

## Answers to Frequently Asked Questions About: *The COVID-19 Pandemic*

October 2020

### *Background*

This Frequently Asked Questions (FAQ) document has been prepared to supplement the [Safe Delivery of Occupational Therapy Services During a Pandemic](#) practice guideline. It features answers to commonly asked questions from OTs across the province since the start of the COVID-19 pandemic. The list of questions is not exhaustive and will be updated as unique questions are asked. The questions, and corresponding answers are clustered into the following categories (click on the link to be taken to that section):

- A. [ACOT's COVID-19 Pandemic Guideline](#) (The origins and evolution of ACOT's pandemic guidance; Discrepancies in employer versus ACOT guidance)
- B. [Preventing the Spread](#) (Elimination; Workplace controls; PPE – what to wear and when; Accessing PPE; who should procure/pay)
- C. [Virtual Care Delivery Within and Beyond the Alberta Border](#) (Choosing a secure platform; out of province practice)
- D. [Assisting in the Pandemic Response](#) (Can OTs do COVID testing, contact tracing, etc.; Can these activities be counted as OT practice hours?)
- E. [Testing Positive for COVID – Next Steps](#) (Next steps when you or your client has symptoms or tests positive)

### *Questions and Answers*

#### A. ACOT's COVID-19 Pandemic Guideline

- How did ACOT determine which requirements to include in the pandemic practice guideline?

On April 30<sup>th</sup>, 2020, Alberta's Premier and Chief Medical Officer of Health (CMOH) indicated that non-urgent non-essential health services could resume as early as May 4<sup>th</sup>, "as long as they are following the approved guidelines set by their professional college." The regulatory bodies for each of the health professions regulated under the *Health Professions Act* were directed to follow the **Workplace Guidance for Community Health Care Settings** (Appendix A of [CMOH Order 16-2020](#)) in the development of their respective guidelines. CMOH Order 16-2020 was rescinded once the guidelines prepared by the regulatory bodies were approved and in place.

ACOT has and will continue to incorporate the evidence-informed direction from Alberta's CMOH, Canada's Chief Public Health Officer, the World Health Organization and Alberta Health Services (AHS)

with the goal of mitigating the risks of virus transmission and supporting the safe delivery of occupational therapy services in Alberta. This includes the adoption of the practice of continuous masking with a medical grade procedure/surgical mask practice (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 [Advice on the Use of Masks in the Context of COVID-19](#) -page 4) along with numerous other infection prevention and control measures.

➤ **Why did ACOT change its guidance for OTs in schools on September 1 and then again on October 23?**

It was not the intent of the September 1, 2020 update to suggest that medical grade masks were no longer required to be worn by OTs employed or contracted by schools. The intent was to acknowledge the [CMOH Order 33-2020](#) and clarify that, although the order permitted non-medical masks to be worn by "school staff members", a risk assessment needs to be applied all situations/circumstances before providing OT services to students in schools. In most cases this would require school-based OTs, or the support personnel they supervise, to wear medical grade masks in order to provide services safely to students.

ACOT has since clarified with the Ministry of Health that Order 33-2020 was not intended to supersede the guidelines that each of the regulatory bodies developed based on Order 16-2020 (referred to in the answer above). As such, ACOT has updated its requirement for continuous masking with medical grade masks for all OTs providing direct client care, whether in schools or other settings (and OTs whose non-clinical employment requires them to be in client care areas).

ACOT apologizes for any confusion or disruption in service delivery these updates may have caused.

➤ **Whose pandemic guidance should I follow – my employer's or ACOT's?**

**Follow the ACOT guideline whenever your employer's guidance does not at least meet or exceed what ACOT has outlined.** The main point where sector-specific guidance for employers/businesses (e.g. schools, preschools, daycare and out-of-school care, etc.) may differ from the guideline prepared by ACOT is the requirement to wear medical grade masks for all direct client care or when in client care areas.

