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OFFICE'S RELOCATION HAS BEEN TEMPORARILY SUSPENDED.**

Please be advised that the GPW Publications office will no longer move to 88 Visagie Street as indicated in the previous notices.

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

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

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

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

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

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

We apologise for any inconvenience this might have caused.

Issued by GPW Communications

For purposes of reference, all Proclamations, Government Notices, General Notices and Board Notices published are included in the following table of contents which thus forms a weekly index. Let yourself be guided by the gazette numbers in the righthand column:

Alle Proklamasies, Goewermentskennisgewings, Algemene Kennisgewings en Raadskennisgewings gepubliseer, word vir verwysingsdoeleindes in die volgende Inhoudopgawe ingesluit wat dus weeklikse indeks voorstel. Laat u self deur die Koerantnommers in die regterhandse kolom lei:

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

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government
printing

Department:
Government Printing Works
REPUBLIC OF SOUTH AFRICA

HIGH ALERT: SCAM WARNING!!!

TO ALL SUPPLIERS AND SERVICE PROVIDERS OF THE GOVERNMENT PRINTING WORKS

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

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

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

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

Example of e-mails these fraudsters are using:

PROCUREMENT@GPW-GOV.ORG

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

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

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

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

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

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

Fake Tenders

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

How tender scams work

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

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

OR

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

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

Protect yourself from being scammed

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

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

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

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

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

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

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

- **24 December 2019**, Tuesday for the issue of Friday **03 January 2020**
- **03 January**, Friday for the issue of Friday **10 January 2020**
- **10 January**, Friday for the issue of Friday **17 January 2020**
- **17 January**, Friday for the issue of Friday **24 January 2020**
- **24 January**, Friday for the issue of Friday **31 January 2020**
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- **14 February**, Friday for the issue of Friday **21 February 2020**
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COMMENCEMENT: 1 APRIL 2018

NATIONAL AND PROVINCIAL

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

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

EXTRA-ORDINARY

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

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

GOVERNMENT PRINTING WORKS - BUSINESS RULES

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

CLOSING TIMES FOR ACCEPTANCE OF NOTICES

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

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

All notices received after the closing time will be rejected.

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

GOVERNMENT PRINTING WORKS - BUSINESS RULES

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

EXTRAORDINARY GAZETTES

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

NOTICE SUBMISSION PROCESS

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

GOVERNMENT PRINTING WORKS - BUSINESS RULES

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

QUOTATIONS

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

COPY (SEPARATE NOTICE CONTENT DOCUMENT)

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

CANCELLATIONS

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

AMENDMENTS TO NOTICES

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

REJECTIONS

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

APPROVAL OF NOTICES

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

GOVERNMENT PRINTER INDEMNIFIED AGAINST LIABILITY

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

LIABILITY OF ADVERTISER

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

CUSTOMER INQUIRIES

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

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

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

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

GOVERNMENT PRINTING WORKS - BUSINESS RULES

PAYMENT OF COST

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

PROOF OF PUBLICATION

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

GOVERNMENT PRINTING WORKS CONTACT INFORMATION

Physical Address:**Government Printing Works**

149 Bosman Street

Pretoria

Postal Address:

Private Bag X85

Pretoria

0001

GPW Banking Details:**Bank:** ABSA Bosman Street**Account No.:** 405 7114 016**Branch Code:** 632-005**For Gazette and Notice submissions:** Gazette Submissions:**For queries and quotations, contact:** Gazette Contact Centre:**E-mail:** submit.egazette@gpw.gov.za**E-mail:** info.egazette@gpw.gov.za**Tel:** 012-748 6200**Contact person for subscribers:** Mrs M. Toka:**E-mail:** subscriptions@gpw.gov.za**Tel:** 012-748-6066 / 6060 / 6058**Fax:** 012-323-9574

GOVERNMENT NOTICES • GOEWERMENTSKENNISGEWINGS

DEPARTMENT OF AGRICULTURE, LAND REFORM AND RURAL DEVELOPMENT

NO. 1091

16 OCTOBER 2020

GENERAL NOTICE IN TERMS OF SECTION 11A (2) OF THE RESTITUTION OF LAND RIGHTS ACT, NO. 22 OF 1994 (AS AMENDED).

WHEREAS a land claim was lodged by Mr. Fuyelapi David Mngomezulu, which claim was published in terms of Section 11(1) of the Restitution of Land Rights Act, No. 22 of 1994 (as amended), hereinafter referred to as "the Act".

and

WHEREAS during further investigation of the land claim in so far as it relates to the property referred to below, the Regional Land Claims Commissioner, has reason to believe that the criteria set out in Section 11(1) (b) of the Act, has not been met.

NOW THEREFORE NOTICE is hereby given in terms of Section 11A (2) of the Act that at the expiry of 90 days from the date of the publication of this notice in the Government Gazette, the notice of the claim previously published in terms of section 11(1) of the Act in Gazette No. 41498, under Notice 225 of 2018, dated 16 March 2018, to the extent that it relates to the property listed below, will be withdrawn unless cause to the contrary is shown to the satisfaction of the Regional Land Claims Commissioner.

The details of the Gazette No. 41498, under Notice 225 of 2018, dated 16 March 2018, relevant for this notice include the following:

Reference No:	HH 003
Claimant:	Mr. Fuyelapi David Mngomezulu
Property Description:	See below
Total extent:	See below
Owner:	See below
Date Submitted:	31 December 1998

No.	Property Description	Extent Ha	Land Owner
1.	Portion 28 (RE) of farm Derdepoort 326 JR	273.0954	Mun Pretoria

The reasons the Regional Land Claims Commissioner believes that the criteria in section 11(1) of the Act may not have been met, is that:

- (a) The claimed land does not extend to portion 28 (RE) of the farm Derdepoort 326 JR; and/or
- (b) The ascendants of the claimants did not have rights in land (as defined in the Act) on the property listed above; and
- (c) The claimed land only affects portion 293 (a portion of portion 292) of the farm Derdepoort 326 JR.

Any party who may have an interest in the above-mentioned land claim is hereby invited to make representations, within 90 days from the publication of this notice, as to why the claim should not be withdrawn in terms of section 11A (3) of the Act.

The representations must be forwarded to the Regional Land Claims Commissioner



MR L H MAPHUTHA
The Regional Land Claims Commissioner
Private Bag X 03
ARCADIA
0007
Tel: (012) 310-6500
Fax: (012) 323-2961

DEPARTMENT OF AGRICULTURE, LAND REFORM AND RURAL DEVELOPMENT

NO. 1092

16 OCTOBER 2020

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

Notice is hereby given in terms of Section 11 (1) of the Restitution of Land Rights Act, 1994 (Act No. 22 of 1994) that a claim for the restitution of land rights on the following properties have been lodged with the Regional Land Claims Commissioner: North - West and that the Commission on Restitution of Land Rights has investigated the claim in terms of the provisions of the Act on the following properties:

Property Description	: Leeuwbosch 252 IN, Olifantshoek 237 IN and Vroylykheid 180 IN
Magisterial District	: Ngaka Modiri Molema
Administrative District	: North - West
Claimant	: Chief Gaesegwe Henry Phoi
Date claim lodged	: 09 th July 1996
Reference number	: BB 015

Any party/parties who have an interest in the above-mentioned properties is hereby invited to submit, within **07 days** from the date of publication of this notice, any representations and/ or information which shall assist the Commissioner in proving or disproving this claim. The affected party/parties shall be *ipso facto* barred from further doing so and the Commission shall continue with the subsequent processes towards completion of the investigation.

Any comments and information should be submitted to:

The Regional Land Claims Commissioner: North - West
Private Bag X 08
Mmabatho 2735
Tel: (018) 388 7000

Submissions may also be hand delivered to Cnr James Moroka and Sekame Drive, West Gallery, Mega city, Mmabatho.



MR. LEBJANE MAPUTHA
REGIONAL LAND CLAIMS COMMISSIONER

DATE: 2020/10/09



MR. VICTOR TITIES
DEPUTY-DIRECTOR: IMS

DATE: 2020/10/06

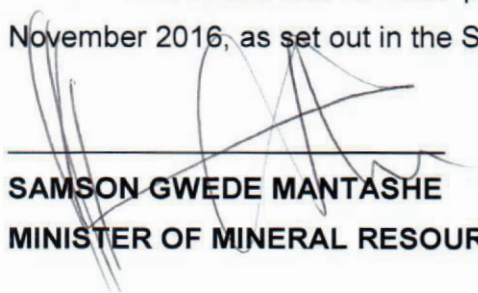
DEPARTMENT OF MINERAL RESOURCES AND ENERGY

NO. 1093

16 OCTOBER 2020

**ELECTRICITY REGULATION ACT, 2006: AMENDMENT OF ELECTRICITY
REGULATIONS ON NEW GENERATION CAPACITY, 2011**

I, Samson Gwede Mantashe, Minister of Mineral Resources and Energy, in terms of section 35(4) of the Electricity Regulation Act, 2006 (Act No. 4 of 2006), hereby amend the Electricity Regulations on New Generation Capacity published by Government Notice No. R. 399 in *Government Gazette* 34262 of 4 May 2011 and amended by Government Notice No. R. 1366 published in *Government Gazette* No. 40401 of 4 November 2016, as set out in the Schedule.



SAMSON GWEDE MANTASHE
MINISTER OF MINERAL RESOURCES AND ENERGY

Amendment of regulation 2 of the Regulations

3. Regulation 2 of the Regulations is hereby amended by the substitution for sub-regulation (1) of the following sub-regulation:

“(1) These Regulations apply to the procurement of new generation capacity, by organs of state active in the energy sector, including-

- (a) new generation capacity derived from renewable energy sources and co-generation;
- (b) base load, mid-merit load **[and]**, peak load new generation capacity, and energy storage; and
- (c) cross border projects,

but excluding new generation capacity derived from nuclear power technology.”.

Amendment of regulation 5 of the Regulations

4. Regulation 5 of the Regulations is hereby amended by the addition of the following sub-regulation:

“(3) A municipality, as an organ of state, may apply to the Minister to procure or buy new generation capacity in accordance with the Integrated Resource Plan, and such municipality must-

- (a) conduct and submit a feasibility study as contemplated in sub-regulation (2), where it intends to deliver the new generation capacity project through an internal mechanism as contemplated in section 76(a) of the Municipal Systems Act;
- (b) submit proof that it has complied with the provisions of section 120 of the Municipal Finance Management Act and the Municipal Public-Private

Partnership Regulations published by Government Notice No. R. 309 in Government Gazette No. 27431 of 1 April 2005, where it intends to deliver the new generation capacity project through an external mechanism as contemplated in section 76 (b) of the Municipal Systems Act; and

(c) submit proof that the application is aligned with its Integrated Development Plan.

Amendment of regulation 9 of the Regulations

5. Regulation 9 of the Regulations is hereby amended by the substitution in sub-regulation (2) for the words preceding paragraph (a) of the following words:

"(2) Before the buyer concludes a power purchase agreement, the buyer or the procurer must, subject to any approvals required in terms of the **[PFMA]** Public Finance Management Act, the Municipal Finance Management Act or the Municipal Systems Act, as the case may be, -".

ISAZISO SIKAHULUMENI

UMNYANGO WEZENGCEBO EMBIWAYO NEZAMANDLA**No. R. 2020****UMTHETHO WOKULAWULWA KUKAGESI, 2006: UKUCHITSHIYELWA
KWEMITHETHONQUBO KAGESI MAQONDANA NAMANDLA OKUKHIQIZA
UGESI OMUSHA, 2011**

Mina, Samson Gwede Mantashe, uNgqongqoshe Wezengcebo Embiwayo Nezamandla, ngokwesigaba 35(4) soMthetho Wokulawulwa Kukagesi, 2006 (uMthetho No. 4 wezi-2006), ngalokhu ngichibiyela iMithethonqubo Yezamandla Okukhiqiza Ugesi Omusha owashicilelwa kuSaziso Sikahulumeni No. R. 399 ku*Gazethi Kahulumeni* 34262 yamhla zingu-4 Meyi 2011 futhi esichitshiyelwe ngeSaziso Sikahulumeni No. R. 1366 owashicilelwa ku*Gazethi Kahulumeni* No. 40401 yamhla zingu-4 Novemba 2016, njengoba kumiswe oHlelweni.

SAMSON GWEDE MANTASHE**UNGQONGQOSHE WEZENGCEBO EMBIWAYO NEZAMANDLA**

UMBHALO OCHAZAYO JIKELELE

[] Amagama abhalwe ngokugqamile kubakaki abayizikwele aveza okweqiwe emithethweni emisiwe.

_____ Amagama adwetshelwe ngomugqa ohlangene aveza okujotshelwe emithethweni emisiwe.

UHLELO

Izincazelo

1. Kulolu Hlelo itemu elithi "iMithethonqubo" kushiwo iMithethonqubo Yokulawula Ugesi yezaMandla Okukhiqiza Ugesi Omusha eshicilelwe kuSaziso Sikahulumeni No. R. 399 ku*Gazethi Kahulumeni* No. 34262 yamhla zingu-4 Meyi 2011, njengoba ichtitshiyelwe kuSaziso Sikahulumeni No. R. 1366 esashicilelwa ku*Gazethi Kahulumeni* No. 40401 yamhla ka 4 Novemba 2016.

Ukuchitshiyelwa komthethonqubo 1 weMithethonqubo

2. Ngalokhu umthethonqubo 1 weMithethonqubo uchitshiyelwa ngokulandelayo—

(a) ukujobelela emuva kwencazelo yetemu elithi "Uhlelo lokuphakela ngamandla oluxhumaxhumene" encazelweni elandelayo:

“Uhlelo Lwentuthuko Oludidiyele” kushiwo uhlelo lwentuthuko oludidiyele olubhalwe kusigaba 25 soMthetho Wezinhlelo Zomasipala,; futhi

(b) ukushintshwa kwencazelo yetemu elithi "uNgqongqoshe" lube nencazelo elandelayo:

“uNgqongqoshe” kushiwo uNgqongqoshe Wezengcebo Embiwayo Nezamandla,.”

Ukuchitshiyelwa komthethonqubo 2 weMithethonqubo

3. Ngalokhu umthethonqubo 2 weMithethonqubo uchtshiyelwa ngokushintshwa kwesigatshana somthethonqubo (1) kufakwe isigatshana somthethonqubo esilandelayo:

“(1) Le Mithethonqubo isebenza ohlelweni lokutholakala kwamandla okukhiqiza ugesi omusha, lwezinhloko zikahulumeni ezisebenza emkhakheni wezamazandla, okubandakanya -

- (a) amandla okukhiqiza ugesi omusha asuselwa emithonjeni yamazandla avuselelekayo nokukhiqiza ngokuhlanganyela;
- (b) umthwalo oyisisekelo, umthwalo omaphakathi **[kanye]**, nomthwalo omkhulu wamazandla okukhiqiza ugesi omusha, kanye nokugcinwa kwamandla; kanye
- (c) imisebenzi yokukhiqizwa kukagesi ngaphandle kwemingcele yakuleli, kodwa kungashiywa ngaphandle amazandla okukhiqiza ugesi omusha asuselwe ebuchwephesheni bamandla enuzi.”.

Ukuchitshiyelwa komthethonqubo 5 weMithethonqubo

4. Ngalokhu umthethonqubo 5 weMithethonqubo uchtshiyelwa ngokujotshelwa kwesigatshana somthethonqubo esilandelayo:

“(3) Umasipala, njengohlaka lukahulumeni, ungafaka isicelo kuNggongqoshe sokuthola noma sohlelo lokuthenga amazandla okukhiqiza amasha ngokoHlelo Lwezinsiza Oludidiyele, futhi lowo masipala kumele—

- (a) wenze ucwaningo bese kuthunyelwe umbiko wokucubungula amathuba empumelelo yomsebenzi njengoba kubhalwe kusigatshana somthethonqubo (2), lapho kuhloswe ukuhlinzeka ngomsebenzi wamazandla okukhiqiza ugesi

- omusha ngezindlela zangaphakathi njengoba kubhalwe kusigaba 76(a) soMthetho Wezinhlelo Zomasipala;
- (b) uthumele ubufakazi bokuthi uzilandelile izinhlinzeko sezigaba 120 soMthetho Wokuphathwa Kwezimali Zomasipala kanye neMithethonqubo Yezobudlelwano Bukahulumeni Nomkhakha Ozimele owashicilelwa kuSaziso Sikahulumeni No. R. 309 kuGazethi Kahulumeni No. 27431 yomhla ka 1 Ephreli 2005, lapho kuhloswe ukuhlinzeka ngomsebenzi wamandla okukhiqiza ugesi omusha ngezindlela zangaphandle njengoba kubhalwe kusigaba 76(b) soMthetho Wezinhlelo Zomasipala; futhi
- (c) uthumele ubufakazi obuveza ukuthi isicelo siyahambisana noHlelo Lwentuthuko Oludidiyele.

Ukuchitshiyelwa komthethonqubo 9 weMithethonqubo

5. Ngalokhu umthethonqubo 9 weMithethonqubo uchitshiyelwa ngokushintshwa kwesigatshana somthethonqubo (2) kufakwe amagama alandelayo endimeni
- (a):
- “(2) Ngaphambi kokuba umthengi aphothule isivumelwano sokuthenga amandla, umthengi noma oqhuba uhlelo lokutholakala kwempahla kumele, kuncike kunoma okuphi ukugunyaza okudingekayo ngokoMthetho Wokuphathwa Kwezimali Zikahulumeni [i-PFMA], uMthetho Wokuphathwa Kwezimali Zomasipala noma uMthetho Wezinhlelo Zomasipala, ngokwalokho okuzobe kudingeka, - ”.

KITSISO YA PUSO

LEFAPHA LA METSWEDI YA DIMINERALE LE MAATLA

Ya Bo. R. 2020

**MOLAO WA MELAWANATAOLO YA MOTLAKASE, 2006: TLHABOLOLO YA
MELAWANATAOLO YA MOTLAKASE KA GA BOKGONI JWA TLHAGISO E
NTŠHWA YA MOTLAKASE, 2011**

Nna, Samson Gwede Mantashe, Tona ya Metswedi ya Diminerale le Maatla, go latela karolo 35(4) ya Molao wa Melawanataolo ya Motlakase, 2006 (Molao wa Bo. 4 wa 2006), ka jalo ke tihabolola Melawanataolo ya Motlakase ka ga Bokgoni jwa Tlhagiso e Ntšhwa ya Motlakase e e phasaladitsweng ka Kitsiso ya puso ya Bo. R. 399 mo teng ga *Lekwalodikgang la Puso* 34262 la 4 Motsheganong 2011 le go tihabololwa ke Kitsiso ya Puso ya Bo. R. 1366 e e phasaladitsweng mo teng ga *Lekwalodikgang la Puso* la Bo. 40401 la 4 Ngwanatsele 2016, jaaka go supilwe mo Mametlelelong.

