and patients requested to wait in their car, and called to the reception when suitable. Ideally patients should have no contact with other patients. If not possible, patient should be staggered in a way that allows for 3 meters between where patients will be sitting. Rooms must remain open with adequate air flow to assist in removal of potential airborne droplets.
- Patients should only be accompanied if minors, or require assistance. Family members or friends should be requested to stay in the car.
- Sufficient spacing between consultations (15 minutes is recommended) is critical to allow for ventilation and surface hygiene protocols
- The patient should not be allowed to touch anything inside the practice and use of the toilets should be carefully monitored with a thorough cleaning of surfaces after every use, including doorknobs and door surfaces.

8. CLEANING, DISINFECTION AND SURFACE HYGIENE PROCEDURES

- Remove any items in your waiting or consulting rooms that are not required or that patients may come into contact with unnecessarily, such as books, magazines, children's toys, pens, models etc.
- If towels are to be used, these must be changed after every patient consultation and laundered by the practice to ensure adequate cleaning; this is preferable to having a patient bring in their own linen or towels.
- If gowns are provided for patients, these may not accumulate in changing rooms, and must be removed for laundering between patients; the practitioner is responsible for cleaning these to ensure that they are adequately cleaned.
- Use of disposable linen savers, single use paper towels and other consumables should be used wherever possible.
- Practices should have the necessary waste management, including separating medical waste from routine waste, all needle and sharp containers safely mounted or stored and all used and full medical waste bins and sharps containers in a designated and locked area.

Minimum protocol:

- Surfaces to clean include the entire bed (not only head piece) or examination couch, desks, chairs, door handles.
- Any equipment used during the consultation or for treatment should be thoroughly cleaned and/or disinfected as appropriate between each patient, e.g. BP cuffs, diagnostic equipment, wedges / blocks, activators, fascial release equipment etc.
- Cleaning solutions with at least 70% ethyl or isopropyl alcohol, or 0.5% sodium hypochlorite are recommended (or approved cleaning detergent): check cleaners on small areas before use, as they can damage surfaces.
- Surfaces must be washed at the start and end of the day, and disinfected between each patient.
- Floor surfaces and general areas should be cleaned appropriately as often as required using an appropriate cleaning agent.

9. STAFF IN THE PRACTICE

All staff in the practice must be familiar with screening and hygiene protocols and these should be clearly written up and displayed or readily available

Minimum protocol:

- A staff disinfection and hygiene protocol should be implemented.
- All staff should have PPE as prescribed, a minimum being a face mask at all times
- Consideration must be given to ensure adequate distancing in the workspace and use of / disinfection of shared office equipment, telephone etc.
- Staff temperature screening daily, and recorded.
- All staff members must engage in rigorous hand hygiene after every patient and ensure reception areas, pens, clipboards, credit card machines, credit cards are cleaned between each patient (ask patients to bring own pen, gown, shorts etc.).
- Ensure waiting room chairs, door handles etc. are cleaned between patients.
- Cleaning staff: Must have correct training and PPE, as they are a critical link in the process: Those cleaning chairs and surfaces should use gloves, plastic apron, and disposable paper towels.
- All mops and cleaning equipment should remain in the detergent.

10. IF THE PRACTICE IS EXPOSED TO A CONFIRMED COVID-19 PATIENT

- Close off areas visited by the ill persons.
- Open outside doors and windows and use ventilating fans to increase air circulation in the area.
- Wait 24 hours or as long as practical before beginning cleaning and disinfection.
- Cleaning staff should clean and disinfect all areas and equipment used by the ill persons, focusing especially on frequently touched surfaces.
- If it has been more than 7 days since the person with suspected/confirmed COVID-19 visited or used the facility, additional cleaning and disinfection is not necessary.

Hard (Non-porous) Surfaces

- If surfaces are dirty, they should be cleaned using a detergent or soap and water prior to disinfection.
- For disinfection, most common household disinfectants should be effective. Follow the manufacturer's instructions.
- Diluted household bleach will be effective against coronaviruses when properly diluted. Prepare a bleach solution by mixing 20 ml bleach per litre of water.

Soft (Porous) Surfaces

- For soft (porous) surfaces such as carpeted floor, rugs, and drapes, remove visible contamination if present and clean with appropriate cleaners indicated for use on these surfaces.
- If the items can be laundered, launder items in accordance with the manufacturer's instructions using the warmest appropriate water setting for the items and then dry items completely. Do not shake laundry before cleaning.

