Supplement No. 3 published with Gazette No. 9 dated 26th April, 2011.

THE PUBLIC HEALTH LAW
(2002 REVISION)

THE PUBLIC HEALTH (QUARANTINE) (AMENDMENT) REGULATIONS, 2011
ARRANGEMENT OF REGULATIONS

1. Citation
2. Amendment of regulation 2 of the Public Health (Quarantine) Regulations (1997 Revision) - definitions
3. Amendment of regulation 3 - quarantine officers
4. Amendment of regulation 12 - penal
5. Repeal and substitution of Schedule - Maritime Declaration of Health
In exercise of the powers conferred by section 34 of the Public Health Law (2002 Revision), the Governor in Cabinet makes the following Regulations:

1. These Regulations may be cited as the Public Health (Quarantine) (Amendment) Regulations, 2011.

2. The Public Health (Quarantine) Regulations (1997 Revision), in these Regulations referred to as the “principal Regulations”, are amended in regulation 2 by inserting, after the definition of the word “port”, the following definition -

   “Port Health Officer” means an Environmental Health Officer;”.

3. The principal Regulations are amended in regulation 3 by inserting after paragraph (b), the following paragraph -

   “(ba) Port Health Officers;”.

4. The principal Regulations are amended in regulation 12 by deleting the words “is guilty of an offence and punishable under section 8” and substituting the words “commits an offence and is liable on summary conviction to a fine of five hundred dollars and, if the offence is a continuing one, to a fine of fifty dollars for every day or part of a day during which the offence has continued”.

5. The principal Regulations are amended by repealing the Schedule and substituting the following Schedule -
“SCHEDULE

(Regulation 8)

MARITIME DECLARATION OF HEALTH

To be completed and submitted to the competent authorities by the masters of ships arriving from foreign ports.

Submitted at the port of………………………………..Date ………………….

Name of ship or inland navigation vessel……..Registration/IMO No…………arriving from………………sailing to…………………….

(Nationality)(Flag of vessel)…………….Master’s name…………………………

Gross tonnage (ship)……………………………………………………………

Tonnage (inland navigation vessel)………………………………………………

Valid Sanitation Control Exemption/Control Certificate carried on board? Yes............No…........Issued at……………………………………..date……………….

Re-inspection required? Yes………………………No………….……………….

Has ship/vessel visited an affected area identified by the World Health Organization? Yes..................................No………………………….

Port and date of visit………………………………………………………………

 List ports of call from commencement of voyage with dates of departure, or within past thirty days, whichever is shorter:

............................................................................................................................................................

Upon request of the competent authority at the port of arrival, list crew members, passengers or other persons who have joined ship/vessel since international voyage began or within past thirty days, whichever is shorter, including all ports/countries visited in this period (add additional names to the attached schedule):

(1) Name……………..joined from: (1)…………..(2)…………..(3)………….
(2) Name……………..joined from: (1)……………..(2)……………..(3)……………..

(3) Name……………..joined from: (1)……………..(2)……………..(3)……………..

Number of crew members on board………………………………………………

Number of passengers on board…………………………………………………

Health questions

(1) Has any person died on board during the voyage otherwise than as a result of accident? Yes………………………….No…………………………

If yes, state particulars in attached schedule. Total no. of deaths...........

(2) Is there on board or has there been during the international voyage any case of disease which you suspect to be of an infectious nature? Yes………………No………………If yes, state particulars in attached schedule.

(3) Has the total number of ill passengers during the voyage been greater than normal/expected? Yes………………………….No…………………………

How many ill persons?....................................................................................................................

(4) Is there any ill person on board now? Yes..............No..............If yes, state particulars in attached schedule.

(5) Was a medical practitioner consulted? Yes................No...............If yes, state particulars of medical treatment or advice provided in attached schedule.

(6) Are you aware of any condition on board which may lead to infection or spread of disease? Yes………………No………………If yes, state particulars in attached schedule.

(7) Has any sanitary measure (e.g., quarantine, isolation, disinfection or decontamination) been applied on board? Yes………………No………………If yes, specify type, place and date ......................

(8) Have any stowaways been found on board? Yes............No..............If yes, where did they join the ship (if known)?..........................
(9) Is there a sick animal or pet on board? Yes................No................

Note: In the absence of a surgeon, the master should regard the following symptoms as grounds for suspecting the existence of a disease of an infectious nature:

(a) fever, persisting for several days or accompanied by (i) prostration; (ii) decreased consciousness; (iii) glandular swelling; (iv) jaundice; (v) cough or shortness of breath; (vi) unusual bleeding; or (vii) paralysis.

(b) with or without fever: (i) any acute skin rash or eruption; (ii) severe vomiting (other than sea sickness); (iii) severe diarrhoea; or (iv) recurrent convulsions.

I hereby declare that the particulars and answers to the questions given in this Declaration of Health (including the schedule) are true and correct to the best of my knowledge and belief.

Signed .............................................

Master

Countersigned .............................................

Ship’s Surgeon (if carried)

Date .............................................
ATTACHMENT TO MARITIME DECLARATION OF HEALTH

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<thead>
<tr>
<th>Name</th>
<th>Class or rating</th>
<th>Age</th>
<th>Sex</th>
<th>Nationality</th>
<th>Port, date joined ship/vessel</th>
<th>Nature of illness</th>
<th>Date of onset of symptoms</th>
<th>Reported to a port medical officer?</th>
<th>Disposal of case¹</th>
<th>Drugs, medicines or other treatment given to patient</th>
<th>Comments</th>
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¹ State: (1) whether the person recovered, is still ill or died; and (2) whether the person is still on board, was evacuated (including the name of the port or airport), or was buried at sea.
Made in Cabinet the 5th day of April, 2011.

Kim Bullings
Clerk of the Cabinet.