

Occupational Therapy in Republic of Korea

Under COVID-19 Situation

2021.09.09



Presenter



Ji, Seokyeon, KOT.

President of KAOT Seoul
Metropolitan branch

CO-CEO of SISO center

OT for/with people with
developmental issues

Contents

Introduction & **S**tatistics

OT under **COVID-19** situations



1969

The 1st Occupational Therapy License



Semicentennial and New Semicentennial

2019



* 1st OT Education (US

* OT described in Act of Medical Service Technologists, ETC.

* 1st OT license

* 1st OT school.

* +3 OT schools.

* WFOT full membership



1

138

416

1st President
(Kim, Soonja)

2nd President
(Kim, Kyeongmi)

3rd President
(Lee, Taekyeong)

3rd President
(Lee, Taekyeong)

4th President
(Lee, Mija)

5th President
(Lee, Hanseok)

6th President
(Chang, Ki-yeon)

7th President
(Cheong, Minye)

2013

2014

2015

2016

2019

2020

* KAOT Seoul office

* License Renewal System (by MHW)

* Revised Article: **Scope of OT** (Physical + **Mental Health**)

* Standard terminology for Medical-based OT

* WFOT EM Team meeting

* **50th Anniversary of KOT**

New Semi-Centennial
& COVID-19



* **Revised Mental Health and Welfare Act**
(Included OT as MH Specialist)

Legislation
Policy



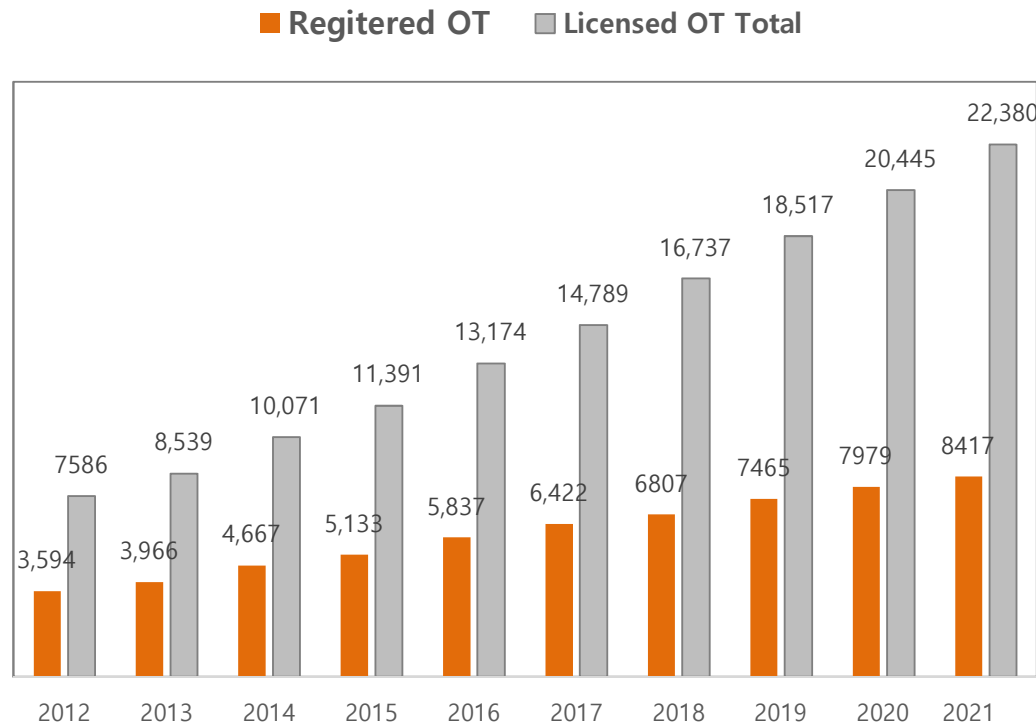
10~12th President
(Jeon, Byeong-jin)

친애하는
대한작업치료사협회
회원 여러분
안녕하십니까?

(사)대한작업치료사협회 회장
전병진



Numbers of OT



Licensed Rate

- Stable
- Predictable

Renewal Registration

- Every 3 years after Licensed OT*
- Completion CE (8credits per year)
- KAOT: CE provider

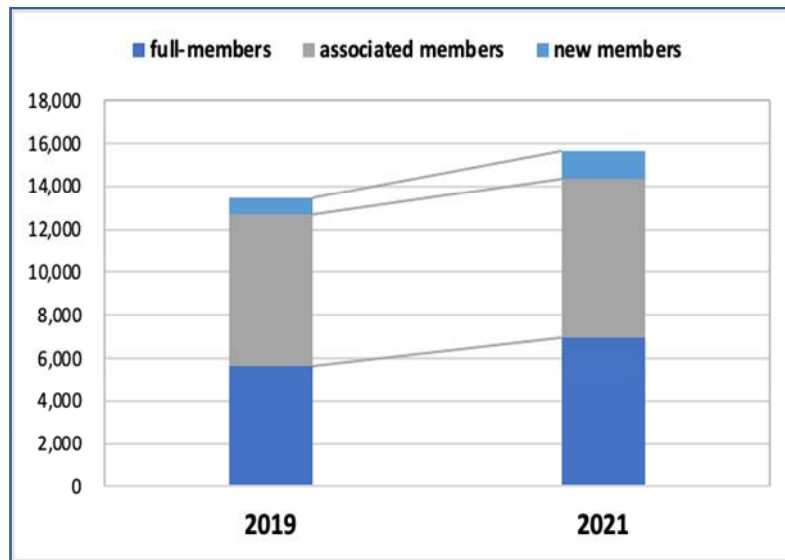


*Korea Health Personnel Licensing Examination Institute, Ministry of Health & Welfare

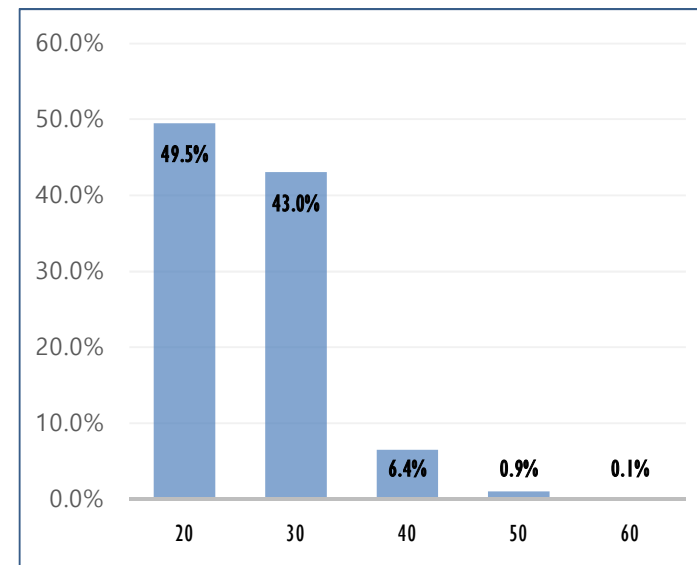
KAOT members

KAOT membership

(total=15,654 / Full-member=6511(41.6%))



KAOT members' age distribution%

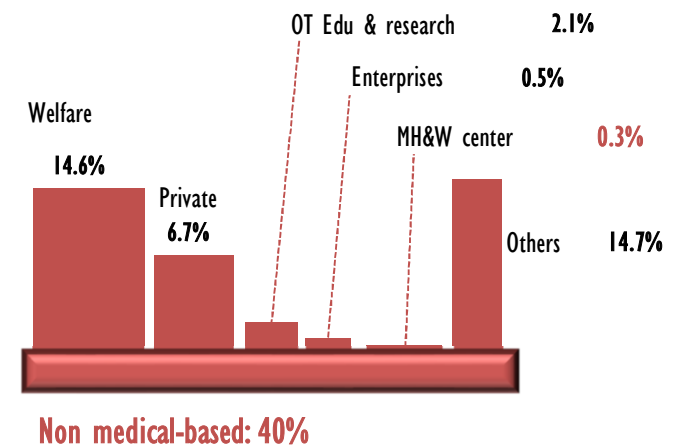
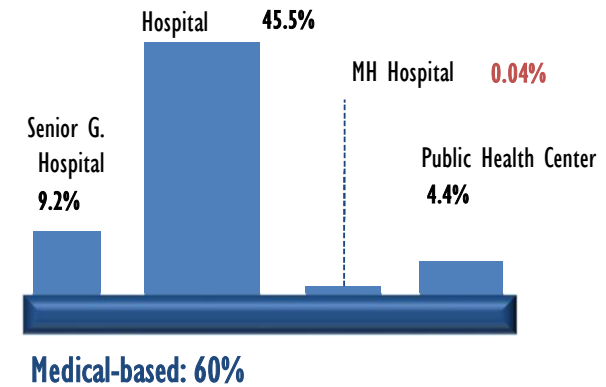
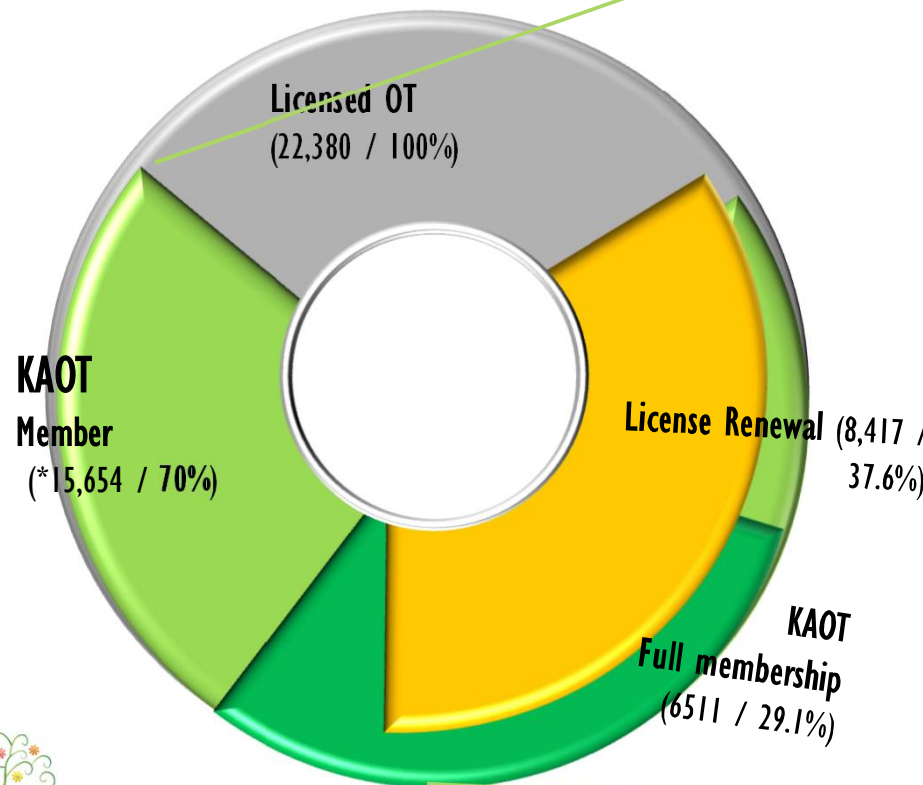


Female : Male = 8 : 2

*Korea Association of Occupational Therapists

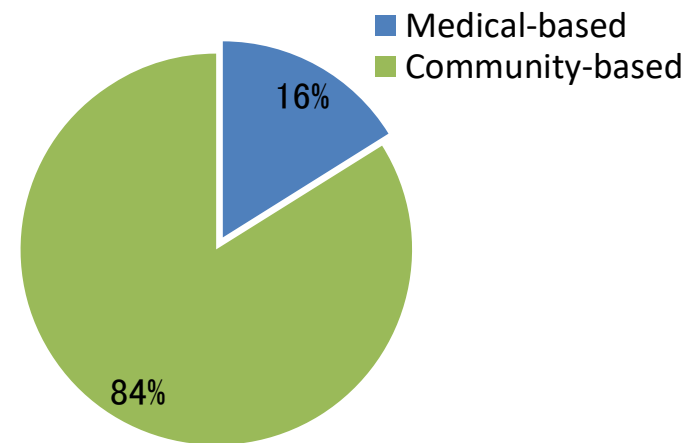
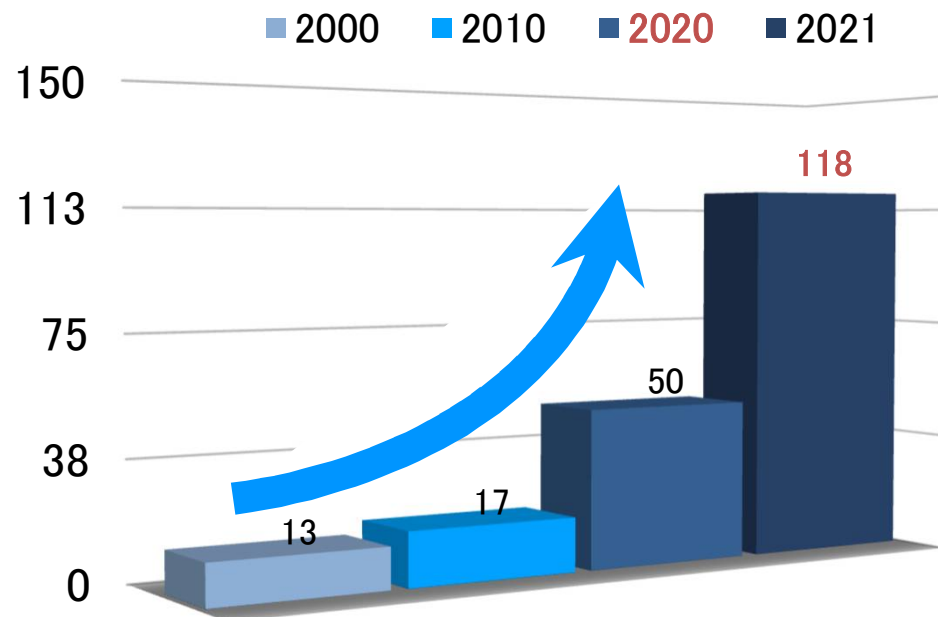


Status of KOT workplaces



*Korea Association of Occupational Therapists

KOT numbers in Mental Health



- Increasing recruitment of OT in the community-based mental health & welfare centers.







*Not included OT working for Geriatric, Child & Adolescent with Mental disorders



Korea Academy of Mental Health in Occupational Therapy

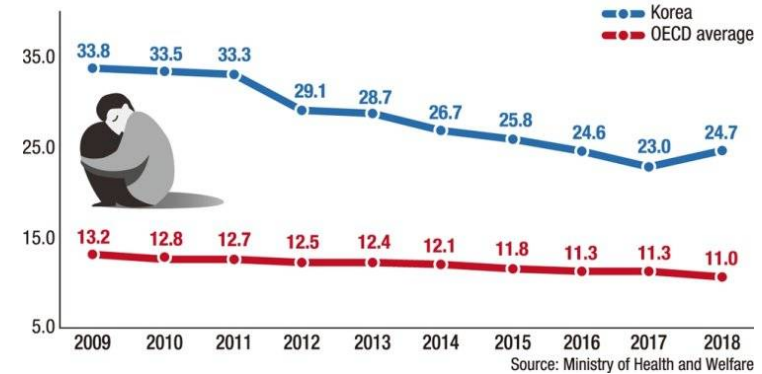
Mental Health Occupational Therapists: Legislation

- 1995  Mental Healthcare Act
- 1997  MH specialist:
Nurse, Social Worker,
Clinical Psychologist
- 2017  Mental Healthcare & Welfare Support Act
- 2020.3.6  Passed Revised MH&W Act:
OT included as MH specialist



Suicide mortality rate

(Unit: No. of suicides per 100,000 people)



In favor	165 (97.63%)
Against	0
Abstention	4 (2.37%)

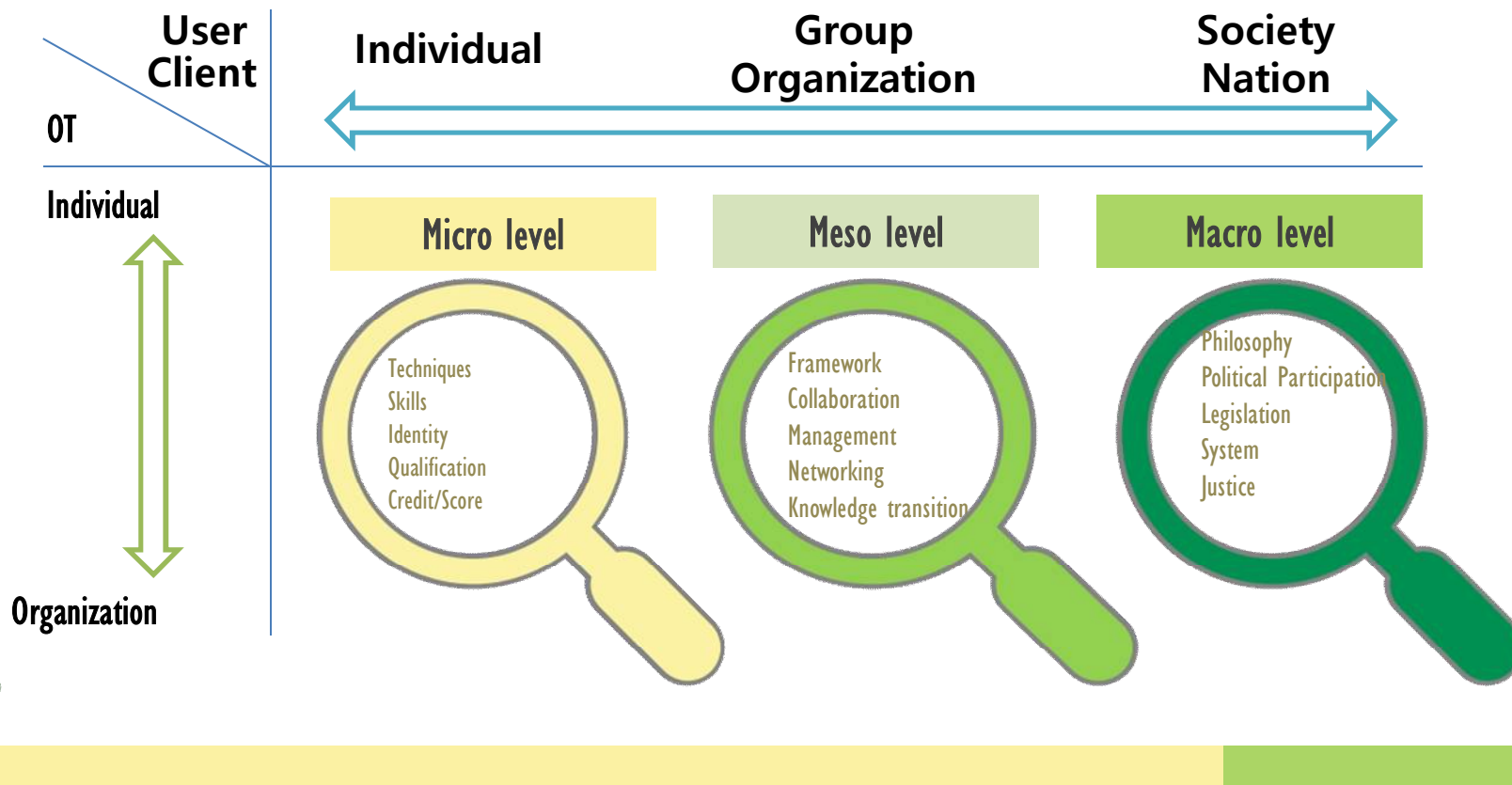
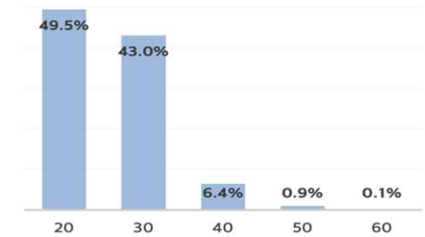
Healthcare systems & OT qualification

	Areas	Policy	Regulation	OT License
Medical-based	Physical Rehabilitation	O	O	Required
	Mental health	O (2020)	under preparation	(2020)
	ENT, Pediatrics, Gynecology, Orthopedics, etc.
Community-based	Elderly	Community Care Deinstitutionalization	Increasing	Included
	People with disabilities+		Pilot projects (home-based rehab) for insurance	..
School-based	Diverse students+	O (?)	Regular, irregular intervention, consultation	.. (Differed by district)

+ Private workplace (for children)

+ Acquisition of additional certification/qualification (social worker, community rehab-worker, etc.)

Issue: Developing Quality of OT





KAOT Central

Affiliated Organizations



Busan-Unsan-Gyeongnam



Daejeon-Sejong-Chungcheong



Daegu-Gyeongbuk



Gangwon



Gwangju-Jeonnam



Incheon-Gyeonggi



Jeju



Jeonbuk



Seoul



KSOT

The Korean Society of Occupational Therapists



**The Korean Accreditation Board of
Occupational Therapy Education**



**Korea Occupational Therapy
Students Congress**

17 Academic Organizations

Affiliated Academic Organizations

Occupational Therapists
+ Rehabilitation physicians

고령자 재활·작업치료학회
Korean Society of Geriatric Occupational Therapy

Elderly

대한연하재활학회
Korean Academy of Dysphagia Rehabilitation

Dysphagia

대한지역사회작업치료학회
Korean Society of Community-Based Occupational Therapy

Community-based

대한신경계작업치료학회
Korean Society of Neurological Occupational Therapy

Neuro

대한보조공학기술학회
Korean Society of Assistive Technology

Assistive Tech.

한국정신보건작업치료학회
Korean Academy of Mental Health in Occupational Therapy

Mental health

한국운전재활학회
Korean Society of Driver Rehabilitation

Driving Rehab

워크어빌리티학회
Work Ability Association

Work / Vocation

대한아동·학교·작업치료학회
The Korean Society of Occupational Therapy for Child and School

Child & School

대한인지재활학회
Korean Society of Cognitive Rehabilitation

Cognitive Rehabilitation

한국노인작업치료학회
KSGOT

Elderly

한국작업과학회
KAGS-CHAMA

Occupational Science

대한감각통합치료학회
Korean Academy of Sensory Integration

Sensory integration

한국수부치료학회
Korean Society of Hand Therapy

Hand

대한연하장애학회
The Korean DYSPHAGIA Society

Dysphagia

대한뇌신경재활학회
Korean Society for Neurorehabilitation

Dysphagia

대한소아재활·발달의학학회
Korean Society of Pediatric Rehabilitation Medicine

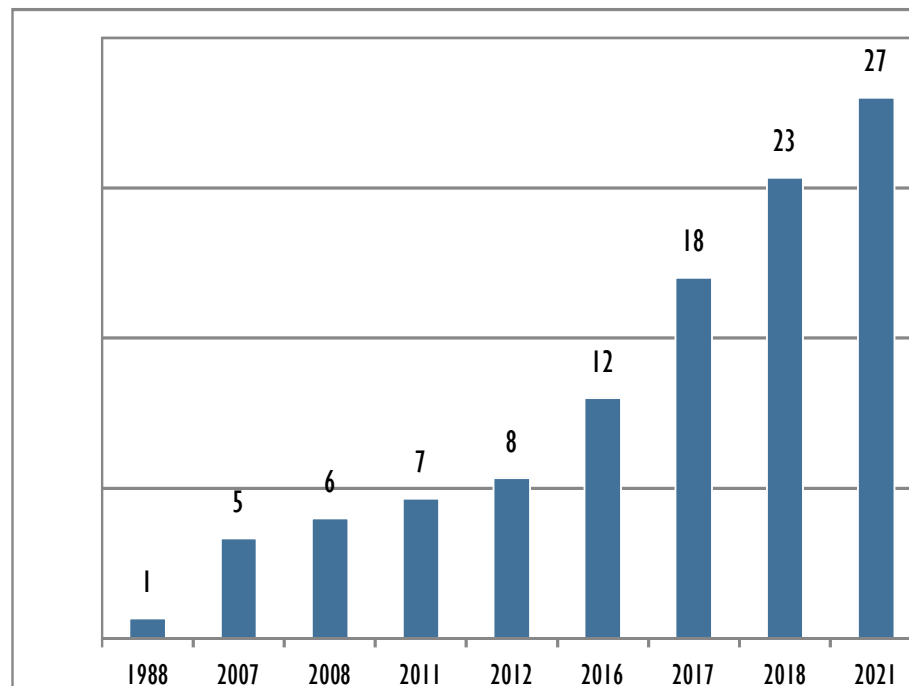
Pediatrics

OT Education



The Korean Accreditation Board of Occupational Therapy Education

WFOT Approved Education Programs in Korea



	Undergraduate programs		Post graduate programs
	3years	4years	
Total	30	32	23
WFOT AEP	8 (26.7%)	19 (59.4%)	



Korea Occupational Therapy Student Congress

OT students Arena (1994) → OT students' Association

- Volunteer
- Seminar



제25회
한국작업치료학생연합회
여름세미나
2018. 06. 28~30.

"Make Friends,
Make a Dream"

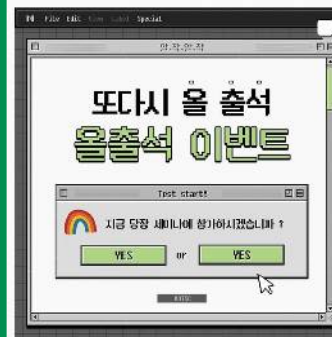
장소	순천향대학교 인문사회과학대 대강당
일정	<ul style="list-style-type: none"> 개회식 대한작업치료사협회 축하 학교별 소개 레크레이션(학교별 대항전)
	<ul style="list-style-type: none"> 중앙치매센터 - "치매란 무엇인가?" 대한연하재활학회 - "연하재활, 그것이 궁금하다!" 이성재 목사님 (한울교회) - "일상에서 쓰는 평화의 언어, 비폭력 대화" 교류 프로그램 - "넌 어느 학교에서 왔니?"
	<ul style="list-style-type: none"> "작업치료와 대학생활" 폐회식
	<p>*한국작업치료학생연합회 세미나 수료증 수여</p>



- Exchange
- Enhancing leadership
- Seminar
- Volunteer activities exhibition
- Promoting OT



Volunteer camp



한자전 여름세미나

여름 세미나

기억에 남는 문구 이벤트

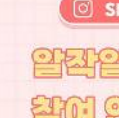
이벤트 기간
2021. 07. 10 (토) 7:30 PM.
~ 2021. 07. 12 (월) 11:59 PM.

한자전

한자전

한자전

한자전



SNS 인증 이벤트


알작알작 세미나

참여 인증 이벤트

1. SNS 인증 이벤트

[https://www.instagram.com/ kotsc/](https://www.instagram.com/kotsc/)

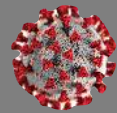
Ideas of OT students' Exchange Activities (International)

OT Students	Information	Experience	Outcomes
Individual  Organization	Occupational Diversity ➤ Culture ➤ Habit ➤ Environment ➤ Lifestyle, etc.	➤ Exchange programs ➤ Fieldtrip ➤ Students' conferences	➤ History ➤ Leadership ➤ Understanding diversity ➤ ? Collaborative research ➤ ? Policy proposals
	<div>Communication Counter</div> <div>Support</div>		

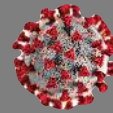


OT Under COVID-19 Situation

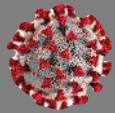




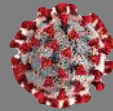
Infected Individuals



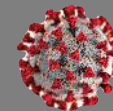
Uncertainty



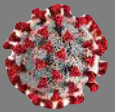
Quarantine



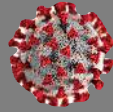
Anxiety



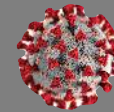
Lack of Guidelines



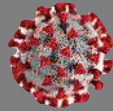
Closure



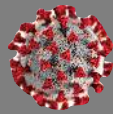
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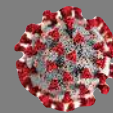
Over-reaction



Dissatisfaction



Suspension



Forced transfer to
Infection control team



Life functioning

People who need
life care
help to participate
OCCUPATION



**Occupational
Therapy**



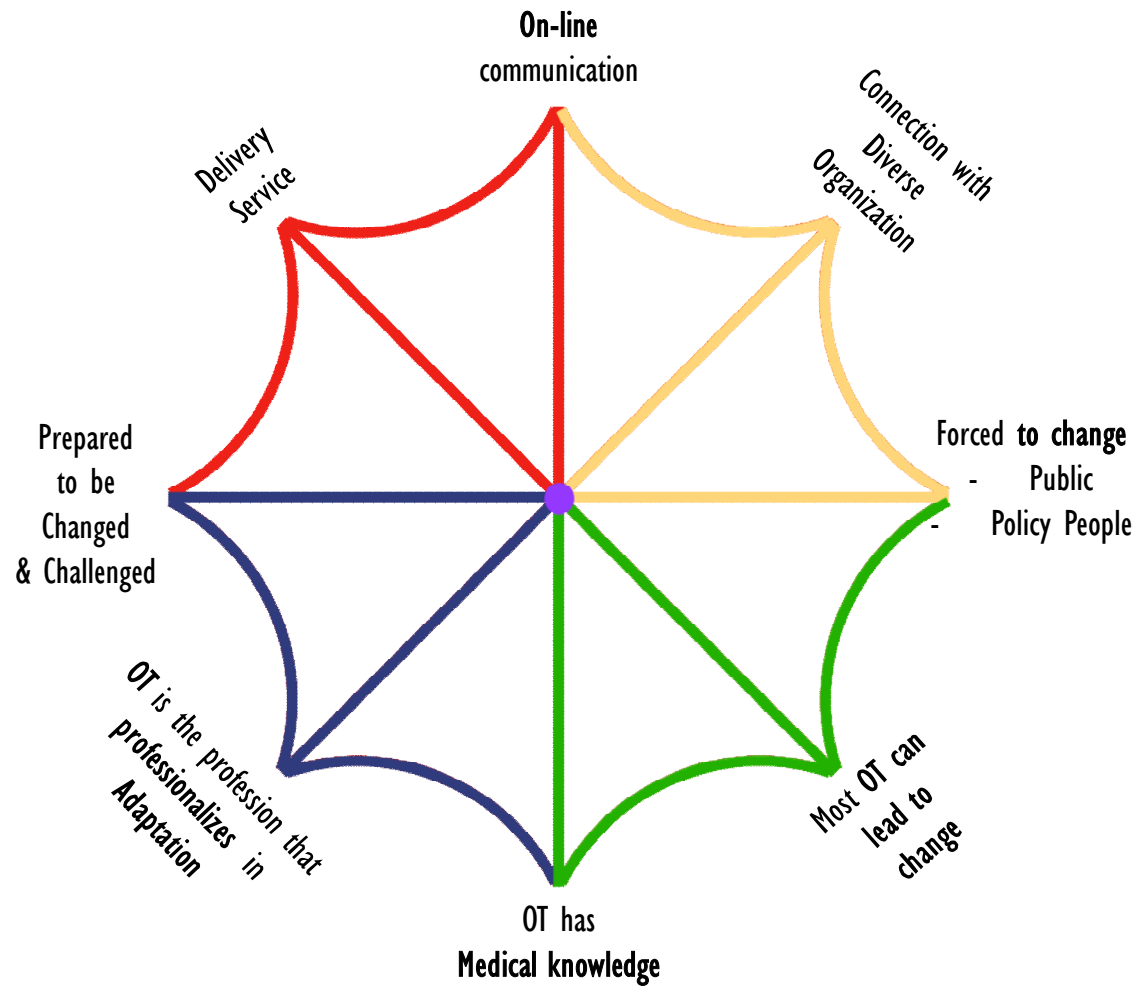
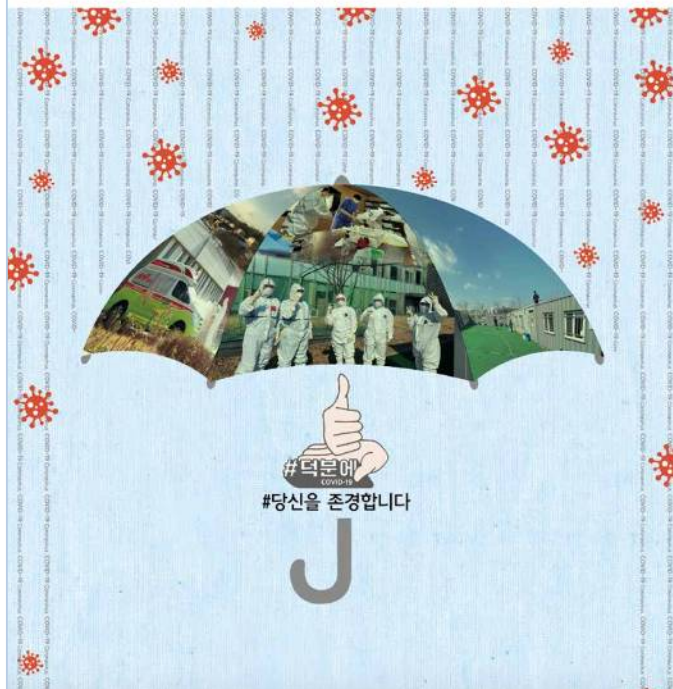
국민건강과 함께 하는

작업치료

제71호
2020.6.

