



Practice Guideline

Safe Delivery of OT Services During COVID-19

STAY INFORMED

alberta.ca/covid19

Originally created May 06, 2020.

Retired to reflect the shift from pandemic to endemic.

Key Message: OTs are advised to continue to employ the necessary Infection, Prevention and Control measures based on risk assessment and screening for infectious agents. New Infection Prevention and Control practice guideline is under development – anticipated to be ready no later than the week of Jul 3rd 2023.

This guideline is intended to support, not replace, the exercise of professional judgment by an OT ([Code of Ethics 2.5](#)).

Contact [ACOT](#) to discuss the application of this guideline in your professional practice.

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1. Background

Since January of 2020, we have been learning about Coronavirus disease-2019 (COVID-19) and responding to the spread and impact on people and communities through the implementation of various public health measures and practice guidance.

The Government of Alberta (GoA) and the Office of the Chief Medical Officer of Health (CMOH) indicated 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.”¹

In Section 6 of the [Alberta Public Health Disease Management Guidelines: COVID-19](#) it states that regulated health professionals, particularly those in private and community healthcare settings

“are accountable to their college/regulatory body to follow guidance on the appropriate PPE products to use in their practice settings.”

In accordance with our public protection mandate, ACOT reviews and updates the COVID-19 practice guideline keeping in mind what is necessary to ensure the ongoing safe delivery of occupational therapy (OT) services in Alberta. This guideline takes into consideration the following:

- The virus has undergone significant, rapid change.
- While immunization and booster doses reduce the severity of disease, the chance of transmitting or contracting COVID-19 is possible even with booster doses. This is of concern given many OTs work with multiple clients, often within/across multiple work settings and with clients who are immunocompromised and/or not yet immunized/boosted.
- Public health orders relating to testing protocols (polymerase chain reaction (PCR), rapid antigen testing), contact tracing and quarantine/isolation measures are evolving.

This guideline has been developed based on the [Alberta Public Health Disease Management Guidelines: COVID-19](#) and the Government of Canada, COVID-19 [Infection Prevention and Control Guidance](#) and considers the guidance provided by other allied health and physician regulators. It describes ACOT's expectations 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*

¹ Email correspondence from Alberta Health received June 29, 2021.

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.*

2. Applicability of this Guideline

This guideline provides guidance for regulated OTs in Alberta with respect to the safe delivery of OT services during a pandemic/endemic. It is applicable to OTs and any staff or support personnel they employ/supervise regardless of role or work setting including clinicians, consultants, researchers, educators, and administrators.

- **If your employer's/agency's/organization's guidance meets or exceeds what is outlined in this document, follow their guidance.**
- OT services and the settings in which they are delivered in Alberta are very diverse. ACOT expects OTs to apply professional judgment in determining how to apply this guidance to their practice context. (CoE 2.5).

3. Guidance for the Provision of OT Services

Due to the changing conditions related to COVID-19, prior to delivery of OT services, it is advised that OTs continue to identify and assess the existing and potential risks by conducting a Risk Assessment and Screening. The Risk Assessment and Screening determine the Infection Prevention and Control measures (IPC) OTs will employ in their practice. (See Appendix A for further information on the Hierarchy of Infection Prevention and Controls).

a. Risk Assessment for In-Person Service Delivery

A risk assessment is advised prior to in-person service delivery to assess the existing or potential for risk of COVID-19. When conducting a risk assessment, ask yourself questions relating to:

- **legislative and regulatory considerations**
 - *Are there any applicable orders from the Chief Medical Officer of Health applicable to your practice?*
- **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 who may be present during service provision)

- *Does your client have any health vulnerabilities?*
 - *Do your clients have any conditions that limit their ability to perform [respiratory etiquette](#) and/or [hand hygiene](#)?*
 - *Can your clients/guardians screen for symptoms reliably?*
 - *Has your client (or their family members/guardians/caregivers) been directed by Alberta Health Services (AHS) or the Canadian Border Services Agency to quarantine/isolate?*
 - *Did your client report any symptoms on the pre-visit COVID-19 symptom screen?*
- **the type of service provided**
 - *How close do you need to get to your client during service delivery?*
 - *Is your client willing and able to wear a mask throughout the assessment/intervention?*
 - *Is there a chance that you could be sprayed with oral or nasal secretions during service delivery?*
 - *Are other clients seen at the same time in your clinic or do you provide group-based therapy?*
 - *How many people will be present in the room?*
 - *Are you able to maintain 2 metres distance?*
 - *Is there an option to improve air quality and/or ventilation?*
- **geographic location of service delivery**
 - *What are the [case](#)/rates in your local geographic area? (For case rates, search for your region name and compare the active case rate per 100,000 population;).*
- **you/your staff's risk factors**
 - *Are you or your immediate family or members of your staff or their family at risk of complications from COVID-19 regardless of immunization status?*

b. Screening

Prior to in-person service delivery, screening is advised to determine the appropriate IPC measures. Accurate prescreening is essential to decrease the risk of COVID-19 transmission. It is strongly recommended you:

- ➔ Implement daily symptom screening for yourself/ your staff
- ➔ Screen clients for symptoms before all in person appointments
 - Symptom checklists for both adults and children can be accessed [here](#).
 - Direct clients and staff to follow [public health guidelines](#).

c. Hierarchy of Infection Prevention and Controls for Risk Mitigation

The IPC measures that you employ based on your risk assessment and screening to reduce the risk of COVID-19 in the workplace are organized into the following hierarchy: **Elimination & Substitution** and **Workplace Controls (Engineering and Administrative Controls and Personal Protective Equipment (PPE))**. **Elimination and Substitution** are measures you can take to reduce the risk of transmission by avoiding in person service delivery on a temporary or ongoing basis. **Workplace**

controls are measures you can take to reduce the risk of transmission when providing in-person services.

As with all communicable diseases, OTs should continue to employ the concept of routine universal precautions when determining the engineering and administrative controls and PPE appropriate to protect themselves and others in their practice setting.

i. Elimination and Substitution

- **Elimination: Avoid in person contact with symptomatic clients and staff where possible**
 - If possible, defer in-person service delivery until the client's symptoms have resolved.
- **Substitution is an alternative to in-person service delivery when indicated by your Risk Assessment and Screening.**
 - ACOT has prepared the following practice guidance to support remote/virtual telepractice:
 - [Considerations for Virtual Practice](#) - which outlines legislative and other considerations for use of videoconferencing applications.
 - [Practice Across Jurisdictions](#)- which details the registration requirements when providing virtual and in-person services within and beyond the Alberta border.
 - [Electronic Communication with Clients](#)- which offers guidance for corresponding by electronic communication.

ii. Engineering and Administrative Controls

- [Appendix A](#) describes the types of engineering and administrative controls to reduce transmission of COVID-19 and other communicable diseases; [Appendix B](#) links to resources for each of the controls.

iii. Personal Protective Equipment (PPE)

- **It is strongly recommended OTs wear a medical grade mask**
 - **Continuous masking is strongly recommended** in all client care and educational settings AND in any area where two metres physical distance cannot be maintained from others, including co-workers, students, visitors, and members of public or volunteers.
 - Medical grade masks (also known as procedure/surgical masks) are strongly recommended to reduce the likelihood of viral transmission.
 - Medical grade masks meet [Health Canada's specifications](#) of at least ASTM International F2100 Level 1.
 - ASTM Level 2 or 3 and KN95 masks may also be worn.

- Well-fitted KN95 or N95 respirator masks, eye protection, gloves and gown are **strongly recommended** when working with symptomatic or confirmed COVID-19 clients/colleagues or [close contacts](#) or in an outbreak ([Public Health Disease Management Guidelines](#)- Section 5 & 6)
 - Fit-tested N95 respirator masks are typically reserved for aerosolizing generating medical procedures but may be worn as an alternative to the Level 1 mask if available.

- A **face shield is not a replacement for medical grade mask wearing**
 - It may be used when you are providing services to clients with communication or cognitive challenges where visualization of the healthcare provider's mouth and face is essential. In this case, it is assumed that you are following all other relevant advice and guidance (See [AHS' Options and Adaptations to address Patient Communication Challenges](#) for details. See also Risk Assessment and Screening within this document).

- **OTs may ask clients to wear a mask when receiving services**
 - It may be considered unethical to decline services on a client's inability/unwillingness to wear a mask (CoE 1.2).

d. Informing Individuals Post-Exposure/Contact Tracing

- At the time of writing, AHS contact tracers are only investigating cases in high-risk settings such as acute and continuing care.
 - If contact tracing is still in place in your setting at the point that you, your staff or client test positive for COVID-19, **work with the contact tracer to assess the risk of exposure based on the control measures that were in place.**

- Individuals with positive PCR tests continue to be notified by AHS.

- If you, a staff member, or a client test positive for COVID-19, it is recommended you notify contacts who may have been exposed to a case of COVID-19 and ask them to monitor their symptoms.

As provincial isolation and quarantine directives can change, check the alberta.ca website regularly for current requirements.

