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SUPPLEMENT

PROCLAMATIONS, RULES AND REGULATIONS

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MONDAY, NOVEMBER 16, 2020

No. 154

No. 180

THE DISASTER RISK MANAGEMENT ACT

THE DISASTER RISK MANAGEMENT (ENFORCEMENT
MEASURES) (No. 15) (AMENDMENT) ORDER, 2020

WHEREAS the Minister responsible for disaster preparedness and emergency management has given written notice to the Prime Minister that Jamaica appears to be threatened with or affected by the SARS-CoV-2 (Coronavirus COVID-19), and that measures apart from or in addition to those specifically provided for in the Disaster Risk Management Act should be taken promptly:

AND WHEREAS on March 13, 2020, the Prime Minister by Order declared the whole of Jamaica to be a disaster area:

NOW THEREFORE:

In exercise of the powers conferred upon the Prime Minister by section 26(2) of the Disaster Risk Management Act, and every other power hereunto enabling, the following Order is hereby made:—

1. This Order may be cited as the Disaster Risk Management (Enforcement Measures) (No. 15) (Amendment) Order, 2020, and shall be read and construed as one with the Disaster Risk Management (Enforcement Measures) (No. 15) Order, 2020, hereinafter referred to as the principal Order, and shall take effect on the 16th day of November, 2020.

2. The principal Order is amended—

- (a) in paragraphs 3(1), 3(3), 3(4), 3(6), 3(8), 4(1), 5(2), 5(6), 6(1)(b) and 7(2) by deleting the words “November 16, 2020” and substituting therefor in each case the words “April 15, 2021”; and
- (b) in paragraphs 10(1), 14(3) and 15(1) by deleting the words “November 16, 2020” and substituting therefor in each case the words “November 30, 2020”.

3. Paragraph 5 of the principal Order is amended—

- (a) in sub-paragraph (6) by deleting all the words appearing after the words “to visit any” and substituting therefor the following—

“place that is—

- (i) certified by the Tourism Product Development Company to be a COVID-19 Resilient—

- (A) tourist attraction, located within any part of the Resilient Corridor described in the Second Schedule; or

- (B) restaurant, duty-free shopping mall, or craft market, located within any part of the Resilient Corridor described in the Second Schedule; or

- (ii) listed in the Appendix to Form C of the First Schedule.”;

- (b) in sub-paragraph (7) by inserting, next after the word “attraction” wherever it appears, the words “or other place referred to in sub-paragraph (6)”.

4. Paragraph 7 of the principal Order is amended in sub-paragraph (3)(b) by inserting next after the words “enter Jamaica,” the words “shall be issued a quarantine order in the form set out as Form B of the First Schedule and”.

5. Paragraph 15(1) of the principal Order is amended by deleting the words “of in-person instruction and instruction delivered by electronic means of communication” and substituting therefor the words “that includes face-to-face instruction, instruction delivered using electronic means of communication, and modalities of audio-visual learning and learning kits”.

6. The First Schedule of the principal Order is amended by deleting Form B, Form C, including the Appendix thereto and Form D, and substituting therefor the following—

“

FORM B

THE DISASTER RISK MANAGEMENT (ENFORCEMENT MEASURES)
(NO. 15) ORDER, 2020, PARAGRAPHS 4 AND 7

HOME QUARANTINE ORDER

A RISK-BASED PROTOCOL HAS BEEN INTRODUCED REGARDING
TESTING AND RESTRICTION ON MOVEMENTS FOR PREVENTION
AND CONTROL OF COVID-19.

All persons arriving in Jamaica are required to undergo a health screening and risk assessment.

CATEGORY OF TRAVELLER:	RESIDENT	(JAMAICAN NATIONAL AND NON-NATIONAL - ORDINARILY RESIDENT IN JAMAICA)
RISK CLASSIFICATION:	HIGH RISK ☐	LOW RISK ☐

CONTROL MEASURES FOR PERSONS WITH POSSIBLE EXPOSURE
TO SARS-CoV-2

You have, or might have, been exposed to the SARS-CoV-2, virus that causes COVID-19, through travel or contact. Infection by the SARS-CoV-2 virus is an acute respiratory infection that may present with mild, moderate, or severe illness and may be fatal. The symptoms of acute respiratory infection include fever, cough, sore throat and difficulty breathing, and in some cases, diarrhoea, vomiting, abdominal pain, chest pain. Symptoms may appear anywhere from two (2) to fourteen (14) days after exposure to the SARS-CoV-2. People may be able to transmit infection beginning one day before they develop symptoms to up to 7 days after they get sick. The SARS-CoV-2, virus is transmitted by spread most often by respiratory droplets from an infected person. If SARS-CoV-2, virus spreads in the community, it would have severe public health consequences.

