

Level 4 COVID 19 lockdown - AAMSSA Recommendations for the Aesthetic Practitioner Issued 28 April 2020

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1. INTRODUCTION

On Friday 1 May 2020, the country will move from Level 5 to Level 4 lockdown. All Medical and Veterinary and Professional services fall under Level 4. Aesthetic practitioners may re-open their practices, however under certain conditions with strict policies, procedures and protocols in place for the safest possible practice during the Covid-19 pandemic.

AAMSSA's priority is the safety of you, your teams and your patients, but we also understand the importance of supporting the economy and the financial sustainability of your practice. We have been working with international aesthetics societies such as UIME and SEME to develop practical guidelines on safe recommencement of aesthetic procedures as the lockdown eases. The recommendations included in this document are in continuous review based on rapid evolution of new information, as well as Governmental Regulation. This may change at any time.

Aesthetic medicine is by nature a low risk form of medicine with regards viral transmission. It is by definition non-surgical and does not require large teams or a hospital environment. Patients are seen individually in a controlled environment. Standard Operating Procedures are already in place as the aesthetic industry has always required strict attention to medical hygiene, sterilization and disinfection. No aerosol generating procedures are performed. Our patients are generally well without significant co-morbidity.

AAMSSA advises an initial re-opening of practices with a focus on urgent, essential and chronic care during Level 4. Many patients seeking aesthetic medical care have chronic conditions requiring ongoing management such as acne, hypertrophic and keloid scarring, hormonal and post inflammatory hyperpigmentation, rosacea, hyperhidrosis, bruxism, migraines etc.

Many aesthetic practitioners also practice functional and integrative medicine offering immune and health support and ongoing hormonal balancing.

When it comes to decisions about aesthetic treatments it will be up to the individual doctor to determine whether the benefit outweighs the risk. This is patient, doctor and circumstance dependent. As a medical doctor you know your patients and their individual circumstances. A judgement call looks at all risks, not only that of COVID-19. Each practitioner must be clear on how and when they decide to treat a patient.

These recommendations are a practical resource to help set up your practice in the safest possible manner. SARS-CoV-2 is not going away for a while, and until we have a vaccine or herd immunity we will have to live with a “new normal” in our practices.

Now is a time when all our decisions will be questionable. Each aesthetic practitioner’s practice and circumstances are unique. We all need to be responsible, accountable and ethical in the manner we practice.

2. STAFF SAFETY AND PREPAREDNESS

- **Communicate** about COVID-19 with your staff. Share information about what is currently known about COVID-19, the potential for surge, and your facility’s preparedness plans. Communicate with employees about the reopening strategy and about new internal employee policies or role changes.
- **Training:** All staff must be trained on COVID-19 specific hygiene and protection measures necessary to protect themselves and patients. Educate staff about updated sanitation practices and policies, including handling patient inquiries about practices and policies.
- Distinguish between cleaning, disinfecting and sanitation.
- Print and post new sanitation guidelines.
- Signage and posters placed in strategic areas in the practice to promote safe hygiene measures.
- **Shift arrangements:** limit number of staff working at one time. Staff are to work in shifts with staggered arrival times.
- There should be no biometrics at entry points.
- Be aware that at present beauty therapists and somatologists are on Level 1 of Lockdown.
- A distance of 2 m must be respected amongst staff at all times.
- Provide staff with an essential services permit. See Appendix H: Permit to perform essential service for staff.

Health status of clinic staff

- Implement a staff monitoring system to screen employees daily. Each staff member should have their temperature documented both on arrival and on departure. If the temperature is above 37.5°C the staff member should not be allowed to work. Any staff member with acute respiratory symptoms should not come to work.
- Manage sick employees: A COVID-19 outbreak in your practice could lead to staff absenteeism. Review your sick leave policies and ensure that policies are flexible and consistent with labour law guidance. Communicate to your employees about policy relating to sick leave and sick pay.
- Identify vulnerable employees. Staff members who are vulnerable to infection such as those with diabetes, cardiovascular disease, chronic lung disease, immunodeficiency, cancer under active treatment, pregnancy or older than 60 years of age will require extreme COVID -19 protective measures and should ideally stay at home.

