

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

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### *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; **NEW: Working from home**)
- B. [Preventing the Spread](#) (Elimination; Workplace controls; PPE – what to wear and when; **NEW: use of eye protection**; Accessing PPE)
- 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)
- F. **NEW:** [Vaccination roll-out](#)

### *Questions and Answers*

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

- How did ACOT determine the 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 CMOH Order 16-2020 was rescinded once the guidelines prepared by the regulatory bodies were approved and in place.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", there would still be situations/circumstances that required 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 reverted to the requirement for continuous masking with medical grade masks for all OTs providing direct client care (or those whose non-clinical employment requires them to be in client care areas).**

ACOT apologizes for any confusion or disruption in service delivery these changes 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) differs 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.

➤ **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 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.*

*It is recommended that you access this and any other practice resources directly from the [Practice Resources](#) page of the ACOT website so that you are always viewing the latest iteration of any ACOT practice guidance documents.*

➤ **NEW:** How does ACOT recommend OTs apply the “work from home” measure first announced in November 2020?

The “working from home should be considered, where possible” measure is something that can be determined by you if you are the operator of a solo or group-based practice or discussed with your employer. It is ultimately up to you (as an employer)/your employer to determine and decide what is operationally feasible when it comes to staff working from home and the provision of health services virtually/remotely.

## 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 more rigorous 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?**

The only exception would be OTs that are not involved in the provision of clinical OT services (e.g. those in non-clinical/non-traditional roles) that do not have to cross through a client care area to get to his/her/their workspace.

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

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

Although a signed waiver may support you if the client subsequently files a legal action against you, it would 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.

➤ **NEW: What is the intent of the new recommendation relating to eye protection that is included in the January 14, 2021 iteration of the [Public Health Disease Management Guidelines: Coronavirus – COVID-19](#)?**

As there are more situations for health care workers where a client may receive services while asymptomatic or pre-symptomatic and/or is not able to reliably report symptoms of COVID-19, it is an additional layer of protection for health care workers involved in the provision of services within two metres in areas of the province where there are ongoing high levels of community transmission. The use of eye protection (i.e., goggles, visor, face shield, transparent barrier) may help to prevent you from being a close contact as per page 31 of the Public Health Management Guidelines: Coronavirus – COVID 19 document linked above:

*"If a HCW was wearing a surgical/procedure mask, eye protection and was practicing good hand hygiene and had brief/transient contact with a patient who had symptoms that were not recognized to be COVID-19 at the time (e.g. confusion) that HCW may not be considered a close contact, but this assessment would have to be done on a case by case basis..."*

➤ **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 that are not required/unable to wear a mask and cannot perform respiratory etiquette, or clients/guardians that 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.