➤ **I am employed/contracted by a school board and they are struggling to implement the guidance for schools let alone the guideline for the allied health professionals they employ/contract – what do I do?**

Schools/school boards, including charter schools, independent (private) school authorities, independent (private) Early Childhood Services (ECS) providers are to follow the [Guidance for School Re-entry](#) (see also [Implementing School Re-entry Guidance](#)). Schools are expected to reach out to the AHS Public Health contact for their region/zone for support in implementing the re-entry guidance (contacts in Appendix B of each of the documents linked above).

It is understandable that it is more challenging for schools to implement the required infection control practices compared to workplace settings that deliver health services (where IPC measures are required to be in place all the time). You can support your supervisors by linking them to the resources in the ACOT guideline as well as other resources prepared by Alberta Health or Alberta Health Services (AHS) for sectors/settings that align most closely with the type of service you are delivering to the students that are your clients (e.g. guidance for [disability service providers](#), [mobile operations](#), [home care](#), etc.).

Alberta Health welcomes and encourages all health care providers to use the numerous resources prepared by AHS to support the safe delivery of health services across employers or work settings during the pandemic. Scroll to the bottom of the [Information for AHS staff and Health Professionals](#) page for the listing of all of the resources prepared in response to the pandemic. Many are easily adaptable for adoption in other practice/work settings.

Even if your school(s) isn't quite ready, as long as you are ready to proceed with service delivery according to the ACOT guideline, you are good to go.

Also of interest for school-based settings is AHS' Rapid Review [What measures might mitigate potential additional risk of transmission of COVID-19 related to school and daycare reopening?](#)

➤ **Has ACOT collaborated with other regulatory bodies in the development of the pandemic guideline?**

All regulatory bodies developed their original guidelines in accordance with the direction provided in CMOH Order 16-2020. ACOT works closely with Physiotherapy Alberta College + Association (PACA), the Alberta College of Speech-Language Pathologist and Audiologists (ACSLPA), the College of Alberta Psychologists (CAP) and others to discuss the latest evidence and align iterations of our respective guidelines whenever possible. Exceptions in guidance do occur though given the variations in client populations seen, the types of health service provided and the settings in which the services are delivered.

➤ **Does ACOT's guideline apply to me if I am working in a non-clinical/non-traditional role?**

Yes, although if you are working in a non-clinical setting and do not have to cross through any client care areas on your way to your workspace, you could wear a non-medical grade mask (according to municipal or provincial indoor public space masking requirements).

*TIP: ACOT's [Safe Delivery of Occupational Therapy Services During a Pandemic](#) practice guideline is the minimum expectation for OTs in Alberta. You should adhere to ACOT's guideline at all times if your employer's guidance does not at least meet or exceed what is specified in the ACOT COVID-19 Pandemic Guideline.*

## B. Preventing the Spread

➤ **What does "continuous masking" mean and why do we have to do it?**

[Continuous masking](#) 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 could suffice (i.e. removed/discarded at mid-shift meal break and a clean mask donned for the remainder of a shift) unless a mask becomes damp or soiled/contaminated.

➤ How can I tell if the masks I have purchased are “medical grade”?

Before purchasing, ask the supplier to provide verification (i.e. the certificate of conformity) that the masks at least meet the **ASTM International** (formerly the American Society of Testing and Materials) **F2100 Level 1** specifications (95% filtration efficiency).

**Note:** Some suppliers are selling 3-ply disposable masks that have certification from other countries but have not yet gone through testing to the North American standards Health Canada requires. **Do not use these for direct client care or when in client care areas.**

As well, some suppliers only have **ASTM F2100 Level 2 or 3** masks (98% filtration efficiency) or masks that meet the European Standard (**EN 14683**), these are **also acceptable**.

➤ Is there any time when I would need to use an N-95 mask?

