



Practice Guideline

Safe Delivery of Occupational Therapy Services During a Pandemic

**HELP
RELAUNCH,
SAFELY**

STAY INFORMED

alberta.ca/covid19

Originally created May 06, 2020 (Revised Jun 11, Jul 10, Aug 13, Sep 1, 2020)

Oct 23, 2020 VERSION - clarifies the expectation that medical grade masks (not cloth or other non-medical grade) are to be worn, regardless of work setting, whenever providing direct client care or working in client care areas where physical distancing cannot be maintained between clients and/or co-workers for the duration of a client visit/work shift.

GUIDELINE CONTENTS

1. Background

2. Applicability of this Guideline

3. Guidance for the Provision of OT Services During the Pandemic

- a. Infection Prevention & Control – Elimination/Substitution as the Safest Measures
- b. Risk Assessment for In-person Service Delivery
- c. Risk Mitigation Strategies for In-person Service Delivery
 - i. Workplace Controls
 - *Use of Non-washable Materials in Practice*
 - ii. Personal Protective Equipment (PPE)
 - *Continuous Masking Requirement*
 - *Medical Grade Mask Specifications*
 - *Accessing and Sourcing PPE*
- d. Reporting to Contact Tracers

4. Conclusion

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

Appendix B – Infection Prevention and Control Resources

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 further discuss requirements in your specific workplace.

Refer also to ACOT's Practice FAQ on [Answers to Frequently Asked Questions About: The COVID-19 Pandemic](#) for additional information to support you in implementing these guidelines in your practice.

1. Background

The highly contagious nature of COVID-19 has brought additional focus on the importance of safe delivery of all health, social/community and commercial services in order to slow the spread of the virus. Alberta's Chief Medical Officer of Health (CMOH), along with medical officers and government authorities worldwide, have been basing public health orders on an ever-evolving base of knowledge and research relating to the unique properties and manifestations of the COVID-19 virus.

After directing the stoppage of non-essential, non-urgent health services on March 27, 2020, Alberta's Premier and CMOH indicated on April 30th, 2020, that non-urgent, non-essential services could resume *"as long as they are following the approved guidelines set by their professional college"* as part of Stage 1 of the [Relaunch Strategy](#) (Pre Stage 1 – May 4, Stage 1 – May 14, Stage 2 – June 12, Stage 3 – Pending).

This Safe Delivery of Occupational Therapy Services During a Pandemic practice guideline acts as ACOT's *"approved guidelines"* referenced in the Relaunch Strategy. All professional colleges were directed by the CMOH to create guidelines that adhered to the requirements listed in [CMOH Order 16-2020](#) (since rescinded as each of the Colleges regulated under the [Health Professions Act](#) have prepared the required guidance documents for their registered members).

This iteration of ACOT's pandemic guideline expands on and clarifies the information provided to the registered members of ACOT via eNews on May 1, 2020 and in the May 6, June 11, July 10, and August 13, and September 1, 2020 versions of the guideline.

This practice guideline is intended to assist OTs in mitigating the risk of COVID-19 transmission to/from their clients and coworkers. 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 relating to the pandemic response.
- **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.*

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.

It is applicable to:

- self-employed OTs in solo or clinic-based practice,
- OTs whose employers/contracting organizations have not yet provided guidance or have directed you to follow the guidance of your regulatory body,
- OTs or 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](#)¹ or [preschool](#) programs.²
 - The main point where sector specific guidance may deviate from ACOT guidance is the type of mask to be worn during service delivery (i.e. medical versus non-medical grade).
- ★ **NEW for October 23** - all OTs, to whom this guideline applies, are to wear medical grade masks whenever providing direct client care or working in client care areas where physical distancing cannot be maintained between clients and/or co-workers for the duration of a client visit/work shift.

