

✉ Share this with those who need to know



COVID-19 news from SAMED, Government and Abroad.

## COVID-19: THE LATEST LAW AND POLICY

As cases of COVID-19 accelerate, legal and policy emphases have moved into the realm of "what to do". With the State of Disaster now being extended till July with further extensors likely, the most pertinent issues are:

- The **Annexure E Plan** now applies to all businesses operating during COVID-19 times, including practices and health facilities. It must be a separate plan. According to the latest Directive (4 June 2020), employees have a **right to refuse to work** when unsafe, but must follow a specific process. The right of the Department of Labour to monitor all plans is confirmed. There is also clarity on **Vulnerable Employees**, and a Notification from the employee's doctor is required, but no disclosure to the employer.
- Various **privacy issues** have arisen in relation to the **mandatory screening** that must be undertaken in relation to all employees and visitors at least twice a day. It is important that a **privacy notice** be added to these forms. How use and disclosure take place must be included in the business's privacy policies.
- The CMS updated its benefit definitions of **COVID-19 as a PMB**. An **asymptomatic close contact** should not be routinely tested (and hence be funded by schemes); confirmation that telehealth can be billed for; schemes are entitled to develop screening **pre-risk assessment tools** (the exact meaning of this not being clear - however compliance with chapter 5 of Regulations to Medical Schemes Act would be obligatory); RT-PCR tests must be funded, irrespective of the outcome thereof; cough suppressants are excluded from benefits; and management of children & newborns, etc are set out.
- On employees returning to work, the first rule in the Regulations under the Disaster Management Act is that all who have **jobs that can be done from home**, should **work from home**.
- If an employee who has returned to work **tests positive**, or is a direct contact of a person who has tested positive, the employer must put the employee on **paid sick leave** (not annual leave or unpaid leave) for the period of self-isolation. All direct contacts must be informed. Where employees are unable to safely self-isolate, and there are no public isolation facilities available, the employer would have to cover such costs. These costs must be considered and integrated into the COVID-19 Risk Management plan. When unable to carry the employment costs associated with COVID-19, claiming from the **UIF-TERS** is an option, and where occupationally acquired, from the **Compensation Fund**.
- A person who is a clinical case, **reasonably suspected of being infected** or who has been in contact with someone infected, may be instructed by an HCP to undergo a COVID-19 test or be required to go into quarantine as a precautionary measure. Under regulation 7, if a person refuses to do so, a **Magistrate may issue an order** compelling the person to, for example, go into quarantine. Regulation 14 makes it an offence to intentionally expose a person to COVID-19.
- Regulation 40(e) of the Regulations **limit visitors to health facilities and establishments** (i.e. including practices) to those receiving treatment care or medicines, unless the Minister of Health issues directions on this matter.
- Regulations under the **ITAC** dispensation, requiring **special permits** for certain exports (e.g. of sanitisers and medicines) have been **withdrawn** on 11 June, amongst other amendments of measures that were in place in levels 5 and 4.
- Clients working in Sports Medicine should take note of the Directions and the Regulations pertaining to **non-contact professional sport**. The sports listed include professional golf, -tennis, -cricket, -chess and -jukskei, amongst others.
- **Directions** have also been issued for return to campuses of public- and private higher learning institutions (**universities**). Phase-in plans must be submitted to the DHE.

[Back to top](#)

