



# Practice Guideline

## Safe Delivery of OT Services During the Transition from Pandemic to Endemic



STAY INFORMED

[alberta.ca/covid19](https://alberta.ca/covid19)

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(Revised Jun 11, Jul 10, Aug 13, Sep 1, Oct 23 and Nov 27, 2020, Jan 26, Jun 30, 2021)

**Aug 16, 2021 VERSION** – Confirmation of the expectations for OTs whose employer guidance does not meet or exceed what is included in this document; content changes in Background section; minor wording changes throughout.

Key Message: Stay the course, OTs should continue to employ appropriate Infection Prevention and Control Measures, including PPE (based on risk assessment) when 2m distance cannot be maintained between clients and/or co-workers for the duration of a client visit/work shift.

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*The guidance in this document is subject to change based on directives received from the Chief Medical Officer of Health. You are reminded to follow updates on the [Alberta Government COVID-19 site](#).*

*The type of OT services provided and the way/settings in which they are delivered by OTs across Alberta, is very diverse. As such, ACOT assumes that each OT is best-suited to determine how to apply and implement the guidance provided in this guideline to their own unique practice in alignment with ACOT's [Standards of Practice](#) and [Code of Ethics](#).*

*Contact [ACOT](#) if you would like to discuss requirements in your specific workplace.*

## 1. Background

In June 2021, the regulatory bodies of regulated health professions in Alberta received notification from the Government of Alberta (GoA) and the Office of the Chief Medical Officer of Health (CMOH) that: *decisions regarding professional standards or guidance for COVID-19 must come from the colleges to ensure the public is protected when receiving care from their regulated members.*<sup>1</sup>

In accordance with our public protection mandate, ACOT reviews and updates this practice guideline as needed based on updates from the CMOH but always keeping in mind what is necessary to ensure the ongoing safe delivery of OT services in Alberta. This guideline takes into consideration the following:

- A proportion of Alberta’s population remains unvaccinated – this includes those who are vaccine hesitant, unable to be vaccinated and those who are not yet eligible (i.e., children under 12 years of age).
- While full immunization offers substantial protection, it has yet to be confirmed whether being vaccinated eliminates the chance of transmitting or contracting COVID-19, particularly the variants.
  - This is of particular concern given many OTs work with multiple clients, often within/across multiple work settings and with clients who are not yet vaccinated.
- Testing, tracing and isolation/quarantine measures of close contacts may not always be in place.
  - Quarantine of close contacts can lead to unintended consequences, particularly for school-aged children and their families when an entire class of students/staff members is sent home to quarantine.

This guideline has been developed in collaboration with other allied health regulators and is based on the most current version of the [Alberta Public Health Disease Management Guidelines: COVID-19](#). It describes ACOT’s minimum requirements for safe practice and compliance with the Standards of Practice (SoP) and Code of Ethics (CoE), most notably:

- **SoP 1.2** – *The occupational therapist shall 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.*
  - “Public protection legislation” includes any public health orders or other Government of Alberta directives and any occupational health and safety legislation.
- **SoP 9.2** – *The occupational therapist shall demonstrate safe work practices by identifying potential risks and minimizing those risks in the practice setting.*
- **CoE 2.1** – *Occupational therapists shall demonstrate integrity by avoiding any activity or relationship which would exploit or cause harm to others or to the profession.*

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<sup>1</sup> Email correspondence from Alberta Health received June 29, 2021. See also page 27 of the Alberta Public Health Disease Management Guidelines: COVID-19 (linked above).

The most notable point in the Alberta Public Health Disease Management Guidelines: COVID-19 (linked above) is the bullet in Section 6: Recommendations for Mask Use for Health Care Workers (HCWs) which states:

*At this time, immunized HCWs should continue to use recommended PPE when caring for patients. (Bullet 4 p. 26).*

## *2. Applicability of this Guideline*

ACOT has prepared this guideline for OTs that have not already received guidance/direction from their employer/contracting agency/organization that either meets or exceeds what is outlined by ACOT in this guideline.

This Guideline is applicable to:

- self-employed OTs in solo or clinic-based practice and any staff/support personnel they employ or contract.
- OTs, and the support personnel they are responsible for supervising, whose employers or contracting organizations have not yet provided guidance or have directed you to follow the guidance of your regulatory body.
- OTs, and the support personnel they are responsible for supervising, whose sector specific guidance does not at least meet (or exceed) what is outlined in this guideline such as OTs employed or contracted by [schools](#)<sup>2</sup> or [preschool/daycare](#) programs.
  - The CMOH has given authority to each of the provincial school boards/districts (and businesses/municipalities) to determine which measures they wish/need to employ to ensure the safety of their students and staff.<sup>3</sup>
  - School Boards, ECS programs and preschools/daycares are expected to support the allied health professions they employ to adhere the guidance prepared by their respective regulatory bodies.