Electronics

- Remove visible contamination if present. Follow the manufacturer's instructions. Use of alcohol-based wipes containing at least 70% alcohol to disinfect touch screens. Dry surfaces thoroughly to avoid pooling of liquids.
- Cleaners should wear gloves and otherwise follow normal preventive actions while at work and home, including cleaning hands and avoiding touching eyes, nose, or mouth with unwashed hands.

Source:

<https://www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaningdisinfection.html>

11. COMPOUNDING AND DISPENSING PRACTICES

- At all times practitioners who dispense, or compound and dispense medicines should adhere to Good Dispensing Practice protocols
- Hand washing with soap and water or disinfection of hands with hand sanitiser should occur before compounding and /or dispensing activities
- Dispensing and /or compounding activities do not require the use of personal protective equipment (PPE)
- Maintain social distancing procedures and minimise contact with patients when giving them dispensed medicines.

ACKNOWLEDGEMENTS

- University of Johannesburg, Standard Operating Procedure for Clinics relating to COVID and Hygiene 2020
- Prof TG Barnard, Director: Water and Health Research Centre, Faculty of Health Sciences, University of Johannesburg.
- Prof Shabir Moosa < <https://profmoosa.com/covid-19-guidelines-for-private-general-practitioners-in-south-africa/> >

DR LOUIS MULLINDER

REGISTRAR: ALLIED HEALTH PROFESSION COUNCIL OF SOUTH AFRICA

ADDENDUM M

29 APRIL 2020

FROM THE DESK OF THE REGISTRAR

Dear Practitioner/Therapist

Kindly visit www.ahpcsa.co.za or www.ahpcsa.co.za > Legislation to view:

- An extraordinary policy decision regarding GUIDELINES FOR GOOD PRACTICE HYGIENE RELATED TO SARS-COV-2 PANDEMIC, together with the GUIDELINES themselves, both dated 28 April 2020; and
- An extraordinary AHPCSA policy decision and directive related to OPERATING DURING THE GOVERNMENT IMPLEMENTED LOCKDOWN under Level 4 or any other lower Alert level, dated 29 April 2020.

These policy decisions and directives are applicable for the period of the South African State of Disaster during which practitioners and therapists are entitled to operate a healthcare establishment and adherence to these policies and directives are legally required.

DR LOUIS MULLINDER
REGISTRAR

ADDENDUM N

EXTRAORDINARY AHPCSA POLICY DECISION



ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
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29 APRIL 2020

STATE OF DISASTER: COVID19 PANDEMIC: AHPCSA EXCO DIRECTIVE
OPERATING DURING GOVERNMENT IMPLEMENTED LOCKDOWN

Ref no. 2 - 29April2020

The Executive Committee of the Allied Health Professions Council of South Africa ("the AHPCSA Exco"), after due consideration, in light of the South African State of Disaster and as a result of the magnitude and severity of the Covid-19 outbreak which has been declared a global pandemic, taking into account sections 1(2)(a), 3, 4, and 9 of the Allied Health Professions Act, Act No 63 of 1982 ("the Act"), read together Regulations No R 127 of 12 February 2001 and the Code of Ethics in terms of Section 54(9) of the Regulations No. R.127 of 12 February 2001 to the Allied Health Professions Act, Act 63 of 1982, as amended ("the Code of Ethics"), hereby issues the following directive regarding the exercise of any professional function by any AHPCSA-registered practitioners and therapists during lockdown Alert Level 4, or lower, as determined by the South African Government.

The AHPCSA Exco directive dated 26 March 2020 (Ref no. 1 – 26March2020) has reference and is repealed effective as from **1 May 2020** with the issuance of this Board Notice directive, dated 29 April 2020 in order to achieve the objectives of the Act (being inter alia to assist in the promotion and protection of the health of the public during the State of Disaster declared by President Cyril Ramaphosa on 15 March 2020, subsequently declared a Level 4 Alert Level by President Ramaphosa on 23 April 2020 with effect from 1 May 2020) and the following revised AHPCSA Exco directive shall apply during the State of Disaster period of lockdown or partial lockdown of Level 4 Alert Level or lower and/or until a further directive is issued by the AHPCSA or the AHPCSA Exco:

4. LEGAL ASPECTS OF LOCKDOWN AND AMENDED ALERT LEVELS

The purpose of the lockdown and/or partial lockdown is to **enforce isolation** to prevent the spread of the virus further throughout the South African population and to gradually open up businesses, however with the minimum risk of spreading the virus. As per the directive and protocol of the South African Government, Level 4 Alert Level means that some activity may be allowed to resume subject to **extreme precautions required to limit community transmission and outbreaks**. President Ramaphosa emphasised that during this period (Level 4 Alert Level), the public is encouraged to stay at home, other than for essential personal movement, doing essential work and work in sectors that **are under controlled opening**.