SAMSON GWEDE MANTASHE**TONA YA LEFAPHA LA METSWEDI YA DIMINERALE LE MAATLA**

TLHALOSO YA DINTLHAKAKARETSO

[] Mafoko a a kwadilweng ka bontsho mo masakaneng a sekwere a supa tse di tlogetsweng go tswa mo ditaolong tse di leng teng.

_____ Mafoko a a thaletsweng ka mola o o tlhomameng a supa tse di akareditsweng mo ditaolong tse di leng teng.

MAMETLELELO

Ditlhaloso

1. Mo Mametlelelong eno "Melawanataolo" e kaya Melawanataolo ya Motlakase ka ga Bokgoni jwa Tlhagiso e Ntšhwa ya Motlakase e e phasaladitsweng mo Kitsisong ya Puso ya Bo. R. 399 mo teng ga *Lekwalodikgang la Puso* la Bo. 34262 la 4 Motsheganong 2011, jaaka e tlhabolotswe ke Kitsiso ya Puso ya Bo. R. 1366 e e phasaladitsweng mo teng ga *Lekwalodikgang la Puso* la Bo. 40401 la 4 Ngwanatsele 2016.

Tlhabololo ya molawanataolo 1 wa Melawanataolo

2. Molawanataolo1 wa Melawanataolo ga jaana e tlhabololwa ka —
 - (a) go tsenya morago ga tlhaloso ya "tsamaiso e e gokaganeng ya kabo ya maatla " e e latelang:

“Leano le le Kopantsweng la Tlhabololo” le kaya leano le le kopantsweng la tlhabololo le le akanyeditsweng mo karolong 25 ya Molao wa Tsamaiso ya Mmasepala;”; le
 - (b) thefosano ya tlhaloso ya “Tona” ka e e latelang:

“Tona” e kaya Tona ya Metswedi ya Diminerale le Maatla;”.

Tlhabololo ya molawanataolo 2 wa Melawanataolo

3. Molawanataolo 2 wa Melawanataolo ka jalo o tlhabolotswe ka thefosano ya molawanataolotlaleletso (1) wa molawanataolotlaleletso o o latelang:

“(1) Melawanataolo eno e dira mo tshenkelong ya bokgoni jwa tlhagiso e ntšhwa ya motlakase, ka ditheo tsa puso tse di matlhagatlhaga , mo lekaleng la maatla, go akaretsa, -

(a) bokgoni jwa tlhagiso e ntšhwa ya motlakase e e tswang mo metsweding ya maatla a a ntšhwafatsegang le phetlhokopanelo;

(b) boimatheo, morwalotopogareng [le], bokgoni jwa tlhagiso e ntšhwa ya motlakase ya morwalo o o kwa godimo, le polokelo ya maatla; le

(c) diporojeke go kgabaganya melelwane, fela ga e akaretse bokgoni jwa tlhagiso e ntšhwa ya motlakase e e tswang mo thekenolojing ya maatla a nyutlilela.”.

Tlhabololo ya molawanataolo 5 wa Melawanataolo

4. Molawanataolo 5 wa Melawanataolo ka jalo o tlhabololwa ka kakaretso ya molawanataolotlaleletso o o latelang:

“(3) Mmasepala, jaaka setheo sa puso, o ka dira kopo kwa go Tona ya go dira tshenkelo kgotsa go reka bokgoni jwa tlhagiso e ntšhwa ya motlakase go latela Leano le le Kopantsweng la Metswedi, mme mmasepala oo o tshwanetse—

(a) go diragatsa le go neelana ka tlhotlhomiso ya tlhalosokgonagalo jaaka go akanyeditswe mo go molawanataolotlaleletso (2), moo o ikaeletseng

go neelana ka bokgoni jwa tlhagiso e ntšhwa ya motlakase ka karolothulaganyo ya ka fa gare jaaka go akanyeditswe mo karolong 76(a) ya Molao wa Dithulaganyo tsa Mmasepala;

- (b) go neelana ka bosupi jwa gore o ikobetse ditekanyetso tsa karolo 120 ya Molao wa Tsamaiso ya Matlole a Mmasepala le Melawanataolo ya Kgwerano magareng ga Puso le Makala a Poraefete e phasaladitswe ke Kitsiso ya Puso ya Bo. R. 309 mo teng ga *Lekwalodikgang la Puso la Bo. 27431 la 1 Moranang 2005*, leo le ikaelelang go neelana ka porojeke ya bokgoni jwa tlhagiso e ntšhwa ya motlakase ka dikarolothulaganyo tsa kwa ntle jaaka go akanyeditswe mo karolong 76 (b) ya Molao wa Dithulaganyo tsa Mmasepala; le
- (c) go neelana ka bosupi jwa gore kopo e amana le Leano le le Kopantsweng la Tlhabololo la one.

Tlhabololo ya molawanataolo 9 wa Melawanataolo

5. Molawanataolo 9 wa Melawanataolo ka jalo o tlhabolotswe ka go tloswa ga molawanataolotlaleletso(2) mabapi le mafoko a a latelang temana (a) ya mafoko a a latelang:

“(2) Pele moreki a khutlisa tumelano ya maatla a theko, moreki o tshwanetse, go latela dikatlanegiso tsotlhe tse di tlhokegang go latela **[PFMA]** Molao wa Tsamaiso ya Matlole a Puso, Molao wa Tsamaiso ya Matlole a Mmasepala kgotsa Molao wa Dithulaganyo tsa Mmasepala, jaaka go ka direga, -”.

NATIONAL TREASURY

NO. 1094

16 OCTOBER 2020

**DETERMINATIONS IN TERMS OF SECTIONS 291 AND 292 OF FINANCIAL
SECTOR REGULATION ACT, 2017**

The Minister of Finance has determined—

- (a) in terms of section 291(1) of the Financial Sector Regulation Act, 2017 (Act No. 9 of 2017 - “the Act”), that until 31 March 2024, the functions of the Prudential Authority in relation to medical schemes and the associated powers and duties of the Prudential Authority in terms of the Act must be exercised by the Council for Medical Schemes instead of the Prudential Authority, but with the concurrence of the Prudential Authority, and subject to section 291(4) of the Act; and
- (b) in terms of section 291(2) of the Act, that until 31 March 2024, the functions of the Financial Sector Conduct Authority in relation to medical schemes and the associated powers and duties of the Financial Sector Conduct Authority in terms of the Act must be exercised by the Council for Medical Schemes instead of the Financial Sector Conduct Authority, but with the concurrence of the Financial Sector Conduct Authority, and subject to section 291(4) of the Act; and
- (c) in terms of section 292(1) of the Act, that until 31 March 2024, the functions of the Prudential Authority in relation to collective investment schemes, pension funds and friendly societies and the associated powers and duties of the Prudential Authority in terms of the Act must be exercised by the Financial Sector Conduct Authority instead of the Prudential Authority.

**DITLHOMAMISO GO YA KA DIKAROLO 291 LE 292 TSA MOLAO WA TAOLO
YA LEPHATA LA DITŠHELETE, 2017**

Tona ya Matlotlo o tlhomamisitse—

- (a) go ya ka karolo 291(1) ya Molao wa Taolo ya Lephata la Ditšhelete, 2017 (Molao 9 wa 2017 - “Molao”), gore go fitlhela ka di 31 Mopitlwe 2024, ditiro tsa Bothati jwa Tlhokomelo mabapi le dikema tsa kalafi le dithata le ditiro tse di amanang tsa Bothati jwa Tlhokomelo go ya ka Molao di tshwanetse go diragatswa ke Khansele ya Dikema tsa Kalafi mme e seng Bothati jwa Tlhokomelo, fela ka tumalano ya Bothati jwa Tlhokomelo, le go ya ka karolo 291(4) ya Molao; le
- (b) go ya ka karolo 291(2) ya Molao, gore go fitlhela ka di 31 Mopitlwe 2024, ditiro tsa Bothati jwa Boitshwaro jwa Lephata la Ditšhelete mabapi le dikema tsa kalafi le dithata le ditiro tse di amanang tsa Bothati jwa Boitshwaro jwa Lephata la Ditšhelete go ya ka Molao di tshwanetse go diragatswa ke Khansele ya Dikema tsa Kalafi mme e seng Bothati jwa Boitshwaro jwa Lephata la Ditšhelete, fela ka tumalano ya Bothati jwa Boitshwaro jwa Lephata la Ditšhelete, le go ya ka karolo 291(4) ya Molao; le
- (c) go ya ka karolo 292(1) ya Molao, gore go fitlhela ka di 31 Mopitlwe 2024, ditiro tsa Bothati jwa Tlhokomelo mabapi le dikema tsa peeletsommogo, matlole a penšene le mekgatlho ya botsalano le dithata le ditiro tse di amanang tsa Bothati jwa Tlhokomelo go ya ka Molao di tshwanetse go diragatswa ke Bothati jwa Boitshwaro jwa Lephata la Ditšhelete mme e seng Bothati jwa Tlhokomelo.

NATIONAL TREASURY

NO. 1095

16 OCTOBER 2020

**LOCAL GOVERNMENT: MUNICIPAL FINANCE MANAGEMENT ACT, 2003
AMENDMENT OF MUNICIPAL SUPPLY CHAIN MANAGEMENT REGULATIONS, 2005**

In terms of section 169(1) of the Local Government: Municipal Finance Management Act, 2003 (Act No. 56 of 2003) the draft amendments to the Municipal Supply Chain Management Regulations, 2005, published under Government Notice No. 868 of 30 May 2005 (herein called “the Regulations”), as set out in the Schedule, are hereby published for comment.

Interested persons may submit their comments on the draft amendments to the Regulations in writing on or before 30 November 2020 to: The Director-General, National Treasury, Private Bag X115, Pretoria, 0001, or per fax to 012 315 5230 or e-mail to MFMA@treasury.gov.za.

Kindly provide the name, address, telephone, fax number and e-mail address of the person or organisation submitting the comments.

SCHEDULE**1. Regulation 12 is hereby amended—**

(a) by the substitution of subregulation (1) for the following subregulation:

- “(1) A supply chain management policy must, subject to regulation 11(2), provide for the procurement of goods and services by way of—
- (a) petty cash purchases, up to a transaction value of R2000 (VAT included);
 - (b) written or verbal quotations for procurements of a transaction value over R2 000 up to R10 000 (VAT included);
 - (c) formal written price quotations for procurement of a transaction value over—
 - (i) R10 000 up to R300 000 (VAT included), in the case of a local municipality;
 - (ii) R10 000 up to R200 000 (VAT included), in the case of a district municipality;
 - (iii) R10 000 up to R750 000 (VAT included), in the case of a metropolitan municipality; and
 - (d) a competitive bidding process for—
 - (i) procurement above a transaction value of R300 000 (VAT included), in the case of a local municipality;
 - (ii) procurement above a transaction value of R200 000 (VAT included), in the case of a district municipality; and
 - (iii) procurement above a transaction value of R750 000 (VAT included), in the case of a metropolitan municipality.”; and

(b) by the substitution of item (iii) in paragraph (b) of subregulation (2) for the following item:

- “(iii) a competitive bidding process be followed for any specific procurement of a transaction value lower than the prescribed competitive bidding thresholds specified in subregulations (1)(c)(i) to (iii).”.

2. Regulation 19 is hereby substituted for the following regulation:

- “A supply chain management policy must specify—
- (a) that goods or services above a transaction value of—
 - (i) R300 000 (VAT included), in the case of a local municipality;
 - (ii) R200 000 (VAT included), in the case of a district municipality; and
 - (iii) R750 000 (VAT included), in the case of a metropolitan municipality, may be procured by the municipality or municipal entity only through a competitive bidding process, subject to regulation 11(2); and
 - (b) that no requirement for goods or services above an estimated transaction value of—
 - (i) R300 000 (VAT included), in the case of a local municipality;
 - (ii) R200 000 (VAT included), in the case of a district municipality; and
 - (iii) R750 000 (VAT included), in the case of a metropolitan municipality, may deliberately be split into parts or items of lesser value merely for the sake of procuring the goods or services otherwise than through a competitive bidding process.”.

3. Regulation 35 is hereby amended by the substitution of subregulations (1) and (2) for the following subregulations:

- “(1) A supply chain management policy may allow the accounting officer to procure consulting services provided that any Treasury guidelines in respect of consulting services are taken into account when such procurement is made.
- (2) A contract for the provision of consultancy services to a municipality or municipal entity must be procured through competitive bids if—
- (a) the value of the contract exceeds R300 000 (VAT included), in the case of a local municipality; or
 - (b) the value of the contract exceeds R200 000 (VAT included), in the case of a district municipality; or
 - (c) the value of the contract exceeds R750 000 (VAT included), in the case of a metropolitan municipality; or
 - (d) the period of the contract exceeds one year.”.

DEPARTMENT OF TRADE, INDUSTRY AND COMPETITION

NO. 1096

16 OCTOBER 2020

CO-OPERATIVES THAT HAVE BEEN REMOVED FROM THE REGISTER

1. ULWAZI LWETHU CO-OP LTD (2013/017857/24)
2. EMHLUBULWENI AGRICULTURAL CO-OP LTD (2011/004983/24)
3. EMHLANGENI AGRICULTURAL CO-OP LTD (2011/007008/24)
4. MANGQAKAZA AGRICULTURAL CO-OP LTD (2012/004533/24)
5. FISOKUHLE AGRICULTURAL CO-OP LTD (2011/007498/24)
6. MANDWALANE AGRICULTURAL CO-OP LTD (2013/006316/24)
7. BAMBINKUNZI AGRICULTURAL CO-OP LTD (2011/007142/24)
8. DABEDABE AGRICULTURAL CO-OP LTD (2011/007374/24)
9. DYNAMIC TRADE GROUP CO-OP LTD (2012/008944/24)
10. AMANULI 05 CO-OP LTD (2014/019146/24)
11. BOMBOLETI AGRICULTURAL CO-OP LTD (2013/000991/24)
12. KOLJANDER TUISNYWERHEID CO-OP LTD (1980/000004 /24)
13. EZIZIMELENI CO-OP LTD (2014/020732/24)
14. KWANGEQENI AGRICULTURAL CO-OP LTD (2012/005462/24)
15. KWABULAWAYO AGRICULTURAL CO-OP LTD (2011/008201/24)
16. OHWEBEDE AGRICULTURAL CO-OP LTD (2011/004986/24)
17. MAKHWANINI AGRICULTURAL CO-OP LTD (2011/004998/24)
18. BETTERWAY 2016 WORKER CO-OP LTD (2016/011255/24)
19. ABOMTWANA CO-OP LTD (2017/007545/24)
20. REDEEMED WOMEN PROJECTS CO-OP LTD (2016/010192/24)
21. EMHLANGENI AGRICULTURAL CO-OP LTD (2011/007008/24)
22. SIZUMPHAKATHI LETHUKUTHULA CO-OP LTD (2008/002277/24)
23. TURNKEY CO-OP LTD (2017/003342/24)
24. PALANE RIVERLAKE FARM CO-OP LTD (2019/008546/24)
24. GENEDENDAL AGRI PROVIDERS CO-OP LTD (2014/020036/24)
25. GENADENDAL GEMEENSKAP SAAIBOERE SECONDARY CO-OP LTD (2016/008222/24)
26. TLOU KWENA CO-OP LTD (2008/000517/24)
27. MASTODIODLO MULTI-PURPOSE CO-OP LTD (2013/018101/24)
28. LAKITHI CO-OP LTD (2014/020444/24)

Notice is hereby given that the names of the abovementioned co-operatives will, after the expiration of thirty days from the date of this notice, be struck off the register in terms of the provisions of section 71A of the Co-operatives Act, No 6 of 2013.

Any objections to this procedure, which interested persons may wish to raise, must together with the reasons therefore, be lodged with this office before the expiration of the period of sixty days.

REGISTRAR OF CO-OPERATIVES

Office of the Registrar of Co-operatives

Dti Campus

77 Meintjies Street

Pretoria

0002

Private Bag X237

Pretoria

0001

GENERAL NOTICES • ALGEMENE KENNISGEWINGS

DEPARTMENT OF EMPLOYMENT AND LABOUR

NOTICE 568 OF 2020

PLEASE FIND SET OUT BELOW A LIST OF PRIVATE AGENCY THAT HAVE BEEN ACCREDITED BY THE CCMA IN TERMS OF THE PROVISIONS OF THE LABOUR RELATIONS ACT 66 OF 1995 (AS AMENDED) FOR CONCILIATION AND/ OR ARBITRATION AND/ OR INQUIRY BY ARBITRATOR, WITH THE TERMS OF ACCREDITATION ATTACHED FOR THE PERIOD 01 AUGUST 2020 TO THE 31 JULY 2023.

ERRATUM: NEWLY ACCREDITED PRIVATE AGENCY ACCREDITED TO CONDUCT CONCILIATION AND ARBITRATION, SUBJECT TO CONDITIONS WHERE APPLICABLE
ACCREDITED PRIVATE AGENCY

Name of Agency	Accredited Functions
PRIVATE AGENCIES	
Aequitate Dispute Resolution Services (Pty) Ltd	Accredited for conciliations and arbitrations (including Inquiry by Arbitrator) from 01 August 2020 until 31 July 2023 on condition that the Agency meets all CCMA efficiencies and that accredited panellists are utilized to conduct disputes

TERMS OF ACCREDITATION FOR CONCILIATION, ARBITRATION AND INQUIRY BY ARBITRATOR

1. SCOPE OF ACCREDITATION:

Herewith categories of disputes for which Private Agencies are eligible to apply for accreditation.

