

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

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Background

This Frequently Asked Questions (FAQ) document is offered as a supplement to the [Safe Delivery of OT Services During COVID-19](#) 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 - contact [ACOT](#) with any additional questions.

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

The questions, and corresponding answers are clustered into the following categories (click on the link to be taken to that section):

- A. **UPDATED: Masks and Infection Prevention and Controls (IPC)** (PPE – what to wear and when; use of eye protection; Accessing PPE)
- B. **Virtual Practice** (Choosing a secure platform; Out of province practice)
- C. **Assisting in the Pandemic Response** (Can OTs do COVID testing, contact tracing, etc.; Can these activities be counted as OT practice hours?)
- D. **Testing Positive for COVID-19 – Next Steps** (Next steps when you or your client has symptoms or tests positive, or are deemed a close contact)
- E. **Vaccine-related questions/issues** (Asking about client/colleague immunization status, Service delivery with unvaccinated/vaccine hesitant clients)

Questions and Answers

A. Masks and Infection Prevention and Controls (IPC)

- Why is ACOT strongly recommending wearing a medical grade mask when mandatory masking orders and restrictions have been removed for the general population?

COVID-19 continues to be transmitted in our communities although Alberta's case counts and hospitalizations continue to decline. As a result, the Alberta Government lifted all remaining mandatory public health restrictions on June 14, 2022. However, given the complexity of health service delivery

(multiple clients seen in a day, possibly at varying sites), the client populations OTs serve (clients who are vulnerable/immunocompromised and/or clients not yet immunized/boosted), and ACOT's mandate to protect the public, we moved to strongly recommending OTs continue to wear a medical grade mask and advised them to continue to employ IPC based on their risk assessments and screening. With the lifting of all mandatory health restrictions, OTs across Alberta have increased autonomy and responsibility to monitor risks within their practice and exercise professional judgement. OTs are required to be aware of and adhere to organizational structures and policies.

➤ **Is there any time when I would need to wear a well-fitted KN95 or N95 respirator masks, eye protection, gloves and gown?**

It is strongly recommended you employ these PPE when working with symptomatic or confirmed COVID-19 positive clients/colleagues or close contacts or in an outbreak (Public Health Disease Management Guidelines- Section 5 & 6).

➤ **Is there any time when I would need to use a *fit-tested* N-95 respirator?**

A properly fitted and seal-tested N95 respirator mask is strongly recommended to be worn for procedures where COVID-19 droplets could be aerosolized¹. This is highly unlikely in OT practice as even nasopharyngeal swabs, throat swabs, and video fluorographic swallowing studies -VFSS are not considered aerosolizing procedures.

➤ **Do I still have to wear a mask/other PPE or employ other infection prevention and controls if both my client and I are partially/fully immunized?**

The virus has undergone significant, rapid change. The result of emerging evidence shows that a single-dose or two-dose immunization series has become less protective against symptomatic infection and transmission. It is strongly recommended that you continue to wear a medical grade mask and advise you to employ other infection prevention and controls as determined by your risk assessment and screening **regardless** of immunization status.

➤ **What if my client doesn't want to/can't wear a mask during therapy? Can I refuse to see them if they refuse to mask?**

Throughout the pandemic, OTs have been seeing clients who are not able/required to mask during service delivery. In cases where clients are unable or refuse to mask during service provision, it is advised you continue to offer **Elimination** (defer service delivery) or **Substitution** (offer services virtually) as alternatives.

If in-person service delivery is required, it is advised that you employ appropriate workplace controls

¹ If you are interested in learning which procedures are considered aerosol generating, refer to the [guidance tool](#) created by AHS.

(engineering, administrative and PPE) as per your risk assessment and client screening. See the **Hierarchy of Infection Prevention and Controls** table in **Appendix A** of ACOT's [Safe Delivery of Services During COVID-19](#) for more information.

➤ **Can I use a face shield without a mask?**

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 Risk Assessment and Screening in **Appendix A** of ACOT's [Safe Delivery of Services During COVID-19](#) for more information).

➤ **What can I do to improve communication with my clients who are having difficulty hearing me with my mask?**

If your client is having difficulties hearing you through your mask, consider augmenting your voice volume (i.e., pocket talker or other voice amplifier).

