



MARTIN SCHOOL DOMESTIC POLICY

HEAD LICE

This policy is drawn up for use at Martin Primary School in accordance with:

- South African Regulations relating to communicable diseases and the notification of notifiable medical conditions. (R.2438.30 October 1987 as amended by R.485 of 23/4/1999)

1. General

Head lice continue to cause concern and frustration for parents, teachers and children. This domestic school policy intends to outline rules, responsibilities and expectations of the school community to assist with treating and controlling head lice in a consistent and co-ordinated manner.

2. Detection of Head Lice

Head lice are parasitic insects that live in the hair and scalp of humans. Head lice develop in three forms: nits, nymphs and adults.

Nits : Nits are head lice eggs. They are hard to see and often mistaken for dandruff or droplets of hairspray. Nits are found firmly attached to the hair shaft. They are oval and usually yellow to white. Nits take about 1 week to hatch.

Nymphs: Nits hatch into nymphs. Nymphs are immature adult head lice. Nymphs mature into adults about 7 days after hatching. To live, nymphs must feed on blood.

Adults: An adult louse is about the size of a sesame seed, has six legs, and is tan to grayish-white in colour. In persons with dark hair, adult lice will look darker. Adult lice can live up to 30 days on a person's head. If a louse falls off a person, it dies within 2 days.

3. How are head lice spread?

Head lice are spread easily from person to person by direct contact. People can get head lice by:

- Coming into close contact with an already infested person. In children, contact is common during play, while riding the school bus, and during classroom activities in which children sit in groups close to each other.
- Wearing infested clothing, such as hats, scarves, coats, sport uniforms, or hair ribbons.
- Lying on a bed, couch, pillow, carpet or stuffed animal that has been contaminated.
- Head lice cannot jump as it has no knees, yet they can spread when lice pop out of the nits' shell.

4. **How is head lice infestation diagnosed?**

Head lice infestation is diagnosed by looking closely through the hair and scalp for nits, nymphs or adult lice.

Nits are the easiest to see. They are found “glued” to the hair shaft. Unlike dandruff or hairspray, they will not slide along a strand of hair. If you find nits more than 1cm from the scalp, the infection is probably an old one.

Nymphs and adults can be hard to find; there are usually few of them, and they can move quickly from searching fingers. Finding nits close to the scalp confirms that a person is infested.

If you are not sure if a person has head lice, the diagnoses should be made by the specially appointed official at school.

5. **Who is at risk for head lice?**

Anyone can get head lice. Pre-school and primary school aged children and their families are infested most often. Girls get head lice more often than boys and women more often than men. It has NO correlation with cleanliness.

6. **What complications can result from head lice?**

Scratching can lead to skin sores and skin infections.

7. **What are the signs and symptoms of head lice?**

Itching - the body's allergic reaction to the bite.

Irritability.

8. **What must be done once head lice are detected?**

Should lice or nits (eggs) be found on a pupil's head, the pupil will be sent to the designated official specially appointed by the school for confirmation. Once confirmed the parent/s will be informed and the child will be **sent home immediately**. The child may only return to school after prescribed treatment has been carried out successfully and **all** traces of nits and lice are **removed**. A clearance certificate must be presented to the above mentioned official before returning to class.

(This is in accordance with health regulations)

CHRONIC CASES

If a child is found consistently infested with head lice, the child should be deemed a “chronic” head lice case. A chronic case is a child found infested during three separate months during a school year or for six consecutive weeks. It is important for schools to identify these children since their continuing infestations may signify other family or socio-economic concerns. These chronic cases should be reported to the Principal who in turn will report it to the local health department.