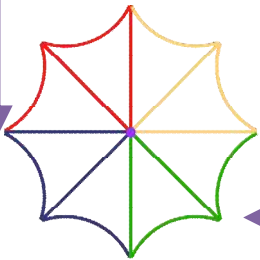
Korean Association of Occupational Therapists

KAOT Newsletter



Actions for OT

Individuals' Participation



Encouraging OT



Upgrading Online Systems

- KAOT web / mobile homepage
- Mobile web-magazine for brief news
- Close & Open Social network

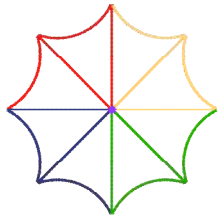
Developing Online Contents

- Developing Online CE contents
- Sharing individuals' gifts for public
- Encouraging OT students' participation
- Managing Confidentiality

Developing infection management guide for OT

- Upgrading previous researches for dysphagia
- Accessibility : Mobile web-magazine, Youtube, Newsletters

Organizational Support



Academic Activities & Education

OT & OT students Education



- Developing virtual practice program
- Collaborating with client groups

Virtual Conference - KSOT



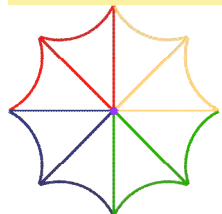
- Challenges and innovations in contactless OT
- Various participation from overseas

Continuing Education



- Online Education

supplementary → main



Collaborating with diverse groups

Sharing Health Information

- Online education (OT's Tip)
- Video (Youtube, etc.)

Solidarity

Respect

Visiting Community

- Collaborating
- Consulting



Tele Supporting Digital Occupational Therapy

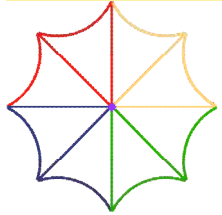
- Community-based
- School-based

Mutual Advocacy

- Activities for people suffering from COVID19, side effect of vaccine
- Surveying people with disabilities
- Spring & Summer Camp

Positivity

Diversity



OT in Korea, OT in Pandemic Challenge — Chance to start, change, develop

- **First semicentennial**
 - war, for the wounded
 - starting occupational therapy
 - medical-care based
- **New semicentennial**
 - mental disorder, diversity (minority)
 - upgrading occupational therapy
 - expanded health-care

Thank you for
your attention
and
warm support !



(사)대한작업치료사협회
Korean Association of Occupational Therapists



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OT under **COVID**-19 situations



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2019

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Local Branch



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Daejeon-Sejong-Chungcheong



Daegu-Gyeongbuk



Gangwon



Gwangju-Jeonnam



Incheon-Gyeonggi



Jeju



Jeonbuk



Seoul



Board of Directors



KSOT

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17 Academic Organizations

OT Under COVID-19 Situation



Pros, Cons and Next steps

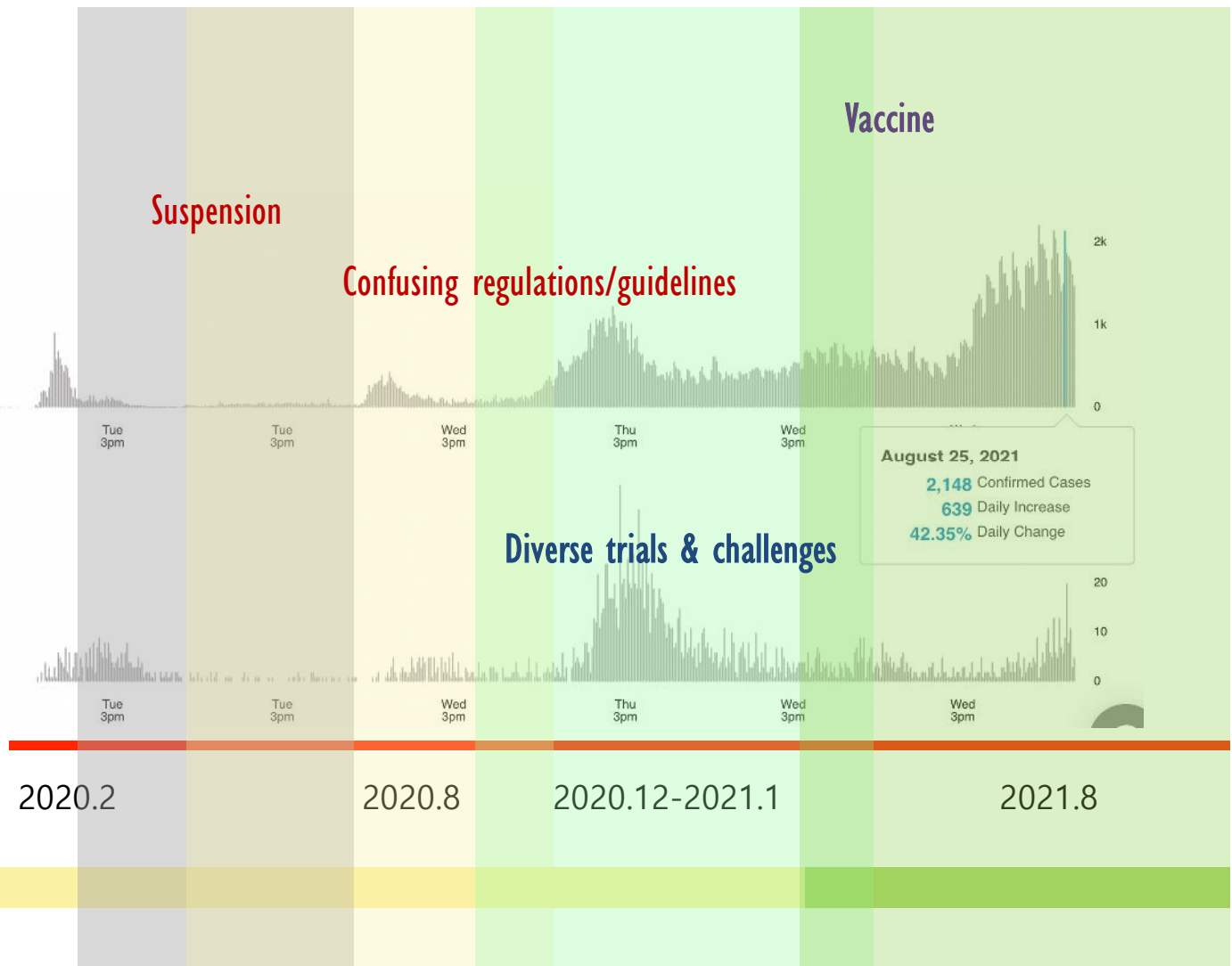


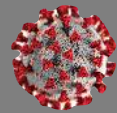
COVID-19 in Korea

250,051
confirmed cases
(1.9%)

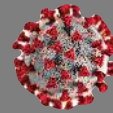
2,284
deaths

Source: World Health Organization

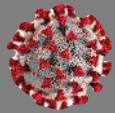




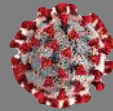
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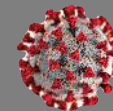
Uncertainty



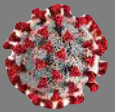
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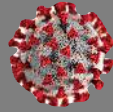
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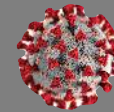
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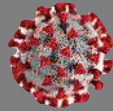
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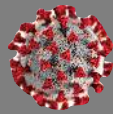
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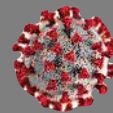
Over-reaction



Dissatisfaction



Suspension

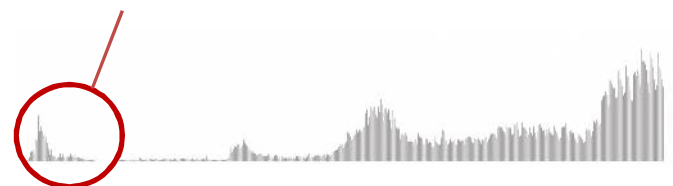


Forced transfer to
Infection control team

Therapists working for infection control



Daegu, The hottest place of South Korea





Life functioning

People who need
life care
help to participate
OCCUPATION



**Occupational
Therapy**



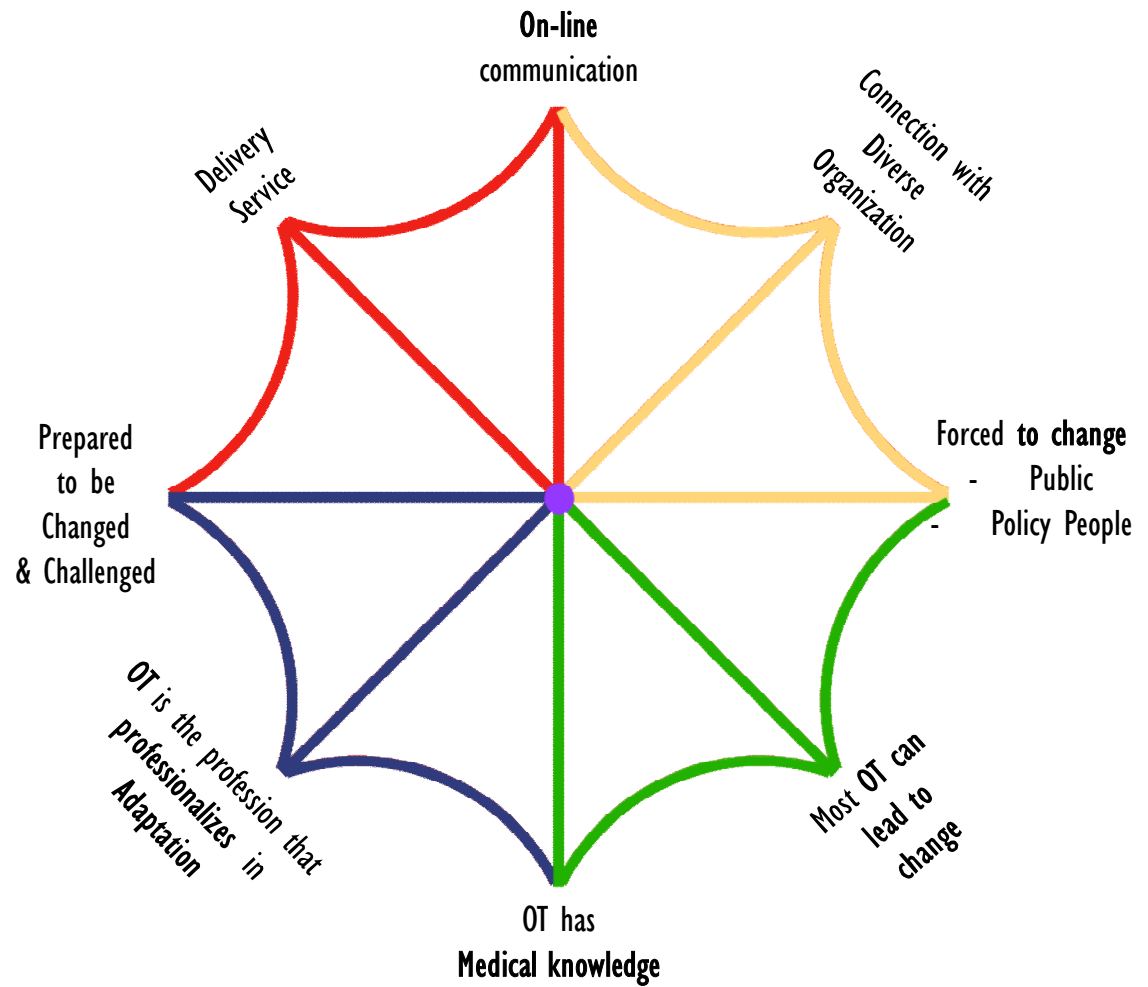
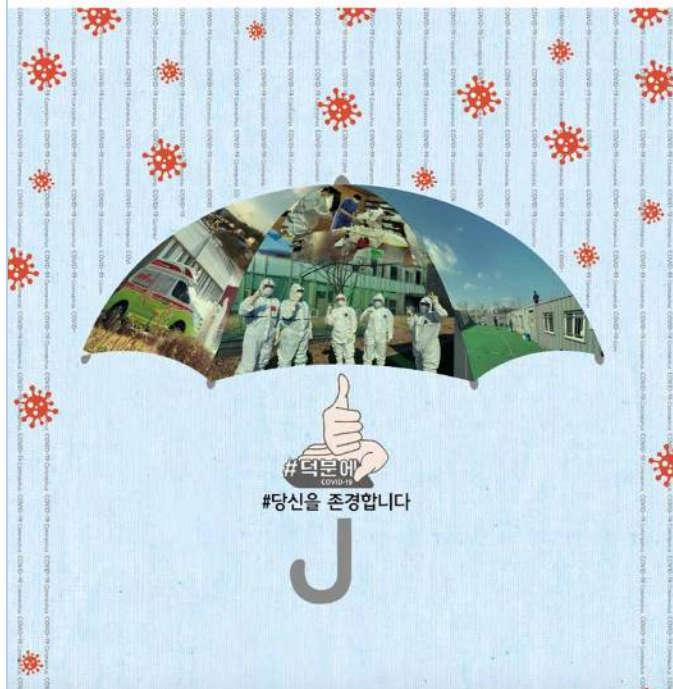
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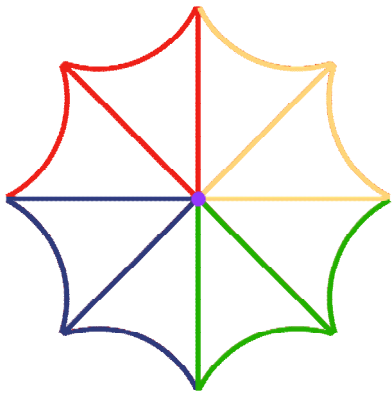
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Korean Association of Occupational Therapists

KAOT Newsletter



Actions for OT

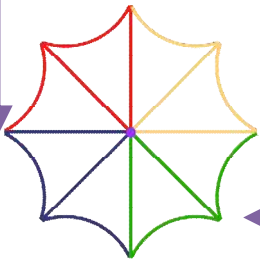


Academic Activities & Education

Collaborating with Diverse groups

Actions for OT

Individuals' Participation



Encouraging OT



Upgrading Online Systems

- KAOT web / mobile homepage
- Mobile web-magazine for brief news
- Close & Open Social network

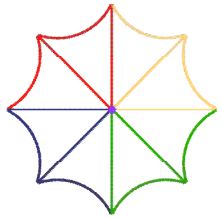
Developing Online Contents

- Developing Online CE contents
- Sharing individuals' gifts for public
- Encouraging OT students' participation
- Managing Confidentiality

Developing infection management guide for OT

- Upgrading previous researches for dysphagia
- Accessibility : Mobile web-magazine, Youtube, Newsletters

Organizational Support



Academic Activities & Education

OT & OT students Education



- Developing virtual practice program
- Collaborating with client groups

Virtual Conference - KSOT



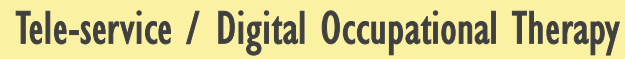
- Challenges and innovations in contactless OT
- Various participation from overseas

Continuing Education



- Online Education

supplementary → main



2021 온라인 세미나 ‘디지털 작업치료, 새로운 시대와 함께하다’


◆ 국내 디지털 정신건강작업치료 : 3) 치매안심센터



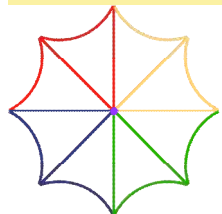
 **한국정신보건작업치료학회**
Korean Society of Occupational Therapy for Mental Health

2021 온라인 세미나 ‘디지털 작업치료, 새로운 시대와 함께하다’



 한국정신보건작업치료학회

- Diverse digital OT for people with mental disorders, dementia
- Risk can be the chance to change



Collaborating with diverse groups; Online



Online education (OT's Tip)
With advocacy group



For youth in shelter



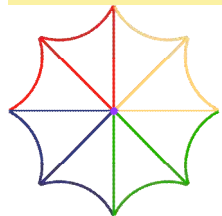
With PT association

SEOUL POSITIVE BEHAVIOR SUPPORT



Seoul Education Office: Official education video for the School Teachers

- Psychiatrist
- Occupational therapists
- Speech Language therapists
- ABA therapists
- Special Education teachers



Collaborating with diverse groups; Direct

Home visiting

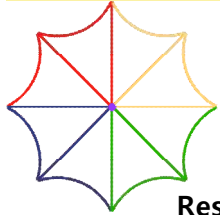


+ Local governments

+ Advocacy groups of people with disabilities

Camp



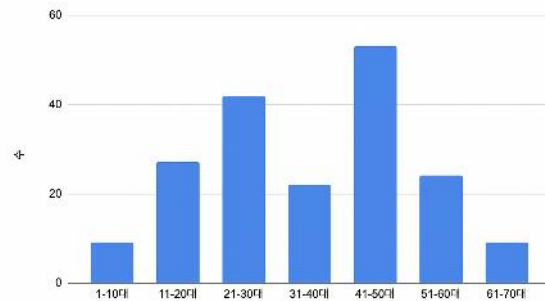


Collaborating with diverse groups

Surveying people with disabilities & their caregivers (April, 2020)

Responders: 188

(Male 66%, Female 32%, Others 2%)



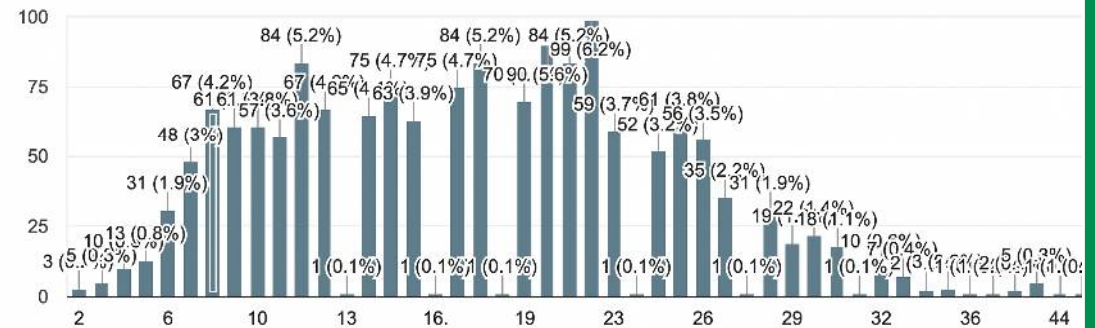
- Brain Injury 41.7%
- Physical disability 38.6%
- Visual impairment 6.3%
- Hearing impairment 3.9%
- Mental disorder 4.7%
- Etc. 2.4%



Leisure, Moving outside, Exercise,
Education, Work
SOCIAL PARTICIPATION

Responders=1,604

(Male 69%, Female 31%) – responding by parents



- **Developmental disabilities**
 - Intellectual disorders 50%
 - ASD 40%
 - Combined 10%



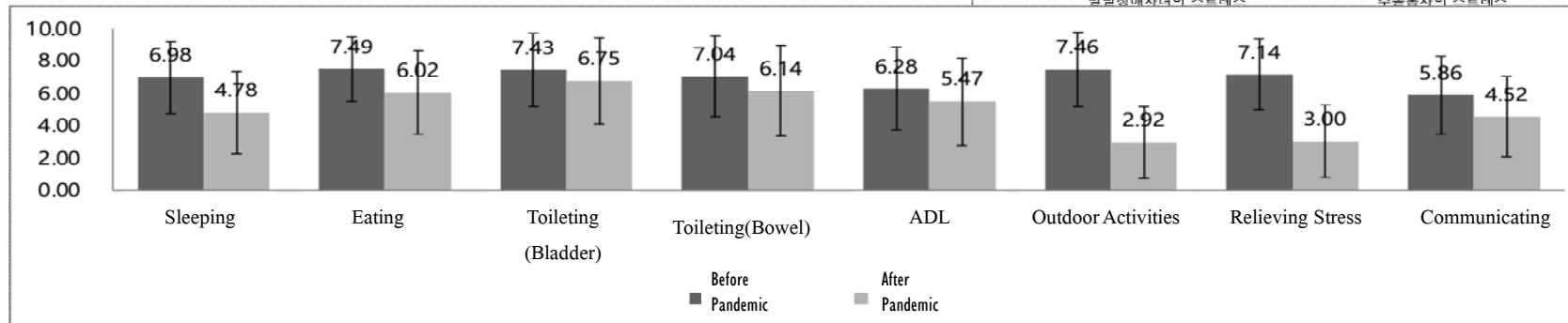
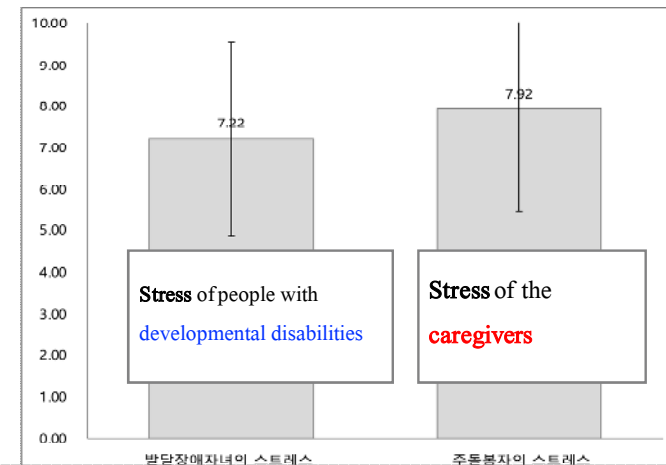
Challenging behavior
Stress & Burden

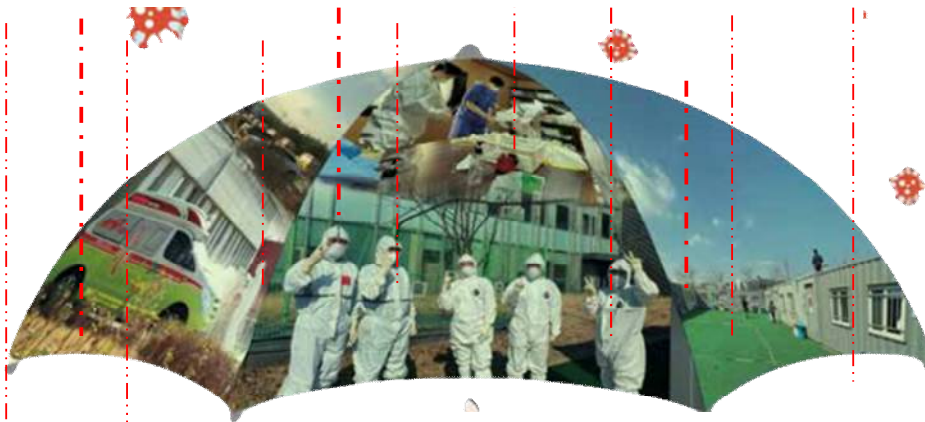
Occupational Deterioration by the distancing

Surveying people with disabilities & their caregivers (April, 2020)

Suspension of school & welfare facilities, staying in home with parents (mainly mother) only

News: Caregivers' suicide after homicide,
Accident by falling (from window) during quarantine





Life functioning

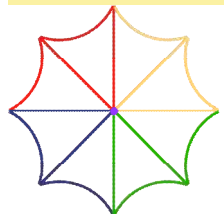
People who need

- life care
- help to participate

OCCUPATION



We Should do **SOMETHING!**
In safe situations



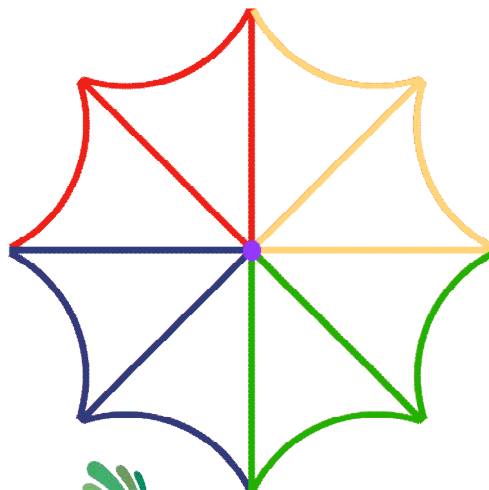
Stay Strong + Together

Parents Network for the people with disabilities



- Recruiting families of youth with disabilities

Refresh
Relief
New relationships
New occupations



KAOT branches

- OT & OT students volunteers
- Challenge
Contribution
Learning

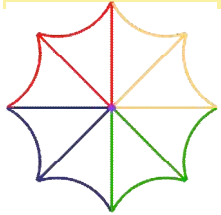
3 days camp

National Youth Centers



- Space (available for 1,100)
- Accommodations for youths and volunteers
- Youth leaders for siblings

Challenge
Contribution



SST Camp

2021.4 ~ 8

Discontinue

The Youth Center was designated as a residential treatment facility for COVID-19 asymptomatic cases.

Total N=262

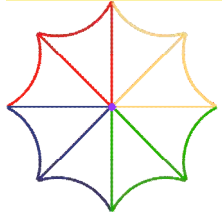
Children & Youth with disabilities (60)				
Dx.	ASD	ID	CP	
	58%	38%	3%	
Age	Under 10	11-15	16-20	21-24
	20	23	12	5
Gender	Male		Female	
	44		16	

Families (117)	
Parents	Siblings
82	35

OT members (85)	
OT	OT students
35	50

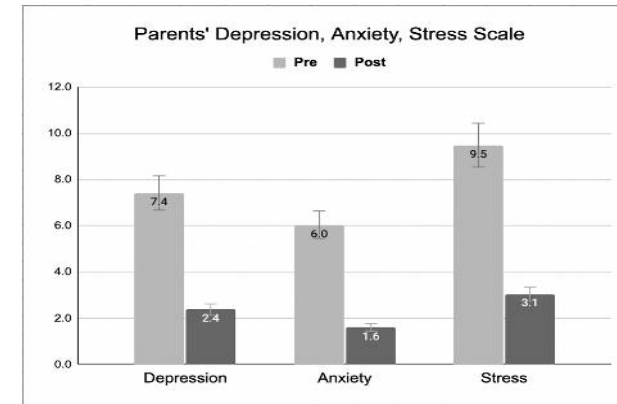
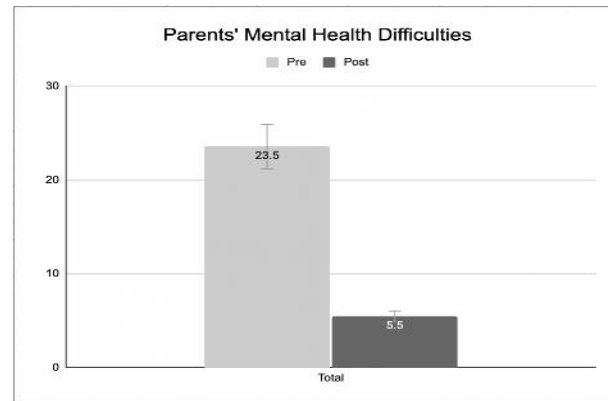
1	2	3	4	5	6
April	April	May	May	July	August

Partner for youth → supervisor of OTs

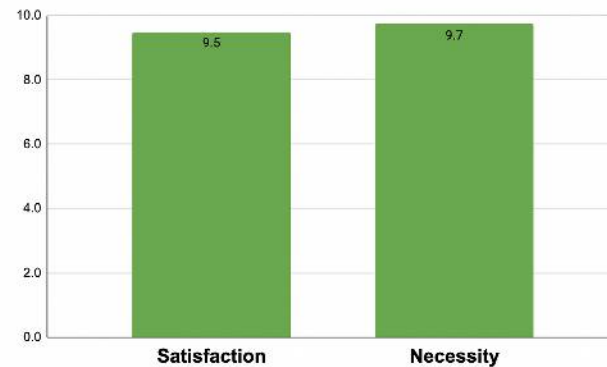


SST Camp – Changes & Results

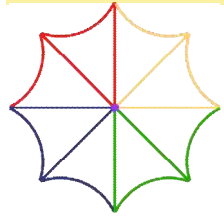
▶ Parents



▶ OT / OTs



- Intention to Re-participate: 100%
- Opportunity for **professional improvement**
- Chance for **practice**



SST Camp



**Mutual
Advocacy**

**Mutual
Growth**

Evidence by Attempts

Solidarity

Diversity

Respect

Positivity

Thank you...!!!

Thank you for Attending.
Tell us if you have any questions



New Normal ?

The Singapore Occupational Therapy Community's Experience



Florence Cheong & Lim Hua Beng

WFOT Delegate & 2nd Alternate Delegate

Singapore Association of Occupational Therapists

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huabeng.lim@singaporetech.edu.sg

Contributions from Jessica Hooi, Patrick Ker and SAOT Council



Contents

Adapting Pre-registration
Occupational Therapy Education



Adapting Practice



Occupational Therapy Mental
Health Program

Occupational Therapy in Singapore (31 Dec 2020)

Age	%	Gender	%	Nationality	%	Settings	%
20 - 29	33.6	Male	16.3	Singapore/ Resident	83.3	Acute Hospitals	35.7
30 – 39	44.9	Female	83.7	Non-citizen	16.2	Community Hospitals	13.3
40 – 49	16.6					Community Agencies	22.5
50 – 59	4.1					Private Practices	13.3
60 and above	0.8	Registration Type	%	OT Qualifications	%	Academic Institution	0.9
Employment	%	Full	90.6	Singapore	60.8	Government/ Agencies	1.2
Full Time	79.5	Conditional	9.0	Australia	12.9		
Part Time	7.4	Restricted	0.2	India	6.0		
Retired/Stu- dies	13.1	Temporary	0.2	Others	20.3		

1304 Registered Occupational Therapists in Singapore (31 December 2020)

6.3% annual growth from 2019 to 2020



Occupational Therapists Manage COVID-19 Patients

- **Cover COVID-19 wards**
- **Provide service to patients discharge to Rehab Wards**

Soh Yan Ming, Principal Occupational Therapist & Head, Occupational Therapy, Tan Tock Seng Hospital Rehab Services
Return to work focused session with Mr Sarker who underwent 5-month hospitalization with COVID-19 complications

Soh Yan Ming undertook a 6 week clinical education placement with Ota Sensei Sapporo Medical University Hospital, 2005

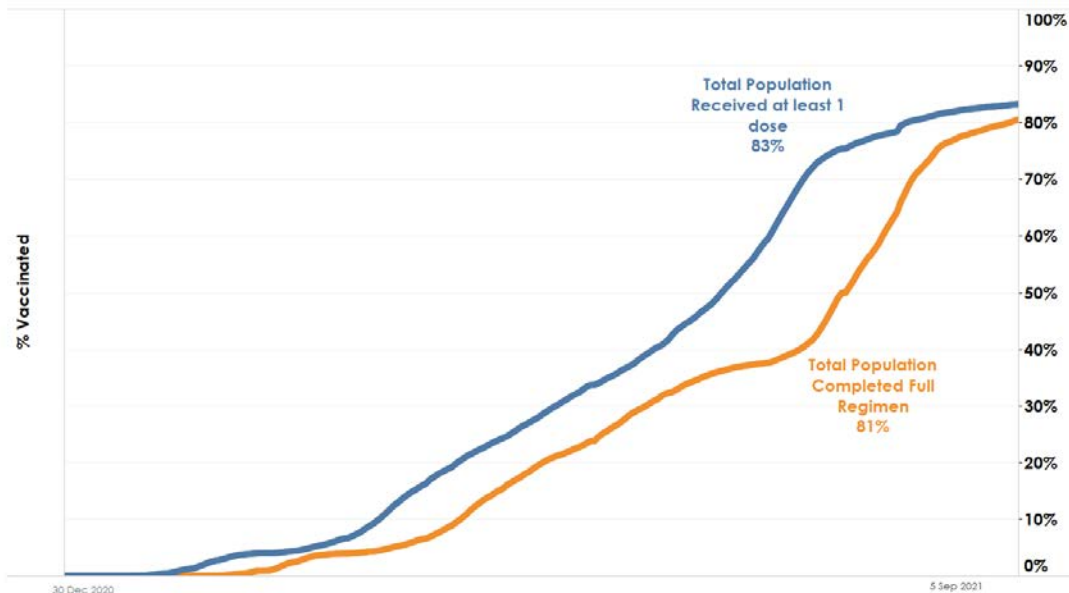


COVID-19 State of Affairs in Singapore (6 Sept 2021)

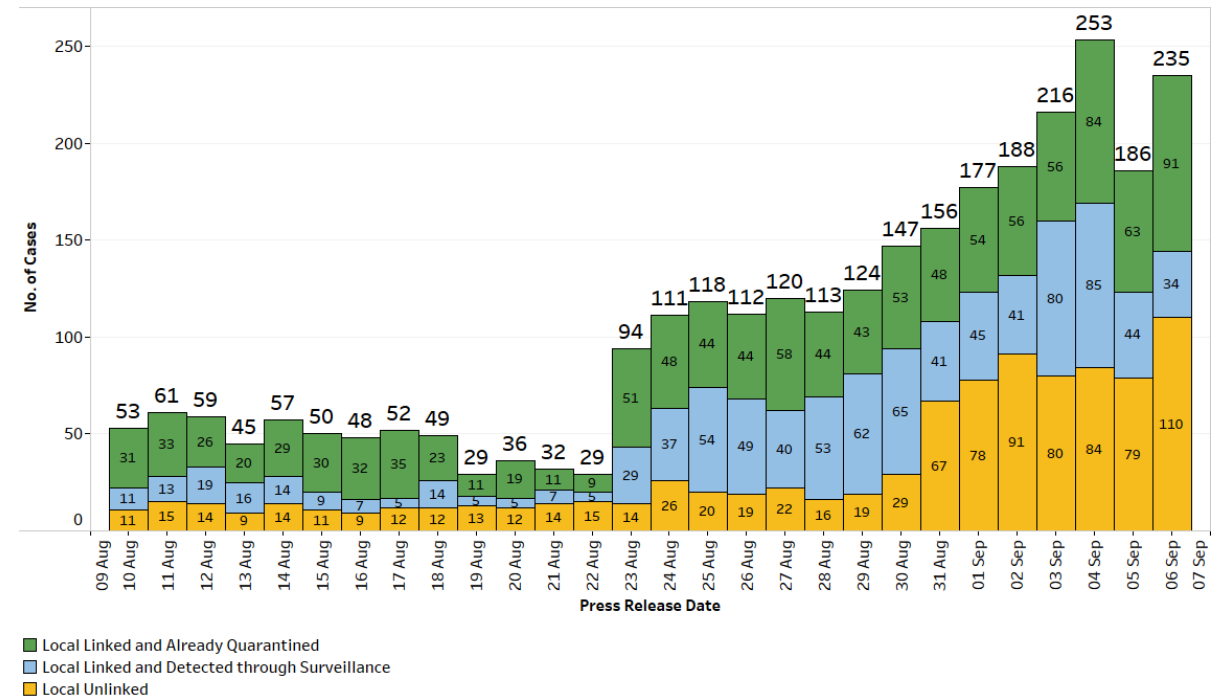
- **66,478 total cases**

- 6 in ICU
- 631 in Hospitals
- 1490 in Community Facilities
- 66,719 Discharged

- **55 demised**



- **241 cases, 235 local, 6 imported**
- **81% of population fully vaccinated**
- **83% one dose**



Adapting Pre-registration Occupational Therapy Education

- Academic Year (AY) 2020 cohort (Sept 2020) experienced orientation and education fully during COVID-19 phase
- AY2019 cohort online experienced one trimester in normal times
- No delay in graduation
- Clinical Placement Education for AY2017 cohort reduced from 1200 to 1100 hours



Impact on Education

Module Delivery & Assessment

- Social Distancing
- Assessment & Exams

Clinical Practice Education

- Unable to commence
- Delayed
- Low caseload
- Tele-rehab?