Staff hand washing

- Extreme care must be taken for hand hygiene measures with soap and water or appropriate liquid hand-scrub, according to the WHO guidelines on “How to Handwash” (Appendix A)
- Handwashing must be performed frequently, before putting on gloves, after removing gloves and before and after each contact with a patient, whether gloves were used or not.
- Hands are to be dried with disposable paper towels and discarded in a non-touch receptacle
- Hand rubbing with alcohol gel is not a substitute for frequent hand washing.
- Provide moisturizers at wash stations for comfort to eliminate dry, chapped hands.

Staff uniform and protective equipment

Staff should wear a clinic uniform which will be worn only on entering the practice. Uniform should be washed at a temperature over 60 degrees immediately on arriving home, or washed from work depending on facilities.

- Staff shoes should be sterilized before and after each shift and/or covered with disposable shoe covers. Consider having a dedicated pair of shoes that remain in the practice.
- Avoid jewellery, watches and loose hair. Cell phones need continual disinfection.
- Staff are to wear surgical masks at all times. Gloves and eye protection are to be used depending on proximity to patients.
- Disposable gowns, plastic aprons, caps and other protective wear are at the discretion of the practice and depending on procedures being performed.
- Only 1 designated pen to be used per staff member. Avoid sharing pens and disinfect regularly.

Public Transport of employees

- Staff on public transport are advised to wear masks and eye protection while commuting.
- If possible, alternative travel arrangements should be made to minimize exposure.
- Staff uniform is not to be worn on public transport but to be stored in a sealed bag or laundered from work.

Staff meals

- Stagger lunch and tea breaks.
- In communal eating areas there needs to be a minimum distance of 2m between diners.
- Staff should bring their own pre-prepared food in a sealed container with their own cutlery and crockery.
- It is recommended that each staff member have their own well marked water bottle or coffee cup and sanitize it every day or after each use.
- The fridge should be sprayed inside and out with 0.1% bleach spray at the end of the day.
- Before eating, remove PPE and wash hands according to protocol.
- After eating, wash hands and replace PPE according to protocol.

Staff roles and responsibilities

- Establish staff areas of responsibility for cleaning and sanitation.
- Develop sanitation schedule corresponding to areas of responsibility.
- Adjust job descriptions to incorporate new tasks.

3. PREPARING THE PRACTICE BEFORE RE-OPENING

Pay attention to soft furnishings

- Remove soft furnishing e.g. cushions, carpets, towels, blankets. Avoid upholstered chairs or cover them with an easy-to-clean plastic.
- Use plastic chairs in reception and space at least 2 m apart.
- Remove magazines, books, brochures, remote control or anything patients can touch from reception.
- Consider eliminating reusable copies of the treatment menu and transitioning to single-use disposable copies or a digital or no-touch promotional display of available services.
- Cover bed with paper roll or plastic cover rather than linen.
- Cover pillow with disposable linen saver or plastic cover.
- If using linen it will require full changeover between each patient and machine washing at a temperature over 60 degrees after a single use.

Retail Areas

- Clean and disinfect shelves and items in hard surface containers.
- Remove testers or shared samples that may cause sanitary concerns.
- Store most commonly used testers in a sealed, disinfected container in an accessible location not visible to guests.
- Print and post sign notifying guests that testers are available upon request (if applicable).
- Evaluate the addition of individual sealed samples when available.

Bathrooms and toilets

- Remove bathroom hand towels unless they are for individual use and washed at high temperature.
- Use disposable paper towels or an automatic hand dryer.
- Provide a non-touch lined receptacle for discarding paper towels.
- Provide liquid soap with dispenser in the bathroom.
- Place a sign in the bathroom with instructions on correct handwashing.
- Avoid decorative objects.
- Pay meticulous attention to toilet cleaning and hygiene.
- Clean and disinfect hard surfaces and high-touch areas such as door/stall handles, light switches, sinks, taps, handles, toilet paper/paper towel dispensers, toilet handles and seats.
- Ask visitors to flush toilet with a closed lid.

Reception and common areas

- Whenever feasible, it is recommended to place a Perspex/plexiglass screen on the reception desk.
- Evaluate the need for floor markings to assist guests with navigating the practice if necessary to meet distancing requirements.
- Mark a safe distance of approximately 1.5 m from the reception desk using coloured tape on the floor.
- It is practical to cover credit card machine and computer keyboard with plastic film to enable easier disinfection between uses.
- 20 ml of bleach (Jik) in 1 liter of water is an inexpensive and effective disinfectant for common areas, floors and surfaces, door handles etc.
- Engage technology vendors to determine what touchless (or reduced touch) technology features are available (e.g. touchless check-in, touchless payments, motion sensors for lights, touchless faucets etc.)