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METROPOLITAN MUNICIPALITY

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GG/kq

ENQUIRIES: Mr. G. Grobler

PERSONAL DELIVERY

2002-03-13

The Principal
Martin Primary School
Paul Smith Street
Boksburg North

Sir/Madam,

**REGULATION RELATING TO COMMUNICABLE DISEASES, REGULATION 2438 OF
30 OCTOBER 1987**

The undersigned hereby wishes to inform you of the following:

- I. Louse infestation is a communicable disease.
- II. Patients (Children) suffering from this condition may return to the teaching institution (Child Care Centre) after **COMPLETE** cleansing and delousing and removal of nits on the head, body and clothing.
- III. The Director Health Services may order that a patient be cleansed and deloused under his/her supervision, time and place determined by him/her.
- IV. A parent or guardian of a child who is a carrier, shall render all reasonable assistance in the implementation of this regulation.
- V. The Local Authority may close an institution for a maximum of 14 days, or until such a time that the louse infestation has been completely eradicated.

Yours faithfully

ACTING DIRECTOR HEALTH SERVICES

R.2438 - 30 October 1987

as amended by
R.485 of 23/4/1999

REGULATIONS RELATING TO COMMUNICABLE DISEASES AND THE NOTIFICATION OF NOTIFIABLE MEDICAL CONDITIONS

The Minister of National Health and Population Development has promulgated the regulations contained in the Schedule hereto in terms of sections 32, 33 and 34 of the Health Act, 1977 (Act 63 of 1977).

SCHEDULE

1. Definitions

In these regulations -

"the Act" means the Health Act, 1977 (Act 63 of 1977), and any expression to which a meaning has been assigned in the Act shall have that meaning and, unless the context otherwise indicates -

"address" means a residential address and not a post box number;

"Annexure" means an annexure to these regulations;

"arthropod" includes an arthropod in any stage of development of the species concerned;

"carrier" means a person who, although not exhibiting clinical symptoms of a communicable disease at the time, is for well-founded reasons and after a laboratory or other tests suspected of being thus infected and who could therefore spread such communicable disease;

"child" means a single person under the age of 18 years;

"immune contact" means any person who, owing to his having contracted a communicable disease in the past or because he has been successfully immunised against it, is not likely to contract the disease again on exposure thereto;

"local authority concerned" means a local authority in whose area of jurisdiction a notifiable medical condition occurs or has occurred;

"mosquito" includes a mosquito in any stage of its development;

"nurse" means a person registered as such in terms of section 16 of the Nursing Act, 1978 (Act 50 of 1978)

"parasite" includes a parasite in any stage of development of the species concerned;

"principal" means a person who is permanently or temporarily in control of a teaching institution or, in his absence, his deputy;

"pupil" means any person who attends a teaching institution, or resides there too, for the purpose of receiving any kind of education, instruction or training;

"quarantine" means the restriction of the free movement of healthy people or domestic animals that have been exposed to a communicable disease in order to prevent such disease from spreading;

"regional director" means a regional director of the Department of National Health and Population Development in whose area a notifiable medical condition occurs or has occurred;

"residual insecticide" means an insecticide that remains effective after application;

"susceptible contact" means a person -

- (a) who has not previously contracted a communicable disease as referred to in Annexure I;
- (b) who has not previously been immunised successfully against such communicable disease; or
- (c) in respect of whom the period of immunity after successful immunisation against such communicable disease has lapsed;

"teaching institution" includes and hostel, home or institution maintained for the attendance, accommodation and care of the pupils of a teaching institution as well as any building or premises maintained or used for the protection and care of more than six pre-school children during the whole day or part of a day, on all or some days of the week, which is registered in terms of the Child Care Act, 1983 (Act 74 of 1983), as a place of care.

- (2) In an area where the Director-General performs the functions of a local authority in terms of section 30 (1) of the Act, the duties assigned and powers granted to a local authority or any person in the employ of a local authority by these regulations shall be performed and exercised by the Director-General, and any reference to a local authority in these regulations shall be interpreted as a reference to the Director-General.