What has changed since the last guideline was published:

The October 23, 2020 version of this practice guideline reflects confirmation from the Ministry of Health that it was not the Chief Medical Officer of Health's (CMOH) intent for [CMOH Order 33-2020](#) (or any other sector specific relaunch guidance) to supersede what ACOT has deemed safest for the clients occupational therapists (OTs) in Alberta serve.

- ★ This includes OTs providing service to students in schools and ECS/preschool programs who are to follow ACOT's guidance whenever the guidance for schools or preschools (linked above) does not at least meet or exceed what is described in this guideline.
- ★ School Boards, ECS programs and preschools are expected to support the allied health professions they employ to implement the guidance prepared by their respective regulatory bodies.

3. Guidance for the Provision of OT Services During the Pandemic

a. Infection Prevention and Control – [Elimination/Substitution](#) as the Safest Measures

- Continue to offer services virtually whenever possible.
- ACOT has prepared a practice guideline on [Delivery of OT Services Through Virtual Means](#) which outlines legislative and other considerations for use of videoconferencing applications.
 - Remember to confirm where your client is residing prior to virtual service delivery. If they are not located in Alberta, contact the regulatory/licensing body for the province, state or country your client is/will be physically located at the time of service delivery (the

¹ 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."

² As per October 5, 2020 discussion with the Ministry of Health.

territories do not have regulatory bodies so registration in Alberta suffices when delivering service to YK, NWT, NU).

- The regulatory requirements in each province/state/country differ so it is best to reach out to the applicable regulatory body directly.
 - Allow time for the regulatory body to process whichever practice permit they deem is necessary for the type/duration of service delivery.
- If your client is a [has signs and symptoms of COVID-19](#) or is a close contact of someone that has symptoms or has tested positive for COVID, defer in-person service delivery (if possible) until signs and symptoms have resolved.
- Use your professional judgement to weigh the risks and benefits to your client's health if services are postponed.
 - This determination can be done in discussion with your referral source(s) and/or client(s).
 - While the perspectives of your client or referral source are to be respected, you are ultimately accountable for determining whether to proceed with or postpone in-person services based on your judgment of the safety of and risk to/from each of your clients.
- If you or any staff you employ report signs or symptoms of COVID-19, stay home and complete the [online assessment tool for health care workers and school staff](#) right away.
- Once you are scheduled for a test, you can refer to the [tool](#) designed by the Government of Alberta for Health Care Workers to determine when it is safe to return to in-person service delivery.

b. Risk Assessment for In-person Service Delivery

The risks associated with in-person service delivery could vary depending on several factors. When considering which strategies to implement to mitigate the risk of COVID-19 transmission in your practice, ask yourself questions relating to:

- **your service/practice setting**
 - *Do you see you 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)
 - *Are your clients more vulnerable if exposed to the virus?*
 - *Do your clients have a condition(s) that limit their ability to perform [respiratory etiquette](#) and/or [hand hygiene](#)?*
 - *Has your client travelled recently or do they have signs and symptoms of COVID-19?*
 - *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)?*
- **the type of service provided**
 - *How close do you need to get to your client?*
 - *Is your client able to wear a mask during the assessment/intervention?*

- *Are other clients seen at the same time in your clinic or do you provide group-based therapy?*
- **which part of the province are services being provided?**
 - *Are you working in a municipality/municipal district that has directed the mandatory use of masks/face coverings in indoor settings?*
 - *Has the CMOH imposed additional restrictions based on your local geographic area such as more stringent limits on gathering sizes?*
- **your own tolerance for risk**
 - *Are you or your immediate family or members of your cohort immune compromised or have co-morbid conditions that increase risk of complications from a COVID-19 infection?*

Health Canada has developed risk-informed [guidance documents](#) that itemize these variables for specific settings and sectors (e.g. child and youth settings, post-secondary institutions, businesses) that may be useful to you when determining which controls you should have in place. See also: Appendix C of the "[Community-based measures to mitigate the spread of COVID-10 in Canada.](#)"

c. Risk Mitigation Strategies for In-person Service Delivery

i. Workplace Controls

The three types of controls for infection prevention and control and workplace safety include: engineering controls, administrative controls and Personal Protective Equipment (PPE).