## *3. Guidance for the Provision of OT Services During Restriction Easing*

### *a. Risk Assessment for In-Person Service Delivery*

Although the risk of virus transmission may be diminishing as a result of the public vaccination campaign, information on how best to avoid transmission, particularly of the new variants of concern, continues to evolve. As a result, enhanced precautions continue to be necessary even when you, your staff and your clients are fully vaccinated.

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<sup>2</sup> The Ministry of Education indicates that *schools* refer to “public, separate, francophone, charter schools, independent (private) school authorities, independent (private) Early Childhood Services (ECS) providers, online/distance education programs, and First Nations education authorities.”

<sup>3</sup> Confirmation has been received from the CMOH that OTs employed or contracted by schools, ECS providers/preschools are to follow ACOT’s guidance given the need for enhanced precautions due to OTs working between classrooms and schools.

Continued point of care risk assessment prior to in-person service delivery is expected to ensure you have the appropriate Infection Prevention and Control (IPC)/Occupational Health and Safety (OH&S)<sup>4</sup> workplace controls in place. See [Appendix A](#) for guidance on what workplace controls (including PPE) to have in place/wear based on your assessment of risk. When conducting a risk assessment, ask yourself questions relating to:

- **your service/practice setting**
  - *Do you see your clients in your home/clinic?*
  - *Do you see your clients in their homes, workplaces, or public spaces?*
  - *Do you work across/between work settings in the same day or the same week?*
- **your client population** (including any family members, guardians or caregivers that may be present during service provision)
  - *Do your clients have a condition(s) that limits their ability to perform [respiratory etiquette](#) and/or [hand hygiene](#)?*
  - *Can your clients/guardians screen for symptoms reliably?*
  - *Are your clients more likely to be asymptomatic vectors of transmission (e.g., children or young adults)?*
  - *Has your client (or their family members/guardians/caregivers) been directed by AHS or the Canadian Border Services Agency to quarantine?*
- **the type of service provided**
  - *How close do you need to get to your client during service delivery?*
  - *Is your client able/willing to wear a mask throughout the assessment/intervention?*
  - *Are other clients seen at the same time in your clinic or do you provide group-based therapy?*
- **geographic location of service delivery**
  - *What are the [case/vaccination](#) rates in your local geographic area? (For case rates, search for your region name and compare the active case rate per 100,000 population; for vaccination rates scroll to click on the interactive map).*
- **your own tolerance for risk**
  - *Are you or your immediate family or members of your staff or their family unable to be vaccinated? Or are at risk of complications from COVID-19 regardless of immunization status?*

**NOTE:** OTs, and other HCWs, are advised to refrain from asking the immunization status of their clients unless it is relevant to their role or treatment approach.<sup>5</sup> Also, it is considered unethical ([Code of Ethics](#) indicator 1.2 – see scenario on page 5) to decline services to a client based on health status, including immunization status or ability/willingness to wear a mask. **Whether a client reports being immunized or not, is it advised to employ routine IPC practices and additional IPC/workplace controls as per the point of care risk assessment for all in-person service delivery.**

## b. Risk Mitigation Strategies for Client and Workplace Safety

At the beginning of the pandemic, the Government of Alberta created a helpful schematic which

<sup>4</sup> Employers have a legislated responsibility under provincial OHS law to provide a safe environment for clients and staff.

<sup>5</sup> See the Office of the Information and Privacy Commissioner of Alberta's guidance on requesting [Proof of Vaccination](#).

outlines the [Infection Prevention and Control Measures](#) for reducing the risk of COVID-19 transmission. You'll recognize the measures of **Elimination, Substitution, Engineering** and **Administrative Controls** and **Personal Protective Equipment (PPE)** from your OHS workplace hazard assessments. How and which measures apply in the case of COVID-19 are described at greater length in the following sections as well as in [Appendix B](#).

### i. [Elimination/Substitution](#)

- **Symptom screening of clients and staff and defer services if possible**
  - Symptom checklists for both adults and children can be accessed [here](#).
  - Direct clients and staff to stay home and [get tested](#) if they have symptoms of COVID-19, regardless of severity of symptoms or immunization status.
  - If possible, defer in-person service delivery until the client's signs and symptoms have resolved or their isolation period is completed. If you must see a symptomatic client in-person, employ appropriate workplace controls (i.e., end of day appointment time, no other clients present) and wear additional PPE according to the risk assessment (see Appendix A).
- **Continue to offer remote/virtual/telepractice services as an option when appropriate.**
  - ACOT has prepared a practice guideline on [Delivery of OT Services Through Remote Means](#) which outlines legislative and other considerations for use of videoconferencing applications.

### ii. [Workplace Controls/PPE](#)

The three types of workplace controls include: **Engineering Controls, Administrative Controls** and **Personal Protective Equipment (PPE)**.