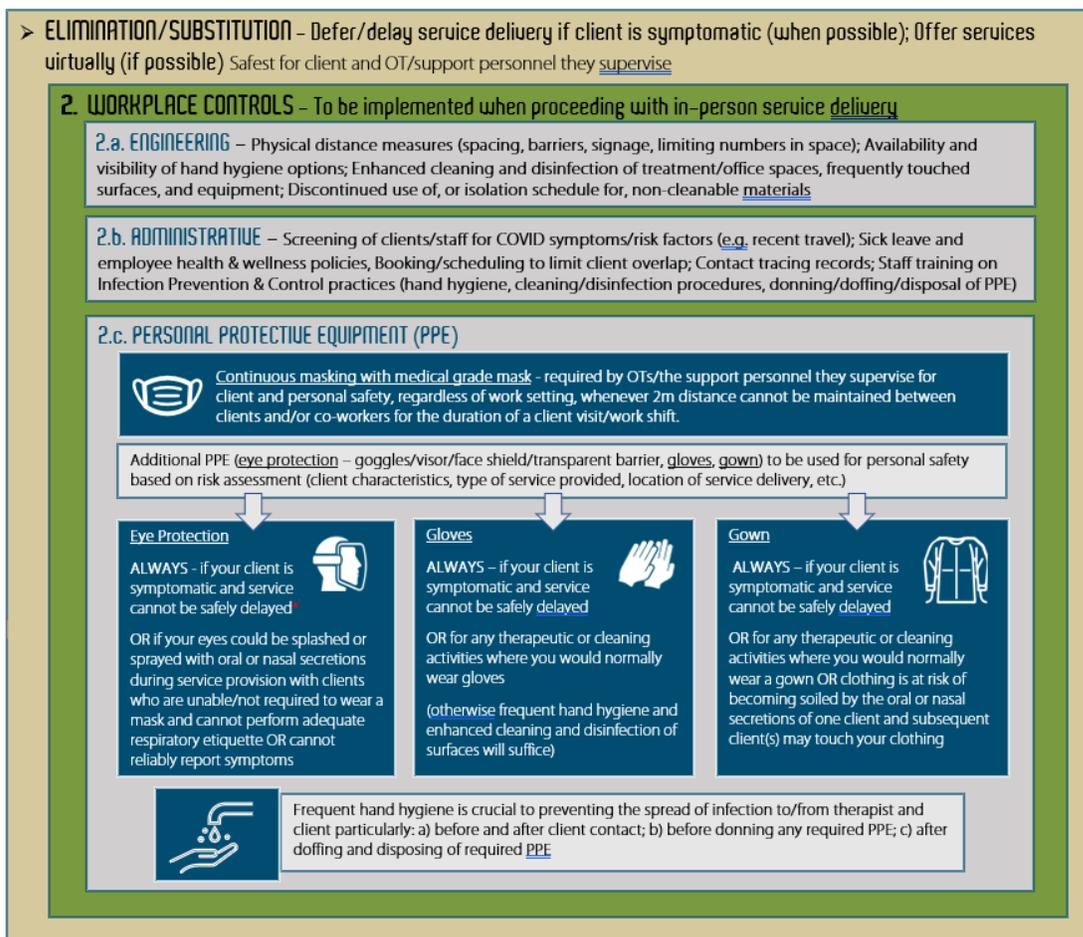
ACOT is aware that the Alberta College of Speech-Language Pathologist and Audiologists ([ACSLPA](#)) is allowing the wearing of a face shield only [under specific conditions](#) when the wearing of a mask by an SLP or Audiologist interferes with delivery of speech or audiology services.

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.*

➤ 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 ACOT’s COVID-19 Guideline:



\* NOTE as per the *Public Health Disease Management Guidelines: Coronavirus – COVID-19*, “Eye protection is now recommended as an additional layer of protection for all client interactions within two metres in areas where there are ongoing high levels of community transmission” (p. 31).

➤ **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. 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](#).

➤ **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.

## 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 the 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 their 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 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 your client is physically located in Alberta 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 is moving to as soon possible to allow time for processing your application to the temporary (courtesy) or permanent register (varies according to 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 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** and **Completing Your CCP video tutorials** 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 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.*

*AHS has also prepared a [Return to Work Guide](#) that is applicable to all health care workers, not just AHS employees.*

- If I test positive for COVID am I obligated to/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).

Contract Tracers are directed to prioritize calling health care workers that have tested positive, however as they become increasingly busy, you may only receive a text message.

**NOTE:** Persons who test positive are now directed to follow the new [Contact Tracing Notification Process](#).

- If you/your staff test positive, complete the Close Contacts Identification Guide and use the Close Contact Tool to create automated notifications to your close contacts. Although not required, it would be a respectful courtesy to call your clients directly as well.
- Be sure to inform your clients that you may be required to release their personal information for contact tracing if either they or you test positive.

Although you are not required to contact clients to tell them you/your staff have tested positive you may do so as a courtesy if it is important for the therapist-client relationship.

#### ➤ 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 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.*

## F. NEW: Vaccination Roll-Out

#### ➤ When can OTs expect to be vaccinated?

Refer to both the [Government of Alberta](#) and [Alberta Health Services](#) (AHS) vaccine pages for information on the order of vaccine distribution. Frontline healthcare workers that are not in the priority groups for Phase 1, 1A and 1B are slated for Phase 2 (still TBD but estimated Apr-Sep 2021).

ACOT expects to be notified by the Ministry of Health when AHS is gearing up to shift to Phase 2 of vaccination and will notify registered OTs via eNews regarding the process.

Note, once you are vaccinated, you will still be required to follow all of the guidance in the ACOT [COVID-19 guideline](#) until we get direction from the Chief Medical Officer of Health that these guidelines can safely be eased (which could be several months yet).

#### ➤ Can OTs assist with administration of vaccinations?

No, administration of vaccinations is a restricted activity that is not included in the [Occupational Therapists Profession Regulation](#).