818.101.24

Ordinance 3 on measures to combat the coronavirus (Covid-19)

(Covid 19 Regulation 3)

dated June 19, 2020 (as of June 25, 2020)

The Swiss Federal Council,

based on Article 185 paragraph 3 of the Federal Constitution [1] ,

prescribed:

Chapter 1 general provisions

Art. 1 Purpose and purpose

[1] This ordinance orders measures to be taken against the population, organizations and institutions as well as the cantons to combat the coronavirus (Covid-19).

[2] The measures serve to ensure Switzerland's capacities to cope with the epidemic, in particular to maintain an adequate supply of care and important medical goods to the population.

Art. 2 Responsibility of the cantons

Unless otherwise specified in this ordinance, the cantons retain their powers.

Chapter 2 maintenance of health care capacity

Section 1: Principle

Art. 3

[1] In order to maintain Switzerland's capacity to deal with the Covid 19 epidemic and, in particular, to ensure that the population is adequately provided with care and important medical goods, the following measures must be taken in particular:

a. Measures to restrict the entry of people from risky countries or regions as well as the import and export of goods;

b. Measures to ensure the supply of important medical goods.

[2] Countries or regions whose authorities have ordered extraordinary measures to prevent and combat the Covid 19 epidemic are considered to be risk countries or regions. The list of risk countries or regions is published in Appendix 1. The Federal Department of Justice and Police (FDJP) draws up the list and updates it continuously, in consultation with the Federal Department of Home Affairs (EDI) and the Federal Department of Foreign Affairs (EDA).

Section 2: Restrictions on crossing the border and on the admission of foreigners

Art. 4 Crossing the border and control

[1] People who want to enter Switzerland from a risk country or from a risk region must meet one of the following requirements:

a. You have Swiss citizenship.

b. You have a travel document and:

1. a residence permit, namely a Swiss residence permit, a visa issued by Switzerland for the purpose of “business meetings” as specialists in the health sector or for the purpose of “official visit” of great importance; or

2nd an entry permit with a visa issued by Switzerland or an assurance of a residence permit.

c. You are entitled to free movement.

d. You carry out a commercial transport of goods and have a delivery note.

e.

You are only traveling to Switzerland with the intention and the possibility of traveling directly to another country.

f.

You are in a situation of extreme necessity.

G.

As specialists in the health sector, they are of great importance.

[2] Foreign nationals who are outside the scope of the agreement of June 21, 1999 [1] between the Swiss Confederation on the one hand and the European Community and its member states on the other on the free movement of persons (FZA) or the Agreement of 4 January 1960 [2] on the establishment of the European Free Trade Association (EFTA Convention), the entry requirements in accordance with Article 5 of the Aliens and Integration Act of 16 December 2005 [3] (AIG) must also be met.

[3] The competent authorities carry out risk-based controls.

[4] The persons concerned must demonstrate that they meet one of the above requirements. The State Secretariat for Migration (SEM) issues the necessary instructions.

[5] Decisions of the responsible authorities can be enforced immediately. Article 65 AIG applies by analogy. An appeal can be lodged against the SEM's appeal decision within 30 days of the opening. The complaint has no suspensive effect.

[6] The criminal provisions of Article 115 AIG apply by analogy. If the entry regulations are violated, an entry ban can also be issued.

[7] Entry of foreigners via the Schengen — external borders at the airports can also be refused if none of the requirements in paragraph 1 are met. After consultation with the EDI and the EDA, the FDJP determines which risk countries or regions require this measure. Paragraphs 4 and 6 are applied accordingly in this case.

[1] SR **0.142.112.681**

[2] SR **0.632.31**

[3] SR **142.20**

Art. 5 Admission to gainful employment for foreigners who are not entitled to free movement

For foreigners who are not covered by FZA [1] or EFTA Convention [2] , issues relating to the protection of public health are not taken into account when admitting to a job with employment if the admission requirements of AIG [3] are met and:

a.

they meet the requirements of Article 4 paragraph 1 letter f or g;

b.

the application for admission was approved before March 19, 2020, but the entry permit, the visa or the guarantee of the residence permit could no longer be issued due to the measures under this Ordinance;

c.
the employer's application was submitted before March 19, 2020; or

d.
The admission to pursue gainful employment is:

1.
which is of overriding public interest, particularly in the area of economic national supply,

2nd
for which there is an urgent economic need, or

3rd
which takes place in a training or further education facility.