Research

- Data collection impacted

Module Delivery

- **Following MOE social distancing rules for Institutions of Higher Learning:**
 - SIT Cohort Size \approx 110 students
 - Lectures, Tutorials, Seminars online
 - Laboratory (but class size $<$ 50)
- **Conversion of content online**
 - Synchronous and Asynchronous Lectures (Zoom/MS Teams) housed within LMS System (Brightspace)
 - University provided faculty with subscriptions and training
 - Problem Based and Team Based Learning trialed on line
- **Application for accreditation body's accommodation for increased online content/module**
- **University's teaching and learning unit surveys student on on-line learning**

Ensuring
all have
ACCESS



Module Assessment

- **Written Assessments/Exams went online with lockdown browser and respondus monitor**
- **Use of platforms on Brightspace, Learning Catalytics, Gradescope**
- **OSCE and Practical Examinations continued with precautions:**
 - Scheduling
 - Initially using external examiners from one clinical setting
 - All examiners, students, standardized patients need to undergo antigen rapid test

Clinical Practice Education

- Resequencing of curriculum
- Coordinated by MOH with specific contact person
- Healthcare faculty and students were one of the first to be vaccinated in Jan 2021
- MOH assisted in PPE procurement
- Liaison with Education Development Office, Early Childhood Development Agency, Agency of Integrated Care
- Students rostered for Regular Routine Testing
- Student Engagement
- Students only delayed by one block in 2020
- Implementation of Entrustable Professional Activities delayed



MINISTRY OF HEALTH
SINGAPORE

MH 34:24/8

MOH Circular No. 03/2021

13 January 2021

Please refer to Distribution List

UPDATED GUIDANCE ON CLINICAL TRAINING, ASSESSMENT AND RESEARCH ACTIVITIES FOR HEALTHCARE STUDENTS IN PHASE THREE OF POST-CIRCUIT BREAKER PERIOD FOR COVID-19 PANDEMIC

This Circular sets the guiding principles for the safe conduct of essential clinical training¹, assessments² and research activities for all healthcare students³ ("Students") in Phase Three of the post-circuit breaker period. For training, assessment and research activities for Students held in campus, Ministry of Education's and/or Schools⁴ guidelines must be complied with, where appropriate.



Research & Student Life

- **Guided by MOH and IRB guidance on research activities**
- **Data collection stalled**
 - Unable to collect data F2F with patients and in the community in 2020
 - Interviews were conducted online for qualitative research
- **Some student research projects converted to systematic reviews**
- **Cessation of F2F student activities with some online activities**
- **SAOTSC activities went online**



Activities in the practice settings in response to COVID-19

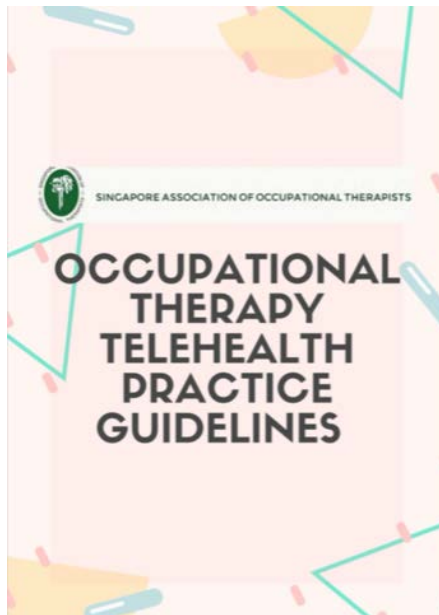
Dialogues with Ministry Of Health (MOH)

- SAOT and other associations **dialogued** with MOH during this Covid-19 circuit breaker in 2020
- SAOT has been our **essential link** and very **active voice** to MOH and Chief Allied Health Office (CAHO)
- For SAOT, **advocacy** has taken place through CAHO. One such achievement is the resumption of critical HDB EASE installations which had stopped when the circuit breaker started, as contractors were not able to enter residents' premises due to safe management measures. This impacted the discharges of patients who required the home modifications to be installed before they discharge home.
- MOH and CAHO emails out **guidances** to allied health professionals promptly



At the association

- Launched **Telehealth Practice Guidelines** in April 2020
- Launched **SAOT Resource Paper** on Home Environmental Safety & EASE Applications during Enhanced Safe Distancing & Public Health Measures in April 2020
- **Special Interest Group** sharing on managing stress and burnout in healthcare professionals during Covid



SAOT Resource Paper

Home Environmental Safety & EASE Applications during Enhanced Safe Distancing & Public Health Measures: April 2020



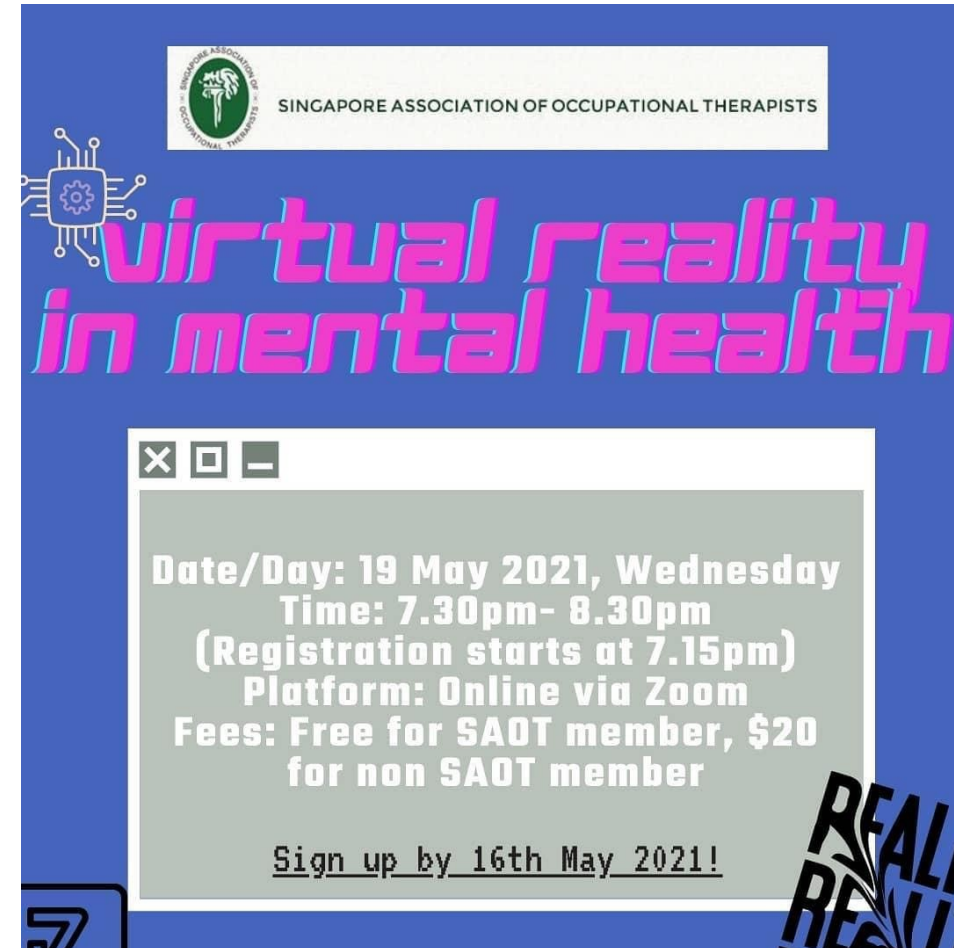
Disclaimer:

The information provided in this guide is current at the date of first publication and is intended for use as a guide/reference only. While every reasonable effort has been made to ensure accuracy of the information, neither guarantee can be given that the information is free from error or omission, nor is this publication exhaustive of the subject matter. Persons implementing any recommendations contained in this guide must exercise their own independent skill or judgement or seek appropriate professional and legal advice prior to execution.

SAOT shall have no liability (including without limitation liability by reason of negligence) to any users of the information contained in this guide for the following: Any loss or damage (consequential or otherwise), cost or expenses incurred or arising by reason of any person using or relying on the information contained in this guide and whether caused by reason of any error, negligent act, omission or misrepresentation in the guide.



Zoom meetings are the norm now....



At the workplace – working in hospitals

2020 :

- Segregation, split teams
- WFH if possible
- PPE : N95 and eye protection
- Zoom meetings
- OTs supported :
 - national swabbing efforts @ screening centres
 - basic medical care @ foreigner workers' dormitories and community isolation facilities
 - manning the National Care Helpline
 - developing brochures on how to spend time meaningfully during COVID

2021 :

- Vaccinations at the workplace
- Rostered Routine Testing every 14 days



At the workplace – patient care @ hospitals

2021:

- Inpatients to have masks on (except for medical/dental assessment and provision of treatment/therapy)
- Stopping of group therapy activities
- Restrictions for home visits
- Tele or remote consultations are encouraged when possible
- Antigen Rapid Testing (ART) for caregivers who come to hospitals for caregiver trainings

3. Self-help Tools

- Covid Migrant Support Coalition
<https://www.sgmigrant.com/>



- You can select your preferred language:
Bengali, Tamil, English

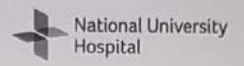


- Free smart phone apps
 - Relaxation: Headspace (iOS, Android), Relax Melodies (iOS)/ Relax Lite (Android)
 - Activities: Happy Colour by Numbers, Colorfy
 - Journaling: Day One

National University Hospital
5 Lower Kent Ridge Road
Singapore 119074
Tel: (65) 67795555
Website: www.nuh.com.sg

The information provided in this publication is meant purely for educational purposes and may not be used as a substitute for medical diagnosis or treatment. You should seek the advice of your doctor or a qualified healthcare provider before starting any treatment or if you have any questions related to your health, physical fitness or medical conditions. Information is correct at time of printing (May 2020) and subject to revision without prior notice.

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How to Spend Your Time Well COVID-19

Rehabilitation Centre
Occupational Therapy Section

NUH OT Brochure

1. Introduction

The unfamiliar environment and the disruption to your usual routine can result in physical and mental inactivity, affecting your mood.



Activity scheduling is important to create a new routine to improve your health and well-being.

Engage in activities that you enjoy!



2. Tips for you

1. Be Active

- Do some physical exercise
- Read a book / newspaper
- Start journaling
- Try colouring
- Learn a new skill e.g. language, singing, dancing
- Solve some brain teasers e.g. sudoku, word search



2. Stay Connected

- Call / text your family and friends
- Write a letter(s)
- Use social media e.g. Facebook



3. Rest & Relax

- Do self-meditation
- Do deep breathing exercises
- Listen to soothing music



4. Good lifestyle habits

- Have regular meals and eat healthily
- Have adequate sleep



Singapore Association of Occupational Therapists



TTSH Stay In Health

OT Work Smart, Play Hard Program

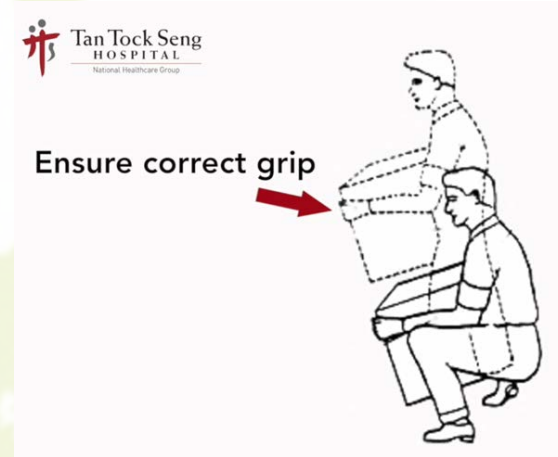


Objectives

- Educate migrant workers on safe lifting techniques for back care at work
- Engage the migrant workers in dance incorporating safe lifting techniques and simple stretches and/or activities of daily living (ADL)
- Engage migrant workers in cognitive stimulating games for cognitive and social interactions

Activities

- Education on safe lifting techniques at work
- Engagement in cognitive stimulating games and promoting social interactions (e.g. Sudoku, Jenga, Uno, etc)
- Introduction of activity / game box for all to use (i.e. donated games)
- Development of activity booklet (e.g. cognitive stimulating games, relaxation techniques, useful resources, etc)



Outcome Measures



- Participants' overall mood were generally more positive than negative (i.e. very happy and happy 85%)
- Participants feedback were generally positive and most enjoyed the dancing portions and games

At the workplace – working in community settings

- Adherence to safety measure advisories from health authorities
- Meetings moved online
- Work in split teams
- Working from home when possible
- Full PPE when needed
- Vaccinations at the workplace
- Routine Testing every 7-14 days



At the workplace – client care @ community settings

- Move part of the therapy services to tele-practice mode
- Increase in consultative roles as well towards caregivers and other stakeholders in client care
- Reduction in number of clients in group therapy session
- Reduction of home visits on needs and priority basis
- Regular Antigen Rapid Testing (ART)
 - For OTs
 - For Visitors
 - For Caregivers



Covid-related Publications



Letter to the editor

Minimizing infectious spread during fabrication of casts and orthotics for hand fractures in COVID-19 patients

Dear Editor,
COVID-19, caused by infection with the novel coronavirus SARS-CoV-2, is a highly contagious disease, which as of April 30, 2020, had infected 3 million people and caused 217,769 deaths worldwide within a short span of 4 months since the first diagnosis was reported in Wuhan, China, in December 2019 [1]. Its rapid spread across continents led the World Health Organization (WHO) declaring a global pandemic on March 11, 2020. The disease has affected all aspects of healthcare, placed unprecedented acute strain on healthcare systems, utilized immense resources and led to major policy and organizational changes.

The focus of efforts is undeniably concentrated on treatment and supportive care for infected patients. Although the disease primarily affects the respiratory tract, it can deteriorate into pneumonia, acute respiratory distress syndrome and ultimately multi-organ failure. However, patients with COVID-19 can present other concomitant urgent conditions such as trauma and surgical and oncologic emergencies.

COVID-19 – positive patients with hand fractures, among other conditions, are referred to the Hand and Reconstructive Microsurgery unit in our hospital. Internationally, surgeons have limited the possible indications for surgery, decreased clinic visits and proposed alternatives to surgery [2]. Conservative treatment of fractures in COVID-19 – positive patients increased due to resource constraints coupled with surgeon and patient preferences [2]. Thermoplastic splints and casts serve as a valuable treatment modality to maintain fracture reduction and provide temporary immobilization. Other advantages are being simple to apply, accommodate swelling, allow for protected movement, and hygiene. Such splints and casts are also an option for patients unable to tolerate casting due to wounds or skin sensitivity.

However, the option of conservative treatment does not eliminate occupational health risk because the healthcare provider still comes into contact with the patient for a substantial amount of time to administer treatment and rehabilitation. This contact risks prolonged exposure to COVID-19 spread by droplet transmission and interaction at close proximity. Cautionary guidelines were published for trauma surgeons operating on COVID-19 – positive patients [3], but less attention is given to similar guides addressing conservative management of fractures targeted at physicians and therapists caring for these patients. Although the International Society for Prosthetics and Orthotics guidelines provide a useful reference for outpatients attending prosthetics and orthotics clinics during the pandemic [4], a gap in knowledge remains regarding bedside casting and splinting workflows for the COVID-19 – positive patient.

<https://doi.org/10.1016/j.apmr.2020.07.001>
1877-0812/© 2020 Elsevier Masson SAS. All rights reserved.

To minimize occupational health risks due to infective transmission from a COVID-19 – positive patient, we describe our experience with thermoplastic splint fabrication for conservative treatment of hand fractures in COVID-19 – positive patients in a tertiary care hospital. We also give practical tips for physicians and therapists involved in the care of this specific group of patients, in particular how to minimize interaction exposure time and reduce difficulties during the splint fabrication process.

The highly contagious spread of COVID-19 is postulated to be through droplet spread, and the WHO recommends airborne, droplet and contact precautions [5]. The particle size is estimated at about 0.125 µm (125 nm, range 0.06–0.14 µm) [2] and the viral burden may remain aerosolized in the air for 3 h and on surfaces for up to 48 to 72 h [6]. Contamination of the face, skin and mucosa is to be avoided. Hence, personal protective equipment (PPE) with gowns, gloves, N95 masks, face shields or goggles and surgical caps or hoods are recommended protection for prolonged close contact in hospitals [5]. Patients with suspected or confirmed COVID-19 should wear a mask as well [7].

Training in PPE donning and doffing and observing hand hygiene is essential for reducing the infection risk and preventing self-contamination. Healthcare workers contracting COVID-19 comprise 9% to 18% of all cases [8]; 20% of frontline healthcare workers are predicted to become infected [9,10]. Despite variations in the types of PPE used and the re-gowning frequency, the proportion of infected healthcare workers is low with strict PPE procedures [11]. Hence, appropriate PPE is essential during patient interaction time so as to reduce occupational health risks. A protective gown, gloves, N95 mask, surgical cap and eye shields are worn during patient interactions. Our hospital adopted coronavirus testing of medical staff who are ill with fever or respiratory symptoms after interaction with positive and suspected COVID-19 – positive patients, mandating compulsory medical leave for 1 week. This protocol allows staff to be confident of their diagnosis and ensure safety of other staff and patients.

The patient with COVID-19 is lodged in an isolation ward or may be housed with other COVID-19 – positive patients in a COVID-19 – positive cohort ward. Moving or transporting patients outside their assigned areas is avoided.

We prepare a list of the following items that will be needed for the splint/cast fabrication process:

- large plastic basin;
- scissors or shears;
- inner stockinette layer;
- pressure foam, as necessary;
- cleansing wipes;
- patient care instruction sheet;
- pre-molded thermoplastic splint and Velcro straps and hooks to secure the splint or plaster of Paris slab cut and layered within cotton wool and crepe bandage.



World Federation of Occupational Therapists Bulletin

ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/yotb20>

Embracing telehealth: supporting young children and families through occupational therapy in Singapore during COVID-19

Hepsi Priyadharsini & Jing Jing Chiang

To cite this article: Hepsi Priyadharsini & Jing Jing Chiang (2020) Embracing telehealth: supporting young children and families through occupational therapy in Singapore during COVID-19, World Federation of Occupational Therapists Bulletin, 76:2, 90-93, DOI: 10.1080/14473828.2020.1822574

To link to this article: <https://doi.org/10.1080/14473828.2020.1822574>

Published online: 25 Sep 2020.

Submit your article to this journal

Article views: 2145

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Citing articles: 1 View citing articles

Training Programs

- Continuous Professional Development, training programmes (courses and lectures) have moved online and responses have been good. Participants for online lectures (organised by PGAHI for allied health professionals and OTs) have more than doubled compared to physical lectures.

SGH PGAHI
POSTGRADUATE ALLIED HEALTH INSTITUTE

Influencing Behaviour in Dementia Care Through Person-centred Approach (Part 1)

18 – 19 Oct & 18 Nov 2021

Introduction
This course focuses on the person-centred approach to address responsive behaviours of persons with dementia using the Enriched Model of Dementia Care plan.

Course Objectives

- 1) Define what it means to be person-centred in a care setting
- 2) Use person-centred approach to address responsive behaviours of persons with dementia.
- 3) Apply the Enriched Model of Dementia to influence behaviour to promote dignity and respect for people with dementia.

Course Outline

- 1) Experiential Activity
- 2) Unpacking Person-centred Care (PCC) Principles through
 - Defining PCC using VIPS framework and
 - Identifying barriers to implementing VIPS in care setting
- 3) Using the Enriched Model of Dementia to address responsive behaviours
 - Defining responsive behaviours
 - Adapt the Enriched Model of Dementia to explain the responsive behaviours
 - Formulate PCC interventions to address the responsive behaviours
- 4) Assessment: Presentation of Case Study
 - Apply the Enriched Model of Dementia to influence behaviour to promote dignity and respect for people with dementia

Teaching Faculty
Ms. Lim Hwee Er
Director and Occupational Therapist Consultant
Goshen Consultancy Services Pte Ltd

Hwee Er holds a Masters of Health Service Management (University of Sydney) and a Bachelor of Health Sciences (Hons) (OT) (University of Teesside, UK). As an occupational therapist, her years of clinical experience working with older persons of various geriatric/psychogeriatric conditions spans from hospitals to community services including nursing homes, day centers and home-based services. She has vast experience providing consultancy services in planning and implementing specialized services and introduction of innovative tools to improve eldercare services.

Course Details
Date & Time : Theory & Discussion
18 – 19 Oct 2021, 9.00 am – 1.00 pm
18 Nov 2021
9.00 am to 12.30 pm / 1.30 pm – 5.00 pm
(Participants will be grouped into one of the 2 presentation slots)
Duration : 3 half days
Class size : 16 pax
Device required : Laptop/ Desktop (with microphone, speaker and webcam)
Platform : Zoom Cloud Meetings (Meeting details will be provided at a later date)
Fee : \$5500 (SingHealth staff/ SAOT or SPA Member)
\$5500 (Regular) (inclusive of 7% GST)
Target Audience : Healthcare Professionals working in Dementia Care setting.
Registration : To register, scan the following QR code or click on the web link.
Registration closes on 24 Sep 2021, Friday.
<https://form.gov.sg/6087151acc00011458325>
Upon registration, you agree to PGAHI Terms & Conditions

Quick Links
FAQs, PGAHI Programmes, Training Calendar and Directory

Any cancellation or replacement request initiated by confirmed registrant/participant must be conveyed to PGAHI in writing. No cancellation fee is applied if request is received on or before 27 Sep 2021. A cancellation fee of 50% of course fee will be charged if cancellation request is received after 27 Sep 2021. PGAHI reserves the right to cancel the course and fully refund the amount of registration fee paid to the participants should unforeseen circumstances necessitate it.

SGH PGAHI
POSTGRADUATE ALLIED HEALTH INSTITUTE

Continuing Professional Development Lecture: Overview of Workplace Ergonomics

31 August 2021

Synopsis
Knowing how to apply ergonomics at work can help prevent musculoskeletal disorders and improve productivity. This lecture serves to help participants understand and apply the principles of ergonomics to workplaces. The lecture will cover the use of tools and methodologies commonly used to assess risk factors in office and industrial settings. He will also be sharing recommendations for setting up ergonomic workstations.

Lecture Details
Date : 31 August 2021, Tuesday
Duration : 60 minutes
Time : 6.00 pm – 7.00 pm
Fee : Complimentary
Platform : Zoom Cloud Meetings

Target Audience
All allied health professionals

Registration
To register, scan the QR code or click on the web link.
Registration closes on 30 July 2021, Friday.
<https://form.gov.sg/608c360c6040c0012171759>

Speaker
Patrick Ker
Senior Principal Occupational Therapist
Singapore General Hospital

Patrick Ker is a Senior Principal Occupational Therapist at the Singapore General Hospital (SGH) and an ergonomic consultant to SGH safety network. He holds a Master of Science & Technology in Ergonomics. His clinical practice includes providing treatment for people with musculoskeletal disorders.

Patrick pioneered the development of ergonomics consultancy services in SGH. He was involved in the development of the Singapore Standard Code of Practice for Office Ergonomics and the Code of Practice for Manual Handling. He also assisted the Ministry of Manpower in the development of ergonomics guidelines for the hotel and logistic industries.

As a specialist in this clinical area, he regularly conducts ergonomics consultations, evaluations and training within SGH and for external companies and organisations.

Quick Links
FAQs, PGAHI Programmes, Training Calendar and Directory

Unit: Curious, Sengor, Ductus - Together We Heal, Forever We Learn

CAPE CENTRE FOR Allied Health & Pharmacy Excellence
ALLIED HEALTH INTEGRATIVE NETWORK (AHINET)
Online Zoom Course
Competencies for Occupational Therapists in Facilitating Return to Work (RTW)

28 AND 29 OCT 2021 | THU AND FRI | 2 DAYS | \$700 (SAOT MEMBER), \$770 (NON-SAOT MEMBER) | ZOOM CLOUD MEETINGS APP

Synopsis:
“How do we facilitate our patients in RTW after a medical condition or injury?” “What can we do to optimise their work performance and participation?”
This 2-day online workshop builds on the prior knowledge of Occupational Therapists (OTs) on the dynamic relationship between person, environment and occupation, and equips participants with the principles and best practices in occupational rehabilitation. At the end of the course, participants will develop core competencies in occupational assessment and rehabilitation and expand their tool kit of intervention strategies in enabling patients with physical and cognitive deficits to successfully RTW.

Learning Objective:
At the end of the workshop, the learners will be able to:
1. Understand the barriers and facilitators of RTW using the Work Disability Prevention model
2. Conduct an initial occupational rehabilitation assessment to plan RTW goals
3. Select therapeutic RTW interventions and strategies to improve work ability and achieve RTW goals
4. Practice useful communication techniques when facilitating RTW

Target Audience:
Occupational Therapists working with the adult population

Programme:

Day/Time	Content
Day 1: 8.30AM – 5.00PM	<ul style="list-style-type: none"> • Role of OT in facilitating RTW • Model of RTW • Clinical interviewing • Assessment of physical, cognitive and work capacity
Day 2: 8.30AM – 5.00PM	<ul style="list-style-type: none"> • Interventions that facilitate RTW • Best practices in Occupational Rehabilitation • Communication strategies with stakeholders • Conflict resolution

Registration:
Please find registration link and QR code for the online Zoom course here:
<https://tinyurl.com/wmb62zw>

Speakers:
Ms Joanne Giam Yu Ting
Principal Occupational Therapist, TISH
(MSc, Our Health with Dist, BSc(Hon) OT)
Joanne is the main OT in the department, managing work rehabilitation services for patients with various medical conditions for over 9 years. Having a strong interest in helping patients RTW while minimising occupational injuries, she is active in conducting functional capacity evaluations for job employment and medico-legal purposes, as well as conducting ergonomics assessments and workshops for corporate organizations in various industries. Her Masters in Occupational Health has enabled her to lead a team of prevention and control of work-related health and understand its effect on work.
Ms Soh Yanning
Principal Occupational Therapist, TISH
(Diploma Course, B OT)
Yanning has over 9 years of clinical experience in the rehabilitation of individuals with stroke and acquired brain injuries, assisting them to regain their living skills and return back to community. Being one of her roles include the conduct of pre-employment assessments, workplace assessments, RTW coordination and development of RTW strategy. As a result, many patients to return to their employment. Vocational rehabilitation is an ongoing step-by-step process for Yanning. Her postgraduate studies in Rehabilitation Counselling had allowed her to further develop these skills.

OT Mental Health program during COVID-19

National CARE Helpline

- Face to face therapy services were suspended during lockdown period
- OTs who worked in the mental health setting and could not provide face to face therapy services, assisted in manning of the National CARE Helpline
 - Provide emotional and psychological support to those affected by the COVID-19 pandemic.

“Virtual Ward Rounds”

- OTs together with their multidisciplinary team conducted virtual reviews sessions for nursing homes they are supporting
- Able to provide timely inputs and recommendations to nursing home staff despite restrictions in on-site visits
- Supports safety management measures introduced by the ministries by reducing cross centres face to face interactions



OT Mental Health program during COVID-19

Taking Outpatient Services Online

- Started support groups online for clients who are/have
 - Working
 - Stopped work temporarily due to the pandemic
- Job exploration and stress management online groups for clients were also started

Bringing the Profession Together

- SAOT organised a online Special Interest Group for healthcare professionals in Oct 2020
 - “Preventing stress and burnout in healthcare professionals during the Covid-19 pandemic, focusing on self care techniques and practice of mindfulness.”*
- Our colleagues from the Singapore Physiotherapy Association joined us in this talk as well.



OT Mental Health program during COVID-19

“A Balancing Act”

OTs continues to **be creative** and **adapt** their service delivery mode and intervention plans to **balance** between adhering to the escalation and de-escalation of safety management measures and to the importance in maintaining momentum of therapy.



Thank You

Stay Safe



New Normal ?

The Singapore Occupational Therapy Community's Experience



Florence Cheong & Lim Hua Beng

WFOT Delegate & 2nd Alternate Delegate

Singapore Association of Occupational Therapists

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huabeng.lim@singaporetech.edu.sg

Contributions from Jessica Hooi, Patrick Ker and SAOT Council



Contents

Adapting Pre-registration
Occupational Therapy Education



Adapting Practice



Occupational Therapy Mental
Health Program



Singapore's COVID-19 Timeline

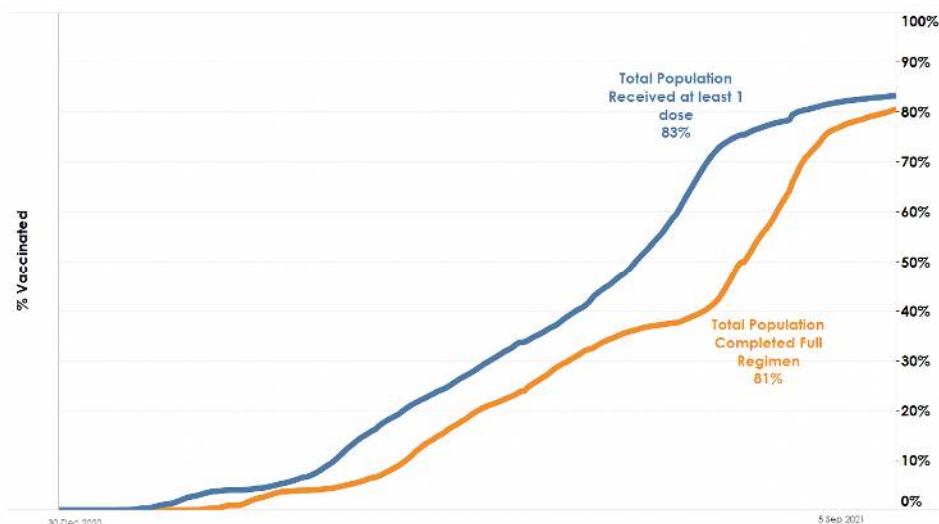


COVID-19 State of Affairs in Singapore (6 Sept 2021)

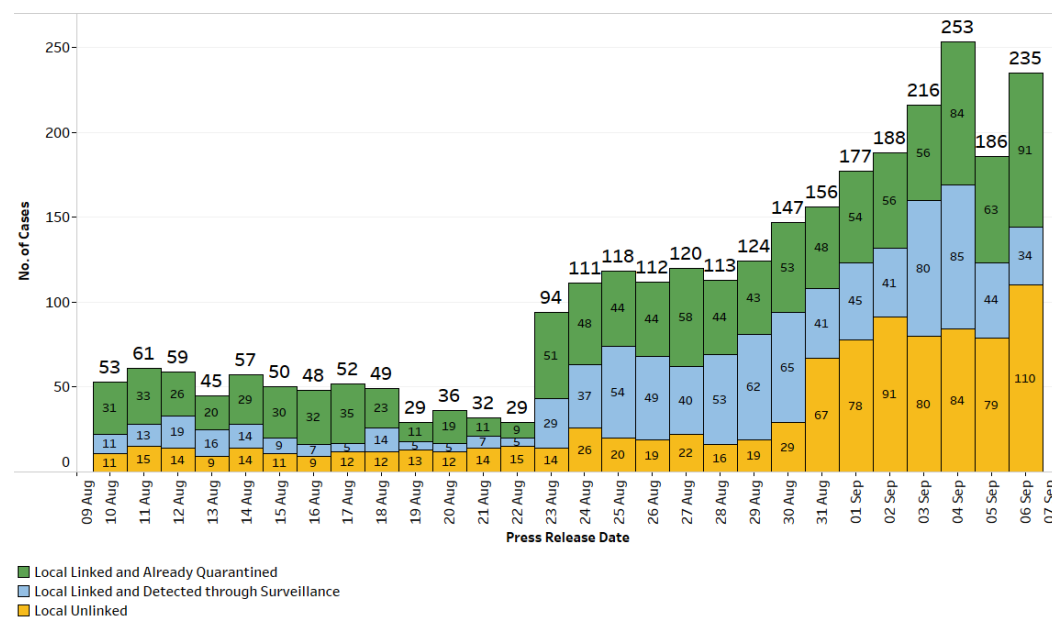
- **66,478 total cases**

- 6 in ICU
- 631 in Hospitals
- 1490 in Community Facilities
- 66,719 Discharged

- **55 demised**



- **241 cases, 235 local, 6 imported**
- **81% of population fully vaccinated**
- **83% one dose**



Moving Forward in Singapore

- Vaccination
- Contact tracing aided by Trace Together App/Token
- Rapid Ring Fencing of Clusters
- Regular Routine Testing
- Mask
- Self responsibility



Adapting Pre-registration Occupational Therapy Education

- Academic Year (AY) 2020 cohort (Sept 2020) experienced orientation and education fully during COVID-19 phase
- AY2019 cohort online experienced one trimester in normal times
- No delay in graduation
- Clinical Placement Education for AY2017 cohort reduced from 1200 to 1100 hours



Impact on Education

Module Delivery & Assessment

- Social Distancing
- Assessment & Exams

Clinical Practice Education

- Unable to commence
- Delayed
- Low caseload
- Tele-rehab?

