CORPORATE SERVICES

MUNICIPAL HEALTH SERVICES STANDARD OPERATING PROCEDURES

REVIEWED

2024

PREAMBLE

Every person has a Constitutional right to "an environment that is not harmful to their health and well-being". (Section 24)

"To have the environment protected, for the benefit of present and future generations" through reasonable legislative and other measures that-

(i) Prevent pollution and ecological degradation;
(ii) Promote conservation; and
(iii) Secure ecologically sustainable development and use of natural resources while promoting justifiable economic and social development.

The Municipality has a Constitutional duty to strive within its financial and administrative capacity to promote a safe and healthy environment.

Pixley Ka Seme District Municipality has a responsibility, through Municipal Health Services to ensure that all municipalities within its jurisdiction regulate all activities and administer all matters for which they are legally responsible in a manner that-

- Avoids creating environmental health hazards or nuisances;
- Does not make it easier for human or animal diseases to spread;
- Does not give rise to unsanitary or unhygienic conditions;
- Prevents unsafe food or drinks from being eaten or drunk;
- Avoids creating conditions favorable for infestation by pests; or
- Wherever reasonably possible, improves public health in the entire district municipal area.

Municipal Health Services has developed Standard Operating Procedures for monitoring adherence by local municipalities in order to achieve minimum essential environmental health conditions that are required. These procedures provide a guide to a common approach for work to be performed at the eight (8) municipalities of Pixley Ka Seme District Municipality, which enables for measurement of efficiency and a framework for designing and testing improvement intervention.

STANDARDISATION OF PROCEDURES

Standardized work is the foundation of continuous improvement. Documenting standard operating procedures is a precursor to problem solving and allows the organization to understand work-flow, measure performance and identify opportunities for improvement.

GUIDING PRINCIPLES

The risk of public health hazard occurring, continuing or re-occurring must be eliminated wherever possible, and if it is not reasonably possible to do so, it must be reduced to a level acceptable to the municipality.

Any person who owns or occupies premises in a local municipality within Pixley Ka Seme District must ensure that it is used for and maintained in a manner that avoids occurrence of public health hazards or nuisances.

Any person who wishes to undertake an activity that create risks to public health that is more than trivial or insignificant must-

(i) Take all reasonable measures to eliminate that risk, and if that is not reasonably possible, to reduce the risk to a level acceptable to the municipality; and

(ii) Bear the costs incurred by municipality in ensuring that the risk is eliminated or reduced to an acceptable level.

In dealing with matters affecting public health, the municipality must-

- Adopt a cautious and risk-averse approach;
- Prioritize the collective interest of people within the Pixley Ka Seme District areas, over the interests of any specific interests' group or sector of society;
- Take account of historic inequalities in the management and regulation of activities that may have an adverse impact on public health and redress these inequalities in an equitable and non-discriminatory manner;
- Adopt a long-term perspective that takes account the interests of future generations;
- Take account of, and wherever possible without compromising public health, minimize any adverse effects on other living organisms and ecosystems.

APPLICATION OF PRINCIPLES

These principles must be considered and applied by any person-

(i) Exercising a power or function or performing a duty under these procedures;
(ii) Formulating or implementing any procedure that is likely to have a significant effect on, or which concerns the carrying-out of activities likely to impact on public health in the Pixley Ka Seme District Municipal area;
(iii) Exercise a public power or function or performing a duty in municipalities within Pixley Ka Seme District that is likely to have a significant effect on public health in the area

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DEFINITIONS

"Act" means the National Health Act or any other Act, relevant to the content

"Acceptable" means level reasonable to health standards or requirements

"Complaint" means an environmental health complaint from members of the public

"Compliance" means verification and elimination of any public health nuisance as instructed by relevant health legislation or Municipal Health by-laws.

"Compliance notice" means notice as determined in the National Health Act, 2003 or PKSDM Municipal Health Services By-laws

"Consent" means a written permission in agreement with an undertaking or proposal

"Corpse" means a dead body as determined in the Regulations Regarding the Rendering of Forensic Pathology Service Regulations No. 636 of 20 July 2007

"Devolution" means transfer of Environmental Health Services to District Municipalities

"Detention" means temporary holding of food items pending investigation

"Equipment" means equipment for use by Environmental Health Practitioners

"Environmental Health Practitioner" means a person appointed in terms of section 80 of the National Health Act, 2003.

"Evaluation" means performance assessment as prescribed in the Local Governments Municipal Systems Act, 1998

"Issue" means provide or deliver as prescribed by legislative directive

"Municipality" means Pixley ka Seme District Municipality

"Performance" means performance assessment as determined in the Local Government Municipal Systems Act, 1998

"Public Health" means inclusive human and environmental health

"Routine inspections" means regular inspections conducted by EHPs when providing services

"Service standard" means a service performance level as determined in the Batho-pele principles.

"Standard" means a measure or level laid for service performance

"Warrant" means a legal instruction to be carried out

ACRONYMS

PKSDM: Pixley Ka Seme District Municipality

COA: Certificate of Acceptability

COC: Certificate of Competence

EHP: Environmental Health Practitioner

ELC: Early Learning Centre

FC: Food Control

FCD Act: Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972)

HC: Health Certificate

HCW: Health Care Waste

HPCSA: Health Professions Council of South Africa

MHS: Municipal Health Services

MOU: Memorandum of Understanding

PPE: Personal Protective Equipment

SLA: Service Level Agreement

WQM: Water Quality Monitoring

WHO: World Health Organization

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MUNICIPAL HEALTH SERVICES (MHS) STANDARD OPERATING PROCEDURES

1. INTRODUCTION

Municipal Health Services are those Environmental Health Services that were previously provided at local municipalities and Provincial Department of Health and were devolved to Districts and Metropolitan Municipalities, following the **MINMEC decision** that was taken in March 2003 to take over the responsibility from local municipalities.

Environmental Health Services refers to the theory and practice of ascertaining, correcting, controlling and preventing those factors in the environment that can affect adversely the health of the present and future generations.

It also aims to provide an integrated approach for those aspects of human health, including the quality of life that are determined by Physical, Chemical, Biological, Social and Psychosocial factors in the environment.

2. BACKGROUND

Prior the devolution of Municipal Health Services to Pixley Ka Seme District Municipality, individual local municipalities had own procedures that were implemented for providing the services particularly Emthanjeni, Umsobomvu, Siyathemba LMs, hence the importance to have common procedures for implementing the services.

3. DEFINITION

Municipal Health Services are defined in terms of the National Health Act, 2003 (Act 61 of 2003) as list of activities which are indicated in Clause8 "Scope of profession of Environmental Health" below.

4. PURPOSE FOR DEVELOPING STANDARD OPERATIONG PROCEDURES

The purpose of these standard operating procedures is to outline the sequence of activities to be performed by Municipal Health personnel in ensuring quality service delivery to communities that they are responsible for.

The Unit aspires to achieve a common approach in implementing services within the eight (8) local municipal areas of Pixley Ka Seme District Municipality.

5. OBJECTIVES OF DEVELOPING PROCEDURES

- To standardize operation of Municipal Health Services within the Pixley Ka Seme District
- To ensure equal distribution of municipal health services to communities in the eight (8) local municipalities of PKSDM jurisdiction.
- To curb the capacity challenges experienced in some of the Municipal Health Offices of Pixley ka Seme District Municipality.
- To address the existing skills shortage and resource challenges that hinders effective implementation of Municipal Health Programs and other activities.

6. APPLICATION

These procedures describe the processes or procedures for implementing various programs or activities of Municipal Health Services and are applicable to all municipal health offices based within the eight (8) local municipalities of Pixley Ka Seme District.

7. LEGAL FRAMEWORK

Provision of Municipal Health Services is guided by a number of legislations which includes amongst others the following:

- Constitution of the Republic of South Africa, 1996 (Act 108 of 1996);
- National Health Act, 2003 (Act No.61 of 2003);
- Health Professions Act, 1974 (Act No.56 of 1974)
- Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972)
- Regulations 918 of 30 July 1999 Under the Health Act, 1977 (Act No. 63 of 1977);
- Milk and all other Regulations under the Health Act, 1977 (Act No. 63 of 1977);
- Meat Safety Act, 2000 (Act No. 40 of 2000)
- Children's' Act
- National Waste Management Act, 2007;
- National Building Regulations 103 of 1977
- National Environmental Management Act, 2006 (NEMA)
- Occupational Health and Safety Act, 1993 (Act No.85 of 1993);
- Criminal Procedure Act, 1977 (Act No.51 of 1977);
- National Business Act, 1971
- Local Government Municipal Structures Act,
- Local Government Municipal Systems Act,
- Local Government Municipal Finance Management Act,
- Public gatherings Act,
- Disaster Management Act,
- Municipal Health by-laws; and
- Any other applicable legislation

8. SCOPE OF PROCEDURES FOR PKSDM MHS

Implementation of standard operating procedures include, but not limited to the following activities as determined per the Scope of Profession of Environmental Health and defined in the National Health Act, 2003 (Act No. 61 of 2003):

a) Water Monitoring
b) Food Control
c) Waste Management and general hygiene monitoring
d) Health Surveillance of premises
e) Surveillance and Prevention of Communicable Diseases

f) Vector Control
g) Environmental Pollution Control
h) Disposal of the dead
i) Chemical Safety
j) Environmental Law Enforcement
k) Sanitation Programs
l) Administrative Support Services
m) Health and safety
n) Initiation school and monitoring

9. STANDARD GUIDING PRINCIPLES

The guiding principles in implementing procedures for Municipal Health Services will be the Constitution of the Republic of South Africa, 1996, Batho-pele principles and the Environmental Health Professional Ethics, as prescribed in the Health Professions Act, 1974 (Act No. 56 of 1974).

9.1 COMMITTING TO BATHO-PELE PRINCIPLES

The Municipal Health Services Unit will put the following "People First" principles into practice without delay:

1. **CONSULTATION:**

"Consulting people on MHS that they require"

Communities within the eight (8) local municipalities of PKSDM will be consulted about the level and quality of Municipal Health Services that they receive and, where possible, would be given a choice about the services that are offered by the Unit.

2. **SERVICE STANDARDS:**

"Insisting to keep promises for providing MHS to all Communities in PKSDM"

Communities and other service users will be told what level and quality of MHS they will receive so that they are aware of what to expect.

3. **ACCESS:**

"All citizens in the 8 local municipalities shall get their fair share of MH services provided"

Municipal Health Unit shall ensure that all citizens within PKSDM will have equal access to the services to which they are entitled.

4. **COURTESY:**

"Avoiding providing the insensitive treatment to community members"

The Unit commits to ensuring that all citizens within the eight (8) local municipalities of PKSDM shall be treated with courtesy and consideration when services are provided.

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5. **INFORMATION:**

"Communities are entitled to full particulars of MHS operation"

The communities within the local municipalities of PKSDM shall be provided with full, accurate and reliable information about the Municipal Health Services that they are entitled to receive.

6. **OPENNESS AND TRANSPARENCY:**

"Administration must be an open book"

People will be told how structures and levels of Municipal Health Services are run, how much they cost, and who is in charge (Nationally, Provincially and at Municipal level).

7. **REDRESS:**

"Community complaints must spark positive action"

If the promised standard of service cannot be delivered, the Municipal Health client will be offered an apology, a full explanation and a speedy as well as effective remedy. A sympathetic, positive response will be provided when Environmental Health complaints are lodged or made.

8. **VALUE FOR MONEY:**

"Communities will get value for money for services that they receive"

Municipal Health Services shall be provided economically and efficiently in order to give communities the best possible value for money.

9.2 PROFESSIONAL ETHICS

a) Aligning with the Professional Ethics Code including:
   I. Moral and ethical behavior
   II. Possessing applicable skills for informed decisions

9.3 DISCRETE QUALITY OF PROFESSIONALISM INVOLVING:

a) Honesty and respectfulness;
b) Integrity
c) Transparency
d) Accountability
e) Confidentiality
f) Objectivity and operate within the law.

9.4 CODE OF CONDUCT AND ETHICS FOR PKSDM ENVIRONMENTAL HEALTH PRACTITIONERS

a) This Code aims to ensure good conduct and ethical behavior of Environmental Health Practitioners within their areas of operation in order to perform duties and exercise powers as diligently and honestly as possible, and maintain the highest standards of propriety and integrity at all times, within the domain of their mandate in Municipal Health Services.

10. COMPLIANCE WITH ETHICS CODE AS OUTLINED IN THE PROFESSIONAL BOARD FOR EHPs

10.1 Within the domain of professional mandate, EHPs must subscribe to the following principles:

(a) Strive for good governance by fulfilling all obligations imposed upon them and acting in the best interest of the municipality and the public by faithfully upholding and applying the law.

(b) The Environmental Health Practitioner shall display/demonstrate good faith by exercising diligence, honesty and objectivity in the performance of their duties and responsibilities.

(c) The Environmental Health Practitioner shall promote the objectives of the profession by upholding the rule of law and refraining from engaging in improper or illegal activities or act in a manner which when viewed objectively could be construed as unbecoming to the municipality.

(d) The Environmental Health Practitioner shall exhibit or display loyalty in all matters pertaining to the affairs of the municipality by refraining from engaging in any activity which may conflict with the interest of the municipality, or activities which may hamper their ability to objectively carry-out their duties and responsibilities.

11. GIFTS AND PERSONAL ADVANCEMENT

a) An EHP shall not accept any improper benefit, fee, remuneration, commission, gift, profit, advantage or privilege by virtue of their profession as that can be perceived as being calculated to influence the EHP to refrain from acting in a particular manner.

12. CONFLICT OF INTEREST

a) An EHP shall not abuse his or her position when executing their duties by soliciting or manifest bias or prejudice against or in favor of any person or organization.

13. CONFIDENTIALITY

(a) The Environmental Health Practitioner shall strive to be prudent in the use of information in the course of their duties, by refraining from using confidential information of any kind for any personal gain or in the manner prejudicial or detrimental to the municipality.

(b) The Environmental Health Practitioner shall continuously endeavor to strive for improvement in the proficiency and effectiveness of their service.

14. PERSONAL VIEWS AND PUBLIC DEBATE

(a) The EHP shall exercise reasonable care in expressing an opinion by obtaining sufficient factual evidence to warrant such opinion or expression.