PRIVATE AGENCIES ARE ACCREDITED TO PERFORM THE FOLLOWING DISPUTE RESOLUTIONS FUNCTIONS:

Unfair dismissal disputes	- Section 191
Unfair Labour practice	- Section 191
Interpretation of Collective Agreement disputes	- Section 24 (1)
Inquiry by Arbitrator	- Section 188A
Regulation of non-standard work	- Section 198, 198A, 198B, 198C and 198D

PRIVATE AGENCIES MAY NOT SEEK ACCREDITATION FOR THE FOLLOWING DISPUTE RESOLUTION FUNCTIONS REGARDING DISPUTES OVER THE FOLLOWING (see FOOTNOTE 11 of SECTION 51):

Organisational rights (sections 16, 21 and 22);

Collective Agreements where the agreement does not provide for a dispute resolution procedure or the procedure is inoperative or any party frustrates the resolution of disputes (section 24(2) to (5));

Agency shops and closed shops (section 24(6) and (7) and section 26(11));

Determinations made by the Minister in respect of proposals made by a Statutory Council (section 45);

The interpretation and application of Collective Agreements of a Council whose registration has been cancelled (section 61(5) to (8));

Demarcation of sectors and areas of Councils (section 62);

The Interpretation or application of Part C (Bargaining Councils), Part D (Bargaining Councils in the Public Service), Part E (Statutory Councils) and Part F (General Provisions concerning Councils) (Section 63);

Picketing (section 69(8) to 10);

Proposals which are the subject of joint-decision making in a workplace forum (section 86);

Disclosure of information to workplace forums (section 89);

Interpretation or Application of the provisions of Chapter 5 of the LRA which deals with workplace forums (section 94);

Enforcement of the Collective Agreements by Bargaining Councils (section 33A) and;

Enforcement of arbitration awards in terms of section 143. Only the Director of the CCMA, unless the power has been delegated to a CCMA Senior Commissioner may certify awards as if it were an order of the Labour Court;

Facilitating mass retrenchment disputes section 189(A).

2. POWERS OF ACCREDITATION:

Only those persons who are accredited by the CCMA, or are part-time Commissioners appointed by the Governing Body of the Commission in the terms of section 117 (2) of the Labour Relations Act, may perform the accreditation functions of the Agency for the Private Agency.

The following provisions of the LRA, as amended apply to Private Agency accredited for conciliation and arbitration:

- (a) For the purpose of this paragraph any reference in Part C of Chapter VII of the LRA to:
 - “Commission” must be read as a reference to the Private Agency;
 - “Commissioner” must be read as a reference to a conciliator or arbitrator appointed by the Private Agency.
 - “Director” must be read as a reference to the CEO of the Private Agency

- (b) The provisions of the sections contained in Part C of Chapter VII (section 127(6)) of the LRA shall apply to the Private Agency in the performance of its accredited functions:
 - (i) The provisions of section 133 to 136;
 - (ii) The provisions of section 138 to 142, S143,S144 and S145;
 - (iii) The provisions of section 146
 - (iv) The provision of 148

3. EXTENSION OF ACCREDITATION:

Despite the expiry of the period of accreditation as stated in the Certificate of Accreditation, the Private Agency may continue to perform its accredited functions in respect of any dispute referred to it during the period of accreditation, but not yet resolved by the time the period expires, until the dispute is resolved either through conciliation or arbitration.

4. TRANSGRESSION OF TERMS OF ACCREDITATION:

If the accredited Private Agency fails to comply with the terms of accreditation, the Governing Body of the CCMA may revoke accreditation. In terms of section 130 of the LRA, as amended the Governing Body of the CCMA may withdraw accreditation after having given reasonable notice of withdrawal.

5. AMENDMENT OF ACCREDITATION:

An Accredited Private Agencies may apply to the Governing Body of the CCMA in terms of section 129 of the LRA to amend its accreditation.

SOUTH AFRICAN RESERVE BANK
NOTICE 569 OF 2020
Notice and Order of Forfeiture

Notice of Forfeiture to the State of money in terms of the provisions of Exchange Control Regulation 22B made under Section 9 of the Currency and Exchanges Act, 1933 (Act No. 9 of 1933), as amended, as promulgated by Government Notice No. R.1111 of 1961-12-01 in respect of the money of:

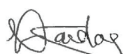
Blauwmer International (Pty) Limited
(Registration number 2015/288494/07)

of:

43 Ampthill Avenue
Benoni
Gauteng
1501

Be pleased to take notice that:

1. The Minister of Finance has, by virtue of the provisions of Exchange Control Regulation 22E delegated all the functions and/or powers conferred upon the Treasury by the provisions of the Exchange Control Regulations [with the exception of the functions and/or powers conferred upon the Treasury by Exchange Control Regulations 3(5) and (8), 20 and 22, but which exception does not include the functions and/or powers under Exchange Control Regulations 22A, 22B, 22C and 22D], and assigned the duties imposed thereunder on the Treasury, to, *inter alia*, the Governor or the Deputy Governor of the South African Reserve Bank.
2. By virtue of the functions, powers and/or duties vested in me, in my capacity as the Deputy Governor of the South African Reserve Bank, in terms of the delegation and assignment of the functions, powers and/or duties referred to in 1 above, I hereby give notice of a decision to forfeit to the State the following money and I hereby declare and order forfeit to the State the following money, namely:
 - 2.1 the amount of R4581.57, in account number 4000631454 held with Mercantile Bank Limited and USD 265 000.00 in the USD CFC suspense account held with Mercantile Bank Limited both amounts standing to the credit of Blauwmer International (Pty) Limited with registration number 2015/288494/07, together with any interest thereon and/or other accrual thereto.
3. The date upon which the money specified in 2 above is hereby forfeited to the State is the date upon which this Notice of Forfeiture is published in this Gazette.
4. The money specified in 2 above shall be disposed of by deposit thereof to the National Revenue Fund.
5. This Notice also constitutes a written order, as contemplated in Exchange Control Regulation 22B, in terms of which the money specified in 2 above is hereby forfeited to the State.
6. Signed at Pretoria on this 7th day of October 2020.



K Naidoo
Deputy Governor
South African Reserve Bank

**STATISTICS SOUTH AFRICA
NOTICE 570 OF 2020**

THE HEAD: STATISTICS SOUTH AFRICA notifies for general information that the Consumer Price Index is as follows:

Consumer Price Index, Rate (**Base Dec 2017=100**)

2018:

Rate: **August 2020 – 3.1**

DEPARTMENT OF TRADE, INDUSTRY AND COMPETITION
NOTICE 571 OF 2020

STANDARDS ACT, 2008
STANDARDS MATTERS

In terms of the Standards Act, 2008 (Act No. 8 of 2008), the Board of the South African Bureau of Standards has acted in regard to standards in the manner set out in the Schedules to this notice.

SECTION A: DRAFTS FOR COMMENTS

The following draft standards are hereby issued for public comments in compliance with the norm for the development of the South Africa National standards in terms of section 23(2)(a) (ii) of the Standards Act.

Draft Standard No. and Edition	Title, scope and purport	Closing Date
SATR 62368-2 Ed 1	<i>Audio/video, information and communication technology equipment -Part 2: Explanatory information related to IEC 62368-1:2018 requirements.</i> To identify the purpose and applicability of this document and the exclusions from the scope. The scope excludes requirements for functional safety. Functional safety is addressed in IEC 61508-1. Because the scope includes computers that may control safety systems, functional safety requirements would necessarily include requirements for computer processes and software.	2020-11-27
SANS 52662 Ed 2	<i>Liquid petroleum products - Determination of contamination in middle distillates.</i> Specifies a method for the determination of the content of undissolved substances, referred to as total contamination, in middle distillates, in diesel fuels containing up to 30 % (V/V) fatty acid methyl esters (FAME), and in neat FAME. The working range is from 12 mg/kg to 30 mg/kg and it was established in an interlaboratory study by applying EN ISO 4259.	2020-11-17
SANS 60335-2-11 Ed 5	<i>Household and similar electrical appliances - Safety Part 2-11: Particular requirements for tumble dryers.</i> Deals with the safety of electric tumble dryers intended for household and similar purposes, their rated voltage being not more than 250 V for single phase appliances and 480 V for other appliances. Also deals with the safety of tumble dryers that use a refrigerating system, incorporating sealed motor-compressors, for drying textile material. May use flammable refrigerants. Provides additional requirements in Annex AA. Also covers appliances not intended for normal household use but which nevertheless may be a source of danger to the public, such as appliances intended to be used by laymen in shops, in the light industry and on farms.	2020-11-04
SANS 11137-2 Ed 2	<i>Sterilization of health care products - Radiation Part 2: Establishing the sterilization dose.</i> Specifies methods of determining the minimum dose needed to achieve a specified requirement for sterility and methods to substantiate the use of 25 kGy or 15 kGy as the sterilization dose to achieve a sterilization assurance level, SAL, of a log of minus six. It also specifies methods of dose auditing in order to demonstrate the continued effectiveness of the sterilization dose.	2020-11-13
SANS 6131 Ed 2	<i>Pull-off strength of ladies' shoe heels.</i> This standard specifies a method for the determination of pull-off strength of ladies' shoe heels	2020-11-13
SANS 21041 Ed 1	<i>Guidance on unit pricing.</i> Gives principles and best practice guidelines for unit pricing displayed by written, printed or electronic means.	2020-11-13
SANS 20400 Ed 1	<i>Sustainable procurement – Guidance.</i> Provides guidance to organizations, independent of their activity or size, on integrating sustainability within procurement, as described in ISO 26000.	2020-11-02

SCHEDULE A.1: AMENDMENT OF EXISTING STANDARDS

The following draft amendments are hereby issued for public comments in compliance with the norm for the development of the South African National Standards in terms of section 23(2)(a) (ii) of the Standards Act.

Draft Standard No. and Edition	Title	Scope of amendment	Closing Date

SCHEDULE A.2: WITHDRAWAL OF THE SOUTH AFRICAN NATIONAL STANDARDS

In terms of section 24(1)(C) of the Standards Act, the following published standards are issued for comments with regard to the intention by the South African Bureau of Standards to withdraw them.

Draft Standard No. and Edition	Title	Reason for withdrawal	Closing Date
SANS 10241 Ed 1.3	<i>Tachograph centres - Installation and repair facilities, including facilities for the installation of on-board computers</i>	The standard is obsolete.	2020-12-01

SCHEDULE A.3: WITHDRAWAL OF INFORMATIVE AND NORMATIVE DOCUMENTS

In terms of section 24(5) of the Standards Act, the following documents are being considered for withdrawal.

Draft Standard No. and Edition	Title	Reason for withdrawal	Closing Date

SECTION B: ISSUING OF THE SOUTH AFRICAN NATIONAL STANDARDS**SCHEDULE B.1: NEW STANDARDS**

The following standards have been issued in terms of section 24(1)(a) of the Standards Act.

Standard No. and year	Title, scope and purport
SANS 50882:2020 Ed 3	<i>Chemicals used for treatment of water intended for human consumption - Sodium aluminate.</i> Applicable to sodium aluminate used for treatment of water intended for human consumption.
SANS 50936:2020 Ed 2	<i>Chemicals used for treatment of water intended for human consumption - Carbon dioxide.</i> Applies to carbon dioxide used for treatment of water intended for human consumption.

SCHEDULE B.2: AMENDED STANDARDS

The following standards have been amended in terms of section 24(1)(a) of the Standards Act.

Standard No. and year	Title, scope and purport
SANS 542:2020 Ed 4.3	<i>Concrete roofing tiles. Consolidated edition incorporating amendment No.3.</i> Amended to update referenced standards, the subclause on materials, and to delete the annex on notes to purchasers.
SANS 1294:2020 Ed 2.2	<i>Precast concrete manhole sections and components. Consolidated edition incorporating amendment No.2.</i> Amended to update the requirements for materials and for steps, and to delete the annex on notes to purchasers.
SANS 1795-0:2020 Ed 1.1	<i>Road traffic law enforcement systems Part 0: General requirements. Consolidated edition incorporating amendment No.1.</i> Amended to update referenced standards.
SANS 1795-1:2020 Ed 2.2	<i>Road traffic law enforcement systems Part 1: Laser speed measuring equipment. Consolidated edition incorporating amendment No.1.</i> Amended to update referenced standards.
SANS 1795-2:2020 Ed 1.2	<i>Road traffic law enforcement systems Part 2: Radar speed measuring equipment. Consolidated edition incorporating amendment No.1.</i> Amended to update referenced standards.
SANS 1795-3:2020 Ed 1.2	<i>Road traffic law enforcement systems Part 3: Distance-over-time speed measuring equipment (fixed distance/variable time). Consolidated edition incorporating amendment No.2.</i> Amended to update referenced standards.

SCHEDULE B.3: WITHDRAWN STANDARDS

In terms of section 24(1)(C) of the Standards Act, the following standards have been withdrawn.

Standard No. and year	Title
SANS 1056-1:2020 Ed 1.3	<i>Ballvalves Part 1: Fire-safe valves</i>

If your organization is interested in participating in these committees, please send an e-mail to Dsscomments@sabs.co.za for more information.

SCHEDULE 5: ADDRESS OF THE SOUTH AFRICAN BUREAU OF STANDARDS HEAD OFFICE

Copies of the standards mentioned in this notice can be obtained from the Head Office of the South African Bureau of Standards at 1 Dr Lategan Road, Groenkloof, Private Bag X191, Pretoria 0001.

BOARD NOTICES • RAADSKENNISGEWINGS

BOARD NOTICE 124 OF 2020**INVITATION TO COMMENT ON EXPOSURE DRAFT 185 ON *THE EFFECTS OF PAST DECISIONS ON MATERIALITY*****Issued:09 OCTOBER 2020**

The Accounting Standards Board (the Board) invites comment on the Exposure Draft on *The Effects of Past Decisions on Materiality* (ED 185). Comment is due by **26 February 2021**.

All those affected by, or who are interested in the Exposure Draft, are encouraged to provide a written response to the Board.

Responses to the Exposure Draft should be received by the comment deadline, as indicated above.

Copies of the documents

The documents are available electronically on the Board's website – <http://www.asb.co.za>, or can be obtained by contacting the Board's offices on 011 697 0660 (telephone), or 011 697 0666 (fax).

Comment can be emailed to info@asb.co.za or can be submitted in writing to:

Accounting Standards Board

PO Box 7001

Halfway House

1685

We look forward to receiving your responses.

BOARD NOTICE 125 OF 2020**FINANCIAL SECTOR CONDUCT AUTHORITY****FINANCIAL MARKETS ACT, 2012****PROPOSED AMENDMENTS TO THE A2X RULES
PUBLICATION FOR COMMENT**

The Financial Sector Authority (FSCA) hereby gives notice under section 71(3)(b) of the Financial Markets Act, 2012 (Act no. 19 of 2012) that the proposed amendments to the A2X Rules have been published on the official website of the FSCA (www.fsca.co.za) for public comment. All interested persons who have any objections to the proposed amendments are hereby called upon to lodge their objections with FSCA, at the following email address: Michael.Kabai@fsca.co.za within a period of fourteen (14) days from the date of publication of this notice.



D P TSHIDI

FINANCIAL SECTOR CONDUCT AUTHORITY


BOARD NOTICE 126 OF 2020

**ALLIED HEALTH PROFESSIONS COUNCIL OF
SOUTH AFRICA****SAFETY GUIDELINES: AYURVEDA: AYURVEDIC
THERAPIES****OCTOBER 2020**

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

The AHPCSA, after due consideration and in consultation with the Professional Board: Ayurveda, Chinese Medicine and Acupuncture and Unani-Tibb (PBACMU) and taking into account sections 1(2)(a), 3, 4, 10C, and 10D of the Allied Health Professions Act, Act No 63 of 1982 (“the Act”) resolved that the following SAFETY GUIDELINES: AYURVEDA: AYURVEDIC THERAPIES shall be applicable to all practitioners registered in the profession of Ayurveda.

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



DR LOUIS MULLINDER

REGISTRAR: ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

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SAFETY GUIDELINES: AYURVEDA: AYURVEDIC THERAPIES

SECTION A: INTRODUCTION AND OVERVIEW OF AYURVEDIC MEDICINE

1. DEFINITION OF AYURVEDA

Ayurveda is a Sanskrit word that translates into “The Science of Life”. It is a wholesome therapy and ancient philosophy of living life in a meaningful, healthy and useful way. The primary aim and objective in Ayurvedic Medicine is to preserve and promote the health of a healthy person and to alleviate the disease in a patient.

In Ayurveda, medicines are administered in different forms through different routes to obtain either the *shodhana* (purificatory) or *shamana* (palliative) effect.

1.1 PANCHAKARMA

The Sanskrit term *Panchakarma* translates to the five therapeutic procedures. “*Pancha*” refers to the number five, while “*Karma*” refers to the therapy that brings about homeostasis. According to the *Charaka* school of thought, *Panchakarma* comprises of the following five procedures namely: *Vamana*, *Virechena*, *Asthapana basti*, *Anuvasana basti* and *Nasya*. A slight difference of opinion exists in the enumeration of *Panchakarma* for the *Susruta* school of thought. According to this school, *asthapana* and *anuvasana basti* are considered as a single procedure. Thus, *Raktamokshan* is added as the fifth procedure.

While listing the Panchakarma procedures only those therapies that cause expulsion of the doshas to a larger extent are considered. Though there are other therapies such as Netra Basti, their efficacy is slightly lower in removing the morbid doshas accumulated in the body in comparison to Panchakarma procedures.

1.2 METHOD OF SELECTING THERAPY FOR A PATIENT

- 1.2.1 After the diagnosis of the disease, an Ayurvedic Practitioner should have an effective treatment planned in order to treat the illness
- 1.2.2 Among the different therapeutic procedures that may be carried out, it may be that only a few procedures are selected to treat a patient. All therapeutic procedures cannot be administered and may not be necessary in every case.
- 1.2.3 An Ayurvedic Practitioner is required to assess the requirement, availability and therapeutic effect of the procedure.
- 1.2.4 An Ayurvedic Practitioner should also carefully select the necessary procedures to effectively treat a patient, taking into account the Prakriti or body constitution of the patient, the time of day and season selected for

treatment, the age and strength of the patient, stage of the disease etc.

1.3 DEFINITIONS

1.3.1 **Dosha**

These are material substances in the body which have their own definite quantity, quality and functions

1.3.2 **Vata**

Vata is composed of space and air. It governs all movement in the mind and body. It controls circulation, elimination of wastes, breathing and the movement of thoughts across the mind. It is situated below the navel and represents the Nervous system

1.3.3 **Pitta**

Pitta is composed of fire and water. It governs all heat, hormone function, metabolism and transformation. It controls how we digest foods, and metabolize our sensory perceptions. It is situated between the heart and umbilicus and represents the chemicals secreted by glands.

1.3.4 **Kapha**

Kapha is composed of water and earth. It represents structure and lubrication in the mind and body. It controls weight, growth, lubrication for the joints and respiratory system. It is situated above the heart.

1.3.5 **Dhumapana**

It is an effective treatment for upper clavicular diseases

1.3.6 **Rasyana**

It is composed of two words 'Ras' and 'Ayan'. It means by which one gets the excellence of Rasa (The nourishing fluid which is produced immediately after digestion) is known as Rasayana

1.3.7 **Avagaha**

The word 'Avagaha' means to immerse. It is a type of sudation therapy where the patient is made to sit or lie in fluid like decoction or warm water to produce fomentation of the body.

1.3.8 **Parisheka**

It is when medicated liquid is poured over the desired part or whole body.