2. Prevention and restriction of and control over communicable diseases

- (1) A local authority may, when it comes to its notice that a communicable disease is present or has occurred in its district and if it is reasonably satisfied that the spread of such disease constitutes or will constitute a real danger to health, by written order and subject to conditions contained in such order -
 - (a) close any teaching institution, place of public entertainment or place used for public receptions, recreation or amusement that is situated within its district or any part of such institution or place;
 - (b) regulate or restrict attendance by any person at any such teaching institution;
 - (c) regulate, restrict or prohibit the holding of or attendance at any meeting, reception or other public gathering within its district;
 - (d) place under quarantine in order to prevent the spread of such disease or in order to control or restrict such disease -
 - (i) any person or persons actually suffering or suspected to be suffering from such disease, in cases where such person or persons are not removed to a hospital or place of isolation;
 - (ii) any person who is in contact with or who has, within the period determined by a medical officer of health or a medical practitioner in the employment of the State, been in contact with any person or persons referred to in subparagraph (i), in cases where such person or persons are not removed to a hospital or place of isolation;
 - (iii) any premises where any person or persons referred to in subparagraph (i) or (ii), as the case may be, live or stay; or
 - (iv) a specific area, as determined by a medical officer of health, where such disease occurs or has occurred.
- (2) An order referred to in subregulation (1) -
 - (a) which relates to a specific person, teaching institution, place or gathering shall be signed by the chief administrative officer of the local authority concerned or a person in the employ of the local authority concerned who is authorised thereto by such officer, and served on such specified person or the person in control of or apparently in control of such institution, place or gathering as the case may be; or
 - (b) which relates to any teaching institution, place or gathering in general shall be made known by the chief administrative officer of the local authority concerned -
 - (i) by means of a notice in the Gazette;
 - (ii) by means of a notice in a newspaper in circulation in the area where the order will apply;
 - (iii) by means of a radio and television announcement;
 - (iv) by distributing written notices among the public;
 - (v) by putting up notices in public or in conspicuous places in the area where the order will apply or by having the order announced orally in the area where it will apply.

3. A medical officer of health may, if he is satisfied...

- (1) A medical officer of health may, if he is satisfied that the incidence of a communicable disease in his district is of such a nature that the spread of such disease constitutes or will constitute a real danger to health and that such danger is of such a nature that the measures referred to in regulation 2 (1)(a), (b) or (c) are urgently necessary -
 - (a) without referring the case to the local authority concerned; or

- (b) if the case is, in fact, referred but the local authority has not yet issued an order as referred to in regulation 2(1), exercise the powers of a local authority as referred to in regulation 2(1).
- (2) (a) The Director-General may, in the circumstances referred to in subregulation (1), where a medical officer of health referred to in that subregulation is not available or refuses to act in terms of that subregulation, exercise the powers of such medical officer of health.
- (b) The Director-General shall, immediately after the issuing of an order under the powers vested in him by subparagraph (a), inform the chief administrative officer of the local authority (if there is one) in whose district the order applies by telegraph, by telex or by telephone of the issuing of the order and of its principal provisions.
- (3) A medical officer of health who has acted in terms of subregulation (1) shall immediately after the issuing of an order submit a comprehensive report on his actions and what gave rise to them to the chief administrative officer of the local authority in whose employ he is.

4. An order is issued in terms of regulation...

- (1) An order issued in terms of regulation 2 or 3 shall, subject to the provisions of subregulation (2), be valid for a period specified in the order, which may be a maximum period of 14 days, and the person or body that issued the order may at any time during such period
 - (a) cancel the order; or
 - (b) if the order has not been issued for the maximum period, extend it to the maximum period.
- (2) The Director-General may in circumstances in which he deems it necessary, at any time during the period of validity of such order -
 - (a) after consulting with the local authority in whose district such order is in force, by means of a notice in the Gazette -
 - (i) extend the maximum period referred to in subregulation (1) to 28 days or to a longer period determined by the Minister;
 - (ii) cancel the order; or
 - (b) authorise the person or body that issued the order to extend by five days the maximum period referred to in subregulation (1).