➤ **What can I do if my client becomes distressed by my mask?**

If you are worried your client may be distressed by your mask or any other PPE you choose to wear, be sure to provide them with advanced notice of your IPC processes. Explain that it is for everyone's safety.

Consider building the relationship by wearing a clear photograph of your smiling face. Consider how your communication (verbal and nonverbal) may be muted by the PPE; slow down and allow the client more time to respond. Consider how the environment may contribute to distress (i.e. standing in front of a light source may reduce the details your client may see on your face).

➤ **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).

ASTM F2100 Level 2 or 3 masks (98% filtration efficiency), masks that meet the European Standard (**EN 14683**) or **KN-95** masks are **also acceptable**.

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

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

In some workplaces, there is a discrepancy in what type of mask (non-medical versus medical grade) is acceptable to wear (i.e., schools, daycares). ACOT strongly recommends use of a medical grade mask. However, continue to adhere to your employer's guideline as it pertains to masking requirements.

- 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:

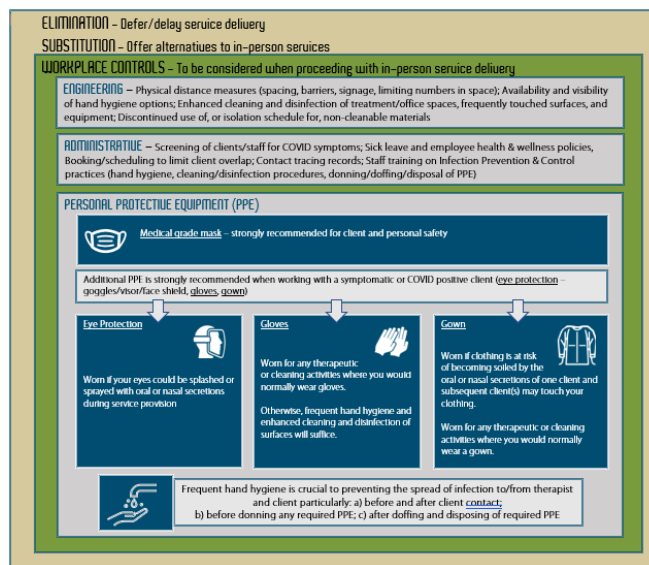
1. To appoint a lead or determine who conducts a formal Occupational Health and Safety (OHS) workplace hazard assessment
2. To procure and stock your own PPE, hygiene and cleaning supplies.

If you are employed by an organization/agency, it is your employer’s responsibility to see that required workplace controls/PPE are in place for employees according to workplace hazard assessments.

Some employers have provided/reimbursed for medical grade masks for OTs and other health care workers they employ. However, as they are not legally responsible to do so, you may be responsible for procuring and stocking your own supply of medical grade masks.

- How do I decide what other PPE to wear in addition to the recommendation of a medical grade mask?

A table has been created to assist you with the Hierarchy of Infection Prevention and Controls. This table can also be accessed in a larger format for printing from **Appendix A – Hierarchy of Infection Prevention and Controls** in ACOT’s [Safe Delivery of OT Services During COVID-19](#) practice guideline:



- What is the intent of the recommendation relating to eye protection that is included in the Public Health Disease Management Guidelines: Coronavirus – COVID-19?

It is strongly recommended that OTs wear properly fitting goggles or adequately sized face shields when working with clients/patients who are symptomatic or confirmed COVID-19 positive clients who are not required/unable to wear a mask or when determined by your risk assessment and screening.

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

Evidence about whether eyeglasses offer adequate protection from COVID-19 droplets entering the eye remains preliminary. As such, it is strongly recommended that OTs wear properly fitting goggles or adequately sized face shields rather than relying on eyeglasses only.

➤ **Is a transparent/plexiglass barrier an acceptable alternative to wearing goggles or a face shield?**

Physical barriers such as plexiglass/transparent partitions are considered an engineering control and are not a replacement for eye protection.

