

# Occupational Therapy Services During COVID-19

# April 6, 2020

### **College Guidance**

In alignment with provincial directives from the Ministry of Health **and** the Premier's Office, non-essential and elective services are to be stopped or reduced, immediately. Urgent and essential care for clients is to continue. Clinicians, with guidance from the College, are in the best position to determine what is urgent and what is essential. In combination with their organization, occupational therapists are to review client services to determine if or how they can be provided safely.

#### **Considerations**

- Work with colleagues, health system partners and referral sources to identify clients with urgent and essential needs.
- Use your organization's tool and resources (if available) to help make decisions about service priorities, for example, criteria to determine client risk.
- Assess the possible health consequences to the client if you don't provide the service.
   For example, if a client does not receive occupational therapy service at this time will they deteriorate and be at risk for hospitalization or further use of the health care system?
- Prioritize clients according to their individual risk.
- Determine if the risk of spreading COVID-19 outweighs the risk of deferring service.

#### **Guiding Principles**

The MOH Directive #2 for Health Care Providers provides principles to guide service decisions.

- 1. **Proportionality**. Decision to eliminate non-essential services should be proportionate to the real or anticipated limitations in capacity to provide those services.
- Minimizing Harm to Patients. Decisions should attempt to limit harm to patients
  wherever possible. This requires considering the differential benefits and burdens to
  patients and patient populations as well as available alternatives to relieve pain and
  suffering.
- 3. **Equity.** Equity requires that all persons in the same category (i.e. at different levels of urgency) be treated in the same way unless relevant differences exist. This requires considering time on wait lists and experience with prior cancellations.



4. Reciprocity. Certain patients and patient populations will be particularly burdened as a result of cancelling non-essential services. Patients should have the ability to have their health monitored, receive appropriate care, and be reevaluated for emergent activities should it be required.

#### **Non-Essential Services**

After reviewing the Considerations and Guiding Principles above, if an occupational therapist has deemed their services to a client to be non-essential, they would communicate the deferral to the patient or client, appropriate individuals, and respective organizations, and document the deferral in the clinical record.

# **Urgent Care / Essential Services**

For urgent care and essential services, occupational therapists must determine if and how services can be provided safely. Considerations include:

- Direction from the organization on how to safely proceed with visits
- Guidance from the Ministry of Health
- Self-screening
- Screening clients (with organization's and/or Ministry of Health's screening tool)
- Consideration of alternative methods of providing the service, such as virtual care or providing services by telephone
- Adaptation of the clinical environment to enhance safety, for example ensuring social distancing during the session

#### Resources

(CDM) in Occupational Therapy (step-by-step decision-making framework)	https://www.coto.org/resources/conscious-decision-making-in-occupational-therapy-practice
Ministry of Health	http://health.gov.on.ca/en/pro/programs/publichealth/corona virus/2019 guidance.aspx
College of Occupational Therapists of Ontario	https://www.coto.org/you-and-your-ot/information-on-covid- 19