# NATIONAL ASSEMBLY

**FOR WRITTEN REPLY**

**QUESTION NO. 1134**

**DATE OF PUBLICATION IN INTERNAL QUESTION PAPER: 12 JUNE 2020**

**(INTERNAL QUESTION PAPER NO. 20)**

**Dr S S Thembekwayo (EFF) to ask the Minister of Health:**

In light of the fact that the Chris Hani Baragwanath Hospital management, after being questioned on how occupational therapy pediatricians were affected, raised that more delays on sessions with children are the case, (a) what measures will his department put in place to ensure that delays in occupational therapy for children in particular is not delayed as this will have adverse results in their development even in the long term and (b) how will parents of children who undergo occupational therapy be capacitated to carry out some of the exercises and receive support from hospitals and clinics?

###### NW1427E

**REPLY:**

1. Occupational therapy (OT) services for children are still running at Chris Hani Baragwanath Academic Hospital (CHBAH).
	* Children who are admitted to the wards are still receiving in-patient therapy services as required. During these sessions, caregivers are trained in carrying out exercises with their children to ensure carry-over to the home environment. On discharge from the wards, caregivers are given follow-up appointments for OT should this be required, or they are referred to their closest facility for out-patient OT services;
	* Out-patient OT services are still running as follows:
		+ New patients who are referred to the OT department, are seen on the day of referral. During this session, caregivers are trained in carrying out exercises as well as given a home program to ensure carry-over to the home environment;
		+ Caregivers of current patients are called telephonically and given the option of coming to the hospital for their appointment. Should they wish to attend their appointment, they are seen at the Hospital as normal. Should they not want to bring the child to the Hospital for their OT appointment, caregivers are given an option:
			- They can bring their child for OT the next time they are at the Hospital for a Doctor’s appointment (four to six monthly), scan, collection of medication, etc. and the child will be seen by OT;
			- The caregiver can attend without the child and bring their concerns (verbal or video) which will be addressed by OT (if the caregiver is at the Hospital for something without the child such as collection of medication);
			- If a child has not been seen by OT for a month, their caregiver will be contacted telephonically to follow up on the home program as well as the child’s progress;
			- Caregivers who have not brought their child to see OT for more than three consecutive months, are encouraged to bring their child in due to the rapid development of children so that they can be trained in new exercises and given a home program that is appropriate for their child’s current developmental level;
	* Children who have sustained burn injuries receive follow-up with the doctors weekly at the Hospital. Should they require OT services, such as splinting or scar management, they are seen in the OT department weekly after their doctor’s appointment. Once they are discharged from the doctor’s clinic, they are followed up as above for scar management, ensuring that the child has the necessary pressure garments and resources (silicone, cream, etc.) to last them until their next appointment (every second month).
2. All caregivers of children who receive OT services, are encouraged to carry out exercises daily in their home environment as part of their home exercise program. To ensure efficient carry-over, during face-to-face contact sessions, caregivers are shown the exercises they will need to carry out with their child and then given a chance to practice these before they return home and are expected to carry out the program independently.

Pamphlets of different exercises have been developed and parents are given the relevant pamphlets as a reminder of the exercises they need to carry-out daily.

END.