

Conversations with the College

Gradual Reopening: COVID-19 & Occupational Therapy

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**College of Occupational Therapists of Ontario
Ordre des ergothérapeutes de l'Ontario**



Questions & Answer

- 1) restarting service
- 2) virtual service
- 3) in-person service
- 4) record keeping
- 5) adaptations
- 6) remote OTA supervision

College Position



Occupational therapists must follow all directions provided by [Ontario's Chief Medical Officer of Health](#) (CMOH), Public Health Ontario and the federal and provincial government, including the [Ontario Ministry of Health's guidance for the health sector](#).

In addition, occupational therapists should refer to the guidance prepared by their employers. Every employer is responsible for directing their employees on how to operationalize and implement the government and CMOH orders and directives.



Question 1: Restarting Service

What does the government's announcement about resuming healthcare services mean for occupational therapists?

On May 26, 2020 the Ministry of Health (MOH) released an amendment to Directive #2 and an accompanying document: [COVID-19 Operational Requirements: Health Sector Restart](#) to guide the **gradual restart** of services.

- implement a system for remote consultations
- health care providers (HCPs) best positioned to determine which services to resume remotely and which to safely resume in-person

Continued : Restarting Service



- HCPs must first meet all government conditions
 - risk assessments
 - manage controls that reduce risk, for example use of PPE
- Work with College/employer to ensure safe reopening
- Follow College return to work guidance
- **gradual return + necessary precautions = new normal**



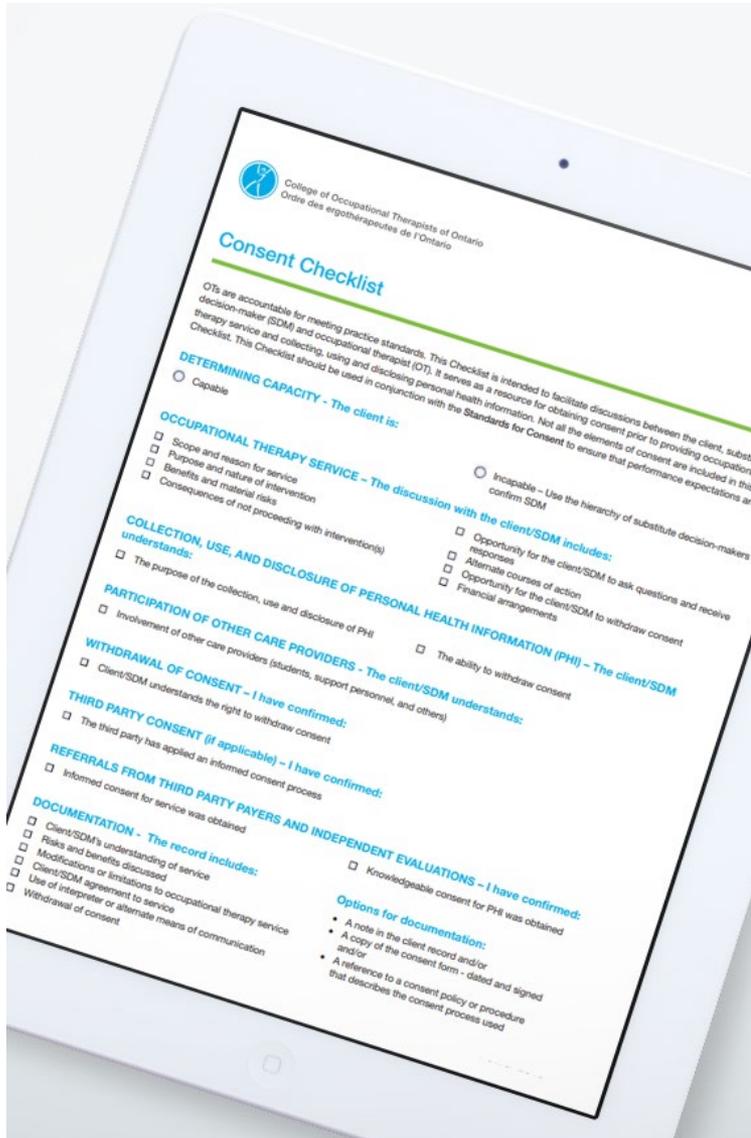
Question 2: Remote Practice/Virtual Service

I have already introduced remote services to my practice. What are some of the important considerations I need to keep in mind?

