

## Decision Guide for Phased Reopening of Occupational Therapy Services during a Pandemic

In the rapidly changing health care landscape, states are facing unique challenges associated with the various phases of [Opening up America Again](#). Occupational therapy practitioners, and rehabilitation management and infection control teams should monitor [federal](#) and [state-by-state reopening guidelines](#) to develop facility and practice setting algorithms and work plans during phased reopening.

### Hierarchy of Controls

- Foundational to reopening services during a pandemic is implementing mitigation methods to reduce the likelihood of disease transmission. Implement appropriate CDC [hierarchy of controls](#) according to guidelines and risk assessments.
  - Consider/continue **Elimination of Hazard and Substitution (remove or replace the hazard)**
    - Physical distancing (at minimum, 6 feet apart)
      - Eliminate use of waiting rooms
        - schedule transition time between sessions
      - Limit visitors
        - allow only one caregiver/visitor per visit (do not allow siblings, etc. to attend)
        - allow caregivers to wait outside the facility
    - Telehealth services
      - Continue remote services for clients as appropriate
      - Reevaluate [telehealth eligibility](#) for clients not yet receiving remote services
      - Work from home (e.g., documentation, scheduling)
  - Consider **Engineering controls (isolate staff and clients from the hazard)**
    - Create physical barriers between practitioner and client (e.g., Plexiglas)
    - Reconfigure equipment (e.g., mats, tables) in semi-private areas
      - Safely relocate interventions outside (e.g., therapeutic gardens)
  - Consider **Administrative controls (change the way office and clinical staff work)**
    - Communicate with clients effectively
      - Provide clients clear reopening guidance via various communication platforms
      - Create commitment materials, such as a COVID-19 partnership pledge
    - Redistribute clinical responsibilities
      - Conduct pre-screening phone calls for symptoms of fever, cough, shortness of breath or malaise, and recent exposure to COVID-19
      - Assign [cleaning and disinfecting rotations](#)
      - Promote daily temperature screenings for staff and clients
    - Eliminate use of equipment that cannot be disinfected between clients
    - Increase hours of operation/stagger appointment times to decrease client-to-client contact
    - improve hand hygiene practices
      - Ensure adequate supply and effective placement of hand sanitizer
      - Require staff, client, and visitor to perform hand hygiene before, during, and after sessions
    - Develop effective reporting mechanisms related to COVID-19 exposure
    - Adapt office procedures
      - Train administrative staff in phased scheduling procedures
      - Conduct remote pre-registration, and collect remote online payments
  - Consider availability of **PPE (protect practitioners)**

*Note:* CDC = Centers for Disease Control and Prevention; CMS = Centers for Medicare & Medicaid Services; OSHA = Occupational Safety and Health Administration; PPE = personal protective equipment (e.g., gloves, gowns, face shields)

- Evaluate and [optimize PPE](#)
  - Consider PPE supply as part of the phased reopening plan
  - Re-educate practitioners on the [proper use of PPE](#)
  - Communicate client and visitor need [for use of non-medical cloth masks](#)

## Risk Assessment

- Foundational to reopening services during a pandemic is conducting continuous risk assessments, and the strategies outlined by the [Johns Hopkins Bloomberg School of Public Health](#) may be helpful.
  - Consider the likelihood (probability) of increased disease transmission and the impact (consequences) of that transmission.
    - Assess risk for opening occupational therapy with a three-dimensional risk assessment, which includes contact intensity, degree of modifiability, and number of contacts.

### Example 1. Contact intensity (low, medium, high) depending on proximity and duration of contact with clients

Level of Assistance/ Intervention	Contact Intensity	Number of Contacts	Modification Potential	Mitigation Resources
Max. Assist./ Functional Transfers	High due to proximity of contact (maximum assist tub transfers) and duration of transfer training	Low	Medium	Administrative Controls PPE

### Example 2. Number of contacts per client (number of people in the setting simultaneously)

Level of Assistance/ Intervention	Contact Intensity	Number of Contacts	Modification Potential	Mitigation Resources
Max. Assist./ Functional Transfers	High	Low due to the ability to limit interactions with other staff and patients	Medium	Administrative Controls PPE

### Example 3. Modification potential (low, medium, high) based on the degree of modifiability to reduce risk (higher mitigation potential is assumed if physical distancing and engineering controls are feasible)

Level of Assistance/ Intervention	Contact Intensity	Number of Contacts	Modification Potential	Mitigation Resources
Max. Assist./ Functional Transfers	High	Low	Medium due to the inability to physically distance/use engineering controls	Administrative Controls PPE

### Example 4. Risk assessment to guide decision making related to reopening service areas

Service Area	Contact Intensity	Number of Contacts	Modification Potential	Mitigation Resources
Direct Outpatient services	Medium	Low	Medium / High	Engineering Controls Administrative Controls PPE
Wheelchair Clinic	High	Medium	Medium	Administrative Controls PPE
Aquatic Therapy Pool	High	Low	Low	Administrative Controls

Note: CDC = Centers for Disease Control and Prevention; CMS = Centers for Medicare & Medicaid Services; OSHA = Occupational Safety and Health Administration