A properly fitted and seal-tested N-95 mask is required to be worn for procedures where COVID droplets could be aerosolized. This is highly unlikely in OT practice as even nasopharyngeal swabs, throat swabs, and video fluorographic swallowing studies -VFSS are not considered aerosolizing procedures. If you are interested in learning which procedures are considered aerosol generating, refer to the [guidance tool](#) created by AHS.

➤ Is there any time where a cloth mask would be acceptable to wear?

Those OTs who are not involved in the provision of clinical OT services (e.g. those in non-clinical/non-traditional roles) and do not have to cross through a client care area to get to his/her/their workspace can wear a cloth mask according to the indoor masking requirements of their workplace or municipality.

*TIP: For information on the various types of masks and what use they are intended for – Click [here](#).*

➤ Where can I purchase masks and other PPE, hand hygiene and cleaning supplies?

Hand Hygiene and cleaning supplies are readily available in most grocery/drug stores. Given the issues with recalls of hand sanitizer, you will want to confirm that the sanitizer is not on [Health Canada's list of recalled products](#).

PPE has been proving slightly more difficult to acquire. You can connect with PPE suppliers via Alberta's [ATB Nexus](#) site or Canada's [Rapid Response Platform](#). The Society of Alberta Occupational Therapists ([SAOT](#)) has PPE kits available to paid SAOT members at cost-recovery. All of the products available for sale meet the required specifications and are approved for sale by Health Canada. SAOT members can access the PPE order form by [logging into](#) their dashboard.

As well, if your employer has been consulting with AHS Public Health regarding resumption of services, they may also be able to access PPE through AHS' [external provider](#) procurement channels. Contact [AHS Contracting, Procurement, and Supply Management Emergency Operations Centre](#) to inquire (minimum quantity orders are required).

To verify whether a product you/your employer is interested in ordering has been approved for use and/or meets the required specifications, refer to Health Canada's [Specifications for COVID-19 Products](#).

➤ How do I decide what other PPE to wear in addition to a medical grade mask?

A table has been created to assist you in determining which PPE to wear and when. This table can also be accessed in a larger format for printing from Appendix A of the [Safe Delivery of OT Services During a Pandemic](#) guideline:

➤ **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><b>Eye Protection</b></p> <p></p> <p><b>ALWAYS</b> - 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><b>Gloves</b></p> <p></p> <p><b>ALWAYS</b> - 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><b>Gown</b></p> <p></p> <p><b>ALWAYS</b> - 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>
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 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

➤ I wear glasses, does that count as eye protection?

Evidence about whether eyeglasses offer adequate protection from COVID-19 droplets entering the eye is preliminary. As such, it is still recommended that OTs wear properly fitting goggles, adequately sized face shields or a [transparent barriers built to specification](#), in addition to medical grade masks, when working with symptomatic clients or clients who are not required/unable to wear a mask and cannot perform respiratory etiquette, or clients/guardians who cannot reliably report symptoms (e.g. due to language/communication barriers, cognitive impairment).

➤ Can I just use a face shield or transparent barrier without a mask? What can I do to improve communication with my clients that are hard of hearing or have cognitive impairment?

Given the lack of research to support the safe use of face shields only in the prevention of asymptomatic

spread of the COVID-19 virus to/from health care providers and their clients, **ACOT does not support the use of face shields in lieu of masks at this time.**

ACOT is aware that the Alberta College of Speech-Language Pathologist and Audiologists ([ACSLPA](#)) is allowing the wearing of a face shield only [under specific conditions](#) when the wearing of a mask by an SLP or Audiologist interferes with delivery of speech or audiology services.

AHS is permitting [adaptations](#) to be made by staff “to support communication with patients when continuous masking interferes with the efficacy of intervention or significantly impairs the interaction” assuming that “all other relevant recommendations are being followed, e.g., screening protocols, physical distancing, point of care risk assessment (PCRA), hand hygiene, cleaning and disinfection, and any additional precautions.” If you are employed by AHS, consult with your supervisor and/or practice lead prior to proceeding with the permitted adaptations.