Research

- Data collection impacted



Module Delivery

- **Following MOE social distancing rules for Institutions of Higher Learning:**
 - SIT Occupational Therapy Cohort Size \approx 110 students
 - Lectures, Tutorials, Seminars online
 - Laboratory (but class size $<$ 50)
- **Conversion of content online**
 - Synchronous and Asynchronous Lectures (Zoom/MS Teams) housed within LMS System (Brightspace)
 - University provided faculty with subscriptions and training
 - Problem Based and Team Based Learning trialed on line
- **Application for accreditation body's accommodation for increased online content/module**
- **University's teaching and learning unit surveys student on on-line learning**

Ensuring
all have
ACCESS



Module Assessment

- **Written Assessments/Exams went online with lockdown browser and respondus monitor**
- **Use of platforms on Brightspace, Learning Catalytics, Gradescope**
- **OSCE and Practical Examinations continued with precautions:**
 - Scheduling
 - Initially using external examiners from one clinical setting
 - All examiners, students, standardized patients need to undergo antigen rapid test

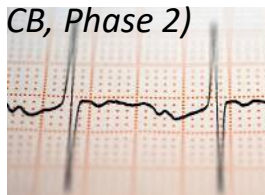


(Slide courtesy of SIT Clinical Practice Education Committee, A/Prof Rahizan)

Our Journey in 2021 → from Phase 2 HA to HRW/HRA



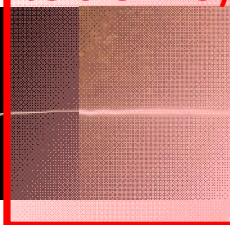
Jan
Phase 3
MOH Cir.
3/2021
(recovering from
CB, Phase 2)



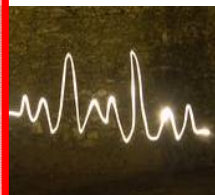
Apr 28
TTSH Cluster
Phase 2 HA
MOH Cir.
62,62A/2021



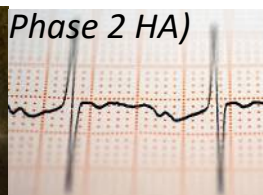
**Confusion,
time lag in
comms (SIT
before EDO)**



**RRT
advisory**



June-July
Phase 3
MOH Cir.
85/2021
(recovering from
Phase 2 HA)

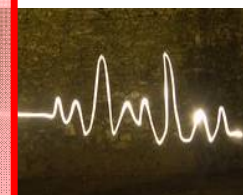
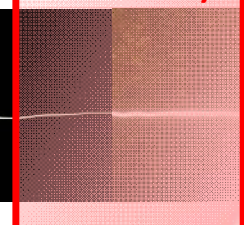


July 12 KTV
Cluster

Phase 2 HA
MOH Cir. 96/2021
+ email advisory
(for students) on
21 July



**Confusion,
time lag in
comms (EDO
before SIT)**



- ✓ cross-institution, cross-team movement
- ✓ perform high-risk procedures (and high-risk areas)
- ✓ Entry swab for LTC O/P only and 5 days prior
- ✗ cross-institution, cross-team movement
- ? No new posting to other institutions, cross-campus
- ✗ Posting to TTSH
- ? Entry swab for HCIs and LTCs 48 hours prior
- ? Prevailing AIC, SSA circulars -> ? Need swab, deferment?

Uncertain start date of placement
Entry swab for HCIs and LTCs changed to 72 hours prior
? Categorisation of student groups
✓ No washout
→ ? But washout for previous TTSH students – who?
Inpatients only -> changed to all settings at TTSH – which institutions in TTSH campus?
All
? Operationalising RRT

Community cases SPIKE
HRW/HRA SMS → students return to placements after PH with SMS
Students sent home, but SIT has just gotten the advisory from MOH (little reaction time)

Tightened protocol by sites on students with PUQ – students on HBL
ECDA deferring placements / HBL

HRA-related ART →
? who to do – HCI or SIT supervision. Students be included with HCI ART stations?

Clinical Practice Education

- Resequencing of curriculum
- Coordinated by MOH with specific contact person
- Healthcare faculty and students were one of the first to be vaccinated in Jan 2021
- MOH assisted in PPE procurement
- Liaison with Education Development Office, Early Childhood Development Agency, Agency of Integrated Care
- Students rostered for Regular Routine Testing
- Student Engagement
- Students only delayed by one block in 2020
- Implementation of Entrustable Professional Activities delayed



MINISTRY OF HEALTH
SINGAPORE

MH 34:24/8

MOH Circular No. 03/2021

13 January 2021

Please refer to Distribution List

UPDATED GUIDANCE ON CLINICAL TRAINING, ASSESSMENT AND RESEARCH ACTIVITIES FOR HEALTHCARE STUDENTS IN PHASE THREE OF POST-CIRCUIT BREAKER PERIOD FOR COVID-19 PANDEMIC

This Circular sets the guiding principles for the safe conduct of essential clinical training¹, assessments² and research activities for all healthcare students³ ("Students") in Phase Three of the post-circuit breaker period. For training, assessment and research activities for Students held in campus, Ministry of Education's and/or Schools⁴ guidelines must be complied with, where appropriate.



Singapore Association of Occupational Therapists

Research & Student Life

- **Guided by MOH and IRB guidance on research activities**
- **Data collection stalled**
 - Unable to collect data F2F with patients and in the community in 2020
 - Interviews were conducted online for qualitative research
- **Some student research projects converted to systematic reviews**
- **Cessation of F2F student activities with some online activities**
- **SAOTSC activities went online**



Occupational Therapists Manage COVID-19 Patients

- Cover COVID-19 wards
- Provide service to patients discharge to Rehab Wards



Soh Yan Ming as a student with Ota Sensei
Sapporo Medical University Hospital, 2005



Soh Yan Ming, Principal Occupational Therapist &
Head, Occupational Therapy, Tan Tock Seng Hospital Rehab Services
Return to work focused session with Mr Sarker with underwent
5-month hospitalization with COVID-19 complications



Activities in the practice settings in response to COVID-19



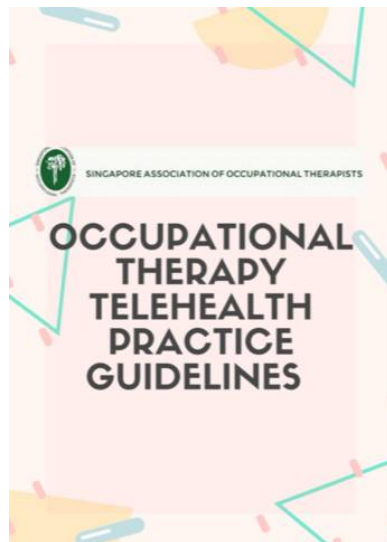
Dialogues with Ministry Of Health (MOH)

- SAOT and other associations **dialogued** with MOH during this Covid-19 circuit breaker in 2020
- SAOT has been our **essential link** and very **active voice** to MOH and Chief Allied Health Office (CAHO)
- For SAOT, **advocacy** has taken place through CAHO. One such achievement is the resumption of critical HDB EASE installations which had stopped when the circuit breaker started, as contractors were not able to enter residents' premises due to safe management measures. This impacted the discharges of patients who required the home modifications to be installed before they discharge home.
- MOH and CAHO emails out **guidances** to allied health professionals promptly



At the association

- Launched **Telehealth Practice Guidelines** in April 2020
- Launched **SAOT Resource Paper** on Home Environmental Safety & EASE Applications during Enhanced Safe Distancing & Public Health Measures in April 2020
- **Special Interest Group** sharing on managing stress and burnout in healthcare professionals during Covid



SAOT Resource Paper

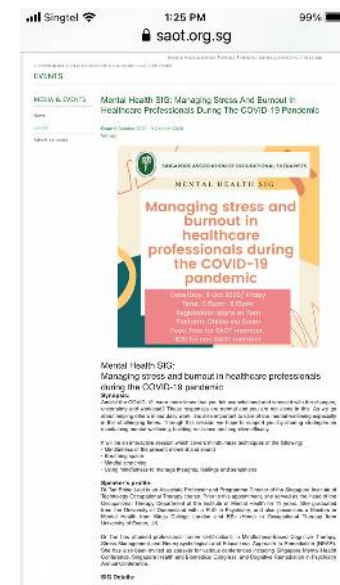
Home Environmental Safety & EASE Applications during Enhanced Safe Distancing & Public Health Measures: April 2020



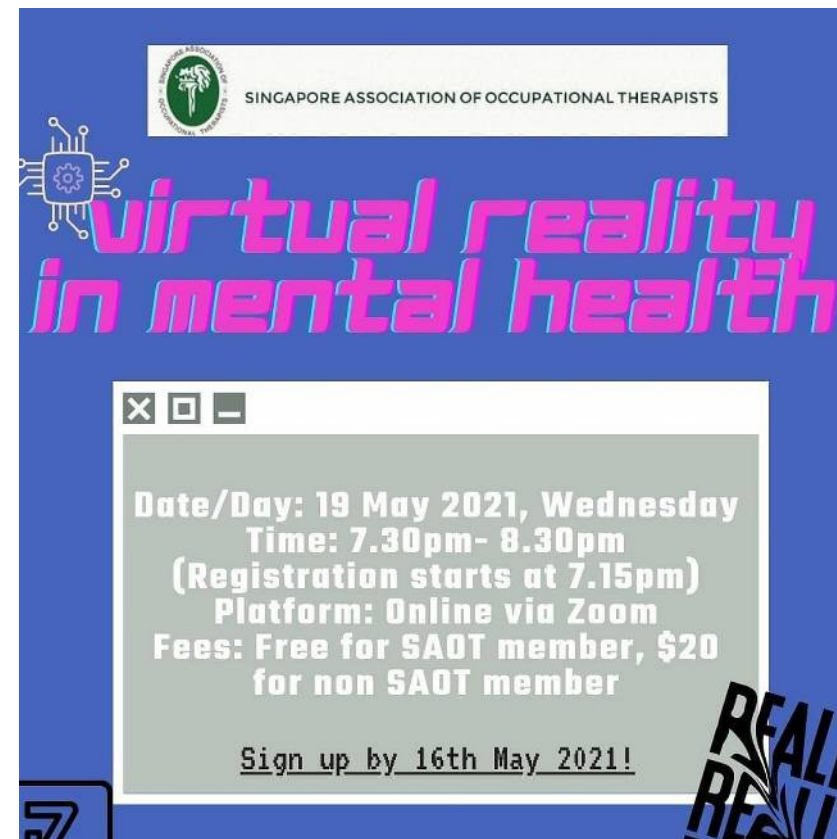
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Zoom meetings are the norm now....



At the workplace – working in hospitals

2020 :

- Segregation, split teams
- WFH if possible
- PPE : N95 and eye protection
- Zoom meetings
- OTs supported :
 - national swabbing efforts @ screening centres
 - basic medical care @ foreigner workers' dormitories and community isolation facilities
 - manning the National Care Helpline
 - developing brochures on how to spend time meaningfully during COVID

2021 :

- Vaccinations at the workplace
- Rostered Routine Testing every 14 days



At the workplace – patient care @ hospitals

2021:

- Inpatients to have masks on (except for medical/dental assessment and provision of treatment/therapy)
- Stopping of group therapy activities
- Restrictions for home visits
- Tele or remote consultations are encouraged when possible
- Antigen Rapid Testing (ART) for caregivers who come to hospitals for caregiver trainings

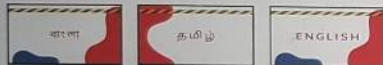


3. Self-help Tools

• Covid Migrant Support Coalition

<https://www.sqmigrant.com/>

- You can select your preferred language:
Bengali, Tamil, English



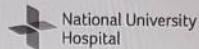
• Free smart phone apps

- Relaxation: Headspace (iOS, Android), Relax Melodies (iOS) / Relax Lite (Android)
- Activities: Happy Colour by Numbers, Colorfy
- Journaling: Day One

National University Hospital
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Tel: (65) 67795555
Website: www.nuh.com.sg

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How to Spend Your Time Well COVID-19

Rehabilitation Centre
Occupational Therapy Section

NUH OT Brochure

1. Introduction

The unfamiliar environment and the disruption to your usual routine can result in physical and mental inactivity, affecting your mood.



Activity scheduling is important to create a new routine to improve your health and well-being.

Engage in activities that you enjoy!



2. Tips for you

1. Be Active

- Do some physical exercise
- Read a book / newspaper
- Start journaling
- Try colouring
- Learn a new skill e.g. language, singing, dancing
- Solve some brain teasers e.g. sudoku, word search



2. Stay Connected

- Call / text your family and friends
- Write a letter(s)
- Use social media e.g. Facebook



3. Rest & Relax

- Do self-meditation
- Do deep breathing exercises
- Listen to soothing music



4. Good lifestyle habits

- Have regular meals and eat healthily
- Have adequate sleep



Singapore Association of Occupational Therapists



TTSH Stay In Health

OT Work Smart, Play Hard Program

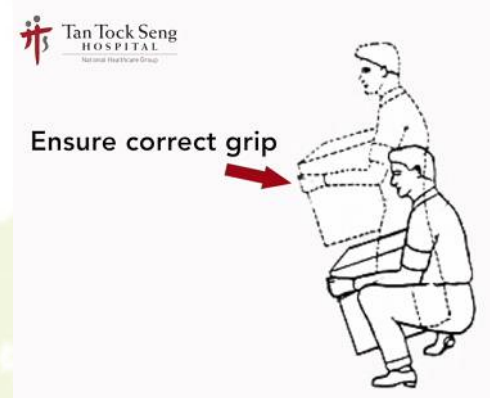


Objectives

- Educate migrant workers on safe lifting techniques for back care at work
- Engage the migrant workers in dance incorporating safe lifting techniques and simple stretches and/or activities of daily living (ADL)
- Engage migrant workers in cognitive stimulating games for cognitive and social interactions

Activities

- Education on safe lifting techniques at work
- Engagement in cognitive stimulating games and promoting social interactions (e.g. Sudoku, Jenga, Uno, etc)
- Introduction of activity / game box for all to use (i.e. donated games)
- Development of activity booklet (e.g. cognitive stimulating games, relaxation techniques, useful resources, etc)



Outcome Measures



- Participants' overall mood were generally more positive than negative (i.e. very happy and happy 85%)
- Participants feedback were generally positive and most enjoyed the dancing portions and games



At the workplace – working in community settings

- Adherence to safety measure advisories from health authorities
- Meetings moved online
- Work in split teams
- Working from home when possible
- Full PPE when needed
- Vaccinations at the workplace
- Routine Testing every 7-14 days



At the workplace – client care @ community settings

- Move part of the therapy services to tele-practice mode
- Increase in consultative roles as well towards caregivers and other stakeholders in client care
- Reduction in number of clients in group therapy session
- Reduction of home visits on needs and priority basis
- Regular Antigen Rapid Testing (ART)
 - For OTs
 - For Visitors
 - For Caregivers



Covid-related Publications



Letter to the editor

Minimizing infections spread during fabrication of casts and orthoses for hand fractures in COVID-19 patients

Dear Editor,
COVID-19, caused by infection with the novel coronavirus SARS-CoV-2, is a highly contagious disease, which as of April 30, 2020, had infected 3 million people and caused 217,260 deaths worldwide within a short span of 4 months since the first diagnosis was reported in Wuhan, China, in December 2019 [1]. Its rapid spread across continents, led the World Health Organization (WHO) declaring a global pandemic on March 11, 2020. The disease has affected all aspects of healthcare, placed unprecedented acute strain on healthcare systems, utilized immense resources and led to major policy and organizational changes.

The focus of efforts is undeniably concentrated on treatment and supportive care for infected patients. Although the disease primarily affects the respiratory tract, it can deteriorate into pneumonia, acute respiratory distress syndrome and ultimately multi-organ failure. However, patients with COVID-19 can present other concomitant urgent conditions such as trauma and surgical and oncologic emergencies.

COVID-19 – positive patients with hand fractures, among other conditions, are referred to the Hand and Reconstructive Microsurgery unit in our hospital. Internationally, surgeons have limited the possible indications for surgery, decreased clinic visits and proposed alternatives to surgery [2]. Conservative treatment of fractures in COVID-19 – positive patients increased due to resource constraints coupled with surgeon and patient preferences [2]. Thermoplastic splints and casts serve as a valuable treatment modality to maintain fracture reduction and provide temporary immobilization. Other advantages are being simple to apply, accommodate swelling, allow for protected movement, and hygiene. Such splints and casts are also an option for patients unable to tolerate casting due to wounds or skin sensitivity.

However, the option of conservative treatment does not eliminate occupational health risk because the healthcare provider still comes into contact with the patient for a substantial amount of time to administer treatment and rehabilitation. This contact risks prolonged exposure to COVID-19 spread by droplet transmission and interaction at close proximity. Cautionary guidelines were published for trauma surgeons operating on COVID-19 – positive patients [3], but less attention is given to similar guides addressing conservative management of fractures targeted at physicians and therapists caring for these patients. Although the International Society for Prosthetics and Orthotics guidelines provide a useful reference for outpatients attending prosthetics and orthotics clinics during the pandemic [4], a gap in knowledge remains regarding bedside casting and splinting workflows for the COVID-19 – positive patient.

<https://doi.org/10.1016/j.apmr.2020.07.001>
1877-8532/© 2020 Elsevier Masson SAS. All rights reserved.

To minimize occupational health risks due to infectious transmission from a COVID-19 – positive patient, we describe our experience with thermoplastic splint fabrication for conservative treatment of hand fractures in COVID-19 – positive patients in a tertiary care hospital. We also give practical tips for physicians and therapists involved in the care of this specific group of patients, in particular how to minimize interaction exposure time, and reduce difficulties during the splint fabrication process.

The highly contagious spread of COVID-19 is postulated to be through droplet spread, and the WHO recommends airborne, droplet and contact precautions [5]. The particle size is estimated at about 0.325 µm (125 nm, range 0.06–0.14 µm) [2] and the viral burden may remain aerosolized in the air for 3 h and on surfaces for up to 48 to 72 h [6]. Contamination of the face, skin and mucosa is to be avoided. Hence, personal protective equipment (PPE) with gowns, gloves, N95 mask, face shields or goggles and surgical caps or hoods are recommended protection for prolonged close contact in hospitals [5]. Patients with suspected or confirmed COVID-19 should wear a mask as well [7].

Training in PPE donning and doffing and observing hand hygiene is essential for reducing the infection risk and preventing self-contamination. Healthcare workers contracting COVID-19 comprise 9% to 16% of all cases [8]; 20% of frontline healthcare workers are predicted to become infected [9,10]. Despite variations in the types of PPE used and the re-opening frequency, the proportion of infected healthcare workers is low with strict PPE procedures [11]. Hence, appropriate PPE is essential during patient interaction time so as to reduce occupational health risks. A protective gown, gloves, N95 mask, surgical cap and eye shields are worn during patient interactions. Our hospital adopted coronavirus testing of medical staff who are ill with fever or respiratory symptoms after interaction with positive and suspected COVID-19 – positive patients, mandating compulsory medical leave for 1 week. This protocol allows staff to be confident of their diagnosis and ensure safety of other staff and patients.

The patient with COVID-19 is lodged in an isolation ward or may be housed with other COVID-19 – positive patients in a COVID-19 – positive cohort ward. Moving or transporting patients outside their assigned area is avoided.

We prepare a list of the following items that will be needed for the splint/cast fabrication process:

- large plastic basin;
- scissors or shears;
- inner stockinette layer;
- pressure foam, as necessary;
- cleansing wipes;
- patient care instruction sheet;
- pre-molded thermoplastic splint and Velcro straps and hooks to secure the splint or plaster of Paris slab cut and layered within cotton wool and crepe bandage.



World Federation of Occupational Therapists Bulletin

ISSN: (Print) (Online) Journal homepage: <https://www.tandfonline.com/loi/yotb20>

Embracing telehealth: supporting young children and families through occupational therapy in Singapore during COVID-19

Hepsi Priyadharsini & Jing Jing Chiang

To cite this article: Hepsi Priyadharsini & Jing Jing Chiang (2020) Embracing telehealth: supporting young children and families through occupational therapy in Singapore during COVID-19, World Federation of Occupational Therapists Bulletin, 76:2, 90-93, DOI: 10.1080/14473828.2020.1822574

To link to this article: <https://doi.org/10.1080/14473828.2020.1822574>

Published online: 25 Sep 2020.

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<https://www.tandfonline.com/action/journalInformation?journalCode=yotb20>

Training Programs

- Continuous Professional Development, training programmes (courses and lectures) have moved online and responses have been good. Participants for online lectures (organised by PGAHI for allied health professionals and OTs) have more than doubled compared to physical lectures.

SGH PGAHI POSTGRADUATE ALLIED HEALTH INSTITUTE

Influencing Behaviour in Dementia Care Through Person-centred Approach (Part 1)

18 – 19 Oct & 18 Nov 2021

Introduction
This course focuses on the person-centred approach to address responsive behaviour of persons with dementia using the Enriched Model of Dementia Care plan.

Course Objectives

- 1) Define what it means to be person-centred in a care setting.
- 2) Use person-centred approach to address responsive behaviour of persons with dementia.
- 3) Apply the Enriched Model of Dementia to influence behaviour to promote dignity and respect for people with dementia.

Course Outline

- 1) Experiential Activity
- 2) Unpacking Person-centred Care (PCC) Principles through:
 - Defined PCC using VIPS framework and
 - Identifying barriers to implementing VIPS in care setting.
- 3) Using the Enriched Model of Dementia to address responsive behaviour:
 - Defining responsive behaviours
 - Adopt the Enriched Model of Dementia to explain the responsive behaviour
 - Formulate PCC interventions to address the responsive behaviours
- 4) Assessment: Presentation of Case Study
 - Apply the Enriched Model of Dementia to influence behaviour to promote dignity and respect for people with dementia

Teaching Faculty
Ms. Lim Hwee Er
Director and Occupational Therapist Consultant
Dorset CarePartners Services Pte Ltd

Hosted by: Ministry of Health Services Management (University of Sydney) and a Bachelor of Health Sciences (BSc) University of Toronto, USA. As an occupational therapist, her years of clinical experience working with older persons of various general/psychogeriatric conditions span from hospitals to community services including nursing homes, day centres and home-based services. She has vast experience providing consultancy services in planning and implementing specialised services and introduction of innovative tools to improve elderly care services.

Course Details
Date & Time: 18 – 19 Oct 2021, 9:00 am – 1:00 pm
Course Presentation: 18 Nov 2021
9:00 am to 12:30 pm / 1:30 pm – 5:00 pm
(Participants will be grouped into one of the 2 presentation slots)
Duration: 3 half days
Class size: 30 pax
Device required: Laptop/ Desktop (with its webcam, speaker and webcam)
Platform: Zoom Cloud Meetings
Fee: S\$660 (for health staff) / S\$400 (for non-health staff) (inclusive of 7% GST)

Target Audience
Healthcare Professionals working in Dementia Care setting.

Registration
To register, scan the following QR code or click on the web link.
Registration closes on 24 Sep 2021, Friday.

Quick Links
FAQs, PGAIH Programmes, Training Calendar and Directory

Any cancellation or replacement request received by confirmed participant must be received by PGAHI in writing. No cancellation fee is applied if request is received on or before 27 Sep 2021. A cancellation fee of 50% of course fee will be charged if cancellation request is received after 27 Sep 2021. PGAHI reserves the right to cancel the course and fully refund the amount of registration fee paid to the participants should unforeseen circumstances occur.

SGH PGAHI POSTGRADUATE ALLIED HEALTH INSTITUTE

Continuing Professional Development Lecture: Overview of Workplace Ergonomics

31 August 2021

Synopsis
Knowing how to apply ergonomics at work can help prevent musculoskeletal disorders and improve productivity. This lecture serves to help participants understand and apply the principles of ergonomics to workplaces. The lecture will cover the use of tools and methodologies commonly used to assess risk factors in office and industrial settings. We will also be sharing recommendations for setting up ergonomic workstations.

Lecture Details
Date: 31 August 2021, Tuesday
Duration: 60 minutes
Time: 6:00 pm – 7:00 pm
Fee: Complimentary
Platform: Zoom Cloud Meetings

Target Audience
All allied health professionals

Registration
To register, scan the QR code or click on the web link.
Registration closes on 30 July 2021, Friday.

Speaker
Patrick Koo
Senior Principal Occupational Therapist
Occupational Therapy
Singapore General Hospital

Patrick Koo is a Senior Principal Occupational Therapist at the Singapore General Hospital (SGH) and an ergonomics consultant to SGH safety network. He holds a Master of Science & Technology in Ergonomics. His clinical practice includes providing treatment for people with musculoskeletal disorders.

Patrick pioneered the development of ergonomics consultancy services in SGH. He was involved in the development of the Singapore Standard Code of Practice for Office Ergonomics and the Code of Practice for Manual Handling. He also assisted the Ministry of Manpower in the development of ergonomics guidelines for the hotel and logistic industries.

As a specialist in this clinical area, he regularly conducts ergonomics consultations, evaluations and training within SGH and for external companies and organisations.

Quick Links
FAQs, PGAIH Programmes, Training Calendar and Directory

Upon registration, you agree to the following **Terms & Conditions**:
Limited to 500 participants per lecture.
This lecture will be conducted via **Zoom Cloud Meetings** only. For e-view access to the lecture, please download/update Zoom Cloud Meetings app.
Details of the lecture meeting link will be sent to the successful registrants nearer the lecture date.

CAPE Centre for Allied Health & Pharmacy Excellence
ALLIED HEALTH INTEGRATIVE NETWORK (AHNET)
Online Zoom Course

Competencies for Occupational Therapists in Facilitating Return to Work (RTW)

28 AND 29 OCT 2021 | THU AND FRI | 2 DAYS | \$700 (SAOT MEMBER), \$750 (NON-SAOT MEMBER) | ZOOM CLOUD MEETINGS APP

Synopsis
“How do we facilitate our patients in RTW after a period of absence or injury?” often can be the toughest thing about performance and participation.
This 2-day online workshop builds on the prior knowledge of Occupational Therapists (OTs) on the “trifecta” relationship between person, environment and occupation, and equip participants with the principles and best practices in occupational rehabilitation. At the end of the course, participants will develop core competencies in pre-employment assessment and job analysis and expand their tool box of intervention strategies in enabling patients with physical and cognitive deficits to successfully RTW.

Learning Objectives:
At the end of the workshop, the learners will be able to:

1. Understand the barriers and facilitators to RTW using the Work Disability Prevention model.
2. Conduct an initial occupational rehabilitation assessment to gain RTW goals.
3. Select therapeutic RTW interventions and strategies to improve ability and achieve RTW goals.
4. Practice useful communication techniques when facilitating RTW.

Target Audience:
Occupational Therapists working with the adult population.

Programme:

Day/Time	Content
Day 1 8.30AM – 5.00PM	<ul style="list-style-type: none"> - Role of OT in facilitating RTW - Model in RTW - Clinical Interviewing - Assessment of physical, cognitive and work capacity
Day 2 8.30AM – 5.00PM	<ul style="list-style-type: none"> - Interventions that facilitate RTW - Best practices in Occupational Rehabilitation - Communication strategies with stakeholders - Conflict resolution

Registration:
Please find registration link and QR code for the online Zoom course here:
<https://tinyurl.com/wmb62ow>

Speakers:
Ms Limwee Giam Yu Ting
Principal Occupational Therapist, TGH
RHS, Our Women's Health, Dorset OT
Ms Soh Yanning
Principal Occupational Therapist, TGH
RHS, Dorset OT
The speakers have over 20 years of clinical experience at the rehabilitation of individuals with stroke and acquired brain injury, allowing them to explore RTW along with the medical team to optimise the health care of her patients. Ms Limwee Giam Yu Ting is an experienced, versatile, and dedicated occupational therapist. She has been involved in the development of the competency and development of the specialty. She holds a Master's degree in Occupational Therapy and is currently pursuing her Ph.D. in Occupational Therapy. She is also a member of the Singapore Occupational Therapy Association and the International Association of Occupational Therapists.

OT Mental Health program during COVID-19

National CARE Helpline

- Face to face therapy services were suspended during lockdown period
- OTs who worked in the mental health setting and could not provide face to face therapy services, assisted in manning of the National CARE Helpline
 - Provide emotional and psychological support to those affected by the COVID-19 pandemic.

“Virtual Ward Rounds”

- OTs together with their multidisciplinary team conducted virtual reviews sessions for nursing homes they are supporting
- Able to provide timely inputs and recommendations to nursing home staff despite restrictions in on-site visits
- Supports safety management measures introduced by the ministries by reducing cross centres face to face interactions



OT Mental Health program during COVID-19

Taking Outpatient Services Online

- Started support groups online for clients who are/have
 - Working
 - Stopped work temporarily due to the pandemic
- Job exploration and stress management online groups for clients were also started

Bringing the Profession Together

- SAOT organised a online Special Interest Group for healthcare professionals in Oct 2020
 - “Preventing stress and burnout in healthcare professionals during the Covid-19 pandemic, focusing on self care techniques and practice of mindfulness.”*
- Our colleagues from the Singapore Physiotherapy Association joined us in this talk as well.



OT Mental Health program during COVID-19

“A Balancing Act”

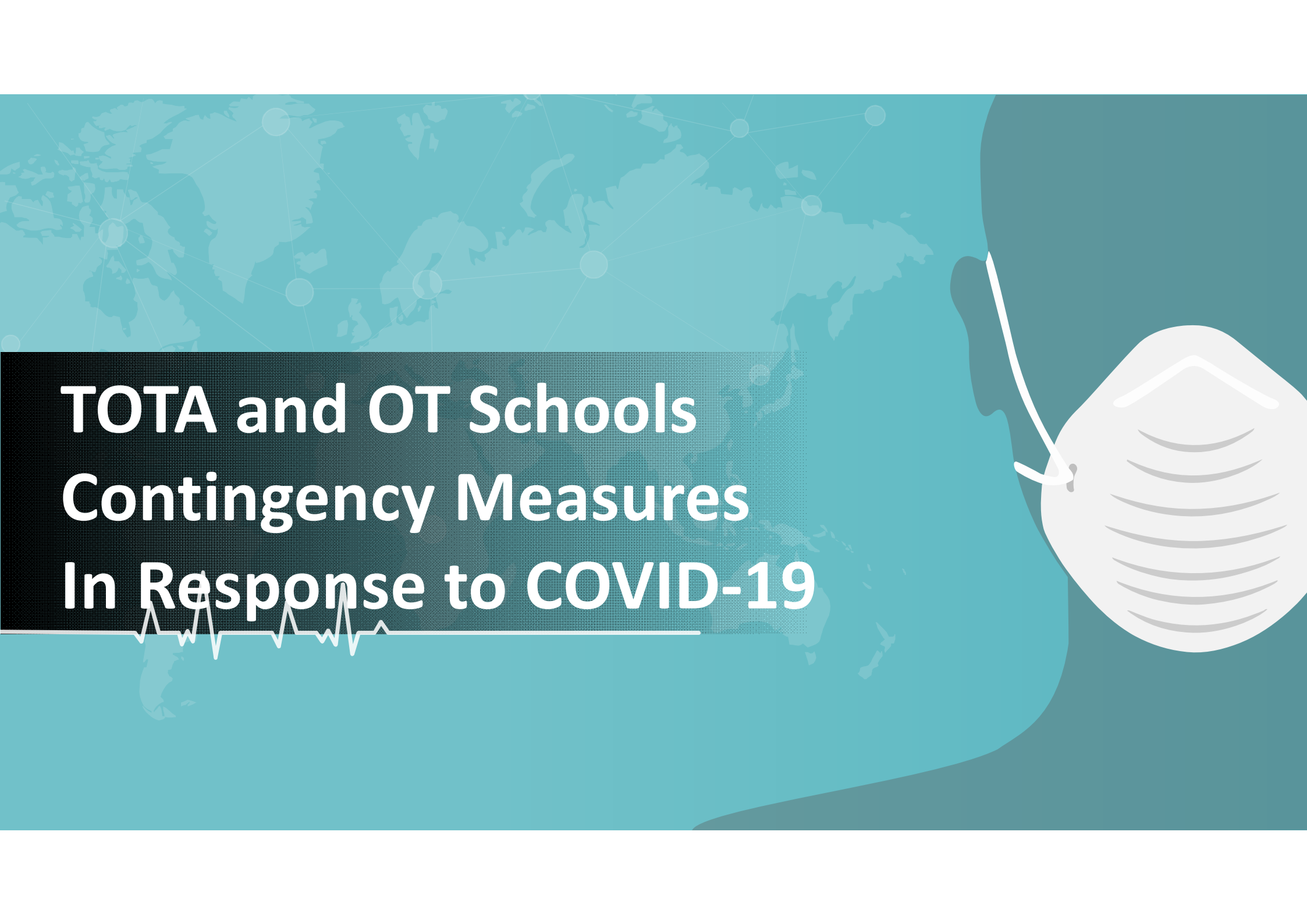
OTs continues to **be creative** and **adapt** their service delivery mode and intervention plans to **balance** between adhering to the escalation and de-escalation of safety management measures and to the importance in maintaining momentum of therapy.