- ➔ In the case of COVID-19, all three types of controls are required to prevent virus transmission. See [Appendix A](#) for information on the types of engineering and administrative controls Alberta's public health officials are requiring for the duration of the pandemic and [Appendix B](#) for links to resources.

The Government of Alberta has also prepared [templates](#) if you/your employer would like to track and record the various measures you have implemented for business purposes and/or reporting to contact tracers in the case you, your staff or clients test positive for COVID-19.

Use of Non-washable Materials in Practice

With the mounting evidence relating to pre- and asymptomatic transmission of COVID-19 and how long the virus can remain viable on surfaces, one of the recommended engineering controls is to remove from use any items that cannot be properly cleaned and disinfected.

- ➔ The use of items in OT assessment or intervention that cannot be cleaned and disinfected should be avoided for the duration of the pandemic. Use of alternate means to administer assessments or provide interventions should be considered.
- ➔ In the case of standardized assessment tools, check with the tool developer for guidance on the cleaning and disinfection of test materials, substitutions with single use items, and/or considerations for PPE/virtual technology use for test administration.

- For example, Pearson has developed resources on cleaning and [disinfecting test materials](#), and [considerations when administering tests with PPE or environmental adaptations](#). They also have resources for [videoconferencing/telepractice](#).

If you must use non-washable items in your practice, they need to be set aside after use and isolated for an appropriate time period prior to being used again with another client. For items that have more than one type of material in them, isolate the item for the time period of the material with the longest viral viability. A research study on the length of time the virus remains viable on various surfaces can be accessed [here](#).

ii. Personal Protective Equipment (PPE)

Continuous Masking

→ Continuous masking has been adopted by ACOT³ and is required for all OTs (and the support personnel they supervise), regardless of work setting, whenever providing direct client care or working in client care areas where physical distancing cannot be maintained between you and your client(s) and/or co-workers for the duration of a client visit/work shift.

The purpose of wearing a mask continuously is to **limit inadvertent transmission of the virus from health care workers who might be pre-symptomatic or asymptomatic to their clients and/or co-workers**. It also supports the judicious use of PPE on the premise that two masks/day should suffice (i.e. removed/discarded at mid-shift meal break and a clean mask redonned for the remainder of a shift) unless the mask is damp or soiled/contaminated.

Mask Specifications

- ACOT is requiring the use of a medical grade mask that has at least 95% filtration efficiency for direct client care or when working in client care areas.
 - The use of medical grade masks ensures the consistency and predictability of droplet blockage both into and out of the wearer's mouth and nose.
 - The shingle pleat procedure/surgical style of mask is what most people are familiar with and are most economical. Other styles that meet the 95% filtration efficiency rating do exist and are also acceptable (i.e. KN-95) but are more costly.
- 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.
 - **Before purchasing**, ask the supplier for the product certification (sometimes referred to as the "certificate of conformity") to verify that the product does in fact meet Health Canada's specifications.
 - Some suppliers are selling 3-ply disposable masks that have certification from other countries but have not yet gone through testing to the more rigorous

³ As per AHS' [Guidelines for Continuous Masking](#); the Ministry of Health's [Public Health Disease Management Guidelines for COVID-19](#) - page 27; and the World Health Organization's (WHO) [Advice on the Use of Masks in the Context of COVID-19](#) - page 4.

North American standards Health Canada requires. Do not use these for client care.