- Effectiveness
- Privacy/confidentiality
- Risk



Question 3: Remote Practice/Virtual Service



What are the consent considerations for virtual service?

The process for obtaining **consent** for virtual service remains the same as in-person service:

- nature of the service
- withdrawal options/alternatives

With the addition of:

- who will attend remotely
- risks and benefits of participating in virtual service
- information about the privacy and security features

Continued: Remote Practice/Virtual Service



When discussing virtual services an OT can make suggestions to encourage comfort and effectiveness:

- provide brief orientation to the features of the platform
- review what to do in case of emergency or unexpected event
- encourage privacy of sessions, for example use of headphones, private areas of house, using mute option to minimize disruptions



Question 4: In-Person Service



What services should be delivered in-person at this time?

In addition to urgent and essential services, the MOH is supporting the gradual restart of all deferred and non-essential services carried out by health care providers.

It is recommended that where possible, HCPs limit the number of in-person visits for safety of the client and provider.

Continued: In-Person Service



What services should be delivered in-person at this time?

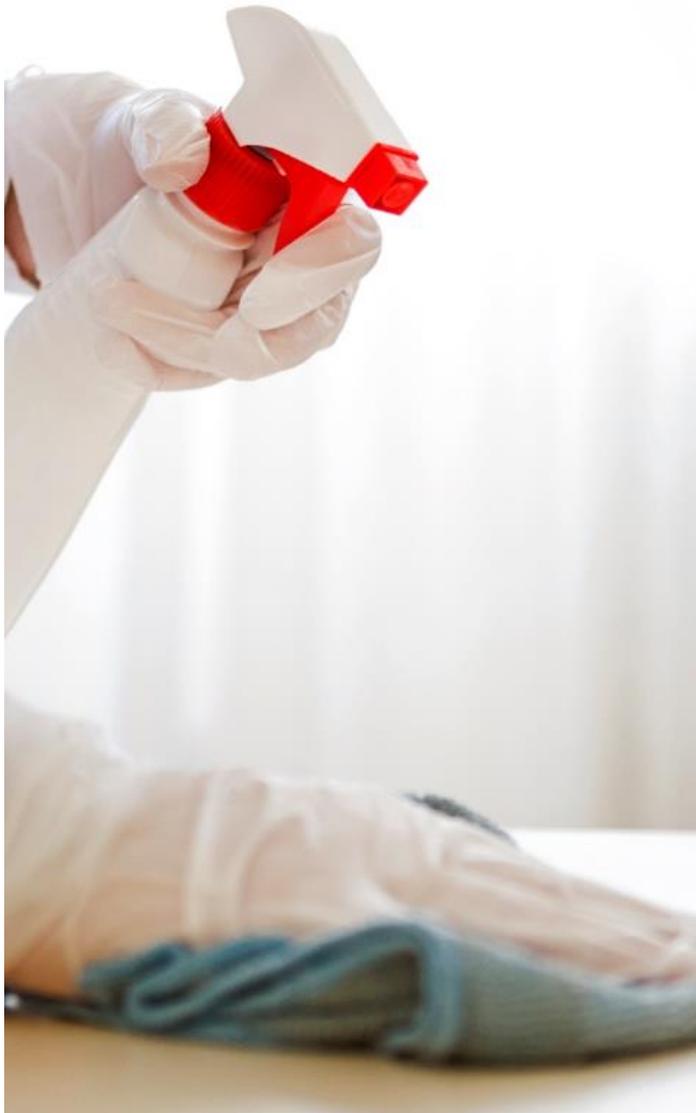
Decision related to the gradual restart of services should be made using fair, inclusive and transparent processes for all patients following the principles articulated in [Directive # 2](#) (May 26, 2020):

proportionality - capacity of HCPs to offer services

minimizing harm to patients- prioritizing by harm/risk

equity - in service for those with same clinical needs

reciprocity- monitoring changing health status of clients



Other considerations to in-person service:

- The benefit vs risk of providing the service in-person
- Whether or not maintain appropriate physical distancing can be maintained
- PPE availability
- Alternate healthcare providers that can provide a safer and more suitable environment
- Any additional associated risks to clients who may need a caregiver to accompany session
- Whether there is a COVID-19 outbreak in the setting or community the service delivery is to take place in
- Whether Infection Prevention and Control (IPAC) measures can be adequately followed, e.g. disinfect equipment



Question 5: In-Person Service

How can I provide in-person service if I can't physical distance during the service delivery?



