

**COVID-19 OUTBREAK IN SOUTH AFRICA:
GUIDANCE TO HEALTH PRACTITIONERS**

1. Introduction

The COVID-19 outbreak constitutes a public health emergency and risk to practitioners, patients and more broadly, the well-being of the South African community. The declaration made by the honourable president on the 16th March 2020, followed by regulation R43107 published on 18th March 2020 and the declaration of a nationwide lockdown on the 23rd March 2020 all indicate that South Africa is faced with a grave situation previously unseen in recent memory.

The Health Professions Council of South Africa (HPCSA) is required to play a critical role in this regard, that is, by providing policy guidance and a framework for the continued delivery of healthcare. This should still be done while adhering to applicable legislation and regulations albeit with the constraints imposed by the current situation.

This guidance is being issued for that consideration.

2. Responsibilities of practitioners

The HPCSA's professional standards provide a framework for ethical decision making in a wide range of situations, including emergencies, and these should be adhered to as far as it is practical in these circumstances.

As this situation unfolds, practitioners may be required to depart from their established procedures, although this should be done responsibly, reasonably and in the best interest of patients. Except in emergency situations, practitioners should perform professional acts for which they are adequately educated, trained and sufficiently experienced in. Also, practitioners should provide information in a manner that patients will understand.

3. Who should be tested?

From the moment COVID-19 is suspected, the Person Under Investigation (PUI) should be isolated, and infection control measures immediately instituted. Only PUI for suspected COVID-19 should be tested.

Rapid collection, transport and testing of appropriate specimens from PUI is a priority. Clinical specimens should be collected as soon as possible after the onset of symptoms, ideally within 7 days. If the patient presents after 7 days from symptom onset and is symptomatic, respiratory and a serum samples should be collected.

4. Telehealth

The HPCSA has provided guidance on the use of Telemedicine in its General Ethical Guidelines for good practice in Telemedicine (Booklet 10 - Telemedicine). These guidelines discourage patients from being routinely serviced by practitioners virtually, that is, directly without the consulting and responsible practitioner's physical presence.

However, in view of the unique challenges posed by the COVID-19 pandemic, the HPCSA hereby permits the use of Telehealth (which broadly includes Telemedicine, Telepsychology, Telepsychiatry and Telerehabilitation etc.) for managing patients remotely using virtual platforms, including video and telephonic links.

The use of Telehealth is however restricted to already established relationships (practitioner-patient relationship). Telephone and/or virtual consultations for new patients is discouraged. Practitioners are always required to conduct themselves ethically and professionally during telephonic and/or virtual consultations.

These revised provisions on the use of Telehealth are only applicable during the COVID-19 pandemic. The HPCSA shall soon after the end of the pandemic, make announcements on the continued use of this guidance.

5. Practitioner wellbeing

Healthcare practitioners confirmed or suspected of occupational exposure to COVID-19 should refer to the [NICD guidelines](#) for COVID-19. Lists of healthcare workers with occupation exposure should be compiled by the respective health facilities. Practitioners with exposure should be actively monitored for symptoms and rapidly isolated and tested should they develop symptoms.

6. Personal protective equipment

Employers and employing institutions should take all necessary steps to ensure that staff members are always suitably equipped and afforded personal protective equipment (PPE). Employers also have a responsibility to provide staff with the right information to minimise the risk of transmission.

Should PPE not become immediately available, information on what to do may be sought from the NICD's clinical guidance on COVID-19. In this regard, factors to consider include, but are not limited to:

- whether treatment can be delayed
- whether additional steps can be taken to minimise the risk of transmission
- prioritisation of practitioners at a higher risk of infection
- identification of action likely to result in the least harm under the circumstances.

Practitioners should bring concerns regarding their conditions of work and therefore risk to their health, to the attention of their employers, HPCSA or the Office of Health Standards and Compliance as soon as possible.

7. Quarantine

Quarantine – which entails separating asymptomatic individuals potentially exposed to a disease from non-exposed individuals in order to slow down pathogen transmission – should be used. This may require considerable use of resources and infringement to human rights.

Quarantine should be distinguished from isolation, which is the act of separating a diseased individual with a contagious disease from healthy individuals without the disease. Quarantine may be voluntary (e.g. asking contacts of infectious cases to stay at home or a designated facility for 14 days) or involuntary (i.e. using legal powers to enforce quarantine against a person's will). However, if a healthcare worker that was not wearing appropriate PPE was to be exposed to a confirmed case, the healthcare worker would be allowed to return to work and self-quarantine after hours. Quarantine may be applied at an individual patient level or at the level of a group or community of exposed persons.

8. Continuous Professional Development

Practitioners are expected to continue updating their professional knowledge and skills in order to effectively manage patients in the context of the COVID-19 pandemic, as well as other health conditions of public health importance.

9. Expectations by patients and other health service users

Practitioners may be under considerable pressure due to the impact of coronavirus and are advised to refer to NICD FAQ when attending to queries from the public.

10. Registrations and Annual Renewals

Council considers all activities related to registration as essential services and practitioners should continue to submit their applications for registration and/or restoration, electronically to: registrationgroup@hpcsa.co.za. All applications will be processed within 10 days.

Practitioners are also reminded that annual fees are due on 01 April 2020 and practitioners should utilize the online portal for the renewal of their registration.

REFERENCES

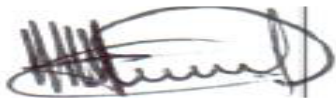
National Institute of Communicable Disease. Covid- 19 Guidelines Available from <http://www.nicd.ac.za/diseases-a-z-index/covid-19/covid-19-guidelines/> Accessed on 22/03/2020

National Department of Health. Corona Virus (Covid-19) – Updated. Available on <http://www.health.gov.za/> Accessed on 22/03/2020

Medical Council of New Zealand. Current Standards. Available on <https://www.mcnz.org.nz/our-standards/> Accessed on 22/03/2020

General Medical Council. Ethical Guidelines. Available on <https://www.gmc-uk.org/ethical-guidance/ethical-hub> Accessed on 22/03/2020

The END.



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