[1] SR **0.142.112.681**

[2] SR **0.632.31**

[3] SR **142.20**

Art. 6 Family reunification

The issues of protection of public health are not taken into account in the approval:

a.
on family reunification according to Articles 42–45 and 85 paragraph 7 AIG [1] ;

b.
for marriage preparation procedures or for preliminary procedures for the certification of the registered partnership;

c.
from cohabiting partners of Swiss nationals or foreigners with a residence or settlement permit.

[1] SR **142.20**

Art. 7 Admission to training or further education

For foreigners who complete training or further training according to Article 27 AIG [1] , the requirements for the protection of public health are not taken into account when admission to a stay, provided that the training or further training lasts longer than 90 days.

[1] SR **142.20**

Art. 8 Border sanitary measures

[1] After consultation with the FDJP and the Federal Department of Finance (FDF), the EDI can take border sanitary measures in accordance with Articles 35 and 41 paragraphs 2 and 4 of the Epidemic Act of 28ArrangeSeptember 2012 [1] (EpG).

[2] The measures are listed in Appendix 2.

[1] SR **818.101**

Art. 9 Provisions on the cross-border movement of people and goods

[1 In] consultation with the FDHA, the Federal Department of the Environment, Transport, Energy and Communication (DETEC), the FDF and the FDFA, the FDJP determines the restrictions in air passenger transport from risky countries or regions.

[2 In] particular, it can restrict passenger traffic to certain flights, block individual border airports for passenger traffic from risk countries or regions, or completely prohibit passenger traffic from risk countries or regions to Switzerland.

[3] Restrictions on international passenger traffic are listed in Appendix 3.

Art. 10 Visa issue

The issuance of Schengen visas as well as national visas and entry permits to persons from risky countries or regions in accordance with Appendix 1 will be discontinued. This does not apply to applications from persons who are admitted in accordance with Article 5 paragraph 1 letters b – d or Article 6 or who meet the requirements under Article 4 paragraph 1 letters f or g.

Section 3: Supply of important medical goods

Art. 11 Term

[1] The goods listed in Annex 4 are considered important medicinal products, medical devices and protective equipment (important medical goods) that are urgently needed to prevent and combat the coronavirus.

[2] The Federal Office of Public Health (FOPH) is responsible for the list and keeps it up-to-date after consultation with the Interdepartmental Working Group on Medical Goods in accordance with Article 12 and the Spiez Laboratory.

[3] It defines the need and use of the goods to be procured. Based on these specifications, the BAG determines the quantities required in each case, taking into account:

a. the Interdepartmental Working Group on Medical Goods: for active substances and pharmaceuticals, medical devices, personal protective equipment and other

equipment;

b.

from the Spiez laboratory: for Covid-19 tests and associated reagents.

Art. 12 Interdepartmental working group on medical goods

[1] The Interdepartmental Working Group on Medical Goods consists at least of representations of the following federal agencies:

a.

BAG;

b.

Department of Remedies for the Organization of National Economic Supply;

c.

Swiss Agency for Therapeutic Products (Swissmedic);

d.

National Alarm Center (NAZ);

e.

Medical Coordination Committee (SANKO) representing the Federal Resource Management (ResMaB);

f.

Army pharmacy;

G.

Coordinated medical service (KSD).

[2] The delegate of the Federal Council for the KSD heads the working group.

Art. 13 Obligation to report

[1] The cantons are obliged to report the current stocks of important medical goods in their healthcare facilities to the KSD on demand.

[2] Laboratories as well as manufacturers and distributors of in-vitro diagnostics (Covid 19 tests) are obliged to regularly report the current inventory of such tests to the Spiez laboratory.

[3] The KSD can request information on stocks from companies that store important medical goods.