1.3.9 **Ama**

It is a substance which is involved in the process of digestion but does not undergo complete digestion

SECTION B. LEGAL SAFETY PROCEDURES AND RISK FACTORS OF AYURVEDIC THERAPIES

1. **VAMANA**

1.1 **DEFINITION**

Vamana is a process by which the morbid materials of the body are eliminated out through the oral route by emesis. It is a key procedure of Panchakarma which is mainly indicated in disorders of *Kapha*.

1.2 **EQUIPMENT OR MATERIALS NEEDED**

- Tub
- Measuring glass
- Spoon

- Glass
- Small bowl
- Frying pan
- Towel
- Bucket
- Water vessel
- Kitchen scale
- Glass test tube
- Test tube stand
- Glass rod
- Sphygmomanometer
- pH paper
- Stethoscope
- Thermometer
- Disposable gloves
- Essential medicines to induce emesis such as *saindhava* or black salt etc.
- Materials for *Dhumapana*
- Apron
- Clean cloth for draping the patient
- Attendants

1.3 CONTRAINDICATIONS

- Patients who have haemoptysis or emaciation
- Obesity
- Physically weak persons
- Very young or elderly persons
- Giddiness
- Haemorrhoids
- Grief stricken
- Pain in the eyes
- Ear ache
- Headache
- Progressive cataract
- Hoarseness of voice
- Enlargement of prostate
- Ascites
- Abdominal pain
- Obstructed urination
- Heart diseases
- Diseases of the nervous system
- Worm infestation
- Pregnant females
- Excessive physical exercise
- Bleeding through upper body orifices
- Persistent vomiting

- Excessive thirst

1.4 COMPLICATIONS

- Distension of abdomen
- Gripping pain
- Excessive discharge
- Cardiac spasm
- Spasm of limbs haemorrhage
- Improper action of the medication
- Rigidity
- Serious afflictions
- Exhaustion
- Error with the attendant, recipe, physician or patient

1.5 POST THERAPY REGIMEN

The following should be adhered to after any Panchakarma therapy:

- Speaking loudly
- Excessive travelling or roaming
- Avoid sitting in one position for long periods of time
- Only eat food once the previous food has been digested
- Only eat food which is beneficial to one's health
- Avoid sleeping during the day
- Abstinence
- After therapy, *Kavala* with *triphal*a and *dhump*ana should be done

1.6 PRECAUTIONS

1.6.1 PREPARATION FOR VAMANA

- A proper detailed history should be taken by the practitioner
- *Abhyanga* and *swedana* forms the preparation for *vamana*.
- The patient should always be advised to follow strict dietary regimen before and after the procedure, so as to avoid complications
- The treatment room should be furnished with a soft cushioned knee-high chair with arm rests
- Practitioners should note down the bouts of vomiting, amount and end substance of vomitus as well as symptoms developing in the patient

1.6.2 SAFETY PROCEDURES

- The vomitus should be disposed of in a drain or toilet
- All utensils and equipment should be sterilized and kept within reach
- The treatment room in which the procedure is carried out should be clean.

- The patient should be draped with a clean cloth up to the neck to prevent the soiling of their cloths with vomitus
- A clean towel, a large bowl and a fresh glass of water should be placed on a table or chair that is within his reach
- Practitioners should wear an apron before the treatment begins
- If the patient does not start to vomit the practitioner should wait for approximately 48 minutes after the emetic drugs have been administered. By this time if the vomiting has not started the practitioner should administer further medicine to support the emetic drugs given.

2. VIRECHENA

2.1 DEFINITION

Elimination of *Dosha* through the rectum by orally administered drug. Morbid accumulation of *pitta* is best eliminated by this procedure. Abnormal accumulation of *kapha* in the lower gastrointestinal tract is also treated by this therapy.

2.2 EQUIPMENT OR MATERIALS NEEDED

- Measuring glass
- Spoon
- Glass
- Small bowl
- Towel
- Flask
- Water pot
- Bed pan
- Kitchen scale
- Test tube
- Test tube stand
- Glass rod
- Sphygmomanometer
- pH paper
- Thermometer
- Disposable gloves
- Flatus tube
- Instruments for fomentation and *basti*
- Medicines for Oleation, fomentation, Virechena and *basti*
- One attendant for preparation of medicine and to maintain input-output chart
- Emergency medicines such as:
 - i. Sugar
 - ii. Kutaja Ghanavati
 - iii. Karpura rasa
 - iv. Mahashankha vati

- v. Sanjeevani vati
- vi. Oral rehydration salt
- vii. Jatyadi ghritam
- viii. Jatyadi taila
- ix. Phala varti

2.3 CONTRAINDICATIONS

- Patients suffering from ulceration of the anus. If it is performed it may lead to discomfort in the precordial region and may even predispose the patient to rectal bleeding.
- It is not advisable if the patient is suffering from injury of the anal region. Administration in such persons may lead to severe pain in the anal region
- It should be avoided at all costs in patients suffering from faecal incontinence
- Spontaneous bleeding from the anus and urethra is a feature of *adhoga raktapitta* (bleeding from the lower orifices). If a patient had to go *virechena* in such a clinical state it is likely to worsen the rectal bleeding
- If the patient is subjected to *langhana* (fasting therapy) treatment for any reason. He may not be able to withstand the strain its causes.
- In a clinical state of debilitated sense organs or impaired digestion it is not recommended
- It is not indicated immediately following *basti* therapy
- Presence of indigestion
- Fever of recent origin
- It is not ideal in patients who are addicted to alcohol as the body becomes weaker, and any attempt to eliminate the Dosha may aggravate Vata.
- Distension of abdomen
- Traumatic injuries
- Excessive Oleation therapy
- Excessive dryness of the body
- It is not ideal in persons having *krura kostha* or difficult and tough bowel movements. If it is administered in this state it may lead to poor response to this therapy and may cause complications such as precordial pain, joint pain, distension of abdomen, body ache, vomiting, transient loss of consciousness and exhaustion
- Emaciation due to ulceration within the chest
- Obesity
- Children younger than 16 years old and Elderly persons older than 70 years old
- Debilitated persons
- Patients who are tired due to excessive physical work
- Patients suffering from excessive thirst
- Persons affected from straining due to long distance walking or other physical exercise
- Persons who have observed fasting for long periods of time
- Persons involved in rigorous studies

- Persons affected with mental worries
- Neurasthenic
- Pregnant ladies
- Women in the puerperal period
- Acute rhinitis
- Tubercular infection
- Diarrhoea
- Individuals who have excessive hunger
- Diseases of the heart
- Persons who are fearful.

2.4 COMPLICATIONS

Due to error in the prescription of the purgatives or due to faulty procedure of the therapy the patient may develop certain complications, if proper care is not taken during administration. All these complications can be managed effectively.

- Distension of the abdomen
- Severe cutting pain in the anal region
- Discharge from the anus
- Precordial discomfort
- Stiffness of the body parts
- Blood in excreta
- Altered state of consciousness
- Shock
- Rigidity
- Sense of tiredness
- Vomiting
- Uneasiness in the precordial region
- Constipation
- Sudden dehydration

2.5 PRECAUTIONS

2.5.1 SAFETY PROCEDURES

- A proper detailed history should be taken by the practitioner
- Patients are advised to take Oleation therapy for a specific amount of time
- Patients should be advised to follow a strict dietary regimen as prescribed by an Ayurvedic Practitioner, to avoid complications and to get the full benefit of this therapy. This should be adhered to before and after virechena.
- The purgative medicine should be of good quality, and it should not exceed the expiration date

- The Ayurvedic practitioner should be prepared if the patient does not have a proper response to treatment. All emergency medicines and protocols should be carried out accordingly
- Proper dosage of purgatives should be assessed according to the condition of the patient and the stage of the disease.
- If the patient vomits the purgative medicine they may be subjected to Oleation, fomentation and virechena therapy once again.
- If the patient experiences an excessive response to treatment they may be treated with a mild emetic which reverses the course of movement of the gastrointestinal tract thereby preventing further excretion. Cold *parisheka* or *avagaha* therapies may also be beneficial in this regard

2.5.2 POST THERAPY PROTOCOL

- After the virechena procedure and the period of strict dietary regimen, if no other Panchakarma is indicated for the patient, they should be subjected to shaman (palliative treatment) or rasayana (Rejuvenative treatment) according to the illness of the patient.

3. BASTI

A. NIRUHA BASTI

3.1 DEFINITION

This is the administration of medicated decoction enema. The composition of the medicine administered in this form may contain herbal decoction, medicated oil, honey, rock salt and herbal powders. Among these different ingredients the concentration of the herbal decoction is relatively more in comparison to the other ingredients. It is also known as *Asthapana basti*

3.2 EQUIPMENT OR MATERIALS NEEDED

- Disposable enema cans
- Disposable rubber catheters
- Disposable gloves
- Ghee
- Towel
- Oil
- Forceps
- Cleaning agents
- Mortar and pestle
- Prescribed medicines
- Vessels
- Apron
- Cloth or blanket for patient
- Pot
- Water

- Gauze

3.3 CONTRAINDICATIONS

- Indigestion
- Excessive Oleation or dryness of the body
- Tiredness due to travelling or physical work or are physically weak
- Patients who are hungry at the time of administration of the basti
- Patients who experience excessive thirst
- Emaciated persons
- Administration of basti immediately after a meal or after intake of fluids
- Immediately following Nasya as it will precipitate mobilization of the Dosha and obstruct the body's channels
- Patients who are angry, in a state of fear or suffering from a transient loss of consciousness
- Persistent vomiting
- Excessive salivation
- In diseases or cases of :
 - i. breathlessness
 - ii. cough
 - iii. hiccups
 - iv. intestinal obstruction
 - v. intestinal perforation
 - vi. ascites
 - vii. distension of abdomen
 - viii. distension of the abdomen due to the accumulation of the undigested food
 - ix. persistent vomiting and diarrhoea
 - x. when the function of the digestive system is low
 - xi. diarrhoea associated with metabolic toxins
 - xii. diabetes mellitus
 - xiii. passing of abnormal urine in abnormal amounts
 - xiv. obstinate skin disorders
 - xv. haemorrhoidal pass
 - xvi. anaemia
 - xvii. giddiness
 - xviii. tastelessness
 - xix. psychological illness
 - xx. state of grief
 - xxi. obesity
 - xxii. dryness of throat
 - xxiii. emaciation due to ulceration within the chest
 - xxiv. pregnant ladies up to 7 months
 - xxv. very young and old persons
 - xxvi. less stool
 - xxvii. swelling around the anus
 - xxviii. females who had premature delivery

xxix. presence of oedema

3.4 COMPLICATIONS

- Improper method of administration of the basti
- Erroneous procedure may not give the desired therapeutic effect
- Administration of air along with the medicine may cause abdominal pain and pin pricking sensations
- Treatment carried out in a hurry may lead to pain in the anal region, inguinal region, thighs and pelvic region
- Erroneous direction during insertion of catheter may lead to obstruction as it impinges on the walls of the rectum
- Compressing the catheter may lead to chest pain, head ache, tiredness in the legs and other symptoms due to morbidity of Vata Dosh
- Shaking the catheter while administering the basti may cause burning sensation in the anal canal as well as local oedema
- Over insertion deep in the rectum may cause ulceration in the rectal wall as well as pain, burning sensation etc.
- Inadequate insertion or unusually slow administration may cause early evacuation of medicines.
- Rapid administration may lead to retention of the medicine for an unusually long period of time and is not desired
- Adaptation of proper technique of administering the basti is essential for safe employment of the procedure

3.5 PRECAUTIONS

3.5.1 PREPARATION OF BASTI MEDICATION

- The preparation of the medicaments should be done carefully. The ingredients are mixed in a specific order to get an emulsion of the medicinal compound.
 - i. The rock salt is taken in a mortar and grounded till it is fine and devoid of lumps. Thereafter honey is added.
 - ii. Both the salt and honey should be mixed well so that it forms a proper consistency.
 - iii. The medicated oil is added after, and mixing is continued with a mortar
 - iv. Herbal powder is added and mixed well
 - v. After all the ingredients are properly emulsified by mortaring, the herbal decoction is added
 - vi. The mixture should be lukewarm when it is administered
- The mixing of the medicines should be done with a mortar and pestle in one direction only i.e. clockwise direction
- After preparation of the basti medication, it should be filtered properly

3.5.2 OTHER IMPORTANT FACTORS

- The patient should be given niruha basti on an empty stomach in the morning after evacuating the bowel and bladder
- If the patient has excessive dryness of the body anuvasana basti should be done beforehand
- The dosage is determined according to the age of the patient.

3.5.3 SAFETY PROCEDURE

- Proper Oleation and fomentation should be done before the basti procedure
- The patient should lie down on the table in the left lateral position, with the left leg straight and the right leg is flexed at the hip and knee and is drawn up to the chest.
- The patient's body should be covered with a cloth or blanket and the anal region should be left exposed
- The therapist should wear disposable gloves
- The anal orifice is smeared with ghee or oil for lubrication with the help of gauze
- The tip of the rubber catheter is also dipped in oil or ghee for lubrication
- The therapist should prevent leakage of the medicine before administering
- The catheter is gently introduced into the anal canal in the direction of the patients spine
- About 11cm to 15cm of the catheter is inserted
- After administering the basti the client should gradually assume the supine position for 5 minutes, thereafter they should bend their legs at the knees for 15 minutes

B. ANUVASANA BASTI

3.6 DEFINITION

Administration of medicated oil or other fat through the rectal route in a prescribed dose

3.7 EQUIPMENT OR MATERIALS NEEDED

- 100ml Disposable syringe
- Disposable gloves
- Rubber catheter
- Medicated oil according to the prescription
- Facility for abhyanga (oil massage) and fomentation therapy
- Gauze
- Stove
- Water
- Pot

- Towel
- Cloth or blanket for patient
- Ghee
- Clock or Timer
- Forceps
- Cleaning agents

3.8 CONTRAINDICATIONS

- In cases where there is dominance of vitiated kapha Dosha, or vitiation of the doshas associated with ama, administration is not ideal
- If there is a predominance of fat in the body
- In diseases due to over nutrition and diabetes it should not be given
- Administration of Oleation therapy through the oral route
- Administration of Oleation therapy both orally and rectally simultaneously
- After eating heavy meals

3.9 COMPLICATIONS

Obstruction of fats due to:

- Vitiating vata, pitta or kapha Dosha
- Food consumed
- Faecal matter

3.10 PRECAUTIONS

3.10.1 FACTORS FOR SELECTION OF THERAPY

- Patient should be examined thoroughly to ensure they are not suffering from any illness in which anuvasana basti is contraindicated
- Patient is subjected to Oleation and fomentation before the basti procedure
- During the cold seasons such as winter and spring this therapy should be done during the day
- During the hot season like autumn and winter it should be administered during the night or morning time
- It is given immediately after meals on a full stomach
- If the patient has vitiation of *Kapha Dosha* the therapy course should consist of one to three basti's
- In a case of morbidity of *Pitta Dosha*, five to seven basti's can be given as a course
- Nine to eleven basti's are ideal as a course in conditions where there is vitiation of *Vata Dosha*

3.10.2 PROPER ADMINISTRATION

- Patient should have a light meal with a small amount of fats
- After the meal, the patient is advised to do light exercise

- There should be proper evacuation of the bowel and bladder for therapeutic efficacy

3.10.3 SAFETY PROCEDURE

- The patient should be positioned for administration of basti on the table. They should lie down in the left lateral position with the right leg drawn up towards the chest and the left leg is placed straight on the table
- The medicated oil which is to be administered should be heated in a pot filled with water to make it lukewarm
- Any air that is in the syringe should be cleared by pushing the piston
- The therapist should wear disposable gloves
- The tip of the catheter is dipped in oil or ghee for lubrication
- The catheter is gently introduced into the anal canal in the direction of the spine for about 10cm to 15cm
- The patient should lie in supine position for five minutes then bend their legs at their knees for fifteen minutes without any other movements

4. NASYA

4.1 DEFINITION

Administration of medicines through the nasal route is known as *nasya*. Diseases related to the head are best treated by this therapy.

4.2 EQUIPMENT OR MATERIALS NEEDED

- Table with a facility to lower the head portion
- Medicines according to the prescription
- 100ml lukewarm medicated oil for abhyanga
- Towel for fomentation
- Dropper
- Spittoon
- Stove
- Dhuma varti or smoke wick
- Hot water or triphala decoction

4.3 CONTRAINDICATIONS

- Patients who have just eaten
- Indigestion
- Patients who have undergone oral Oleation therapy
- Intoxicated persons
- Patients who have consumed plenty of water
- Those who have had a bath
- Hungry
- Exhausted due to physical exercise
- Transient loss of consciousness
- Injured

- Fever of recent onset
- Grief stricken
- Pregnant females
- Rhinitis of recent onset
- Emaciation
- Excessive thirst
- Angry
- Very young, below the age of 7 or elderly persons, above the age of 80
- Difficulty breathing
- Cough
- Puerperium

4.4 COMPLICATIONS

- Breathlessness
- Cough
- Rhinitis
- Sluggish digestion
- Progressive cataract

4.5 PRECAUTIONS

- Nasya should not be given after food and drink
- Patient should be advised not to take bath prior to therapy
- The dropper should be properly sterilized
- The head of the patient should be slightly lowered during treatment
- Oleation and fomentation should be done before nasya
- Therapists should be careful not to burn the patients face with the towel dipped in hot water for the fomentation procedure

SECTION C

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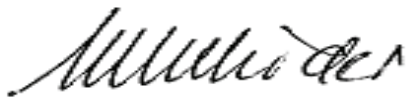
BOARD NOTICE 127 OF 2020

**ALLIED HEALTH PROFESSIONS COUNCIL OF
SOUTH AFRICA****SAFETY GUIDELINES: UNANI-TIBB: CUPPING
THERAPY****OCTOBER 2020**

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

The AHPCSA, after due consideration and in consultation with the Professional Board: Ayurveda, Chinese Medicine and Acupuncture and Unani-Tibb (PBACMU) and taking into account sections 1(2)(a), 3, 4, 10C, and 10D of the Allied Health Professions Act, Act No 63 of 1982 (“the Act”) resolved that the following **SAFETY GUIDELINES: UNANI-TIBB: CUPPING THERAPY** shall be applicable to all practitioners registered in the profession of Unani-Tibb.

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



DR LOUIS MULLINDER

REGISTRAR: ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

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SAFETY GUIDELINES: UNANI-TIBB: CUPPING THERAPY

1. INTRODUCTION AND OVERVIEW OF THE MAIN THERAPY USED WITHIN UNANI-TIBB - CUPPING THERAPY

1.1 INTRODUCTION

Cupping Therapy is the main therapy used within Unani-Tibb and is recognised by both National and International healthcare authorities (AHPCSA, AYUSH and WHO). Cupping consists of several forms which include Dry and Wet Cupping.

