

COVID-19 Has Changed Practice: BC's Restart Phase 3



Frequently Asked Questions

Most recent update: November 12, 2020 with updates to Q5 & Q6

For comprehensive guidance, please refer to: [Providing in-person community care during COVID-19: Guidance for regulated health-care providers \(May 22, 2020\)](#)

For frequently asked questions associated with BC's Restart Phase 2, please refer to: https://cotbc.org/wp-content/uploads/COVID_Re-StartingPractice_Phase2_FAQ_COTBC_May25_FINAL.pdf

In the context of a pandemic, risk mitigation strategies need to be integrated into practice. The new normal for occupational therapy practice includes:

- Ongoing use of telehealth to deliver occupational therapy services whenever possible.
- Increased cleaning and disinfecting of practice environments and materials.
- Increased infection prevention and exposure control measures.
- Restrictions on the number of clients, client companions and staff members allowed in the practice environment at any given time.

1. What's the difference between Phase 2 and Phase 3?

The guidelines and extra safety precautions for Phase 2 are still in place.

Phase 3 allows for people to take part in small, safe and respectful travel within BC. This means occupational therapists can travel for non-essential reasons. Further information on Phase 3 can be found on the [BC Ministry of Health's website](#).

2. Does this mean I can see more clients in-person?

As in Phase 2, occupational therapists should continue to use telehealth assessment and treatment options as a first choice, when appropriate, to help prevent the spread of COVID-19. For the duration of the pandemic, occupational therapists need to determine, on a case by case basis, which clients require in-person services.

This determination includes many variables and requires clinical judgment, and as such, is best performed by the occupational therapist with knowledge about the client's care needs. The [Guidance](#) document listed above provides considerations for the prioritization of client services (p.2). The need for in-person services should be reassessed at the end of every visit. Hybrid models where clients receive a combination of in-person and virtual care, as appropriate, may reduce risks of COVID-19 exposure and improve client access to services.

3. What should I do if I'm receiving requests to resume more in-person services?

Occupational therapists must continue to engage in a risk assessment process to provide safe and effective occupational therapy services considering their specific practice context and including any unique risks. As part of the risk assessment process, occupational therapists should consider and explore the various infection prevention and control measures that can be implemented to keep clients, therapists and occupational therapy practice environments safe.

Prioritization of services during the COVID-19 pandemic requires thoughtful consideration. The [Guidance](#) document listed above provides considerations for the prioritization of client services (p.2). The BC CDC has an Ethical Decision-Making Framework that might also be helpful as you make your decisions.

https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/ethics_framework_for_covid_march_28_2020.pdf

Per the College's Code of Ethics, occupational therapists must "recognize that professional obligations override management policies, and take all reasonable steps to resolve situations where management policies and professional obligations are in conflict" (Accountability, p.5).

Occupational therapists should ensure their decisions and policies about providing in-person services during the pandemic are clear and transparent, demonstrating their essential competencies for using effective communication and collaboration approaches for safe, ethical and effective practice.

4. I work with children and I'm looking for resources to help me determine what PPE I should be using. Are there any that could be helpful?

Paediatric occupational therapists work in homes, schools, daycares, hospitals and clinics. As noted above, all occupational therapists are required to engage in a risk assessment process to provide safe and effective occupational therapy services, considering their specific practice context and including any unique risks.

The College developed a [Point of Care Risk Assessment \(PCRA\)](#) resource to support practice, however occupational therapists should consult employer PCRA policies (if applicable) related to COVID-19.

PPE isn't a new concept, as it was required prior to the pandemic related to risk of exposure to blood, bodily fluids and/or respiratory secretions. As noted by the College of Physical Therapists of BC, "[therapists] should use appropriate PPE to protect from an infant or toddler who is likely to cough, sneeze, drool or spit up to protect themselves and the next client they see" (p.14).¹

We recognize occupational therapists working in paediatrics may need to consider multiple resources and employment contexts when making decisions to determine the safest and most effective ways to provide occupational therapy services for children and youth during the pandemic. The risk factors and health status associated with the child's relevant caregivers and household members must also be considered, as most cases in children have been linked to a symptomatic household member.²

The following websites may be helpful to review as part of your risk assessment process and in selecting and implementing appropriate actions to minimize the risk of COVID-19 exposure specific to your paediatric practice context(s):

BC Centre for Disease Control

COVID-19 and Children

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/covid-19-and-children>

COVID-19 Childcare, Schools & Camps

<http://www.bccdc.ca/health-info/diseases-conditions/covid-19/childcare-schools>

COVID-19 Public Health Guidance for K-12 School Settings

http://www.bccdc.ca/Health-Info-Site/Documents/COVID_public_guidance/Guidance-k-12-schools.pdf

