

## COVID-19 Has Changed Practice: BC's Restart Phase 2 is Not Business as Usual



### *Frequently Asked Questions*

**Date: May 25, 2020**

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

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. Am I required to re-open my practice by a certain date?**

There is no requirement for any practice to re-open on a specific date. Every individual and every practice will be at a different level of readiness to resume in-person services for a variety of reasons. Occupational therapists need to consider how they will implement effective cleaning and disinfection protocols, modifications to the environments in which they work, whether they have access to appropriate PPE, as well as their own health status and personal situation (such as access to childcare, increased exposure for family members who are elderly, immunocompromised, or have co-morbidities).

Re-opening must be in compliance with the requirements set out in the [Guidance](#) document. This includes meeting infection prevention and control requirements determined by the [BC Centre for Disease Control](#) (BC CDC) and businesses must comply with [WorkSafe BC requirements](#) to provide a safe work environment.

## **2. Should I continue with telehealth now that in-person services are resuming and what telehealth platform should I be using?**

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.

Understandably, there is no ‘one-size fits all’ recommendation for which telehealth delivery platform occupational therapists should use and the College is not in a position to endorse specific platforms. Occupational therapists should seek out and evaluate telehealth resources available through their employer, professional association or other trusted sources to determine which options best meet the needs of their practice context, clients and privacy requirements.

## **3. How do I determine when in-person service is required?**

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 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.

## **4. How do I approach mitigating the risks associated with COVID-19 exposure and transmission?**

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. All employers are required to develop and post a COVID-19 Safety Plan before resuming operations by [Order](#) from the PHO. WorkSafe BC developed a [COVID-19 Safety Plan](#) template that outlines a process for businesses to identify the policies, guidelines, and procedures they have put in place to reduce the risk of COVID-19 transmission.

The BC CDC document [COVID-19: Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings](#) includes a hierarchy diagram for Infection Prevention and Exposure Control for Communicable Diseases (see below). Occupational therapists are encouraged to reflect on this model and modify their practice to implement protective measures, noting that *“control measures at the top are more effective and protective than those at the bottom. By implementing a combination of measures at each level, the risk of COVID-19 is substantially reduced”* (BC CDC, p. 3).