Art. 14 Procurement of important medical goods

[1] To support the supply of the cantons and their health facilities, from non-profit organizations (e.g. Swiss Red Cross) and from third parties (e.g. laboratories, pharmacies), important medical goods can be procured if the demand does not go through the normal procurement channels can be covered.

[2] The missing important medical goods are determined on the basis of the data transmitted in accordance with Article 13.

[3] The army pharmacy is responsible for the procurement of important medical goods in accordance with paragraph 1 on behalf of the BAG.

[4] The competent authorities can commission third parties with the procurement of important medical goods.

[5] When it comes to the procurement of important medical goods, the army pharmacy can take calculable risks and deviate from the existing directives and the Financial Budget Act of October 7, 2005 [1] regarding risks, such as down payments without collateral or currency hedges.

[6] The army pharmacy manages the important medical goods procured on behalf of the interdepartmental working group on medical goods.

[1] SR **611.0**

Art. 15 Allocation of important medical goods

[1] If necessary, the cantons submit applications for allocation to the KSD.

[2] Allocation is based on the supply situation and the current number of cases in the respective cantons.

[3] After consulting the Interdepartmental Working Group on Medical Goods, the KSD can allocate important medical goods to the cantons, non-profit organizations and third parties.

[4] The Spiez laboratory is responsible for the allocation of in vitro diagnostics (Covid 19 tests) in agreement with the BAG. Allocation takes place as required for all tests available in Switzerland.

Art. 16 Delivery and distribution of important medical goods

[1] The Confederation or the third parties commissioned by it shall deliver the important medical goods procured in accordance with Article 14 to a central delivery point of the cantons. In exceptional cases, the federal government, in consultation with the cantons, can directly supply eligible institutions and organizations.

[2] The cantons designate cantonal delivery points for goods that are not delivered directly to the recipient and report these to the responsible federal authorities.

[3] If necessary, they ensure the timely redistribution of the important medical goods delivered in their area.

Art. 17 Direct marketing by the Confederation

The federal government can sell important medical goods for a fee in the market itself or through third parties.

Art. 18 Costs

[1] The costs for the procurement of important medical goods are pre-financed by the federal government insofar as it procures the goods.

[2] The cantons, non-profit organizations and third parties will reimburse the Confederation as quickly as possible for the purchase costs for the important medical goods delivered to them, the procurement of which the Confederation has taken on in accordance with Article 14 paragraph 1.

[3] The Confederation bears the costs of delivering the important medical goods to the cantons.

[4] The cantons bear the costs for the further distribution of these important medical goods within the canton.

Art. 19 Confiscation

[1] If the supply of important medical goods cannot be guaranteed, the EDI can, at the request of the Interdepartmental Working Group on Medical Goods, oblige individual cantons or public health institutions that have sufficient stocks of medicinal products in accordance with Annex 4 Number 1 to transfer parts of their stocks to other cantons or deliver healthcare facilities. The cantons and healthcare facilities charge the costs of delivery and goods directly to the recipient at the purchase price.

[2] Under the condition of paragraph 1, the EDI can, at the request of the Interdepartmental Working Group on Medical Goods, confiscate important medical goods existing in companies. The federal government pays compensation at the purchase price.

Art. 20 Manufacture

[1] If the supply of important medical goods cannot be guaranteed in any other way, the Federal Council may, at the request of the Interdepartmental Working Group on Medical Goods, oblige manufacturers to produce important medical goods, to prioritize the production of such goods or to increase production volumes.

[2] The Confederation may make contributions to productions in accordance with paragraph 1 if the manufacturers suffer financial disadvantages as a result of the change in production or the cancellation of private orders.

Art. 21 Exceptions to the authorization requirement for medicinal products

[1] Medicinal products that are manufactured with active substances in accordance with Appendix 5 for the treatment of Covid 19 patients may be placed on the market without authorization after Swissmedic has submitted an application for approval for a medicinal product containing one of these active substances. Swissmedic can approve deviations from the current legal requirements for medicinal products as part of the examination of approval applications based on a benefit / risk analysis for these medicinal products.

