

Considerations for the Delivery of Occupational Therapy Services Through Remote Means¹

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The practice and delivery of occupational therapy (OT) services through remote/virtual means has become increasingly prevalent. The use of telephone or videoconferencing technologies enables increased access to OT services for individuals living in rural and remote areas as well as increased access to unique/specialist OT services for all clients, regardless of where the client or OT/support personnel they supervise are physically located.

With the COVID-19 pandemic, there is a new need to employ videoconferencing technologies to allow for continuity of OT service provision, while also protecting the health and safety of the public and health care providers.

The use of information and communications technologies such as telephone or videoconferencing, as an alternative to face-to-face service delivery, is also referred to as telehealth, telerehabilitation, telepractice, virtual care, virtual health, remote service delivery, online service delivery, etc.

Information privacy and security

When health professionals engage in the provision of services remotely/virtually, they are expected to be aware of and comply with all regulatory expectations and legislation that applies to their practice area/practice setting and to deliver services that meet the same expectations for quality of care as services delivered in-person.

ACOT [Standard of Practice](#) 1.2 requires occupational therapists (OTs) registered to practice in Alberta to *“be knowledgeable of and adhere to all relevant public protection legislation, regulatory and professional legislation, bylaws, standards of practice, and code of ethics applicable to his/her/their occupational therapy practice.”* ACOT [Code of Ethics](#) indicator 1.6 requires OTs to *“safeguard client information from unwarranted disclosure.”*

As such, the move to remote delivery of OT services should be undertaken carefully. Privacy is paramount when delivering OT services in-person or through remote means. To protect the transmission of personal and health information, the chosen application must provide end-to-end security and comply with the legislative requirements that apply in your situation. Depending on your employer or whom you are contracted by to provide services, you will either need to adhere to the requirements outlined in Alberta's *Health Information Act* (HIA), the *Freedom of Information and Protection of Privacy Act* (FOIP), the *Personal Information Privacy Act* (PIPA) and/or the federal

¹ ACOT would like to acknowledge the Alberta College of Speech Language Pathologists and Audiologists (ACSLPA) and Physiotherapy Alberta – College and Association (PACA) for sharing their content and collaborating in the development of the original version of this practice guideline.

government's *Personal Information Protection and Electronic Documents* (PIPEDA). If your client resides/is physically located outside of Alberta, you are also required to ensure adherence to the privacy legislation of the province/territory/state/country both you and your client are physically located in at the time of service delivery.

Alberta's Office of the Information and Privacy Commissioner (OIPC) has prepared an advisory document on [electronic communication with clients](#).

Although not all OTs work for employers listed as custodians or affiliates under the *Health Information Act*, the recommendations in the OIPC document are considered best practice to ensure the security of the personal and health information of your clients. See ACOT's [Information Privacy and Disclosure Legislation](#) practice guideline for the listing of custodians and affiliates listed in HIA, as well as information on the other information privacy legislation relevant to OT practice.

Application functionality

ACOT cannot recommend or endorse any particular videoconferencing application, service or platform. When choosing a videoconferencing application, you will want to consider:

- Privacy features (i.e., encryption needs and/or potential hacking) and security settings
- Cost of the application
- Available features and technical supports offered (e.g., to assist with troubleshooting before or during sessions)
- Your own and your client's home technology/wireless and/or data capacity
- Speed of transmission – available bandwidth (can vary across the province and even certain times of day resulting in pixelated/freezing video and/or choppy audio)
- Whether your employer permits use of an application

Other important considerations

Regardless of the application selected, be mindful of:

- What services can you reasonably and ethically offer - while some screening, consultative, or psychosocial interventions may lend themselves well to remote provision, other services may not be possible, might need to be modified or may pose ethical risks that outweigh the benefits (e.g., dressing or toileting interventions). As well, some standardized assessment tools or certain psychotherapeutic modalities may not be validated for virtual administration.
 - Check with the assessment tool/modality developer beforehand to review risks and limitations of remote/virtual delivery and get client to consent for (and document) any deviation from or modification of standard test administration or therapeutic modality protocols.
 - Some assessment tool developers have made statements about modifications to administration and the impact on tool reliability/validity (for example, see the [Pearson Assessments](#) site for telepractice resources).
- Your competence, and the competence of the support personnel you supervise, to provide the services remotely. You are responsible for ensuring you, or any staff under your supervision, have the knowledge, skills and ability required to deliver services remotely/virtually.

- Facilitation/support on the remote end – does someone need to be available to support the client with their technology or activities?
- Dedicated/private space – ensuring content cannot be overheard by others for both yourself and your client.
- An emergency plan for adverse or unexpected events; including awareness of local emergency and/or support resources.
- Whether your funding source (e.g., contracting organization, client’s insurance plan) accepts and/or reimburses for services delivered remotely/virtually.