In accordance with THE DISASTER RISK MANAGEMENT (ENFORCEMENT MEASURES) (NO. 15) ORDER, 2020, the Medical Officer (Health), Medical Officer or public health officer has determined that:

As a result of your possible exposure to the SARS-CoV-2, virus in accordance with THE DISASTER RISK MANAGEMENT (ENFORCEMENT MEASURES) (NO. 15) ORDER, 2020, the following public health control measures detailed below are being implemented. These measures include contact with the _____ Health Department at least twice daily to monitor for signs and symptoms of COVID-19, for fourteen (14) days, following the date of arrival into the country. Based on assessment, you may be required to do a COVID-19 test.

All persons who test positive OR become symptomatic are placed in isolation.

FORM B, *contd.***REQUIREMENTS**

You must **comply with these control measures** for 14 days following the date of landing in Jamaica (*For example, if you land on November 1st, Day 1 of quarantine is November 2nd, and Day 14 is November 15th. Your quarantine would end on November 16th.*)

During the 14 days of quarantine, you are required to:

- ✓ Remain at (insert address) unless specifically authorized to leave by the Medical Officer (Health).
- ✓ Isolate yourself from others immediately if any symptoms develop and call the _____ Health Department at () - .
- ✓ Record your temperature and symptoms every 12 hours using the App on your phone (or on the relevant form downloadable from <https://jamcovid19.moh.gov.jm/formB>)
- ✓ Be available for an in-person visit once per day by a health care worker
- ✓ Report your temperature and symptoms a minimum of 2 time(s) per day to the Health Department nurse by phone
- ✓ Keep a record of all visitors to your home and public places you visit if permitted by the Medical Officer (Health) using the App on your phone, or the form provided
- ✓ Maintain a 6-feet (1m) distance from others
- ✓ NOT take any form of public transportation (*e.g.* aircrafts, buses, taxi, car-pooling, *etc.*).
- ✓ NOT go to public places (*e.g.* shopping centers, movie theatres, market, church) or public gatherings
- ✓ NOT go to your workplace (working from home is permitted)

If you **fail to comply with these control measures, you commit an offence under Section 52 of the Disaster Risk Management Act** and shall be liable on summary conviction before a Judge of a Parish Court to a fine not exceeding one million dollars or to imprisonment for a term not exceeding twelve months.

FORM B, *contd.*

The staff of this Health Department remains available to provide assistance and counselling to you concerning your possible exposure to SARS – CoV-2 and compliance with these control measures. Please refer to Health Alert Card (<https://jamcovid19.moh.gov.jm/HAC>) for accessing the public health system.

This Quarantine Order is Issued by the Chief Medical Officer of Ministry of Health and Wellness of Jamaica: _____

Name of the Chief Medical Officer

Date: ____/____/____

Signature of the Chief Medical Officer

[] I will comply with the Terms and Conditions of this Quarantine Order.

Name of the Traveler

Signature

Date: ____/____/____

FORM C

THE DISASTER RISK MANAGEMENT (ENFORCEMENT MEASURES)
(NO. 15) ORDER, 2020, PARAGRAPH 5

STAY IN RESILIENT CORRIDOR

A RISK-BASED PROTOCOL HAS BEEN INTRODUCED REGARDING
TESTING AND RESTRICTION ON MOVEMENTS FOR PREVENTION AND
CONTROL OF COVID-19.

All persons arriving in Jamaica are required to undergo a health screening and risk assessment.

CATEGORY OF TRAVELLER:	NON-NATIONAL VISITING JAMAICA FOR TOURISM AND STAYING IN THE RESILIENT CORRIDOR	
RISK CLASSIFICATION:	HIGH RISK ☐	LOW RISK ☐

CONTROL MEASURES FOR PERSONS WITH POSSIBLE EXPOSURE TO
SARS – CoV-2

You have, or might have, been exposed to the SARS – CoV-2, virus that causes COVID-19, through travel or contact. Infection by the SARS – CoV-2 virus is an acute respiratory infection that may present with mild, moderate, or severe illness and may be fatal. The symptoms of acute respiratory infection include fever, cough, sore throat and difficulty breathing, and in some cases, diarrhoea, vomiting, abdominal pain, chest pain. If SARS – CoV-2 spreads in the community, it would have severe public health consequences.

In accordance with THE DISASTER RISK MANAGEMENT (ENFORCEMENT MEASURES) (No. 15) ORDER, 2020, the Medical Officer (Health), Medical Officer or public health officer has determined that:

☐ You pose a high risk for the transmission of the SARS–CoV-2 (Coronavirus COVID-19) and the Medical Officer (Health), Medical Officer or public health officer has determined that you are required to remain in the hotel property (or properties) stated below, for the duration of your stay, except as provided under paragraph 5(6) leave that abode or place of residence to visit any place certified by the Tourism Product Development Company Limited to be COVID-19 Resilient and located within the area of any part of the Resilient Corridor or that is listed in the Appendix hereto. You are required to report symptoms to the health desk in your hotel or to the health department and based on assessment, you may be required to be tested for COVID-19.