Thank You

Stay Safe





TOTA and OT Schools Contingency Measures In Response to COVID-19

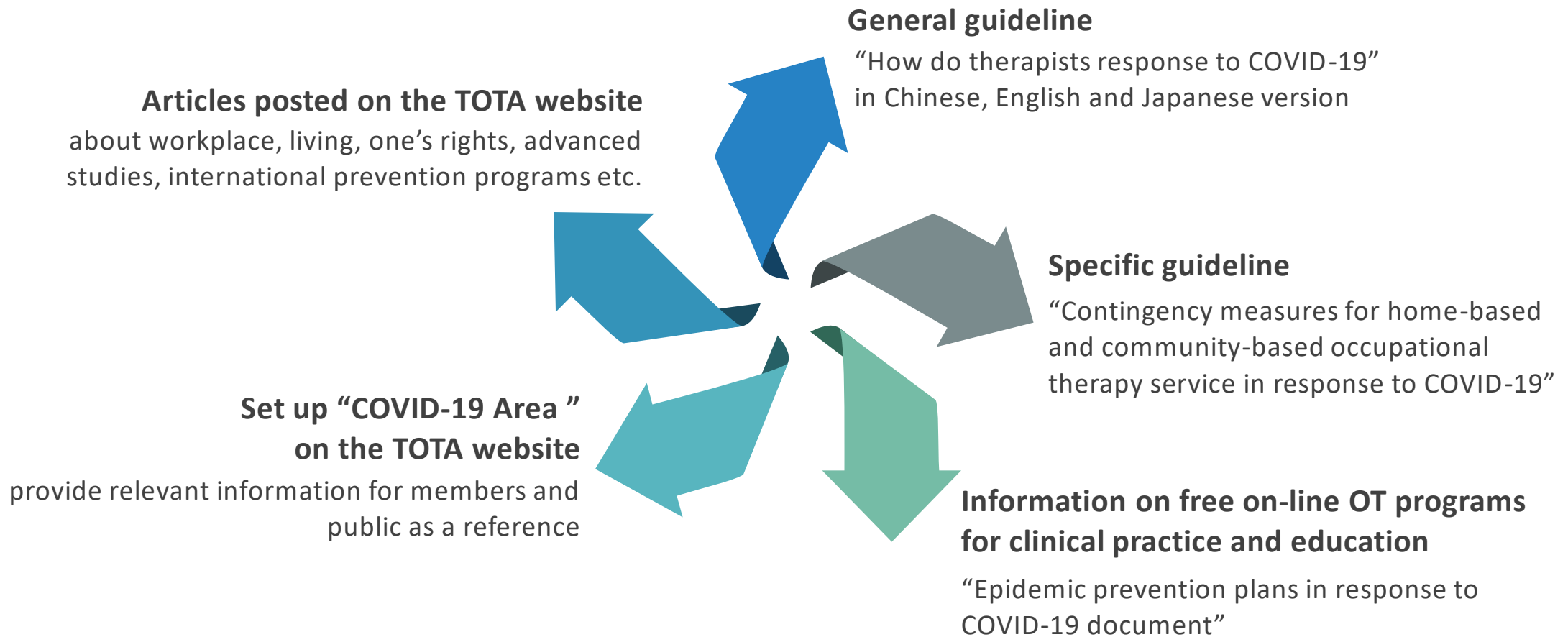
Content

01 TOTA Contingency Measures...3

02 School Adaptations...8



Nationwide Occupational Therapy



Professional Educatio



- ☒ Survey schools and placement units' opinions about adaptation program's ratio and set up the standard
- ☒ Formulate "Adaptation Program Standard for Fieldwork Level II Occupational Therapy Clinical Training"
- ☒ Held Forum for planning clinical training adaptation program in response to COVID-19" with schools and clinical placements
 - Postpone the schedule of clinical training
 - Integrate clinical practice materials from clinical placements to enrich adaptation teaching contents
 - Provide a sample of affidavit letter for risk of clinical training during COVID-19 pandemic for schools and placement units

Contingency Measures with Government Agencies



Promotion

→ Assist National Health Agency to promote epidemic prevention policies and measures



Adaptation program for fieldwork level II practice

→ Provide Ministry of Education about the contingency mechanism for clinical training and the possible max ratio for the substitutive program



Compensation, subsidy, and relief packages for OT centers

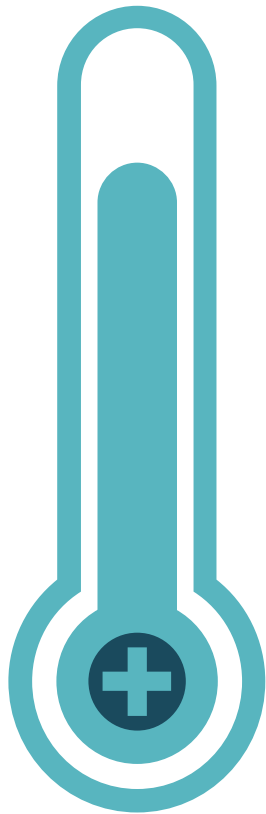
→ Ask Ministry of Health and Welfare for providing compensation and relief package for the closure of occupational therapy centers






Student vaccination

→ Ask Taiwan Centers for Disease Control to allow students for vaccination before fieldwork level II practice

International Community Interaction



-  Assist the promotion of WFOT's survey
-  Assist the promotion of WFOT Occupational therapy and rehabilitation of people affected by the COVID-19 pandemic
-  **Webinar:** Taiwan Occupational Therapy Association partners with Association of Caribbean Occupational Therapists to discuss COVID-19

Contingency Measures for Projects

After Level 3 Alert

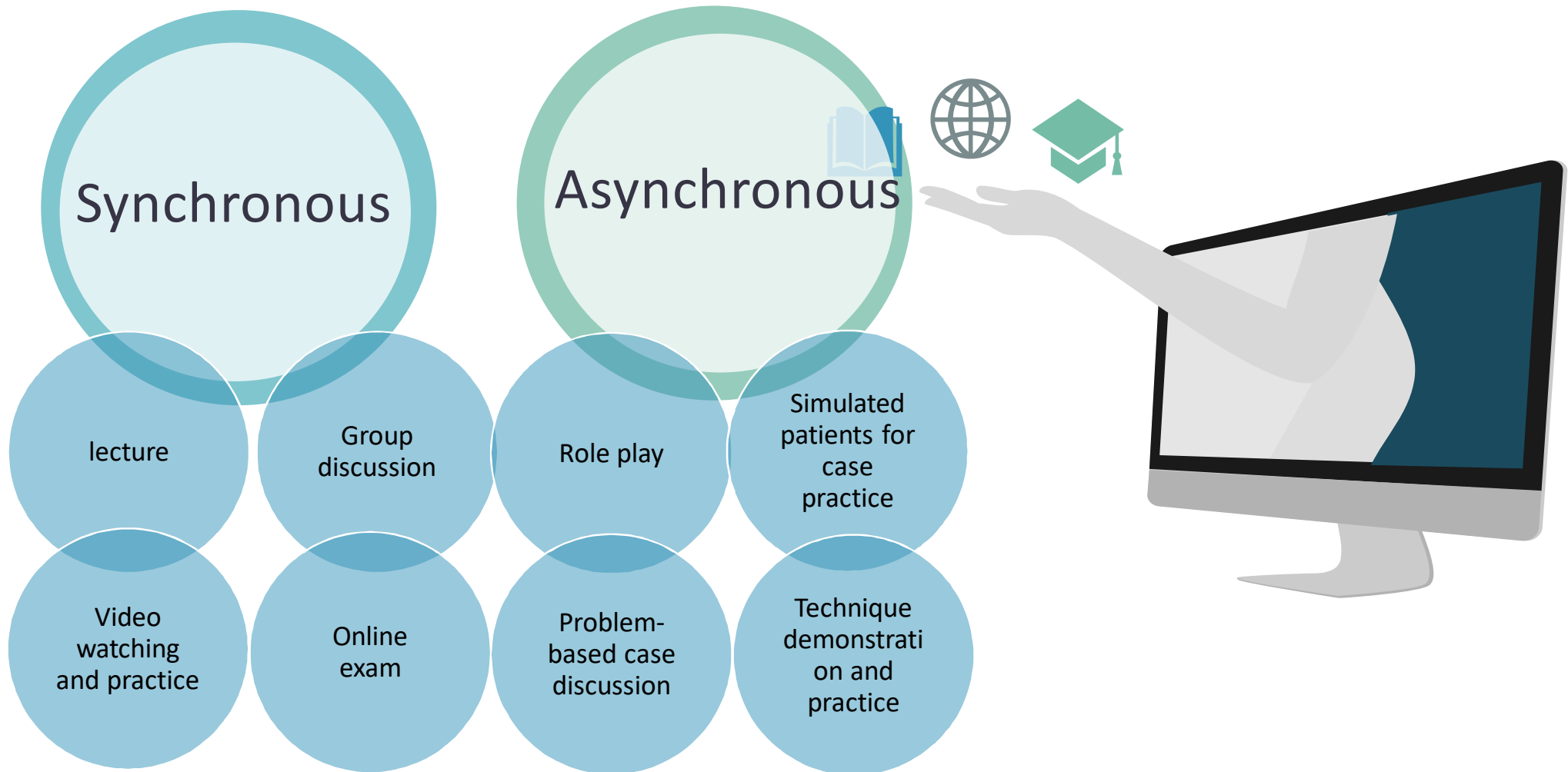
- Taipei City Vocational Assessment Project
- Taipei City Job Accommodation Project
- Taoyuan, Hsinchu and Miaoli Resource Center
- Delay Disability Counseling Network Project
- Taipei City Vocational Assessment Project



School Adaptations In Response to COVID-19



On-line teaching



International Exchange Programs

1 Singapore Institute of Technology

Online forum for undergraduate students at Chang Gung University

2 San Jose State University

- Virtual summer program for Chang Gung University
- Undergraduate/graduate students and clinical practitioners

3 University of Southern California

Online meeting for Asia University and USC for undergraduate students

4 Master Degree Program - UM and CGU

- Two master degrees program between University of Minnesota-Twin cities, Department of Kinesiology and Chang Gung University, Department of OT
- 1 year at CGU + 1~1.5 years at UM



Singapore Institute of Technology



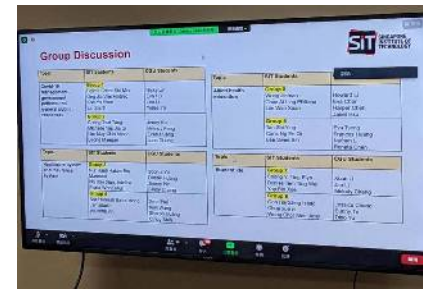
Opening



Student presentation



Group discussion



Agenda

San Jose State University

Course topics:

Integrating **mindfulness** practice in clinical practice

A

Sleep education and treatment

B

OT Advocacy, Management and Leadership: from clinical practice to academics

C



E

Wellness and Fall Prevention Programs

F

OT in the Community: At Risk Youth & Young Adults

G

Mental Health OT in the hospital and community

D

Occupational Justice: Occupational Therapy Services for those who are Homeless; community services across the lifespan

Virtual summer program: August 2, 2021~August 13, 2021
Non Live (Asynchronous)/ Live (Synchronous)

亞洲大學
Asia University

職能治療學系

Department of
Occupational Therapy

International Course Meeting

(Asia University Vs University of Southern California)



Online Meeting
of
Asia University & USC

International
Student Exchange

Master Degree Program - UM and CGU

First year:
Chang Gung University,
Department of Occupational
Therapy,
Master degree



Second year:
University of Minnesota,
Department of Kinesiology,
Master degree

Study on client behavior under epidemic

Impact of COVID-19 ‘Stay Home, Stay Healthy’ Orders on Function among Older Adults Participating in a Community-Based, Behavioral Intervention Study

DOI: 10.1177/0898264321991314

Journal of Aging and Health 2021, Vol. 0(0) 1–11

Leah M. Adams, PhD, Nancy M. Gell, PhD, MPH, Elise V. Hoffman, BS, Laura E. Gibbons, PhD, Elizabeth A. Phelan, MD, MS, John A. Sturgeon, PhD, Dennis C. Turk, PhD and Kushang V. Patel, PhD, MPH

Present by 許哲睿 2021.4

Table 2. Change in PROMIS-29 Profile T-Scores (v2.1) from the Pre-COVID-19 (baseline) Period to when Stay-At-Home Orders were Implemented.

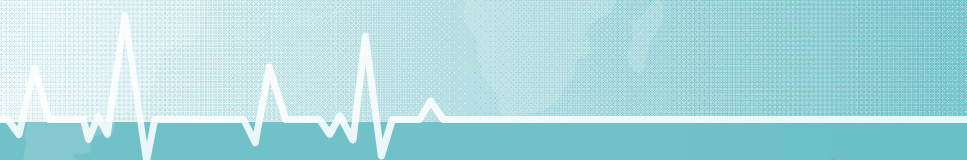
Domain	Pre-COVID-19 Period Mean (SD)	Stay-At-Home Period Mean (SD)	Mean Difference (95% CI)	p Value
Anxiety	49.1 (7.2)	52.9 (9.5)	3.9 (1.3, 6.6)	.005
Depression	48.3 (8.2)	49.2 (8.4)	.8 (–1.7, 3.2)	.52
Fatigue	50.9 (8.5)	47.6 (10.3)	–3.3 (–5.9, –.6)	.02
Sleep disturbance	48.7 (9.1)	49.3 (9.2)	.6 (–2.7, 3.9)	.70
Satisfaction with participation in social roles	52.4 (8.1)	45.1 (8.7)	–7.3 (–10.5, –4.10)	<.001
Physical function	42.4 (5.7)	43.1 (6.0)	.8 (–.8, 2.4)	.31
Pain interference	56.4 (6.0)	54.6 (7.5)	–1.8 (–4.1, .5)	.12



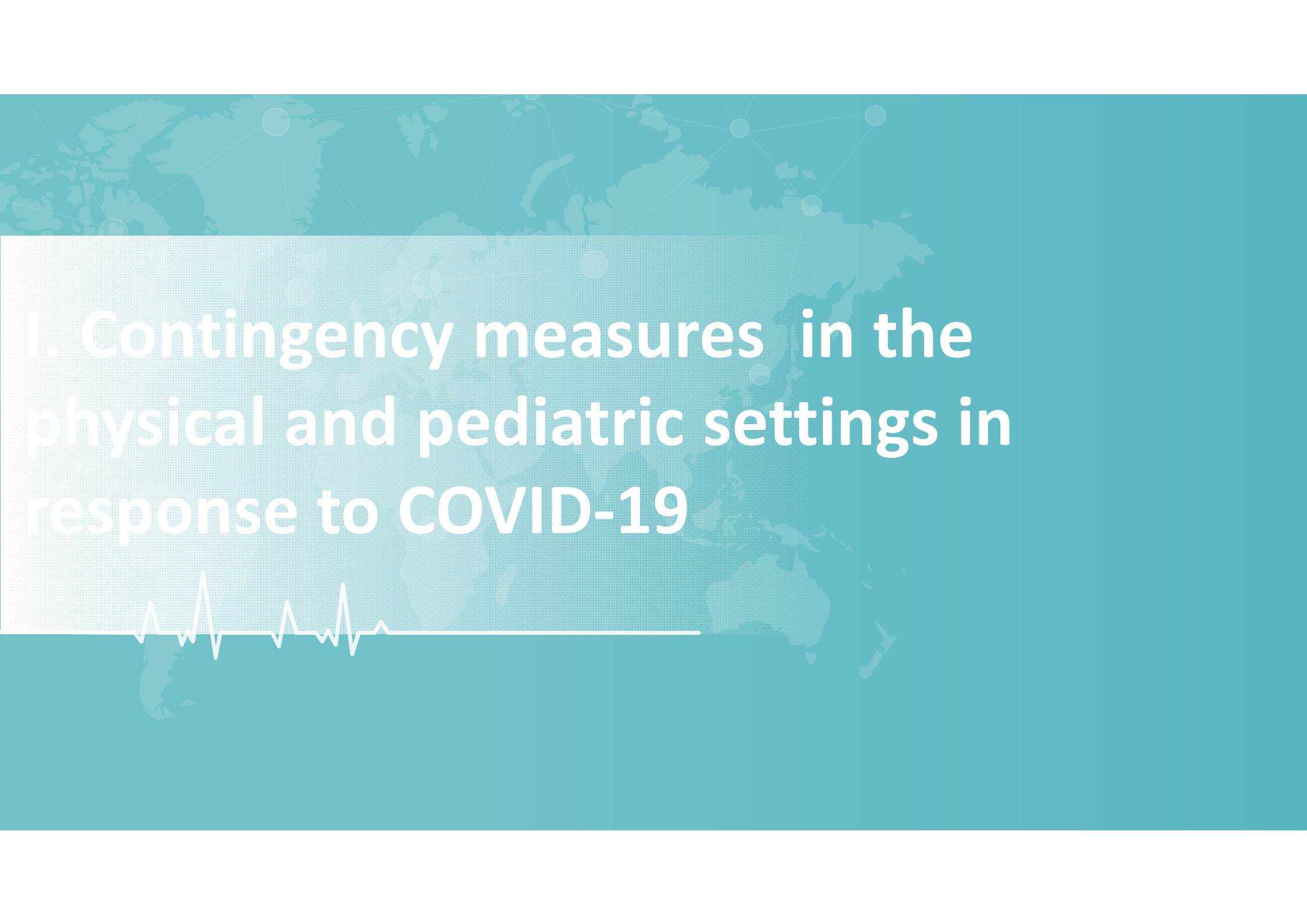
Thank you for your attention



Contingency measures in the practice settings in response to COVID-19: Physical, Pediatric, and mental health



President Ching-Yi Wu, ScD, OTR
Taiwan Occupational Therapy Association



I. Contingency measures in the physical and pediatric settings in response to COVID-19

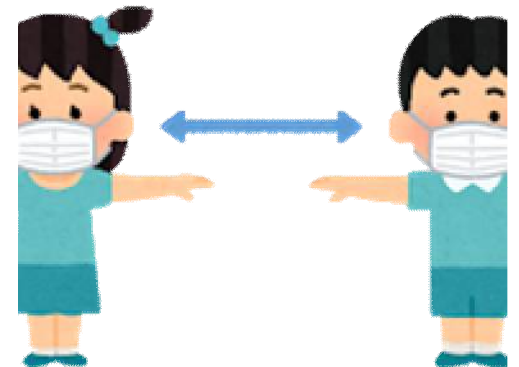


Infection control for Therapists

- Self-health management
 - measure body temperature every day, report if there is a fever
- Isolation and triage measures
 - arrange different resting areas and treatment rooms for therapists with different duties
- Mask and other personal protective equipment when needed,
 - e.g. goggles, face shield, gloves
- Hand hygiene
 - wash hands before and after every patient contact
- Online education courses
 - Staff required to receive courses related to COVID-19 epidemics

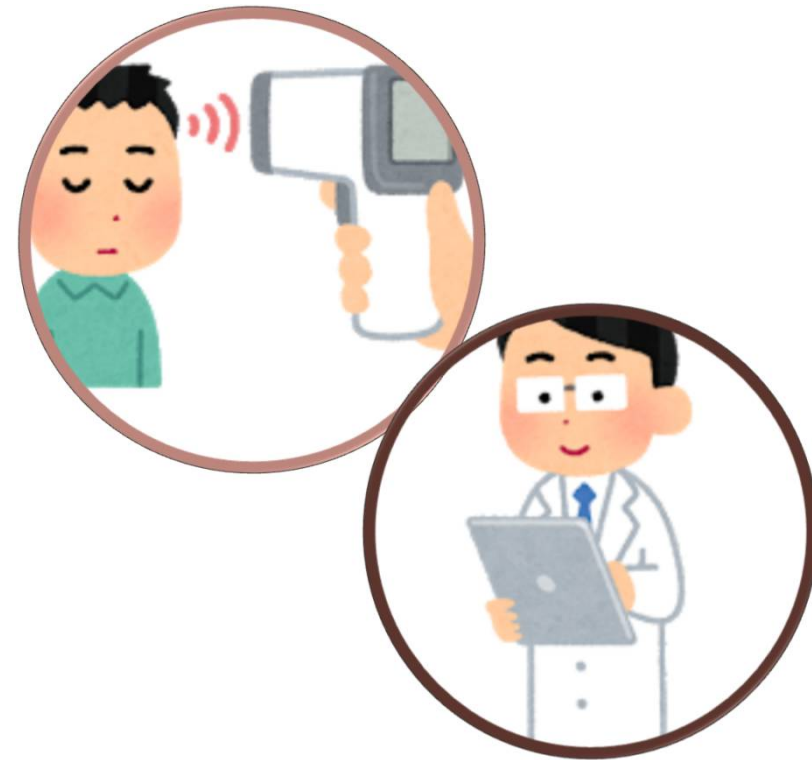
Infection control of Environment

- Checkerboard seating, install dividers, or reduce group size
 - in the therapeutic room to maintain social distance
- Sterilize therapeutic equipment after use



Infection control for patients

- Isolate and triage
 - Both for in-patients and out-patients
- Health management
 - Measure body temperature, ask TOCC and wear a mask when entering the therapeutic room
- Only one person to accompany a patient
- Minimize chatting during therapy
- Getting the patient's PCR report or negative antigen test result
 - taken within a week at the first time of therapy or before conducting therapy



Flow of Therapy

In-patient

Medical review,
is the client being
quarantined?

Yes



Conduct **bedside**
rehabilitation with
personal protective
equipment

↓ No

Inform the client to
rehabilitate in the
therapeutic room



Measure client and
caregiver's **temperature**,
is there a fever?

Yes



Stop therapy, inform
the primary nurse

↓ No

Enter therapeutic room,
adopt **checkerboard**
seating

Out-patient

Real name
registration system:
NHI card or in writing



Measure client and
caregiver's temperature,
is there **a fever**?

Yes



Stop therapy

↓ No

Ask **TOCC** for any risk

Yes



Stop therapy

↓ No

Enter therapeutic room,
adopt **checkerboard**
seating

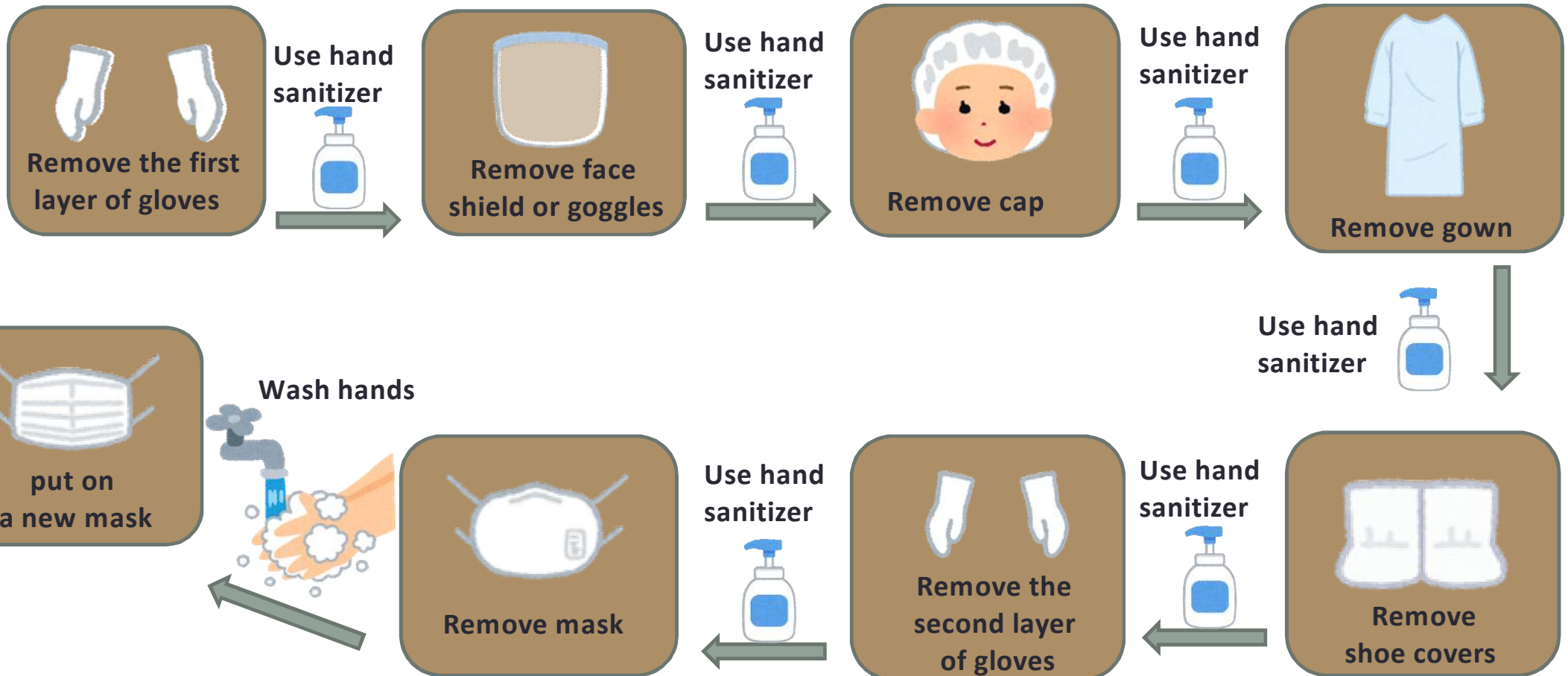
Personal Protective Equipment - Sequence of donning

The main objective of this sequence is to reduce the risk of self-contamination during doffing personal protective equipment. It can be modified according to the situation and characteristics of the department and equipment donned.

1. Perform hand hygiene
2. Put on the first layer of gloves
3. Put on shoe covers (if needed)
4. Put on gown
5. Put on surgical mask or N95 mask (with fit check)
6. Put on cap
7. Put on the second layer of gloves (make sure it covers the cuffs of the gown)
8. Put on face shield or goggles
9. Check the completeness of equipment



Personal Protective Equipment - Sequence of doffing



COVID-19 Patient Risk Assessment Form

Category	Travel history	Occupation	Contact history	Cluster
Question	What is your travel history within the last 14 days?	What is your occupation?	What is your recent contact history, and what places have you been to?	Have you been in large crowds (in clusters) in the past month?
Evaluation Item	<input type="checkbox"/> I have travelled overseas (Countries visited:)	<input type="checkbox"/> Healthcare worker (e.g., medical/non-medical personnel, including outsourced worker, intern, laboratory personnel and healthcare volunteer.) <input type="checkbox"/> Transportation industry (e.g., taxi driver and coach driver.) <input type="checkbox"/> Tourism industry (e.g., tour guide and tour operator .) <input type="checkbox"/> Hotel industry (e.g., housekeeper, receptionist, and quarantine hotel staff .) <input type="checkbox"/> Airline industry (e.g., aircrew.) <input type="checkbox"/> Food and beverage industry or general merchandise industry (e.g., department store/shopping mall, entertainment venue, food delivery service.) <input type="checkbox"/> Diplomat or employee at an international company <input type="checkbox"/> Others:	<input type="checkbox"/> Have been to hospitals, clinics for treatment <input type="checkbox"/> Have come into contact with friends, relatives/family members/colleagues who have travelled abroad or foreign nationals <input type="checkbox"/> Have been to airports, tourist attractions, and other places frequently visited by foreigners <input type="checkbox"/> Have come into contact with wild animals, poultry and birds <input type="checkbox"/> Others:	<input type="checkbox"/> Living with your family, and your family members are currently <input type="checkbox"/> Undergoing isolation at home <input type="checkbox"/> Undergoing quarantine at home <input type="checkbox"/> Managing their own health (until ____ month/date) <input type="checkbox"/> Family members also have a fever or respiratory symptoms <input type="checkbox"/> Friends also have a fever or respiratory symptoms <input type="checkbox"/> Colleagues also have a fever or respiratory symptoms

COVID-19感染リスク評価表

種類	Travel history 渡航歴	Occupation 職業	Contact history 接触歴	Cluster 集団活動
質問	14日以内の渡航歴をお教え下さい。	ご職業をお教え下さい。	最近の接触歴と出入りした場所をお教え下さい。	一ヶ月以内に参加した集団活動をお教え下さい。
評価項目	<input type="checkbox"/> 海外渡航歴がある。 (渡航先の国：)	<input type="checkbox"/> 医療従事者 (アウトソーシング・実習 生・衛星保健ボランティアなどを含む) <input type="checkbox"/> 運輸業(タクシー・バスのドライバーなど) <input type="checkbox"/> 旅行業(ツアーガイドなど) <input type="checkbox"/> ホテル業(客室清掃作業員・フロントスタッフなど) <input type="checkbox"/> 航空業界 (キャビンクルーなど) <input type="checkbox"/> その他：	<input type="checkbox"/> 病院・診療所に行ったことがある。 <input type="checkbox"/> 海外渡航歴があって、今熱・呼吸器症状のある友人・家族と接触したことがある。 <input type="checkbox"/> 空港・観光スポット・外国人と頻繁に接触するような場所に入出入りしたことがある。 <input type="checkbox"/> 集会に参加したことがある。 <input type="checkbox"/> 宗教・政治・学術・芸術文化イベントに参加したことがある。 <input type="checkbox"/> 始業式・卒業式・結婚式・葬式・スポーツの試合などに参加したことがある。 <input type="checkbox"/> 野生動物と鳥類に接触したことがある。 <input type="checkbox"/> その他：	<input type="checkbox"/> 家族と同居している 尚且つ、家族が現在 <input type="checkbox"/> 在宅隔離中 <input type="checkbox"/> 在宅検疫中 <input type="checkbox"/> 自主健康管理中(期限：月/日まで) <input type="checkbox"/> 家族に熱・呼吸器症状がある。 <input type="checkbox"/> 友人に熱・呼吸器症状がある。 <input type="checkbox"/> 同僚に熱・呼吸器症状がある。

Modification of Working Model

- Supporting Role
 - Staff support administrative work of PCR screening, vaccination and TOCC, scheduled by the hospital's infection department
- Clinical work
 - All onsite clinical services suspended, staff are encouraged to apply for off site work
 - All regular administrative and clinical meetings held online
 - Provide consultation and support to the clients and families via phones, LINE and other forms of telecommunication

Self initiation of staff to promote self health

- Virtual casual chatting during lunch breaks
- Regular online meeting mutually sharing lessons learned from online services
- Mutual psychological support through LINE group

Innovative Service in Pediatrics during the Pandemic

- Team work on FB Fan Page focusing on assisting the families to adjust to new lifestyles
- Online consultation, focusing on
 - re-arrangement of daily routines
 - work with families in creating meaningful home based co-occupations
 - child's participation in school's online courses
 - management of child's challenging emotions and behaviors
 - provide psychological support

Innovative Service during the Pandemic

- Organizing Online lectures and conferences for caregivers
 - parent skills training
 - preparation for child's school entry
- Reviewing home video clips sent by families who seek for consultation
 - activity grading and adaptation
 - consideration of personal and contextual factors



II. Contingency Planning for Occupational Therapy Service in Mental Health Units in Response to COVID-19 epidemic



Objectives

Maintain sufficient treatment capacity

-- for acute and chronic psychiatric patients to receive treatment stably during COVID-19

Ensure the non-stop service during COVID-19

-- provide various type of supportive services for psychiatric patients in community to replace the original service on the basis of a group form

Provide strategies for lifestyle modification and stress coping during COVID-19

-- for the frontline workers and patient's caregiver

For Hospital – Staff and Activity Space Arrangement

Control of Staff

- Isolation and triage measures
 - Fixed occupational therapists responsible for fixed wards work in different and fixed offices
- Therapists lead ward groups in wards
 - avoid cross infection between therapists and patients

Infection Monitoring

- Health management
 - measure body temperature and report symptoms of fever and diarrhea every day
- Separate the office area
 - to avoid excessive face-to-face contact