(b) The EHP shall refrain from making statements to the media or engaging in a manner which may be detrimental to the image of his or her Unit or Municipality. Where comment is necessary, the delegated authority with a written authorization of the municipality shall make the statement in that capacity to protect the image of the municipality.

15. OPERATIONAL PROCEDURES

15.1 PROCEDURE FOR RECEIVING A COMPLAINT

a) An environmental health complaint can be received telephonically, verbally (physical visit to office) or by a written letter.

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15.1.1 TELEPHONIC COMPLAINT

a) Received by Administrative support personnel/EHP
   I. Takes details/nature of the complaint
   II. Particulars of the complainant: Name
   : Contact Number
   : Address (for record purposes and feed-back)
   : Date and Time of receiving complaint
   III. Register in the "**Complaint book/register**" (**as soon as received**)

b) Refer to the (Local Office)
   I. Allocate to the designated Environmental Health Practitioner (area)
   II. Register allocation

c) Environmental Health Practitioner:
   I. Register in the "**Completed Complaints Register**"
   II. Communicate with the complainant (**within 24 Hours**)
   III. Investigate the complaint
   IV. Conducts follow-up investigation when necessary
   V. Record findings and progress
   VI. Finalize the complaint (**between 24 Hours to seven (7) days, depending on the nature**)
   VII. Complaint registers to be monitored on a weekly basis by Senior EHP
   VIII. Submitted on a Monthly basis to Senior EHP for Performance Evaluation/Assessment
   IX. In terms of the Batho-pele principles: **24Hours to Seven (7) Days**.

15.1.2 VERBAL COMPLAINT

a) Received through visit to office (Personal)
b) Recorded as in "A" above
c) Follow procedure outlined in "A" above

15.1.3 WRITTEN COMPLAINT

a) Received by Senior EHP/EHP
b) Forwarded to Administrative Support Official for registration
c) To the relevant EHP
d) Follow same procedure as "**A and B**" above.

16. HANDLING VACANT OVERGROWN PREMISES - LANDS OR STANDS

16.1 BACKGROUND

(a) Vacant/unoccupied and overgrown premises (land or stand) pose an environmental health threat to neighboring communities, thus resulting to continuous complaints being directed to the Municipal Health Unit.
(b) An environmental health complaint received requires immediate attention by an Environmental Health Practitioner.

(c) Attending to complaints relating to unoccupied and overgrown premises requires time and patience as complainants in most cases have lost hope from long-term complaining to other Departments of local municipalities without any solutions.
(d) Usually, Municipal Health becomes the last hope to be resorted to as the situation has now been labeled a "Health hazard or nuisance", which places a lot of pressure on the Environmental Health Practitioner handling the complaint.
(e) A vacant stand/land may belong to a registered owner who for some reasons has been unable to construct or build a proper structure on the premises; or to the local municipality.

16.2 PROCEDURE FOR HANDLING OVERGROWN VACANT LAND/STAND

(a) An overgrown vacant stand can be observed during routine inspections or complaints investigation by an Environmental Health Practitioner.
(b) Properly identify the stand/erf number of the premises (using an area portable map to be provided).
(c) Verify premises with the "Town Planning Unit" of the local municipality.
(d) Submit the request for deed or registered owner search to "Valuations Office" at the Finance Directorate through the designated "MH Information Management Officer".
(e) The Valuations Office (local municipality) will positively identify the registered owner and determine the premises billing status on all municipal basic services provided to the premises.
(f) Particulars of the vacant overgrown land will be provided to the investigating Environmental Health Practitioner.
(g) A standard "**fourteen (14) days' notice**" shall be prepared and send to the owner via a registered mail by the information system officer;
(h) A follow-up inspection is conducted after fourteen (14) days to determine clean status of the area; **If not cleaned**.
(i) A request for three (3) Quotations from qualifying service providers shall be made by the Information Management Officer in accordance with the "Supply Chain Management "requirements, for cleaning the premises.
(j) The stand will be cleaned by the service provider, accordingly.
(k) The money used for abatement of the nuisance will be recovered from the charges imposed by the local municipality through the "Municipal Services" (water, electricity, refuse and sanitation account) and will be directed to the "Municipal Health Vote" provided for income generated.
(l) Investigating vacant overgrown premises should take a period between eight (8) to fourteen days; and up to a maximum of twenty-one (21) days depending on the complexity of tracing or locating the owner, who can at times be "untraceable".

16.3 SERVICE STANDARD FOR COMPLAINT COMPLETION OVERGROWN PREMISES

In terms of "Batho-pele principles": **Fourteen (14) to twenty-one (21) days**.

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17. PROCEDURE FOR CONDUCTING ROUTINE INSPECTIONS

As per guidance of **Section 82** of the National Health Act, 2003 (Act no.61 of 2003):

17.1 An Environmental Health Practitioner may enter any premises, excluding a private dwelling, at any reasonable time and-

(a) Inspect such premises in order to ensure compliance with the Act;
(b) Question any person who he or she believes may have information relevant to the inspection;
(c) Require the person in charge of such premises to produce, for inspection or for the purpose of obtaining copies or extracts thereof or there from, any document that such person is required to maintain in terms of any law; and
(d) Take samples of any substance that is relevant to the inspection.

17.2 An Environmental Health Practitioner may be accompanied by an interpreter and any other person reasonably required assisting him or her in conducting the inspection.

17.3 An Environmental Health Practitioner may issue a "**Compliance Notice**" to the person in charge of the premises if a provision of the National Health Act, 2003 (Act No.61 of 2003) or PKSDM MHS By-laws have not been complied with.

17.4 A Compliance Notice remains in force until the relevant provisions of the Act or PKSDM MHS By-laws have been complied with and the Environmental Health Practitioner has issued a "**Compliance Certificate** "in respect of that notice.

17.5 An Environmental Health Practitioner who removes any item other than that in subsection (17.1)(d) must-

(a) Issue a receipt for it to the person in charge of that premises; and
(b) Subject to the Criminal Procedure Act, 1977 (Act No.51 of 1977), return it as soon as Practicable after achieving the purpose for which it was removed.

18. PROCEDURE FOR CONDUCTING ENVIRONMENTAL HEALTH INVESTIGATIONS

18.1 As per the provisions of Section 83 of the National Health Act, 2003 (Act No.61 of 2003):
If an Environmental Health Practitioner has reasonable grounds to believe that any condition exists which-

(a) Constitutes a violation of the right contained in Section 24 (a) of the Constitution;
(b) Constitutes pollution detrimental to health
(c) Is likely to cause a health nuisance; or
(d) Constitutes a health nuisance
(e) The Environmental Health Practitioner **must** investigate such condition.

18.2 If the investigation reveals that a condition contemplated in subsection 18.1 exists, the Environmental Health Practitioner must endeavor to determine the identity of the person responsible for such condition.

18.3 The Environmental Health Practitioner must issue a "**Compliance Notice**" to the person determined to be responsible for any condition contemplated in subsection 18.1 to take appropriate corrective action in order to minimize, remove or rectify such condition.

18.4 Any person aggrieved by a determination or instruction in terms of subsection 18.2 or 18.3 may, within a period of **fourteen (14) days** from the date on which he or she became aware of the determination or instruction, lodge an appeal with the Head of the Municipality (Municipal Manager).

19. PROCEDURE FOR ENTRY AND SEARCH WITH WARRANT

As per the provisions of **Section 84** of the National Health Act, 2003 (Act No.61 of 2003):

19.1 An Environmental Health Practitioner accompanied by a Police Official may, on authority of a warrant issued in terms of subsection (5) and subject to **Section 85**, enter any premises specified in the warrant, including a private dwelling, and-

(a) Inspect, photograph, copy, test and examine any document, record, object or material, or cause it to be inspected, photographed, copied, tested and examined;

(b) Seize any document, record, object or material if he or she has reason to suspect that it might be used as evidence in a criminal trial; and

(c) Examine any activity, operation or process carried out on the premises.

19.2 An Environmental Health Practitioner who removes anything from the premises being searched must-

(a) Issue a receipt for it to the owner or person in control of the premises; and

(b) Unless it is an item prohibited in terms of the National Health Act, return it as soon as practicable after achieving the purpose for which it was removed.

19.3 Upon the request of an Environmental Health Practitioner acting in terms of a warrant issued in terms of subsection (5), the occupant and any other person present on the premises must-

(a) Make available or accessible or deliver to the Environmental Health Practitioner any document, record, object or material which pertains to an investigation contemplated in subsection (1) and which is in the possession or under the control of the occupant or other person;

(b) Furnish such information as he or she has with regard to the matter under investigation;

(c) Render such reasonable assistance as the Environmental Health Practitioner may require to perform his or her functions in terms of the National Health Act efficiently.

19.4 Before questioning any person at the premises in question, the Environmental Health Practitioner or Police Official must advise that person of his or her right to be assisted at the time by an advocate or attorney, and allow that person to exercise that right.

19.5 A warrant contemplated in subsection (1) may be issued by a judge or a magistrate-

a) In relation to premises on or from which there is a reason to believe that a contravention of the National Health Act has been or is being committed; and

b) If it appears from information on oath or affirmation that there are reasonable grounds to believe that there is evidence available in or upon such premises of a contravention of the Act.

19.6 A warrant may impose restrictions on the powers of the Environmental Health Practitioner.

19.7 A warrant issued in terms of section 84-

a) Remains in force until-

(i) It is executed;

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(ii) It is cancelled by the person who issued it or, if such person is not available, by any person with like authority;

(iii) The expiry of one (1) month from the day of its issue; or

(iv) The purpose for the issuing of the warrant has lapsed, whichever occurs first, and

b) Must be executed by day unless the person who issues the warrant authorizes the execution thereof by night.

19.8 No person is entitled to compensation for any loss or damage arising out of any bona fide action by an Environmental Health Practitioner or Police Official under this section.

20. PROCEDURE FOR IDENTIFICATION PRIOR ENTRY, AND RESISTANCE AGAINST ENTRY

20.1 An Environmental Health Practitioner who has obtained a warrant in terms of **section 84(5)** of the National Health Act, or the Police Official accompanying him or her must immediately before entering the premises in question-

(a) Audibly announce that he or she is authorized to enter the premises and demand admission to the premises; and

(b) Notify the person in control of the premises of the purpose of the entry, unless there are reasonable grounds to believe that such announcement or notification might defeat the purpose of the search.

20.2 The Environmental Health Practitioner must-

a) Hand to the person in controls of the premises a copy of the warrant or, if such person is not present, affix such copy to a prominent place on the premises; and

b) On request of the person in charge of such premises, show his or her "Certificate of appointment" (Appointment Card) as an Environmental Health Practitioner to that person.

20.3 An Environmental Health Practitioner or Police Official contemplated in subsection (1) may overcome resistance to the entry and search by using such force as is reasonably required, including the breaking of a door or window of the premises.

20.4 Before using force, the Environmental Health Practitioner or Police Official must audibly demand admission and must announce the purpose of the entry, unless there are reasonable grounds to believe that doing so might defeat the purpose of the search.

21. PROCEDURE FOR ENTRY AND SEARCH OF PREMISES WITHOUT WARRANT

21.1 An Environmental Health Practitioner accompanied by a Police Official may **without** a warrant exercise any power referred to in **section 84 (1)** of the National Health Act, if-

a) The person who is competent to do so consents to such exercise; or

b) There are reasonable grounds to believe that a warrant would be issued in terms of **section 84 (5)** and that the delay in obtaining the warrant would defeat the object of the warrant.

22. PROCEDURE FOR DISPOSAL OF ITEMS SEIZED BY AN ENVIRONMENTAL HEALTH PRACTITIONER

22.1 In terms of **section 87** of the National Health Act, 2003 (Act No. 61 of 2003):

a) The Environmental Health Practitioner must deliver anything seized in terms of section 84 or 86 without delay to a Police Official contemplated in **section 30** of the Criminal Procedure Act, 1977

(Act No.51 of 1977), who must deal with and dispose of the seized item in the manner provided for in Chapter 2 of **that** Act.

b) When a Police Official acts in terms of section 30 (a) and (b) of the Criminal Procedure Act, 1977 (Act No.51 of 1977), in respect of an item contemplated in subsection (1), he or she must do so **after** consultation with the Environmental Health Practitioner.

23. OFFENCES IN RELATION TO COMPLIANCE PROCEDURES

23.1 Subject to section 89 of the National Health Act, 2003 (Act No. 61 of 2003):

a) A person is guilty of an offence if he or she-

I. Obstructs or hinders an Environmental Health Practitioner who is performing a function under the Act;

II. Refuses to provide an Environmental Health Practitioner with such information as that person is required to provide under the Act;

III. Knowingly gives false or misleading information to an Environmental Health Practitioner;

IV. Unlawfully prevents the owner of any premises, or a person working for the owner, from entering the premises in order to comply with a requirement of the Act;

V. Impersonates an Environmental Health Practitioner;

VI. Fails to comply with a "Compliance Notice" issued to him or her by an Environmental Health Practitioner in terms of the Act; or

VII. Discloses any information, which was acquired in the performance of any function in terms of the Act and which relates to the financial or business affairs of any person, to any other person, **except if-**

- The other person requires that information in order to perform any function in terms of the National Health Act;
- The disclosure is ordered by a "**Court of Law**"; or
- The disclosure is in compliance with the provisions of any law.

b) Any person convicted of an offence in terms of subsection (1) is liable on conviction to a fine or to imprisonment for a period **not** exceeding **five (5) years** or to **both** a fine and such imprisonment.

24. PROCEDURE ON HOW TO DEAL WITH PAYMENTS AND VERIFICATION BY ADMIN ASSISTANT:

24.1 Bank statement verification – Periods for verification

a) Client payments should not be open/unattended on the bank statement for more than 60 days without valid reasons.

b) An inspection, certificate, or correspondence should by then be issued and submitted as POE in order for Environmental Health Practitioners to identify and have status of the payments on the bank statement.

24.2 Payment reference and premises references

a) The payment reference must always be the same as the premises reference or activity paid for, this is to ensure that officials do not lose client payments.