Hotel(s): _____

FORM C, *contd.*

All persons who test positive OR become symptomatic are placed in isolation.

If you **fail to comply with these control measures, you commit an offence under Section 52 of the Disaster Risk Management Act** and shall be liable on summary conviction before a Judge of a Parish Court to a fine not exceeding one million dollars or to imprisonment for a term not exceeding twelve months.

The staff of this Health Department remains available to provide assistance and counselling to you concerning your possible exposure to SARS – CoV-2 and compliance with these control measures. Please refer to Health Alert Card (<https://jamcovid19.moh.gov.jm/HAC>) for accessing the public health system.

This Quarantine Order is Issued by the Chief Medical Officer of Ministry of Health and Wellness of Jamaica: _____

_____	Date: ____/____/____
Name of the Chief Medical Officer	Signature of the Chief Medical Officer

[] I will comply with the Terms and Conditions of this Quarantine Order.

_____	_____
Name of the Traveler	Signature

Date: ____/____/____

APPENDIX TO FORM C

1. Chukka Caribbean YS Falls Zipline Canopy
2. Reach Falls—Portland
3. Joy Spence Appleton Rum Experience—St. Elizabeth
4. Konoko Falls—St. Ann
5. Chukka Caribbean Adventures at White River Valley—St. Ann
6. Island Gully Falls—St. Ann
7. Chukka (Good Hope) Caribbean Adventure Tours—Trelawny
8. Paintball Jamaica—Trelawny
9. Animal Farm—Hanover
10. John's Hall Adventure Tours—St. James
11. JamWest and Adventure Park Limited—Westmoreland

FORM D

THE DISASTER RISK MANAGEMENT (ENFORCEMENT MEASURES)
(No. 15) ORDER, 2020, PARAGRAPH 6**QUARANTINE ORDER FOR BUSINESS TRAVELLER**

A RISK-BASED PROTOCOL HAS BEEN INTRODUCED REGARDING
TESTING AND RESTRICTION ON MOVEMENTS FOR PREVENTION AND
CONTROL OF COVID-19.

All persons arriving in Jamaica are required to undergo a health screening and risk assessment.

CATEGORY OF TRAVELLER: NON-RESIDENT VISITING JAMAICA FOR BUSINESS

RISK CLASSIFICATION: HIGH RISK ☐ LOW RISK ☐

**CONTROL MEASURES FOR PERSONS WITH POSSIBLE EXPOSURE
TO SARS – CoV-2**

You have, or might have, been exposed to the SARS – CoV-2, virus that causes COVID-19, through travel or contact. Infection by the SARS – CoV-2 virus is an acute respiratory infection that may present with mild, moderate, or severe illness and may be fatal. The symptoms of acute respiratory infection include fever, cough, sore throat and difficulty breathing, and in some cases, diarrhoea, vomiting, abdominal pain, chest pain. If SARS-CoV-2 spreads in the community, it would have severe public health consequences.

In accordance with THE DISASTER RISK MANAGEMENT (ENFORCEMENT MEASURES) (No. 15) ORDER, 2020, the Medical Officer (Health), Medical Officer or public health officer has determined that:

☐ You pose a high risk for the transmission of the SARS–CoV-2 (Coronavirus COVID-19), and the Medical Officer (Health), Medical Officer or public health officer has determined that you require testing for COVID-19 and you are to be quarantined until released by the Parish Health Department. If you test negative the Parish Health Officer will advise you of your result and your release from quarantine. You are required to conduct your business as described in your travel application, adhering to the provisions of the Disaster Risk Management (Enforcement Measures) (No. 15) Order, 2020, and the infection prevention and control guidelines as issued by the Ministry of Health & Wellness, including minimal interactions with the general public. You are required to report symptoms to the health desk in your hotel or to the health department and based on assessment, you may be required to repeat the COVID-19 test.

Address: _____

FORM D, *contd.*

All persons who test positive OR become symptomatic are placed in isolation.

If you **fail to comply with these control measures, you commit an offence under Section 52 of the Disaster Risk Management Act** and shall be liable on summary conviction before a Judge of a Parish Court to a fine not exceeding one million dollars or to imprisonment for a term not exceeding twelve months.

The staff of this Health Department remains available to provide assistance and counselling to you concerning your possible exposure to SARS – CoV-2 and compliance with these control measures. Please refer to Health Alert Card (<https://jamcovid19.moh.gov.jm/HAC>) for accessing the public health system.

This Quarantine Order is Issued by the Chief Medical Officer of Ministry of Health and Wellness of Jamaica: _____

_____	Date: ____/____/____
Name of the Chief Medical Officer	Signature of the Chief Medical Officer

[] I will comply with the Terms and Conditions of this Quarantine Order.

_____	_____
Name of the Traveler	Signature

Date: ____/____/____ .”

Dated this 16th day of November, 2020.

ANDREW HOLNESS
Prime Minister.