Equipment Sterilization

- Use alcohol for sterilization
- Use disposable sheath for the use of equipment

Hospital – Content of Service

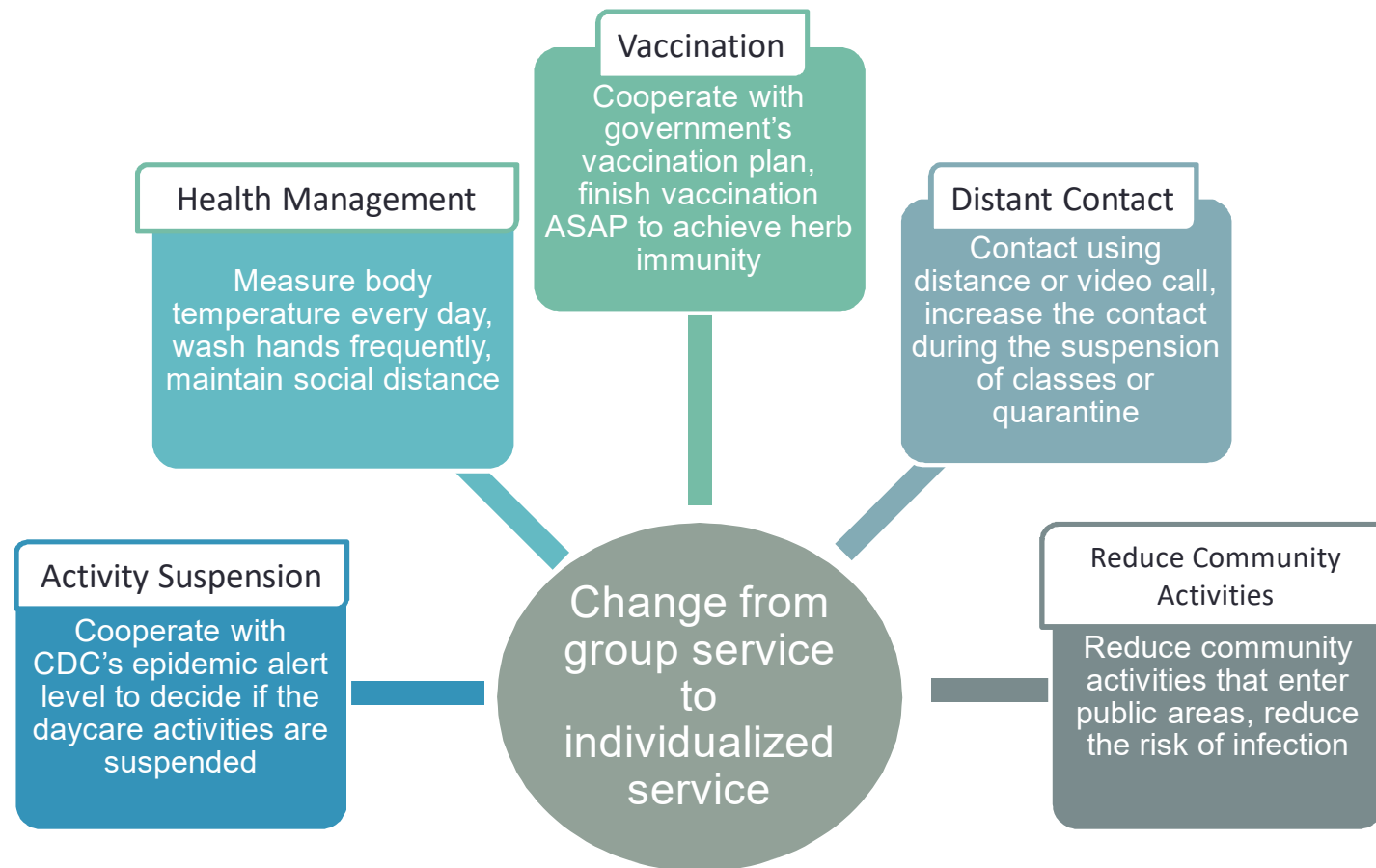
Modify the Flow of Group Activities

- Require all patients to **wear a mask** during the entire activity
- All patients **wash hands** before the activity starts
- Encourage all patients to **wash hands** after the activity
- Adopt **checkerboard seating** during the activity to maintain suitable social distance

Redesign Activities

- Mainly design activities that can be **finished by oneself**, reduce excessive contact between patients
- **Integrate information of COVID-19 into activity topics**, raise patients' understanding towards the disease, reduce patients' anxiety

Community-Based Rehabilitation- Modify Mode of Service In Response to COVID-19



Community-Based Rehabilitation- In Response to the Modified Mode of Service

Resources inventory of the Organization

- Is the manpower capacity enough for the modified mode of service
- Is there enough transportation to maintain the modified mode of service
- After the modification of the mode of service, is the resources enough to support the service sustainably

Client Need Assessment

- Is the client's lifestyle remains stable after the mode of service modification
- Which part of the client's service needs to be modified

External Environment Evaluation

- Effect of the epidemic changes and government's contingency plans to staff and risk assessment for the service

Community-Based Rehabilitation-Modification of Service Content



Provide home-based vocational rehabilitation



Provide individualized home-based rehabilitation, care and remind them to maintain home-based lifestyle and provide emotional support via phone calls



Use technology to provide home visit, use Google Map for positioning, report special conditions in Line groups, personnel aid with return visit and short-term hospitalization



Assist psychiatric patients in community to get registration, transportation, and vaccinated, and follow up



AZ vaccine from Japan,
ありがとうございます！

Community-Based Rehabilitation- In Response to the Modified Service Content

Maintain lifestyle

- ADL: Daily life arrangement, leisure recommendation, supervision of personal hygiene, home maintenance, finances management
- Health maintenance: Return visit reminder/help with collecting medicine, organize medicine, take medication regularly, weight and diet control, blood glucose monitoring
- Work: Home-based vocation, workplace epidemic prevention measure reminder
- Family: Family care skills practice and psychological support
- Allocate resources: Help in various subsidies, apply for relief packages

Emotional Support

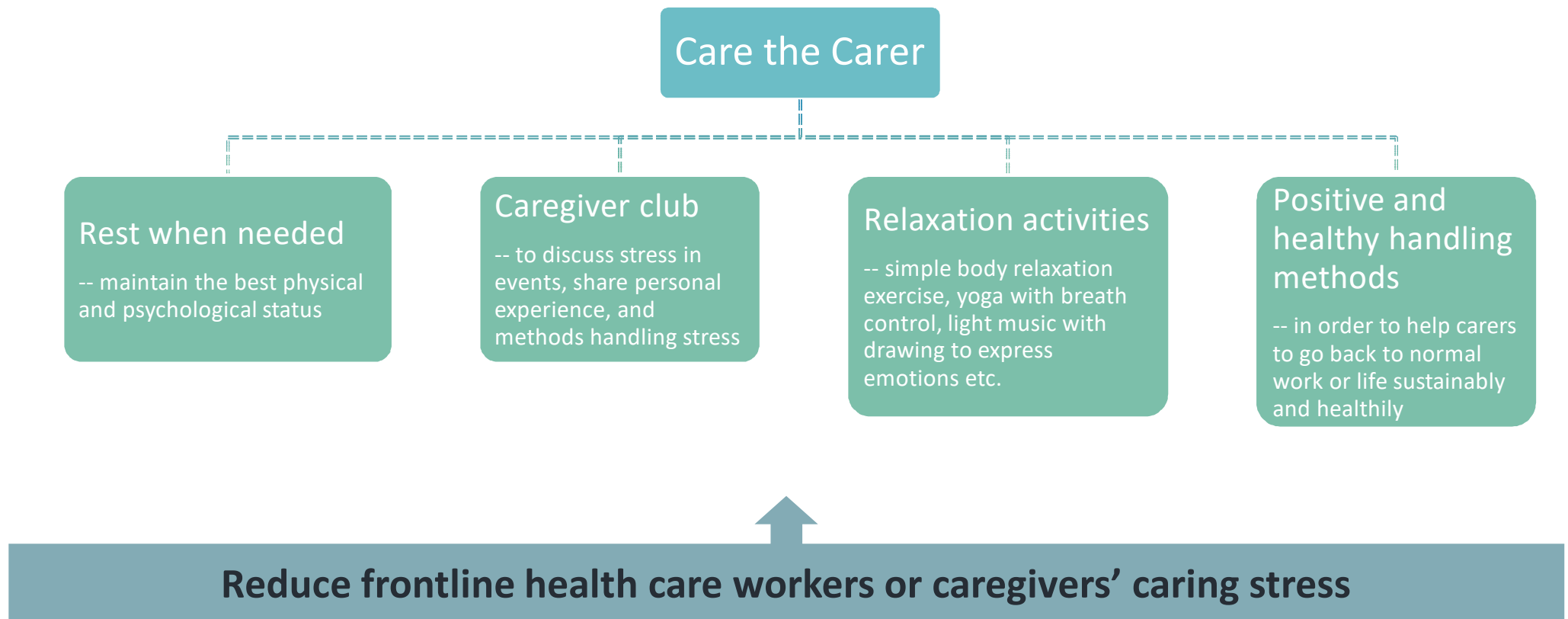
- Supportive Interview
- Out-patient medication adjustment (Video-call/in-person)
- Accompany going out, take a ride

Crisis Management

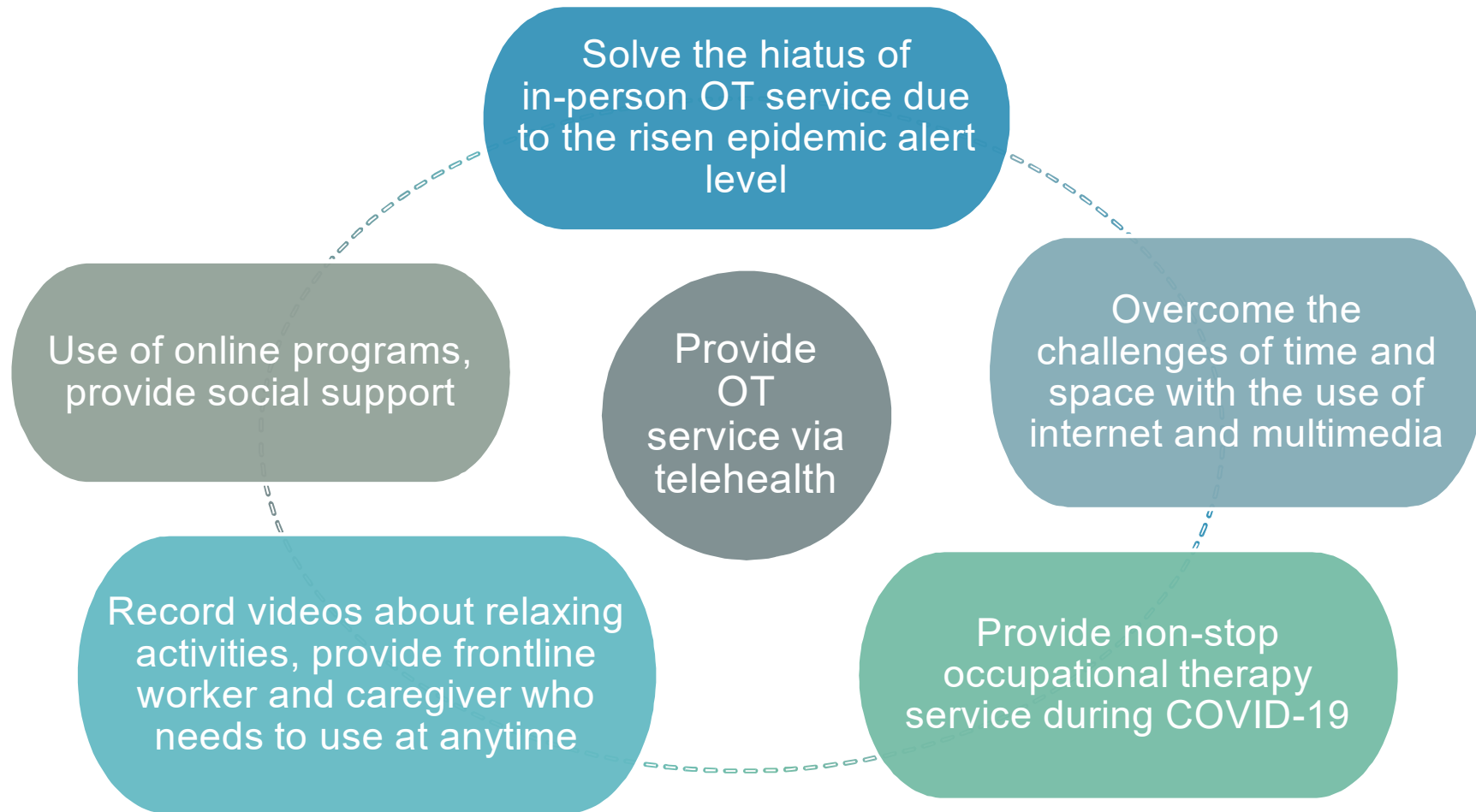
- Short-acting injection
- Arrangement for hospitalization (Contact for bed and PCR test)



Frontline Workers and Patients' Caregivers



For Frontline Workers and Patients' Caregivers



Acknowledgement

- Appreciations to Chia-Chih Lu, Tzyh-Chyang Chang, Wan-Ying Chang, Te-Chun Chen for preparing this powerpoint.

Reference

- Website of Taiwan Centers for Disease Control
<https://www.cdc.gov.tw/>



THE
Philippine Academy of
Occupational Therapists, Inc.
Formerly the Occupational Therapy Association of the Philippines, Inc. (OTAP)

Collaborative Adaptations: PROMOTING ORGANIZATIONAL AND OT PRACTICE STABILITY AMIDST THE PANDEMIC



(On Behalf of the 2018-2021 PAOT Board)

Dr. Anthony S. Grecia



Philippine
Academy of
Occupational
Therapists, INC.

PAOT's Initial Responses

- Protect the members of OT Community (current and future) and the organization from:
 - COVID transmission
 - lack of adequate safety information (RE: COVID)
 - Mental health issues
 - Extreme financial difficulties



COLLABORATIVE and COMMUNAL Way of Identifying Needs

- Inductive Prediction of possible needs
- Needs Survey Assessment
- Communal meetings with each of the local OT organization or group (PAOT local chapters, OT student group, and emerging group of new OT graduates (emerging OT professionals)



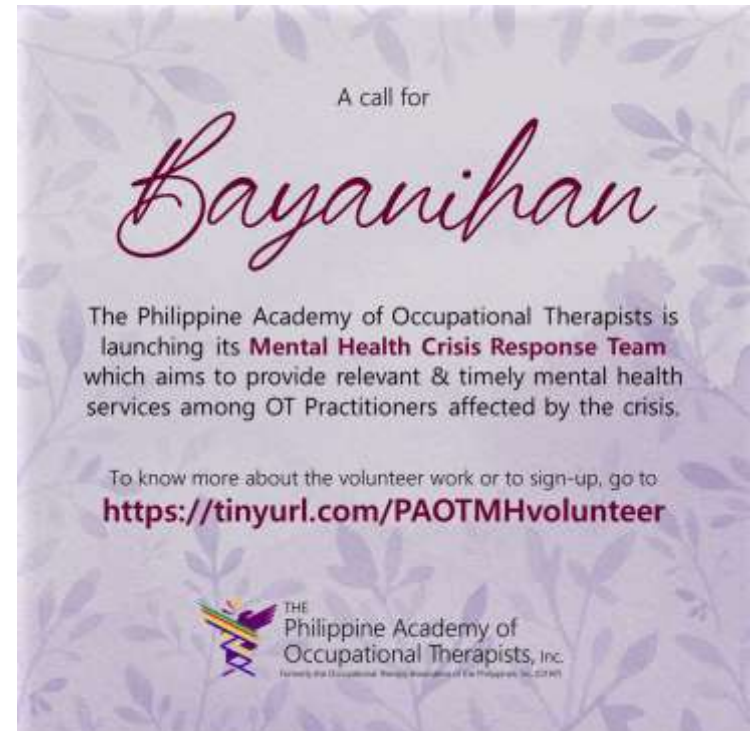
BAYANIHAN (meaning: Town or group of people working together for a common good)

- The person working for others becomes a “hero” (*bayani*) for another person
- Aim to be a “hero” to each other
- This entailed the PAOT to become platform for Filipino OTs to help each other and respond to the needs of the fellow OT Community in general



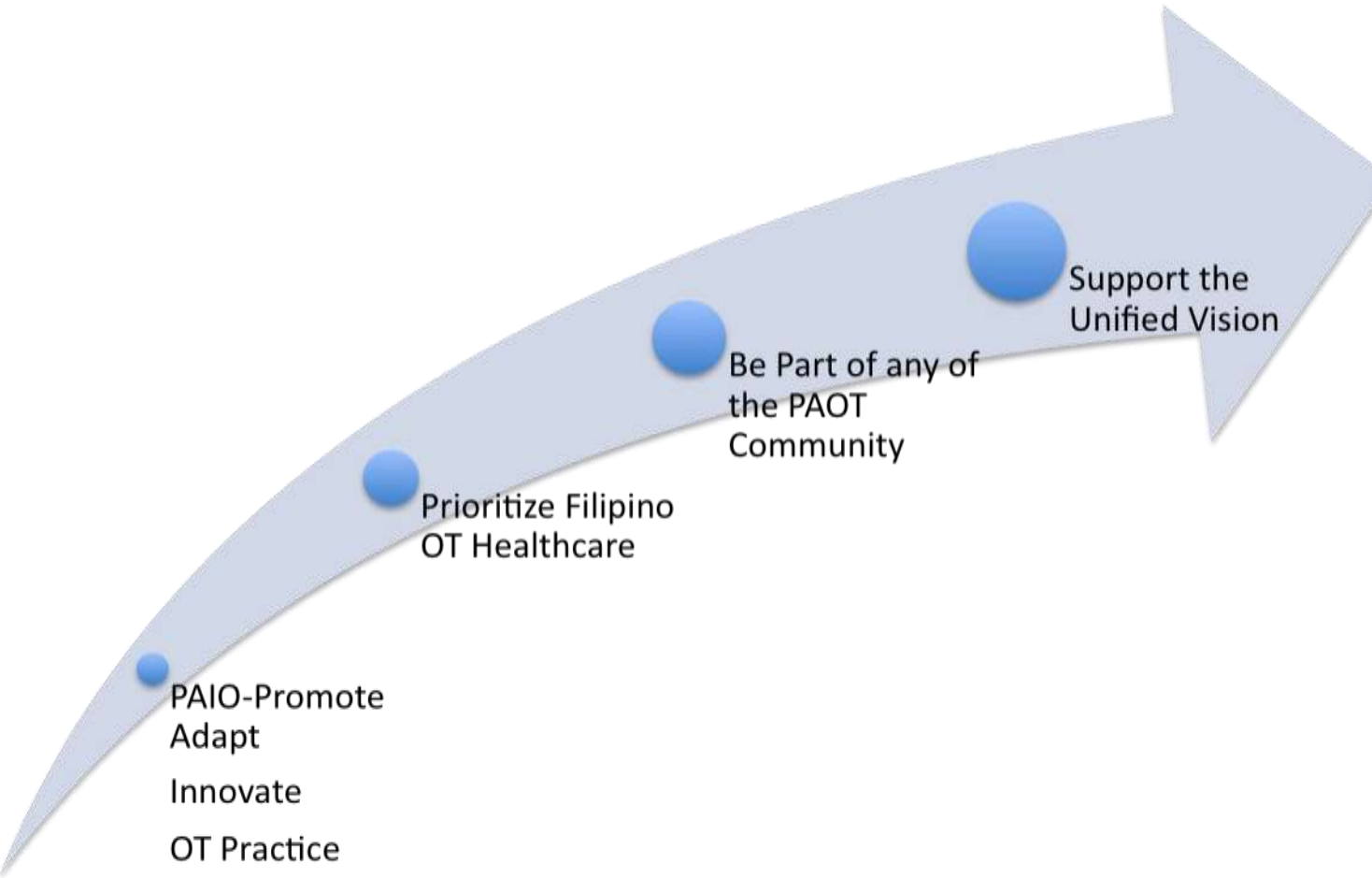
PAOT Bayanihan Projects

1. Provide Support to Continue Practice (for professionals) & education (for students)
2. Provide Financial Assistance to members (professionals and students)
3. Creation of a Mental Health Support Response Team for OT Community





1 OT per
20,000
Filipinos
by 2025



General Outline of *Bayanihan* (*Collaborative*) Adaptations

1. Promoting standards of care and guidelines amidst the pandemic
2. Promoting Telehealth and online learning
3. Providing Calamity Financial Assistance to members, including students
4. Focusing on mental health of Filipino OTs (Members and non-members)
5. Providing a special program for emerging OT professionals who are about to take professional licensure examinations



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General Outline of ***Bayanihan*** (***Collaborative***) Adaptations

6. Provision of a Bayanihan Portal and Marketplace to members to trade and sell non-OT related projects
7. Conducting general assembly and full online elections
8. Integrating chapter efforts and collaboration thru the 1st Chaptership Month
9. Preparing for the 1st Virtual APOTC
10. Supporting government's vaccination campaign





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Adaptations to Support Practice

National Guidelines for OT Practice

- Guidelines on the use of telehealth as an alternative form of occupational therapy service provision
- Interim Guidelines on the Practice of Occupational Therapy amidst the Coronavirus Disease (COVID-19) Situation in the Philippines
 - Two versions (March 2020, May 2020)
 - Guidelines for in-person sessions and continuous adoption of telehealth as a service delivery
- Advisory Statements
 - Continuing education on telehealth and OT professional competency

Capacitating OT Community for Telehealth



Season 1 : Telehealth

<p>Episode 01 – 04/30/2020 Telehealth: The Basics Jennifer Vernon & Anna Yap Tan Pascual</p> <p>Episode 02 – 05/04/2020 Telehealth: Doing it right Ian Miclano & Dino de Guzman</p> <p>Episode 03 – 05/07/2020 Telehealth for clinic managers Vanessa Ibanes, Denise Gomez & Kate Aguas</p> <p>Episode 04 – 05/11/2020 Parent education using telehealth Bernard Carpio</p> <p>Episode 05 – 05/14/2020 Telehealth for children across ages Ian Miclano</p> <p>Episode 06 – 05/16/2020 Hand therapy via telehealth Kathryn Hunter & Cressida Bulalacao</p> <p>Episode 07 – 05/21/2020 Asynchronous telehealth Zha-Nella Canja & Ruel Solitario</p>	<p>Episode 08 – 05/25/2020 Occupation-based coaching using telehealth Dominic Cheoc & Bernard Carpio</p> <p>Episode 09 – 05/28/2020 Sensory integration interventions via telehealth Eugene Liwag & Nikka Karla Santos</p> <p>Episode 10 – 06/01/2020 CBT via telehealth Anthony Grecia</p> <p>Episode 11 – 06/11/2020 Going digital: Games and activities for telehealth Janessa Bulanadi & Bernice Lopez</p> <p>Episode 12 – 06/15/2020 Group therapy via telehealth Karen Ann Navarro</p> <p>Episode 13 – 06/18/2020 Pediatric hand therapy via telehealth Carla Reyes-Cuerva</p> <p>Episode 14 – 06/22/2020 Beating burnout in telehealth Constantine Yu Chua & Anna Yap Tan Pascual</p>
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 paot.org@gmail.com
 
 +63 917 519 1748



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Exclusive
to members



Telehealth for clinic managers

Transitioning your clinic operations from in-person to telehealth, monitoring services, and managing payroll





Vanessa Ibanes
 Therapist Therapy Center
 Davao City



Denise Gomez
 Dept. of Rehabilitation Medicine,
 UP-Philippine General Hospital



Kate Aguas
 Communicative Therapy Center
 Pasay City

May 07, 2020 (Thursday) 4:30 PM

Register via
<https://tinyurl.com/otalakayan03reg>




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Exclusive
to members



Telehealth for children across ages

Providing services to students of different skill levels and contexts



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Ian Miclano
 OTMP
 Ignite Therapy Center

May 14, 2020 (Thursday) 4:30 PM

Kindly register **before May 12, 2020 11:59 PM PST** to allow us to verify your membership and email you the webinar link.
<https://tinyurl.com/otalakayan05reg>




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Membership promotion and Vaccination Campaign



ARE YOU A NEWLY LICENSED* OT?

PAOT MEMBERSHIP ANNOUNCEMENT

Apply as a PAOT member and get
50% discount on your PAOT
membership fee!

tinyurl.com/PAOTMembForm

Promotion is from September 03-10, 2020**.

* For February 2020 OT Board Passers only. Limited slots available.
** Payment must be made within the promo period.



#PROTEKTADO

Get a 10% discount on your next membership application/renewal when you post a photo of yourself getting vaccinated - and get a chance to have FREE membership if your photo will be chosen as part of PAOT's #BakunaBiyernes Campaign!

(Check postcard for complete mechanics)

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Adaptations to Support Students and Education

Support Needs of OT Students

- Collaborate
- Financial (internet subsidy)
- Learning basic adaptive coping strategies
- Thriving remote learning
- Updating needs assessment



Support Educators (Forum and Guidelines)

- Collaboration with all Heads and selected faculty (total of 40) of OT Educational Programs
- Forum to learn different strategies for teaching and education





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Adaptations to strengthen the organization

Focus on Local OT Community/PAOT Chapters

- Online meeting and organizational needs assessment of each of the chapter
- Support various local transition of leaderships
- Support local activities



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FEB 06
NCR OT
COMMUNITY:
LIFE GOES ON
2021

FEB 13
PAOT CAR
CHAPTER:
ANYA NGAY? +
PLANTITO &
PLANTITA
SEMINAR

FEB 21
SOUTHERN
TAGALOG OT
COMMUNITY:
KEMB-OT
SOUTHIES

FEB 27
PAOT MINDANAO
CHAPTER:
SEMINAR &
WORKSHOP
EVENT

MAR 06
PAOT NATIONAL
COMMITTEE ON
CHAPTERSHIP:
CULMINATING
ACTIVITY FOR
CHAPTERS

OTHER EVENTS:
PAOT CENTRAL VISAYAS CHAPTER
NOMINATION AND ELECTION
PAOT WESTERN VISAYAS CHAPTER AND
CENTRAL LUZON OT COMMUNITY GENERAL ASSEMBLIES

1. 1st Full Virtual
PAOT Elections
of National Board
of Directors

2. Adopting new
mechanisms for
transitions and
burn outs of
officers



3. Adoption of virtual and possibly hybrid (combination of in-person and virtual) for the various PAOT programs

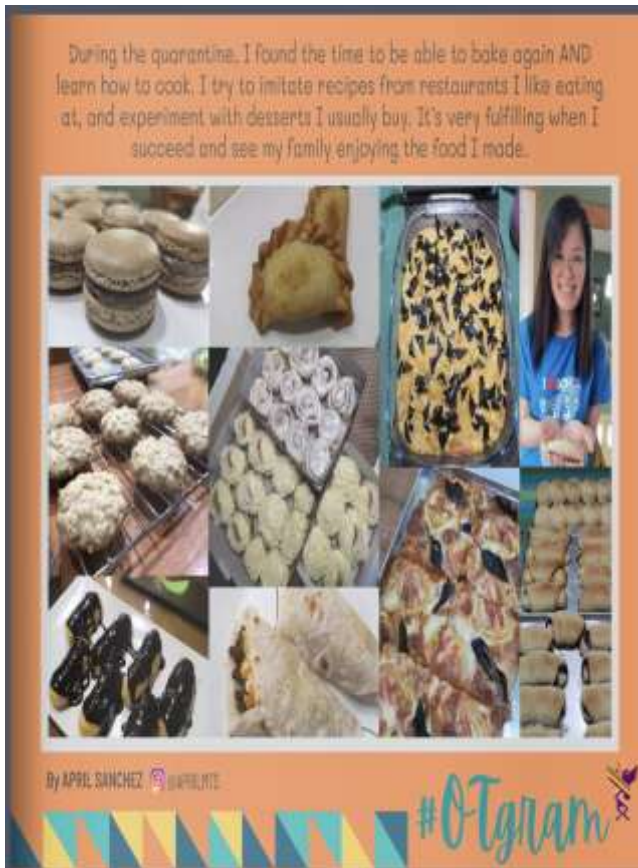




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Adaptations and Innovations for Mental Health of the OT Community

Coping as an OT Community (#OTgram)



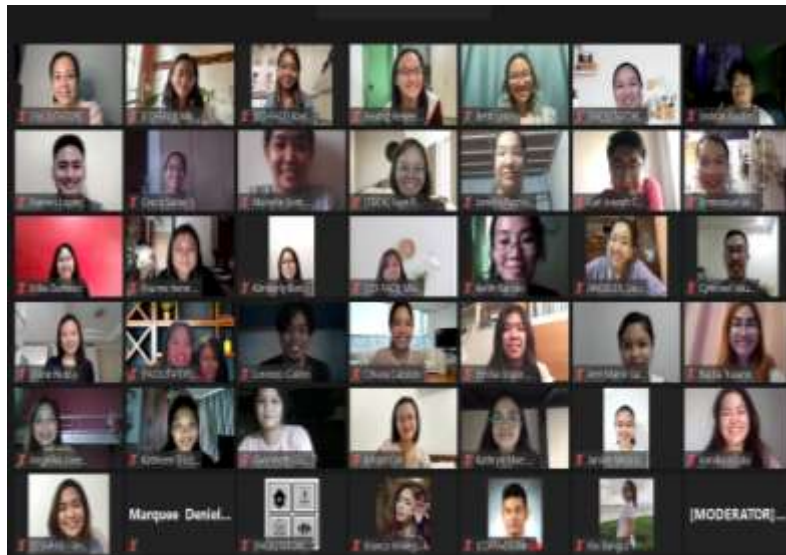
□ First Virtual National Meeting (October 4, 2020)

- Going beyond the norm: The Filipino Occupational Therapists' responses during the COVID-19 Pandemic
- First Virtual OT Exhibit
(<https://www.facebook.com/PAOTInc/videos/671613653488633/>)



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Focus on fresh OT graduates (future professionals)



- Mental health related projects -
Dear Future Colleagues –
Kamustahan (Sensing) with
the OT Graduates

in collaboration with the Occupational Therapy Students Assembly (OTSA) and the PAOT Programs Committee



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Opportunities for Adaptations and Innovations



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Communal adaptive plans



1. Immediate Initiation and Activation of OT Advisory Council
2. Enhance mental health practice of the current and future practitioners
3. Promote Stability of the Chapters; Consistent communication and Mentoring of local officer
4. Support Emerging Special Interest Groups; PAOT-International Chapter
5. Establishment of Committee on Research
6. All students and graduate students (for 1 year) will be member of PAOT (free)

PAOT Board of Directors

President: Anthony Grecia, PhD, OTR, OTRP

Vice President for Finance: Anna Josefina Recto-Legaspi, MHPed, OTR, OTRP

Vice President for Legislation: Cynthia Isaac, MHPed, OTRP, OTR

Vice President for Programs: Maria Charissa Carlos-Monteagudo, OTRP, OTR

Secretary: Rod Charlie Delos Reyes, MSOT, OTRP, AC

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Chair, Committee on Standards and Ethics: Kim Gerald Medallon, MHPed, OTRP

Chair, Committee on Education and Research: Thea Sheila Ocheda-Alonto, MOH, OTRP

Chair, Committee on Community Affairs: April Mallory Sanchez, OTRP

Chair, Committee on Chaptership: April Mallory Sanchez, OTRP

Officers and Appointees

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- Co-chair, Sub-committee on Political Advocacy: Kristel Faye Roderos, OTRP
- Core Member, Sub-committee on Political Advocacy: Danielle Joanne Munji, OTRP
- Co-chair, Committee on Public Relations: Hubert Cris Calalang, OTRP
- Core Member, Committee on Public Relations: Guia Rabacca, OTRP
- Co-chair, Committee on Programs: Carol Mae Gutay, MSOT, OTRP
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- Head, Sub-committee on Student Affairs: Cyril Torremania, OTRP
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- Head, Sub-committee on Membership: Nathania Garcia, OTRP

Officers and Appointees

- Head, Sub-committee on Nominations: Celine Ibay, OTRP
- Co-chair, Committee on Chaptership: Karla Czarina Tolentino, OTRP
- Head, Sub-committee on Standards, John Paul Mallari, OTRP
- Head, Sub-committee on Ethics: Vanessa Tan-Ibanes, OTRP
- Co-chair, Committee on Education and Research: Christina De Leon-Hinlo, MBAH, OTRP
- Head, Sub-committee on Research: Kathleen Anne Viola Hernandez, MHPed, OTRP, OTR
- Head, Sub-committee on Disaster Risk Reduction and Response: Penefrancia Ching
- Internship Coordinator: Arden Panotes, OTRP

Acknowledgment

- President's Report for 2018-2021
- Accomplishments Report for 2018-2021 of the PAOT Committees and Sub-committees
- Specific websites that served as a resource for pictures to illustrate a concept or thought

Resilience is based on compassion for ourselves as well as compassion for others” (S. Salzberg)





COVID-19 CHALLENGES AND OPPORTUNITIES

5th Exchange Meeting with East Asian Countries
9 September 2021

Ms. Stella Cheng
Chairperson
Hong Kong Occupational Therapy Association



Warm Greetings From

Executive Committee of HKOTA 20-22

Chairperson

Ms. Stella CHENG

Vice Chairperson

Dr. Andy Cheng

Ms. Sanne Fong

Honorary Secretary

Ms. Joyce Cheung

Ms. Mikan Tsang

Honorary Treasurer

Ms. June Wong

Ms. Vivian CHUNG

Membership & Public Relation Secretaries

Ms. Amanda Pang

Mr. Simon WONG



Continuing Education Secretaries

Mr. Maurice WAN

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Dr. Calvin Yip

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Mr. Dino Lee

IT Officers

Mr. Nico CHING

Ms. Wincy Ng

Chief Editor, HKJOT

Dr. Kenneth FONG

Mission of HKOTA



Promote OT

Develop OT

OT Standard

Local & International Connection



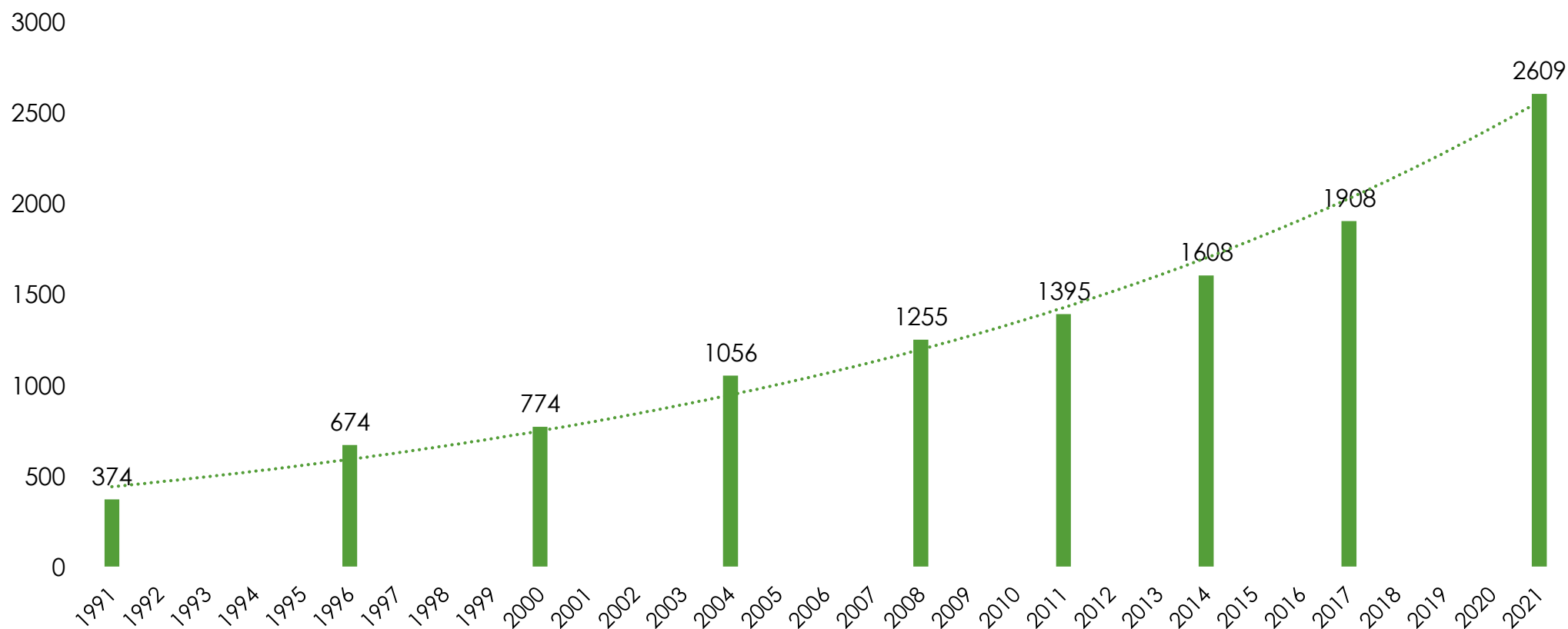
Background

- Established in 1978, 43 years in 2021
- The only Occupational Therapy Association in HK
- Joined World Federation of OT in 1984
- Number of Members: over 1100
- Type of membership
 - Full Member
 - Associate member
 - Student member
- Details please refer to HKOTA Web Site <http://hkota.org.hk>