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b) Existing premises references should by no means be changed without a memo explaining reasons for changing such reference and such memo should be approved by Senior EHP or MHS Manager submitted to head office and filed on the premises file (This is to keep track of the premises reference changes).
c) Premises references must not be issued without an inspection being conducted)

24.3 Inspection of premises

24.3.1 Premises/activity references and town codes

a) All premises references are issued by the local Environmental Health Practitioners to premises inspected for the first time or activity requiring reference.
b) All towns have a unique town code e.g Hopetown – HO. The town code should never be changed at any circumstances. (Town codes available as an attachment)
c) Procedure on how references are done must be enquired from Senior EHP or MHS Manager.

24.4 Inspection of premises with more than one premises e.g Hospitals (Kitchen and mortuary)

a) The reference for permits and certificates for all these different sections in one premises remain the same.
b) Government premises, health care facilities and police stations that have kitchen/food preparation areas are not regarded as food premises.
c) The kitchen or mortuaries of the above-mentioned premises should always be inspected together with the full routine inspection conducted on such premises,
d) Not unless it is a follow up inspection of a rectification order, compliance notice or upliftment of prohibition order that was issued to those premises, where an official would conduct a re-inspection of only the mortuary or the kitchen but must be recorded on the PMS as inspection on surveillance of premises – give reason on the comments under on the PMS.

24.5 Different food premises in one erf;

a) Premises with different names in one erf (e.g. Wimpy, Debonairs & Steers at Engine N1 Colesberg), each premises must be issued with a separate premises reference, inspection report and COAs.
b) Premises with different sections/COAs (e.g. Spar – Butchery, Bakery, deli area, grocery) one premises inspection, client chooses to separate certification for different sections- Certificate reference must remain the same. (COAs issued must be reported as each issued on the PMS report).
c) Routine inspections conducted at these premises must include all sections and not only attend to one.
d) Not unless it is a follow up inspection of a rectification order, compliance notice or upliftment of prohibition order that was issued to that section, where an official would conduct a re-inspection of that section only.
e) Premises with different sections where a client wishes to have them certified separately the premises must be issued one reference and one inspection report.

25. CERTIFICATES, ORDERS AND PERMITS ISSUED BY MUNICIPAL HEALTH SERVICES

25.1 The following Certificates, Orders and Permits are issued by Environmental Health Practitioners at all Municipal Health Offices:

a) Certificate of Acceptability (CoA)
b) Health Certificates;
c) Certificate of Competence (CoC), Provisional COC; and
d) Other Certificates for operating various establishments;
e) Permits for compliance to specific legal requirements; and
f) Compliance Orders
g) Exhumation certificate of human mortal remains
h) Permits for keeping of animals, poultry and all those specified in Municipal Health by-laws.
i) Exemption certificates

26. HEALTH CERTIFICATE

a) A Health Certificate is issued for compliance of Schools, Pre-schools ELCs), Child care, Old-Age homes, Salons and any other facilities used for or accommodating a number of people who are not related for specific time periods.
b) The Health Certificate applies to specific premises and cannot be transferable from one premise to another or from one person to another.
c) The certificate will be issued on a charge and through a procedure determined by the Municipality.

27. PROCEDURE FOR ACQUIRING THE HEALTH CERTIFICATE

a) The application is submitted to "**Municipal Health Services Unit**" of a District municipality;
    I. Application is sent for checking compliance to Health requirements to Municipal Health Services Unit.

b) Received by the **EHP**
    I. Registers the application in the "**Application for Health Certificates**" Register.

c) The EHP makes necessary arrangements to visit the area (premises)
    I. The area is visited for inspection
    II. If satisfactory, prepare the Certificate; and
    III. If not, follow-up inspections will be conducted based on corrective measures determined; till satisfactory or compliant.

d) A certificate is issued, following procedures outlined above.
Service standard for issuing the Health Certificate:
    I. Certificate will be issued after the verification process has been completed and the MHS office is fully certified that the premises are compliant.

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28. PROCEDURE FOR ACQUIRING PERMIT

a) Any person who wants to obtain an exemption certificate or a permit must apply to The Municipality's Department responsible for Municipal Health Services in writing, prior to undertaking the schedule use concerned.

b) When the Municipality receives an application, it must ensure that the relevant premises concerned are inspected by an Environmental Health Practitioner within 14 days.

c) Before deciding whether or not to approve an application contemplated the municipality must;

   I. Must ensure that any persons in the vicinity of the premises whose health or Wellbeing may be affected if the premises are used for the scheduled use concerned, have been consulted and have had an opportunity to make representation.

   II. May require the applicant to provide any further information which the municipality considers relevant to enable it to make an informed decision.

29. FOOD CONTROL

29.1 The Scope of Profession of Environmental Health, promulgated under the Health Professions Act, 1974 (Act No.56 of 1974) advocates for the following activities in respect of **Food Control**:

a) Ensuring food safety in respect of:

   (i) acceptable Microbiological and Chemical standards

   (ii) quality of all food for human consumption and

   (iii) optimal hygiene control **throughout the Food Supply Chain from-**

   - the point of origin,
   - all primary raw material or
   - raw products, up to
   - the point of consumption.

b) Inspecting food production, distribution and consumption areas;

c) Monitoring informal food trading;

d) Inspecting food premises and any nuisances emanating there from;

e) Enforcing food legislation and the Codex Alimentarius;

f) Applying food quality monitoring programmes and principles through various techniques, e.g. Hazard Analysis and Critical Points System (HACCP System) audits;

g) Promoting the safe-

   I. Transportation,

   II. Handling,

   III. Storage; and

   IV. Preparation **of foodstuffs used in the-**

   - Primary School Nutrition Programme (PSNP);
   - Prisons,
   - Health Establishments,
   - At Airports, etc.

h) Promoting the safe handling of Meat and Meat Products **through**, amongst others,

i. Meat Inspections and Examination of Abattoirs.

i) Promoting the **safe handling of-**

i. Milk and
ii. Milk Products

30. PROCEDURE TO DEAL WITH RECALLED PRODUCTS OF FOODSTUFFS, COSMETICS, AND DISINFECTANTS.

30.1 A prohibition order in reference to Foodstuffs, Cosmetics and Disinfectants Act 54 Of 1972 - prohibition of sale, manufacture or importation of certain articles referred to in section 2 will be issued to premises/client suspected to be having such product with a description of the recalled products and the reason for the recall. A further instruction must be issued to the client to declare in writing the availability and quantity of such products in their premises and estimated number of items which may have been sold before the recall instruction. The EHP must ensure that the recall process is followed correctly and if a need/request for disposal/destruction is made then the necessary procedures must be followed.

31. ACQUIRING CERTIFICATES FROM MUNICIPAL HEALTH SERVICE

31.1 CONDITIONS FOR ISSUING THE CERTIFICATE OF ACCEPTABILITY (COA)

a) A Certificate of Acceptability is issued for compliance to Food Safety in terms of Foodstuffs, Cosmetics and Disinfectant Act (Act No. 54 of 1972), Regulation 3(1)(a) of R638 of 22 June R638 22 June 2018, Regulations governing general hygiene requirement for food premises and transportation of food.
b) Acquiring a Certificate of Acceptability is a compulsory requirement for all Food handling and preparing premises.
c) It is issued for both Formal and Informal Food handling premises as follows:

31.2 FORMAL FOOD HANDLING OR TRADING

a) Restaurants;
b) Butcheries;
c) Cafes;
d) Bakeries;
e) Home enterprises; and
f) All Food handling or preparing establishments/facilities:

31.3 INFORMAL FOOD HANDLING OR TRADING

a) Food Vendors;
b) Caterers; and
c) Food prepared for charity purposes.
d) It can be issued on a temporary basis for a specific period:
   I. Valid for one (1) to seven (7) days; and
   II. Not exceeding three (3) months, depending on the frequency requirement for service from clients.

e) It can be issued on a long-term period not exceeding one (1) year due to compliance to structural requirements and renewable on an annual basis; per application.
f) Can be withdrawn by the issuing authority, based on unacceptable environmental health and hygiene conditions of the premises or practices observed.
g) The Certificate of Acceptability cannot be transferred from one premise to another or from one person to another. **However, the following shall apply**:

I. A person who had acquired a Certificate of Acceptability for his or her premises and requiring to provide or perform food handling services on premises other than the one being issued with the certificate must-

- **Timeously** make a formal request or inform the Environmental Health Practitioner who will advise accordingly.
- Apply to be issued with a certificate of acceptability for the other premises to be used, which may be issued on a temporary basis for a specified period.

II. Produce/provide the certificate that he or she has been issued with (or copy thereof) to the Environmental Health Practitioner;
III. Ensure that the other premises to be used for food handling or preparation comply with Health requirements.
IV. The Environmental Health Practitioner shall conduct inspection on the other premises and advise accordingly or issue the certificate, based on compliance.
V. The Certificate of Acceptability shall be issued at a cost and procedure determined by the municipality
VI. Penalty will be charged for all requests or applications for alternative premises made later than the stipulated time frame or period.

32. PROCEDURE FOR ACQUIRING THE CERTIFICATE OF ACCEPTABILITY

32.1 FORMAL FOOD PREMISES

a) Formal application is received by EHP based at that local Municipality/ Head office
   I. Registered in the "**New application for CoAs**" register, if it's a new application.
   II. In the case of renewal, a "**CoA renewal**" register will be used, separately according to various period specification categories.

b) A Complete COA application form must be submitted with the following supporting documents; (all spaces should be completed; no blank spaces must be left – areas not applicable must be clearly indicated with N/A).
   i. Proof of payment correctly referenced to the premises (If not then such should be well explained in a memo/application form office use section in order to identify/locate the payment on the bank statement)
   ii. Certified ID copy of the applicant.
   iii. For foreign nationals and clients with permanent residency or South African citizenship – a Department of Home Affairs verification is required, authenticating the document and ability to operate business being applied for.

iv. Proof of land use from local municipality, depending on the activities taking place on the premises. (Consent letter or zoning certificate)
v. Inspection checklist of an inspection conducted after application was submitted by client.
vi. In case of a renewal the application must be accompanied by the expired Certificate of Acceptability.
vii. If premises were prohibited then the application must be accompanied by a letter requesting to uplift the prohibition order and proof of such payment and Prohibition order issued.
viii. COA applications must be signed off by the client.
ix. EHP to sign off the date of receiving the application.
x. EHP must verify the application, ensure it is correctly and completed before submitting for approval.
xi. All applications received will be prioritized and attended to as soon as possible.
xii. Upon receiving the application, a confirmation standard text will be sent to client as confirmation of receipt of the application.
xiii. EHP must verify, recommend approval and submit an application for approval at head office by MHS Manager.
xiv. If a client submits an application and upon inspection the premises is compliant with all requirements then an extension letter may be granted.
xv. In a case where a client has made an application and upon assessing the situation an EHP believes findings identified do not pose an immediate health risk, the EHP can request for issuance of an extension to be issued from the manager by motivating through the request as to why he/she believes that such premises should be granted with an extension.

c) The designated EHP conducts the inspection at the premises;
d) Conducts land use verification with the "Town Planning Unit" of the local municipality; **If approved for land use**
e) The Environmental Health Practitioner Processes the application for CoA
f) Register in the "**CoA issued**" register and sign on the "**issuing practitioner's**" column for issuing; - Data capturing will be done by admin assistance.

g) The Manager Municipal Health Services signs on the column provided for "**authorization**" to confirm the issuing of the CoA from the specific MHS Office.

h) The EHP notifies the "**Applicant**" to collect the certificate.

i) In a case of non-compliant premises - the EHP will advise accordingly, and correct to the reasonably practicable standards.

j) Correspondences to clients regarding COA application
   i. All correspondences to clients regarding submitted application should be done in writing via email or letter submitted with a signed register, such communication should be filed

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with registers as proof of receipt by the clients. Receipt of emails by clients must be verified by the official.

32.2 Service standard for issuing the COA BY MHS:

COA will be issued after the verification process has been completed and the MHS office is fully certified that the premises are compliant.

33. APPLICATION FOR INFORMAL FOOD HANDLING PREMISES

33.1 CONDITIONS FOR APPLICATION:

a) The Certificate of Acceptability may not be issued with immediate effect as it requires a visit or inspection by an EHP to the area;
b) The application also involves a time factor
c) The premises should be specified as it cannot apply to every premises where the applicant feels comfortable;
d) The area should comply with the requirements of R638
e) A fee determined by the municipality will be charged for the application of a certificate of acceptability for informal premises.

33.2 PROCEDURE FOR INFORMAL FOOD HANDLERS

a) Application is received by EHP
   I. Register in the "**CoA for informal food-handlers**" Register; and the EHP visits the area for inspection
b) **If satisfied or approved-**
   I. Prepares the certificate
   II. Records it in the "**COAs for informal premises**" and signs for issuing in the specified column;
   - The" Manager Municipal Health Services (for accountability purposes).
   - The COA is then forwarded to EHP who will hand it to the applicant, after recording it as issued (from the Office)

   III. The Certificate is issued to the applicant who also signs for receiving it.

34. INSPECTION POWERS IN TERMS OF THE FOODSTUFFS, COSMETICS AND DISINFECTANTS ACT, 1972 (ACT NO. 54 OF 1972)

34.1 The Minister of Health has, in terms of section 15 (1) of the Foodstuffs, Cosmetics and Disinfectants Act, 1972 (Act No. 54 of 1972), made the regulations in the Schedule.