Consultation room

- All surfaces , equipment , door handles and floors are cleaned and disinfected before, during and after the course of the day.
- Use appropriate viricidal/bactericidal products. There is evidence that coronavirus is inactivated on contact with a 0.1% sodium hypochlorite solution , 62-71% ethanol or 0.5% hydrogen peroxide within 1 to 5 minutes.
- Nebulized virucides, mobile hospital grade fogging devices and ozone equipment is available on the market to help increase the level of decontamination safety. Use of 0.1% sodium hypochlorite in a spray diffuser is another option.
- Refer to Appendix B. Cleaning and Contamination. Return to work preparedness from the NIOH National Institute for Occupational Health for more detail on disinfection and decontamination.
- Use disposable linen and linen savers.
- Use paper based hand towels.
- No-touch, lined pedal waste bins and receptacles.
- Consider placing a spray bottle of surface sanitizer next to each piece of equipment (such as lasers, skin analysis machines etc.)
- Although unnatural to the aesthetic practitioner consider creating a barrier using your desk between you and the patient. Discourage the patient from leaning on the desk, using coloured tape if necessary to mark the correct position of their chair.

4. PREPARING PATIENTS BEFORE APPOINTMENTS

Communication with patients

- Reassure your patients of the measures you are taking to ensure maximum safety.
- Advise them on the existing and new safety protocols and provide updates about changes to your procedures regarding appointments and treatments and expected changes to the facility.
- Instruct patients on the importance of punctuality.
- Broadcast messages reflecting the above to patient databases via email, bulk-SMS, WhatsApp, social media etc.
- Advise that no handbags, watches, jewelry, cell phones or car keys will be allowed past the entrance area.
- Patients are to arrive unaccompanied. If this is not possible then the patient is to be accompanied by only one person who will also be subject to the triage questionnaire and respect the same hygiene and protection measures.

Screening of patients

The following patients should NOT be leaving their homes or having elective aesthetic procedures at this time:

- Elderly patients over 70
- Patients with co-morbidities: diabetes, cardiovascular disease, including hypertension, chronic lung disease, immunodeficiency, active cancer under treatment.
- Those with a history of COVID-19 infection within the past 4 weeks.
- Any patient with fever, cough, GI or flu-like symptoms.
- Any patient who has been exposed to a COVID -19 positive person in the past 2 weeks.

“Telephone triage”

When booking appointments ask the following questions. This can be included in the Consent and Disclosure form (Appendix D)

1. Have you had a fever in the last 14 days? (temperature > 37,5 degrees C)
2. Have you had a cough, sore throat, shortness of breath or any other respiratory symptom in the last 14 days?
3. Have you had diarrhoea or other digestive upsets in the last 14 days?
4. Have you noticed a loss of sense of taste or smell in the past 14 days?
5. Have you had any new skin condition in the last 14 days especially on your toes and hands?
6. Have you felt unusually tired in the past 14 days?
7. Have you been in contact (work or social) or living with any person suspected or confirmed of coronavirus in the past 14 days?
8. Have you tested positive for COVID-19 ?

If any of the answers are YES the consultation should be delayed for three weeks.

Minimize paperwork

- As far as possible e-mail documents to patients e.g. assessment forms, indemnity, consent , pre and post care instructions.
- Convert to electronic documentation if possible.
- Use electronic signatures or have patients print and sign from home.
- If patient needs explanation and clarification this can be done via Telemedicine.

Managing appointments

- Stagger and space appointments to ensure that at all times there is only one patient in reception at a time.
- Designate enough time between patients to disinfect and aerate the consulting room.
- Reduce absolute numbers of patients seen in a day.
- Depending on the size of the practice the doctor can decide how many patients can be on the premises at one time. Occupation must not exceed 1/3 of the capacity and should always allow a minimum separation of 2 meters.
- Don't arrange unnecessary follow up appointments and rather follow up telephonically if possible.
- Review cancellation policies, especially as they relate to illness or suspected illness.