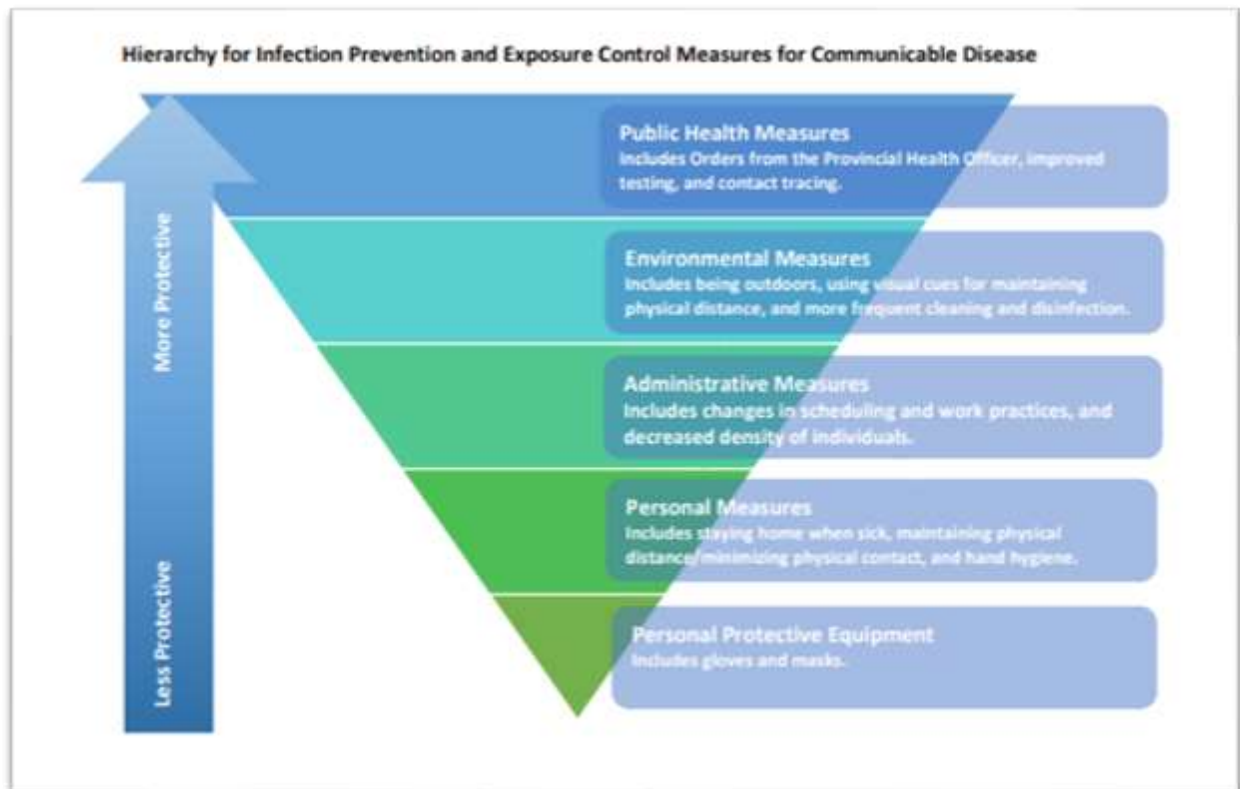


Image source: BC Centre for Disease Control (2020, May). Retrieved from [http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19\\_IPCGuidelinesCommunityBasedAlliedHCPsClinicSettings.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_IPCGuidelinesCommunityBasedAlliedHCPsClinicSettings.pdf)

## 5. Should I wear a mask if it's not possible to maintain physical distancing guidelines?

The BC CDC is the best source for [guidance on PPE](#) based on the latest available best practice and scientific evidence. Their recommendations may evolve as new knowledge about COVID-19 is released. It is important to review the BC CDC information on a regular basis. Currently, the requirement is that **health professionals should use PPE or ask clients to don PPE as deemed appropriate based on a point of care risk assessment** with each client, which includes considering the occupational therapist's own risk and the risk to the client when determining the appropriate level of PPE use in accordance with the BC CDC guidelines. The BC CDC document [COVID-19: Infection Prevention and Control Guidance for Community-Based Allied Health Care Providers in Clinic Settings](#) outlines this process (p.9).

## 6. What kind of mask should I wear in my practice?

Both the [BC CDC](#) and [WorkSafe BC](#) have guidance on selecting and using masks. Occupational therapists should review this information and be able to apply accurate knowledge about the use of masks to their practice.

## **7. Can I ask my clients to wear masks?**

The BC CDC is providing guidance to the public about wearing masks and the information is updated as knowledge about the transmission of COVID-19 evolves. Clients may choose to wear procedural, cloth or industrial masks, or practices may choose to implement policies for their clients to wear masks while in the practice environment.

If a practice develops a policy that requires their clients to wear masks, the policy should consider how the occupational therapist will respond if a client:

- declines to wear a mask,
- wants the practice to provide them with a mask,
- or forgets to bring their own mask.

Occupational therapists will need to consider these situations on a case-by-case basis (for example, if a client with COPD becomes breathless or anxious while wearing a mask during treatment). A point of care risk assessment will help determine whether or not it is appropriate for the client to remove the mask or if the appointment should be re-scheduled.

## **8. How many clients should I see per day in Phase 2 of BC's Restart Plan?**

There is not an easy answer to this question. The number of client bookings per day will need to be adjusted to comply with limits on the number of people allowed in one place and to allow for effective implementation of physical distancing, and cleaning and disinfection protocols. Occupational therapists are encouraged to stay current on guidance provided by [BC's Restart Plan](#).

## **9. Do I need to adjust my process for obtaining consent to include risks related to COVID-19?**

The usual consent process requires occupational therapists to discuss risks with their clients and COVID-19 is now one of those risks. Clients should be advised of the potential risk of COVID-19 exposure. In addition to risks, part of obtaining informed consent involves explaining and providing treatment alternatives. This might include offering to provide services via telehealth or to defer in-person treatment. If consent forms are used as part of usual practice, occupational therapists may want to consider including information regarding COVID-19. Occupational therapists must follow the College's [Practice Standards for Consent](#).

## **10. What special considerations are there for occupational therapists who work at multiple locations or who have mobile practices?**

(Note: mobile practice is intended to include any practice context where the occupational therapist travels to the client's community-based environment.)

Occupational therapists who work in long term care facilities must comply with the current [Order](#) from the Provincial Health Officer (PHO) that restricts the movement of staff between facilities. The [Order](#) does not restrict an occupational therapist from working in a mobile practice or attending multiple practice environments outside those included in the [Order](#). WorkSafe BC notes that while there is no order in place for general industry, employers are still expected to control potential risks.

Mobile practices present unique risks. Clients who are elderly, immunocompromised, or who have co-morbidities are particularly vulnerable to COVID-19 and attending the homes of multiple clients or providing services in even one long term care setting requires special consideration of COVID-19 transmission risks. Occupational therapists must consider whether the risks to a particular client outweigh the benefit of providing them with in-person services. In these practice environments, occupational therapists should be transparent with clients, families, and long term care homes by disclosing the fact that they work in multiple practice locations.

Thoughtful planning is required to address the potential risks associated with mobile practice. Some considerations include:

- Where possible, adjust schedules to minimize the number of locations served on a given day.
- Schedule clients who are more vulnerable earlier in the day.
- When there is limited control of the cleanliness of the practice location (home, school, long term care home, group home), occupational therapists should be prepared by bringing cleaning supplies to prepare a safe practice environment (such as viricidal wipes, or other cleaning products).
- Clients may not know how to prepare for their appointment. Occupational therapists should provide clear communication outlining expectations, such as requesting clients wash their hands and limit the number of people who will be in the practice environment prior to the occupational therapist's arrival.
- The practice environment includes everything occupational therapists bring in to, and take out of, the physical space. Occupational therapists can limit opportunities for infection transmission by reducing what they bring with them, such as leaving coats, bags, optional equipment and other items outside of the practice environment.