35. REGULATIONS RELATING TO THE POWERS AND DUTIES OF ENVIRONMENTAL HEALTH PRACTITIONERS AND ANALYSTS CONDUCTING INSPECTIONS AND ANALYSES ON FOODSTUFFS AT FOOD PREMISES

35.1 INSPECTION POWERS FOR ENVIRONMENTAL HEALTH PRACTITIONERS

a) An Environmental Health Practitioner may, with regard to a food premises in respect of which any provision of the FCD Act, 1972 is applicable, and with due regard to section 11 thereof -

I. Demand that the person in charge or apparently in charge of such premises:
- Submits to him or her any book, document or thing that must be kept or displayed in terms of the Act; or
- That relates to any matter provided for by the Act; and
- That is or was in the possession or
- under the control of such person, or in the custody
- That is on or in such premises

b) Make an extract from or copy of a book or document referred to in paragraph (a);
c) Question the person referred to in paragraph (I)
   I. With regard to any matter provided for in the Act; and
   II. Obtain information regarding any activity or process, or
   III. Entry in a book or document referred to in paragraph (a);
d) For the purpose of preventing a food borne disease:
   i. Demand any information from a person referred to in paragraph (a); or
   ii. From any other person who has at any time been on or in such food premises;
   iii. Examine any foodstuffs that is found in or on such premises' and
   iv. Any appliance, material, object or substance that is so found and that is or is suspected to be used or destined or intended for use in
   v. Or in connection with the handling of any food or any other operation or activity in connection with any foodstuff, and
   vi. Open any package or container of such foodstuff, product, material, object or substance.
   vii. Take so much of the foodstuffs contemplated in paragraph (d), in whatever kind of package or container it may be, as he or she may reasonably require as a sample for the purpose of testing or analyzing it-
   - By offering payment to the person in charge, if the Environmental Health Practitioner is taking a sample to verify compliance to any of the requirements set in terms of the Act; or
   - Without payment, if the Environmental Health Practitioner has reason to suspect that such foodstuff is unsound or unwholesome or unfit for human consumption.

36. PROCEDURE FOR SEIZURE OF FOODSTUFFS

a) An Environmental Health Practitioner may-
   i. If, after an examination of any food contemplated in regulation 2(1)(e), he or she is satisfied that such food is unsound, or unwholesome or contaminated; or
   ii. Where it appears from testing or analysis of a sample referred to in regulation 2(1) (f), that the sample or any part of it is unsound, unwholesome or contaminated,
   iii. By written order in a format provided in Annexure D, signed by him or her, seize the food concerned, or the lot or consignment is in the same condition or possesses the same properties as the sample.
   iv. An order referred to in sub regulation (1)-
   - Shall be served on the person in charge or witness referred to in regulation 2(1) (a);
   - Is binding from the time of such service until the food that has been seized-
     - Has been used for purposes other than human consumption;

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- Has been destroyed;
- Has, in terms of sub-regulation (6), been released for human consumption;

- May at any time be withdrawn by the Environmental Health Practitioner who issued such order; and Shall clearly set out the provisions of this regulation.

b) Wherever food has been seized under sub-regulation (1), the person in charge may choose at his or her expense and with the permission of the Environmental Health Practitioner, to have such food treated, disposed of or used for purposes other than human consumption or destroyed in a manner approved by the Environmental Health Practitioner.

c) A choice referred to in sub-regulation (3) shall be made known in writing to the Environmental Health Practitioner within 24 hours after seizure.

d) If the person in charge of food which has been seized by an Environmental Health Practitioner in terms of sub-regulation (1)
   i. Refuses or fails to exercise a choice referred to in sub-regulation (3) within 24 hours after such seizure; or
   ii. Exercises such choice but thereafter refuses or fails to act in accordance with that choice within a further period of 24hours,

e) The Environmental Health Practitioner may, at any time thereafter, and for the account and risk of such person in charge, destroy such food or cause such food to be destroyed or otherwise disposed of.

f) An environmental health practitioner may release for human consumption food which, after treatment referred to in sub-regulation (3), is in his or her opinion fit for human consumption, by withdrawing or amending the order pertaining to such food that was issued in terms of sub-regulation (1).

g) Subject to the provisions of this regulation, no person may, without the written authority and direction of an environmental health practitioner, remove any food seized in terms of sub-regulation (1) from the premises referred to in that sub-regulation, or sell such food, or deal with it in any other manner.

h) An environmental health practitioner who grants a written authority referred to in Sub-regulation (7) may, in such authority, impose any condition regarding the transportation and further storage of the food concerned.

i) An environmental health practitioner acting in terms of this regulation shall, at the request of the person in charge affected by such action, issue to such person a written certificate, in a format provided in Annexure E under his or her signature and designation stating the kind and quantity of food removed for safe disposal and the reason for removing it.

j) In a case where a client with seized products does not respond within the stipulated amount of time the municipality will recuperate the disposal funds through application processes of COA renewal.

37. PROCEDURE FOR DETENTION OF FOODS

a) The Environmental Health Practitioner may, pending the examination or analysis of a sample, by written order, in a format provided in **Annexure C**, signed by him or her, detain the whole consignment of food in whatever kind of package or container it may be, on or in the premises concerned from which that sample was taken.

b) The Environmental Health Practitioner may lock up, seal, mark, fasten or otherwise secure such detained food in or upon such premises or any other premises.

c) An order referred to in sub regulation (1)

   i. Shall be served on the person referred to in regulation 2(1) (a);

   ii. Is binding for the period stated in the order, which shall not exceed a period of thirty (30) days;

   iii. May be withdrawn during that period; or

   iv. May be extended to a maximum period of thirty (30) days if the initial period was less than thirty (30) days.

d) No person may, without the written permission of the Environmental Health Practitioner remove any food detained in terms of sub regulation (1) from the place where it is being detained, or deal with it in any other manner.

38. PROCEDURE FOR RECTIFICATION OF CERTAIN CONDITIONS

a) If an environmental health practitioner is of the opinion that in relation to food premises or foodstuffs contemplated in Act, activities or conditions exist which are dangerous or harmful to health or which are likely to favor the spread or impede the prevention of a food borne disease, he or she shall issue a written order, in a format provided in **Annexure F**, signed by him or her and addressed to the person in charge of such premises, in which he or she instructs that-

b) Any activity or condition stated in the order must be rectified immediately or within a specified period determined by the environmental health practitioner; or

c) If such an activity or condition is due to failure to comply with the requirements of the Act, such person in charge must comply with the requirements of the Act.

39. PROCEDURE FOR TAKING A FOOD SAMPLE

39.1 In terms of Regulations (R. 328 of 20April 2007), with due regard to the Powers conferred on inspectors under section 11(1) of the Act:

(a) The Environmental Health Practitioner shall take a sample in the presence of-

   i. The person in charge; or

   ii. Any other person who is employed in those premises, as a witness if the person in charge is not present.

(b) The Environmental Health Practitioner shall, as soon as practicable after the sample has been obtained in terms of paragraph (a)(ii),

   i. Notify the person in charge, in writing, of the sampling and of the purpose thereof.

(c) The Environmental Health Practitioner shall ascertain from the person referred to in paragraph (a) in writing and in a format provided in **Annexure A**, whether a part of such sample for examination or analysis is required and if so, the EHP **shall**-

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(i) Divide the sample in such a manner and its nature permits, into three separate parts which shall be as identical as possible.

- One portion shall be handed to such person
- One sends to an analyst for analysis or examination, and
- One carefully kept by the EHP until the case has been finalized.

(ii) If the contents of one package are not sufficient for analysis or examination if divided as foresaid,

- Obtain additional packages of the property of the same person similarly labeled and purporting to contain a similar article, and
- Shall mix the contents of two or more such packages then and there, and
- Divide the mixture and deal with it as provided; and

(iii) Pack, seal and label with a special with a special label in a format provided in **Annexure B**, each of the three parts of a sample referred to in subparagraph (i) to indicate-

- Its nature;
- Origin; and
- Identify it with;
  - An identification numbers
  - Concise details regarding the contents;
  - The nature of the examination or analysis required;
  - The date on which the sample was taken; and

- His or her name and work address.

(d) If the offer to divide the sample is not accepted, the undivided sample shall be packed, sealed, labeled with a special label to indicate its origin, nature and to identify it as indicated in paragraph (c)(iii) and send to an analyst for analysis or examination.

(e) In the case of a perishable foodstuff, or a foodstuff in a sealed package, or where the opening of such package would hamper analysis or examination, or where no person referred to in paragraph (c) is present, a similar procedure to that described in paragraph (d) shall be followed.

(f) The original label of the package, if any or a copy thereof shall accompany the sample sent to the analyst.

(g) In the case of milk or cream sample for chemical or compositional analysis, the preservative tricresol, may be added. If a person referred to in paragraph (c) is present, the preservative shall be added to the sample in his presence and shall be informed of the nature of the preservative.

(h) The sample may be delivered to the analyst by any convenient means provided the EHPs seal remains intact.

(i) Samples for bacteriological analysis shall be taken with sterilized equipment and transferred to sterile sample containers taking precautions to prevent the contamination of the samples.

(j) The sample container shall be stoppered and, within 15 minutes of the sample being taken, shall be surrounded by crushed ice or other suitable refrigerant which comes into contact with the container and is capable of reducing the temperature of the sample to 7°Candmaintaining it at that temperature or below, but not frozen, until delivered to an analyst.

(k) In addition to the procedure described in sub regulation (2), when sampling of milk and milk products is carried out, the contents of the International Standard: ISO 707: 1997: Milk and Milk products: Guidance on Sampling, shall, where applicable, be taken into consideration.

40. DUTIES OF ANALYSTS

a) An analyst referred to in section 12(2) of the Act shall complete a certificate in a format provided in **Annexure H** of these regulations.
b) In the case of milk or cream, besides any other aspects which have to be investigated, it shall be determined and reported whether a preservative is present and, if so, whether it is a preservative prescribed by regulation for that purpose.
c) In the case of a sample of a foodstuff which is not perishable and which is found on analysis or examination to be adulterated or falsely described or otherwise not to comply with the requirements of the Act, and which was not divided by the Environmental Health Practitioner, the unused portion, if any, of the sample shall be closed, sealed and carefully retained by the analyst until after the conclusion of any prosecution in connection therewith.

41. PROCEDURE FOR COMPILING AN INSPECTION REPORT

a) An Environmental Health Practitioner shall, within fourteen (14) days after completing an inspection or an investigation of food premises,
b) Compile an inspection report, in a format provided in **Annexure G**, and
c) Hand or send by registered post a copy thereof to the person in charge of the premises concerned.

42. PROCEDURE FOR FOODBORNE ILLNESS OUTBREAK INVESTIGATION

41.1 Why investigate?

a) To confirm the presence of an outbreak.
b) To institute appropriate management of cases and limit associated morbidity and mortality.
c) To identify the source of the outbreak and eliminate it.
d) To decrease the risk of such outbreaks in district in the future by implementing preventive action based on knowledge gained.

41.2 Definition:

a) Foodborne illness outbreak (food poisoning) refers to any food poisoning incident involving 2 or more individuals that are epidemiologically linked to a common food/beverage source. The cause may be infectious or toxin related. In practice the majority of household-related and small food poisoning outbreaks are never reported and patients frequently recover without seeking health care. However, when reports of 2 or more such cases are received, they should be investigated as they may represent only a small proportion of actual cases and it is only when an investigation is launched that the magnitude of the incident is discovered.

41.3 Food poisoning investigation step by step guide:

41.3.1 Verify the outbreak

a) Obtain preliminary information as a matter of urgency (telephonically pending a detailed line-list and initial report). Essential information to gather at the first point of communication includes:

I. Number of people affected
II. Number of people who were exposed
III. Setting e.g. school, function, gathering, home, restaurant, etc.
IV. Nature of clinical symptoms, e.g.: diarrhea (if yes, watery/bloody/other), abdominal cramps, vomiting, fever (if present, exact measurement), neurological signs/symptoms and other.
V. Extent of clinical disease: e.g.: mild vs. severe, has anyone been admitted to hospital, has anyone died, are patients receiving appropriate acute care.
VI. Estimated incubation period. How long after consumption of the implicated meal did people start to feel ill?

- Which facilities are admitting patients – obtain names, contact numbers and key contact personnel (the infection control sister is the ideal contact if available at that institution)
- Rapidly consider all information you have received and determine whether an investigation is warranted.
- Request the event organizers to start a list of all persons attending the event (including contact details where possible), a list of food and beverages consumed, and to not discard any leftovers served. Left-over foods should be refrigerated until collection.

43.1.2 Rapid response – case findings, investigation and immediate control

a) After obtaining initial information, if an outbreak investigation is indicated, an immediate site visit should be made wherever possible. A site visit will permit rapid assessment of all ill persons, appropriate management of cases, clinical and environmental specimen collection, and detailed collection of data.

I. Verify the data that was collected telephonically
II. Identify as many cases as possible through activity case finding. This may include calls to clinics, hospitals, local GPs, other healthcare providers (pharmacies, traditional healers) in the area to identify cases.
III. Rapidly distribute guidelines and data collection tools to all referral facilities and response team members at the outbreak site.
IV. Obtain a detailed list of all food and beverage items served at the implicated meal(s). Obtain a list of all persons who attended the function/or were at the premises, including contact details if possible.

b) Collect detailed data on all persons exposed (cases and non-cases/controls) utilizing line-list(s) and/or questionnaires;

I. Interview all cases who are still on site at the event/function/premises. Obtain contact details (including cell phone numbers and residential addresses) from all cases to allow for follow-up interviews.
II. Interview as many other non-cases/controls who attended the same event/meal.
III. If interviews cannot be completed on site, obtain full contact details (full names, addresses, phone numbers) of all persons exposed, to allow for follow-up interviews to be completed.
IV. Establish which healthcare facilities are admitting patients. Ensure that all facilities are provided with a line-list to record all cases. Obtain names of cases admitted, case contact numbers and names and contract numbers of key personnel (the infection control sister is the ideal contact) of each facility.
V. Utilizing the same questionnaire, interview as many other persons exposed (non-cases). If interviews cannot be completed on site, obtain their full contact details to allow for follow-up interviews.

c) Collect clinical samples from as many symptomatic cases as possible. Request specimens from:
   I. Cases still on site at the event/function.
   II. Cases receiving treatment at referral healthcare facilities.
   III. Any symptomatic food handlers and other staff.
   IV. Home visits may also be conducted.

d) Perform an initial environmental inspection including sampling as required:
   I. Inspect the structural and operational hygiene of the implicated food premises, and procedures used in preparing suspect meals.
   II. Collect appropriate food/beverage and other environmental samples according to guidelines. These samples must be taken as soon as possible as food is often discarded.

e) Initiate immediate control measures as appropriate. NOTE: Always exercise caution in implicating a particular food/caterer when the investigation is still incomplete and evidence is only preliminary. Take all necessary precautions to protect the public but proceed with caution. Depending on the situation this may include:
   I. Management of cases to minimize morbidity and mortality and provide health education to prevent spread of infection.
   II. Removal of suspect food/beverages from sale or from the premises
   III. Food-handlers who are ill should be excluded from work pending investigation

43.1.3 Data analysis – descriptive epidemiology

a) Collate data obtained on line-lists and case investigation forms.
b) Develop case definitions to establish who are confirmed cases, suspected cases, persons exposed (non-cases/controls) and persons who should be excluded from these investigations (e.g. illness not related to this outbreak).

c) Perform descriptive epidemiology on available cases (suspected and confirmed cases). This should include analyze the data to describe cases by person, place and time. Remember that time analysis may be in hours rather than days in a foodborne outbreak. Calculate attack rates and estimate the average incubation period (i.e number of hours from consumption of the implicated meal to onset of illness).
d) Obtain laboratory results for clinical specimens and record on line list of cases. Obtain laboratory results from environmental samples. Request assistance with interpretation of laboratory results as required.