***TIP:** If your client is having difficulties hearing you through your mask, consider augmenting your voice volume (i.e. pocket talker or other voice amplifier). If you are worried your client/guardian may be distressed by your mask or any other PPE you are required to wear, be sure to prepare them for and explain that it is for everyone’s safety.*

➤ **Who is responsible for buying/paying for my masks, other PPE, hand hygiene or cleaning supplies?**

If you are in private practice or working on contract, you are responsible for procuring and stocking your own PPE/supplies. If you are employed by an organization/agency, it is your employer’s responsibility to provide required PPE for employees according to public health orders and workplace hazard assessments.

If your employer does not agree to provide you with/reimburse you for the PPE you deem appropriate for the safety of your clients or yourself, you can [report unsafe work](#) to the Government of Alberta’s Occupational Health and Safety Contact Centre.

➤ **What if my client/guardian doesn’t want me to wear a mask during service delivery? Can I get them to sign a waiver indicating they acknowledge and accept the risks?**

You are responsible for explaining why you are required to wear a mask and to determine whether other options (virtual care) are possible under the circumstances.

Although a signed waiver may support you if the client subsequently files a legal action against you, it will not prevent a finding of unprofessional conduct if a complaint was brought forward to ACOT. Non-adherence to ACOT’s guidance could also have [implications for your liability insurance](#) if a client becomes sick after service delivery.

## C. Virtual Care Within and Beyond the Alberta Border

➤ **Which videoconferencing platform is best to use?**

ACOT cannot recommend or endorse any particular videoconferencing application, service or platform. CAOT has begun collating a list of platforms/providers in their [Practical Considerations for OTs who are Considering Telehealth](#) document; this list is not exhaustive as many providers have been coming on the market or have improved their security.

When choosing a videoconferencing application, you will want to consider:

- Privacy (i.e. end-to-end encryption needs and security settings to limit potential of hacking)
- 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 may be particularly stressed during peak usage times resulting in pixelated/freezing video and/or choppy audio)

Whichever platform you (or your employer) choose, make sure to document your selected provider's security feature claims in your business records for future reference.

➤ **My client has moved to (or is on vacation in) another province/state/country? Can I still provide services virtually?**

Yes, but you may be required to be registered in the provinces/states/countries where the client is physically located (temporarily or permanently) prior to the delivery of any occupational therapy service. As there are a few exceptions to this rule, it is recommended that you contact the regulatory/licensing body for the province/state/country your client is residing to see what the registration requirements are.

The three Canadian territories and some countries do not have regulatory bodies; in this case, make sure your clients in those territories/countries are aware that you are registered in Alberta and know to contact ACOT with any concerns about the services they have received.

➤ **My clients are located in Alberta and am registered to practice in Alberta, but I am currently located (temporarily or permanently) outside of Alberta – do I need to be registered in the province/state/country I am providing service from?**

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.

➤ **My client didn't tell me that they had moved out of province until after our therapy session started – what should I do?**

Depending on the province/state/country your client is in, this could be considered "practicing without a license"; reach out to the regulatory body where the client was physically located at the time of service delivery to inform them of the situation.

To avoid this, it is important to:

- a. confirm where your client is physically located prior to any service delivery.
- b. make sure your client knows to inform you of any plans to travel (permanently or temporarily) outside of Alberta.
- c. reach out to the regulatory/licensing body of the province/state/country your client will be located in as soon possible to allow time for processing your application (if required - varies depending on province/state/country).

- Is there anything else I should consider before I start virtual service delivery?

Refer to ACOT's [Considerations for the Delivery of Occupational Therapy Services through Virtual Means](#) practice guideline for additional information and links to resources to support you in the safe and secure delivery of services remotely/virtually.