[2] Changes to the approval of a medicinal product authorized in Switzerland with an active ingredient according to Annex 4 number 1, which is used to prevent and combat the coronavirus in Switzerland, may be implemented immediately after submitting a corresponding change request. On the basis of a benefit / risk analysis, Swissmedic can approve deviations from the current legal requirements for medicinal products.

[3] After consulting Swissmedic, the FOPH updates the list in Appendix 5 on an ongoing basis.

[4] On the basis of a benefit / risk analysis for medicinal products to prevent and combat the coronavirus in Switzerland, Swissmedic can approve deviations from the manufacturing process approved in the approval. It specifies criteria under which the person responsible for technical matters can issue an early market release for medicinal products to prevent and combat the coronavirus in Switzerland.

Art. 22 Exceptions to the provisions on the import of medicinal products

[1] Pharmacists who are responsible for pharmaceuticals in a hospital pharmacy are allowed to import unauthorized medicinal products with active substances in accordance with Appendix 5 for the treatment of Covid 19 patients. A company with a wholesale or import license can be commissioned to import such medicinal products.

[2] The import must be reported to Swissmedic within 10 days of receipt of the goods.

[3] In order to prevent and combat the coronavirus in Switzerland, Swissmedic can authorize the temporary placing on the market of a medicinal product to bridge the temporary unavailability of an identical medicinal product authorized in Switzerland, provided that no essentially identical medicinal product is authorized and available in Switzerland.

Art. 23 Exceptions for medical devices

[1] Upon request, Swissmedic may authorize the placing on the market and commissioning of medical devices for which no conformity assessment procedure has been carried out in accordance with Article 10 of the MedicalDevice Ordinance ofOctober 17, 2001 [1] (MepV), if their use for the prevention and control of the coronavirus in Switzerland is in the interest of public health or patient safety or health and, taking into account their intended purpose, the fulfillment of the basic requirements as well as the effectiveness and performance can be sufficiently demonstrated.

[2] As part of the risk assessment in accordance with paragraph 1, Swissmedic takes into account in particular the procurement needs identified by the BAG for the prevention and control of the coronavirus in Switzerland.

[3] The authorization is issued to the Swiss distributor or the applicant institution or healthcare facility. It can be limited in time and under conditions or conditions.

[4] Face masks, for which no conformity assessment procedure according to Article 10 MepV has been carried out, can be placed on the market without a license according to paragraph 1 if they:

a. are placed on the market exclusively for non-medical use; and

b. are expressly marked as not for medical use.

[5] Face masks that are placed on the market in accordance with paragraph 4 may not be used in hospitals or doctor's offices for direct contact with patients.

[6] The obligations for product monitoring according to the MepV, in particular the collection and reporting obligations regarding serious events, continue to apply.

[1] SR **812.213**

Art. 24 Exceptions for personal protective equipment

[1] For the protective equipment according to Annex 4 Number 3, which is manufactured in Switzerland and placed on the market or imported into Switzerland and placed on the market here, the principles and procedures for conformity assessment according to Article 3 paragraph 2 of the PPE Ordinance can be used dated October 25, 2017 [1] (PSAV) if their use for the prevention and control of the coronavirus in Switzerland is in the interest of public health or patient safety or health.

[2] Deviations according to paragraph 1 are permitted, provided an appropriate level of security is guaranteed with regard to the applicable legal requirements according to the PSAV and the production takes place according to:

a. a harmonized European standard with a pending conformity assessment procedure;

b. a standard mentioned in the WHO guidelines; or

c. another non-European standard or another technical solution.

[3] The controlbodies responsible for the PPE inaccordance with Article 3 of the EAER Ordinance of 18 June 2010 [2] on the Implementation of Market Surveillance under Section 5 of the Ordinance on Product Safety for PPE in accordance with Annex 4 Number 3 review and approve specific technical solutions according to paragraph 2.

[1] SR **930.115**

[2] SR **930.111.5**

Chapter 3 health care

Art. 25 Hospitals and clinics

[1] The cantons ensure that in hospitals and clinics in the inpatient area there is sufficient capacity (in particular beds and specialist staff) for Covid 19 patients and for other medically urgent examinations and treatments, especially in the departments of intensive care and general internal medicine.