43.1.4 Develop hypotheses

a) Review findings from step 3 and generate hypotheses about the likely source of the outbreak and possible aetiological agents (Table 1 and Table 2), if this is not already apparent from laboratory findings.

TABLE 1: SYNDROMES OF FOODBORNE DISEASE AND LIKELY CAUSES

Primary symptom	**Likely agents**
Vomiting (fever and/or diarrhoea may occur)	Viral gastroenteritis (rotavirus, caliciviruses), Preformed bacterial toxins (*S. aureus*), *Bacillus cereus.* Heavy metals
Acute watery diarrhoea (No dysentery, fever may be present)	Most enteric pathogens but classically: ETEC (enterotoxigenic *E.coli*), *Giardia, V. cholerae, Cryptosporidium, Cyclospora,* Enteric viruses, *Clostridium perfringens* toxin
Bloody stool and fever	*Shigella spp., Campylobacter spp., Salmonella spp.,* EHEC *(*enterohaemorrhagic *E.coli)* *Yersinia enterocolitica, Entamoeba histolytica, Vibrio parahaemolyticus*
Prolonged diarrhoea (>14 days)	*Giardia, Cyclospora, Cryptosporidium, Entamoeba histolytica*
Neurological symptoms	Clostridium botulinum, Mushroom poisoning, Fish toxins (various), Organophosphates, Thallium poisoning
Systemic illness (e.g.: fever, jaundice etc.)	Hepatitis A and E, *Salmonella* Typhi, *Listeria monocytogenes, Brucella spp.*, etc.

TABLE 2: TYPICAL INCUBATION PERIODS AND SOURCES FOR SELECTED BACTERIAL CAUSES OF FOODBORNE ILLNESS

Agent	Incubation period	Typical foods
Staphylococcus aureus	1-6 hours	Poorly refrigerated potato and egg salads, meat, cream pastries
Bacillus cereus (preformed enterotoxin – vomiting syndrome)	1-6 hours	Poorly refrigerated cooked rice and meats
Bacillus cereus (diarrhoeal toxin)	10-16 hours	Meat, stews, gravies, vanilla sauce
Salmonella spp (non-typhi)	12-72 hours	Contaminated poultry, eggs, meat, vegetables, unpasteurised milk and juices, cheese
Clostridium perfringens (toxin)	8-16 hours	Meat, poultry, gravy, dried or precooked food
Clostridium botulinum (preformed toxin)	12-72 hours	Home canned foods with low acid content, improperly canned commercial foods

43.1.5 Test hypotheses – analytical epidemiology

a) At this point it may be necessary to conduct additional epidemiological investigations, especially if the source of the outbreak is unclear and if there is a possibility of additional cases. This may include a cohort or case control study to determine the source of the outbreak. A cohort study is preferable when all exposed persons are available and it is feasible to interview them all. If not, a case-control study can be used. Advice from an epidemiologist should be sought in planning such studies. The NICD and South African Field Epidemiology and Laboratory Training Programme (SA-FELTP) residents are often available to freely assist investigations.

43.1.6 Institute any additional control measures & measures for prevention of future incidents

a) Depending on the findings of the investigation additional control measures may be implemented. These may include:
   I. Food recall/seizure from the market
   II. Changes in production and/or preparation of foods
   III. Closure of food premises (according to legislation)
   IV. Exclusion of infected individuals from school/work according to guidelines and legislation.
   V. Generally, this period of exclusion is for 24 hours after symptoms have ceased but, in some instances, laboratory criteria may be required to declare fitness for work e.g.: typhoid fever cases.

VI. The following groups are usually excluded from work/school if they have diarrhea and/or vomiting until they are non-infectious:
- Food handlers – if they touch unwrapped food that will be eaten raw or without further cooking.
- Care givers for the very young, elderly or immunocompromised individuals.
- Children under age 5 years
- Older children or adults if personal hygiene is poor and/or there is inadequate toilet, washing and or hand-drying facilities available at home, work or school.

43.1.7 Report writing and communication

a) Write a detailed outbreak report including all available information and recommendations for future interventions. Every outbreak is a learning opportunity and can help to prevent similar future occurrences.
b) Share the experience of this outbreak with relevant stakeholders and consider publication of findings in peer-reviewed journals and local communicable disease publications as appropriate.

43.1.8 Post-outbreak evaluation, corrective actions and strengthen surveillance

a) Perform an outbreak evaluation which will permit all stakeholders to review their performance in the outbreak investigation and ensure improved quality for the next incident.
b) List challenges and corrective actions, responsible individuals and date for completion of all actions. An outbreak may offer an opportunity to motivate for strengthening of surveillance systems for foodborne diseases in the province. This may include systems for early detection and reporting of possible clusters of foodborne disease from various sources (e.g. local medical practitioners, hospitals, clinics, the public, the media, laboratories, others e.g. workplaces, crèche, schools, pharmacies.

43. DISPOSAL OF THE DEAD

43.1 The Scope of Profession of Environmental Health, promulgated under the Health Professions Act, 1974 (Act No.56 of 1974) advocates for the following activities in respect of "Disposal of the Dead":

a) Controlling, Restricting or Prohibiting the business of-
I. An Undertaker or Embalmer,
II. Mortuaries and other places; or
III. Facilities for the Storage of Dead bodies;

b) Monitoring practices at-
I. Cemeteries,
II. Crematoria and
III. Other facilities used for the disposal of dead bodies;

c) Managing, Controlling and Monitoring-
I. Exhumations and Reburials or
II. Disposal of human remains.

43.2 CERTIFICATE OF COMPETENCE (CoC)

43.2.1 CONDITIONS FOR ACQUIRING A CERTIFICATE OF COMPETENCE

a) The Certificate of Competence is a compulsory requirement for operating burial services, funeral undertaking services or parlous and crematoria, in terms of Regulations No.636 of 2007 under the National Health Act, 2003.
b) The applicant should be able to provide a layout plan for the structure to be used for Funeral Undertaking Services.
c) Activities relating to keeping of dead bodies or corpses shall only be conducted at approved premises with approved structure and in an approved manner.

43.2.2 PROCEDURE FOR AQCUIRING A CERTIFICATE OF COMPETENCE

a) Application is submitted to "Town Planning Unit" of a local municipality
    I. Check for land use and zoning of premises
    II. If complying with Town Planning requirements:
    III. Send to Municipal Health Services for inspection of premises for compliance with Health requirements

b) Received by MHS EHP, who
    I. Registers the application in the "**Application for CoCs**" Register
c) Verify that all required attachments for processing the application have been attached in order to process the application if there are supporting documents which re not attached as per requirement then the EHP must inform the client in writing about the pending documents which must be submitted within 14 working days.
d) Communicate or secure appointment with the applicant;

e) Environmental Health Practitioner conducts a visit to the area/premises for inspection
f) Final inspection (if required) will be conducted, depending on the circumstances
g) Prepares/processes a Certificate
h) Registers it for issuing, in the appropriate column provided
i) Alerts the applicant for collection of certificates
j) Manager Municipal Health Services confirms issuing (from office) by signing in the column provided
k) The COC is then forwarded to EHP who will hand it to the applicant, after recording it as issued (from the Office)
l) A **fee** as determined by the Municipality will be charged for the application of the CoC, following the appropriate procedure prescribed.

43.2.3 Service standard for issuing of a Certificate of Competence (CoC):

a) COC will be issued after the verification process has been completed and the MHS office is fully certified that the premises are compliant.

43.3 BURIAL OF HUMAN BODIES (CORPSES): DISPOSAL OF THE DEAD

a) The service is provided in terms of provisions of the National Health Act, 2003 (Act No.61 of 2003) requirement as the 8th function in the list of activities to be performed by Municipal Health Services. The function is regulated under same Act, Regulations No.636 of 20 July 2007, that intends to ensure that every individual is buried decently and with dignity, irrespective of his or her social status or circumstances while still alive.

b) The Regulations clarifies the roles, functions and responsibilities of the municipality as well as Department of Health in regard to activity. It also determines the time frames and condition at which each institution (sector) has to resume responsibilities for dead bodies requiring burial.

c) There are different categories of dead bodies classified in terms of the various circumstances as follows:

I. Unclaimed and Unidentified
II. Unclaimed and Identified
III. Unclaimed, Unidentified and Decomposed
IV. Paupers (homeless and no relatives)
V. Indigents

43.4 EXHUMATION OF HUMAN REMAINS

43.4.1 BACKGROUND INFORMATION

a) Reasons for Exhumation:

I. Exhumations are generally rare but can occur for a number of reasons including:

- Movement from the original grave to a subsequently acquire family plot in the same or other cemetery
- Repatriation overseas to be buried with other family members;
- Transfer from one cemetery scheduled for development to another
- Court Orders requiring further forensic examination or criminal investigation
- To satisfy family wishes, where the family members of the deceased person may want the remains to be moved to another burial ground, to another part of the state or country or abroad, or even to have the remains cremated.
- The above list provides a few examples but is not exhaustive.

43.4.2 REQUIREMENTS

a) An exhumation of human remains is regarded as an offence if **lawful permission** has not been obtained. The permission required depends upon the circumstances of each case but most exhumations will require Home Office (local office) permission. Details are provided below.

43.4.3 PEOPLE INVOLVED IN EXHUMATION OF HUMAN REMAINS

a) The following people are required at different stages of exhumation procedures:

I. Environmental Health Practitioner;
II. Members of the South African Police Services (SAPS)
III. Cemetery authorities; and

IV. Funeral Undertaker

b) This document does not only involve professionals, but also for people such as nearest surviving relative, who may apply for an exhumation.
c) The Environmental Health Practitioner will provide an Exhumation and Re-interment Order containing details of what is required to the applicant.
d) The applicant, after satisfying the requirements identified in the Order will determine possible dates for availability of the Environmental Health Practitioner.

43.4.4 DECENCY AND SAFETY

a) An Environmental Health Practitioner must be present at the exhumation and shall supervise the event to ensure that respect of the deceased person is maintained and that public health is protected. This includes ensuring provision of Protective clothing eg Masks and gloves, task lights and all other necessary equipment
b) Everyone present shows due respect to the deceased person and to adjoining graves
c) The Environmental Health Practitioner will ensure that:
   I. The correct grave is opened
   II. The exhumation commences as early as possible in the morning to ensure maximum privacy,
   III. The plot or area is screened as appropriate for privacy
   IV. The name plate of the coffin (casket) corresponds to that on the license or permit
   V. A new coffin or casket has been approved by an Environmental Health Practitioner
   VI. All human remains and all the pieces of the coffin/ casket are placed in the new coffin/ casket or grave (if required).
   VII. The new coffin/casket is properly sealed
   VIII. The area of exhumation is properly disinfected; and
   IX. Satisfactory arrangements are in place for the onward transmission of remains.

43.5 PROCEDURE FOR HANDLING EXHUMATIONS AND REBURIAL OF HUMAN REMAINS

a) Assuming the Authority has not itself identified the need for an exhumation, it is likely that an application will be made by an individual or by a funeral undertaker acting on behalf of an individual. On extremely rare occasions, an application may be submitted following a Court Order to enable the gathering of forensic evidence.

43.5.1 INITIAL REQUEST

a) The request for an exhumation will be directed to the Office of Manager MHS who will either deal with the request or delegate the responsibility to the EHP of the area.
b) Upon receipt of such request, the "**Exhumation Initial Request**" form (**EX1**) should be completed.
c) The applicant should be provided with the Municipality's "**Guidelines for Families Enquiring about Exhumations**" (**EX2**). The guidelines will assist the applicant through the process and will provide an indication of the permissions and documentation required.
d) The Municipality's "**Exhumation Request Form**" (**EX3**) will be given/sent to the applicant for completion.

e) **It should be noted that**: The Institute of Burial and Cremation Administration recommends that any families enquiring about an exhumation, are made aware of the high costs of exhumation and the possible psychological distress that could be caused to the family.
f) Applicants should therefore be informed of the possible costs at the time of the initial request.

43.5.2 PERMISSIONS REQUIRED

a) Following the receipt of the completed EX3, the Manager Municipal Health Services or his/her delegated authority will satisfy that all appropriate permissions have been obtained. The permissions required depend/s upon individual circumstances but can be summarized as follows:
   I. Approval from Area (local/tribal) Office
   II. For exhumation for cremation, written consent from the cremation authority is required, plus the relevant license/s.
   III. The registered owner of the grave must give written permission to authorize the exhumation.
   IV. Where the remains are to be reinterred, the owner of the new grave must give written permission.
   V. The permission of the next of kin of the deceased to be exhumed will be required. The next of kin is the nearest living relative or executor. Divorced spouses and common law partners do not constitute next of kin. If there is no surviving spouse, children of the deceased whether legitimate or otherwise, would be the next of kin. The written consent of all the children is required.
   VI. If, in carrying out the exhumation, it is necessary to remove any memorial from this or adjoining graves, permission must be obtained from all relevant grave owners. Removing memorials will have costs, which will be the responsibility of the applicant.
   VII. The Area Services Officer should advise the applicant if any adjoining memorial need to be removed.
   VIII. The Area Services Officer will obtain the necessary permissions if and when necessary, but it will be the responsibility of the applicant to employ a stonemason to remove and replace the memorials.
   IX. When the Area Services Officer has undertaken all necessary checks, is satisfied that the necessary permissions have been given and that the exhumation application can be progressed, Part B of the local (or tribal) office (when required) should be completed and sent (along with the aforementioned permissions) to the area (local) office. A copy of the application form should be taken and filed. The approval normally takes three to four (3-4) weeks.

