



## **COVID-19: Guidelines for Occupational Therapists**

On May 9, 2020, the government of New Brunswick announced a revised declaration of the State of Emergency during the COVID-19 pandemic. The declaration previously restricted health professionals from providing in-person services except when deemed essential for the health and wellbeing of their clients. This provision has now been removed from the declaration.

NBAOT wishes to advise its members of these new changes as they now allow occupational therapists to resume in-person interventions with clients, providing that the occupational therapist follows public health directives outlined in the Government of New Brunswick's Guidance Document of General Public Health Measures During COVID-19 Recovery.

<https://www2.gnb.ca/content/dam/gnb/Departments/eco-bce/Promo/covid-19/guidance-ph-measures.pdf>

NBAOT has prepared the following guidance for occupational therapists involved in the provision of urgent/non-urgent, non-essential services.

Each business (including private practice occupational therapy businesses) will be required to have a written plan documenting their risk assessment and mitigation measures consistent with the COVID-19 Operational Plan Guide and WorkSafeNB rules and regulations. Individual COVID-19 plans will not be reviewed or approved by Public Health, WorkSafeNB or NBAOT prior to a business re-opening but they must be available for inspection if Public Health requests them.

<https://www2.gnb.ca/content/dam/gnb/Departments/eco-bce/Promo/covid-19/covid-op-plan-guide.pdf>

<https://www.worksafenb.ca/about-us/news-and-events/news/2020/worksafenb-develops-safety-guide-and-operational-plan-template-for-workplaces-1/>

Operational Plans should include:

- Engineering controls – signage, measures to maintain physical distancing, hand hygiene supplies for clients and staff, access to and proper use of Personal Protective Equipment (PPE)

- Administrative controls - pre-screening staff and clients to ensure they do not attend work/appointments when sick, limiting people who are in attendance/present at client appointments, infection prevention and control practices (including cleaning and disinfecting practices for treatment spaces and equipment).

Occupational therapists may only proceed with in-person service delivery when:

- all applicable engineering or administrative controls are in place, supplies of required PPE are available for you and your client: and, you, and any staff under your supervision/employ, are adequately trained in the determination of which PPE are required and in proper donning/doffing/disposal of PPE.

**If you are a member of NBAOT working for a health authority or the Extra-Mural Program, an operational plan will be developed by your employer. Please follow your employer's guidelines regarding provision of service.**

The goal of this guideline is to ensure members have a framework to help mitigate risks in the return to the work setting and have considered and included the following in their operational plan:

**Offer services virtually wherever possible.**

If virtual service delivery is not possible, use your clinical judgement to determine whether in-person services can be delayed or postponed.

- this determination can be done in discussion with the referral source(s) and/or client(s) regarding what poses the highest risk (ie. risk to your client's health if services are not provided in-person versus risk to you/your client's health if they are provided in-person)
- while the perspectives of your client or referral source are to be respected, you are ultimately accountable for prioritizing access to in-person services based on your clinical judgement

If in-person service delivery is the most appropriate option you must ensure that appropriate controls are in place. The controls you implement will vary depending on your service/practice setting (eg. Do you see your clients in a clinic or in the community, either in their home or elsewhere?) and the type of service provided (eg. can the client tolerate being masked throughout the session/visit, how close do you need to be to the client?)

**Procedures before in-person sessions:**

- screen clients over the phone before scheduling or confirming appointments for any relevant symptoms or travel history. Samples of a pre-screening tool may be found in the WorksafeNB Recovery guidelines document.
- inform clients who are displaying symptoms or who are in contact with a person displaying symptoms, or who have been outside the province in the last 14 days, that their face-to-face appointments need to be cancelled. Refusing to see such clients, with appropriate explanation, would not in itself be seen a breach of standards of

care.

- be sure clients understand and consent to the operational plan prior to attending a face-to-face session.

**Procedures during in-person sessions:**

- maintain physical distancing between yourself and client during an in-person session
- use PPE (personal protective equipment) as recommended by point of care risk assessment and/or as recommended depending on your practice location
- review with clients upon arrival the checklist for symptoms and travel history and cancel appointments where necessary
- invite clients and others to wash their hands or to utilize a hand sanitizing station when coming into the office

**Procedures for workplaces:**

- ensure that physical distancing requirements are not violated by interactions between clients and staff employed by or supervised by yourself
- schedule clients to ensure that physical distancing requirements are not violated by client to client interaction
- when seeing clients in shared space, develop a collaborative plan with other users of the space to enable physical distancing
- minimize required wait time in a waiting room and remove all non-necessary items
- ensure high-touch surfaces such as testing equipment, doorknobs, light switches, phones and sink faucets are cleaned with a disinfectant between client appointments

**Procedures for personal and public health:**

- follow the guidance of the Chief Public Health Officer regarding hand washing, coughing into the elbow and physical distancing
- if you become ill with COVID-19 or believe you have been exposed to it and should self-isolate, or if you have been outside the province in the last 14 days, immediate withdrawal from in-person practice is required. In such cases proper notification of clients and provision of information about alternative services should be considered.
- members experiencing symptoms will seek medical attention, cease face-to-face practice and inform public health. Members will provide information requested by Public Health. This may include the names of persons the member has been in contact with over a specific period of time, including clients.