Most patients seen by an Unani-Tibb practitioner will receive Cupping Therapy (either Dry or Wet depending on the condition and circumstances surrounding the case) as a part of the treatment. In some cases, Cupping might be employed as a stand-alone treatment, once again, dependent on the nature of the case. In order to ensure efficient treatment, both Dry and Wet Cupping, specific equipment and protocol are required.

1.2 DEFINITIONS

“DRY CUPPING” is the practice of applying a partial vacuum by means of heat (Fire Cupping) or suction (vacuum gun) in one or several bell-shaped vessels (suction cups) to specific locations on the skin. This results in the uplifting of tissues beneath the cup (skin doming) (Sayed, et al., 2014);

“WET CUPPING” is a minor surgical excretory procedure, where negative pressure (suction force) applied to the skin surface using cups creates skin doming (gradually increasing in size due to viscoelastic nature of the skin) inside which local pressure correspondingly decreases (Boyle’s law) around capillaries. This causes increased capillary filtration, local collection of filtered fluids. This is followed by light scarification of the skin beneath the cup by means of a surgical blade no deeper than 0.1 mm into the epidermis so that the filtered fluid (composed of tissue fluid, fragments of damaged RBC, causative pathogenic substances, metabolic by products, blood from ruptured capillaries) moves into the cup. This process is preceded and completed by disinfecting the skin involved (Sayed, et al., 2014);

“CONTRAINDICATIONS” being those conditions if present, in which Cupping therapy should not be done; and

“**PRECAUTIONS**” being those conditions in which Cupping therapy is not prohibited but caution should be observed, especially in terms of how much blood is removed when Wet Cupping is administered.

1.3 CUPPING APPARATUS/EQUIPMENT (Latib, 2013)

1.3.1 ELECTROMAGNETIC CUPPING

This method involves using an electric Cupping machine to produce the suction force under the cups. The cup is attached to the machine through an umbilical suction cord. Suction strength and duration can be adjusted and controlled electronically by the practitioner. It is an expensive and bulky method and impractical as far as mobility is concerned. It is not a common practice among Unani-Tibb Practitioners.

1.3.2 PORTABLE CUPS

PISTOL HANDLE VALVE CUPS



FIGURE 1: This type of cup is usually made of toughened glass or clear hard plastic material and has a valve attached to its top. The practitioner places the cup on the desired position and inserts the pump into the valve, and then proceeds to pump air out of the cup creating a suction. The strength of suction can be adjusted from the valve which is positioned at the top of the cup. This is the method of choice used by Unani-Tibb practitioners and the referred Cupping apparatus used in this document unless otherwise stated.

SCREW-TOP CUPS



FIGURE 2: This method uses an adjustable screw-threaded handle located on top of the cup and attached to a piston-like suction pump inside the cup. The level of suction required is obtained by turning the handle anticlockwise and allowing the piston ring inside the cup to touch the patient's skin. The handle is then turned clockwise in order to pull the piston upwards, thereby creating a negative pressure inside the cup. Proper sterilization of the cups tends to be a problem.

BAMBOO CUPS



FIGURE 3: These are cups made out of bamboo. They are extremely light to carry and durable. To create a negative pressure inside the cup, Fire was ignited to expel the air. These cups can be infused in an herbal decoction before use. One disadvantage is that the edges of the bamboo cups are very sharp and under strong suction force can dig into the skin. It is not preferred for Wet Cupping as you cannot see inside the cup and adequate sterilization cannot be achieved.

GLASS CUPS



FIGURE 4: Glass cups use the same Fire mechanism as bamboo cups to achieve its suction. The edges of glass cups are thicker and smoother than bamboo cups and sterilization is easily achieved with an autoclave.

RUBBER/SILICONE CUPS



FIGURES 5 AND 6: These cups are made completely of a rubber (Fig. 5) or silicone (Fig. 6) material. The cups are corrugated in shape and when the air is pushed out a rather strong suction is obtained. The natural rubber material is quite expensive and cannot be boiled or sterilized in strong cleaning solutions. The silicone cups are

more durable and can handle much higher temperatures for sterilizing purposes. These cups are well tolerated by children.

1.4 PRELIMINARY CONSIDERATIONS

The location to be treated is important in deciding the position of the patient. If the Cupping is to be performed on the back, the most comfortable position will be prone on a bed or flat surface area; if on the stomach, a supine position is preferred. For the face, knees, neck and shoulders, a sitting position in a chair may be chosen. For the elderly, severe asthmatics or patients who have recently suffered from any heart conditions, an upright sitting position should always be preferred (Sayed, et al., 2014).

- A. In obese persons and in those suffering from thickened blood (polycythemia), a hot bath 1 to 2 hours before Cupping is recommended. This helps to stimulate blood flow to the skin, so makes Cupping that much more effective.
- B. As Cupping is performed on the naked skin, the treatment room should be comfortably warm.
- C. Make sure the patient is relaxed and not suffering from any degree of anxiety.
- D. Explain the entire procedure to the patient, demonstrate if necessary (mock Cupping on the practitioner's arm).
- E. In order to achieve better contact between the cup and the skin, liberally apply a suitable massage oil to the Cupping intended area.
- F. The selected areas of skin may be shaved, so that a good seal between the cup and skin can be achieved.
- G. Patients about to undergo Cupping (especially the Wet version) should be advised to take a nutritional drink before the Cupping.
- H. Pressure applied to cups will vary according to patients. For medium to large frame patients, and in patients where the Cupping sites are endowed with excess fatty tissue, the pressure can be increased. This ensures that the area beneath the glass will respond at a faster rate than on patients who are leaner, and with less fatty tissue.
- I. Cupping can also be carried out in parallel to massage. Choose the best position suitable for the patient as sudden movements are not recommended.

1.5 CUPPING PROCEDURE

- A. A 5-minute light massage with suitable lubrication (e.g. special blend dependent on the temperament of the patient) is performed on the area selected for treatment. Begin with painful areas and avoid using more than 3 points at once. This is followed by Dry Cupping performed with appropriate suction intensity suited for the body type and therapeutic outcome.
- B. Primary sucking. The cup is placed on the selected site. The cup clings to the skin and is left for a period of 3 to 10 minutes to improve blood circulation. Erythema soon becomes evident. The cups are removed which completes the action of Dry Cupping.
- C. For Wet Cupping, ensure that the Cupping sites are sterilised with antiseptic solution.
- D. The next step in Wet Cupping (after Dry Cupping) is skin scarification. Superficial incisions are made on the skin through the epidermal layer on the areas where the cups were applied using a sterile surgical blade. Incision direction is dependent on the structure of the skin and the muscles. It should be made with lines of tension as this is better for healing and avoids scar formation. Depth of scarification: There are no blood vessels in the epidermis. Blood vessel and nervous system supply is in the dermis. Therefore, scarification does not reach the dermis. It should not penetrate into collagen layer as this will result in keloid formation. Scarification is 0.1 mm in depth, 1mm in length (10-30 parallel incisions) or 1-3 cm in length (3-7 parallel incisions) per cup.
- E. Blood/tissue fluid extraction: The cup is placed back on the skin (containing cotton balls to absorb tissue/blood fluid), using the same manner described above (suction action is applied to the previously scarified skin), until it is filled with collected fluids (filtered capillary fluids containing different causative pathological substances + collected interstitial fluids containing different causative pathological substances + blood from ruptured capillaries). During Wet Cupping 5 -100 ml of blood/tissue fluid is extracted in total. The bleeding generally subsides spontaneously.
- F. Removal. The cup is carefully removed by releasing the vacuum valve leading to the loss of suction. The absorbed cotton wool is disposed of as biomedical waste, the cup could be reapplied onto the skin up to 3 times or until haemostasis occurs. The cups as well as any other soiled materials are disposed of in the Biomedical Waste bin and the blades used are disposed of in the yellow sharps biomedical waste.

- G. Sterilisation by antiseptic liquid and application of a dressing to the cupped areas ends this procedure. Honey is preferred for its antiseptic and healing properties.
- H. The process after scarification lasts for 15 - 20 minutes
- I. The patient should remain in their position after Wet Cupping for 5-10min before standing up. The patient is advised is stand up gradually.
- J. If any dizziness occurs the patient should remain supine with legs raised comfortably until he/she feel stable enough to stand up. An electrolyte drink can be offered to the patient.
- K. Light meals can be eaten but avoid any heavy meal for 2hrs after the procedure.
- L. Fluid intake is important to stay hydrated and electrolyte drink can help to counter lethargy, if experienced.

1.6 MECHANISM OF ACTION



FIGURES 7A, B, C: Disposable sterile equipment for performing Cupping. Disposable variable-sized plastic cups and a manual hand-help pump creates 'skin doming' (uplifting) effect.

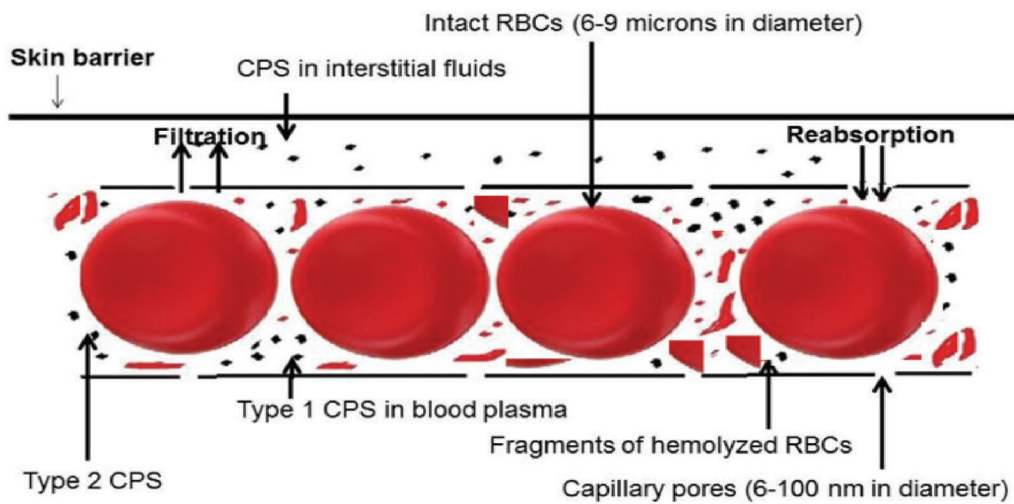


FIGURE 8: Disease conditions are mostly characterized by abnormal blood chemistry. Different causative pathological substances (disease-causing substances and disease-related substances) are present in the blood and interstitial fluids and cannot be excreted by physiological mechanisms e.g. excess serum iron and ferritin in thalassemia, uric acid in gout, inflammatory by products in chronic inflammatory conditions etc. (Sayed, et al., 2014).

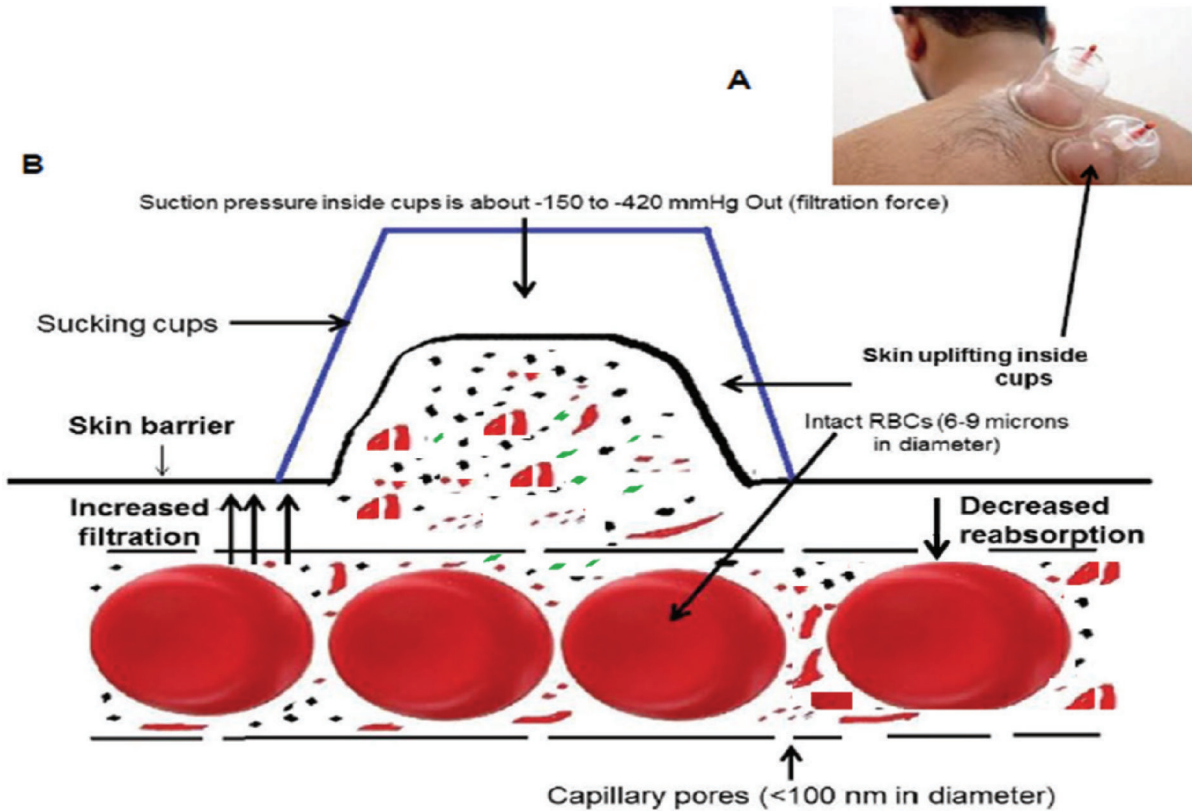


FIGURE 9: First technical step of Cupping is the first suction step. **A.** External negative pressure inside suction cups sucks skin into cups leading to formation of skin uplifting (skin dome). **B.** Inside skin uplifting, filtration of skin capillaries (pressure-dependent and size-dependent filtration and excretion) takes place. Collected fluids (filtered capillary fluids containing different causative pathological substances + collected interstitial fluids containing different causative pathological substances) start to accumulate inside the skin uplifting (skin dome) and approach the most superficial epidermal layer of the skin but cannot get out due to the presence of skin barrier. Small particles (causative pathogenic substances measured in nm) can be filtered through capillary pores and fenestrae while large particles (intact blood cells measured in microns) cannot pass through (Sayed, et al., 2014).

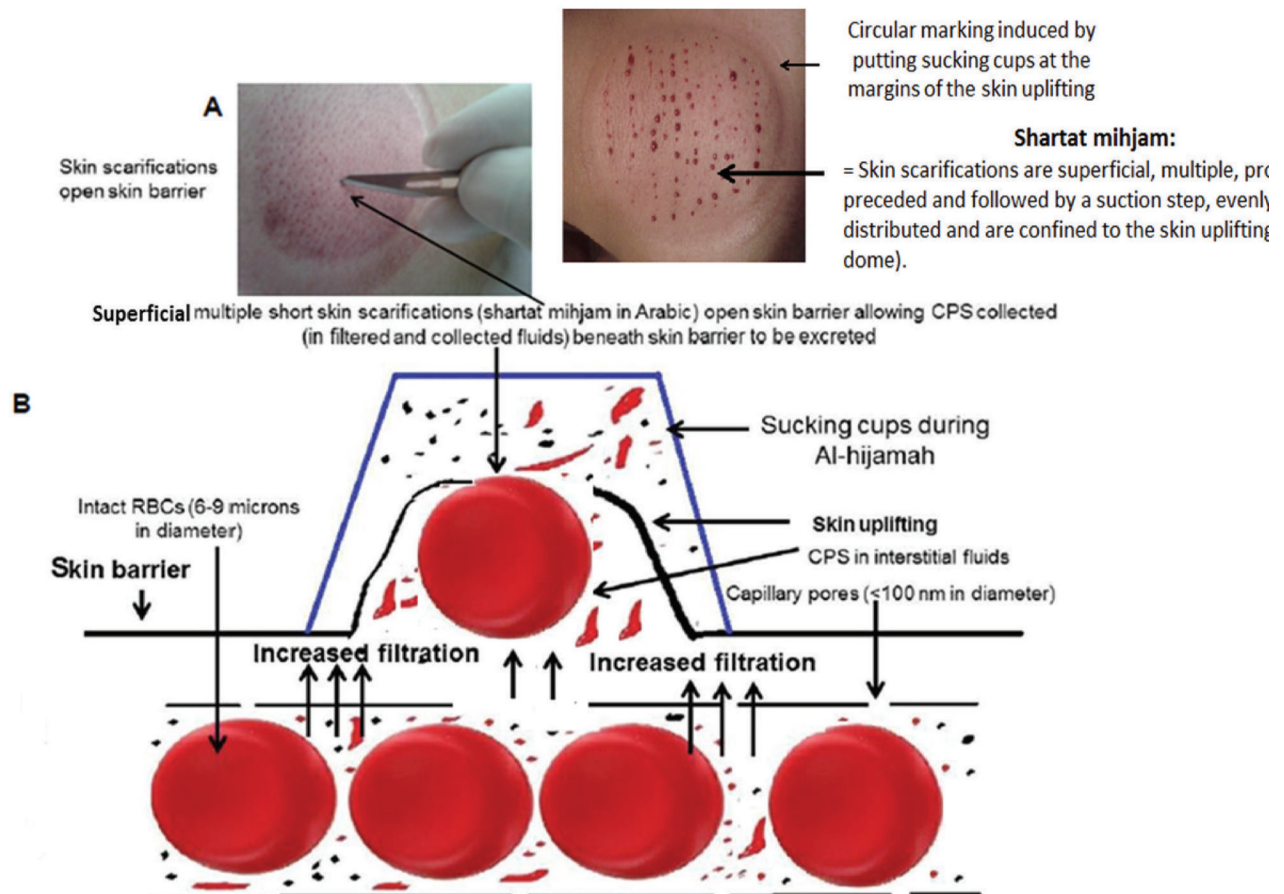


FIGURE 10: Second technical step in Wet Cupping is skin scarification while third technical step is second suction. **A.** Skin scarifications are small short superficial skin incisions (1-2 mm in length and 0.1 mm in depth). **B.** Skin scarifications open skin barrier for the excretion of collected fluids inside the skin uplifting (skin dome). Skin scarifications help transmission of second suction pressure to the inside of the skin uplifting (skin dome) to excrete collected fluids. Skin scarifications help transmission of second suction pressure to the inside of the skin uplifting around skin capillaries for more percutaneous capillary blood filtration. Skin scarifications cause a minor bleeding and loss of blood cells through the induced superficial skin incisions (scarifications) (Sayed, et al., 2014).