5. PATIENT RECEPTION

Waiting area

- Limit points of entry to your practice.
- Do not have patients waiting in the waiting room. Discourage patients from socializing in the waiting area. If more than one person in the waiting area keep a two-meter distance.
- Patients arriving early should remain in their car until called in for their appointment.
- Separate Aesthetic patients from GP patients as far as practically possible.
- Patients to come in alone if possible.
- Temperature reading on arrival might alert you to an asymptomatic carrier. The appointment should be cancelled if the patient has a fever (>37.5°C).
- Any jewellery, watch, keys and cell phone to be placed in a Ziploc bag on entering premises.
- Handbag to be left at home or in the boot of the car.
- If the patient arrives wearing gloves, they must be removed and discarded.
- Patients to wash hands using medical hand scrub for 20-30 seconds on arrival.
- Provide posters on correct handwashing technique.

- Only use paper towels to dry hands and dispose of them in no-touch receptacles.
- Provide alcohol-based hand rub with 60-95% alcohol on all counters.
- Ready supply of tissues available in strategic areas for respiratory hygiene and cough/sneeze etiquette.
- Shoes are known to carry virus. Consider requesting patients remove their footwear on arriving. Provide socks, disposable slippers or disposable shoe covers. Alternatively disinfect shoes on arrival.
- A dust trapper mat sprayed at regular intervals at the entrance to the practice is a practical idea.
- If not wearing a mask provide patient with a mask on arrival and build this cost into your consultation.
- Remove the coffee/tea/ water/ refreshment station.

Reception desk

- Reception staff to wear surgical mask. If no Perspex screen in place, wear a face shield.
- Discourage visitors from leaning on reception counter.
- Wipe counter surfaces between every patient, visitor and delivery.
- Wear gloves if handling deliveries, documentation from patients and cash.
- Avoid cash. If the patient pays in cash wear gloves and wash hands very well. Disinfect or wash cash if necessary.
- Payments preferably done by instant EFT or credit card. Touch credit card payments using Snapscan/Zapper code available for those that want touchless payments. Cash Point Machines can be wrapped in cling film to allow complete spray sterilizing between patients.
- Assign a pen to each staff member and another one for exclusive use by patients to be disinfected after each use. Encourage patients to use their own pen.
- Disinfect telephone receiver and keyboard whenever there is a change of staff in reception.

Managing deliveries

- SARS-CoV-2 can remain viable on cardboard and plastic for up to 4 days.
- Wear mask and gloves when receiving deliveries, sign using own pen, disinfect all packages and wash hands immediately afterwards
- Dispose of all plastic, wrapping and cardboard immediately

6. DURING THE APPOINTMENT

Personal Protective Equipment

- As medical doctors you are all aware of the WHO guidelines for Personal Protective equipment. See attached. (Appendix C)
- For an outpatient facility with non-symptomatic patients, gloves and surgical mask suffice.
- Wearing eye protection is advised when working very close to a patient. Eye protection includes goggles or a disposable face shield that covers the front and sides of the face. Personal eyeglasses and contact lenses are NOT considered adequate eye protection. Remove eye protection before leaving the consultation room. Reusable eye protection must be cleaned and disinfected according to manufacturer's reprocessing instructions prior to re-use.
- The choice of PPE worn by the aesthetic doctor is varied depending on the doctor and the patient and the nature of the treatment being performed, and includes disposable gowns, plastic aprons, F93 or FFP2 masks (without valve), hats, goggles and face shields.
- Wearing medical scrubs enables you to separate work wear from home and not bring virus back home.

- Shoes are known to carry virus. Disinfect shoes as you enter and leave the practice and consider having a specific pair of shoes for the practice only. Consider disposable shoe covers.
- PPE waste and other disposable contaminated material must be placed in a waste disposal container with plastic self-closing bag.
- Although not designed for multiple use, many doctors are reusing masks in order to save valuable equipment for those working on the frontline. A very recent publication compared the effectiveness of sterilization by various methods tested (steam sterilization using hydrogen peroxide, using dry heat at 70°C for 30 minutes, or using humid heat at 121°C). The study showed that 2 or 3 sterilizations would be possible (allowing 3-4 uses of the mask) as long as the mask is not torn or damaged.
- Consider using clearly labelled disposable trays for staff to store their mask and goggles/visor between uses.