1. A clear re-opening Workplace Plan with specific requirements, including the appointment of a Compliance Officer.
2. Application of regulations to all workers (any person accessing your premises including contractors, volunteers etc).
3. Consultation with representative trade unions and health & safety committees on risk assessment and risk mitigation plan.
4. Clear obligations in respect of employees over the age of 60 or those with specified co-morbidities.
5. Screening to include detailed symptom assessment. All indicating symptoms must be logged.
6. Minimise the number of workers at the workplace through rotation, staggering work hours and the like.
7. Provide assistance in contact-tracing measures should a worker become infected.
8. Isolate when symptoms appear in a worker and carry out a risk assessment of transmission to others and disinfect the employee's workstation.
9. If a worker presents with COVID-19 symptoms he or she must be placed on paid sick leave . If sick leave is exhausted, the employer should apply on the employee's behalf for an Illness benefit in terms of Temporary Employer Relief Scheme Directive.
10. A worker who tests positive for COVID-19 is no longer required to produce a negative test before returning to work. The consolidated Directive requires the following: Serving the mandatory 14 days of self -isolation; A medical evaluation from a Medical Practitioner confirming fitness to work if the worker had moderate or severe illness; The employer ensures that personal hygiene, wearing of masks, social distancing, and cough etiquette is strictly adhered to by the worker ○ The employer closely monitors the worker for symptoms on return to work; and The worker wears a surgical mask for 21 days from the date of diagnosis.
11. Specific measures in managing PPE's and ongoing workplace management.
12. Sectoral or industry associations must, in the event of high health risks, develop sector-specific health protocols in consultation with the Department of Health to limit the spread of COVID -19 in the sector including providing for those circumstances where a firm within the sector cannot stagger working hours or provide transport for its employees.
13. Workers are required to follow COVID workplace health and safety measures. Employees may refuse to work if circumstances pose an imminent and serious risk of their exposure to COVID-19.

Download these key requirements set out by PONS Process Consulting [here](#).

[Back to top](#)

## MANAGING VULNERABLE EMPLOYEES RETURNING TO WORK

Employers are required to follow Department of Health guidelines (25 May 2020) to deal with vulnerable employees. The special measures are also identified in the Department of Employment and Labour's Covid-19 OHS regulations.

### Which persons / conditions are identified as vulnerable?

1. 60 years and older ;
2. Severe obesity (a body mass index [BMI] of 40 or higher);
3. More than 28 weeks pregnant (especially if comorbidities are present);
4. Immunocompromised as a result of cancer treatment, bone marrow or organ transplantation, immune deficiencies, poorly controlled HIV or AIDS, prolonged use of corticosteroids and other immune weakening medications;
5. One or more of the following underlying chronic medical conditions, particularly if not well controlled:
  - chronic lung disease: moderate to severe asthma, chronic obstructive pulmonary disease (COPD), bronchiectasis, idiopathic pulmonary fibrosis, active TB and post-tuberculous lung disease (PTLD);
  - diabetes (poorly controlled) or with late complications;
  - moderate/severe hypertension (poorly controlled) or with targeted organ damage;
  - serious heart conditions: heart failure, coronary artery disease, cardiomyopathies, pulmonary hypertension; congenital heart disease;
  - chronic kidney disease being treated with dialysis; and/or
  - chronic liver disease including cirrhosis.

### What are employers required to do?

1. Identify employees who:
  - are high risk; or
  - reside with or care for a person(s) that are a high risk.

[Subscribe](#)[Past Issues](#)[Translate ▼](#)

these conditions (no diagnosis – this is confidential).

4. Draft a policy/procedure clarifying additional measures to protect vulnerable employees, thereby reducing risk.
5. Consult the employee on steps taken to reduce the risk of infection. For example:
  - Review the role/responsibility to minimise risk;
  - Remove high-risk duties (including minimising contact with other people);
  - Protective isolation (e.g. allocate an office, a dedicated space);
  - Provide specific Personal Protective Equipment (PPE) appropriate to the risk of the task/activity, identified in the workplace risk assessment and adherence to PPE usage protocols;
  - Strict physical distancing protocols (including staggering of shifts), barriers or additional hygiene measures;
  - Reduce external risks (such as the use of public transport); and
  - If the above is not possible, consider work from home, if possible, including providing access to required equipment, laptops and wifi.

#### What if suitable alternatives are impractical?

- A doctor may motivate for temporary incapacity, for the period of the COVID-19 epidemic if workplace accommodation is not possible;
- Should temporary incapacity not be possible, the employee should utilise his/her sick leave if appropriate, as advised by the treating doctor/occupational medical practitioner;
- If sick leave is exhausted, the employee should utilise his/her annual leave;
- Where applicable, Illness TERS UIF benefits should be considered; and
- Unpaid leave should be the last resort.

Should the above measures not be possible and employee is unable to work, the employer must maintain all employer-related medical aid benefits until the employee is eligible to return to work.

Download this guideline set out by PONS Process Consulting [here](#).