- **All three types of controls are important in the prevention of transmission of a biological hazard/communicable disease, including COVID-19 and its variants.**
  - [Appendix A](#) describes the types of engineering and administrative controls that are to be in place to prevent transmission of COVID-19 and other communicable diseases; [Appendix B](#) links to resources for each of the controls.
- **As with other communicable diseases, OTs should continue to employ the concept of routine (universal) precautions when determining the controls appropriate to protect themselves and others in their practice setting.**

**NOTE:** Frequent [hand hygiene](#) and [enhanced cleaning and disinfection](#) are the most important IPC practices for client and workplace safety anytime, pandemic or otherwise.

- **The PPE you/your staff wear depends on your assessment of risk both for your clients and yourself/your staff.**

- The medical grade mask<sup>6</sup> you/your staff wear whenever 2m distance cannot be maintained between clients and/or co-workers for the duration of a client visit/work shift, is worn to ensure that you are not a source of viral transmission to your clients/co-workers and for protection from clients who may be asymptomatic at the time of service delivery (whether you/they are partially/fully immunized or not).
- As per the [Public Health Disease Management Guidelines: COVID-19](#), eye protection continues to be recommended as an additional layer of protection for all client interactions in areas where there are **high levels of community transmission**. You may also deem it appropriate to wear eye protection based on the risk assessment outlined in [Appendix A](#)
- It is acceptable to request your clients mask when they come to see you, but if they will not or cannot, ensure you/your staff use additional PPE (eye protection, gloves, gown) for personal safety according to the risk assessment in Appendix A.

### c. Reporting to Contact Tracers

- ➔ If you, one of your staff or one of your clients does test positive for COVID-19, be prepared to provide the AHS Public Health contact tracers with information on your workplace control measures and the PPE you were wearing at the time of service delivery.
  - This will assist in the determination of whether you or any of your staff/clients would be considered a *close contact* (i.e., defined as - close physical contact without consistent and appropriate use of personal protective equipment by the person delivering the service). [Appendix B](#) outlines what client information you will need to provide the contact tracers if requested.
  - Parts 5, 6 and 7 of [CMOH Order 26-2021](#) outline the quarantine and isolation requirements for partially or fully vaccinated close contacts depending on whether you have symptoms or not. See also [Isolation and quarantine requirements for vaccinated Albertans](#).
- ➔ Depending on the [current direction of the CMOH](#), there may or may not be active contact tracing/case investigation or requirements to isolate if positive/quarantine if a close contact. If contact tracing is still in place at the point of you, your staff or your client testing positive for COVID, **work together with the contact tracer to assess the risk of exposure based on the control measures that were employed at the time of service delivery.**

## Conclusion

ACOT registrants are expected to keep themselves informed about the pandemic and any directives/orders/guidance provided by the CMOH. The [COVID-19 Information for Albertans](#) page and [Alberta Public Health Disease Management Guidelines](#) should be visited/referred to regularly. Alberta Health Services also regularly updates their open-access, evidence-informed resources/guidance documents for all health care providers, not just AHS staff. These resources are available from the [Information for Health Professionals](#) link.

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<sup>6</sup> Masks **must meet** [Health Canada's specifications](#) of at least ASTM International F2100 Level 1 (formerly the American Society of Testing and Materials) that are [authorized for sale](#) in Canada. **KN-95 masks are also acceptable** – it is the 95% filtration efficiency that is important. [SAOT](#) has medical grade masks and other PPE for sale at a discounted rate for SAOT members.

In summary, for the safe delivery of OT services to your clients during Stage 3 reopening, you are responsible to ensure:

- ➔ All applicable engineering or administrative controls are in place.
- ➔ A consistent, reliable source of required PPE and cleaning/disinfecting supplies is available for you and any staff under your supervision/employ.
- ➔ You/your staff, are adequately trained in the:
  - screening of staff and clients
  - determination of which PPE are required and proper donning, doffing and disposal/cleaning of PPE
  - enhanced cleaning and disinfection protocols for treatment spaces, frequently touched surfaces and equipment

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## Appendix A – Infection Prevention and Control Measures At-A-Glance

- **ELIMINATION/SUBSTITUTION** – Safest for client and OT/support personnel they supervise  
Defer/delay service delivery if client is symptomatic (when possible); Offer services virtually (when appropriate)

### 2. WORKPLACE CONTROLS – To be implemented when proceeding with in-person service delivery

**2.a. ENGINEERING** – Physical distance measures (spacing, barriers, signage, limiting numbers in space); Availability and visibility of hand hygiene options; Enhanced cleaning and disinfection of treatment/office spaces, frequently touched surfaces, and equipment; Discontinued use of, or isolation schedule for, non-cleanable materials