Pursuant to the South African Government Level 4 Alert Level notification, any AHPCSA-registered practitioner or therapist is allowed to receive patients, but **only** at his/her registered private practice (as per the records of the AHPCSA) as from **1 May 2020** and until further notice from the South African Government and/or the AHPCSA or the AHPCSA Exco.

Any visit to a patient's private residence is **not** permitted, save in **emergency circumstances only and only if prescribed personal protective equipment ("PPE") is utilised and worn and there is adherence to an appropriate hygiene protocol**. Apart from the appropriate record-keeping on a patient's file in such a case, an **additional separate register of visits** to any patient's private residence for emergency visits, containing all salient information, shall be kept for all such cases by any practitioner or therapist carrying out such a home visit for emergency purposes and shall be made available to the AHPCSA on request.

During this Level 4 Alert Level or any lower lockdown level, all AHPCSA-registered practitioners and therapists are required to adhere to and comply with the directives and/or protocols for good practice hygiene as stipulated by the AHPCSA'S **Board Notice and Guidelines for Good Practice Hygiene** as published on the AHPCSA website on 28 April 2020 (or as subsequently amended), and further, to ensure the safety of any patient, by also conforming with any requisite safety directive and protocol which may be issued by the Minister of Health, the National and Provincial Departments of Health or any other appropriate South African healthcare authority or by the National Institute of Communicable Diseases (www.nicd.ac.za); in the event that such safety directives or protocols supersede any AHPCSA directive and/or protocols, then adherence to such healthcare authority safety directives or protocols is required at all times.

AHPCSA-registered practitioners and therapists are, notwithstanding the allowance to re-open practices or healthcare establishments, advised to rather make use of telehealth/telemedicine according to the Guidelines and Board Notice published on the AHPCSA website on 25 March 2020, where at all possible and especially for patients over sixty (60) years of age and other high-risk populations. In all circumstances the practitioner or therapist should perform appropriate triage and a risk-benefit analysis for each patient before deciding on the appropriate course of action.

As a result of the gradual upliftment of lockdown and strict directives and protocols issued by the South African Government, all AHPCSA-registered practitioners and therapists will still be required to have their permit, registration certificate and ID with them at all times when performing an essential service.

5. PERMIT TO PERFORM ESSENTIAL SERVICE

The above-mentioned permit is issued to you in your **individual capacity** as a practitioner or therapist for the purposes of performing an essential service. This permit:

- permits you to conduct your practice only as per the Act, concomitant Regulations, all applicable Board Notices and Guidelines, the Code of Ethics and the AHPCSA'S Board Notice and Guidelines for Good Practice Hygiene as published on the AHPCSA website on 28 April 2020 (or as subsequently amended);
- does not permit you to travel to the home of any patient, except for emergency purposes only, and then subject to the keeping of an appropriate register with the entry of all salient details as indicated above, in addition to an appropriate entry on the relevant patient file;
- is not transferable to any member of staff for whatever reason and is practitioner / therapist specific and limited;
- may not be edited, amended or changed in any way or manner whatsoever and is required to be presented to any law enforcement officer as issued by the AHPCSA, together with a copy of your registration certificate and the appropriate identification document; and
- is subject at all times to the Laws of South Africa and prescribed regulations and protocols from time to time by the South African Government and/or decisions or directives of the AHPCSA and/or AHPCSA'S EXCO.

6. NON-COMPLIANCE

Any non-compliance with the above directive shall be regarded as unprofessional conduct and the AHPCSA-registered practitioner or therapist may face disciplinary action in terms of sections 23 to 30 of the Act and may furthermore be liable to possible prosecution by national law-enforcement authorities.