43.5.3 ARRANGING THE EXHUMATION

a) Once the necessary requirements have been obtained, practical arrangements for the exhumation can commence. It is vital that: in making those arrangements, any conditions attached to any part of the application, are complied with. In most cases, the applicant will have approached a funeral undertaker who may well by this stage, be acting on his/her behalf.

b) The Area Services Officer will contact the owner of the surrounding graves (those that will be affected by the erection of the screening) that an exhumation is to take place in the vicinity. If any owners cannot be traced, a notice will also be placed in the local newspaper or press, asking people to contact the office.
c) A mutually convenient date should be established for the exhumation to take place early in the morning. Those requiring to be informed of the date should include:
    I. The applicant;
    II. An EHP;
    III. Area Service Officer;
    IV. Local SAPS; and
    V. Cemetery staff
d) The Funeral Undertaker should carry-out a risk assessment to ensure that all necessary equipment is available and used. The Area Services Officer should also ensure that the license will be available on site at the time of the exhumation.

43.5.4 THE EXHUMATION

a) The exhumation should be carried-out early in the morning to ensure maximum privacy. The following people should be present:
    I. The Funeral Undertaker: who is the applicant's representative
    II. Environmental Health Practitioner for ensuring the health and environmental safety
    III. Cemetery Staff: who are present to react to any unforeseen circumstances
    IV. The Area Services Officer (or representative): who oversees the procedure
b) The applicant is permitted to attend the exhumation but should be advised of the potential distress of doing so. If the exhumed body is to be reburied, the responsibility for the arrangements and the costs falls upon the applicant.

43.5.5 RECORD KEEPING

a) As soon as reasonably practical after the exhumation, the Area Services Officer should ensure that all records are updated. All registers should be cross-referenced in red ink and an entry should be made in the "**Register of Disinterment**". File the papers.

43.6 PROCEDURE FOR IDENTIFYING UNCLAIMED HUMAN BODIES AT MORTUARIES

a) The Environmental Health Practitioner shall conduct environmental health inspections at all Funeral Undertaking premises (parlous, crematoria, mortuaries) within his or her areas of operation on a regular basis and report on the conditions and findings of each.
b) The EHP shall also, during routine inspection programs developed observe and identify existence of any dead body (corpse) that is suspected to have been kept at the mortuary for a period exceeding seven (7) days and establish the intention from the owner or person in charge of the premises.
c) The EHP shall establish reasons for inability to provide burial at the stipulated (reasonable) time.

d) The EHP shall obtain the details (particulars) of the family members or relative who referred the body to the undertaking services and forward to the office of Senior EHP for follow-up and further engagement.

e) Shall guide the indigent family member or relative (or properly refer them) on the procedures for obtaining burial assistance with relevant departments or sections (and assist where necessary).

f) The indigent families shall be advised and encouraged to register with the local municipalities' "**Indigent Registers**" for assistance during bereavement.

g) The Municipal Health Office based at individual municipal locality **shall** have access to the indigent register of that local municipality.

h) In the case of a dead body with no relatives, family members or any other responsible person or friend to claim from the mortuary for a period exceeding three months (90 days):

(i) The Assistant Manager of a particular Municipal Health Office shall provide a report and refer to the Manager who will communicate with or engage the relevant Department Forensic Unit.
(ii) After concluding all necessary procedures with the Forensic Unit, the Manager MHS will compile a list to the relevant department of the municipality to place an advert in a form of a "Notice" with details or condition of bodies that are kept at mortuaries of various municipalities of Pixley Ka Seme District, for positive identification.
(iii) The notice will be advertised on the media communications for a period not exceeding seven (7) days, after which preparations for the pauper burial will be made.
(iv) The notice will state the terms, guide and conditions for identifying the bodies.
(v) Three Quotations as per the procurement (Supply Chain Management) requirement shall be acquired from different Funeral Undertakers for the burial that will be determined by Municipal Health Unit.
(vi) The burial of unclaimed, unidentified or any other dead body shall be conducted decently and with dignity, irrespective of the circumstances that the person died in.
(vii) Members of the public will be notified on the date of the burial, as those bodies belong to individual families who, for unknown reasons happened to die in unfortunate circumstances.
(viii) The grave numbers of all bodies shall be jointly recorded with the local municipalities' Cemetery Units or departments for positive identification when exhumation may be required by relatives after tracing.
(ix) A record for all burials conduced within an area of locality shall be kept by the relevant local municipal health services Office for identification by family members or relatives after successful tracing by the Forensic Unit.

44. NORMS AND STANDARDS FOR WATER QUALITY MANAGEMENT

(Available: 2011, DOH)

a) The Constitution of South Africa states that "everyone has a right to have access to water" section 27 (1) (b). The Municipality has an obligation to make every effort necessary to provide water that is safe, accessible and affordable for its communities.
b) Safe drinking water refers to water that has been rigorously tested and does not represent any significant risk to health over a lifetime of consumption with regard to its Microbiological, Physical and Chemical quality.
c) Improving access to safe-drinking water can result in tangible benefits to health as water is essential to sustain life.
d) The Scope of Profession of Environmental Health: Regulations under the Health Professions Act, 1974 (Act No.56 of 1974) advocates for the following in respect of **"water quality monitoring"**:
    I. Monitoring water quality and availability, including:
    - Mapping of water sources
    - Enforcement of laws and regulations related to water quality management
    - Ensuring water safety and acceptability in respect of-
        - Quality (Microbiological, Physical and Chemical); and
        - Access to an adequate quantity for domestic use as well as in respect of-
        - Quality of water for recreational, industrial, food production; and
        - Any other human and animal use.
    - Ensuring that water supplies are readily accessible to communities; and to
        - The planning, design, management and health surveillance.
    - Ensuring monitoring of and effective waste water treatment as well as water pollution control including the collection treatment, safe disposal of sewage, other water-borne waste and surveillance of the water surface quality (including the sea) and ground water.
    - Advocacy on proper and safe water usage and waste water disposal.
    - Water sampling and testing in the field; and
        - Examination and analysis.

44.1 SCOPE OF APPLICABILITY OF WATER QUALITY NORMS AND STANDARDS

a) These sets of norms and standards cover the following:
    I. Catchment (rivers, treatment plants and others):
    II. System (reticulation pipes, reservoir and others); and
    III. Consumer areas (stand pipes, boreholes, household storage containers and other vessels)

    (They also expand to cover drinking quality at Port of Entries which includes Ships, Aviation and Land Ports. Improperly managed water is an establishment route for infectious disease transmission at port of entries).

44.2 PROCEDURE FOR TAKING A WATER SAMPLE (FROM A TAP)

a) Open a tap of water for water to run
b) Leave water to run to waste
c) Burn the mouth of the tap until red hot (using Bunsen burner)
d) Remove the Bunsen burner
e) Open the tap again and let water run to waste
f) Take a sample, using a sample bottle
g) Close the sample bottle
h) Label the bottle and identify it.

45. EQUIPMENT AND TOOLS FOR PERFORMING MUNICIPAL HEALTH ACTIVITIES

a) Depending on activities to be performed by Municipal Health Services, the following suitable equipment and tools will be required:

I. Personal Protective Equipment (PPE): Safety shoes, Ear plugs, safety glasses (goggles)
II. Lab (White) Coat
II. Reflector jacket
III. Mob cap
IV. Hard hat
V. Sampling Kit
VI. Thermometers
VII. Cooler box
VIII. Ice bricks
IX. Containers
X. Milk Scoop/spoon
XI. Environmental Sound Level Meter
XII. Bunsen burner/Gas blower
XIII. Chlorine
XIV. Methylated spirit/ sterilizer
XV. Sterile disposable gloves
XVI. Sampling bottles/plastics
XVII. Swab Kit
XVIII. Identification Card
XIX. Law Enforcement (Peace Officers') Card
XX. Camera for capturing evidence collected
XXI. Digital measuring tape
XXII. Report Form
XXIII. Petty cash note pad
XXIV. Note book/Laptop
XXV. First Aid Kit
XXVI. Communication Equipment (Mobile phone, Communication (2 Way) Radios, GPS System)
XXVII. Accredited Laboratory Services;
XXVIII. Gazebo

XXIX. Steel table
XXX. Camp chair
XXXI. Educational material;
XXXII. And others.

46. TOWN PLANNING APPLICATIONS FOR MHS COMMENTS

a) Town planning applications for land-use consents, rezoning of premises, Home Enterprise establishments, Site Developments Plans (SDPs), Building Plans and Control Sheets and others are received by the Municipal Health Unit for Environmental Health comments and guidance.

46.1 PROCEDURE FOR HANDLING TOWN PLANNING APPLICATIONS FOR MUNICIPAL HEALTH COMMENTS:

a) All applications will be received by the Administrative support Officer (for record purposes).
   I. Applications will be registered in the designated "**Register for MHS Comments**"
b) Submitted to the Senior EHP in charge (for accountability)
c) Investigate or determine the need for site visit for proper guidance to Senior EHP in charge
d) Allocate to relevant EHP for the area, for investigation
   I. The Environmental Health Practitioner visits the site for inspection
   II. Provide informed comments and professional guidance
e) Submit to Senior EHP confirmation/verification of comments & Submit for authorization
f) Delivered and recorded by Register Officer
g) Applications returned to "Town Planning Unit"
h) No correspondence or TP applications shall be returned without authorization of the unit supervisor for director or MM
i) **Time-frame for MHS comments**: Two (2) to seven (7) days.

47. ENVIRONMENTAL IMPACT ASSESSMENTS (EIAs) IN TERMS OF REGULATIONS OF 2010 FOR EHPs

47.1 BACKGROUND

a) Environmental Impact Assessments in South Africa are conducted when a new development or activity is undertaken. These activities are listed in listing 1 and listing 2 of the EIA Regulations, 2010 and schedule A and Schedule B of the NEMA: Waste Act as being potentially harmful to the environment.
b) These activities require **authorization**; therefore, the applicant must appoint an Environmental Assessment Practitioner (EAP) to manage Environmental Authorization on his/her behalf. A proposed activity must either go through a Basic Assessment or a full Scoping and EIA process.

47.2 IMPORTANT FOR EHPs TO KNOW

47.2.1 Who is regarded as Interested and Affected Parties (I&APs)?

a) Role players in Environmental Authorization Process
b) Four role players are mainly involved in this process:
   I. The Competent Authority
   II. The Environmental Assessment Practitioner (EAP)

III. Interested and Affected parties and
IV. State Departments

47.2.2 COMPETENT AUTHORITY

a) The Department of Environmental Affairs is the custodian of Environmental Impact Assessments and is therefore the Competent Authority. It has the powers to decide whether to grant or refuse environmental authorization based on the outcome of the EIA process.
b) Depending on the nature and location of the proposed activity, the competent authority can either be the National Department of Environmental Affairs (DEA) or its relevant Provincial Departments.

47.2.3 ENVIRONMENTAL ASSESSMENT PRACTITIONER/CONSULTANT

a) The Environmental Assessment Practitioner (EAP) is a consultant appointed by the applicant to manage the Environmental Authorization application on their behalf. The EAP must be independent, objective and have expertise in conducting EIAs.

47.2.4 INTERESTED AND AFFECTED PARTIES (I&APs)

a) The owners and occupiers of adjacent land within 100 meters of the boundary of the site, who may be directly affected by the activity.
b) The municipal councilor of the ward in which the site is situated and any organization of ratepayers that represent the community in the area.
c) The municipality which has jurisdiction in the area.
d) Any organ of state having jurisdiction over any aspect of the activity.
e) In addition, any other individual or groups can register as I&APs.
f) The EAP must open and maintain a register of names and addresses of all persons who have submitted their comments or attended meetings during the Public Participation Process, all persons who have completed the relevant public participation request form and all organs of state with jurisdiction.

47.2.5 STATE DEPARTMENTS/RELEVANT STATE ORGANS

a) These are the state departments responsible for administering the law relating to a matter affecting the environment e.g.
    I. DOH on issues that involves human health aspects;
    II. Department of Labor (DOL), on issues that involve Occupational Health and Safety and others.

47.3 ENVIRONMENTAL IMPACT ASSESSMENT PROCESSES

47.3.1 PROCESSES INVOLVED IN APPLICATION FOR ENVIRONMENTAL AUTHORIZATION

a) The following two processes are involved:
    I. The Basic Assessment Process;
    II. The Scoping and (Environmental Impact Assessment) EIA Process.
    III. Generally, activities that are listed in Listing 1 of the EIA Regulations must be subjected to the Basic Assessment process; and
    IV. The activities listed in Listing 2 require the Scoping and EIA process to be undertaken.

47.3.2 LISTING 1 ACTIVITIES

I. Activities in Listing 1 are those that are smaller scale of which the impacts are generally known and can be easily managed.
II. Typically, these activities are considered less likely to have significant environmental impact and therefore do not require a detailed EIA.

47.3.3 LISTING 2 ACTIVITIES

I. Activities in Listing 2 are those that require a full and detailed EIA to be conducted.
II. These are those activities that are likely to have a significant impact that cannot be predicted on the environment due to their nature and extent.
III. They are considered higher risk activities that are associated with potentially higher levels of pollution, waste and environmental degradation.
IV. Similarly, to activities listed under the NEMA: Waste Act requires Environmental Authorization.

47.3.4 SCHEDULE A AND B ACTIVITIES

a) Activities in Schedule A are those that require a Basic Assessment; and
b) Activities in Schedule B are those that require a Scoping and EIA process to be conducted.

47.3.5 DIFFERENCE BETWEEN A BASIC ASSESSMENT AND A DETAILED SCOPING AND EIA PROCESS BASIC ASSESSMENT

a) The Basic Assessment is a more concise (brief) analysis of environmental impacts of a proposed activity than a detailed EIA. However, a Basic Assessment also requires the following:
    I. Consideration of potential environmental impacts of the activity;
    II. An assessment of possible mitigation measures;
    III. Public notice and participation;
    IV. An assessment of whether there are any significant issues or impacts that require further investigation.

47.3.6 SCOPING AND EIA PROCESS

a) Scoping and EIA process requires a thorough environmental assessment for activities.
b) It is required for those activities that are likely to have a significant impact and are therefore regarded as higher risk activities that are associated with potentially higher levels of pollution, waste etc.
c) Scoping is done prior to the EIA process. A Scoping report must be submitted to the Competent Authority for approval before conducting an EIA.
d) The Scoping Report must contain a roadmap for an EIA, specifying the methodology to be used to assess potential impacts and the specialist reports that will be necessary.