5. The chief administrative officer of a local authority ...

The chief administrative officer of a local authority or, in his absence, the person acting on his behalf shall -

- (a) immediately after an order is issued by the local authority concerned in terms of regulation 2; or
- (b) immediately after the receipt of the report referred to in regulation 3(3), inform the Director-General by telegraph, by telex or by telephone of the issuing of and the reasons for the issuing of the order concerned.

6. A medical officer of health or a medical practitioner in...

- (1) A medical officer of health or a medical practitioner in the employ of the state may, at his discretion, in order to prevent the spread of a communicable disease referred to in annexure I or in order to control or restrict such disease -
 - (a) require that he be furnished with the names and addresses -
 - (i) of pupils or employees at any teaching institution, by the principal of such institution or the person acting on his behalf; or
 - (ii) of persons present at any meeting, place of public amusement or place used for public receptions, recreation or amusement, by the person in control or apparently in control of such a meeting or place; or
 - (iii) of patients, medical practitioners, nurses, employees and visitors at any hospital, nursing home, maternity home or similar institution, by the person in control or apparently in control of such hospital or institution;
 - (b) question or medically examine or have examined any person;
 - (c) restrict any person or group of persons found on any premises to those premises for a period of not more than 12 hours for purposes of questioning or medical examination.
- (2) A medical officer of or medical practitioner who acts under powers vested in him by subregulation (1), shall -
 - (a) immediately after such action give a full account of the circumstances -
 - (i) in a case where such action took place within the district of a local authority, to such local authority; or

- (ii) where such action took place outside the district of a local authority, to the regional director concerned or the Director-General;
- (b) exercise his powers with the necessary circumspection and not cause any unnecessary inconvenience to any person.

7. Specific measures relating to pupils and teaching institutions

- (1) A principal -
 - (a) who is aware or has reason to suspect that a pupil at the teaching institution of which he is principal or a person employed at or who has happened to visit such institution -
 - (i) suffered from a communicable disease referred to in Annexure I;
 - (ii) was in contact with any person suffering from such a disease; or
 - (iii) is infected with fleas, live or similar external parasites, shall without delay -
 - (aa) in cases where such institution falls within the district of a local authority, inform the medical officer of health or, if he is not available, the chief administrative officer of such local authority; or
 - (bb) in cases where such institution is situated outside the district of a local authority, inform the regional director of the district in which such institution is situated, by telegraph, by telex or by telephone of such condition;
 - (b) may not, except on the strength of a certificate of admission issued by -
 - (i) In the case of a teaching institution referred to in paragraph (a)(aa), a medical practitioner in the employ of the local authority concerned; or
 - (ii) In the case of a teaching institution referred to in paragraph (a)(bb), a medical practitioner in the employ of the State, allow the person in respect of whose condition a report was made in terms of paragraph (a) to enter the teaching institution concerned except in accordance with the periods and conditions specified in Annexure I.
- (2) The parent or guardian of a child who attends a teaching institution as a pupil, and in respect of whom to the knowledge of the parent or guardian a condition referred to in subregulation (1)(a) (i), (ii) or (iii) applies, shall inform the principal of the teaching institution concerned immediately of such condition.
- (3) (a) Where, in the absence of an opinion by a medical practitioner, a principal referred to in subregulation (1) is in doubt as to whether a pupil or employee or visitor referred to in that subregulation is an immune contact or a susceptible contact in respect of a communicable disease referred to in Annexure I, he shall act in accordance with the requirements of Annexure I as though such a pupil, employee or visitor is a susceptible contact.
- (b) The provisions of paragraph (a) shall apply Mutatis Mutandis to a parent or guardian referred to in subregulation (2).