- Where possible, occupational therapists should provide services in well ventilated areas by opening windows or patio doors or considering outdoor spaces where appropriate.
- Occupational therapists should use the spaces in their vehicle thoughtfully. Keep everything used for the provision of care in the trunk of the vehicle and avoid bringing these items inside the vehicle itself. After a visit, open the trunk, clean all items (including mobile phone if it has been in the practice environment), close the trunk, and clean hands and keys before entering the vehicle. Store clean items/supplies in a dedicated space away from dirty items in the trunk to keep them from becoming contaminated.
- In addition to hand hygiene and storing supplies in a vehicle's trunk, occupational therapists will need to have the necessary supplies to effectively clean and disinfect treatment equipment, toys, mobile devices, pens, etc. between clients.
- Current [WorkSafe BC recommendations for health professionals](#) include having dedicated work clothes and shoes, and changing in/out of clothes to prevent cross-contamination upon entry and exit from facility. In mobile practice this may not be practical, but consideration can be given to mitigating risk by changing gowns between clients. The point-of-care risk assessment and consideration of the occupational therapist's own personal situation should help determine an appropriate process.
- Occupational therapists should offer touchless options for payment.

## **11. Can I use support personnel in the delivery of occupational therapy services?**

Where occupational therapy practice includes the utilization of support personnel in the delivery of occupational therapy services, consideration must be given to the risks and benefits of adding an additional direct contact for the client. The occupational therapist must use their clinical judgement to determine whether it is in the client's best interest to widen their treatment team to include support personnel and must also determine the support personnel's competence in applying infection prevention and control measures as required. Support personnel have a variety of education and experience. Where a kinesiologist is working as a support person to deliver occupational therapy services under the supervision of a regulated health professional, they may be involved in service delivery under BC's Restart Plan Phase 2. However, if the kinesiologist is providing stand-alone kinesiology services, occupational therapists should refer to guidance from the BC Association of Kinesiologists regarding timelines for resumption of kinesiology services.

## 12. What about COVID-19 exposures and contact tracing?

As part of the occupational therapist's point of care risk assessment, determination should be made of the risk of having prolonged contact with a client who subsequently tests positive for COVID-19. Currently in BC, public health is in contact with all COVID-19 positive cases and occupational therapists must follow the direction of public health officials. In the event that occupational therapists need to comply with public health tracing of a COVID-19 positive client or occupational therapist, or of close contacts, the importance of documentation and record-keeping will become clear. Occupational therapists should keep a record of all individuals who attended the practice environment (staff, clients, companions, support personnel) and the location visited. Records should include names, addresses, contact details, and a schedule of who attended at specific dates and times.

If a client treated by an occupational therapist subsequently tests positive for COVID-19:

- BC CDC has resources for health professionals who have been exposed to COVID-19 while at work: <http://www.bccdc.ca/health-professionals/clinical-resources/covid-19-care/testing-and-case-management-for-healthcare-workers>

If an occupational therapist tests positive for COVID-19:

- For guidance on when to return to work following testing positive for COVID -19: [http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19\\_HCW\\_ReturnToWorkGuidance.pdf](http://www.bccdc.ca/Health-Professionals-Site/Documents/COVID19_HCW_ReturnToWorkGuidance.pdf)

## 13. What are the liability issues if a client contracts COVID-19 from an exposure in my practice?

This is a question best directed to the occupational therapist's applicable malpractice insurer, as they will have accurate details of the coverage and limitations of their particular malpractice policy.

## 14. What if occupational therapists/clinics do not comply with the PHO's Phase 2 guidance?

The Office of the PHO suggests the following steps if there are concerns about compliance with the recommended protocols:

- if there are concerns on the part of an employee, they may contact WorkSafeBC or their union (if unionized).
- if there are concerns on the part of the public, they could contact public health, who may conduct an inspection.

If an occupational therapist is observed to be in contravention of COTBC standards and regulations, then a complaint could be filed using the process described on the College's website: <https://cotbc.org/you-and-your-ot/complaints-process>. The complainant does not have to be a client.

## **In Summary**

Going forward, occupational therapy practice will look different. The risk of COVID-19 transmission will remain for the foreseeable future and we know the virus will continue to circulate in our communities. Appropriate measures must be taken to keep clients, therapists and occupational therapy practice environments safe. No one wants to contribute to a future outbreak and diligence is required as in-person services resume in the context of a pandemic. The College expresses our continued appreciation to all occupational therapists who are doing their part in keeping the curve flat and serving the residents of BC to stay safe and well. As we move forward, let us continue to follow Dr. Henry's advice...

***Be Calm, Be Kind, Be Safe.***