[Back to top](#)



#### ITAC OFFICES CLOSED DUE TO COVID-19

Unfortunately, ITAC has had to vacate their offices due to a COVID-19 positive case on the campus. This means that all ITAC employees are now back to working from home. They consequently do not have access to their systems.

For the remainder of this week, they will only be able to assist with the most critical of cases, if any. Should you deem your application to be critical - you are most welcome to reach out to Nicola Brink ([nicola@selfcareassociation.co.za](mailto:nicola@selfcareassociation.co.za)) and she will endeavour to ensure that it receives priority.

Please continue to use the designated email addresses, and pay careful attention to the exemption gazettes, noting that export permits are not required for medicines to Lesotho, Swaziland, Botswana and Namibia.

The assumption is that ITAC will be able to return to the campus and resume full-time operation on Monday 22 June 2020.

[Back to top](#)

[Subscribe](#)[Past Issues](#)[Translate ▼](#)

below. Regarding applications, ITAC is receiving a large number of queries and applications. As a result, the processing time for applications varies but is currently 5-10 days.

Please note that it is imperative that applicants send their import- or export-related questions and documents to the correct ITAC unit using the indicated email addresses (Import & Export Control unit for export matters). Sending queries or documents to the incorrect unit will result in a slower response or processing time.

**Fraud alert!! Please note that ITAC does not use agents to accept or process applications and there is no charge for Export permits.**

**Export Control Regulation relating to Covid-19 - please note updated documents marked with a \***

- [Covid-19 - Export Control Regulation](#)
- [\\*Updated Covid-19 Export permit Standard Operating Procedure](#)
- [Application form](#)
- [Questionnaire](#)
- [Application to Register as an Exporter or Change in Current Information](#)
- [\\*Example of a properly completed application form](#)

[Back to top](#)



BUSINESS FOR SA | COVID-19

## IMPORTANT MESSAGE TO ALL EMPLOYERS REGARDING TEMPORARY EMPLOYER / EMPLOYEE RELIEF SCHEME (TERS)

As many of you will be aware, employers and employees are experiencing serious delays in receiving the expected payments from the Unemployment Insurance Fund's Temporary Employer/Employee Relief Scheme (TERS) for May.

B4SA representatives, who have been responsible for engaging the Department of Employment and Labour and the UIF leadership about the scheme over the last three months, are extremely concerned at the situation as it has developed.

They have been making every effort to establish the cause of the delay. As far as they can tell, the UIF's administrative infrastructure and IT issues are at the root of the delays. Throughout the process, business has offered to make available its resources to assist. Those offers have been taken up on occasion, though not recently.

They are escalating our concerns to higher levels and hope these problems will be resolved soon so that the payments will be forthcoming at the earliest opportunity.

[Back to top](#)



## REGISTER AS A RETURN2WORK PARTNER

This initiative offers businesses guidance on re-opening and staying open, incorporating the key legal requirements to minimise infection and maximise compliance. Registering as a partner and using the Return2Work website to share sector protocols will add value to the initiative.

Access their website [here](#).

Register as a partner [here](#).





## REPORT UNLICENCED COMPANIES TO SAHPRA

Several members have contact SAMED about companies trading medical technologies without a SAHPRA Medical Device Establishment License. These companies are trading illegally and it is essential that they be reported to SAHPRA for investigation.

SAHPRA has published a list of licenced companies under documents on their [medical devices page](#) which you can use to check if the company has a Medical Device Establishment License before sending a report. You can download this list as at 26 May 2020, [here](#). Please ensure that you visit the SAHPRA website to obtain updates as this is an evolving list.

Report unlicensed companies by emailing: [mokgadi.fafudi@sahpra.org.za](mailto:mokgadi.fafudi@sahpra.org.za)

## IMPORTANT SAHPRA MEDICAL DEVICE NOTICES

- [MD010 Guidance Rapidly developed ventilators 26May2020 v1](#)
- [PCR Tests Authorised for Listing by SAHPRA – 19.05.2020 Specification criteria for COVID-19 serological test kits](#)
- [Joint Communication-Regulatory Status of Equipment Used to Help Prevent COVID-19](#)
- [NRCS media Release – Standards for Masks and Disinfectants](#)
- [Regulatory Requirements for the manufacture, distribution or wholesale of Serological COVID-19 Rapid Test Kits](#)
- [SAHPRA clarifies the issue of COVID-19 Rapid Test Kits](#)
- [MEDICAL DEVICES INCLUDING IN-VITRO DIAGNOSTICS \(IVDS\) REQUIREMENTS FOR SUPPLY OF MEDICAL DEVICES IN LIGHT OF THE COVID-19 PANDEMIC](#)

[Back to top](#)

## SAHPRA MEDICAL DEVICE CONTACTS

SAHPRA has launched a COVID-19 Medical Device Hotline to deal with COVID-19 related queries.