COVID-19 Infection Prevention and Control Guidelines for Community-Based Allied Health Care Providers in Clinic Settings

http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidelinesCommunityBasedAlliedHCPsClinicSettings.pdf

¹ College of Physical Therapists of BC. (2020). Point of Care Risk Assessment. https://cptbc.org/wp-content/uploads/2020/06/CPTBC-POCRA_June17_9am_Interactive.pdf

² BC Centre for Disease Control. (2020). COVID-19 Public Health Guidance for K-12 School Settings. <https://www2.gov.bc.ca/assets/gov/health/about-bc-s-health-care-system/office-of-the-provincial-health-officer/covid-19/covid-19-pho-guidance-k-12-schools.pdf>

BC Ministry of Education

COVID-19: Return to School

<https://www2.gov.bc.ca/gov/content/education-training/k-12/covid-19-return-to-school>

Government of Canada

Non-Medical Masks and Face Coverings

<https://www.canada.ca/en/public-health/services/diseases/2019-novel-coronavirus-infection/prevention-risks/about-non-medical-masks-face-coverings.html#a4>

Of note, PPE does not replace the need to follow public health directives and occupational therapists are expected to consider PPE in combination with (not in replacement of) sound environmental, administrative, and personal measures to minimize the risk of COVID-19 exposure to themselves, their clients, care providers and other staff.

5. How do the current recommendations on masks/PPE apply to my practice?

As regulated health professionals, occupational therapists are accountable for providing safe, ethical and effective practice. In the context of the pandemic, this includes staying up to date and applying current evidence to your practice in order to mitigate the risks associated with COVID-19 transmission. The College's practice team recommends that registrants conduct a [Point of Care Risk Assessment](#) to best determine how to apply effective infection prevention and control measures to essential in-person interactions with clients, within their specific environmental contexts.

Masks and PPE are just one level of protection. As noted in our FAQs for [BC's Restart Phase 2](#) (Qs 4-7), occupational therapists should review the [BC Centre for Disease Control's](#) guidance on selecting and using [masks](#) and [PPE](#). The [Government of Canada](#) also provides recommendations for the public regarding non-medical masks and face coverings.

Related to masks, the Ministry of Health policy communique addressed to health authority CEOs on ["Mask Use in Health Care Facilities During the COVID-19 Pandemic"](#) (November 4, 2020) **DOES NOT** apply to allied health professionals, including occupational therapists, who practice in community settings. This was directly [confirmed by letter](#) to College Registrars from BC's Provincial Health Officer, Dr. Bonnie Henry.

[WorkSafe BC](#) requires a [COVID-19 Safety Plan](#) and provides additional guidance for employers on [controlling exposure](#), which applies to occupational therapy business owners and sole practitioners. Occupational therapists need to be aware of, follow and update PPE policies and procedures related to their place of employment and applicable practice environments.

6. How do I apply temporary, region-specific orders to my practice?

As the pandemic evolves, BC's Provincial Health Officer (PHO) may issue new orders which will require occupational therapists to determine how the new information applies to their practice. Occupational therapists must review the details of the orders and comply with applicable dates, regions, contexts and required measures relevant to their personal and professional contexts.

For example, on November 7th, 2020, the PHO issued a temporary [order](#) specific to the Vancouver Coastal and Fraser Health Authority regions. The [order](#) applied to all individuals, places of work and businesses, requiring a significant reduction in social interactions and travel. The [order](#) was in effect from November 7th, 2020 at 10:00pm to November 23rd, 2020. A new [order](#) was issued for the entire province on November 19th, 2020 and has been extended until midnight on January 8, 2021.

The delivery of occupational therapy services in the homes of clients or in private practices does not constitute a “social gathering”. Registrants who provide care to clients in these settings are expected to continue as they did prior to the issuance of this order.

Travel is limited to essential travel only. The [BC Centre for Disease Control](#) provides further information and interpretation regarding travel.

With any new PHO order, occupational therapists who work in the affected communities should review the order, determine how the restrictions impact their current practice and implement any applicable changes. Further guidance and FAQs associated with orders are available on the PHO's [website](#), as well as the Province of British Columbia's [website](#).

In Summary

Occupational therapy practice continues to look different. The risk of COVID-19 transmission remains in our communities and occupational therapists should be prepared for the possibility of a return to Phase 1 or Phase 2 at any time, as determined by the BC Ministry of Health. Thank you for continuing to find innovative ways to provide occupational therapy services to support the residents of BC to stay safe and well. Let Dr. Henry's advice continue to guide us ...

Be Calm, Be Kind, Be Safe.