Registered OT in HK



Registered OT in Hong Kong in the last 20 years



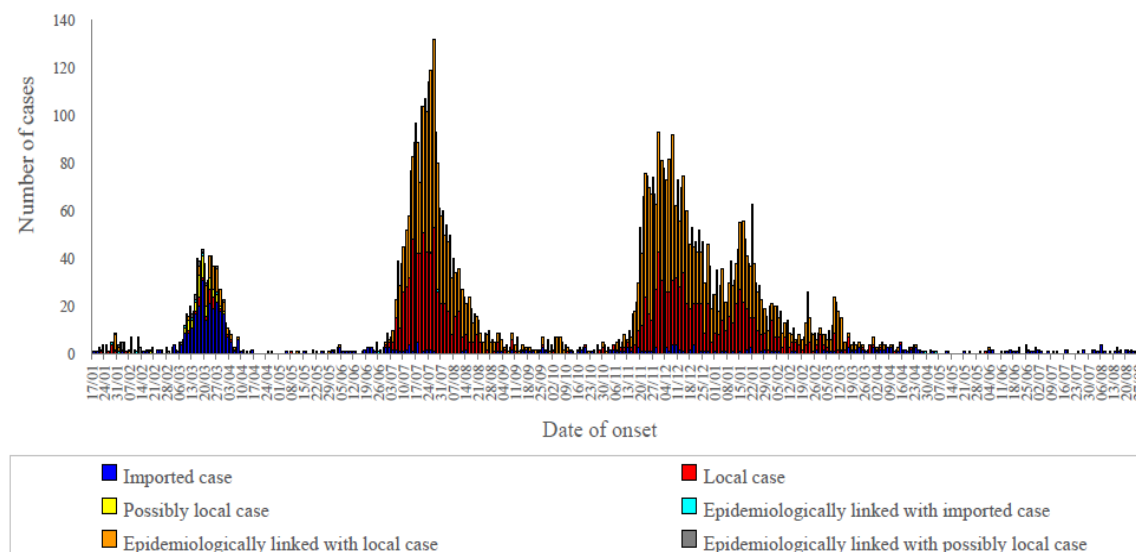
COVID-19 Situation in HK



- First case in Hong Kong on 23 January 2020
- Total 12114 cases, 212 death
- Mainly imported cases at present
- No community infection since May 21
- less than 70 cases in hospital with no critical case

Epidemic curve of confirmed and probable cases of COVID-19 in Hong Kong (as of 1 Sep 2021)

Number of confirmed and probable cases = 12114



Vaccination Situation



Hong Kong Vaccination Dashboard on 1 September 2021

Total Doses Administered

7,637,640

Total Population with 1st Vaccine Dose: 4,162,074 (61.8%)

Total Population with 2nd Vaccine Dose: 3,475,566 (51.6%)

Latest Daily Figure of Doses Administered

49,243

1st vaccine dose: 22,019

2nd vaccine dose: 27,224

COVID-19 Impact on OT Service



- Very strict social distancing rule since early 2020
- Lack of PPE for OTs especially those working in community settings in NGOs and private service
- In May 2020, HKOTA assisted the HK Government in distribution of 400 boxes of surgical mask to OTs working in private market in HK
- OTs tried different ways to contact clients and provide service and will be shared in the afternoon
- Face to face service resume when community infection decreased

COVID-19 Impact on HKOTA



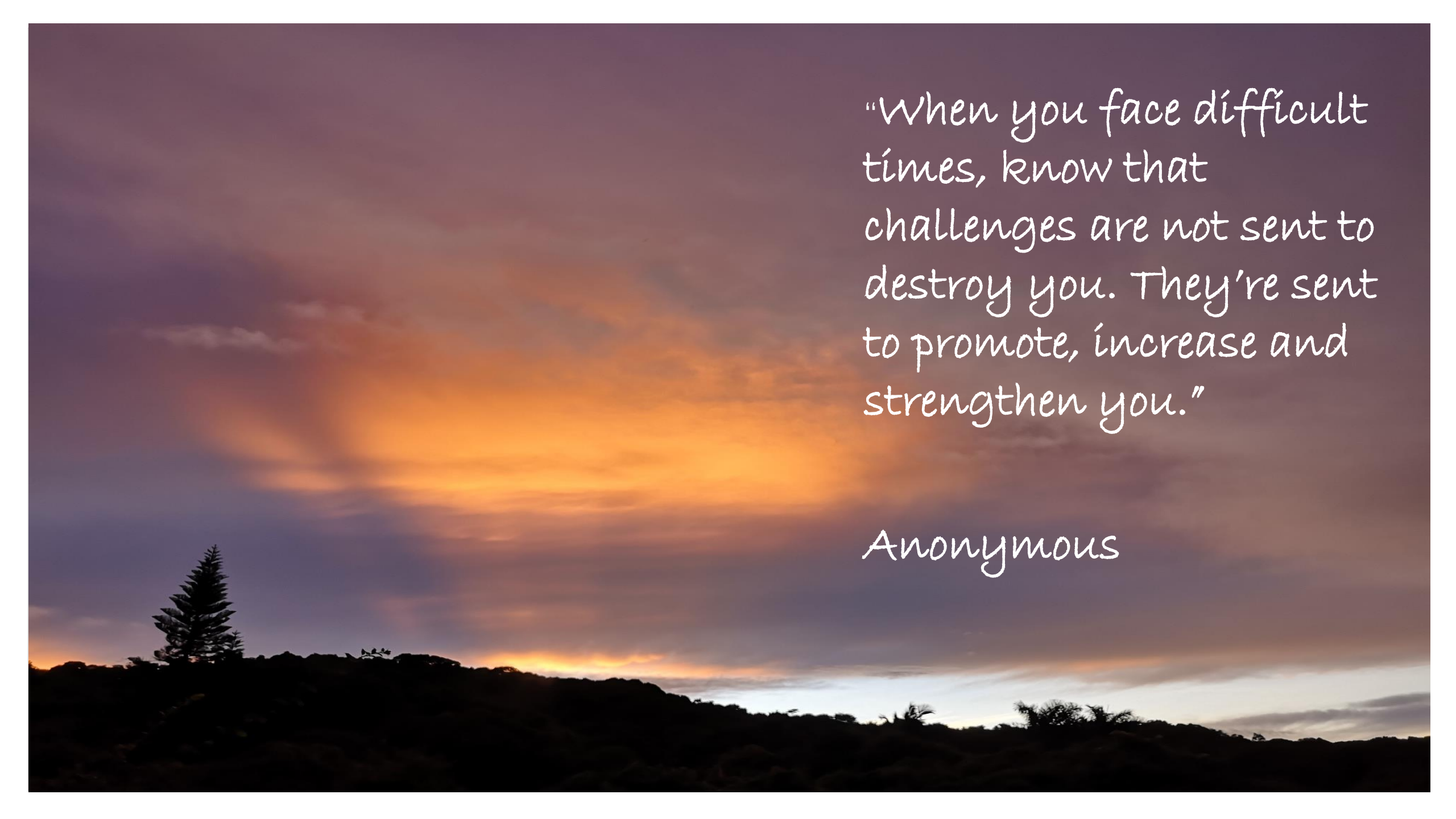
- Strict social distancing rules and fear of infection restrict training and continue education activities
- decrease in no of programmes but increase in attendances

	19/20	20/21
No. of Programmes	26	18
No. of Attendance	828	1288

COVID-19 Opportunities for HKOTA



- New mode of connection
- Executive Committee Meetings in Zoom since 2020, no skip of meeting and good attendance
- First Annual General Meeting via zoom with good attendance and participation and vote by polling
- Delayed OT Conference in January 2021 via Zoom, with good attendance
- Started using webinar for training
- Increase inviting overseas speakers & co-organization of event with other professional bodies



"When you face difficult times, know that challenges are not sent to destroy you. They're sent to promote, increase and strengthen you."

Anonymous

Stay Healthy and Happy!

Thank You!
hkotachair@gmail.com

Asian OT associations exchange meeting 2021

The Impact of COVID-19 on OT service and the way ahead



HKOTA

Background

Invitation to join Asian Occupational Therapy Associations Exchange Meeting

- To learn the latest information from Singapore, Philippine, Hong Kong, Taiwan, Korea, and Japan.
 - To understand the COVID-19's impact to daily living in Asia country/region.
 - To know OT's engagement in clinical site, education, and mental health aspects.
-
- The meeting will be held on September 9, 2021 (Thu) **online**. It is open and **free** for OT association members.
 - Capacity is up to 30 each country/region, by first come first served basis. **Welcome to join us.**

Observation Entry form URL & QR cord

<https://forms.gle/T8idBZTj3Xr5UNUK6>



- **General information:**

Date: September 9, 2021 (Thu) 13:00-15:30

Website: will be announced later



- **Topics (prospected)**

- 1) The engagements at OT clinical site under COVID-19
- 2) The engagements of OT education under COVID-19
- 3) OT mental health programs during COVID-19



- **Schedule (prospected in Japan time)**

13:00-13:10 Opening remarks

13:10-14:10 Hong Kong, Singapore, and Philippine

14:10-14:20 Break

(20 minutes each)

14:20-15:20 Taiwan, Korea, and Japan

15:20-15:30 Closing remarks



- Contact: otxkokusai@gmail.com

Distribution of OT settings being invited with feedback

Government settings:

- ☐ Central Rehab Stream (Social Welfare Dept)
- ☒ Child Assessment Service (Dept of Health)
- ☒ VTC
- ☐ District Health Centres

☒ Private clinics: Two OT Paediatric Clinics & one Private Clinic with general OT service

☒ One private Rehabilitation Clinic provide acute and subacute OT service in both out-patient clinic & private hospitals

☒ NGOs under SWD:

- ☒ Elderly, C&A Home
- ☒ Special School,
- ☒ SCCC, EETC, OPRS
(pre-school settings)

☐ Hostles

☒ Hospitals: Physical, Mental Health

- ☒ HA in-patients
- ☒ HA SOPD

☐ HA GOPD

☐ Freelancers

☒ Others: Elderly Resource Centre of Hong Kong Housing Society

Questions on

- How does COVID-19 pandemic affect the attendance
- Does the condition affect frequency & quality of service
- Is there any effect about clinical placement of OT students in the corresponding setting
- Any extra resources needed such as infection control, IT support
- Any threat to the setting
- Any crisis being faced and the corresponding solutions
- **Opportunity under new normal situation**
- **Ways forward**

Children's services/ SWD & DH

SCCC Special Child Care Centre

EETC Early Education Training Centre

OPRS Outreach Preschool Rehab Service

CAS Child Assessment Service

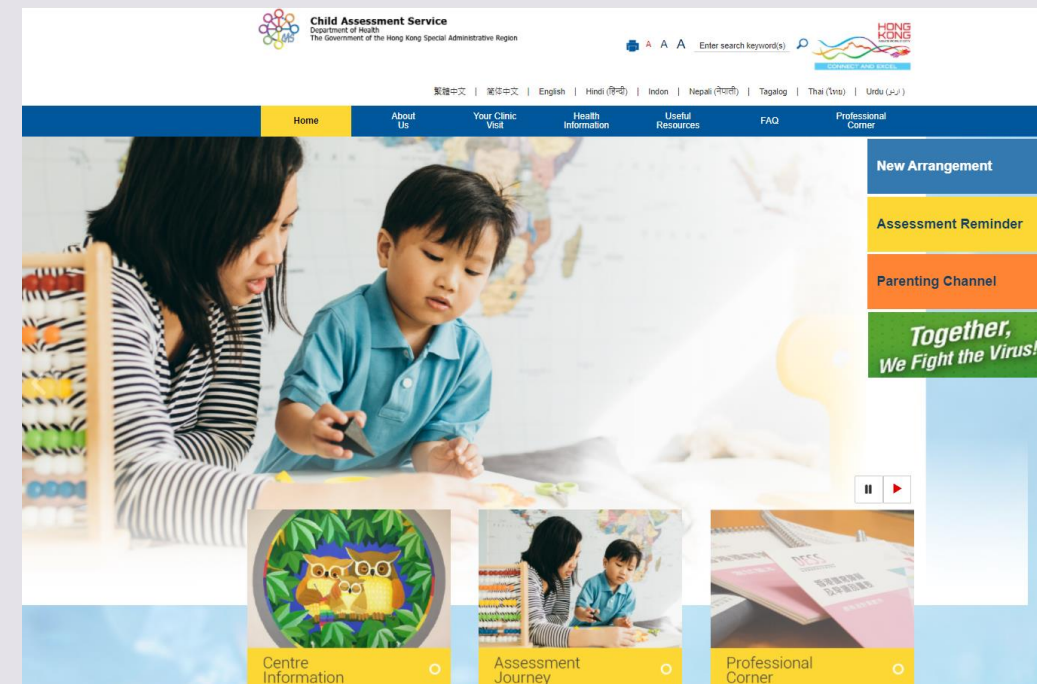
The Child Assessment Service (CAS) of the Department of Health provides comprehensive specialized assessment services for children with developmental problems. We aim to promote optimal physical, mental and emotional development of children with special needs and enable them to achieve their full potential.



- The Social Welfare Department (SWD) increased the number of On-site Pre-school Rehabilitation Services (OPRS) places by 1 000 to the total of about 9 000 places on 1 September 2021 and the number of kindergartens/ kindergarten-cum-child care centres (KGs/KG-cum-CCCs) joining the services has also been increased. Eligible OPRS applicants who are attending/going to attend the KGs/ KG-cum-CCCs newly joined OPRS can update their KGs/KG-cum-CCCs information in the Central Referral System of SWD through their referring workers on or after 1 September 2021. The updated list of KGs/KG-cum-CCCs has been uploaded onto this webpage.

Introduction

- Inter-disciplinary service teams from the non-governmental organisations (NGOs) provide on-site services for pre-school children with mild disabilities and studying at participating kindergartens (KGs) and kindergarten-cum-child care centres (KG-cum-CCCs).
- Inter-disciplinary service teams also render support services to teachers/child care workers and parents/carers.



Effect on Paediatric services

Settings	Effect on attendance	Frequency & quality of service
SCCC, EETC, OPRS	Initial high attendance was affected	due to environmental & spatial hindrance for sake of infection control
CAS	<p>A sudden drop of attendance was noted in early 2020. Then, it was fluctuated depending on the outbreak situation.</p> <p>In 2021, the attendance increased to same as before gradually</p>	<p>In 2020, the booking of cases were spaced out in order to reduce the risk of crowding of cases in the waiting hall.</p> <p>In 2021, the frequency of service were resumed normal.</p> <p>Quality of service is the same if the case came to the centre in face-to-face way.</p>
Private Paediatric Clinic	<p>Part of the treatment programme has been changed from direct hands-on to online training mode.</p> <p>Some of the outreach service to school was discontinued and some had became online training.</p> <p>Attendance was cut down a lot, and highly affected.</p>	<p>out-patient clinic setting ~ much reduced attendance since 2/2020 and reached the climax in July & August/2020, has been going back to normal gradually in 2021</p> <p>The treatment outcome of some cases was worsen than before. OTs have to wear masks, it is hard for the kids to observe their facial expression and the oral movement which caused some hindrance to their learning of social interacting skills.</p> <p>Some OTs won't touch the oral part of the kids and can't provide oral motor/sensory training for the clients.</p> <p>One clinic need to change the frequency and mode of treatment from face-to-face towards on line service.</p> <p>Quality was affected mainly because clinic couldn't arrange in-house service or parents were lacking of equipment at home</p>

Effect on Paediatric service in special school

Settings	Effect on attendance	Frequency & quality of service
Special school	Due to suspension of face-to-face classes and school activities, the attendance was reduced	Frequency was also reduced;
		All direct patient-therapist contact stopped. Lack of direct patient-therapist contact limited the accuracy of assessment and treatment Therapy was provided in remote basis.
		⇒ Assessment were not reliable ⇒ Treatment provided were not smooth and in-depth enough ⇒ Delay discharge arrangement for those graduates in need of sheltered workshop and day-activity centres

Effect on Community Service for students with SEN

Settings	Effect on attendance	Frequency & quality of service
Vocational Training Centre	face-to-face (F2F) class suspension period including (Jan 2020 – May 2020, mid July 2020 to end of mid of Sept 2020, Dec 2020 to Feb 2021) => affecting assessment and remedial training	<p>Therapeutic Training session:</p> <ul style="list-style-type: none"> Individual / group hands-on session suspended Hands on training sessions resumed normal after resumption of F2F class arrangement. <p>Mainstream SEN students assessment session:</p> <ul style="list-style-type: none"> Telephone and video online assessment were arranged to SEN students with urgent need of professional recommendation on special educational need and special examination arrangement (SEA) during this F2F class suspension period. The hands on assessment parts were resumed once the F2F class resumed. <p>Concerning quality of service, mainly affected the change of service format (part of the service by telephone and video contact or by online education) during the F2F class suspension period.</p>



Effect on Community Services for Elderly

Settings	Effect on attendance	Frequency & quality of service
HKHSERC	1) Outreach: Slightly decreased 2) Centre-based: Decreased over 70%	Frequency was decreased; Quality of service: <ul style="list-style-type: none"> Outreach: Not affected, procedure as usual with PPE added Centre-based: most programs change to online, visitors experience is much affected
NGO PSMDOSTE	Mar~Dec 2020 <ul style="list-style-type: none"> Total more than 400 clients served via Zoom on physical and cognitive OT training 	Client: once a week Care giver/OAH staff twice a month on scheduled educational program. 100% satisfied with the arrangement and treatment provided. Data collection and feedback through telephone follow up and questionnaire

香港聖公會
「安老院舍外展專業服務」試驗計劃
(九龍中及九龍東)
疫情服務分享

視像院友及職員訓練

- Total more than 1500 carer giver/OAH staff served via Zoom/Microsoft TEAM on consultation and educational training



Services for the Elderly > Residential Care Services for the Elderly > Pilot Scheme on Multi-disciplinary Outreaching Support Teams for the Elderly

• Introduction

- The Social Welfare Department (SWD) has launched a four-year Pilot Scheme on Multi-disciplinary Outreaching Support Teams for the Elderly (MOSTE) since mid-February 2019. MOSTE, comprising social workers, physiotherapists, occupational therapists and speech therapists, provides outreach support services for the service users of private residential care homes for the elderly (RCHEs) to address their social and rehabilitation needs. MOSTE also provides speech therapy service by speech therapists for the service users of contract RCHEs (including the Day Care Units (DCUs) attached to contract RCHEs) as well as self-financing RCHEs and self-financing Nursing Homes (NHs) with swallowing difficulties or speech impairment.

Effect on public hospital settings ~Mental Health

Settings	Effect on attendance	Frequency & quality of service
Mental Health both in-patients & out-patients	General drop in all types of services with variation of impact.	<ul style="list-style-type: none"> • In patient: ward-based (individual or small group) service maintained • Day hospital: suspended in 2020; adult day hospital gradual resumed since 07/2021 • Out patient: individual consultation maintained; all group activities suspended • Community: : home visits maintained for screened patients with risks in 2020; gradual resumption in 2021 • Service quality largely maintained in a hybrid mode with the supplementary provision of Telehealth • Aims of Telehealth: <ol style="list-style-type: none"> 1.Improve accessibility to OT services 2.Delivered “care on-demand” to meet patients’ need 3.Enhance continuity of care for patients and their carers • Mode of communication includes telephone/video/conference calls, email, web-based forms, Apps-based training (HA developed & department self-developed) • Various communication Platforms (e.g. Zoom , FaceTime, WhatsApp, WeChat etc.) • On-going protocol-driven programs with pilots

The Hospital Authority is a statutory body established under the Hospital Authority Ordinance in December 1990, responsible for managing public hospitals in Hong Kong. We are accountable to the Hong Kong Special Administrative Region Government through the Secretary for Food and Health.

The HA Head Office (HAHO) plays a strategic role in leading corporate development and supporting hospital clusters through interactive collaboration of its seven divisions, namely Cluster Services, Corporate Services, Finance, Human Resources, Information Technology and Health Informatics, Quality & Safety, Strategy & Planning, and the Group Internal Audit unit.

Aligning corporate values and directions, the HAHO co-ordinates cluster hospitals, Coordinating Committees and Central Committees on the development of clinical and professional services.




Effect on public hospital settings ~ Physical Units

Settings	Effect on attendance	Frequency & quality of service
Physical units inpatients, SOPC & GOPC	Variate on different time points and wide discrepancy since some clusters have different scenarios	<ul style="list-style-type: none"> • In patients were least affected. • For individual: similar as pre-Covid-19 for those still open full services now (Aug 2021). However, services had been cut for 30% - 75% in 2020, again it various at different settings • For group sessions: Various; <ul style="list-style-type: none"> one cluster maintained group services; some clusters suspended group; and some clusters reduced group size according to the infection control guideline (1.5m social distance apart / max. of 50% of the room capacity) during Covid-19 active period • Interdisciplinary programs are mostly affected: <ul style="list-style-type: none"> Pulmonary Day Rehab totally suspended till now, GDH and other Day Rehab programs partially operating (the volume of patients cut down by 50 %)
<p>The Hospital Authority is a statutory body established under the Hospital Authority Ordinance in December 1990, responsible for managing public hospitals in Hong Kong. We are accountable to the Hong Kong Special Administrative Region Government through the Secretary for Food and Health.</p> <p>The HA Head Office (HAHO) plays a strategic role in leading corporate development and supporting hospital clusters through interactive collaboration of its seven divisions, namely Cluster Services, Corporate Services, Finance, Human Resources, Information Technology and Health Informatics, Quality & Safety, Strategy & Planning, and the Group Internal Audit unit.</p> <p>Aligning corporate values and directions, the HAHO co-ordinates cluster hospitals, Coordinating Committees and Central Committees on the development of clinical and professional services.</p>		<ul style="list-style-type: none"> • Some clusters maintained similar mode of services • Some clusters suspended services • Some clusters added Tele-care program (Deliver TELE (phone) for case screening and • ZOOM for educational and training e.g <ul style="list-style-type: none"> fall educational class, stress management and relaxation training class , cognitive screening, lifestyle redesign etc in order to provide assessment / training and cut short the waiting time)

ha.home



2019冠狀病毒病新資訊
Updates for COVID-19

Effect on Private practice

Settings	Effect on attendance	Frequency & quality of service
OT Clinic	dropped 40 to 50% due to social distancing and general fear of ventilation, too many people	by appointment as usual, but decreased as expected. For face-to-face arranged, quality was not affected
Rehabilitation Clinic with OT service both acute and subacute	Dropped from 50% to 11% every quarter	All private hospital services cut down initially but then gradual allow outsider provide OT service to hospital Same quality maintained because must have patient face to face consultation
Private Paediatric Clinics	Part of the treatment programme has been changed from direct hands-on to online training mode. Some of the outreach service to school was discontinued and some had become online training. Attendance was cut down a lot, and highly affected.	out-patient clinic setting ~ much reduced attendance since 2/2020 and reached the climax in July & August/2020, has been going back to normal gradually in 2021 The treatment outcome of some cases was worsen than before. OTs have to wear masks, it is hard for the kids to observe their facial expression and the oral movement which caused some hindrance to their learning of social interacting skills. Some OTs won't touch the oral part of the kids and can't provide oral motor/sensory training for the clients. One clinic need to change the frequency and mode of treatment from face-to-face towards on line service. Quality was affected mainly because clinic couldn't arrange in-house service or parents were lacking of equipment at home

Feedback on student clinical placements

- Much affected as diminished opportunities in providing real case hands-on experience for the students
- Suspended (service learning project from PolyU)
- cohort and affecting hands on experience
- Experience in public hospitals ~ Mental Health
 1. Evolving mode of delivery throughout the pandemic;
 2. Blended mode with face-to-face teaching & Zoom class; resumed normal in 2021;
 3. Avoid high-risk in-patient wards

Extra resources needed such as infection control, IT support

hardware

Infection Control

- Infection control station was set up at the entrance
- Including thermometer to measure body temperature, hand sanitizer, disinfecting foot carpet etc.
- Extra money needed to pay for the cleaners, sanitizers, disinfectants, etc. Transparent partition block
- Protective material (PPE e.g. face mask, shield), PPE required in every visit to elderly's home reported
- Ultra violet disinfecting light
- ClO2 vaporized gun
- Time used during visit increased because of the gown-up/down time.

IT support

- Purchase around 100 Ipad with wifi card
- video recorder, camera.
- IT enabler e.g. mobile devices / smart phone with sim card & 4G plan

manpower

- No extra manpower added or reduced
- establish PRO team for publication, video recording, photo taking, etc. (graphic designer and publication officer)
- Frequent talks on infection control were provided by the service, which were very essential since all frontline staffs need to know how to protect themselves as well as the clients.
- Extra manpower to clean up all treatment areas, tools, equipments.....
- Extra manpower to set up computer, camera for the online training and edit the video clips, powerpoints for training etc.
- there was a reduce of manpower in CAS since DH needed to deploy some staffs for the Port Health Operation. Two OTs were deployed to Port Health for several weeks during these periods.
- In some hospitals, Special Honorarium for extra clinical work hour

- Extra resources needed such as infection control,
- IT support in special school

hardware

Infection Control

- Extra school bus service.

IT support

- Extra number of tablet computer or computer with camera and microphone, and wider bandwidth of internet network for video call.
- Video recorder (e.g. smart phone and tablet computer) and computer for video editing.

manpower

1. Extra IT technician support.
2. Extra work for the preparation of therapy home program with videos, pictures and written procedures.
3. Extra administrative arrangement for
 - making special timetable
 - making appointment with parents
 - coordinating school bus service

Threat ~ clinical

- Inadequate knowledge and skills in conducting zoom training eared after resumption of F2F class
- During home office, depend on tele- communication with parents and clients
- Difficulty in conducting assessment
- Family crisis: difficulty in taking care their children at home all the time, great parent stress
- It took much more time for the kids to have progress and improvement again after a long time of home-bound and some of them became IT addicted
- Difficulties in providing OT service in regular model and format
- Without direct patient-Otcontact, therapy quality could be decreased, number of complaint from parents increased. Decision-makers and administrators misunderstood the situation and reduced the budget of therapy service

Threat ~ management & administration

- Some of the case loads accumulated during the suspension of F2F class and WFH period and needed to be cleared
- Potential of infection in individual and group training
- For outreach services, high risk of transmission of disease asRisk of transferring disease because multiple visits to different clients done within a day multiple visits to different clients done within a day
- Frequent changes of IC measures throughout the pandemic; managers & frontlines need to be vigilant on the changes and smart to maintain the service quality.
- Patients / carers may get used to the hybrid mode with Telehealth which is currently free of charges. Corporate acknowledged the effort of developing protocol-driven telehealth programs and is vigorously working on the charging logistics.
- Managers spent significant time and energy in following up all the related policies and the induced actions
- Insufficient training materials e.g. demonstration videos to train clients through zoom
- Insufficient WIFI and training tools
- There is no fixed or confirmed time for the pandemic to be over
- The morale of the staff may be affected as there was much reduced frequency of team-building, in-service training, etc.
- Private settings need to struggle, need to balance between the rent and cost. Financially, it was a threat to the centre
- reduced income and service quality + reduced services in Aged facilities
- No face to face meetings e.g. preschool therapists meeting and working group meetings

Threat ~ summary

- 1) Security and Privacy issues;
- 2) Quality of services, consultation group panel;
- 3) Quantity of evidence;
- 4) Policy development;
- 5) Platform of communication among interprofessionals;
- 6) Advocacy are important strategies to support widespread adoption of telehealth as a service delivery model in early intervention;
- 7) Local infrastructure, technology access and cost,
- 8) Provider and caregiver expertise and experiences with technology;
- 9) Complementing existing services;
- 10) Supplementing home visits

Solutions

Crisis faced	Corresponding solutions
Urgent assessment need during the suspension of F2F class and WFH period	Part of the assessment done by telephone interview and online video interview with the remaining hands-on assessment done later when resumption of F2F class.
1) 1 All direct face to face OT service suspended 2) Client with limited IT knowledge (no computer,/ipad/smart phone/wifi) 3) Physial condition deteriorate 4) Cognitive Function deteriorate (esp dementia client) 5) Lack of care giver/ relative support	1) Zoom/ Live online training 2a) Provide all necessary internet device included wifi card. 2b) OAH staff/carer giver/ volunteer accompay with during trainig, for IT support. 3) Explore soft-ware. Able on-site record client's performance and therapist give feedback; http://www.genieland.ai/ (local developer) 4a) Home exercise with worksheet (mail to client), online cognitive training 4b) Explore soft-ware,therapist give real time feedback https://play.google.com/store/apps/details?id=com.Medmind.NeuroGym&hl=zh_HK&gl=US (local developer HK culture) 5a) Telephone follow up, consultation. 5b) provide relevant on-line education training and advice.

Solutions

Crisis faced	Corresponding solutions
Staff have risk of infection while providing training in centers	Infection control measures: wearing mask, eye shield and guard if necessary. Stop sensory integration and oral motor training when infection rate is high, gradually resume training with preventive measures and clear guidelines
	Zooming training, email home training activity worksheets, sending training tools to client's home by school bus or parents come to center to collect homework and training materials; regular case consultation through zoom and telephone calls.
	In-service training to OTs to share skills and online training resources in conducting telepractice
	Setting standard format in producing training videos, collection of videos made by OTs and store in a sharing e-drive so that OTs can share them in providing home training
	Apply funding to enhance wifi system in centers, buy wifi cards and wifi eggs Apply funding to buy IT advanced software and hardware for training
Potential of infection in individual and group training	School environment with infection control measures: ~clients must wear masks or they cannot receive training in centers ~Teach clients on wearing mask using social story and some training activities ~Partition added on children's table and ensure social distancing ~Sets of toys and teaching tools for each client and cleaned after used ~Cleaning session added in between the training sessions, .. ~Half day schooling , no lunch provided

Solutions

Crisis faced	Corresponding solutions
During home office, depend on tele-communication with parents and clients	<p>Speed up setting up “Parents Apps” to facilitate communication with parents</p> <p>Buy account for Zoom meetings in each center. Continue different meetings by zoom</p> <p>Continue by zoom</p> <p>Sometimes through hybrid mode with small group members onsite while others by zoom</p> <p>Zoom conference becomes one of the modes in holding conference in our services</p>
Difficulty in conducting assessment	<p>Set up guideline in conducting simple tele- assessment</p> <p>Advantages in observing real home environment and how parents provide support and training to clients at home through zoom</p> <p>Home visit by zoom becomes one of the alternatives in our services</p>
Family crisis: difficulty in taking care of children at home, great parent stress	<p>Specially spot out families at risk, contact them frequently to provide psychosocial support, financial support and make referrals if need</p>
Low morale of colleagues	<p>Reassurance, encouragement and support were given</p>
Therapist concern on hygiene problem on some cases especially in the toilet	<p>a) Full PPE and infection control practice.</p> <p>b) Check client’s Temp. and travel history.</p>
Clients present flu-like symptoms	<p>Symptoms checking and refer to medical checking first</p> <p>Suspend assessment</p>
Limited centre-based education programs	<p>Use online platforms</p>

Solutions

Crisis faced	Corresponding solutions
Relative and elderly concern on physically entering home for assessment at early pandemic	Full PPE and strict infection control protocol to ease their concern.
Staffs worried about the COVID-19 infection since they need to have face-to-face contact with the clients and parents	<ol style="list-style-type: none"> 1. Clear and updated infection control measures were established and sent to staffs regularly. 2. Sufficient personal protective equipment were provided. 3. For those who have chronic health problems or other concerns, special arrangement may be made.
Frequent changes of IC measures throughout the pandemic.	Managers & frontlines need to be vigilant on the changes and smart to maintain the service quality.
Patients / carers may get used to the hybrid mode with Telehealth which is currently free of charges.	Corporate acknowledged the effort of developing protocol-driven telehealth programs and is vigorously working on the charging logistics.
Managers spent significant time and energy in following up all the related policies and the induced actions	Keep working – no solutions at this point
infection spreading	<ul style="list-style-type: none"> • centre closed in those critical period so as to minimize the chance of being infected & having the virus spreaded • disinfecting the centre more frequently
financially	<ul style="list-style-type: none"> • may need to discuss with staff about the pay scale & method • apply for subsidies from Government
reduced income and service quality + reduced services in Aged facilities	increased home OTs, telephone consultation, working with NGOs for Carer Education program

Solutions in special school

Crisis faced	Corresponding solutions
The suspension of face-to-face classes and school activities stopped direct-patient-therapist contact therapy service in school. Lack of direct patient-therapist contact limited the accuracy of assessment and treatment.	<p>At the school administrative level, OT got the special approval to provide direct patient-therapist contact therapy under adequate epidemic prevention measures during school the period of suspension of face-to-face classes and school activities.</p> <ul style="list-style-type: none">- Day students could come back school for therapy weekly or bi-weekly. Therapist could also visit them at home for environmental advice and care-taker training.- Therapist could go to boarding section or boarding students came to therapy department for therapy in school.
Some boarding students who lived in mainland or students who lived in hospital, could not attend school.	OT service were provided in a remote basis, e.g. consultation via telephone and video call, home program with video demonstration and written procedure with pictures. The care-take could follow OT's instruction to guild and assist students' training.
Delay on the discharge arrangement to sheltered workshop and day-activity center.	Continue therapy training to maintain students' abilities to get ready for discharge.

