



STATEMENT ON THE OCCUPATIONAL THERAPY ROLE FOR COVID-19 PANDEMIC

Occupational therapy is one of the healthcare professionals and considered as frontlines during this pandemic. COVID-19 is currently considered as public health issue and no effective management is available either from pharmaceutical or clinical approaches. The current best practice is through supportive therapy by managing the symptoms in the hope for body immunisation to combat the infection and prevention methods such as hand-hygiene and social distance.

Recently understood, the COVID-19 can be spread through close physical contact either on infected person or object surfaces contaminated with the respiratory droplets produced from an infected host, while transmission through airborne is negligible. COVID-19 as other coronavirus infection mainly attacking respiratory system. Respiratory-related problem such as fever, hard to breathe, coughing and chest pain are the common symptoms reported. Less often symptoms but also reported includes confusion, gastrointestinal problem (i.e. nausea-vomiting, diarrhea), fatigue, muscle pain and headache. People with comorbidities, infants and older people are highly at risk, while young children although susceptible have better prognosis to recover. At the later stage, the infections will damage the organs and may cause death. To date, no vaccine or medication is available to treat COVID-19. Managing the symptoms is the best effort available.¹

To assist occupational therapists, the statement provided several suggestions. This is not exhaustive and limited to clinical practice however should be taken whenever relevant and appropriate. The guideline is divided into several phases:

Pre-contact and precaution management

1. Any rehabilitation appointment should be postponed if possible and if not necessary. Outpatient cases should be discouraged as it will increase the risk of transmitting the disease and high exposure to infection.
2. If rehabilitation is necessary, occupational therapist should practice good hand-hygiene and self-hygiene. No group or concurrent therapy session is allowed. Prior to the session, occupational therapists (with the assistance of nurses or other healthcare personnel) should take temperature reading and interview for any symptom of COVID-19 and document it. Only clients with negative result should be allowed for therapy. After the session, sanitization and disinfection effort should be practiced (i.e. sanitizing the equipment, furniture and room).
3. Population that are more vulnerable and difficult to manage (i.e. respiratory patients and children) should be minimized to receiving therapy. Reducing session period is not an effective strategy.
4. No therapy is allowed in an uncontrolled setting. For example, outdoor therapy is discouraged. Therapy session should be conducted in a controlled environment such as in a clinic setting.
5. No unsupervised therapy is allowed. Alternative approach, such as tele-rehabilitation should be conducted if home therapy is required.
6. Contact and encourage client to get proper consultation from qualified occupational therapists.
7. Inform the client earlier on what is needed in preparation if required to attend the therapy session. For example, only one caregiver is allowed to accompany the client. Client should practice good hand and self-hygiene and has no contact or go to other places before and after the therapy session.

Specific therapy session

1. Occupational therapist should properly utilise at least minimal personal protective equipment such as mask and glove. Glove use should be exclusive for one client only. Use new glove for the next client. Hand hygiene aspect should be frequently practiced.

¹ Romli, MH & Wan Yunus, F. (under review). Occupational therapy role in acute and rapid infection control: a mini review.



2. Occupational therapist has a role in managing COVID-19 patients. As per symptom mentioned, occupational therapy should provide the service according to the symptom. During the acute and post-acute stage, occupational therapists may do the following¹:
 - Begin rehabilitation as soon as possible
 - Evaluate and intervene cognitive functions and orientation, and activities of daily living.
 - Facilitate in functional performance; compensatory strategy, enhance independency & quality of life
 - Educate pain management & collaborate for respiratory rehabilitation
 - Educate transferring and positioning techniques
 - Regain functional performance especially in the activities of daily living.
 - Educate self-management on health (e.g. recording own temperature, vital signs and symptoms)
 - Educate on energy conservation and activity adaptation
 - Prescribe assistive devices and educate its use
3. For other clients, occupational therapists should encourage self-training by providing consultation, reading material or video on teaching the client's to do the therapy at home. Physical contact should be minimized.
4. If possible solo appointments with less contacts.
5. Occupational therapist may support other healthcare professionals in any way possible such as psychological support.

Community and well-being

1. Occupational therapist has a role to educate the public to remain active and healthy in their safe environment without the need to go outside. Being involve in meaningful occupation such as doing house chores activities should be encouraged. This can be done through education video, telerehabilitation and electronic media (i.e. Facebook post, Infographic)
2. Occupational therapy should prepare for the current and future impact of the pandemic such as negative stigmatism on the survivors and their family members. Psychological support and return-to-community effort should be planned if necessary.
3. Advocate on the role of occupational therapy to other healthcare professionals and public.

This is a non-binding suggestion where occupational therapists should practice high level of integrity, clinical reasoning and evidence-based practice. Any effort should not be done hastily and requires clarification from responsible parties. Occupational therapists must be aware and abide with any instruction from the top management while ensuring a safe and secure manner.

For additional resources from WFOT, please refer to the following links:

- WFOT Public Statement on Occupational Therapy Response to the COVID-19 Pandemic: <https://www.wfot.org/about/public-statement-occupational-therapy-response-to-the-covid-19-pandemic#entry:22326>
- A full list of Position Statements: <https://www.wfot.org/resources/list-of-position-statements>
- Forum on COVID-19: <https://wfot.link/covid19>