8. Quarantine

- (1) A person who is placed in quarantine in terms of an order referred to in regulation 2(1) or who is isolated in terms of regulation 13(5)(b) shall be obliged to satisfy the provisions of that order.
- (2) Any person who is present on premises or in an area placed under quarantine in terms of regulation 2 (1) or who enters such premises or area after such quarantine has been imposed without the authorisation of the Director-General, a medical practitioner in the employ of the State or a medical officer of health -
 - (a) may not leave such premises or area before the expiry of the prescribed quarantine period without prior authorisation of the Director-General, a medical practitioner in the employ of the State or a medical officer of health
 - (b) shall subject himself during such period to any medical observation, examination or supervision determined by a medical practitioner in the employ of the State or a medical officer of health;
 - (c) shall, as far as his movements and stay on such premises or within the borders of such area during such period are concerned, be subject to regulation, restriction or control by a medical officer of health, a medical practitioner in the employ of the State or a person designated in writing for this purpose by the said medical officer of health or medical practitioner; and
 - (d) shall comply with any reasonable instruction from any of the persons referred to in paragraph (c).
- (3) The Director-General, a local authority and a medical officer of health shall take steps to ensure proper compliance with this regulation or to prevent the contravention of this regulation.
- (4) A person referred to in section 53 of the Act may detain any person if he knows or suspects that he -

- (a) is not complying with or did not comply with or is failing to satisfy the provisions of an order referred to in regulation 2(1);
- (b) leaves or has left premises or an area referred to in subregulation (2) without authorisation, and hand him over for medical observation, examination or supervision as determined by a medical officer of health or medical practitioner in the employ of the State, and bring to bear any degree of force in the exercise of such powers that is, reasonably speaking, necessary in the circumstances.

9. Conveyance of bodies of persons who have died of communicable diseases

The body of any person who has died of acquired immuno deficiency syndrome (AIDS), cholera, a haemorrhagic fever of Africa, meningococemia, plague, poliomyelitis, rabies or typhoid fever may not be conveyed by train or any other way unless -

- (a) such body is screened off according to the directions of a medical practitioner and such medical practitioner has stated in writing that in his opinion the conveyance of the body will not constitute a danger to health; and
- (b) such statement accompanies the body at all times up to the time of burial or cremation.

10. Measures relating to the import and export of bodies

- (1) Subject to the provisions of subregulation (2) the body of a person shall be embalmed, then sealed in an airtight container and placed in a strong coffin for transport before it -
 - (a) is taken from the Republic across an inland border to an area outside the Republic;
 - (b) is brought into the Republic across an inland border from an area referred to in paragraph (a); or
 - (c) (i) is unloaded or received from a point of dispatch or loading point outside the Republic; or
 - (ii) is received or loaded for a destination outside the Republic; at a harbour or airport or landing area or mooring point, of whatever nature, from or onto any means of air or water transportation, as the case may be, as freight.
- (2) The provisions of subregulation (1) shall not apply to the body of a person -
 - (a) who died in the Republic and whose body is intended for burial or cremation in an area outside the Republic in cases where an authority in that area, who has direct jurisdiction over the application of health measures in that area, authorises, in writing, the bringing of such body into that area on conditions other than those prescribed by subregulation (1); or
 - (b) who died outside the Republic and whose body is intended for burial or cremation in the Republic in cases where a medical officer of health or a district surgeon or another medical practitioner in the employ of the State or a provincial administration
 - (i) is of the opinion that the bringing in of such body will not constitute a danger to health in the Republic or a part of the Republic; and
 - (ii) gives written authorisation for such body to be brought in to the Republic, in which case the provisions of regulation 9(a) and (b) shall apply to the conveyance of such body within the Republic.

(3) ... deleted

[Subreg. (3) deleted by cl.2 of R.485 of 23/04/1998]

11. Prevention of the transmission of a communicable disease by animals, insects, and parasites and the prevention of malaria

In order to prevent the transmission or development of a communicable disease among people a medical officer of health may, by means of a written notice, order the owner or occupier of any premises situated within his district, within the period specified in such notice, to -