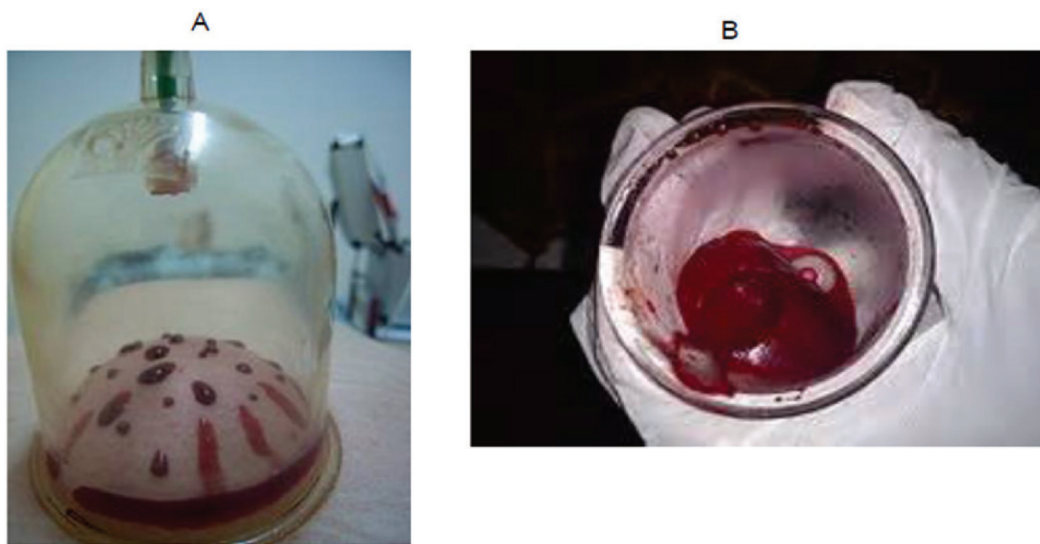


FIGURE 11: Excretory function of Wet Cupping. **A.** excretion of a bloody fluid mixture through the skin scarification sites inside the sucking cups. **B.** The excreted bloody fluid through skin scarification sites coagulates rapidly inside the cups (Sayed, et al., 2014).



FIGURE 12: Post-Cupping sign: a transient skin uplifting surrounded by a circular depression occurs after Cupping therapy and disappears without any sequelae within few days. Post-Cupping sign is to be differentiated from other skin signs e.g. in purpura (Sayed, et al., 2014).

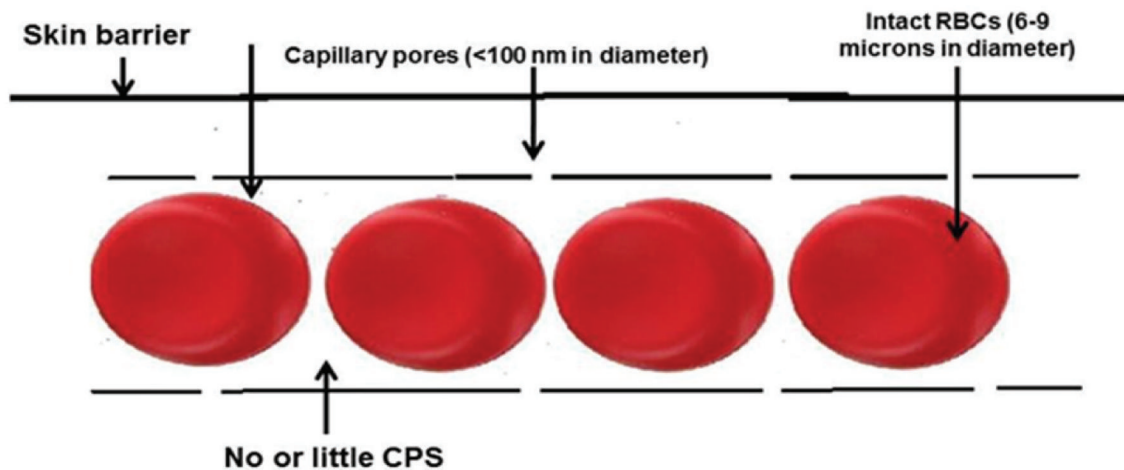


FIGURE 13: Restoration of homeostasis after complete or partial significant excretion of disease-causing substances. New interstitial fluid is formed by filtration at the arterial ends of capillaries and is reabsorbed at the venous capillary end (Sayed, et al., 2014).

2. SAFE WORKING PRACTICE/PROCEDURE

2.1. SAFETY ASPECTS OF CUPPING (Latib, 2013)

- A. The procedure must be fully explained to the patient, and informed consent obtained
- B. A full medical history and physical examination should be completed prior to Cupping to ensure that there are no contraindications for the procedure. It is important to note blood pressure, pulse, the patient's current medication (blood thinners such as Warfarin etc), or the presence of any blood disorders and other contraindications. For Wet Cupping patients enquire on history of blood donation and rule out blood phobia.
- C. The practitioner must wear disposable latex gloves whilst performing all types of Cupping. For Wet Cupping, the practitioner should wear plastic disposable apron and a disposable mask.

- D. All contaminated materials must be correctly disposed of (medical waste and sharps bins)
- E. Disposable Cupping sets are preferred for Dry Cupping, re-usable cups can be used (glass or plastic) if properly sterilised by sterilising agents or autoclave.
- F. Disposable Cupping sets are preferred for Wet Cupping, although glass cups can be used on condition that glass cups can be autoclaved.
- G. Sterile surgical blades used for Wet Cupping must be for single use and disposable
- H. Any incisions must be superficial, involving the epidermis only.
- I. The patient should be monitored for signs of pain or discomfort and the procedure stopped if discomfort is experienced.

2.2. SPECIAL PRECAUTIONS AND CONTRAINDICATIONS

Although the Cupping procedure is usually trouble and consequence free, adverse reactions can result from the patient's psychological response. For example, the sight of blood and the patient's apprehension can precipitate an undesired reaction. The practitioner must also check that the patient is fit for the Cupping procedure and must know how to adapt the procedure based on the constitution of the patient and their current health state. This should be ruled out by a thorough patient medical history.

Should any of the following symptoms appear while the Cupping procedure is being performed – paleness, nausea, dizziness, vomiting, and perspiration – the procedure should be discontinued and the patient encouraged having a rest, lying down, and taking a drink of natural or glucosed water.

Cupping should be practiced with caution in children, seriously ill patients, those with abnormally low blood pressure, and the elderly/frail (Sayed, et al., 2014). In these cases, Cupping can be done with discretion, and under special and defined circumstances (Nimrouzi, et al., 2014).

- A. Dry Cupping is not recommended for children below the age of 2 years.
- B. Wet Cupping should be avoided in children below the age of 6 years.
- C. Wet Cupping should not be carried out in patients above 60 years of age, although Dry Cupping can be used in the elderly.
- D. Precautions should be observed for menstruating women.

- E. Special precaution should be observed in pregnant women, especially Wet Cupping as it can result in miscarriages.
- F. Cupping should not be applied to the abdominal and sacral regions of the pregnant women.
- G. It is not advisable to apply Cupping to the patient with skin ulcers, oedema, or on an area overlying large blood vessels or even varicose veins.
- H. In addition, patients with high fever or who suffer from convulsions should not be cupped.
- I. Patients on medication, allopathic or herbal, which has anticoagulant or antiplatelet effects exhibit excessive blood loss after minor cuts, and is contraindicated in Wet Cupping.
- J. Wet Cupping should never be applied to the female breast, unless absolutely necessary.
- K. Care should be taken with Wet Cupping of anaemic patients, or those susceptible to spontaneous bleeding.
- L. Haemophiliacs tend to bleed for a much longer time, even a minor incision performed by a Wet Cupping incision can result in blood lost lasting days or weeks.
- M. Cupping should not be done on patients who are visibly fatigued (physically or mentally), very hungry/thirsty, distraught, or who have overindulged in alcohol.
- N. Due consideration is needed for immunocompromised patients.
- O. Wet Cupping should be avoided or precaution taken in patients who have wound healing disorders such as individuals who have a history of developing keloids and hypertrophic scarring, and metabolic disorders such as uncontrolled diabetes.

2.3. HAZARDS THAT MAY CAUSE HARM TO THE PRACTITIONER (Sohn, et al., 2008; Yun, et al., 2011; Kim, et al., 2012)

2.3.1 DRY CUPPING

- A. Risk of contracting contagious disease from patients which could be transferred via droplet infection, airborne or direct contact with bodily fluids e.g. Hepatitis, varicella, herpes, TB, fungal skin conditions.

- B. Repetitive pumping with the vacuum pump long term can result in inflammatory conditions of the wrist joint, forearm muscles and hands as well as nerve entrapment e.g. Carpal tunnel syndrome.
- C. Long standing and bending/leaning position may result in lower back pain and strain.

2.3.2 WET CUPPING

- A. Same as those for Dry Cupping.
- B. Using sharp blades puts the practitioner at risk of injury by accidental lacerations that may also result in transfer of bodily fluids from patient to practitioner. This puts the practitioner at risk for disease transferred by blood e.g. HIV, Hepatitis etc.

2.3.3 FIRE CUPPING

- A. Risk for burn injuries or asphyxiation.
- B. Alcohol/ smoke inhalation may cause headaches, nausea, dizziness or asphyxiation.

2.4 COMMON SIGNS AND SYMPTOMS OF A MUSCULOSKELETAL INJURY IF THE HAZARDS OF THE JOB TASK COULD LEAD TO THIS TYPE OF INJURY (Sohn, et al., 2008; Yun, et al., 2011; Kim, et al., 2012)

- A. For Dry, Wet and Fire Cupping (any apparatus which uses Fire as a means of producing a suction): inflammation of the wrists, hands and forearm or lower back due to standing or bending could present with pain in the affected area, swelling, muscular hypertrophy, stiffness or limited range of motion, erythema or redness.
- B. If there is nerve entrapment the practitioner may also note neurological symptoms of numbness and tingling in the hands and fingers, decreased muscle strength and grip, loss of muscle tone and muscular atrophy.

2.5 EQUIPMENT / DEVICES, PERSONAL PROTECTIVE EQUIPMENT (PPE), OR OTHER SAFETY CONSIDERATIONS NECESSARY TO PERFORM THE TASK SAFELY (Latib, 2013).

2.5.1 ALL CUPPING

- A. Protective clothing: white coat or doctor scrubs uniform. Long pants or skirt.
- B. Disposable gloves.
- C. Vacuum pump.
- D. Closed shoes.
- E. Protective mask if contagious disease transferred by airborne or droplet infection is suspected.

2.5.2 WET CUPPING, ADDITIONALLY

- A. Protective clear safety glasses.
- B. Scalpel blade and holder.
- C. Plastic disposable apron.
- D. Protective shoe covering.
- E. Protective mask.
- F. Stainless steel basin, linen savers, cotton wool and paper towels to collect extracted blood/tissue fluid products.
- G. Disinfectant solution.
- H. Biomedical waste disposal bin.
- I. Sharps disposable bin.

2.5.3 FIRE CUPPING, ADDITIONAL

- A. caution should be taken not to drop the cups as they can break.
- B. Container with a lid should be used for storing of alcohol.
- C. Container of water to be kept close by to relinquish the fire.
- D. Fire retardant clothing or uniform.
- E. Fire extinguisher to be kept in the room.
- F. The use of cotton sheets and clothing or uniform and avoiding the use of synthetic materials which are highly flammable on and around the practitioner.
- G. Avoid highly flammable solutions in close proximity to fire.
- H. Safe and separate storage of ethanol and gas lighters or matches.

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INTERNET SOURCES

fig. 2

<https://www.amazon.co.uk/Chinese-Professional-Cupping-Aolvo-Enlargement/dp/B078N2PNJW>

fig 3

<https://www.amazon.com/Traditional-Bamboo-Chinese-Cupping-Therapy/dp/B00C2VRXR8>

fig 4

<https://www.bannertherapy.com/product/glass-Fire-Cupping-cups/>

fig 5

<https://www.amazon.com/Bestrice-Rubber-Chinese-Cupping-Therapy/dp/B00G348V1C>

fig 6

<https://www.importitall.co.za/Silicone-CuppingJungleArrow-Set-of-4-Cupping-Therapy-for-Cellulite-Body-and-Face-NeckBack-Massage-Suction-Cup--ap-B074CHYQDF.html>

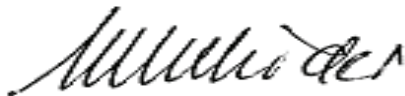
BOARD NOTICE 128 OF 2020

**ALLIED HEALTH PROFESSIONS COUNCIL OF
SOUTH AFRICA****SAFETY GUIDELINES: CHINESE MEDICINE AND
ACUPUNCTURE: PRACTICE OF ACUPUNCTURE****OCTOBER 2020**

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

The AHPCSA, after due consideration and in consultation with the Professional Board: Ayurveda, Chinese Medicine and Acupuncture and Unani-Tibb (PBACMU) and taking into account sections 1(2)(a), 3, 4, 10C, and 10D of the Allied Health Professions Act, Act No 63 of 1982 (“the Act”) resolved that the following SAFETY GUIDELINES: CHINESE MEDICINE AND ACUPUNCTURE: PRACTICE OF ACUPUNCTURE shall be applicable to all practitioners registered in the profession of Chinese Medicine and Acupuncture.

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



DR LOUIS MULLINDER

REGISTRAR: ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

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1. INTRODUCTION AND OVERVIEW OF ACUPUNCTURE

This document serves as a guide to safe acupuncture practice by practitioners of Chinese Medicine and Acupuncture, or Acupuncturists, in South Africa. These guidelines act to assist and direct the practitioner to identify risks and to take adequate precautions for the identified risk.

1.1 Introduction

Acupuncture is an important element of Traditional Chinese Medicine. It began to be used more than 2500 years ago, and its theory was already well developed at a very early time, as is shown in many of the Chinese classics. Over the past two decades acupuncture has spread worldwide, which has encouraged the further development of this therapy, particularly through studies based on modern medical perspectives and research methodologies.

According to the World Health Organization (“the WHO”)(1):

In competent hands, acupuncture is generally a safe procedure with few contraindications or complications. Its most commonly used form involves needle penetration of the skin and may be compared to a subcutaneous or intramuscular injection. Nevertheless, there is always a potential risk, however slight, of transmitting infection from one patient to another (e.g., HIV or hepatitis) or of introducing pathogenic organisms. Safety in acupuncture therefore requires constant vigilance in maintaining high standards of cleanliness, sterilization and aseptic technique.

There are, in addition, other risks which may not be foreseen or prevented, but for which the acupuncturist must be prepared. These include: broken needles, untoward reactions, pain or discomfort, inadvertent injury to important organs and, of course, certain risks associated with the other forms of therapy classified under the heading of “acupuncture.” Acupuncture treatment is not limited to needling, but may also include: acupressure, electro-acupuncture, laser acupuncture, moxibustion, cupping, auricular and scalp acupuncture, blade needling, die-da (bone setting), blood-letting acupuncture and gua sha /scraping.

1.2 Definitions

“Acupuncture” means a component of the Chinese Medicine system of complementary medicine in which fine needles are inserted and manipulated, in accordance with the therapeutic principles, in the skin at specific points (acupoints) along lines of energy (meridians), used in the treatment of physical and mental conditions. Acupuncture is employed in conjunction with moxibustion, cupping, acupressure and electrostimulation.

“Contraindications” mean conditions or factors that serve as a reason to withhold an acupuncture treatment due to the possible harm that it could cause the patient.

“Precautions” mean conditions or measures taken in advance to prevent something dangerous, unpleasant, or inconvenient from happening. With a precaution, an acupuncture treatment is therefore not prohibited but caution is taken.

“Side Effects” mean undesirable effects, which may occur in addition to the desired therapeutic effect of treatment.

“Adverse reactions” mean unexpected and undesirable effects that were not predicted or foreseen. The reasons for adverse reaction vary greatly based on the current mental, emotional, and physical status of the patient.

2. PRINCIPLES OF SAFE PRACTICE

- The use of sterile disposable needles is mandatory.
- Touching the shaft of the needle, unless supported by a cotton wool ball, should be avoided during treatment.
- Do not mark the skin with pen and needle into the marked area in order to not tattoo the patient.
- Needles used in needle trays should be kept in introducer tubes and should be discarded at the end of the treatment.
- Once the sterile pack has been opened and needles have been removed from the outer sterile packet, the needles must be discarded at the end of the consult.
- Never use sterile guide tubes beyond the single treatment session for the individual patient.
- Practitioners should confine their use of acupuncture to treatment of conditions within the scope of professional practice for which they have training and experience.
- Personal scope of practice: Working within your personal scope of practice means that you should ensure that you are working safely and competently within your personal scope of practice. This means that you must ensure you have the skills, knowledge and abilities required to carry out your role as an acupuncturist or practitioner of Chinese Medicine and Acupuncture; identification of the areas that you need to further develop in order to be competent in your practice is an ongoing continuous professional development requirement.
- Practitioners should keep clearly documented records describing the acupuncture procedure. Warnings given and informed consent should be noted.
- Warnings and informed consent must include contraindications and precautions and possible adverse outcomes.
- Practitioners should comply with the management of adverse event guidelines as outlined in this guide.
- Practitioners should comply with the hygiene requirements.
- Practitioners should comply with the waste disposal guidelines for needles or bodily fluids
- Practitioners should recognize and comply with the additional guidelines for auxiliary modalities to acupuncture, such as but not limited to: moxibustion, cupping, gua sha/spooning, auricular needling, scalp needling, press needling, beads and plum blossom needling.
- The practitioner must remain within hearing distance so that they are immediately accessible to the patient and can monitor treatment and make any appropriate checks of the patient. For example, if a patient is left in a room or cubicle unattended it is pertinent to leave a bell for them to alert the practitioner if required.
- Practitioners need to manage the risk of “needle stick” injury. Sharps bins should be close at hand. Any needles used during a treatment session should be disposed of without delay.

- The patient should be provided with an explanation of the proposed treatment and what it entails. This explanation may include:
 - Being advised to have eaten before or at least 2-3 hrs prior to treatment;
 - The procedure of the needle insertion into the skin;
 - That sterile, single use, disposable needles are used;
 - A brief explanation of how the type of Acupuncture that is being implemented works;
 - The use of additional stimulation of the needle, such as manual stimulation, electrical stimulation or moxa;
 - The possibility of transient symptoms during and/or after the treatment, such as fatigue, light headedness or temporary aggravation of the symptoms;
 - Any advice following the treatment that may be pertinent for the individual patient, such as care with driving long distances after any needling treatment; and
 - The expected post needling soreness associated with needling certain points or pecking of various pathophysiological conditions.