Client consent

Registered OTs are expected to obtain informed consent from their clients when there is a change in mode of service delivery. The process of informed consent should include discussion about risks, benefits and limitations associated with the delivery of services remotely and plans to deal with any issues/emergencies that may arise during a session.

NOTE: An important risk to discuss with clients/parents/guardians is the potential normalization of video interactions*, particularly with children and certain activities of daily living (ADL) interventions such as dressing/toileting. Discuss this risk with the parent/guardian and identify what you are doing to mitigate it (i.e., ensuring the parent/guardian is present and offering coaching regarding appropriate/inappropriate use of videoconferencing technology, turning off the camera during those aspects of assessment/treatment, holding off on some ADL interventions until an in-person visit can be arranged, etc.).

** not just a risk from a privacy perspective, but also a behaviour perspective; normalizing the practice of undressing/dressing in front of a video camera.*

It is up to you to determine whether your client has the capacity to consent to alternate service delivery and if not, the consent needs to be sought from the client’s parent/guardian. Although ACOT does not require that consent be received in writing (it can be provided verbally), your employer may require that a more formal consent form be signed. In either case, consent must be documented in adherence with ACOT’s [Standards for Documentation](#).

Liability insurance

SAOT has received the following confirmation from their affiliated insurance provider:

“HDF Insurance has no restrictions in relation to delivering professional services virtually, as long as you are working within your scope of practice and reside in Canada.”

CAOT’s affiliated insurance provider has provided a similar statement:

“Your CAOT Professional Liability Insurance has no restrictions in relation to delivering professional services via telehealth, as long as you’re working within your scope of practice and licensed jurisdiction (BMS & CAOT, 2020).”

Regardless, you will want to confirm with your provider that your liability insurance policy covers you to provide OT services remotely including coverage in case of security breaches.

BMS has information relating to insurance coverage considerations for remote service delivery that can be accessed from the COVID-19 section of the [CAOT website](#); this information is applicable and accessible to anyone (not just CAOT members).

Provision of services to clients residing in other provinces or countries

It is important to confirm where your client is located prior to service delivery. If your client is physically located outside of Alberta at the time of service delivery (even if temporarily), then contact the OT College for the province, state, or country the client is located in prior to delivering service to confirm registration requirements. Each province/state/country has different legislative, registration and professional liability insurance requirements for out-of-jurisdiction OTs; thus, registration requirements may differ. All provinces in Canada have some form of courtesy/temporary register if you are providing services for a limited period of time (or for continuity of care during the COVID-19 pandemic). The appendix in the World Federation of Occupational Therapists - WFOT [OT International Practice Guide](#) lists regulatory bodies and/or associations for their partner countries if you are having difficulty finding out who to contact.

Note, the three northern territories (Yukon, Northwest Territories, Nunavut) and some countries internationally, do not have OT Colleges. If you are providing services to clients in a country that does not have a regulatory/licensing body for OTs, you will want to check your professional liability insurance policy to ensure you are covered to provide OT services there. As well, make sure your clients in those territories/countries know where you are registered and to contact ACOT with any concerns about the services they have received.

For any out-of-jurisdiction practice, you will also need to verify and document that the videoconferencing application you are using adheres to the privacy requirements for any of the provinces/territories/countries you are providing services in.

Finally, with the increasing ubiquity of remote/virtual service delivery, more ACOT registrants have been inquiring about whether they need to be registered in the province/state/country they are providing services from (e.g., when vacationing outside of Alberta but still treating clients in Alberta). As the registration requirements differ nationally and internationally, it is recommended that you contact the regulatory/licensing body for the province/state/country you will be providing services from to see if you need to be registered.

*Additional resources**

CAOT – [Telehealth: Practical Considerations](#)

WFOT – [Position Statement on Telehealth](#) and [OT International Practice Guide](#)

Physiotherapy Alberta College + Association (PACA) - [PACA Telerehabilitation guide](#)

Alberta College of Speech Language Pathologists and Audiologists (ACSLPA) – [Telepractice information for ACSLPA members](#)

COTO – [Guidelines for Telepractice in Occupational Therapy](#)

COTBC - [Telehealth in Occupational Therapy Practice](#)

*Please also refer to any guidance documents prepared by your employer regarding telehealth, telepractice and/or virtual care. For example, Alberta Health Services (AHS) has prepared some excellent resources relating to videoconferencing and virtual care delivery for all health professionals including a Rapid Review on [virtual versus in-person care](#) and sample scripts for [client consent](#). Access these and more from the [AHS Virtual Health](#) page.