- (a) furnish such medical officer of health with all the information at the disposal of such owner or occupier or readily obtainable by him with regard to the occurrence, spread, extermination or reduction of any animal, animal carcass, animal product, animal parasite, arthropod, plant or plant material, plant parasite or micro-organism referred to in the notice, on such premises;
- (b) take the measures referred to in the notice with regards to the prevention of the spread or the extermination or reduction of any animal, animal carcass, animal product, animal parasite, arthropod, plant or plant material, plant parasite or micro-organism referred to in the notice, on such premise;
- (c) provide all reasonable assistance and co-operation to the authority or private institution referred to in the notice, whether in general or specifically as mentioned in the notice, with regards to the prevention of the spread or the extermination or reduction of any animal, animal carcass, animal product, animal parasite, arthropod, plant or plant material, plant parasite or micro-organism mentioned in the notice, on such premises;

- (d) remove or remedy conditions that permit or favour the occurrence or increase on such premises of any animal, animal carcass, animal product, animal parasite, arthropod, animal parasite, arthropod, plant or plant material, plant parasite or micro-organism referred to in the notice; or
- (e) remove the carcass of any animal referred to in the notice that has died on such premises

12. An owner or occupier of land ...

- (1) An owner or occupier of land shall take all reasonable measures to treat any collection of water or any other habitat in which mosquitoes can breed or live on such land in such a way that the breeding of mosquitoes is prevented or kept to the minimum.
- (2) An owner or occupier of land shall, if ordered to do so in writing by the local authority in whose district such land is situated, or by the Director-General, within the period determined in the order, in respect of any building or structure on such land that is used as a residence or that is intended to be used as such or in which people gather, whether for work or otherwise -
 - (a) spray such building or structure or have it sprayed with such insecticide in such a way and with such strength of application and at such application intervals as determined by the local authority concerned or the Director-General;
 - (b) screen the outer doors, windows and other openings with gauze screens with not less than five openings per centimeter of the surface, and maintain such gauze screens in good condition in order to prevent the entry of mosquitoes.
- (3) The owner or occupier of any building or structure that has been treated with a residual insecticide as referred to in subregulation (2) shall ensure that such insecticide is not plastered over, painted over, removed or rendered harmless during the effective period.

13. Immunisation and emergency measures

- (1) If the Director-General is satisfied that there is sufficient reason on medical scientific grounds to suspect that the health of the population of the Republic or and part of the population may be affected by a medical condition against which people can be immunised, he may by means of a notice in the Gazette -
 - (a) demarcate an area referred to in the notice for compulsory immunisation of all inhabitants or of a specific group or category of inhabitants, as referred to in the notice, of such demarcated area;
 - (b) designate the government body, person or persons that must carry out such immunisation, and determine the period during which the immunisation is to be done.
- (2) A government body or person referred to in subregulation (1)(b) may authorise any medical practitioner or nurse, as an immunisation officer under the control of a medical practitioner designated by such government body or person, to immunise persons in terms of this regulation.
- (3) The regional director in whose region an area or areas referred to in subregulation (1) fall shall co-ordinate all matters in regard to immunisations carried out in terms of this regulation.
- (4) A government body or person referred to in subregulation (1)(b) shall determine in a manner he deems fit the places and times of compulsory immunisations and the classification of persons at immunisation points.
- (5)
 - (a) No person may disregard or fail to comply with an instruction from the government body or person or immunisation officer referred to in subregulation (2).
 - (b) Any person who, when instructed to do so, cannot or will not undergo immunisation for a medical or any other reason may by order of the regional director concerned be placed and detained in a place of isolation for a reasonable period.

14. Carriers of communicable diseases

- (1) Any person a medical officer of health suspects on reasonable grounds to be a carrier of a communicable disease and who as such constitutes a danger to the public health shall, if so instructed by such medical officer of health, subject himself to a medical examination at a time and place determined by the medical officer of health in order to establish whether such person is in fact a carrier as suspected.
- (2) Every carrier so instructed in writing by a medical officer of health shall -