Conclusion

Adhere to ACOT *SoP 1.2*; registrants are expected to keep themselves informed about the pandemic and any directives, orders and guidance provided by the CMOH and ACOT. The [COVID-19 Information for Albertans](#) page and [Alberta Public Health Disease Management Guidelines](#) should be reviewed regularly for updates. ACOT registrants will be notified of any updates to this ACOT COVID-19 guideline via eNews.

AHS regularly updates their open-access, evidence-informed resources for all health care providers, not just AHS staff. These resources are available from the [Information for Health Professionals](#) link.

In summary, it is strongly recommended for the safe delivery of OT services during a pandemic/endemic, you:

- Wear a medical grade mask.
- Conduct a Risk Assessment and Screening before providing in-person services.
- Defer or offer Substitution methods as determined by your risk assessment and screening.
- Ensure applicable workplace controls are in place prior to proceeding with in-person service delivery regardless of you/your staff/your client's vaccination status.
- Secure consistent, reliable sources of PPE and cleaning supplies for yourself and any staff.
- Ensure that you and any staff, are adequately trained in the:
 - screening of staff and clients
 - enhanced cleaning and disinfection protocols for treatment spaces, frequently touched surfaces, and equipment
 - determination of which PPE are required and proper don/doff & disposal/cleaning of PPE

Follow employer/organizational policies when they exceed the guidance provided by ACOT.

The guidance in this document is subject to change based on directives received from the Chief Medical Officer of Health.

Appendix A – Hierarchy of Infection Prevention and Controls

ELIMINATION – Defer/delay service delivery

SUBSTITUTION – Offer alternatives to in-person services

WORKPLACE CONTROLS – To be considered when proceeding with in-person service delivery

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

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)

PERSONAL PROTECTIVE EQUIPMENT (PPE)



Medical grade mask – strongly recommended for client and personal safety

Additional PPE is strongly recommended when working with a symptomatic or COVID positive client (eye protection – goggles/visor/face shield, gloves, gown)

Eye Protection



Worn if your eyes could be splashed or sprayed with oral or nasal secretions during service provision

Gloves



Worn 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



Worn if clothing is at risk of becoming soiled by the oral or nasal secretions of one client and subsequent client(s) may touch your clothing.

Worn for any therapeutic or cleaning activities where you would normally wear a gown.



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

Appendix B – Infection Prevention and Control Resources

Type of control	Consider these examples and resource links
<i>Hierarchy of Infection Prevention Controls</i>	Infection Prevention Controls infographic for illustration purposes. Note: this illustration was not intended exclusively for healthcare settings.
<i>A. Substitution</i>	Where able, offer services virtually.
	If in-person service delivery is the only option, consider pre-recording aspects of the session that require you to be unmasked. E.g., pre-record the oral or feeding movements you wish to demonstrate to your client so that you can remain masked for the duration of the client visit.
<i>B. Engineering – to isolate people from the hazard</i>	Physical Distance measures: 2m spacing markers, 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.
	Air Quality and/or Ventilation : go outside, when possible, employ natural ventilation methods e.g., open windows/doors, promotion of a cross-breeze, consider whether air filtration can be improved in your setting.
	Availability and visibility of hand hygiene facilities (handwashing sinks with soap/water/disposable towels, authorized hand sanitizers) and instructions for staff and clients.
	Enhanced cleaning and disinfection of work/treatment spaces, frequently touched surfaces and equipment using proper disinfectants that have a Drug Identification Number (DIN) issued by Health Canada . See also Reusable & Single Use Medical Devices Standards .
<i>C. Administrative – to change the way people work</i>	Staff screening (can use AHS' Daily fit for work screening questionnaire); client pre-screening (can use Alberta Health's Daily COVID-19 Checklist).
	Infection Prevention Control practices in place including training on the enhanced cleaning and disinfection, moments of hand hygiene ; sick-leave policies for staff to ensure no one attends work if sick; employee health & wellness practices.

Type of control	Consider these examples and resource links
	<p>Client and staff attendance tracking for purposes of contact tracing. Information to be recorded for contact tracing purposes: 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).</p> <p>Be prepared to provide contact tracers 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).</p>
<p><i>D. Personal Protective Equipment (PPE) – to protect the worker and client</i></p>	<p>Refer to AHS' Directive on Use of Masks During COVID-19.</p> <p>All other PPE worn is based on your point of care risk assessment (see Appendix A). See AHS Point of Care Risk Assessment to determine additional PPE required. See also AHS' PPE: Frequently Asked Questions and Options and Adaptations for Patients with Communication Challenges.</p> <p>PPE don & doff training and PPE disposal/cleaning resources (scroll to the PPE Basics section and Eye protection prepared by AHS)</p>