Practical measures during the appointment

- Plan treatments in advance and prepare what you will need. Organize only the equipment, material and PPE you will require for that patient.
- Plan timing meticulously so that there are no patients in the waiting area.
- Keep counters clear and have all unnecessary material or instruments stored in closed drawers to avoid possible viral cross contamination and to facilitate quick cleaning and disinfection of surfaces.
- Use disposable bed linen, linen savers and paper towels.
- Prior to peri-oral procedures it is recommended to give the patient mouthwash e.g. 1% hydrogen peroxide, chlorhexidine, 0.2% povidone iodine.
- If the patient must undress, clothing should be placed on a hanger in a designated area which must be disinfected after leaving.
- Consider covering unused devices and equipment with plastic film or covers between use.
- Disinfect all cameras or digital equipment between use.

Ventilation

- Keep windows open as far as possible.
- Open doors and windows to aerate the clinical space for 5 minutes between patients.
- Heating and cooling systems can be operated normally as there are no direct implications on Covid-19 spread. However avoid centralized recirculation systems.
- Replace air filters as usual according to maintenance schedule.

7. AFTER THE APPOINTMENT

- Provide a pedal bin container at the exit of the practice allowing patients to dispose of any disposable material used during the appointment.
- Patients should be able to once again rub, spray or wash hands on exiting.
- After a treatment all the instruments will be disinfected and sterilized as usual.
- Disinfect hard surfaces and high-touch areas.
- Spray with disinfectant solution and wipe with a disposable cloth every surface the patient has touched e.g. chair, desk, mirror, stress ball, eye protector, hand-piece, and all horizontal surfaces used in the treatment. Clean from the cleanest areas to the dirtiest and don't pass twice over the same area.
- Wash hands again or spray with hypochlorous acid between appointments.

8. CLEANING AND DISINFECTION OF THE CLINIC AT THE END OF THE DAY

- Cleaning and disinfection at the close of day should be performed in accordance with the SOP for cleaning and disinfection of the practice. However inform cleaning staff to wear gloves and mask and to pay extra attention to areas people commonly touch such as door knobs, handles, handrails, switches, taps, chair armrests, telephones, and keyboards.
- 0.1% sodium hypochlorite solution, 62-71% ethanol or 0.5% hydrogen peroxide within 1 to 5 minutes are shown to be effective.
- Scrub the floor with inexpensive bleach solution (20 ml Jik in 1 litre of water).
- Thoroughly clean and disinfect the toilet.

9. MEASURES TO BE TAKEN ON ARRIVING HOME

Once our workday is over, and we return home, we have to consider the safety of our loved ones. It is recommended you try not to touch anything or anyone before the following precautions are taken:

- Take off your shoes and leave them in the entrance or garage.
- Take off clothes and put them in the washing machine (at more than 60°C wash).
- Leave keys, wallet, and other objects in a box at the entrance.
- Clean and disinfect your mobile phone and glasses well.
- Wash your hands well with soap and water and then take a shower.
- Clean and disinfect surfaces of handbags, briefcases or anything you bring with you from outside.

10. POLICIES AND PROCEDURES

- Have COVID -19 Policy and Procedures in place.
- Review your emergency plan and update your emergency contact list.
- Make sure you know about healthcare and public health emergency planning and response activities in your province.

11. COVID 19 INDEMNITY: DISCLOSURE AND CONSENT DOCUMENT

- Prior to an appointment have patients sign a specific Covid-19 Disclosure and Consent form. This is also a form of triage.
- See example attached Appendix D.

12. EMBRACING THE NEW NORMAL

- Start an online shop with home deliveries to reduce walk-in's for product purchase.
- Sell hand sanitizers and other disinfection options.
- Offer immune boosting supplements and/or IV infusions with immune support.
- Offer near infra-red light or Ozone for immune boosting therapy.
- Increase the percentage of GP work to take the load off the health care system.
- Offer virtual consultations and become familiar with telemedicine technologies and self-assessment tools.
- All work that can be rendered remotely should be done so.

13. APPENDICES

- A. [WHO guidelines on “How to Handwash”.](#)
- B. [Cleaning and Contamination. Return to work preparedness from the NIOH National Institute for Occupational Health.](#)
- C. [WHO guidelines for Personal Protective equipment.](#)
- D. [COVID-19 Indemnity form: Disclosure and Consent.](#)
- E. [NICD NDoH COVID 19 Guidelines.](#)
- F. [NICH NDoH Coronavirus disease 2019 \(COVID-19\) Quick Reference for Health Workers.](#)
- G. [WHO Infection prevention and control during health care when novel coronavirus \(nCoV\) infection is suspected.](#)
- H. [Permit to perform essential service for staff.](#)
- I. [Good Services Movement.](#)

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