- 084 220 8037
- 072 993 2273
- 078 281 6334

[Subscribe](#)[Past Issues](#)[Translate ▼](#)

For general licensing queries: June Searela [june.searela@sahpra.org.za](mailto:june.searela@sahpra.org.za) / 072 828 2416

For COVID-19 related applications: Matlapeng Shabalala [Matlapeng.Shabalala@sahpra.org.za](mailto:Matlapeng.Shabalala@sahpra.org.za) / 071 302 0409 or

Khanyisile Nkuku [Khanyisile.Nkuku@sahpra.org.za](mailto:Khanyisile.Nkuku@sahpra.org.za) / 081 854 7109

[Back to top](#)

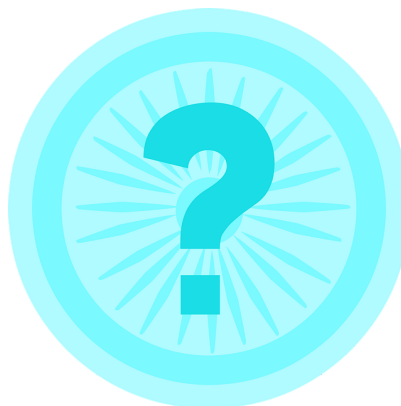
**The SAMED Library is a dedicated resource for all COVID-19 related updates, regulations, notices and news.**

**All SAMED COVID-19 updates and related information can be found here.**

[CLICK HERE](#)

**DO YOU HAVE A  
COVID-19  
QUESTION OR  
QUERY?**

Please visit the [FAQ Section](#) of our library as it provides answers to many of the frequently asked questions we receive.



## **PARTICIPATE ON B4SA COVID-19 PROCUREMENT PORTAL**

The information collected on the B4SA [covid19manager.co.za](https://covid19manager.co.za) platform will be used to ensure supplier verification, regulatory compliance, product availability, reasonable pricing and providing the accurate and most up-to-date logistical information to the procurement department division at BSA to place orders from you and/or assist with ramping up local production. It is an automated process to help facilitate the overwhelming demand currently being experienced in South Africa during the weeks to come.

**NOTE: THIS IS A LIVE SYSTEM SO PLEASE UPDATE YOUR STOCK QUANTITIES AND LEAD TIME AS AND WHEN THEY CHANGE.**

Please see the following [link to the video](#) for an explanation of how to use the portal and click on <https://covid19manager.co.za/> to add your company and product information.

You will most likely be contacted by a member of the BSA procurement team should your information provided need to be verified or an order need to be placed.

If you have any questions about the status of your registration, on the types of PPE and medical equipment that B4SA are procuring, if you are struggling to complete your application, or if you have any other queries, please get in touch with the B4SA support team via [covid19portal@businessresponsecovid19.co.za](mailto:covid19portal@businessresponsecovid19.co.za). If you are not receiving feedback from the administrators, please check your spam/junk folders.

## THE SOLIDARITY FUND

The Solidarity Fund provided more details on its purpose and mandate of mobilising and coordinating efforts and resources from all South Africans and the international community to assist most vulnerable South Africans to deal with the impact of Covid19 and the consequences of measures intended to slow its rate of infection. One of its key focus areas is a Health Response with direct support for the healthcare system, augmenting both the private and government healthcare sectors to ensure they have what they need, as well as enabling emergency supplies.