- have sound and ethical rationale to continue service based on risk assessment and operational requirements and clinical judgement
- explain to the client/caregiver the reason for not maintaining the recommended physical distance
- ensure you wear the appropriate level of personal protective equipment (PPE)

Question 6: In-Person Service



What about masking? Does the College have a recommendation?



At a minimum, an occupational therapist should wear a surgical/procedural mask throughout the service delivery.

The client should be asked to wear a mask for the appointment and for the duration of the interaction, where tolerated.



Question 7: In-Person Service

If I don't have the appropriate personal protective equipment (PPE), can I continue to provide in-person services?

No. If having assessed the risk you determine PPE is necessary, but the appropriate level of PPE is not available to you, you should not provide in-person services.





Question 8: Record Keeping



Do I need to document the rationale for providing in-person versus remote service in my clinical notes?

Yes. However brief, any decision point regarding client care should have an accompanying rationale. This helps to inform the client story and is available to access should the need arise in future.



Question 9: Adaptations

Can I adapt my assessments and interventions to accommodate for social distancing or remote services?

- standardized assessment: consider if a tool can be modified and maintain its validity, integrity, and clinical utility
- formal assessments: clinical judgment will have to be applied to determine if the assessment can be modified for use in a social distance scenario or if the service is being offered remotely
- discussion with the client/family about limitations of the assessment due to these circumstances and how this may impact the service or clinical considerations.

Question 10: Remote OTA Supervision



Can OTAs be supervised virtually?

Yes. In terms of supervising OTAs who are providing services through telepractice, the OT would follow the [Standards for the Supervision for Occupational Therapist Assistants](#).

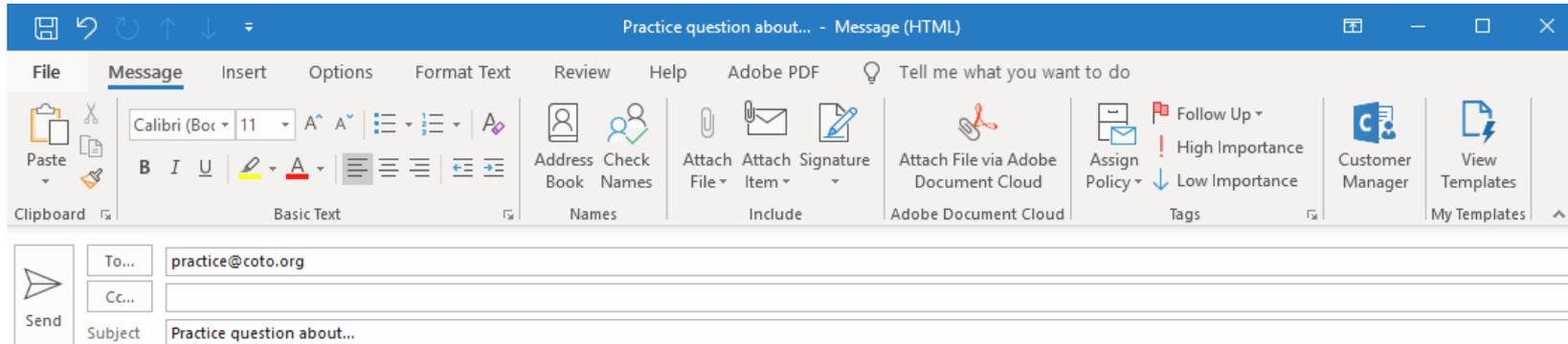
Question 11: Remote OTA Supervision



How can an OT maintain accountability with OTAs using virtual care?

- The OT should first determine if telepractice is an appropriate method of service delivery for each client
- Create an occupational therapy plan of care outlining the use of telepractice and assigning care to the OTA
- The OT should ensure the OTA demonstrates competency to deliver occupational therapy services remotely
- There is a supervision and communication plan in place between the OT and OTA when services are delivered through telepractice

How to Reach the Practice Resource Service



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