47.3.7 PROCESSES INVOLVED WHEN EAP CONDUCTS A BASIC ASSESSMENT

a) Before submitting an application to the competent authority, the EAP managing the application must:
   I. Give notice in writing of the proposed application to the competent authority and any organ of state which has jurisdiction in respect of the proposed activity;
   II. Open and maintain a register of all Interested and Affected Parties;
   III. Consider all objections and representation from I&APs, following a Public Participation Process conducted and subject the proposed application to the Basic Assessment.
   IV. Prepare a Basic Assessment report; and
   V. Give all registered I&APs an opportunity to comment on the Basic Assessment Report (BAR).

47.3.8 INFORMATION TO BE CONTAINED IN THE BASIC ASSESSMENT REPORT (BAR)

a) The BAR must provide the Competent Authority with enough information to consider the application and to reach a decision on whether to grant or refuse environmental authorization.

47.3.9 DIFFERENCE BETWEEN THE SCOPING REPORT AND THE FINAL EIA REPORT

a) The Scoping report describes the proposed project and identifies the possible impacts of the proposed development. In addition, the scoping report must contain a description of the methodology that will be used to assess potential impacts and any specialist reports that will be necessary.

47.3.10 THE DEPARTMENT OF HEALTH'S (ENVIRONMENTAL HEALTH) ROLE AND CONCERNS WITH REGARD TO EIAS

a) The Department of Health is mandated in terms of the National Health Act, 2003 (Act No.61 of 2003) to protect and safeguard the health of communities, hence the need to actively participate in Environmental Impact Assessment Process to ensure that the health impacts of an activity are considered and to recommend health specialist Studies where applicable. The Environmental Health's main concern with regard to EIA is the impact that the proposed development or activity has or might have on the health of human beings. Less often than never EIAs do not fully consider the impact of an activity on human health.

47.3.11 HEALTH IMPACTS AND HOW TO DETERMINE WHETHER AN ACTIVITY HAS OR WILL HAVE NEGATIVE HEALTH IMPACTS?

a) Health impacts are the overall effects of a development or activity on human health, whether direct or indirect. Health impacts refers to issues such as injuries and diseases e.g. Cancer, birth effects and even death that may be attributed to an activity.
b) Health impacts of an activity are determined though the identification of hazards. This is done by making a list of possible health hazards that could be associated with an activity e.g. Emissions/Air Pollution, Noise and Agents of Communicable diseases such as the Malaria parasite.

47.3.12 THE ROLE OF ENVIRONMENTAL HEALTH IN THE ENVIRONMENTAL IMPACT ASSESSMENT PROCESS

a) It is vital that Environmental Health should be involved in the initial stages of an EIA process to be able to inform the content of the Basic Assessment Report (BAR) and/or Scoping report.
b) This can be achieved during the first phase of consultation, in the stages of notification by applicant or in the first public participation meeting for Interested and Affected Parties meeting.

47.3.13 ROLES OF EH IN EIAs INCLUDES THE FOLLOWING:

a) Visiting the site of the proposed activity
b) Assessing whether a particular activity has the potential to impact adversely on health, using screening tools available in the Environmental Health Assessment Guideline (EHIAG) of 2009.
c) Assess the Basic Assessment Report and/or the Scoping Report and inform DEA relevant competent authority in writing of the potential health impacts of the proposed activity and whether they are expected to be negligible, be of concern or be significant.
d) Assess whether the significant health impacts have been identified and proper mitigation measures are addressed.
e) Recommend whether specialist study (Environmental Impact Assessment) should be undertaken using available tools in the EHIA Guidelines.

47.3.14 HOW DO EHPs BASED IN A PROVINCE OR MUNICIPALITY KNOW WHICH APPLICATIONS ARE APPLICABLE TO THEIR AREA OF JURISDICTION?

a) Environmental Health should receive the notification or applications for environmental authorization for proposed listed activities from the DEAs relevant competent authority. If the competent authority is the Minister of Environmental Affairs, the relevant Health Authority is the National Department of Health.
b) If the competent authority is the MEC for Environmental Affairs, the relevant health authority is the Provincial Department of Health and if the competent authority is the Mayor, then the equivalent health authority will be relevant.

47.3.15 ATTENDING TO APLICATIONS AND/OR RECIEPT OF NOTIFICATIONS DIRECTLY FROM THE EAPs BY EHPs

a) EHPs are required to attend to all notifications and applications received, regardless and respond to DEA within ten (10) days. Most notifications and applications by the EAPs managing the Environmental Authorization applications on behalf of the applicants;
b) Ideally DEA should also send a letter to the state department regarding the received applications.

47.3.16 DOES AN EHP HAVE TO REGISTER AS INTERESTED AND AFFECTED PARTY OR ONLY TO INDIVIDUALS?

a) With regards to activities that should undergo a Basic Assessment Process, the relevant state departments are also required to register as Interested and Affected Parties and be able to participate fully in the process and provide comments.

b) EHPs are also required to register as I&APs if the location of the proposed activity is within their area of jurisdiction. However, the activities that require a detailed EIA to be conducted, State Departments will be involved fully and do not need to register as I&APs.
c) Important: This information must be utilized in conjunction with the **EIA Regulations 2010** as well as the **EHIA Guidelines 2009**

48. MUNICIPAL HEALTH OFFICE OPERATION

48.1 PROCEDURES FOR DAILY OFFICE OPERATION

a) All MHS Offices operate between07H30 to 16H15 from Monday to Friday. (Any Time worked beyond will be regarded as overtime worked in accordance with the Municipality Overtime as stipulated in the SALGBC Code: Collective Bargaining Agreement).
b) The Senior EHP shall be in charge of the daily running of the office within a local area.
c) All MHS Offices shall hold regular meetings quarterly and monthly when necessary to discuss plans, reports, challenges with proposals or recommendations and progress.
d) All weekly plans shall be forwarded to the Office of Senior EHP through the OFFICE OF Admin Assistant every Thursday of the week not later than 10H00.
e) All weekly reports shall be forwarded to the Office of Senior EHP through the OFFICE OF Admin Assistant every Monday of the week not later than 10H00.
f) Monthly & Quarterly one (1) on one (1) session shall be held with **all** MHS personnel for performance assessment of the Unit on a regular basis.
g) Correspondence from MHS Offices to external departments shall be through the Office of Municipal Manager.
h) Communication to any other departments, sectors, training institutions (for students practical's) and higher levels of local municipalities, excluding internal communication within same office shall be through the Municipal Manager.
i) All invitations and requests for MHS personnel participation shall be received and coordinated through the Office of Manager Municipal Health Services.
    I. In a case of non-availability in the office, telephone communication shall be conducted for proper delegation.
    II. Any meetings outside jurisdiction of a local municipal area of operation shall be referred to the Office of Manager Municipal Health Services.
    III. Any delegation to any meetings outside jurisdiction of a local municipal area of operation shall be referred through the Office of Manager Municipal Health Services.
j) Proper communication channels shall be observed and followed within all MHS Offices.
k) In terms of Professional Ethics Code, personnel within MHS Offices shall be presentable at all times when executing duties.
l) Regular municipal health services meetings shall rotate amongst the eight (8) local municipal areas of Pixley Ka Seme District Municipality if possible.
m) Quarterly Office and Team presentations for all MHS Offices shall be held on a regular basis.
n) Overtime work arrangements shall be handled in accordance with the Municipal Overtime Policy.
o) Transport coordination arrangements shall be made when same meetings or activities are attended by all personnel. Only shared mode of transport will be paid for or remunerated.

p) All MHS Committees and Operational Teams shall meet on a monthly basis and provide reports and feedback.
q) Every personnel (individual or team) attending a meeting, workshop, Conference or any work-related activity on behalf of the Unit shall **within 48 hours** (2 days) of return give feedback, submit a report or avail information to the Office of Manager MHS.
r) Any information affecting the Unit, which requires to be communicated, shall be done through proper/correct system or channel.
s) EHPs at all Municipal Health Offices shall provide experiential (practical) training to students from Higher Learning Institutions, through proper channels.
t) Community Service EHPs will be accommodated for work exposure on rotational basis with Department of Health EHPs as per municipal policy and approval.
u) A suggestion box for comments, inputs and feedback shall be placed at all MH Offices of PKSDM and jointly opened on a quarterly basis by MHS Management Team.
v) Respect for one another shall prevail and be maintained within the Unit, and non-adherence shall be handled in accordance with the Disciplinary Code of the Municipality as prescribed within the Collective Bargaining Agreement.
    I. Disrespect and Provocation within the Unit shall not be tolerated at all costs and shall be handled in accordance with the Collective Bargaining Agreement: Disciplinary Code.

49. DRESS CODE FOR MUNICIPAL HEALTH PERSONNEL

a) The dress code at Municipal Health Offices shall be as follows:
    I. Mondays - Thursdays: Formal uniform (Presentable and Professional).
    II. Fridays: **Smart Casual**.
    III. **Wellness Day**: Sportswear or Tracksuits allowed.

50. ALLOCATION OF AREAS FOR ENVIRONMENTAL HEALTH PRACTITIONERS

a) The areas of operation for Environmental Health Practitioners shall be allocated equally per varying categories including all levels. Consideration will look into the following concerns:
    I. the current situation in terms of staffing;
    II. municipal wards within the eight (8) local municipalities;
    III. the legislative requirement;
    IV. future projections for the broader municipal development; and
    V. the existing approved MHS Organogram.

51. PROFILES OF COMMUNITIES SERVICED BY MUNICIPAL HEALTH PERSONNEL

a) Every EHP providing services to communities within local municipalities of PKSDM shall acquire updated profiles of individual communities that they render services to and provide reports on a quarterly basis.

52. TEAM ALLOCATION FOR EXECUTING MUNICIPAL HEALTH FUNCTIONS AND PROGRAMMES

a) Performance of specific programs, projects, tasks and functions shall be allocated in terms of individual teams (clusters) consisting of all EHPs, representative of the eight (8) local municipal areas of locality, on an annual **rotational** basis and in accordance with the "Scope of Profession of Environmental Health".

53. ACCUMULATION OF CONTINUOUS PROFESSIONAL DEVELOPMENT (CPD) POINTS

a) All individual teams shall establish and create training opportunities for CPD Points accumulation from projects or programs that will be developed or identified during their engagements on regular monthly contact-sessions, for the benefit of all EHPs.
b) Trainings, Workshops and Conferences shall be attended as per MHS activities, programs and projects developed by all EHPs, in accordance with the HPCSA requirement on a regular basis and when available.

54. COMMUNITY COMPLAINTS RECEIVED

a) Environmental Health Practitioners shall prioritize environmental health complaints received from communities and make all efforts necessary to finalize/conclude on complaints attended and report on a weekly/monthly basis whichever the case may be.
    I. A complaint register shall be monitored on a daily basis by the Technical Manager/ Community service manager within an area of locality
    II. No environmental health complaint shall be left unattended.
    III. The EHP assigned to a specific area shall be accountable for all environmental health complaints received and not attended to at his or her area of operation.

55. SERVICE DELIVERY AND BUDGET IMPLEMENTATION PLAN (SDBIP)

a) Every Municipal Health personnel shall **individually** contribute to the achievement of annual service delivery targets for the Unit performance and report on a quarterly basis.

56. ASSET MANAGEMENT

a) All Municipal Health Personnel based at specific municipal areas shall be responsible for Management of Assets allocated to the office and report on a monthly basis on a standard form provided.

57. ADMINISTRATION AND CONSULTATION DAYS

a) Four (4) days of the week (Monday to Thursdays) shall be used for field work activities of Environmental Health Services. Fridays shall be reserved for Office Consultations, Administration services including: Compiling weekly inspection reports, individual capacitating on legislation; or updating on professional developments; or other internal office engagements, unless reasons beyond control prohibit, which should be communicated.

58. NORMS AND STANDARDS BY DOH

58.1 NORMS AND STANDARDS FOR CHEMICAL SAFETY

(Available: DOH)

a) Chemical safety involves programs and activities by Municipal Health Services to ensure safe handling, safe use, and safe disposal of chemicals. The National Health Act 2003 requires that action be taken to ensure that corrective and preventative measures are implemented where a condition arises that poses or is likely to pose a health hazard, in order to protect the constitutional rights of individuals and communities to live in a healthy environment that is free from chemicals.

b) **There are diverse forms and types of chemicals including:**
   I. Household chemicals;
   II. Pesticides;
   III. Heavy metals and industrial chemicals;
   IV. Other hazardous chemicals;
   V. Chemicals in food; and
   VI. Water treatment chemicals.

c) **Route of exposure to chemicals include:**
   I. Absorption through the skin;
   II. Inhalation;
   III. Adsorption; or
   IV. Ingestion

58.1.1 The Scope of Profession of Environmental Health promulgated under the Health Professions Act, 1974 (Act No.56 of 1974) advocates for the following activities in respect to the health surveillance of premises:

a) **Monitoring and regulating of**:
(i) All operators;
(ii) Fumigation firms; and
(iii) Formal and informal retailers that deal with the manufacture, application, transport and storage of chemicals.
(iv) Permitting, licensing and auditing the premises of the above, e.g. by issuing Scheduled Trade permits; and
(v) Facilitating advice, education and training on pesticides and/or chemical safety.

58.1.2 NORMS

a) All operators, fumigation firms, formal and informal retailers as well as premises must be in compliance with the requirements of the relevant legislation on chemical safety.
b) All the above listed must be licensed or permitted for conducting that activity.

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58.1.3 STANDARDS

58.1.3.1 **LICENSING/ PERMITTING**

a) All operators, fumigation firms, formal and informal retailers and premises shall be licensed/permitted on chemical safety issues.
b) A license/permit issued is not transferable to another owner or person in charge.
c) Any false, inaccurate or misleading information shall render the license or permit to be invalid.
d) Any change in name and contents of the chemicals shall render the license or permit to be invalid.

58.1.4 INSPECTION

a) All operators, fumigation firms, formal and informal retailers and premises shall be inspected.
b) The inspections shall be conducted on a quarterly basis.