3. SAFETY PROCEDURES AND RISK MANAGEMENT FOR ACUPUNCTURE AND ACUPUNCTURE RELATED TECHNIQUES

3.1 Introduction: Clean Needle Technique (CNT) (2)

A standard procedure for acupuncture (needling) was established to minimize risk of infection caused by inserting a needle below the dermis. This standard procedure is referred to as: **Clean Needle Technique** and serves as a basis for all needling techniques used in any acupuncture practice. The basics of this technique must be obeyed at all times and some aspects may need to be adjusted or modified according to circumstances such as for example treatment location, sharing treatment space with others, vicinity of clean field and materials, availability of waste disposal receptacles etc.

This technique, also called aseptic acupuncture technique involves the insertion and withdrawal of the acupuncture needle in such a way that the risk of infection is reduced to a minimum. This means that only the handle of the needle can be touched by the acupuncturist and that the insertion/withdrawal of the acupuncture needle is performed in a fast and virtually pain free manner as to avoid a lot of movements from the patient, provoked as a reaction to sudden pain.

Clean Needle Technique ("CNT") consists of the following components:

1. Hand sanitation.
2. Establishing and maintaining a clean field.
3. Skin preparation.
4. Isolation of contaminated sharps.
5. Standard precautions.
6. The use of sterile single-use needles and other instruments that may break the skin, such as seven-star hammers, press tacks/intradermal needles, and lancets.

In addition, as needed:

7. Follow appropriate emergency procedures in the event of a needle stick incident or some other clinical accident in the course of an acupuncture treatment.

CNT must be distinguished from sterile technique. Sterile or aseptic technique, which is used in surgical procedures and many laboratory procedures, involves procedures that are kept sterile by the appropriate use of sterile supplies and the maintenance of a sterile field. While acupuncture involves the use of sterile acupuncture needles that must be maintained in a sterile condition prior to the acupuncture procedure, CNT is a clean rather than sterile procedure.

The insertion site is clean rather than sterile. Hands are in a clean condition rather than covered with sterile gloves. Gloves do not need to be worn, although it may be worn, except under specific conditions where exposure of the practitioner to blood or other potentially infected body fluids is possible. CNT may include the wearing of a surgical mask as a preventative measure for the same reasons as cited for needling.

Gloves are worn:

- When bleeding occurs, or is likely to occur (e.g., during bleeding techniques, wet cupping and seven-star/plum blossom treatments).
- When needling in the genital region or in the mouth.
- While palpating near an area where there are lesions on the patient's skin
- In the event that there are skin lesions or open wounds on the practitioner's hands.
- When cleaning blood from a surface.

CNT procedures and criteria are required to be performed in catgut embedding therapy, ear / scalp acupuncture, blood-letting, cosmetic acupuncture, needle point injection therapy, blade needling therapy.

3.1.1 Hand Sanitation

Handwashing is a critical component of the CNT protocol. Washing hands with soap and water is the best way to reduce the number of microbes on them in most situations. If soap and water is not available, use an alcohol-based hand sanitizer that contains at least 60% alcohol. (3) Make sure to use enough sanitizer so the hands are completely covered and wet. Wash hands rather than use hand sanitizer if hands are visibly dirty.

- How to Wash Hands (4)
 - Wet your hands with clean, running water (neutral or warm) and apply soap.
 - Lather your hands by rubbing them together with the soap. Be sure to lather the backs of your hands, between your fingers, and under your nails.
 - Scrub your hands for 10-20 seconds.
 - Rinse your hands well under clean, running water, with your hands lower than your elbows.
 - Dry your hands using a clean paper towel.
 - Close the tap using a paper towel.
 - Open any doors between you and your patients using a paper towel, or re-clean hands upon entering the patient's room.

Your 5 Moments for Hand Hygiene

- 1** BEFORE TOUCHING A PATIENT
- 2** BEFORE CLEAN / ASEPTIC PROCEDURE
- 3** AFTER BODY FLUID EXPOSURE RISK
- 4** AFTER TOUCHING A PATIENT
- 5** AFTER TOUCHING PATIENT SURROUNDINGS

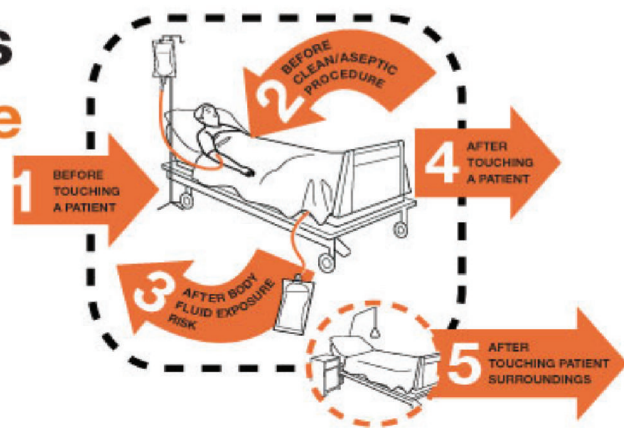


FIGURE 1: 5 Moments of hand hygiene

- How to Use Hand Sanitizer (3)
 - Apply the product to the palm of one hand.
 - Rub your hands together.
 - Rub the product over all surfaces of your hand and fingers until your hands are dry.



FIGURE 2: 7 Steps of handwashing using hand sanitizer

3.1.2 Pre-sterilized Disposable Instruments (Needles) (5)

- Disposable needles must be in appropriate packaging.
- Needles in packages that have the seal broken or show evidence of moisture or other damage should not be used.

- Single use sterile needles should not be used past their expiry date.
- Disposable needles must be removed from the packaging without contaminating them.
- The sterility of the needle shaft may not be compromised before and during insertion.
- Each sterile acupuncture needle should be used once only and cannot be reused on the same patient.
- Only pre-sterilized disposable lancets and pre-sterilized disposable three-edge needles are acceptable if these techniques are indicated.
- Only pre-sterilized disposable plum blossom needles are acceptable. The disposable heads of the plum blossom equipment must be disposed of immediately after use in the sharps container. Detaching of the used needle heads may pose a risk for needle stick injury, therefore the use of appropriate equipment for this purpose is highly recommended.
- All seven-star/plum blossom needle handles must be cleaned with a high-level disinfectant and the handle (with a new needle head) can only be used for the same patient;
- Needle guide tubes must also be sterile. Only pre-packaged sterilized guide tubes and only one guide tube per needle should be used per acupuncture point.
- The same handling procedures and criteria is required to be used in catgut embedding therapy, ear / scalp acupuncture, blood-letting, cosmetic acupuncture, needle point injection therapy, blade needling therapy.

3.1.3 Clean Needle Technique (CNT) Procedure

3.1.3.1 Setting up a Clean Field (6)

A clean field is the area that has been prepared to contain the equipment necessary for acupuncture and all acupuncture related auxiliary therapies, for e.g. cupping, blood-letting in such a way as to reduce the possible contamination of sterile needles and other clean or sterile equipment.

- A clean field has to be established on a smooth cleanable work surface without contaminating it. This work surface should be cleaned first and disinfected with a low-level disinfectant.
- Use an alcohol-based hand rub or wash your hands (see procedure mentioned above).
- Place the treatment materials such as sterile needles, alcohol swabs and cotton balls on the clean field.
- Sharps containers and containers for contaminated waste should be placed at a safe, practical distance and height away from the clean field.

3.1.3.2 Preparing the Treatment Site (5)

- Use an alcohol-based hand rub or wash your hands (see procedure mentioned above).
- Inspect the site for skin lesions and other contraindications for needling.
- Palpate the point for correct point location.

- Use an alcohol-based hand rub or wash your hands. Do not touch anything but the handle of the needle and/or guide tube after this.
- Inspect area to be treated for evidence of inflammation, lesion, and infection or break in skin barrier. Do not insert needles into these areas.
- Alcohol swabbing continues to be recommended for intramuscular needle penetration.
- If alcohol swabs are used, 70% isopropyl or ethanol alcohol is required. Betadine may also be used.
- If alcohol swabbing is used to clean points before needle insertion, allow the alcohol on the skin to dry.
- The same alcohol swab may be used for cleaning several point sites as long as the swab itself has not dried, has not changed colour or become visibly dirty and has only come into contact with intact skin.
- Do not reuse an alcohol swab on another patient.
- Insert the needle without touching the shaft of the needle. Use only pre-sterilized disposable needles packaged with individual guide tubes. The shaft of the needle should never be touched.
- A dropped needle should never be used and should be discarded.
- Only cleaned cupping equipment may be used in conjunction with acupuncture techniques.
- Needles have to be disposed of in the sharps container immediately after withdrawal.
- A clean dry cotton ball should be used to support the skin while withdrawing the needle.
- Use an alcohol-based hand rub or wash your hands.

3.1.3.3 Aseptic Technique (5)

The aseptic technique details the necessary procedures for the hygienic and safe insertion and removal of needles

- Hygienic and Safe Insertion of the Needle
 - Open all single-use needles and instruments just before use in the presence of the patient and whilst you are wearing sterile gloves.
 - Patients should be placed in a comfortable position that allows safe access to the selected points.
 - After being removed from the packaging, the shaft of the needle is never touched with bare fingers or with non-sterile materials.
 - Do not place a needle on a non-sterile surface before use.
 - If the needle shaft becomes contaminated before insertion, it must not be used. It must be disposed of in the sharps container.
 - Use sterile material (e.g., sterile gauze pad) to support the shaft of the needle once it has been inserted or if it is inserted without a guide tube. Guide tubes should be sterile at the start of the treatment.
 - Hands must be cleaned if they become contaminated during the treatment (e.g., touch non-sterile surfaces or materials, touches saliva when needling near the mouth).

- The use of disposable medical gloves is recommended in situations such as:
 - The patient begins bleeding during the treatment
 - The patient has open lesions.
 - The practitioner has a skin infection, or hand wounds, cuts, hangnails that are not properly bandaged.
 - Where exposure to blood borne pathogens are likely i.e. use of lancets, three- edged needle, plum blossom and seven-star needle or lancet for blood-letting.
- Hygienic and Safe Removal of the Needle
 - Use an alcohol-based hand rub or wash your hands immediately before the removal of needles.
 - Remove the needle without touching the shaft or the insertion site with bare fingers.
 - Dispose of each needle immediately into the properly labelled sharps container.
 - On withdrawing a needle, a sterile cotton ball (from the clean field) can be used to press the skin at the insertion site. All compresses or cotton balls that are contaminated by blood or body fluids must be disposed of appropriately. Do not touch the waste bag.
 - If blood is drawn, apply light pressure with clean swab. Dispose of the swab immediately.
 - After needling, do not immediately re-palpate the point with a bare finger unless it has been washed or sanitized.
 - Following treatment, thoroughly wash hands or use an alcohol-based hand rub or wash your hands to reduce the risk of cross-infection with subsequent patients.

4. CONTRAINDICATIONS AND PRECAUTIONS FOR ACUPUNCTURE (5,6,7)

For the skilled and well-trained practitioner, there are very little if any points that are dangerous to puncture if a correct technique, selection of correct equipment, depth and angle of insertion is observed and if the chosen points are correctly indicated for the treatment.

However, the practitioner has to be aware of those points that have an increased possibility of serious injury to the patient, especially if the acupuncturist lacks sufficient experience and training. Therefore, the selection of acupuncture points should be limited for less experienced practitioners who can expand their range of acupuncture points and techniques as their experience and skill develops.

4.1 Prohibited Areas

There are a number of so-called prohibited areas for using acupuncture techniques including nipples, the umbilicus and the external genitalia. It is questionable if these sites pose a risk to patients but are culturally inappropriate. The scalp areas of infants (before the fontanelles have closed) must not be needled, as this poses a major risk.

4.2 High Risk Areas

The following are points which are close to vulnerable structures and so require extra consideration and/or caution. Specific training is required to needle in high risk areas.

- GB21 (trapezius), BL 11, LU 1, Ren 22 and any other point in the thorax due to the relative risk of pneumothorax.
- Muscles in the thorax which require additional care and competency based training prior to applying in practice include upper, mid and lower trapezius, rhomboids, levator scapulae, serratus anterior, thoracic erector spinae including spinalis, longissimus and iliocostalis thoracis, the thoracic transversospinalis group which includes semispinalis, multifidus and rotatores, pectoralis major and minor, sternalis, subclavius and the upper portions of the lumbar and abdominal musculature that attach to the lower ribs.
- Needling depth in this region should follow the recommended depth indications and oblique and/or away from lung tissue and/or over bone or cartilage.
- Superiorly the lung field extends 2-3 cm above clavicular line. As GB 21/ upper trapezius is one of the points which is more commonly associated with pneumothorax, extra care and adequate training is required to needle this point.
- Anterior-laterally the lung extends to rib 6 mid clavicular line and to rib 8 mid axillary line.
- The pleura extends two ribs below i.e. the 8th rib at the mid-clavicular line and down to rib 10-12 laterally (mid-axillary line).
- Posteriorly the lung extends to the 10th rib, and the pleura down to 12th rib, at the lateral border of the thoracolumbar erector spinae.
- Research has shown that the lung pleura can be pierced by needling perpendicularly 10-20 mm parasternally on the mid clavicular line and 15-20 mm in the parascapular zone.
- Eye orbit points including BL 1, ST 1 and Ex Pt. (qiu hou) are generally considered to be contraindicated for practitioners unless they are applying a non-insertion technique.
- Neck points including CV 22 (anterior neck), LI 18 (lateral neck over the major vessels), SI 17 (over the baroreceptors), ST 9 (over the carotid) GV 15 (over the spinal cord), and GV 16 (over the brain stem). Any needling in the sub-occipital region, including BL10 and GB 20, the occipital attachment of upper trapezius, semispinalis capitis, splenius capitis, longissimus capitis should be contained to a safe depth and it may be pertinent to avoid needling below the occiput and to angle the needle in a cephalic direction when needling over the occiput as a measure to avoid the vertebra artery and brainstem. Extreme care should be taken if needling in the anterior triangle of the neck and depths should be shallow to avoid vulnerable structures. Needling of the anterior scalene is not considered standard practice.
- CV 17 (over the sternum) and SI 11 (over the infrascapular fossa) should be needled superficially and/or obliquely due to congenital foramen that are present in up to 4% of individuals. Additionally, it should be noted that the sternal notch varies significantly with 5 different types noted and thus it should not be assumed that bone underlies the supraspinatus in the fossa.
- With acupuncture that involves needling of pelvic musculature for the treatment of conditions associated with men's or women's health, care should be taken in regards

to depths and vulnerable organs. Additional consent considerations should be considered.

- Practitioners should not be needling into vulnerable regions without advanced training. Training should be at a level that if any medical misadventure was to occur the source of the training would be sound.
- Extra care should be taken when needling Ah Shi (tender points) points close to vulnerable structures
- Avoid vulnerable pathological sites including varicose veins, acutely inflamed areas, areas of unhealthy tissue or infected tissue.
- Avoid limbs affected by or at risk of lymph oedema. Regions where lymph nodes have been removed remain at risk indefinitely, for example this is the usual case post lumpectomy or mastectomy as lymph associated with the affected region will have been removed.
- Avoid needling directly into breast tissue.
- Care when needling between the spinous processes of vertebrae or over the nerve roots (Governing Vessel, HTJ or the inner Bladder channel). The distance from the skin to the spinal cord or the roots of the spinal nerves varies from 25 to 45 mm in different individuals. The spinal cord terminates around the L1 to L2 level of the vertebral column. To avoid creating infection or inflammatory perineural cysts do not puncture deeply in this region.
- ST 21 which lies over the gall bladder on the right should be needled superficially and/or obliquely.
- All abdominal organs, including the bowel, kidney, liver, spleen, intestines and urinary bladder are potentially at risk, when needling directly over the organs. The risk is greater with anatomical variance or enlarged organs. Safe needling depths should be individually considered. Care should be taken when needling the abdominal muscles, quadratus lumborum or the erector spinae. Needling of the iliacus superior to the inguinal canal is questionable as a needling technique and may be attempted with prior use of an ultrasound guidance due to the close proximity of the iliac vessels and the bowel as safe needling windows can be as low as mm.
- Needling in the obese population can be problematic if anatomical landmarks are not clearly palpable. Care should be taken when attempting to achieve Deqi (the arrival of Qi) when needling deeply to reach muscular tissue or other anatomical structures if the anatomy is unclear.
- Practitioners must never needle through clothing and in certain regions it may be pertinent to use additional thought regarding relative aseptic technique, for example needling in the buttock or perineal regions or the axilla where additional swabbing / asepsis should be considered. Certain cultural / religious practices may require this to be done hence greater care and application of the sterile procedures must be followed.

4.3 Pregnancy

- Acupuncture should be used with caution on pregnant patients.
- Recent research indicates acupuncture has been associated with minor adverse complaints rather than severe adverse outcomes in pregnant women when needled in the second and third trimesters.
- The upper and lower lumbar spine, pelvic and sacral areas should be needled with care.

- Strong electro-acupuncture and over stimulation of points should be avoided during pregnancy.
- As one in four to five pregnancies naturally abort especially in the first trimester. The risk of acupuncture should be fully outlined and it may be advisable to seek written as well as verbal consent prior to treatment as there is a risk that a miscarriage may be attributed to treatment.
- Acupuncture Points to Avoid During Pregnancy
 - Points on the sacrum - can cause contractions
 - Point on the lower abdomen – there is a risk of needling too deep
 - Point on the low back – avoid deep needling.
 - Sanyinjiao (Sp6) – located three fingers above the medial malleolus (inner ankle bone). Promotes labour.
 - Hegu (LI4) – located on top of hand in the fleshy area between the thumb and index finger. Promotes labour.
 - Kunlun (BL60) - located in a depression between the tip of the external malleolus and the achilles tendon. Promotes labour.
 - Zhiyin (BL67) – located 0.1 cun posterior to the corner of the nail on the lateral side of the little toe. Promotes labour and turns baby.
 - Zhaohai (KI6) – located 1 cun below the apex of the medial malleolus. Promotes labour and turns the baby.
 - Jianjing (GB21) – located on the shoulder, directly above the nipple, at the midpoint of the line connecting DU 14 and the acromion. Promotes labour.
 - Taichong (Liv3) – located on the dorsum of the foot, in the depression proximal to the 1st metatarsal space. Promotes labour.
 - Ear points for the endocrine and the genitourinary system
 - Scalp points targeting the genital area, and the foot motor sensory areas
- Certain points are indicated at the latter stages of pregnancy to turn the baby (BL 67) or to induce labour when past the due date and induction is being recommended (LI 4, LV 3, SP 6).