Details on how to donate are available on the Fund's website [www.solidarityfund.co.za](http://www.solidarityfund.co.za)

For more information email [info@solidarityfund.co.za](mailto:info@solidarityfund.co.za)

For offers of supply of Medicines and Medical Devices send

to [covid19supplies@businessresponsecovid19.co.za](mailto:covid19supplies@businessresponsecovid19.co.za)

If you are seeking PPE for your hospital, clinic, or NGO please email your request

to [covid19requests@businessresponsecovid19.co.za](mailto:covid19requests@businessresponsecovid19.co.za)

[Back to top](#)

## COVID-19 EVENTS

### OMMIA HEALTH COVID-19 VIRTUAL EXPO

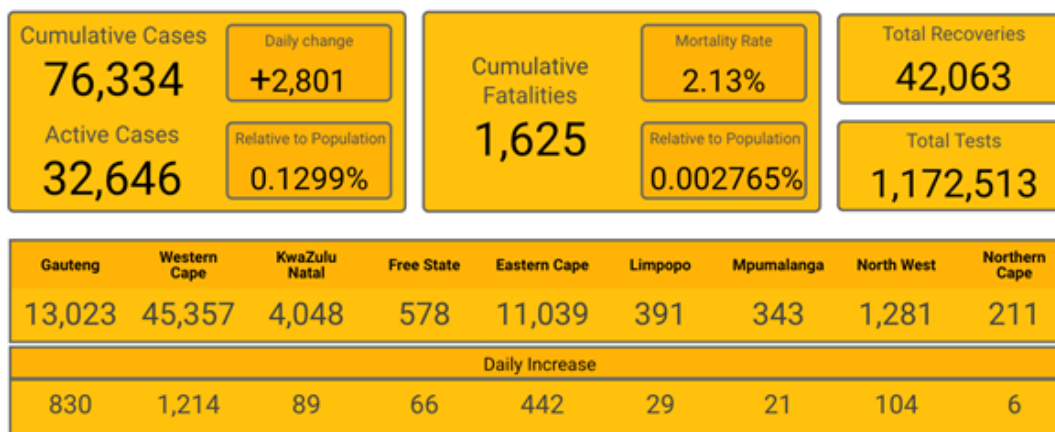
Ommia Health Live are bringing together the global healthcare industry, for the largest virtual gathering ever seen before, a whole new concept planned from the ground up to be more diverse and accessible, taking place 22-26 June 2020.

[Join the experience here](#)

[Back to top](#)

## COVID-19 DEVELOPMENTS

### TRACKING THE PANDEMIC



### ECONOMICS, POLITICS, EDUCATION, ENVIRONMENT, SOCIAL

From digital doubles to 'liquid people': 7 trends Covid-19 will entrench in the next 3 years

- Forget about the "new normal" brought about by the outbreak and rapid spreading of the coronavirus pandemic, prepare for the "never normal" likely to be the case over the next three years, says serial entrepreneur Mark Curtis (co-founder of international design and innovation consultancy Fjord. The 2020 Fjord Trends report was compiled from insights gained at its 35 studios across the world, including in Johannesburg)
- **There is a realigning of fundamentals in terms of how individuals and companies see their roles; how artificial intelligence is used, and what that means for design.**
- Consumption is not dead, but the pandemic has probably caused the end of mindless consumption. People are being more thoughtful about what they do and what they buy. Having to remain at home for months and having to move into the digital space, showed consumers they have many options," says Curtis. [Read more.](#)

Subscribe	Past Issues	Translate ▼
-----------	-------------	-------------

earnings to the end of June 2020 to fall 20 to 30% as it sets aside over R3-billion in provisions for future COVID-19 impacts.

- "The COVID-19 provision has been calculated to estimate the future mortality, morbidity and economic effects of the pandemic by estimating excess mortality and excess lapses expected to arise in 2021 and 2022 on a variety of scenarios by setting a stressed, central (prudent best estimate) and light scenario. The central scenario has been used to set the provision, while the stressed scenario used to test capital and liquidity; the light scenario would result in a material release of provisions in future years," the company said in a Stock Exchange News Service (SENS) statement on Monday, 15 June.