## D. Assisting with the Pandemic Response

- Can OTs assist with COVID testing (nasopharyngeal or throat swabs) or other duties to support the response to the pandemic? Can these duties be counted as OT practice hours when I renew my registration?

OTs are authorized to do any non-restricted activities as well as the restricted activities listed in the [Occupational Therapists Profession Regulation](#), if they receive adequate training to acquire the competence to perform them. This includes nasopharyngeal or throat swabs. It is up to you to request/seek the training required to perform any new duties/activities safely and competently.

OTs in Alberta have already been engaged to assist with COVID testing, staff and visitor screening, contact tracing and other activities (e.g. personal care, feeding assistance) depending on their employer/practice area.

Even if the pandemic response duties/activities you have been asked to perform don't appear to be OT practice, you may still count those hours towards your practice hours at registration renewal. ACOT trusts that OTs who are redeployed will bring a valuable OT perspective to whatever duties they have been assigned to perform.

- I have been redeployed/reassigned by my employer and I won't be able to work on my Continuing Competence learning goals that I set in February - how do I indicate this in my 2020-21 Learning Plan?

Details on how to change your learning goals mid-year can be found in the Continuing Competence Program Step-by-Step Guide accessed from the [CCP Resources](#) page of the ACOT website. You are encouraged to include a goal in your CCP where you can reflect on the competence (knowledge, skills, attitudes and judgement) you acquired during your redeployment in support of the pandemic response.

## E. Testing Positive for COVID – Next Steps

- I have symptoms/tested positive for COVID, how long do I need to isolate - 10 or 14 days?

According to [CMOH Order 05-2020](#), if you have a have symptoms of cough, fever, shortness of breath, runny nose or sore throat you are required to isolate for **10 days** unless you receive a negative COVID-19 test in which case, you can return to service delivery as long as symptoms have resolved.

As a **health care worker**, you are required to isolate for at least **14 days** if you:

- have tested positive for COVID-19 (14 days from symptom onset or until symptoms resolve whichever is longer), **OR**
- have returned to or entered Alberta from outside Canada, **OR**

- are a close contact of someone with COVID-19.

Having a negative test does not apply in the latter two circumstances as it can take up to 14 days from exposure for symptoms to develop. You can return to work without testing (after returning from travel or having a close contact) if you have not developed symptoms within the 14 days .

*TIP: The Government of Alberta has created a [tool](#) for health care workers to use to assist them in determining what to do when they have symptoms/test positive for COVID and when they can return to work.*

➤ **If I test positive for COVID, am I obligated/responsible for informing my clients?**

ACOT requires that you work with AHS Public Health contact tracers and follow their direction. Be prepared to provide the contact tracer with client information for the timeframe prior to the onset of your symptoms as well as information on the PPE you were using at the time of being pre-symptomatic. This will assist them in determining whether any of your clients would be considered close contacts or not (i.e. close physical contact without consistent and appropriate use of personal protective equipment by the person delivering the service).

You are not required to contact clients to tell them you/your staff have tested positive (leave that to the AHS contact tracers unless they direct you otherwise) but you may do so as a courtesy.

➤ **My client has symptoms of COVID-19, how can I support him/her/them?**

If your client reports [having signs and symptoms of COVID-19](#) or is a close contact of someone that has symptoms or has tested positive for COVID, they are required to isolate for 10 days per [CMOH Order 05-2020](#) unless they receive a negative COVID-19 test and symptoms have resolved.

Direct the client to complete the AHS Online Assessment Tool to determine if testing is recommended and follow information on [isolation requirements](#).

*TIP: The Government of Alberta has also created [information sheets](#) that have been translated into several languages that may be useful to share with your clients.*

*The list of questions in this Practice FAQs is not exhaustive and will be updated as unique questions are asked.*

*Refer to the [Safe Delivery of Occupational Therapy Services During a Pandemic](#) for ACOT's formal guidance.*

*If you have any concerns or questions about the content in this document please contact [ACOT](#).*