58.1.5 CHEMICAL STORAGE

a) Storage of chemicals shall conform to the following:
    I. Under proper care and control
    II. Entirely separate from articles of food and drink
    III. Containers not in direct contact with the floor
    IV. Storage is labeled
    V. Adequate lighting and ventilation provided
    VI. Floors and walls smooth and non-porous
    VII. Roof impermeable/waterproof and firm
    VIII. Fire extinguishers and hoses are available and regularly serviced
    IX. Spill kit provided

58.1.6 EMPLOYEES

a) All employees are provided with personal protective equipment (PPE)
b) PPE is maintained at all times
c) Proof that employees are trained on chemical safety

58.1.7 PROCEDURES

a) Procedures and plans shall be in place for accidental spillages and leakages

58.1.8 RECORD KEEPING

a) The type of record to be kept shall be:
    I. A book,
    II. Register,
    III. Computer,
    IV. Codex or
    V. Other suitable means.
b) Record shall be kept in a proper order and up to date
c) Every substance shall be provided with a material safety data sheet.

58.1.9 RECORD INFORMATION

a) The record shall contain the following information:
   I. Date of the sale of the chemical
   II. Name and quantity of the chemical
   III. Trade name of the chemical
   IV. Full name and address of the purchaser or recipient
   V. Signature of the purchaser
   VI. Quantity of active ingredients
   VII. Name of the active ingredients

58.1.10 LABELING OF CHEMICALS

a) Name of product
b) Name and address of supplier/manufacturer
c) Directions for use
d) **Cautions**:
   I. Keep out of reach of children;
   II. in eye or skin contact,
   III. wash immediately;
   IV. If ingested accidentally, consult medical practitioner immediately
e) Weight of product
f) Expiry date of product
g) List of ingredients

58.1.11 DISPOSAL OF CHEMICALS AND CONTAINERS

a) All expired chemicals shall be disposed of at a licensed treatment facility or permitted landfill site
b) All empty containers shall be disposed of appropriately
c) No chemicals shall be disposed of into a watercourse, sewage system or drainage system
d) **No** empty container shall be used for drinking or storing of water or any foodstuff.
e) Contact manufacture for disposal advise

58.2 NORMS AND STANDARDS FOR WASTE MANAGEMENT

(Available: DOH)

a) Waste management is defined as all activities, administrative and operational, involved in the handling, treatment, conditioning, storage and disposal of waste, including transportation (**SANS 10248-1: 2008**).
b) It includes the monitoring and evaluation of health risks, nuisances and hazards at any health care facility or health establishment and instituting remedial and preventative measures, where necessary.

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c) The waste management standard lays down the minimum provisions for the safe and effective management of health care waste generated by health care facilities or health establishments in order to reduce the potential risks to humans and the environment.

58.2.1 The management of the health care waste covers:

a) The generation;
b) Handling;
c) Collection;
d) Removal;
e) Transportation;
f) Treatment and
g) The final disposal of the waste (cradle to grave approach)

58.2.2 The Scope of Profession of Environmental Health, promulgated under the Health Professions Act, 1974 (Act No.56 of 1974) advocates for the following activities in respect of "**waste management**":

a) Ensuring proper refuse storage, collection, transportation, transfer and processing, materials recovery and final disposal;
b) Ensuring proper management of liquid waste including sewage and industrial effluents;
c) Ensuring proper storage, treatment, collection, transportation, handling and disposal of medical waste and hazardous waste;
d) Sampling and analyzing any waste or waste products such as sewage or refuse;
e) Investigating and inspecting any activity relating to the waste stream or any product resulting there from;
f) Advocating proper sanitation;
g) Controlling the handling and disposal of diseased animal tissue;
h) Ensuring safe usage of treated sewage sludge and ensuring that reclaimed waste is safe for health; and
i) Ensuring waste management including auditing of waste management systems and adherence to the "**cradle to grave**" approach.

58.2.3 NORMS

a) All health care facilities or health establishments must be in compliance with the requirements of the relevant legislation on waste management.

58.2.4 STANDARDS

58.2.4.1 **WASTE CLASSIFICATION**

a) All health care waste shall be classified in accordance with **SANS 102228**
b) All health care waste shall also be classified in accordance with the hazard and risk involved.

58.2.4.2 **WASTE SEGREGATION**

a) Health care waste must be segregated correctly at the point of generation
b) Health care waste must be containerized and correct liner used

c) All workers/employees shall be trained in the correct identification and segregation of the waste generated.

58.2.4.3 WASTE CONTAINER/LINERS

a) All waste containers must be marked with the bio-hazardous symbol for health care risk waste.
b) All waste containers must be rigid, tamper-proof and puncture-proof for health care risk waste.
c) All waste containers must be approved by SABS for health care risk waste before use
d) All waste liners must be **red** in color for health care risk waste
e) Black, Beige, White or Transparent packaging shall be used for **health care general** waste

58.2.4.4 INTERMEDIATE STORAGE AREA

a) All health care waste collected within the health care facility or health establishment shall be stored in a temporary area
b) The waste generated shall be stored neatly and correctly
c) Adequate lighting and ventilation shall be provided
d) Floors and walls shall be smooth and non-porous.

58.2.4.5 WASTE COLLECTION

a) Regular collection of the waste must be exercised to prevent nuisances or hazards.

58.2.4.6 FINAL STORAGE AREA

a) Area shall be secured and locked at all times
b) Area shall have a hand wash facility and appropriate drainage system
c) Adequate space shall be provided to store the waste
d) Adequate ventilation and lighting shall be provided
e) Area shall be accessible to trucks (where applicable)
f) Area shall be provided with bio-hazardous symbol
g) Health care risk waste shall be weighed and recorded before removal
h) The service provider must exercise regular removal of the waste
i) Anatomical waste shall be placed in the freezer where applicable.

58.2.4.7 TREATMENT AND DISPOSAL OF WASTE

a) All health care risk waste must be treated at a licensed incinerator before disposal
b) The ash content of the health care risk waste must be disposed of at a permitted hazardous landfill site.
c) All health care general waste shall be disposed of at a permitted landfill site.
d) The relevant authority must license any other technology used in treatment of health care risk waste.

58.2.4.8 OCCUPATIONAL HEALTH AND SAFETY

a) Employees dealing with health care risk waste shall be provided with Personal Protective
b) Equipment (PPE) at all times.
c) The PPE shall be maintained at all times

d) Procedures shall be available in dealing and reporting of incidents (needle stick and spillages)
e) All employees handling health care waste shall be trained on an on-going basis.

59. HEALTH SURVEILLANCE OF PREMISES

59.1 The Scope of Profession of Environmental Health, promulgated under the Health Professions Act, 1974 (Act No.56 of 1974) advocates for the following activities in respect of **health surveillance of premises**:

a) **Conducting Environmental Health Impact Assessments** (EHIA) of, amongst others, Housing Projects;
b) **Assessing aspects such as**-
   I. Ventilation and
   II. Indoor Air Quality,
   III. Lighting,
   IV. Moisture-proofing,
   V. Thermal Quality,
   VI. Structural Safety and
   VII. Floor Space
   VIII. Overcrowded,
   IX. Hygiene or
   X. Other **unsatisfactory health conditions on any**-
      - Residential,
      - Commercial,
      - Industrial or
      - Other Occupied premises.

c) **Monitoring-**

I. All buildings and All other permanent or temporary physical structures **used for**-
   - Residential,
   - Public or
   - Institutional purposes **including:**
      - Health care and
      - Other care,
      - Detainment,
      - Work, and
      - Recreation,
      - Travel,
      - Tourism,
      - Holidaying and
      - Camping and facilities in connection therewith and the immediate precincts.

d) Ensuring Urban and Rural **land-use planning practices** that are conducive to sustainable development by conducting sound Environmental Health Impact and other Assessments (EHIA);
e) Ensuring the **Prevention and Abatement of any condition** on any premises, which is likely to constitute a health hazard;

f) Ensuring the Health and Safety of Public Transport Facilities such as buses, trains, taxis, boats and airplanes as well as all other facilities in connection therewith;
g) Ensuring compliance with the principles of Local Agenda 21 and the Health Cities approach to integrated service rendering and the practical minimizing of any environmental health risk.

60. SURVEILLANCE AND PREVENTION OF COMMUNICABLE DISEASES, EXCLUDING IMMUNIZATIONS

60.1 The Scope of Profession of Environmental Health, promulgated under the Health Professions Act, 1974 (Act No.56 of 1974) advocates for the following activities in respect of Surveillance and Prevention of Communicable Diseases:

a) **Promoting Health and Hygiene, aiming at preventing-**
   i. Environmentally-induced disease and
   ii. Communicable diseases.

b) Collecting,
   i. Analyzing and
   ii. Disseminating Epidemiological Data and Information.
c) **Using** the Participatory Hygiene and Sanitation Transformation (**PHAST**) training approaches and any other educational training programs or approaches for effectual control measures at community level;
d) **Conducting** Epidemiological Surveillance of diseases;
e) **Establishing** an effective environmental health surveillance and information system within the different spheres of governance;
f) **Developing** Environmental Health measures, including protocols, with reference to:

I. Epidemics,
II. Emergencies,
III. Diseases and
IV. Migrations of populations.

61. VECTOR CONTROL MONITORING

61.1 The Scope of Profession of Environmental Health, promulgated under the Health Professions Act, 1974 (Act No.56 of 1974) advocates for the following activities in respect of "Vector control monitoring":

a) Identifying Vectors, their habitats and breeding places;
b) Conducting Vector Control in the interest of Public Health, including control of:
   i. Arthropods,
   ii. Molluscs,
   iii. Rodents and other alternative hosts of diseases;
c) Removing or remedying conditions resulting or favoring the prevalence of or increase in rodents, insects, disease carriers or pests;
d) Ensuring the residual spraying of premises and precincts;
e) Investigating Zoonotic Diseases and Vector-borne diseases in the working and living environment;

f) Surveying Imported Cargo and Livestock for the prevalence of disease vectors;
g) Undertaking Serological testing of Rodents, Dogs and other Pets or Animals.

62. ENVIRONMENTAL POLLUTION CONTROL

62.1 The Scope of Profession of Environmental Health, promulgated under the Health Professions Act, 1974 (Act No.56 of 1974) advocates for the following in respect of "Environmental Pollution Control":

a) Ensuring hygienic:
   I. Working;
   II. Living; and
   III. Recreational environments.
b) Identifying the polluting agents and sources of:
   I. Water,
   II. Air, and
   III. Soil pollution.
c) Conducting Environmental Health Impact Assessments (EHIA) of Development Projects and Policies, including
   I. Major hazard installations.
d) Identifying Environmental Health hazards and-
   I. Conducting Risk Assessment and
   II. Mapping thereof.
e) Preventing Accidents, e.g. owing to Paraffin Usage.
f) Approving environmental health impact assessment **reports,** and
   I. Commenting on environmental impact assessment **applications**
   II. Ensuring clean and safe air externally (ambient and point sources) through:
      - Emission Inventory Monitoring,
      - Modeling and Toxicological Reports,
      - Reviews and Complaint investigations.
   III. Controlling and Preventing Vibration and Noise Pollution.
   IV. Preventing and Controlling Soil Pollution that is detrimental to Human, Animal or Plant life.
   V. Ensuring Compliance with the provisions of the Occupational Health and Safety Act, 1993 (Act No. 85 of 1993) and its Regulations, including:
      - Anticipating, Identifying, Evaluation and Controlling Occupational hazards.
   VI. Taking the required Preventative Measures to ensure that the General Environment is free from Health risks.
   VII. Ensuring the-
      - Registration,
      - Permitting,
      - Monitoring and Auditing of all
      - Industries,
      - rade, etc., which involves controlling the **Internal Effects** of pollution on the Worker; and the **External Effects** of pollution on the Community and the Environment.

VIII. Monitoring management of Infrastructure Integrity, including management of the infrastructure integrity of Pipelines and Tanks.

IX. Ensuring, **jointly** with other role players, "a readiness for abnormal operating conditions and disasters". (intention of the **Public Gathering Act**)

X. Developing sustainable indicators appropriate for monitoring the effectiveness of environmental management systems of industries.

63. NOISE CONTROL

63.1 In terms of Noise Control, the Scope of Profession advocates for the following activities:

a) **Assessing the** Extent of noise pollution and its effects on human health;
b) **Facilitating** Noise Control Measures;
c) **Measuring** Ambient Sound Levels and Noise Levels.

64. RADIATION (IONISING AND NON-IONISING) MONITORING AND CONTROL

(a)Ensuring Ionizing and non-ionizing radiation sources are registered with the Department of Health.

(b) Ensuring registered ionizing and non-ionizing sources meet license conditions;

(c) Monitoring the safe transportation of radioactive material to ensure compliance

(d) Ensuring radioactive sources are licensed at the South African Nuclear Energy Corporation (NECSA);

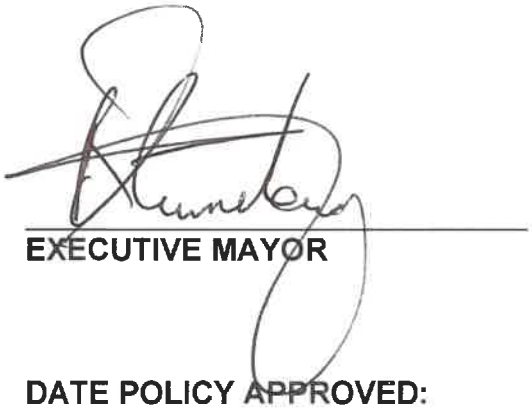
(e)Ensuring the proper disposal of all radiation waste materials from Hospitals and other licensed establishments;

(f) Ensuring protection against any form or sources of electromagnetic radiation.

CONCLUSION

These procedures were developed by Municipal Health personnel in accordance with the "Scope of Profession of Environmental Health" Regulations under the Health Professions Act, 1974 (Act No.56 of 1974), other applicable legislation and Internal Experience acquired.

Implementation of these standard operating procedures will enable the Unit to provide improved quality services in a more equitable manner to communities within all municipalities of PKSDM.



EXECUTIVE MAYOR

DATE POLICY APPROVED: **16 MAY 2024**

COUNCIL RESOLUTION: **R 2024-05-31 (9.7)**