DR LOUIS MULLINDER

REGISTRAR: ALLIED HEALTH PROFESSION COUNCIL OF SOUTH AFRICA

ADDENDUM O

PERMIT TO PERFORM ESSENTIAL SERVICE:

STATE OF DISASTER: COVID19 PANDEMIC: AHPCSA EXCO DIRECTIVE OPERATING DURING GOVERNMENT IMPLEMENTED LOCKDOWN

The Allied Health Professions Council of South Africa (AHPCSA) is a statutory health council established in terms of the Allied Health Professions Act, 63 of 1982 ("the Act") in order to control all allied or complementary health professions, which includes Aromatherapy, Ayurveda, Chinese Medicine and Acupuncture, Chiropractic, Homeopathy, Naturopathy, Osteopathy, Phytotherapy, Reflexology, Therapeutic Aromatherapy, Therapeutic Massage Therapy, Therapeutic Reflexology and Unani-Tibb. Until further notice, any person registered under the AHPCSA may, if he or she so chooses, operate his or her AHPCSA-registered private healthcare practice or travel to the home of any patient but such travel to the home of a patient is in cases of emergency only.

PERMIT TO PERFORM ESSENTIAL SERVICE

SURNAME	As indicated on the AHPCSA registration certificate			
FULL NAMES	As indicated on the AHPCSA registration certificate			
IDENTITY NUMBER	As indicated on the AHPCSA registration certificate			
CONTACT DETAILS	CELL NUMBER	TELEPHONE NUMBER (W)	TELEPHONE NUMBER (H)	EMAIL ADDRESS
	As provided by the AHPCSA-registered healthcare provider	As provided by the AHPCSA-registered healthcare provider	As provided by the AHPCSA-registered healthcare provider	As provided by the AHPCSA-registered healthcare provider
PHYSICAL ADDRESS	As provided by the AHPCSA-registered healthcare provider			

I, the undersigned, hereby certify that any person presenting this documentation to any law enforcement officer or authority together with:

5. A COPY OF THE AHPCSA REGISTRATION CERTIFICATE INDICATING REGISTRATION IN ANY ONE OF THE ABOVE-MENTIONED PROFESSIONS, TOGETHER WITH
6. A VALID IDENTIFICATION DOCUMENT BEARING THE SAME IDENTIFICATION DETAILS AS INDICATED ON THE AHPCSA REGISTRATION CERTIFICATE.

may until further notice, if he or she so chooses, operate his or her AHPCSA-registered private healthcare practice or travel to the home of any patient but such travel to the home of a patient is in cases of emergency only.

SURNAME	MULLINDER
FULL NAMES	LOUIS
IDENTITY NUMBER	5502135102085

I certify further that the name of any person registered under the AHPCSA may further be verified on the official AHPCSA website at <https://ahpcs.co.za/practitioners/>, such name having been entered under the respective register pertaining to any one of the above-mentioned professions.

SIGNED AT PRETORIA ON THIS THE 30TH DAY OF APRIL 2020; VALID FROM 1 MAY 2020 FOR LOCKDOWN ALERT LEVEL 4 ACTIVITIES

DR LOUIS MULLINDER
REGISTRAR: ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

ADDENDUM P

EXTRAORDINARY AHPCSA POLICY DECISION



ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
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22 JUNE 2020

**EXTRAORDINARY AHPCSA POLICY DECISION: REVISED
TELEHEALTH AND TELEMEDICINE DISPENSATION AS A RESULT OF SOUTH AFRICAN STATE OF DISASTER**

The Executive Committee of the Allied Health Professions Council of South Africa ("the AHPCSA Exco"), after due consideration and in light of the South African State of Disaster as a result of the magnitude and severity of the Covid-19 outbreak which has been declared a global pandemic, taking into account sections 1(2)(a), 3, 4, and 9 of the Allied Health Professions Act, Act No 63 of 1982 ("the Act"), read together with Regulation 54(g) of Regulations No R 127 of 12 February 2001 and the Code of Ethics in terms of Section 54(9) of the Regulations No. R.127 of 12 February 2001 to the Allied Health Professions Act, Act 63 of 1982, as amended ("the Code of Ethics"), has resolved that all practitioners and therapists may practice Telehealth and/or Telemedicine for the period of the South African State of Disaster or as otherwise directed by the AHPCSA or the AHPCSA Exco, subject to the **revised** Guidelines as published at www.ahpcsa.co.za on 22 June 2020 and the scope of practice of your profession.

Board Notice 185 of 2011 dealing with Telemedicine remains suspended for the duration of the period South Africa is declared a State of Disaster or as otherwise directed by the AHPCSA or the AHPCSA Exco.