- (a) at all times comply with and carry out all reasonable and feasible instructions given to him by the medical officer of health in respect of the disposal of his excrement, the cleansing of himself and of articles used by him, or other precautions to prevent the spread of an infection or to restrict it to the minimum;
 - (b) inform such medical officer of health of his intention to change his place of residence or place of work and, after such change, of his new place of residence or place of work, and such medical officer of health shall inform the regional director of the region in which such a carrier finds himself of such new address.
- (3) A medical officer of health may, when he is satisfied on medical scientific grounds that the danger exists of a carrier of a communicable disease transmitting such disease to other people, order in writing that such carrier -
- (a) go to be removed to a hospital, other place of isolation or area referred to in the order so as to remain there under medical supervision for a period determined in such order;
 - (b) report for medical examination and treatment at the times and places determined in the order;
 - (c) (i) not prepare and food intended for other persons;
 - (ii) not handle any food or water intended for other persons;
 - (iii) not handle any container for such food or water; (d) comply with such other requirements as are deemed necessary by the medical officer of health in order to safeguard public health.
- (4) A parent, guardian or person who has legal custody and control of a child who is a carrier, shall render all reasonable assistance in the implementation of this regulation or of any order issued in terms thereof in respect of such child.
- (5) (a) A medical officer of health who has issued an order in terms of this regulation shall without delay after issuing such order submit a comprehensive report on his actions and what gave rise to them to the regional director of the region in which the carrier finds himself.
- (b) The Director-General may, after consideration of representations made by a carrier, set aside or amend an order referred to in this regulation.

15. Disinfecting of premises

- (a) If a medical officer of health is of the opinion that any premises or objects in such a condition that it is likely to give rise to the development of a communicable disease, he may disinfect or have disinfected such premises or object after the owner or occupier has been given reasonable notice thereof.
- (b) Such disinfecting shall be carried out by or under the supervision of a medical practitioner or health inspector in the employ of the State or of a local authority.

16. Compulsory evacuation of premises

- (1) (a) If the Director-General or a local authority is satisfied on medical scientific grounds that there is sufficient reason to suspect that the occupation or use of premises or any part thereof is likely to favour the spread or impede the eradication of a communicable disease he may by written order direct the evacuation of such premises.
 - (b) Such evacuation order shall be valid until it is cancelled by the authority that issued it.
- (2) No person, other than a person authorised by the Director-General, a medical practitioner in the employ of the State or a medical officer of health, may enter premises referred to in subregulation (1) during the period of validity of an evacuation order.
- (3) The Director-General and a local authority shall take measures to ensure the proper implementation of this regulation or to prevent any contravention of this regulation.

17. Compulsory medical examination, hospitalisation or treatment of persons

Any person who in the opinion of a medical officer of health is or could be suffering from a communicable disease referred to in Annexure I shall, if so instructed by the medical officer of health -

- (a) subject himself at the time and place determined by the medical officer of health to such medical examination and such treatment as prescribed by the person undertaking the examination;
- (b) go or be removed to a hospital or other place of isolation determined by the medical officer of health in order to remain there under medical supervision and receive treatment;
- (c) subject himself to the medical treatment prescribed by the medical officer of health or the person assigned by the medical officer of health, until he is free of infection or may be discharged without in any way endangering public health.

18. Compulsory removal, cleansing and disinfecting of persons infested with fleas, lice or similar parasites

A medical officer of health who is aware of any person infested with fleas, lice or similar external parasites, may by written order -

- (a) direct that
 - (i) the infested person himself; or
 - (ii) a person with legal custody or control of the infested person, cleanse or disinfect such infested person under the supervision of a health officer designated by the medical officer of health or have such infested person cleansed or disinfected by such designated health officer at a time and place determined by the medical officer of health; or
- (b) direct any person designated by such designated health officer to remove the infested person to a place mentioned in order so that he may be cleansed or disinfected there by or under the supervision of a health officer.