For guidance on the appropriate use of physical barriers in your workplace, check out the Canadian Centre for Occupational Health and Safety (CCOHS) [Tip Sheet on Physical Barriers](#). The CCOHS has a variety of helpful Tip Sheets for all workplaces, not limited to health care settings

B. Virtual Practice

➤ **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:

- ACOT's practice guideline – [Considerations for Virtual Practice](#)
- 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)
- Whether your employer permits use of an application

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 wants to use an app on their phone that they use to call friends and family. Can I provide OT treatment this way?**

No, you must use secure video or telephone technology to keep the client's health information private. Talk to you client about which applications would be secure.

➤ **Can I deliver OT services virtually in another jurisdiction (territory/province/state) if I am registered in Alberta? OR Can I delivery OT services virtually to Albertans if I am registered to practice in another jurisdiction?**

The answers to these and other questions about practice within and beyond borders have been compiled into a separate FAQ document – [Practice FAQs: Practice Across Jurisdictions](#).

- Is there anything else I should consider before I provide OT services virtually?

Refer to ACOT's [Considerations for Virtual Practice](#) and [Electronic Communication with Clients](#) guidelines for additional information and links to resources to support you in the safe and secure delivery of services remotely/virtually.

C. Assisting with the Pandemic Response

- Can OTs assist with COVID-19 testing (nasopharyngeal or throat swabs) or other duties to support the response to the pandemic?

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 and they are conducted in accordance with ACOT's Standards of Practice and Code of Ethics. 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.

Many OTs in Alberta are contributing to the pandemic response by assisting with COVID testing, staff and visitor screening, contact tracing and various other activities (e.g., personal care, feeding assistance, assisting in vaccination clinics, acute care or long-term care) depending on their employer/practice area.

- Can these redeployment duties be counted as OT practice hours when I renew my registration?

Refer to the [Health Professions Act](#), Schedule 15 - Profession of Occupational Therapists, Section 3 for the definition of occupational therapy practice.

Whether the activities you are performing fall outside of typical OT practice or not, 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 goals that I set in my Learning Plan – can I change my goals?

Yes, details on how to change your learning goals mid-year can be found in the [CCP Resources](#) page of the ACOT website. Specifically:

- QUICK Step-by-Step Self Assessment,
- Continuing Competence Program Step-by-Step Guide,
- Guide to Registration Renewal, and
- the CCP video tutorials or other live support offerings.

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.

D. Testing Positive for COVID-19 – Next Steps

- I have symptoms of/have tested positive for COVID-19, how long do I need to isolate?

If you are exhibiting symptoms consider completing the [online AHS assessment tool](#) to help determine

if you should talk to someone about your symptoms, for advice on managing mild symptoms and whether you need to be tested for COVID-19. Isolation requirements for those exhibiting symptoms of COVID-19 vary – check the Government of Alberta [Isolation and Quarantine Requirements](#) page for current direction.

TIP: AHS has also prepared a [Return to Work Guide](#) that all health care workers may consider, not just AHS employees.

➤ **I have been identified as a close contact; how long do I need to quarantine/isolate?**

As of July 29, 2021 close contacts of positive cases are no longer required to quarantine. Check the Government of Alberta [Isolation and Quarantine Requirements](#) page for current direction.

➤ **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](#) direct the client to complete the [online AHS assessment tool](#) to determine if they should talk to someone about their symptoms, for advice on managing mild symptoms and whether they need to be tested for COVID-19. Also direct them to information on [isolation requirements](#).

TIP: The Government of Alberta has [translated](#) many of their resources into several languages if needed to share with your clients.

E. Vaccine related questions/issues

➤ **Can OTs administer vaccinations?**

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

➤ **What is ACOT's stance on vaccination?**

ACOT supports immunization against communicable diseases for which vaccines exist and thus strongly encourages all OTs to keep their Covid-19 vaccinations up to date.

➤ **Am I required to advise/encourage my clients to get vaccinated? OR Can I advise/encourage my employer to mandate vaccination for all employees?**

You are not expected to provide advice regarding vaccination as vaccination is not considered part of OT practice.

However, if a client or your employer asks for your advice or opinion on COVID-19 immunization or any medical or health concern related to COVID-19, we expect you to point them to advice that is in line with provincial public health guidance and grounded in science and best practices.

You can refer your employer/clients, with vaccine specific inquires or concerns, to [credible sources of information](#) and/or an appropriate regulated health professional who is authorized to have a supportive and safe conversation about vaccination (e.g., their pharmacist or primary care provider).