Should the AHPCSA become aware of any practitioner or therapist who does not comply with the Guidelines and/or practise outside his/her scope of practice, such person shall make himself/herself guilty of unprofessional conduct and face disciplinary action in terms of sections 23 to 30 of the Act.

DR LOUIS MULLINDER
REGISTRAR: ALLIED HEALTH PROFESSION COUNCIL OF SOUTH AFRICA

ADDENDUM Q

**GUIDELINES TO THE EXTRAORDINARY AHPCSA POLICY DECISION: TELEHEALTH AND TELEMEDICINE AS A
RESULT OF THE SOUTH AFRICAN STATE OF DISASTER AS PUBLISHED AT WWW.AHPCSA.CO.ZA ON 22 JUNE 2020**



ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA
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22 JUNE 2020

REVISED GUIDELINES: TELEHEALTH AND TELEMEDICINE AS A RESULT OF SOUTH AFRICAN STATE OF DISASTER

The Allied Health Professions Act 63 of 1982 as amended ("the Act"), the Regulations in terms of the Allied Health Professions Act of 1982 as amended ("the Regulations") and the Code of Ethics in terms of Section 54(9) of the Regulations No. R.127 of 12 February 2001 to the Allied Health Professions Act, Act 63 of 1982, as amended (the Code of Ethics") have reference.

In order to achieve the objectives of the Act, being inter alia to *assist in the promotion and protection of the health of the population of the Republic* during the declared State of Disaster by President Cyril Ramaphosa on 15 March 2020 and in order to protect the health of the practitioners and therapists themselves, health care providers which include AHPCSA-registered practitioners and therapists are informed that the dispensation that they may practice telehealth and/or telemedicine pursuant to the **EXTRAORDINARY AHPCSA POLICY DECISION: TELEHEALTH AND TELEMEDICINE AS A RESULT OF THE SOUTH AFRICAN STATE OF DISASTER**, published at www.ahpcsa.co.za on 25 March 2020, has been revised by a subsequent

EXTRAORDINARY AHPCSA POLICY DECISION: TELEHEALTH AND TELEMEDICINE AS A RESULT OF THE SOUTH AFRICAN STATE OF DISASTER, published at www.ahpcsa.co.za on 22 June 2020, to provide as follows:

4. In order to ensure health care services are still being provided during this national period of shutdown and during the Covid-19 pandemic and to achieve the objects of the Act to protect the health of the public and all practitioners and therapists, the following guidelines must be adhered to during the period which practitioners and therapists are entitled to practice telehealth and telemedicine.
5. As per the Universal Declaration of Human Rights (as per the World Health Organisation – “WHO”) which recognizes “*the inherent dignity*” and the “*equal and unalienable rights of all members of the human family*”, it is important that when practicing telehealth and telemedicine, the fundamental rights of patients must be respected, namely **dignity, privacy, confidentiality and informed consent**.
6. The practice of telehealth and/or telemedicine may be used for new and current patients of the practitioner or therapist;
7. In order to practice telehealth and/or telemedicine, the informed consent of the patient must be obtained prior providing the service. The informed consent must include but is not limited to the following information:
 - a) The patient must expressly understand and confirm that he/she agrees that the practitioner or therapist may engage via a telehealth consultation.
 - b) That the patient understands that the consultation will be conducted via video/internet conferencing technology and that he/she agrees thereto.
 - c) The purpose of the telehealth consultation is to assess and treat his/her condition, subject to the information provided by the patient.
 - d) The telehealth consultation is conducted through a two-way video link-up whereby the practitioner can see the patient's image on the screen and hear his/her voice.
 - e) The patient is at liberty to ask questions and seek clarification of the procedures and telehealth.
 - f) The patient may at any time ask that the telehealth consultation be stopped.
 - g) The patient acknowledges the risks of telehealth consultation in respect of the technology use or assessment made by the practitioner or therapist when vital information regarding the problem is not disclosed by the patient.
 - h) Any paperwork exchanged will likely be provided through electronic means.
 - i) During the telehealth and/or telemedicine consultation, details of his/her medical history and personal health information will be discussed through the use of interactive video.
8. Physical requirements for a telehealth and/or telemedicine consultation:
 - a) Stable internet connection (upload/download not under 3mbps).
 - b) Computer with webcam and integrated microphone.
 - c) Quiet and professional area in which to conduct your virtual session.
 - d) Headphones to ensure privacy.
 - e) Being professionally dressed.
 - f) Good quality lighting.
9. Only recognized and secure online software may be used in order to protect and guarantee the privacy and confidentiality of a patient.
 - a) The software must be secured from end-to-end in an effort to ensure that all patient information is protected.
 - b) Full regard must be given to the Protection of Personal Information Act of 2013 in that practitioner and therapist must conduct themselves in a responsible manner when collecting, processing, storing and sharing a patient's personal information.
10. During or pursuant to a telehealth and/or telemedicine consultation, the practitioner or therapist remains responsible for the treatment, decisions and other recommendations given to the patient and for keeping detailed records of the patient's condition, information transmitted to the patient, as well as received from the patient; the keeping of detailed records of the advice the practitioner or therapist delivers, as well as the information he or she receives and on which the advice is based, is required; and documentation, maintenance and transmission of records relating to telehealth and telemedicine must be maintained at the same standard of care as face-to-face consultations, including, but not limited to attending to the following:
 - a) Record the date, time, duration and platform/s used for the teleconsultation in the patient's notes.
 - b) Take a full history of the patient (if not concluded before and being documented on the patient's file).
 - c) Observe the patient for obvious anomalies.
 - d) To triage those who are in need of hospital care from those who can be managed via telemedicine.
 - e) Establish the main / chief complaint.
 - f) Obtain the history of presenting illness, associated signs and symptoms.
 - g) Obtain full medical history, if not already on file.
 - h) Obtain family, personal and social history.
 - i) Establish medication review.
 - j) Establish whether the patient has any allergies or intolerances.
 - k) Obtain a detailed review / explanation of the symptoms of the patient.
 - l) Observations: e.g. breathing, sputum quality and other as may be relevant.
 - m) Take the vital signs that are able to be taken. This can be explained to the patient prior to the consultation taking place so as to adequately prepare the patient and further it needs to be explained to the patient (verbally and as per the informed consent to be signed) that the patient accepts full responsibility of the accuracy provided of the vital signs. This can be achieved in the following ways:
 - i. Temperature taken by the patient himself / herself;
 - ii. Pulse rate: This can be described manually to the patient or, if they use such devices, wearable fitness trackers which have been shown to produce reliable and valid data readings, such data may be provided by the patient.
 - iii. Respiration rate: Observation by the practitioner during consultation.
 - iv. Blood pressure: If the patient has assistance or is able to obtain a blood pressure device, then it can be screened.
11. Any advice and/or prescription of medication will be in accordance with the SAHPRA and AHPCSA guidelines.
12. Medication can be sent/couriered to the patient or collected with appropriate protocol to prevent cross infection.
13. Any suggested treatment regimen is limited to only that which a patient may reasonably understand correctly and to be able to carry out safely.

DR LOUIS MULLINDER
REGISTRAR: ALLIED HEALTH PROFESSION COUNCIL OF SOUTH AFRICA

ADDENDUM R

FROM THE DESK OF THE REGISTRAR

22 JUNE 2020

Dear Practitioner and Therapist

REVISED TELEHEALTH AND TELEMEDICINE GUIDELINES

Kindly visit www.ahpcsa.co.za > Legislation to view the revised guidelines for receiving new or existing patients by telehealth/telemedicine should you so choose; while the reception of new patients by means of telehealth/telemedicine may not necessarily be entirely appropriate for some of the AHPCSA-regulated professions, it is important to allow complementary healthcare of choice via this modus for persons who for various reasons still do not wish to enter the public domain.

In essence, the only changes that have been brought about after due consideration by the Exco are that:

- The telehealth/telemedicine consultation no longer needs to be recorded and added to the patient records; but that
- The date, time, duration and platforms used for the telehealth/telemedicine consultation must be recorded in the patient's notes.

In addition, during or pursuant to any such consultation you remain responsible for:

- The treatment, decisions and other recommendations given to the patient and for keeping detailed records of the patient's condition, information transmitted to the patient as well as received from the patient;
- The keeping of detailed records of the advice you give the patient, as well as the information you receive on which the advice is based; and
- Documentation maintenance and transmission of records relating to telehealth/telemedicine must be maintained at the same standard of care as face-to-face consultations.

In addition, kindly visit <https://www.nicd.ac.za/diseases-a-z-index/covid-19/covid-19-guidelines/> for information as to the reporting mechanism for notifiable diseases.

With kind regards

DR LOUIS MULLINDER
AHPCSA REGISTRAR

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