**2.b. ADMINISTRATIVE** – Screening of clients/staff for COVID symptoms; Sick leave and employee health & wellness policies, Booking/scheduling to limit client overlap; Contact tracing records; Staff training on Infection Prevention & Control practices (hand hygiene, cleaning/disinfection procedures, donning/doffing/disposal of PPE)

### 2.c. PERSONAL PROTECTIVE EQUIPMENT (PPE)



**Masking with medical grade mask** – to be worn **ALWAYS** by OTs/the support personnel they supervise (for client and personal safety) regardless of work setting, whenever 2m distance cannot be maintained between clients and/or co-workers for the duration of a client visit/work shift

Additional PPE (**eye protection** – goggles/visor/face shield/transparent barrier, **gloves**, **gown**) to be used *for personal safety\** based on risk assessment (client characteristics, type of service provided, location of service delivery, etc.)

#### Eye Protection



**ALWAYS** – if your client is symptomatic and service cannot be safely delayed

OR if your eyes could be splashed or sprayed with oral or nasal secretions during service provision with clients who are unable/not required to wear a mask and cannot perform adequate respiratory etiquette OR cannot reliably report symptoms\*\*

#### Gloves



**ALWAYS** – if your client is symptomatic and service cannot be safely delayed

OR for any therapeutic or cleaning activities where you would normally wear gloves

(Otherwise, frequent hand hygiene and enhanced cleaning and disinfection of surfaces will suffice)

#### Gown



**ALWAYS** – if your client is symptomatic and service cannot be safely delayed

OR for any therapeutic or cleaning activities where you would normally wear a gown OR clothing is at risk of becoming soiled by the oral or nasal secretions of one client and subsequent client(s) may touch your clothing



Frequent hand hygiene is crucial to preventing the spread of infection to/from therapist and client particularly: a) before and after client contact; b) before donning any required PPE; c) after doffing and disposing of required PPE

\* Any PPE beyond a medical grade mask is worn for your own safety (and that of staff/support personnel you supervise); wear at least as much as is safe based on your point of care risk assessment (as per the ALWAYS/OR scenarios in the blue boxes above).

\*\*As per the Public Health Disease Management Guidelines: COVID-19, eye protection is recommended as an additional layer of protection for all client interactions in local geographic areas where there are high levels of community transmission - for [case rates](#), search for your region name and compare the active case rate per 100,000 population.

## Appendix B – Infection Prevention and Control Resources

Type of control	Examples and resource links
<b>A. Engineering</b> – to isolate people from the hazard	Physical Distance measures: 2m spacing markers, <a href="#">plexiglass barriers built to standard</a> , limiting number of people in clinic or at a home/workplace visit, adequate spacing between treatment areas and staff workstations, removal of communal items in waiting areas, etc.
	Availability and visibility of hand hygiene facilities (handwashing sinks with soap/water/disposable towels, authorized <a href="#">hand sanitizers</a> ) and <a href="#">instructions</a> for staff and clients.
	<a href="#">Enhanced cleaning and disinfection</a> of work/treatment spaces, frequently touched surfaces <b>and</b> equipment using proper disinfectants that have a Drug Identification Number (DIN) issued by <a href="#">Health Canada</a> . See also <a href="#">Reusable &amp; Single Use Medical Devices Standards</a> .
<b>B. Administrative</b> – to change the way people work	Staff screening (can use <a href="#">AHS' Daily fit for work screening questionnaire</a> ); client pre-screening (can use <a href="#">Alberta Health's Daily COVID-19 Checklist</a> ).
	<a href="#">Infection Prevention Control</a> practices in place including training on the enhanced cleaning and disinfection, <a href="#">moments of hand hygiene</a> ; sick-leave policies for staff to ensure no one attends work if sick; employee health & wellness practices.
	Client and staff attendance tracking for purposes of contact tracing. <b>Information to be recorded and provided to AHS contact tracer includes:</b> names, and roles/positions of persons onsite in the workplace at any time; names of clients seen by date and time (including list of persons present with or accompanying the client).  Also be prepared to provide the AHS contact tracer information on what Infection Prevention & Control measures you had in place at the time of service delivery, including the PPE that was being worn by you, staff members and the client (if applicable).
<b>C. Personal Protective Equipment (PPE)</b> – to protect the worker and client	Masking with medical grade mask whenever 2m distance cannot be maintained between clients and/or co-workers for the duration of a client visit/work shift.
	All other PPE worn based on point of care risk assessment (see Appendix A)
	The PPE worn by you/your staff will be used by contact tracers in the determination of who would be considered a close contact in the case of exposure either from client to HCW or HCW to client (see p. 27 of the <a href="#">Alberta Public Health Disease Management Guidelines: COVID-19</a> (June 28, 2021).
	PPE don & doff training and PPE disposal/cleaning resources (scroll to the <a href="#">PPE Basics</a> section and <a href="#">Eye protection</a> prepared by AHS)