19. Notification of notifiable medical conditions

- (1) When a medical practitioner, a practitioner registered as such under the Chiropractors, Homeopaths and Allied Health Service Professions Act, 1982 (Act No. 63 of 1982), or any other person legally competent to diagnose and treat a person with regard to notifiable medical condition in a person, he or she shall report his or her findings -
 - (a) in cases where the condition concerned is also a communicable disease, without delay orally, and this must be confirmed in writing within 24 hours;
 - (b) in any other case within seven days orally and, if so requested by the body to which the report must be made, in writing to -
 - (i) the office of the health section or any other appropriate section of the local authority concerned; or
 - (ii) the appropriate regional director in cases where the Director-General acts as a local authority in terms of section 30 of the Act; or
- (2) In cases where the medical condition diagnosed as contemplated in subregulation (1) is the acquired immuno deficiency syndrome (AIDS) disease, the person performing the diagnosis shall also inform, the immediate family members and the persons who are giving care to the person in respect of whom the report is made and, in cases of acquired deficiency syndrome (AIDS) death, the persons responsible for the preparation of the body of such person.
- (3) On making a report referred to in subregulation (1)(a) and (b) with regard to acquired immuno deficiency syndrome (AIDS), the following shall be furnished: age, sex, population group, date of diagnosis, medical condition at the time of diagnosis, any available information concerning the probable place and source of infection and the name and city, town or magistracy in which the person resides in respect of whom the report is made.
- (4) The local authority concerned shall forward, weekly via the regional director, particulars of all reports referred to in subregulation (1)(a) and (b) in respect of the preceding week to the Director-General on a form drawn up and made available by the Department of Health.

[Regulation 19 substituted by cl.3 of R.485 of 23/04/1999]

20. Withdrawal

Government Notices 4 of 2 January 1920, 317 of 1929, 2197 of 5 December 1930, 600 of 10 April 1931, 601 of 10 April 1931, 19 of 10 February 1956, R.1905 of 16 November 1962, R.117 of 25 January 1963, R.1060 of 19 July 1963, R.1989 of 27 December 1963, R.470 of 26 March 1964, R.1347 of 28 August 1964, 163 of 5 February 1965, 314 of 4 March 1966, R.548 of 7 April 1966, R.1286 of 26 August 1966, 35 of 13 January 1967, R.845 of 9 June 1967, R.1754 of 28 September 1973, R.1516 of 30 August 1974 and R.1517 of 30 August 1974 are hereby withdrawn.

Annexure 1

Communicable disease	Patient may return to teaching institutes	Contact may return to teaching institutes
Acquired immunodeficiency syndrome (AIDS)	On submission of a medical certificate	Immediately
Chicken pox	Fourteen days after appearance of rash or on submission of a medical certificate	Immediately
Cholera	On submission of a medical certificate	According to quarantine
Diphtheria	On submission of a medical certificate and after two nose and two throat swabs, at appropriate intervals, prove negative	Non-immune contacts: Eight days after removed from source of infection Immune contacts immediately
Epidemic typhus	On submission of a medical certificate	Immediately
German measles (rubella)	Seven days after appearance of rash	Immediately
Haemorrhagic fever diseases of Africa	On submission of a medical certificate	According to quarantine measures
Haemorrhagic virus conjunctivitis	Seven days after beginning of symptoms	Immediately
Hepatitis A	Seven days after appearance of jaundice or on submission of a medical certificate	Immediately
Leprosy	On submission of a medical certificate	Immediately
Louse infestation	After complete cleansing and delousing and removal of nits on head, body and clothing	Immediately, but must be kept under surveillance
Measles	Seven days after appearance of rash	Immediately
Meningococccemia	On submission of a medical certificate	Immediately provided the necessary prophylactic medicine is taken
Mumps	Nine days after appearance of swelling	Immediately
Plague	On submission of a medical certificate	According to quarantine measures
Poliomyelitis	On submission of a medical certificate	Immediately
Scabies	After proper treatment	Immediately
Tuberculosis of the lungs	On submission of a medical certificate	Immediately
Typhoid fever	On submission of a medical certificate. After three negative stool and urine tests have been done at appropriate intervals (at least 48 hours) and not less than 72 hours after cessation of antibiotic therapy	Immediately
Whooping cough	Twenty-one days after beginning of paroxysms or on submission of a medical certificate	Immediately

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