[2] You can oblige hospitals and clinics for this purpose:

a. to make their capacities available in the inpatient area or to have them available on call; and

b. restrict or discontinue examinations and treatments that are not medically indicated.

[3] The hospitals and clinics must ensure that the supply of medicinal products for Covid 19 patients and for other medically urgent examinations and treatments is guaranteed in the outpatient and inpatient areas.

Art. 26 [1] Assumption of the costs for molecular biological and serological analyzes

[1] The Confederation assumes the costs of outpatient molecular biological and serological analyzes on Sars-CoV-2 for persons whomeetthe suspected, sampling and reporting criteria of the BAG of June 24, 2020 [2] .

[2] He pays a maximum of CHF 169 for molecular biological analyzes. The following costs are included in this:

a. for sampling, including the doctor-patient discussion, the smear, protective material and the transmission of the test result to the person tested: maximum CHF 50;

b. for laboratory chemical analysis: a maximum of CHF 119, namely CHF 95 for the analysis and CHF 24 for the order processing, the overhead costs and the sampling material.

[3] He pays a maximum of CHF 113 for serological analyzes. The following costs are included in this:

a. for the sampling, including the doctor-patient consultation, the blood sampling, protective material and the transmission of the test result to the tested person: maximum 50 francs;

b.

for laboratory chemical analysis: a maximum of CHF 63, namely CHF 39 for analysis and CHF 24 for order processing, overhead costs and sampling material.

[4] He only assumes the costs if the services according to paragraphs 1–3 are provided by the following service providers:

a.

Service providers who meet the admission requirements of the Federal Act of 18 March 1994 [3] on Health Insurance (KVG); or

b.

Test centers operated by or on behalf of the canton.

[5] The health insurance companies in accordance with Article 2 of the Health Insurance *Supervision* Act of 26 September 2014 [4] and the militaryinsuranceowe the service providers in accordance with paragraph 4 the remuneration for the benefits according to the *tier des tier payant* system *within* the meaning of Article 42 paragraph 2 KVG.

[6] No costs are charged according to Article 64 KVG for the services according to paragraphs 1–3.

[7] The service providers referred to in paragraph 4 may not charge the persons tested as part of the services referred to in paragraphs 1-3. You must also pass on the direct or indirect benefits within the meaning of Article 56 paragraphs 3–4 KVG to the debtor of the remuneration.

[1] version according to para. I of the V of June 24, 2020, in force since June 25, 2020 (AS **2020** 2549).

[2] Available at www.bag.admin.ch> Diseases> Combating infectious diseases> Reporting systems for infectious diseases> Notifiable infectious diseases> Registration forms.

[3] SR **832.10**

[4] SR **832.12**

Art. 26 *a* [1] Procedure for the assumption of the analysis costs

[1] The service providers in accordance with Article 26 paragraph 4 send the invoice for services in accordance with Article 26 paragraphs 1–3 to the insurer. The invoice may only include these services. The transmission is preferably electronic.

[2] The service providers in accordance with Article 26 paragraph 4 may not offset services in accordance with Article 26 paragraphs 1–3 according to item 3186.00 of Appendix 3 of the Nursing Benefits Ordinance of 29 September 1995 [2] .

[3] The insurer is responsible according to Article 26 paragraph 5, for which the tested person is insured against illness. For persons who are not insured in Switzerland, the joint institution in accordance with Article 18 KVG [3 is] responsible.

[4] The insurers check the invoices and check whether the benefits within the meaning of Article 26 paragraphs 2–4 have been correctly invoiced. When processing the data, please observe Articles 84–84 *b* KVG.

[5] They report to the BAG the number of analyzes that they have remunerated for the service providers in accordance with Article 26 paragraph 4, as well as the remunerated amount in each case in early January, April, July and October, for the first time in early October 2020. The external auditors of the insurers and the joint Check the facility annually and report to the BAG.

[6] The federal government pays the insurers the benefits they reimburse on a quarterly basis.