4.4 Diabetes (DI and DM)

- Diabetic patients may have poor peripheral circulation and slower healing rates which are associated with increased risk of infection.
- Additional care should be taken when needling diabetics and needling in the periphery is relatively contra-indicated.
- Vigorous needling styles, such as pecking techniques, pose increased risks and are relatively contraindicated.
- Number of acupoints selected should be reduced in a diabetic as opposed to in a non-DM / non-DI patient.

4.5 Children

- Written parental consent must be gained when treating children under the age of 18.
- Consider gaining consent from both the parent and the child, especially if the child is in the 14-18-year age group.
- It is advisable that parents are present during the first treatment, until the child is settled.

4.6 Medical Emergencies

- Practitioners are expected to use sound judgment.

- Practitioners should be in a possession of at least a valid First Aid Level 1 certificate.
- First aid or CPR techniques are often the best course of action in an emergency situation.
- In the event of an emergency, practitioners should not hesitate to terminate treatment immediately and seek medical and first aid assistance from emergency responders and other health care professionals, and have the patient transported to a hospital.
- The practitioner's course of action should be guided by the nature of the emergency. A stroke or heart attack is an emergency situation that warrants immediate action and calling paramedics.
- There are situations that acupuncture or other treatments may aid or resuscitate a patient while waiting for first responders to arrive but in most cases, acupuncturist should respond with first aid or CPR.

4.7 As a Replacement for Surgical Procedures

- Acupuncture may assist patients in the preparation for and recovery from surgery, but should not be used to replace a required surgical procedure.

4.8 Malignant Tumours

- Acupuncture should not be used alone to treat malignant tumours.
- Only experienced practitioners with advanced specialized training may perform needling at the site of the tumour.
- Acupuncture and auxiliary techniques may be used as a complementary measure for the relief of pain or other symptoms or to reduce side effects of chemotherapy and radiotherapy and to improve quality of life.

4.9 Bleeding Disorders, Anticoagulants, Antiplatelet and Thrombin Inhibitors

- Naturally occurring haemorrhagic diseases (e.g. Haemophilia, Von Willebrands), require lighter stimulation and smaller gauge needles. • Patients on high levels of blood thinning medications such as Warfarin, Plavix, Clexane, Pradaxa, Xarelto or Eliquis pose risks. Finer gauge needles are recommended and it is advisable to apply pressure to the site of insertion after withdrawing the needle.
- The extra risk of needling over a major artery must be assessed.
- Avoid needling into joints to minimise the risk of hemarthrosis.
- Do not use pecking or fenestration techniques on patients with a bleeding disorder or on anticoagulants.
- Additional consent should be sought prior to treatment explaining the potential risk of a bleed or bruise.

4.10 Internal Fixation or Joint Replacement

- Needling into an artificial joint is a CONTRAINDICATION due to the risk of infection. Needling around an internal fixation device poses some relative risk.
- When needling a patient with internal fixation devices (e.g. screws, plates, K wires) or joint replacements the individual's health status and the risks and benefits of needling should be considered. New varying strains of MRSA pose issues for individuals with internal 'hardware' and systemic infections can pose a risk.

4.11 Unstable Epilepsy

- Patients with epilepsy, especially unstable epilepsy, should be needled with care.
- Patient positioning should be considered. A side lying position may be preferable.
- The number of needles should be limited.
- The use of strong points and stimulation needs to be moderated.
- Epileptic patients should not be left unattended during needling treatments and during the treatment they should not be positioned in a vulnerable position should in the event an epileptic fit occurs.
- The duration of retention should be considered.

4.12 Frail Patients

- Patients with a weak constitution after prolonged chronic illness may tolerate acupuncture poorly.
- Minimal treatment (reduced number of needles, reduced treatment times, finer gauge needles and minimal stimulation of the needles) should be considered.

4.13 Additional Precautions

- Acupuncture and its auxiliary therapies should not be performed, or only with extreme caution on patients who are intoxicated or under the influence of drugs; haven't eaten in a long time, or are very fatigued.
- Acupuncture should also not be applied to patients who have just finished vigorous physical activity, are confused, emotionally unstable, non-cooperative, or have a needle phobia.
- Special caution is required for patients with diabetes because of possible effects on blood sugar levels and because peripheral blood circulation may be reduced at the extremities.
- Blood-letting and blade needling should be used with caution in diabetic patients and under sterile conditions.
- Catgut and embedding therapy should not be used in diabetic patients.
- Electro- acupuncture should not be used on patients with a pacemaker or other electronic implants.
- Certain patients are at greater risk for infection from acupuncture such as patients after recent heart surgery, or with a suppressed immune system as a result of medication or other treatments.
- Moxibustion
 - It is essential to assess heat perception sensitivity before starting.
 - Caution in hirsute (hair covered) areas of the body.
 - Avoid moxibustion on broken or damaged skin.
 - Apply extra care with children or frail patients.
 - Where possible shield the skin with a protective guard to protect against burns when applying needle head moxibustion.
 - Use with caution in diabetic patients.
- Cupping and Spooning/Gua Sha
 - Cups, scraping spoons and other equipment which have come into contact with blood or non-intact skin are critical items should not be reprocessed. Blood exposure may occur for example when cups are applied following the use of a

dermal hammer or acupuncture on the same area. These contaminated items should be treated as single use items and be disposed of.

- Where a sterilisation process is in place then these items may be reprocessed
- Can be difficult to apply in hirsute areas of the body.
- Gua Sha should be avoided in diabetic patients due to risk of secondary infection.
- It is not unusual for bruising due to prolonged or strong cupping to occur. Blistering, although may be an indication of an effective treatment outcome, may occur due to prolonged strong cupping. This risk should be explained when gaining consent. It is advisable to draw patient's attention to any bruising that has occurred. Use a mirror if necessary, so they are not surprised when they get home.
- It is essential to check the state of the skin before starting. Do not use on broken or damaged skin or inflamed tissue.
- Use with care with children or frail patients
- Avoid the sacral area or abdomen of pregnant women.
- Avoid using cupping or spooning on patients who have bleeding disorders or are on anticoagulant therapy.
- Auricular Therapy
 - Extra precautions must be taken with all ear acupuncture because the cartilage has a very poor / relatively avascular blood supply. Therefore, if this becomes infected, it is difficult for the body to mount an immune response to the invading bacteria. Do not use press (semi-permanent) needles if there are obvious lesions on the ear or the patient has an immune deficiency disease. Clean the ear with an alcohol swab or soap and water to remove dead cells/wax.
 - In the case of press needles or beads sterilise the skin with 2% solution of iodine in 70% alcohol.
 - Press needles/beads may remain in place for 7-10 days. In humid conditions press needles or beads should be left in-situ for much shorter periods.
 - At the time of removing the press needles check the tissue and assess whether an antiseptic ointment or antibiotic ointment is required to be applied to the needle site.

5. MANAGEMENT OF ADVERSE REACTIONS TO ACUPUNCTURE (5, 6)

Acupuncture is a safe procedure when conducted by trained and skilled practitioners who have taken informed and thoughtful precautions and are prepared to respond to accidents or adverse reactions of patients in their care.

5.1. Pain during treatment

If excessive pain persists while the needle is inserted it should be removed and if pain persists when the needle is inserted which is not consistent with de Qi or trigger point referred pain (e.g. sharp shooting pain or paraesthesia) the needle should be removed. If pain persists following a treatment, the patient can be advised to apply heat or ice.

5.2. Haematoma

Care should be taken to avoid injuring blood vessels, however if bleeding does occur, apply pressure to the area with a cotton swab after the needle has been withdrawn. Ice

can be used locally to minimise the bruising. If there is a risk of contacting blood then glove/s should be worn.

5.3. Fainting (Vasovagal Syncope)

A patient may feel faint during acupuncture treatment. Especially for patients that have not had previous treatments, patients should be informed of this possibility and treatment should be done gently while the patient is lying down.

Fainting can be the result of the patient being nervous, weak, fatigued, or overly hungry. It may also be the result of uncomfortable positioning, overly forceful needle manipulation, or over stimulation.

Patients should be monitored for symptoms that may indicate that a fainting spell may be approaching. Symptoms during treatment of potential fainting include:

- Feeling ill, nausea and possibly vomiting.
- Dizziness, vertigo, giddiness.
- Seeing movements or swaying of nearby objects.
- Oppressive sensation in the chest, palpitations.
- Complexion or lips turning pale.

More severe cases may show a weak pulse, cold hands or feet, cold sweating, drop in blood pressure and loss of consciousness.

If the practitioner identifies symptoms of pending fainting, carefully remove needles and ensure the patient is lying flat on their back with head down and feet elevated. The patient should be offered sips of warm water or sugar water. In most instances, patients will recover following rest. If symptoms persist, seek medical assistance immediately.

The practitioner can reduce the likelihood of fainting by attending to gentle needle manipulation, and monitoring early warning signs (such as changes to complexion colour and signs of disorientation). Patients that may be predisposed to fainting should be treated while lying down or firmly supported while sitting up for treatment.

5.4. Stuck Needle

Following insertion of the needle, it may be difficult to rotate, lift and thrust, or withdraw. The cause of a stuck needle is often the result of a muscle spasm or if the patient alters their position whilst the needles are in-situ (sudden movement), but can also be the result of rotation with too wide an amplitude or rotating in only one direction causing the needle shaft to tangle with muscle fibres.

The key to resolving a stuck needle is to reassure the patient and ask him or her to relax. It may be necessary to leave the needle in for a while to allow for relaxation, or to tap or massage around the point. It is often helpful to needle a nearby point to help relax the muscle. If needles are still entangled in fibrous tissue, needles can be slightly and gently rotated in the opposite direction to loosen and allow for withdrawal.

5.5. Broken or Bent Needle

There are many factors that may cause a needle to break or bend, including:

- Poor needle quality
- Erosion or cracks between the shaft and the handle
- Sudden movement or strong muscle spasm by the patient
- Improper withdrawal of a stuck needle or bent needle
- Excessive force manipulating the needle
- Needle is struck by external force (e.g., practitioner extends to reach another point and accidentally leans against an existing insertion)

A needle that is bent during insertion should be withdrawn and replaced by another. Excessive force should not be used when manipulating needles, especially when lifting and thrusting. The most common part of the needle that is prone to breaking is at the junction of the handle and the shaft. For this reason, it is strongly recommended that needles never be inserted up to the handle, and at least one-quarter (1/4) of the shaft is always being kept above the skin. The risk of a broken needle can be further reduced by carefully examining needles prior to treatment, and not using excessive force to manipulate needles. It is recommended to always remind patients to avoid moving during acupuncture treatment.

If a needle breaks, ask the patient to stay still and calm so that any movements do not cause the broken part of the needle to sink deeper into the tissues.

- If a portion of the broken needle can be seen above the skin, remove it gently with tweezers/forceps.
- If the needle is at skin level, gently press around the site until the broken end is exposed, and then remove it with tweezers/forceps.
- If the broken needle shaft is completely under the skin, seek medical assistance. Do not cut the skin to allow access to the needle. Surgical intervention may be required. If this was to occur it is suggested to draw a circle around the insertion site to assist medical personal.

5.6. Excessive Drowsiness

A small percentage of patients may feel excessively relaxed and sleepy after acupuncture treatment. They should be advised not to drive until they have recovered. For patients that this occurs with, it is recommended that needle retention time is reduced and to apply milder stimulation.

5.7. Injury to Vital Organs

Accidents may occur near vital organs or very sensitive areas as a result of the site chosen, the needle depth, the needle direction or angle, the manipulation technique used, the stimulation provided, and other factors. Injuries can be avoided if the practitioner pays special attention to the local anatomy and takes additional precautions when treating points near vital organs.

Accidents must be managed effectively but any injury to vital organs may be serious and may require the practitioner to act urgently to arrange for medical assistance.

5.7.1. Lung and Pleura

- Attend very carefully to the depth and angle of inserted needles on the chest, back, or immediately above the clavicle (supraclavicular fossa).
- Deep insertion may cause collapsed lung (traumatic pneumothorax). Attend to symptoms such as cough, chest pain, and difficult or laboured breath (dyspnoea) that happen immediately or gradually develop in the next few hours following treatment.
- Pneumothorax is one of the most frequently reported complications (point Jianjing, GB 21 is the most commonly reported point).

5.7.2. Points on the Chest, Back and Abdomen

- Attend carefully to the depth and direction of inserted needles.

5.7.3. Liver, Spleen and Kidney

- Attend carefully to the depth and direction of inserted needles.
- A liver or spleen puncture may cause pain or tenderness that is localized, a tear with associated bleeding, or stiffness of the abdominal muscles.
- A kidney puncture may cause pain in the lumbar region and the patient may see evidence of blood in the urine (haematuria). If bleeding continues, the patient may suffer shock due to dropping blood pressure.

5.7.4. Circulatory System

- Attend carefully to the depth and direction of inserted needles. Feel for the pulse to locate artery.
- Bleeding caused by penetration of shallow blood vessels can often be stopped by applying direct pressure.
- Additional precautions should be taken in needling areas of poor circulation where there is a risk of infection (e.g. varicose veins).
- Avoid puncturing of arteries and veins.

5.7.5. Central Nervous System

- Exercise caution at points between or beside the upper cervical vertebrae (Yamen GV 15, Fengfu GV 16). Needling the lower half of the brainstem (medulla oblongata) may cause headaches, nausea, vomiting, and slowed respiration. This can be followed by convulsions, paralysis or coma. Seek immediate medical assistance.
- Exercise extreme caution near the spinal cord. Deep insertions may cause lightening pain for the patient or more serious complications such as loss of sensation or movement.

5.7.6. Other Points

Other points that require significant precautions and specialized training include:

- Near the carotid artery (Renying ST 9)
- Near the femoral artery (Jimen SP 11, Chongmen SP 12)
- On the radial artery (Taiyuan LU 9, Jingqu LU 8)
- Points near the eyes (Jingming BL 1, Chengqi ST 1)
- Front of the trachea (Tiantu CV 22)
- On the face (Chengqi St1)

5.8. Convulsions

If convulsions occur during an acupuncture treatment, the needles should be removed immediately and first aid rendered. If the condition fails to stabilize rapidly or if the convulsions continue, the patient should be transferred to a medical emergency centre. Patients who have suffered a convulsion should be referred to a physician as soon as possible.

5.9. Needle Stick Injury

Only trained therapists are to remove needles from a patient. Practitioners who practice acupuncture should consider vaccinations for Hepatitis B. Needle stick injury occurs when the needle inadvertently pricks, punctures, or scratches the skin. If a needle stick injury does occur wash well around the site of penetration with soap and water or use an alcohol-based hand rub if water and soap is not available. Do not squeeze or rub the affected area. Apply a sterile dressing as necessary and apply pressure through the dressing if the wound is still bleeding. Have blood tests for Hepatitis B and C and HIV/AIDS. The patient may also be requested to have the same blood analysis performed with information gained treated confidentially and the costs associated to be borne by the therapist. If the patient is known to be HIV positive therapist should urgently seek medical advice concerning anti-viral medication. The WHO (2000) estimates that the risk of infection after exposure of a needle stick injury (including hollow bore needles) from an infected individual is up to 0.3% for HIV, 3% for Hep C and 30% for Hep B. It has been noted that the risk is greater from hollow bore needles. Always have a cotton ball /swab ready when removing needles. Dispose of needles in a sharps container. Cotton balls/ swabs with blood on them need to be disposed of as biomedical waste if the blood is 'free flowing' or expressible. Never carry needles to a sharps container, rather have the sharps container within reach when withdrawing needles. Needle stick injuries may be associated with inadequate training or poor needling technique. The thumb, index and middle finger of the non-needling hand are at primarily risk. It has been suggested that double gloving the non-needling hand provides additional clinical protection. Reporting of a needle stick injury may include notification to the relevant professional indemnity insurer or employing body.

5.10. Other Possible Side Effects and Adverse Reactions

The following side effects and adverse reactions can be experienced by patients.

5.10.1. Acupuncture

- De-Qi (acupuncture sensation) - a commonly experienced sensation of warmth, tingling or tightness. (Note: Other sensations include numbness, mild electrical shooting sensation that last for seconds, distension, soreness, pulsation like waves. These are all good sensations (or good pain) of de qi. There is also sharp,

excruciating and uncomfortable pain (or bad pain) that can be experienced. Practitioners should stop the insertion or manipulation and slightly withdraw the needle to relieve the bad pain.)

- Common reactions are feelings of light-headedness, or slight disorientation or euphoria
- Feelings of cold if needles are retained for longer periods
- Minor bleeding or bruising due to penetration of small blood vessels
- Minor swelling or bruising from hematoma
- Fatigue caused by the temporary lowering of blood pressure (may also cause fainting) (Note: It is common for patient to feel fatigued or relaxed during or after treatment. It is highly recommended that the patient experiences no intensive stimulation for the rest of the day. Going to sleep early is also recommended after acupuncture treatments.)
- Dizziness, light-headedness, vertigo may occur if too many needles are used or if the patient has a weak constitution (Note: caution should be taken and needles should be immediately removed if symptoms do not subside.)
- Rashes, itching, discomfort at site of insertion caused by allergic reactions to the metals in the needles.

5.10.2. Moxibustion

- Blisters and 2nd degree burn if moxibustion is done too close to the skin.
- Necessary antibacterial creams or bandages should be applied.

5.10.3. Cupping and Gua Sha

- The suction action of cupping, to reduce the stagnation of qi and blood, draws blood close to the skin surface and may cause mild bruising, redness and some local tenderness for several days. Patients are advised to stay warm and avoid chills for 1 or 2 days.
- Like cupping, the scraping action of gua sha to stimulate circulation of qi and blood may cause mild bruising, redness and some local tenderness for several days. Patients are advised to stay warm and avoid chills for 1 or 2 days.

5.10.4. Tapping, Plum Blossom, Bleeding, Pricking

- Bruising or bleeding caused by the intentional drawing of blood, or using multiple needles that may rupture small blood vessels.

5.10.5. Electrical Stimulation (PENS, TENS)

- Temporary tingling due to the electrical stimulation.
- Electro-stimulator, if not used properly (on for too long, setting is too high) or poorly maintained, can cause nerve irritation.

5.10.6. Tuina

- Tuina therapy may cause soreness – Tuina and other manual therapies often make muscles and tendons sore from various techniques such as pressing, stretching, and tapping on the meridians system. De-Qi sensation may be more pronounced.

- Tuina therapy may cause bruising in patients who are prone to bruising.

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INTERNET SOURCES

Figure 1

<https://www.who.int/infection-prevention/campaigns/clean-hands/5moments/en/>

Figure 2

<https://www.slideshare.net/vlchung/5-moment-hand-hygiene>

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