9th September 2021



JAOT response to COVID-19

Japanese Association of Occupational Therapists (JAOT)

Vise President Shinichi Yamamoto

Changes in the numbers of qualified OTs and JAOT members



Contents

- Emergency Survey of JAOT members on COVID-19 (27th April ~ 1st May 2020, 15,292 members) (5th ~ 12th October 2020, 8,215 members)
- 2. Public Information pamphlets, etc
- 3. COVID-19 countermeasures / Occupational Therapy services (Ver.1.2.3)
- Letter of request to the Medical Economics Division, Health Insurance Bureau, Ministry of Health, Labour and Welfare (27th May 2020)
- 5. Creation of a video for the promotion of infection prevention
- 6. COVID-19 practice cases by occupational therapists
- 7. Conclusion

1st and 2nd Emergency Surveys of JAOT members on COVID-19 Summary of Results [Latest Report/Extract]

| Survey Period | : 【1 st survey】27 th April ~ 1 st May 2020 | | |
|---------------|--|--|--|
| | 【2 nd survey】 5 th ~ 12 th October 2020 | | |
| Method | : JAOT members whose e-mail addresses are registered in JAOT. Online survey. | | |
| Response | : 【1 st survey】15,292 | | |
| | 【2 nd survey】 8,215 | | |

Respondent Attributes

1. Affiliations



Medical Institution
 Facilities Covered by Long-Term Care Insurance
 Services and Supports for Persons with Disabilities Act • Child Welfare Act related facilities
 Public facilities including public health centers
 OT Schools
 Non-practice • No affiliation
 Other

2. Main Client Group



Respondent Situation



Things to take in mind

%: percentage when total number of respondents counted as 100 ★: new question added in 2nd survey

Facility Response to COVID-19



2 : Public Information Phamphlets



3 : COVID-19 Countermeasures/ Occupational Therapy services (Ver.3)

- 1. About COVID-19 Infection
- 2. Basic infection countermeasures
- Organization or department response in terms of COVID-19 infection countermeasures
- 4. Specific COVID-19 infection countermeasures in Occupational Therapy
- 5. Cooperation with stakeholders



4 : Petition to Medical Economics Division, Health Insurance Bureau, Ministry of Health, Labour and Welfare (27th May 2020)

In consideration of various opinions expressed by members in "1st and 2nd JAOT Members Emergency Surveys on COVID-19 ",

27th May 2020 :

JAOT submitted a letter of request **"Response to the suspension of outpatien t rehabilitation due to the effects of COVID-19"** to Medical Economics Divisio n, Health Insurance Bureau, Ministry of Health, Labour and Welfare

21st July 2020 :

To respond to the above request, Ministry of Health, Labour and Welfare iss ued **"Temporary measures of medical fees in relation to COVID-19 (No.2** 4) "

(Q) From the perspective of preventing COVID-19, is it possible to continue calculating disease-specific rehabilitation fees for patients who have exceeded the standard days for calculation because they had to temporarily stop the disease-specific rehabilitation?

(A) The gratitude is for the patients listed in Appendix 9-8 Daiichi, such as the medical standards of the specially listed clinical departments (2008 Ministry of Health, Labour and Welfare Notification No. 63). If it is medically determined that the patient's condition may improve by continuing treatment, the prescribed score can be calculated in excess of the standard calculation days in accordance with the proviso of Note 1 of the rehabilitation fee for each disease.

5 : Creation of a video for the promotion of COVID-19 infection prevention

Lecture① Basic infection prevention measures Lecture② Knowledge needed to understand COVID-19 Standard prevention① Hand Wash

Standard prevention ② Mask Standard prevention ③ Gloves Standard prevention ④ Gown Points in OT service provision Points in administrative services Ideas in home-visit OT Ideas in care offices









6 : COVID-19 practice cases by occupational therapists

JAOT received a number of comments and enquires from JAOT members that how OT services are provided in response to COVID-19.

Some occupational therapists involved in COVID-19 clients kindly reported their OT practice cases and these cases were published on JAOT homepage.

- Case1. Prevention of mental deterioration complication
- Case 2. Intervention choices of clients with functional and motivation dissociation
- Case 3. A case of COVID-19 with stroke immediately after ventilator extubation
- Case 4. A successful case promoting of getting out of bed and expanding activities as a result of assessment based on pathological condition
- Case 5. COVID-19 and remote intervention
- Case 6. A case of smooth discharge as a result of early direct intervention
- Case 7. A case of occupational therapy in COVID-19 ward
- Case 8. A case of occupational therapy for client who experienced a decline in cognitive functioning and peripheral symptoms in COVID-19 ward
- Case 9. A case of occupational therapy for clients with severe COVID-19 symptoms

7 : Conclusion

Based on the survey results and opinions from therapists, JAOT kept in mind to provide continuous education and evidence-based information with regards to COVID-19 to our members, promoted public awareness, presented recommendations to the social security system.

We believe that JAOT should continue to take the following measures;

- All therapists implement the basic infection control measures regardless the area of specialty they work
- Mental health care and stress coping of therapists themselves
- Providing learning opportunities by each organization, society, and association to ensure the quality of occupational therapy

We believe Occupational therapists can save people's lives and contribute to their health.