[1] Inserted by no. I of the V of June 24, 2020, in force since June 25, 2020 (AS **2020** 2549).
[2] SR **832.112.31**
[3] SR **832.10**

Chapter 4 meetings of societies

Art. 27

[1] At meetings of companies, regardless of the expected number of participants and without observing the invitation period, the organizer can order that the participants can only exercise their rights:

a.
in writing or in electronic form; or

b.
by an independent proxy designated by the organizer.

[2] The organizer decides during the period in accordance with Article 29 paragraph 3. The order must be communicated in writing or published electronically at least four days before the event.

Chapter 5: Final Provisions

Art. 28 Repeal of another decree

COVID 19 Regulation 2 of March 13, 2020 [1] is repealed.

[1] [AS **2020** 773 783 841 863 867 1059 1065 1101 1131 1137 1155 1199 1245 1249 1333 1401 1501 1505 1585 1751 1815 1823 1835 2097 2099 2213]

Art. 29 Entry into force and period of validity

[1] This Ordinance comes into force on June 22, 2020 at midnight.

[2] It applies subject to paragraph 3 until September 13, 2020.

[3] Article 27 applies until 31 August 2020.

Annex 1

(Art. 3 Para. 2, Art. 10)

List of risk countries and regions

All countries outside the Schengen area (air transport)

Appendix 2

(Art. 8 para. 2)

Border sanitary measures

Appendix 3

(Art. 9 para. 3)

Limitations on international passenger traffic

Appendix 4

(Art. 11 paragraph 1, 19 paragraph 1, 21 paragraph 2 and 24 paragraph 1 and 3)

List of important drugs, medical devices and protective equipment (important medical goods)

1. Active ingredients and medicinal products with the listed active ingredients

1. Lopinavir / ritonavir

2. Hydroxychloroquine

3. Tocilizumab

4. Remdesivir

5. Propofol

6. Midazolam

7. Ketamines

8. Dexmedetomidine

9. Etomidate

10. Sufentanil

11. Remifentanyl

12. Rocuronium bromide

13. Atracurium Besilate

14. Suxamethonium

15. Cisatracurium

16. Noradrenaline

17. Adrenaline

18. Insulin

19. Fentanyl

20. Heparin

21. Morphine

22. Lorazepam

23. Azithromycin

24. Co-amoxicillin

25. Piperacillin / Tazobactam

26. Meropenem

27. Imipenem / Cilastatin

28. Cefuroxime

29. Ceftriaxone

30. Amikazin

31. Posaconazole

32. Covid-19 vaccines

33. Influenza vaccine

34. Vaccines against bacterial pneumonia (Prevenar 13 and Pneumovax 23)

35. Medical gases

2. Medical devices

1. Respirators

2. Monitoring devices in intensive care medicine

3. In vitro diagnostic medical devices («Covid 19 tests»)

4. Surgical masks / surgical masks

5. Surgical gloves / examination gloves

6. Medical oxygen

7. Infusion solutions

3. Personal protective equipment and other equipment

1. Hygiene masks

2. Protective masks

3. Disposable gloves

4. Skirt

5. Protective suits

6. Safety glasses

7. Hand disinfectant

8. Surface disinfectant

9. Hygiene articles in intensive care medicine (e.g. absorbent pads, diapers, rectal collectors, articles for oral and throat hygiene)

Appendix 5

(Art. 21 para. 1 and 3 and 22 para. 1)

List of active substances for the treatment of Covid-19

1. Hydroxychloroquine

2. Lopinavir / ritonavir

3. Remdesivir

4. Tocilizumab ivin mg

[1] SR **101**

Additional Information

This text is in effect.

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Come into effect	June 22, 2020
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chronology	chronology
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Revisions

22.06.2020 - 14.09.2020
Ordinance 3 of 19 June 2020 on measures to combat the coronavirus (Covid-19) (Covid 19 Ordinance 3)

13.03.2020 - 22.06.2020
Ordinance 2 of 13 March 2020 on measures to combat the coronavirus (COVID-19) (COVID-19 Ordinance 2)

28.02.2020 - 13.03.2020
Ordinance of 28 February 2020 on measures to combat the coronavirus (COVID-19)