#### Stop mass COVID-19 testing now - irate scientists to Health Minister Zweli Mkhize

- A senior member of the COVID-19 Ministerial Advisory Committee (MAC) has accused the country's health leadership of refusing to change its mass testing strategy in the face of serious resource constraints and a large testing backlog, even though scientists have repeatedly advised that an urgent rethink is needed.
- Professor Francois Venter, head of the Ezintsha health unit at the University of the Witwatersrand and a member of the MAC, says he and other scientists cannot fathom why health authorities are sticking to a testing strategy which is not producing the necessary results.
- But Venter and others have for weeks argued that, due to severe resource constraints, leading to low turnaround times from sample collection to results, tests should be reserved for hospitalised patients and healthcare workers.
- According to the National Institute for Communicable Diseases (NICD), the average turnaround time for tests is now around nine days, up from two days in April.
- "The turnaround times (for tests) remain a disaster. We (scientists) have told them repeatedly to throw away the medical waste and prioritise. We've been saying this for weeks," Venter told News24 on Friday.

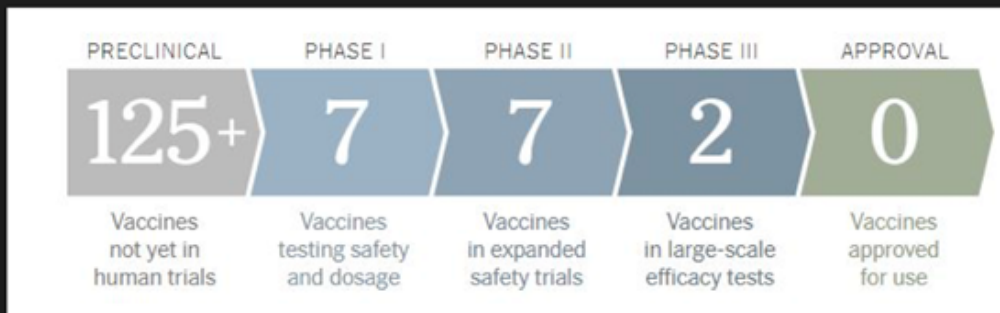
#### **CLINICAL, SCIENTIFIC**

- Health Minister Zweli Mkhize and Social Development Minister Lindiwe Zulu have launched a new multi-sectoral ministerial advisory committee (MAC) on [social behavioural change](#), in an effort to expand the response to the Covid-19 pandemic. Mkhize said the committee would be chaired by Malusi Mpumlwana of the South African Council of Churches. The MAC team comes from diversity of various stakeholders which represents civil society organisations, who are non-governmental organisations, youth organisations, church leaders, traditional leaders among others. "Behavioural change needs constant reinforcement and affirmation. It needs the entire buy-in of individuals, communities, societies, cultures and various social groupings," Mkhize said.
- France expects AstraZeneca COVID-19 vaccine to be shared pro-rata: The COVID-19 contagion has brought about a global gut-punch realisation: that health systems in even the wealthiest countries need shoring up. The British drugmaker signed a contract with European governments at the weekend to supply the region with up to 400 million doses of its potential vaccine. It was the first contract signed by Europe's Inclusive Vaccines Alliance (IVA), a group formed by France, Germany, Italy and the Netherlands to secure vaccine doses for all member states as soon as possible



## New York Times Vaccine Tracker

The race is on to find a vaccine for Covid-19. More than 135 vaccines are being developed around the world, with some scientists saying one might be ready by the end of the year. It's a lot to keep up with. The *New York Times* has published a **Coronavirus Vaccine Tracker** to keep tabs on the current status of vaccines undergoing human trials, and some still being tested on animals or in cells. It also explains who's working on what, and how a vaccine trial process works.



#### Obesity and COVID-19: Junk food industry 'shares the blame', some experts say.

- Being overweight, and obesity, are major risk factors for several chronic diseases, such as type 2 diabetes, cancer, stroke and heart diseases, and, more recently, severe COVID-19. In a paper published in the [BMJ journal](#) this week, researchers at the Queen Mary University of London (QMUL) argued that the food industry shares the blame, not just for the obesity pandemic, but also for the severity of COVID-19 disease and its devastating consequences.
- The causes of obesity are complex, but one of the key drivers is in the way we eat, something that has changed dramatically over the last 50 years. As a result of changes in our environment, unhealthy, processed food has become more readily available (and affordable), and opportunities for physical activity are lacking.
- Evidence that indicates that obesity is an independent risk factor for severe COVID-19 illness and death continues to grow. The US Centers for Disease Control (CDC) recently mentioned that obesity puts people at risk of being hit hard by COVID-19.