- **ASTM F2100 Level 2 or 3** masks (98% filtration efficiency) or masks that meet the European Standard (EN 14683) **also acceptable.**
- ➔ A properly fitted and seal-tested N-95 mask is only required when performing procedures where COVID droplets could be aerosolized which is rare in OT practice.
 - Nasopharyngeal swabs, throat swabs, and video fluorographic swallowing studies (VFSS) are not aerosolizing procedures.
- ➔ **It is not acceptable to substitute a non-medical or cloth mask for any direct client care or work in client care areas.**
- ➔ **ACOT does not support the wearing of a face shield only in lieu of a mask at this time.**
- ➔ See ACOT's Practice FAQ on [Answers to Frequently Asked Questions About: The COVID-19 Pandemic](#) for information on accessing and sourcing medical grade masks and other required PPE.
 - For information on which additional PPE to wear and when, refer to [Appendix A](#).

d. Reporting to Contact Tracers

- ➔ If you, one of your staff or one of your clients do test positive for COVID-19, be prepared to provide the AHS Public Health contact tracers with information on what PPE you were wearing at the time of service delivery to assist the determination of whether you or any client would be considered a close contact (i.e. 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.

Contact tracers may advise you (or other staff or colleagues at your workplace) to isolate if there was close contact with a COVID positive individual at any point during your workday even if PPE was worn at the time of service delivery. Advice on isolation will be based on the contact tracer's assessment of exposure risk and must be followed.

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 should be visited regularly as guidance is changing rapidly. Alberta Health Services is also preparing and regularly updating open-access, evidence-informed resources/guidance documents for all health care providers, including AHS staff. These resources are available from the [Information for Health Professionals](#) link.

In summary, for whom this guideline applies, you may only proceed with in-person service delivery when:

- ➔ 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
- ➔ Your clients have been informed of and consent to the risks of proceeding with service delivery.
 - Informed consent can be received verbally and documented in the client record or a more formal consent form may be used; both are legally acceptable.

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


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

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/risk factors (e.g. recent travel); 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)

 Continuous masking with medical grade mask - required 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/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.)

<p>Eye Protection</p> <p></p> <p>ALWAYS - if your client is symptomatic and service cannot be safely delayed</p> <p>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</p>	<p>Gloves</p> <p></p> <p>ALWAYS – if your client is symptomatic and service cannot be safely delayed</p> <p>OR for any therapeutic or cleaning activities where you would normally wear gloves</p> <p>(otherwise frequent hand hygiene and enhanced cleaning and disinfection of surfaces will suffice)</p>	<p>Gown</p> <p></p> <p>ALWAYS – if your client is symptomatic and service cannot be safely delayed</p> <p>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</p>
---	--	--

 Frequent hand hygiene is crucial to preventing the spread of infection between 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	Examples and resource links
A. Engineering – to isolate people from the hazard	Physical Distance measures: 2m spacing markers, plexiglass barriers built to standard , 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 hand sanitizers) and instructions for staff and clients.
	Signage at entrances, in treatment areas and washroom facilities (see various posters created by the Government of Alberta and AHS).
	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 .
B. Administrative – to change the way people work	Staff screening (can use AHS' Daily fit for work screening questionnaire); client pre-screening (can use Alberta Health's Daily COVID-19 Checklist). The Government of Alberta has also created an assessment tool for health care workers to assist in determining next steps if you or a staff member has signs or symptoms of COVID-19.
	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.
	For home visits , consider additional precautions for environments you work in (i.e. client home or workplace, your vehicle) to limit virus transfer between clients or bringing it home to your family on devices or clothing . See also Alberta Health's " Guidance for Home-Based, Mobile and Door-to-Door Operations ."
	Client and staff attendance tracking for purposes of contact tracing. Information to be recorded and provided to AHS contact tracer includes: 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) Be sure to inform your clients that you may be required to release their personal information for contact tracing if requested.
C. Personal Protective Equipment (PPE) – to protect the worker and client	Alberta Health/AHS/WHO guidance continuous masking (linked in footnote 3 on page 7) in addition to routine infection prevention and control practices. Point of Care risk assessment for determining when additional PPE is required (see Appendix A)
	See also, Health Canada's guidance on PPE . PPE don & doff training and PPE disposal/cleaning resources (see PPE Basics and Reusing eye protection prepared by AHS)