



PR NO. 0660000616966  
554 LOUIS BOTHA AVENUE, GRESSWOLD, 2090

3 May 2020

Dear Patient and Family

I trust you are well, safe, and adapting to the so-called 'new normal'.

Please note that our practice will be opening to attend to those situations requiring prompt attention on a phased basis as from 4th May 2020, with resumption of patient consultations on a case-by-case basis, as per the recommendations of the Occupational Therapy Association of South Africa (OTASA).

All possible precautions are being taken to ensure the safety of all patients and staff, which include the following:

1. Staff will be screened at home before leaving for work and will only consult with patients if they do not present with symptoms. These results will be documented.
2. All patients and caregivers directly involved with the patient will be screened upon arrival at their home. These results will be documented.
3. A screening Application, Talli Symptom Tracker, will be used to document any symptoms. All therapists will have access to the information within the App however it will not be shared with anyone else.
4. Patients and staff are required to follow strict protocols, as outlined below, including full-time mask wearing while in the treating area, wearing of personal protective clothing, social distancing, and stringent hand hygiene. The staff will provide you with a mask should you require one. The staff will be changing their personal protective clothing after each patient.
5. All equipment, face shields, pens, IPAD and cell phones touched by therapists and patients will be sanitised between each patient with 70% alcohol-based disinfectant.
6. All staff sanitise their hands thoroughly after each patient.
7. Social distancing measures are implemented: while treating the patient limit the amount of people within the treatment area or keep at least a 2 meter distance between people.
8. Only one therapist was allocated to each patient to limit risks of infection. The patient appointments are made in such a way that only one therapy is to see the patient per day.

Initial- \_\_\_\_\_ Date: \_\_\_\_\_

Patients are also asked to read and sign the following consent form:

CONSENT TO CONSULTATION DURING THE NATIONAL LOCKDOWN

I understand that the SARS-COV-2 virus is a novel coronavirus that is circulated through normal human interaction via direct nasal and oral droplet spread, or indirect contact with a surface that has infected droplets on it. I am aware that unintended microscopic droplet spread occurs even during normal speech, and all the more-so when coughing/sneezing. I understand that this virus causes the new disease COVID-19, and that COVID-19 disease symptoms range in severity from asymptomatic carriers to severe life-threatening pneumonia.

I understand that by leaving my home to go to the shops or to consult with any health practitioner at this time, there is some risk of contracting the SARS-COV-2 virus. I therefore acknowledge that I will take every precaution to prevent this from occurring. I acknowledge that I will not hold therapists or practice liable if such infection occurs to me or my accompanying persons.

I also understand that if I am an asymptomatic carrier of the SARS-COV-2 virus or an undiagnosed patient with early COVID-19, I may be endangering fellow patients, practitioners and staff, and I therefore understand it is my duty to take appropriate precautions and to follow the safety protocols prescribed by the practice, as outlined below:

I acknowledge that it is my responsibility to do the following:

1. Wear a mask at all times while receiving treatment
2. Avoid touching my face
3. Alcohol-sanitise my hands, my phone and other personal belongings regularly
4. Practice social distancing as described above
5. Not bring/allow unnecessary accompanying family/friends/colleagues to/into my consultation.
6. Inform the therapist on arrival if I have a travel history outside of South Africa within the past 21 days.
7. Inform the therapist on arrival if I have a history of contact with anyone suspected of having COVID-19 or flu-like symptoms.
8. Inform the therapist before/on arrival if I have any of the following symptoms: fever, cough, loss of taste or smell sensation, sore muscles or joints, fatigue/malaise/general feeling of unwell, sore throat, shortness of breath.

\_\_\_\_\_  
Patient (or person authorised to sign for patient)

\_\_\_\_\_  
Date

Initial- \_\_\_\_\_ Date: \_\_\_\_\_

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Witness

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Date

There is going to be a prolonged period of extreme safety protocols such as this required, possibly into 2021 until we have an effective vaccine. As we learn more over time, the recommended protocols above may change. I hope you and your families stay safe.

Keep well!



Cindy Kaschula

Occupational Therapist

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Initial- \_\_\_\_\_ Date: \_\_\_\_\_