

**GUIDELINES TO THE EXTRAORDINARY AHPCSA POLICY DECISION:
TELEHEALTH AND TELEMEDICINE AS A RESULT OF THE SOUTH
AFRICAN STATE OF DISASTER AS PUBLISHED AT
WWW.AHPCSA.CO.ZA ON 22 JUNE 2020**



ALLIED HEALTH PROFESSIONS COUNCIL OF SOUTH AFRICA

6 CASTELLI, IL VILLAGGIO, 5 DE HAVILLAND CRESCENT SOUTH, PEREQUOR TECHNOPARK, PRETORIA, 0184

Telephone: (012) 349 2331 Facsimile: (012) 349 2327

Email: registrar@ahpcsa.co.za

Website: www.ahpcsa.co.za

22 JUNE 2020

**REVISED GUIDELINES: TELEHEALTH AND TELEMEDICINE AS A RESULT OF
SOUTH AFRICAN STATE OF DISASTER**

The Allied Health Professions Act 63 of 1982 as amended (“the Act”), the Regulations in terms of the Allied Health Professions Act of 1982 as amended (“the Regulations”) and the Code of Ethics in terms of Section 54(9) of the Regulations No. R.127 of 12 February 2001 to the Allied Health Professions Act, Act 63 of 1982, as amended (the Code of Ethics”) have reference.

In order to achieve the objectives of the Act, being inter alia to *assist in the promotion and protection of the health of the population of the Republic* during the declared State of Disaster by President Cyril Ramaphosa on 15 March 2020 and in order to protect the health of the practitioners and therapists themselves, health care providers which include AHPCSA-registered practitioners and therapists are

informed that the dispensation that they may practice telehealth and/or telemedicine pursuant to the **EXTRAORDINARY AHPCSA POLICY DECISION: TELEHEALTH AND TELEMEDICINE AS A RESULT OF THE SOUTH AFRICAN STATE OF DISASTER**, published at www.ahpcsa.co.za on 25 March 2020, has been revised by a subsequent **EXTRAORDINARY AHPCSA POLICY DECISION: TELEHEALTH AND TELEMEDICINE AS A RESULT OF THE SOUTH AFRICAN STATE OF DISASTER**, published at www.ahpcsa.co.za on 22 June 2020, to provide as follows:

1. In order to ensure health care services are still being provided during this national period of shutdown and during the Covid-19 pandemic and to achieve the objects of the Act to protect the health of the public and all practitioners and therapists, the following guidelines must be adhered to during the period which practitioners and therapists are entitled to practice telehealth and telemedicine.
2. As per the Universal Declaration of Human Rights (as per the World Health Organisation – “WHO”) which recognizes “*the inherent dignity*” and the “*equal and unalienable rights of all members of the human family*”, it is important that when practicing telehealth and telemedicine, the fundamental rights of patients must be respected, namely ***dignity, privacy, confidentiality and informed consent***.
3. The practice of telehealth and/or telemedicine may be used for new and current patients of the practitioner or therapist;
4. In order to practice telehealth and/or telemedicine, the informed consent of the patient must be obtained prior providing the service. The informed consent must include but is not limited to the following information:
 - a) The patient must expressly understand and confirm that he/she agrees that the practitioner or therapist may engage via a telehealth consultation.
 - b) That the patient understands that the consultation will be conducted via video/internet conferencing technology and that he/she agrees thereto.
 - c) The purpose of the telehealth consultation is to assess and treat his/her condition, subject to the information provided by the patient.
 - d) The telehealth consultation is conducted through a two-way video link-up whereby the practitioner can see the patient’s image on the screen and hear his/her voice.
 - e) The patient is at liberty to ask questions and seek clarification of the procedures and telehealth.
 - f) The patient may at any time ask that the telehealth consultation be stopped.

- g) The patient acknowledges the risks of telehealth consultation in respect of the technology use or assessment made by the practitioner or therapist when vital information regarding the problem is not disclosed by the patient.
 - h) Any paperwork exchanged will likely be provided through electronic means.
 - i) During the telehealth and/or telemedicine consultation, details of his/her medical history and personal health information will be discussed through the use of interactive video.
5. Physical requirements for a telehealth and/or telemedicine consultation:
- a) Stable internet connection (upload/download not under 3mbps).
 - b) Computer with webcam and integrated microphone.
 - c) Quiet and professional area in which to conduct your virtual session.
 - d) Headphones to ensure privacy.
 - e) Being professionally dressed.
 - f) Good quality lighting.
6. Only recognized and secure online software may be used in order to protect and guarantee the privacy and confidentiality of a patient.
- a) The software must be secured from end-to-end in an effort to ensure that all patient information is protected.
 - b) Full regard must be given to the Protection of Personal Information Act of 2013 in that practitioner and therapist must conduct themselves in a responsible manner when collecting, processing, storing and sharing a patient's personal information.
7. During or pursuant to a telehealth and/or telemedicine consultation, the practitioner or therapist remains responsible for the treatment, decisions and other recommendations given to the patient and for keeping detailed records of the patient's condition, information transmitted to the patient, as well as received from the patient; the keeping of detailed records of the advice the practitioner or therapist delivers, as well as the information he or she receives and on which the advice is based, is required; and documentation, maintenance and transmission of records relating to telehealth and telemedicine must be maintained at the same standard of care as face-to-face consultations, including, but not limited to attending to the following:
- a) Record the date, time, duration and platform/s used for the teleconsultation in the patient's notes.
 - b) Take a full history of the patient (if not concluded before and being documented on the patient's file).
 - c) Observe the patient for obvious anomalies.

- d) To triage those who are in need of hospital care from those who can be managed via telemedicine.
 - e) Establish the main / chief complaint.
 - f) Obtain the history of presenting illness, associated signs and symptoms.
 - g) Obtain full medical history, if not already on file.
 - h) Obtain family, personal and social history.
 - i) Establish medication review.
 - j) Establish whether the patient has any allergies or intolerances.
 - k) Obtain a detailed review / explanation of the symptoms of the patient.
 - l) Observations: e.g. breathing, sputum quality and other as may be relevant.
 - m) Take the vital signs that are able to be taken. This can be explained to the patient prior to the consultation taking place so as to adequately prepare the patient and further it needs to be explained to the patient (verbally and as per the informed consent to be signed) that the patient accepts full responsibility of the accuracy provided of the vital signs. This can be achieved in the following ways:
 - i. Temperature taken by the patient himself / herself;
 - ii. Pulse rate: This can be described manually to the patient or, if they use such devices, wearable fitness trackers which have been shown to produce reliable and valid data readings, such data may be provided by the patient.
 - iii. Respiration rate: Observation by the practitioner during consultation.
 - iv. Blood pressure: If the patient has assistance or is able to obtain a blood pressure device, then it can be screened.
8. Any advice and/or prescription of medication will be in accordance with the SAHPRA and AHPCSA guidelines.
9. Medication can be sent/couriered to the patient or collected with appropriate protocol to prevent cross infection.
10. Any suggested treatment regimen is limited to only that which a patient may reasonably understand correctly and to be able to carry out safely.



DR LOUIS MULLINDER

REGISTRAR: ALLIED HEALTH PROFESSION COUNCIL OF SOUTH AFRICA