

Questions and Answers about the Provincial Health Officer's March 23, 2020 Update for Regulated Health Professionals



The College of Occupational Therapists of British Columbia (COTBC) has compiled questions and answers about Provincial Health Officer Dr. Bonnie Henry's [March 23, 2020 update for regulated health professionals](#).

What does this update from the Provincial Health Officer mean for registrants of COTBC?

- In person community occupational therapy services should be suspended unless they are deemed to be urgent services (see below).
- This advice reinforces practice guidance we published in [an earlier FAQ](#) for occupational therapists.
- Dr. Henry clearly outlines expectations and principles important to consider as occupational therapists consider their practice context and needs of clients.
- The expectation is that all health care practitioners in the community to whom this notice applies will comply with Dr. Henry's advice and expectations.

In her update, Dr. Henry said: "All non-essential and elective services involving direct physical contact with patients and clients should be reduced to minimal levels, subject to allowable exceptions, until further notice."

What are allowable exceptions?

- In the context of occupational therapy practice the College provides guidance, not a directive about urgency. As there are few, if any allowable exceptions that would fall under emergency services the College has focused on urgent services.
 - Services to address a decline in functional independence or safety, including those at risk of: falls, deterioration of mobility or transfers, development of significant pressure sores or ulcers, failing at home and requiring hospital (re)admission, disabling chronic pain, decreased ability to care for dependents, and aspiration subsequent to issues with eating, drinking or swallowing.

- Services specified as urgent by the referral source or are deemed urgent to prevent a poor outcome following a recent fracture or surgery (e.g., assessing and/or fabricating splints and/or braces post surgical repair or fracture).
- Services for clients with complex care needs who require a co-ordinated team approach to prevent a significant decline in functional independence or safety concern.
- Services to support clients in critical roles remaining at work i.e. health professionals, emergency services in the community, essential services employees.
- Please note that the College is unable to generate a list of all services that could be defined as urgent.

Dr. Henry said in making decisions regarding the reduction or elimination of non-essential and elective services, health professionals should be guided by their regulatory college and a series of principles, including “reciprocity”. What does reciprocity mean?

- Dr. Henry explained reciprocity by saying, “Certain persons or populations will be particularly burdened as a result of a reduction in non-essential services. As such, patients and clients should have the ability to have their health monitored and it be reevaluated as required.”
- To follow this principle, COTBC recommends that registrants develop a plan for clients who have contacted your office requesting care that you have determined to be non-essential due to the COVID-19 situation. This is so you can take action should their care needs become urgent.
- This plan may include giving them specific instructions to contact you should their condition change; providing ongoing follow up from your office to assess their condition; or immediately directing them to an alternate source of care, such as another health care professional or hospital.

If I am providing urgent services how should I screen my clients for COVID-19?

- Ask the client if they are experiencing any [symptoms of COVID-19](#), as described by the BC Centre for Disease Control (BCCDC), including cough, sneezing, fever, sore throat, and difficulty breathing.
- Ask about any recent [travel](#) outside of Canada.

- Ask about any contact with individuals who have a confirmed or presumptive diagnosis of COVID-19.
- Try to pre-screen clients by phone if possible.
- As suggested by BCCDC, individuals can use the [COVID-19 BC Support App and Self-Assessment Tool](#) to help determine if they need further assessment or testing for COVID-19.

What if I have symptoms as a provider?

- Go to <https://bc.thrive.health/> to access the self-assessment tool and follow the directions.

What is the expected time-line before non-urgent community services are re-established?

- The Provincial Health Officer has not provided a time-line, it is unknown at this time. Follow updates on the College or Government of BC website or via social media where updates are regularly posted.

What are the implications of providing hands-on care?

- When direct physical contact is required for the care of clients with presumptive or confirmed COVID-19, health professionals must use infection control practices. See the BCCDC's page on COVID-19 [Infection Control](#).
- If you are not able to ensure adequate infection control, do not provide care to the client. Seek an alternate approach to meet their care needs (e.g. referral to another provider or facility).
- Practice social distancing, engage family members as possible to assist with providing instructions or care.

What do I do if a client feels their occupational therapy needs are urgent?

- It is up to the health care practitioner to determine the urgency regardless of the pressure from clients or elsewhere.

Where can I find more information on providing virtual care?

- COTBC has [provided guidance](#) outlining important factors to consider when determining if it is appropriate to provide services via telehealth, another term for virtual care. A number of related resources are provided.
- The Office of Virtual Health and Digital Health Team at Provincial Health Services Authority (PHSA) has developed a [Virtual Health toolkit](#) for use during the COVID-19 pandemic. The toolkit provides information on virtual care technology solutions, endorsed by the Ministry of Health and PHSA. COVID-19 resources on the BCCDC website also link to the toolkit.
- The Virtual Health toolkit includes email as a solution, and notes that Canadian privacy laws apply to email accounts based in Canada. BC's Personal Information Protection Act (PIPA) outlines rules applicable to private practice registrants about the collection, use, and disclosure of information. Ensure your virtual care solution is PIPA compliant. If you provide services to a third-party funder, you may wish to confirm their requirements.

Who can I contact at the College if I have questions?

- As staff are working remotely it is best to email practice@cotbc.org
- We recognize the urgency in responding to your inquiries about COVID-19. College staff are receiving a large volume of questions and are working to return your phone call or email as quickly as possible.