#### Health department still paying attention to leading killer diseases in SA

- Health Minister Zweli Mkhize said the health department was still paying attention to leading killer diseases in the country like TB, diabetes, Aids, cardiovascular and cancer. He believes the hype about COVID-19 should not fool anyone into thinking other diseases, which are prevalent in South Africa, have subsided.
- Mkhize said because COVID-19 was new and spreading devastatingly fast, having infected more than seven million across the globe, it was getting more attention.

#### COVID-19: Without a mask, the risk of transmission is 17%. With a mask, it's 3%, scientists say.

- A review and meta-analysis funded by the World Health Organisation and published in [The Lancet](#), a peer-reviewed medical journal, examined data from 172 studies from 16 countries and six continents. Without a mask, the risk of transmitting COVID-19 is 17.4%. With an N95 respirator or face mask, that number drops to 3.1%.
- "Our findings continued to support the ideas not only that masks, in general, are associated with a large reduction in risk of infection from SARS-CoV-2, SARS-CoV, and MERS-CoV but also that N95 or similar respirators might be associated with a larger degree of protection from viral infection than disposable medical masks or reusable multilayer (12-16-layer) cotton masks," the review's authors wrote.

#### Worried about catching coronavirus from surfaces? The city you live in may matter

- When someone infected with the new [coronavirus](#) talks, coughs or sneezes, tiny droplets containing virus land on surfaces nearby.

Subscribe	Past Issues	Translate ▼
-----------	-------------	-------------

Bombay, in Mumbai, India. They discovered that in cities with cooler but more humid weather, viral-laden droplets on surfaces linger longer before drying out, greatly upping the odds that the virus within them stays alive and contagious.

- "The likelihood of the survival of the virus increases roughly by five times in a humid ambient as compared to a dry ambient" environment, researchers Rajneesh Bhardwaj and Amit Agrawal concluded. High temperatures tend also to dry up droplets lingering on surfaces quicker, they explained.

#### Testing of people previously diagnosed

- [Testing of people previously diagnosed for COVID-19](#) to ensure they are no longer infectious before returning to work is "nonsense and must stop." Professor Wolfgang Preiser, the head of the division of medical virology at the Department of Pathology at the University of Stellenbosch, said from now on, people who did not meet strict criteria for targeted testing should not be tested. Preiser is also a member of the Ministerial Advisory Committee (MAC) advising the government on COVID-19. He said he could not divulge details of the MAC meetings, but added he could comment on issues that were public knowledge.

#### A UK clinical trial has concluded that a cheap and widely available steroid can significantly cut deaths among coronavirus patients.

- Giving the [steroid dexamethasone](#) reduced deaths by one-third for critically ill coronavirus patients who were on ventilators, the researchers found. It cut deaths by 20% among patients with COVID-19 who were getting extra oxygen. "Dexamethasone is the first drug to be shown to improve survival in COVID-19," Peter Horby, a professor of emerging infectious diseases at the University of Oxford who was one of the chief investigators for the trial, said in a statement Tuesday. "This is an extremely welcome result."

Copyright © 2020 SAMED, All rights reserved.

Telephone: 011 704 2440 - Email: [info@samed.org.za](mailto:info@samed.org.za) - [www.samed.org.za](http://www.samed.org.za)

Want to change how you receive these emails?

You can [update your preferences](#) or [unsubscribe from this list](#).

SAMED is the voice of the South African medical technology industry. The not-for-gain was formed in 1985 and aims to provide members with a collective, objective and credible platform to engage with stakeholders. SAMED's members include individual medical technology companies, associate members and associations.

Disclaimer: The information contained in the mailer is for general information purposes only. The information is provided by SAMED and while SAMED endeavours to ensure the information is current and correct, it makes no representations or warranties of any kind, express or implied, about the completeness, accuracy, reliability, suitability or availability with respect to the information, services, or related graphics contained in this mailer for any purpose. Any reliance the user places on such information is therefore strictly at the user's own risk. In no event will SAMED be liable for any loss or damage including without limitation, indirect or consequential loss or damage, or any loss or damage whatsoever arising from loss of data or profit arising out of or in connection with the contents or use of this mailer.