Clinical response to COVID-19 in Japan

-Efforts at our hospital ,department and case studies

2021/Sep/9

2021 Asian Occupational Therapy Associations Exchange Meeting

National Center for Global Health and Medicine (NCGM) Department of physical medicine and rehabilitation Atsuko Nishimoto Hiroko Mlzuguchi



1. COVID-19 situation in Japan and the world

- 2. Efforts at our hospital in COVID-19
- 3. Efforts at our department of PM &R in COVID-19

4.Case studies

5. Summary

1 . Situation in Japan and the world in COVID-19 $\,$

Changes in the new number of people infected with COVID-19 in Japan



(From the Ministry of Health, Labor and Welfare website)

- The number of newly infected people in Japan is limited to the metropolitan area in the first and second waves, spreads nationwide in the third wave, spreads mainly in mutant strains in the fourth wave, and is currently spreading due to the fifth wave.
- The number of inpatients is also increasing and medical tightness becomes a national problem.

1 .Situation in Japan and the world in COVID-19





1 . Situation in Japan and the world in COVID-19 $\,$

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Domestic COVID-19 cluster occurrence



> The number of clusters at medical institutions and facilities for the

thorough infection control!

> Many

elderl

institutions are subjects to rehabilitation or caring.

2. Efforts at our hospital in COVID-19

National Center for Global Health and Medicine (NC





Our mission

- Advanced medical care
- International coorperation
- Research
- Infectious diseases

(designated infectious diseases medical institution)

Shinjyuku,TOKYO
749 beds
45 clinical departments

Designated infectious diseases medical institution

- Only 4 facilities nationwide
- Institutions can accommodate patients with infectious diseases based on the Japanese infectious Disease Law(EX: SARS, Ebola, tuberculosis, New influenza)

January 2020, We accepts people from Wuhan, China (return charter flights)

January 27, 2020, the first case of COVID-19 was hospitalized

NCGM accepts severe patients (Ex: in ICU, with medical ventilater, ECMO,NPPV, HFNC and PMX therapy)

NCGM also accepts patients in COVID-19 widely in collaboration with other hospitals in Tokyo (Ex: From home care or nearby hospital in a cluster)

2. Efforts at our hospital in COVID-19

Zoning in the moderate patient ward



When examining multiple patients in the same room, change new PPE each time one patient is examined

Thorough installation of PPE

How to wear of PPE Double gloves たじ Apron with sleeves N95 mask Shield mask

Careful point

- Does not pollute the clean environment with contaminated PPE
- 2. Change new PPE each time one patient

NCGM COVID-19 Infection Manual

2. Efforts at our hospital in COVID-19

Staff education

• Hand hygiene





• Mask fit check





(3) Efforts at our PM & R in COVID-19

NCGM Rehabilitation for COVID-19





Post-COVID patients can only use rehab center for the permitted place and time





Rehabilitation in the ICU



2 OT patterns for COVID-19 (N=31)

ADL(before COVID-19):independent 23 and non- independent 8

| | | ADL independent (23) | Non – independent (8) |
|--------------------|---|-------------------------|--------------------------|
| Age(ave) | | Younger | older |
| Sex(M/F) | | Have job | COVID-19 mild |
| worker | | But | But |
| Medical ventilator | | COVID-19 severe | Need nursing care |
| disposition | Home | 9(39.1%) | 2 (25%) |
| | Rehab hospital | 6 (26%) | 0 |
| | Other hospital | 1 (4.3%) | 0 |
| | Referral source facility or hospital | 0 | 5(62.5%) |
| | death | 7(30.4%) | 1 (12.5%) |
| Length of stay | | 56.7 (±36.6) | 29.6 (±28.0) |

Case1 37yrs male

 \sim remarkable upper limb disorder caused by medical devise

Before COVID

ADL full, depression+, lives with parents,

welfare employment

Acute phase of COVID





Case1 37yrs male

OT assessment at the begining (day46)

- ① Desaturation: 3 4L / min. of oxygen from nasal canula
- ② Upper arm circumference difference : 2.5cm
- ③ Left shoulder joint limitation : Active ROM 45°
- ④ Grip power: Rt.10Kg、Lt.8Kg

OT approach (for 26 days)

Upper limb functional training(ROM ex. Muscle ex.) ADLtraining

OT assessment at the time of transfer (day72)

- ① improving desaturation but also needed 2-3/min. of oxygen
- 2 no difference
- \bigcirc No limitation(up to 180°)
- (4) Rt. 18.5Kg、Lt.16Kg

Day72 He was discharged to rehab hospital, and then day99 He got back home To date, he needs the Home oxygen therapy



difficulty in

changing cloths or

washing face etc

Case2 68yrs female hemiplegia due to a history of Stroke

Before COVID

Lt. hemiplegia due to a history of stroke ADL full, outside gait with T-cane. lives with her husband



Case2 68yrs female

OT assessment at the begining (day31)

no desaturation: no need oxygen
 muscle weakness
 moderate left hemiplegia (Br.stage II - III - III)
 could not walk



OT approach (for 8days)

training for hemiplegia, muscle strength , ADL and introducing self help tools

OT assessment at discharge(day42)

2 Muscle strength improvement

③ improvement of hemiplegia(Br.stageIII-III-IV) by improving muscle output

(a) could walk indoors

When taking shower, she was at risk of falling down, tachypnea and tachycardia

 \rightarrow Provided nformation of shower chair for her and her family

Day42, she was discharged from hospital





Purpose of OT training n=31



(4) Summary Patients for whom OT was indicated were divided into 2 Patterns



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(1) COVID-19 Severe and need respirator

- Sedation disuse-syndrome $\ensuremath{\scriptstyle \mathbf{x}}$ myopathy, Atelecrasis
- medical device rerated upper limb disfunction
- Higher goal(rework or house keeping)

(2)COVID-19 mild but needed nursing care prior to hospitalization

- Underlying paralysis: need maintenance rehab
- frailty : the risk of frailty, difficult to walk , disuse syndrome
- Dementia :getting worse by isolation

The important things are Proper precautions and providing OT to the patients who need OT!!

