



Dear Member,

Three weeks ago, President Ramaphosa outlined that the radical steps to contain the spread of the virus to delay the inevitable spread of the virus, so as to better prepare our health services to be able to cope. He stated very clearly that these restrictive measures would be damaging to the economy, business, and jobs and that this was going to be the time of personal sacrifice for the national good. All of this has proved to be true for most South Africans, and many OTASA members are experiencing much anxiety around this.

Since this time OTASA has provided much information and developed comprehensive guidelines to assist our members on OT service provision to COVID 19 patients and also how to continue to provide 'essential services' to other patients, especially on the telehealth platform and payment for these services. We have had many inquiries from members around what is permissible, what is not and if and when face to face services and other services are considered "essential".

The question as to when an OT service is essential has been challenging. It needs to be remembered that essential services usually require patients to travel to a site of care. Telehealth remains an option and should be pursued in the best interest of patients. While OTASA is aware that telehealth has been a treatment option for many private practices, it is not appropriate for all types of assessments and all therapies. To determine which services cannot be rendered as telehealth, and whether such services would be "essential" requires careful consideration, as well as noting that the meaning of 'essential services' in terms of the State of Disaster lockdown regulations is different to what an OT would be considered 'essential' in everyday practice.

'Essential services' as per the so-called Lockdown regulations' uses the definition of essential services in the Labour Relations Act (LRA) which states: "**a service the interruption of which “endangers the life, personal safety or health of the whole or any part of the population”**". That is only services that are needed to prevent the endangerment of life, or "the health of a part of the population", qualify as essential. Additionally, non-compliance with the regulations is punishable by law. The guidance OTASA has given is that an OT has to use his/her considerable clinical reasoning to decide if a service is urgent,

absolutely necessary right now and if the patient will experience physical or psychological damage if therapy is withheld at this moment in time. The reasoning for treatment must be based on the patient's need and health condition. Tele-health has given an alternate platform for some service delivery but again clinical reasoning must be used to determine and justify the urgency and essentialness of the therapy. It is not supposed to be 'business as usual' but using a different delivery platform has brought some financial relief to some practices. A CIPC certificate or the issuance of permits under the Regulations do not *per se* qualify one's services and activities as "essential", as these are not checked, and could lead one into trouble if it is found that services, or staff rendering services, are not essential. OTASA, nor any other professional Association/Society can issue such a permit

At the beginning of the Lockdown period there was a process for organisations to register essential services. However, in terms of the regulations: "the EMPLOYER is duty bound under the Lockdown Regulations: a) to ensure that only essential staff that are critical are at work; b) that any risks the staff may face are eliminated (e.g. full PPE suits) or minimised for non-confirmed or any patient (e.g. PPE such as masks and gloves, or servicing patients via Tele-health (as per the Occupational Health and Safety Act); c) they comply with National Health Act's section 20 by ensuring that "disease transmission" is minimised. If we can learn for the experience of the hospital closures in KZN and the partial closures of hospitals, including a public hospital, in Gauteng, then you as a therapist have to assume that you could be a risk to the patient, just as a patient (and any accompanying person) could be a risk to you and absolute attention has to be given to all precautions for the protection of all. While this may not be exactly what many want to hear, I hope that it gives you guidance regarding decisions you may need to make regarding your practice.

Please all be safe. We know this is an extremely difficult time for everybody. This document has been compiled with the assistance of our legal advisor: Elsabe Klinck.

Kind regards

Pat de Witt (Prof)

OTASA President

17 April 2020