Opportunity under new normal situation

- Apart from the traditional OT supporting clients who are mainly having more disabilities and functional difficulties, OT also expanded more training services for SEN students with less disability to enhance their physical functional physique to enhance their physical tolerance for their future work placement.
 - 1) For those client with accessibility difficulties, on-line (LIVE) training may benefit
 - 2) Care giver can learn step by step via Zoom with real time feedback and comment from therapist.
 - 3) Triage & save time
 - 4) Develop education package both video and worksheet.
 - 5) Relative/ care giver learnt basic principle from video
 - 6) Provide written test (MC/short question)
 - 7) Therapist give feedback
- Client raised health concern and knowledge, thus more easy to convince them in prescribing aids with explanation of caring and rehabilitation.



Opportunity under new normal situation

- In 2014, the World Federation of Occupational Therapists acknowledged Tele-rehabilitation as an appropriate service delivery model for OT services
=>
 1. Prevent unnecessary delay in service delivery;
 2. Promote internal locus of control;
 3. Less disruption of family routine > high attendance rate;
 4. Positive clinical outcome c.f. face-to-face intervention;
 5. Cost effective for clients as well as for therapist;
 6. Skill and confidence improvement reported
- Elderly spend more time at home, thus facilitate tele/smart training



Opportunity under new normal situation

Infection Control Measures

1. Clear and updated infection control measures were established and sent to staffs regularly.
2. Sufficient personal protective equipment were provided.
3. For those who have chronic health problems or other concerns, special arrangement may be made.



Opportunity under new normal situation



Management & Administration

- Managers & frontlines need to be vigilant on the changes and smart to maintain the service quality.
- Corporate acknowledged the effort of developing protocol-driven telehealth programs and is vigorously working on the charging logistics.
- Tele-health and Tele-care programs as alternative mode to service patients with difficulties in receiving face-to-face OT intervention;
- More efficient use of time by cutting down the travelling period for meetings and trainings; many of us have get used to the online mode of communication and found it very convenient.
- Develop more OT specialty to increase the case load => increase income
- Advancement of Hardware and Software in service provision
- increased use of OTAs (more job opportunities)
- new roles to arrange training workshop for carers
- **The school administrators realize the importance of direct patient-therapist contact in OT service. Lacking therapy could worsen the progress of students' rehabilitation.**

Opportunity under new normal situation

Professional development of self

- Would prefer to attend talk or seminar in online mode as it saves time and energy to attend.
- The course fee is much cheaper especially when it involves overseas speaker.



WFOT – Telehealth Position Statement

<https://www.wfot.org/resources/telehealth>

- Is the use of information and communication technologies (ICT) to deliver health-related services when the provider and client are in different physical locations
- Includes tele-occupational therapy, telerehabilitation, teletherapy, telecare, telemedicine, and telepractice, etc.
- Covers health promotion, habilitation, rehabilitation, etc.
- Evaluation, intervention, monitoring, supervision, and consultation
- When in-person services are not possible, practical, or optimal for delivering care
- Part of a hybrid model
- Real time interaction between the therapist and client
- Real time transmission of data between the therapist and client
- Telehealth should meet the same standards of care as services delivered in-person
- Legal and Professional Standards

Code of Practice - OT Board



https://www.smp-council.org.hk/ot/en/content.php?page=cd_cp



[https://www.smp-council.org.hk/ot/file/pdf/221505470 DH text Eng%20new.pdf](https://www.smp-council.org.hk/ot/file/pdf/221505470%20DH%20text%20Eng%20new.pdf)



Area of Concern in Telepractice for Therapists

- Scope of Telepractice for therapists
- Professional / Professional Association Guidelines
- Ethical Standards
- Malpractice Coverage
- Technical Standards
- Selection of Clients
- Assessment Accuracy
- Intervention Delivery
- Outcome Measures





Way forward

- Development of more and more distant training programs for clients who stay longer at home.
- Development of AI-assisted home modification assistant.
- OT in VTC should widen the coverage of service to cover more SEN student to those with lesser disabilities in enhancing their physical physique and work tolerance in their future work placement
- OT should also develop more online service format to prepare for any need for distant home follow up programmes such as online training workshop, online individual training programme during suspension of F2F class period.
- Parallel development, direct hands on and online training with support on home exercise and education training
- OT should develop other skills to increase the patient scopes
- **?** Live, learn and play as before, just together with COVID-19.
- some new service such as telephone consultation, production of educational booklets or videos, were established for those cases who cannot attend the assessment due to fear of COVID-19

Way forward

In hospitals

- Standardized Telehealth programs among public hospitals;
- Corporate IT support with development of E-forms in central medical systems & further develop Apps fit for psychiatric services;
- Corporate system for attendance taking and charging for both patient and carer services

In special schools

- Make sure the decision-making persons understand the importance of our service and let them know our limitation in changes.
- Keep good connection with administrators and different parties (e.g. teachers, IT, school bus, boarding) in school so that all special arrangements to maintain therapy service can be speedy and fixable enough.





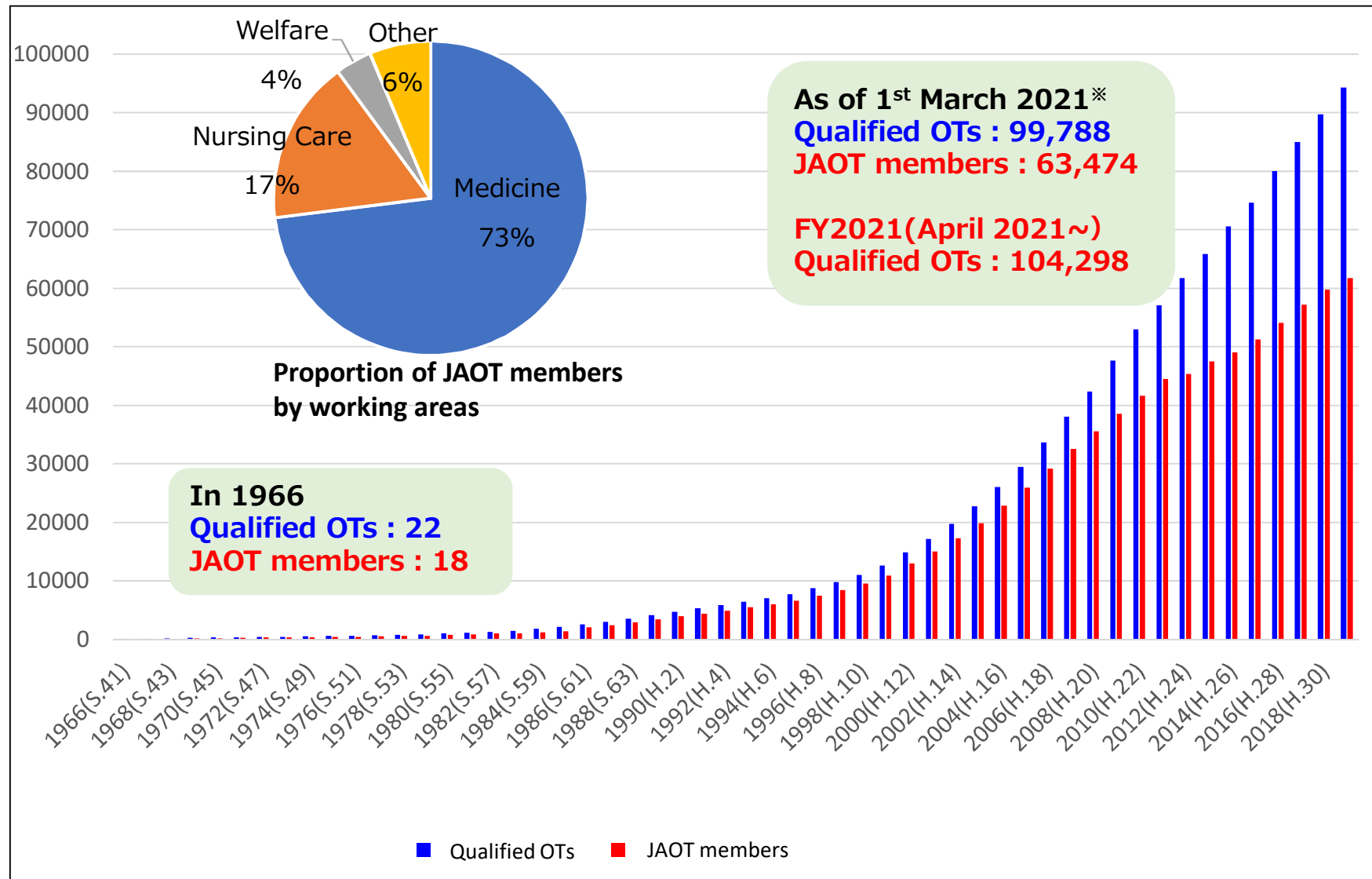
9th September 2021

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

- 1. 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)
- 4. 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 : 【1st survey】 27th April ~ 1st May 2020

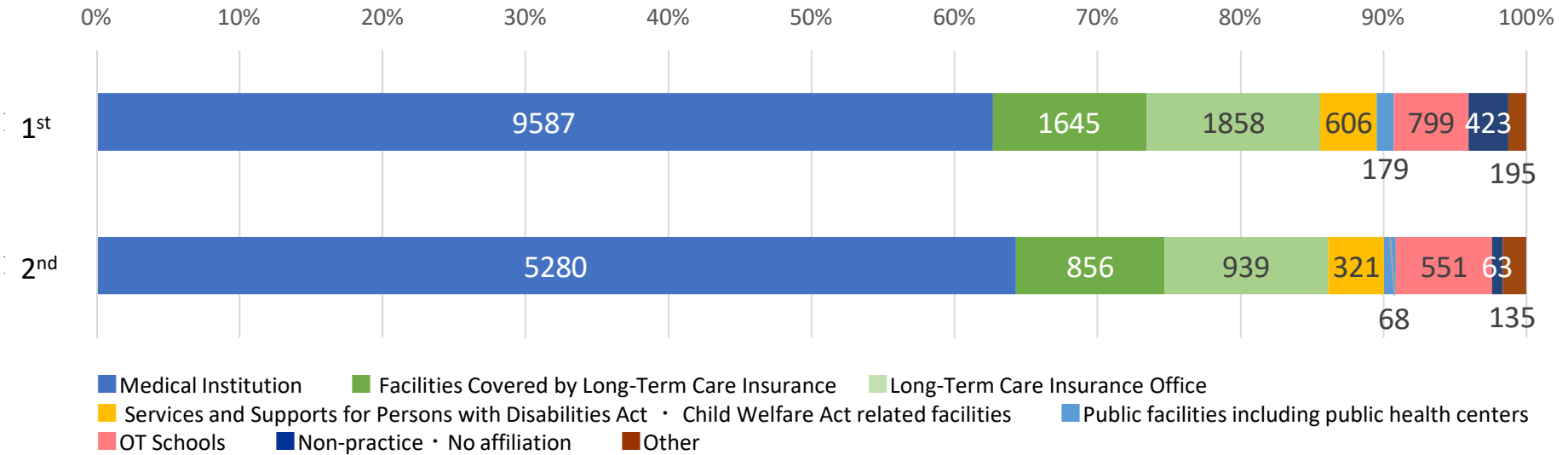
【2nd survey】 5th ~ 12th October 2020

Method : JAOT members whose e-mail addresses are registered in JAOT. Online survey.

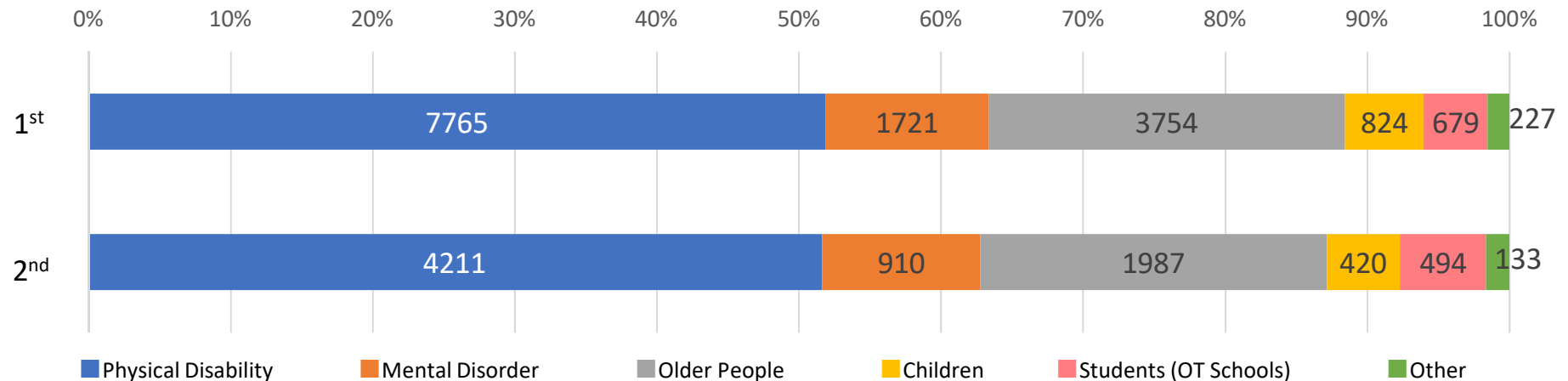
Response : 【 1st survey 】 15,292
【 2nd survey 】 8,215

Respondent Attributes

1. Affiliations



2. Main Client Group

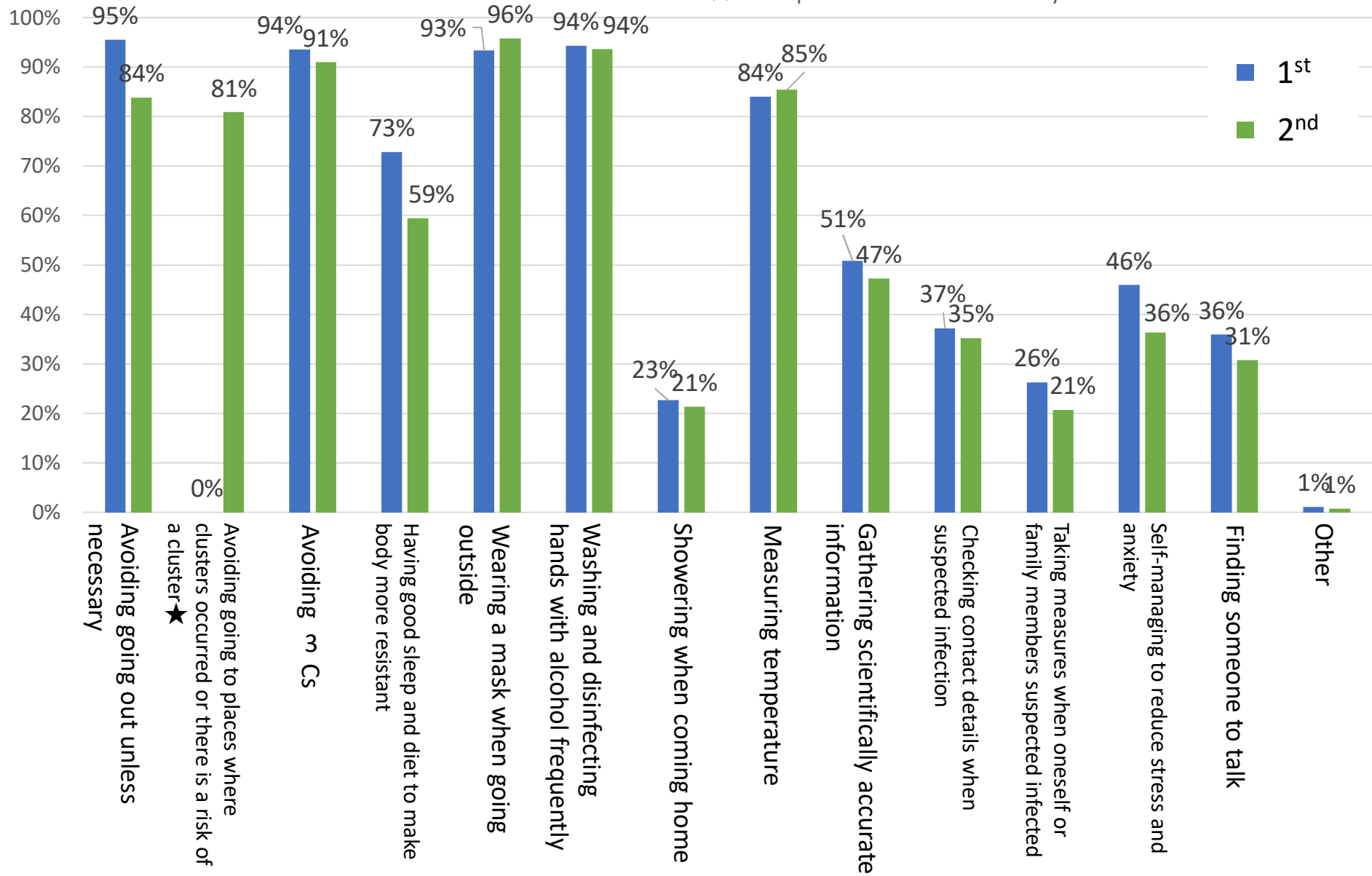


Respondent Situation

Things to take in mind

%: percentage when total number of respondents counted as 100

★: new question added in 2nd survey



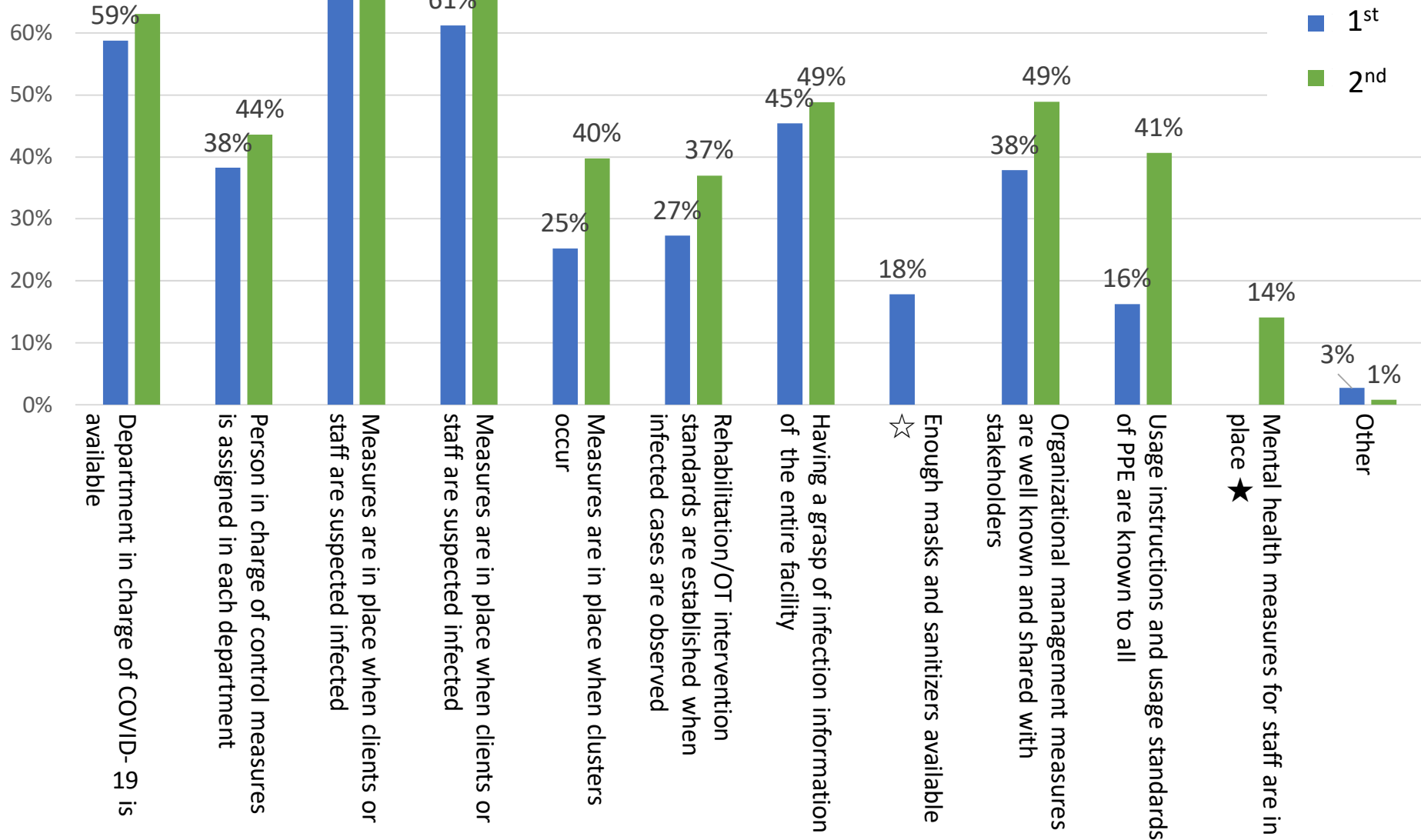
Facility Response to COVID-19

Organizational management measures

* 1st n=13,696 2nd n=7,396 (facilities are limited to medical, nursing, disability welfare and child welfare)

☆: only asked in the 1st survey

★: newly added in the 2nd survey



2 : Public Information Pamphlets

2020.5.7



We support your health



Japanese Association of
Occupational Therapists

How to prevent disuse syndrome at home




Tokyo Association of Occupational Therapists

2020.4.23更新

To stay healthy while staying home!


Osaka Association of Occupational Therapists

Due to the coronavirus pandemic people don't go out as much as they used to and they have less opportunities to be physically active. It results in reduced muscle strengths which eventually lead to an increase risk of falls. If you cannot stay motivated doing exercise by yourself, you can try ADLs (house chores etc) with slight changes in order to prevent muscle strength and risk of falls.



Introducing activities you can do at home

- ★Household chores are very good physical activities!
Let's look back your day. Check with exercise chart
- ★Find things “you might be able to do”
Introducing familiar activities (exercise, cleaning etc) you can do right now





Tips from occupational therapists



作業療法士が医師の手を貸して
「それ、いいね！」熱中症対策をご紹介します

(監修者 環境安全中症予防情報所)

夏は汗を水に置いておく。
疲れている時や自覚した時に、こまめに口にも含むようにする。

夜間にもまめに水分を摂る習慣が「いいね！」
熱中症の予防には計画的な水分補給が有効です。
「たくさん」ではなく「こまめに少しずつ」がポイントです。





夏でも湯舟につかって汗をかくようにする。

①汗をかく力(体温調節機能)を保つ
②ラウラス効果(※40℃以下でのぬるめのお湯で)が「いいね！」

(注意！)入浴で300〜500mlの汗をかくといわれています。
入浴前後の水分補給を忘れず、入浴後は控えましょう。



暑い日は台所で長時間火を使わずに済むように、できる時に料理や材料を冷凍しておく、解凍するだけで楽です。




夏は冷たいもので済ませるなど、実害が限られる傾向があります。
手早く、温かい、実害を考えた工夫が「いいね！」

(注意！)食品の保存や解凍する際、食中毒には十分に気を付けましょう。


以前、夜中に雨が降るとい天天気予報を見て窓を閉めて寝たら熱中症になりかけた。それ以来、クーラーをつけて寝ることにしている。

熱中症は夜間でも多発しています。寝る前までつけっぱなしが「いいね！」
「室温 28℃」が目安です。(※クーラーの設定温度ではありません)

皆さんはどんな工夫をしていますか？

上手にコロナと暑さを乗り切りましょう！ (夏間もお休みです)



“生活（作業）”を工夫することで今の生活や気持ちが活発に！

“自宅”で出来る生活不活発病の予防を紹介！

～今できる、人との交流を保つ～

なかなか会えない人へ電話をかけてみる。お手紙をゆっくり書いて交流するなど、会えなくても「寂か」を思い、少ししゃべる、関わるだけです。「誰か、ストレス解消」につながります。また、「脳」へ良い刺激にもなります。

～「役割」「趣味」を持つ・続けることが大切！～

「ゴミを持てる」「洗いのこと」などの役割がある人では行動もします。普段使っている「役割」や「趣味」を続けることで、ストレス発散や体を動かすきっかけになります。また、普段飲まないコーヒーをゆっくり淹れて飲む、音取り組んでいた音楽をちょっとやってみるなどのチャレンジも良いです。

～生活や家事でもできる工夫～

普段作らない料理を作ってみると脳の活性化につながります。掃除・片付けをいつもより念入りに行うだけでも普段よりも体を使い、良い運動になります。

【生活動作】×【運動】を合わせる「〇〇しながら運動」は2つの動作を同時にするので「脳」にも「体」にも効果があります。

「歯磨き」しながら「スクワット」

一般社団法人山梨県作業療法士会は皆さんの健康を応援します！

生活や気持ちで不安や困りのことがありまして遠慮なく、ご連絡ください。

（事務局） 春日居サバーナイフ・リハビリ病院 作業療法室内
〒406-0014 山梨県南城市春日居町町国436
TEL：0553-26-4126 HP：http://www.ot-yamanashi.org

OT YAMANASHI

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

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



COVID-19 Control Measures/
Occupational Therapy services
(Ver.3)

Japanese Association of
Occupational Therapists

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 outpatient rehabilitation due to the effects of COVID-19**” to Medical Economics Division, Health Insurance Bureau, Ministry of Health, Labour and Welfare

21st July 2020 :

To respond to the above request, Ministry of Health, Labour and Welfare issued “**Temporary measures of medical fees in relation to COVID-19 (No.24)** ”



(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

一社) 日本作業療法士協会
COVID-19に対する感染予防対策
(前半)

講師: 佐藤 吉伸
(甲州リハビリテーション病院 院長)



マスク装着での全身動作のため、血中酸素濃度や意識障害等、患者の状態変化に注意する。



ガウン内側を抑え、袖を脱ぐ



使用の前後に必ず機器を消毒しましょう

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

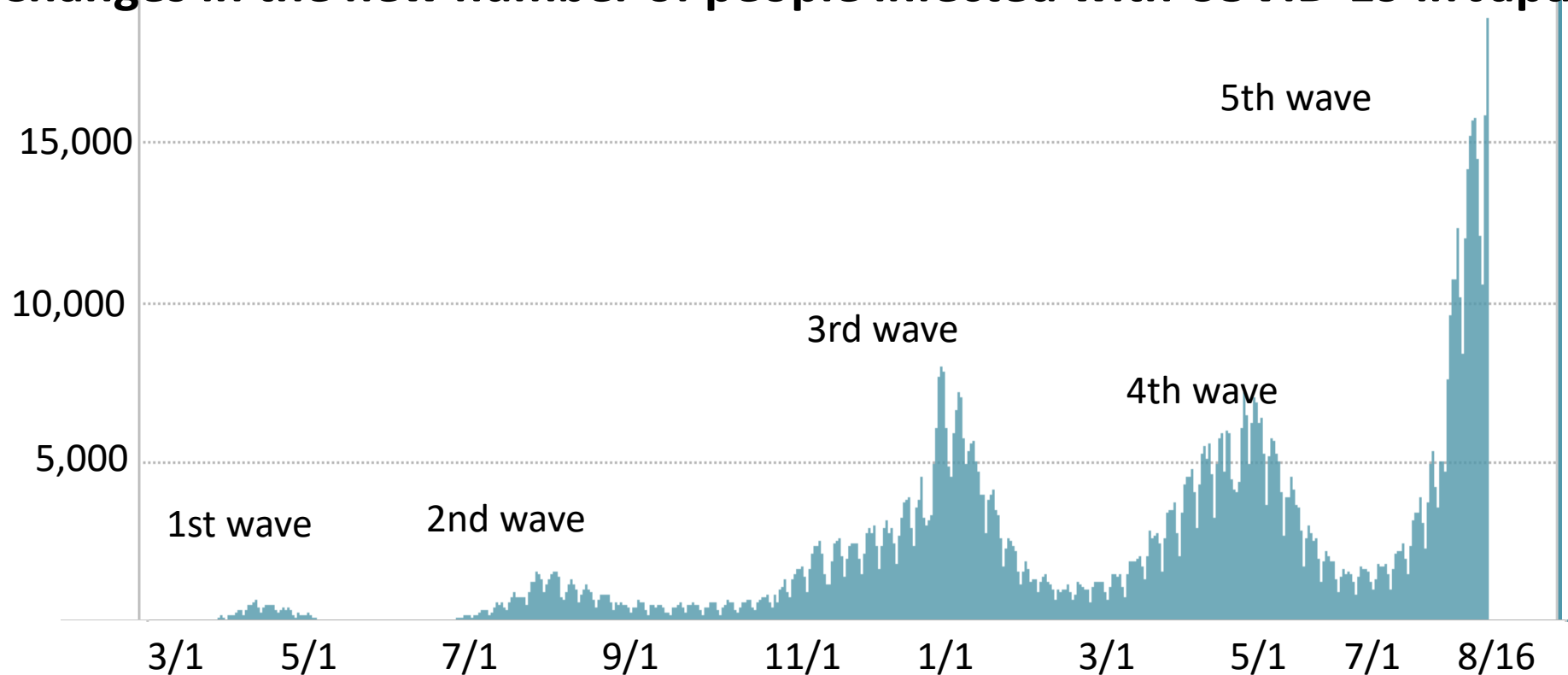
Hiroko Mizuguchi

Today's contents



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

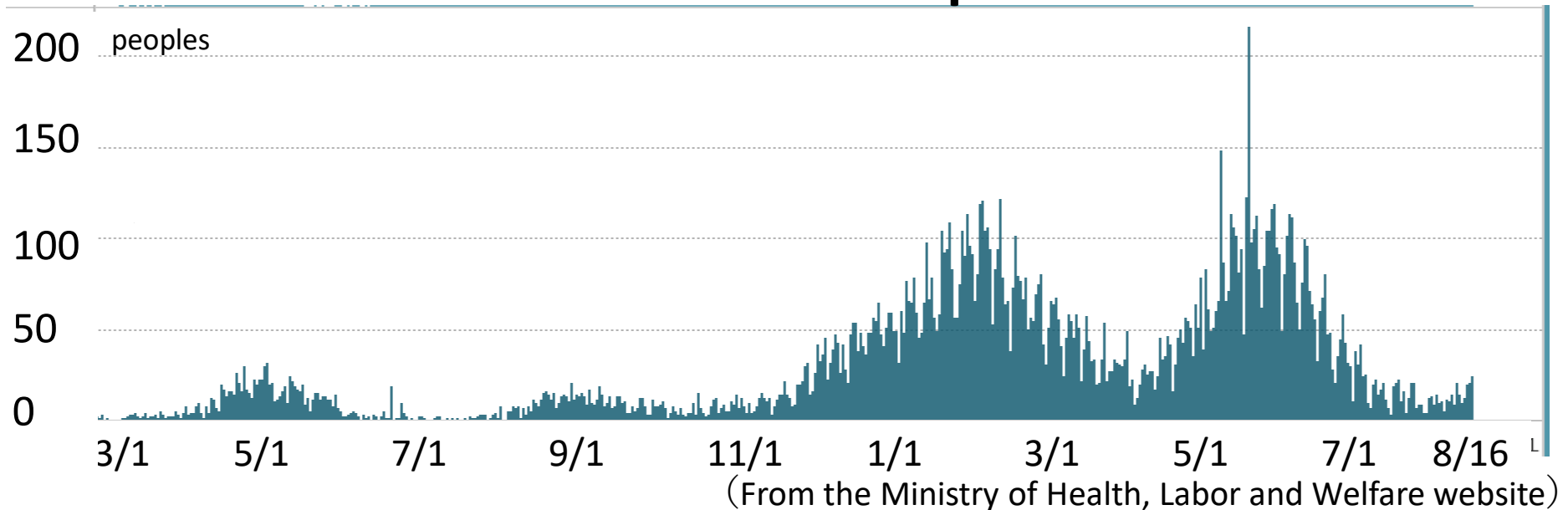
Changes in the new number of people infected with COVID-19 in Japan



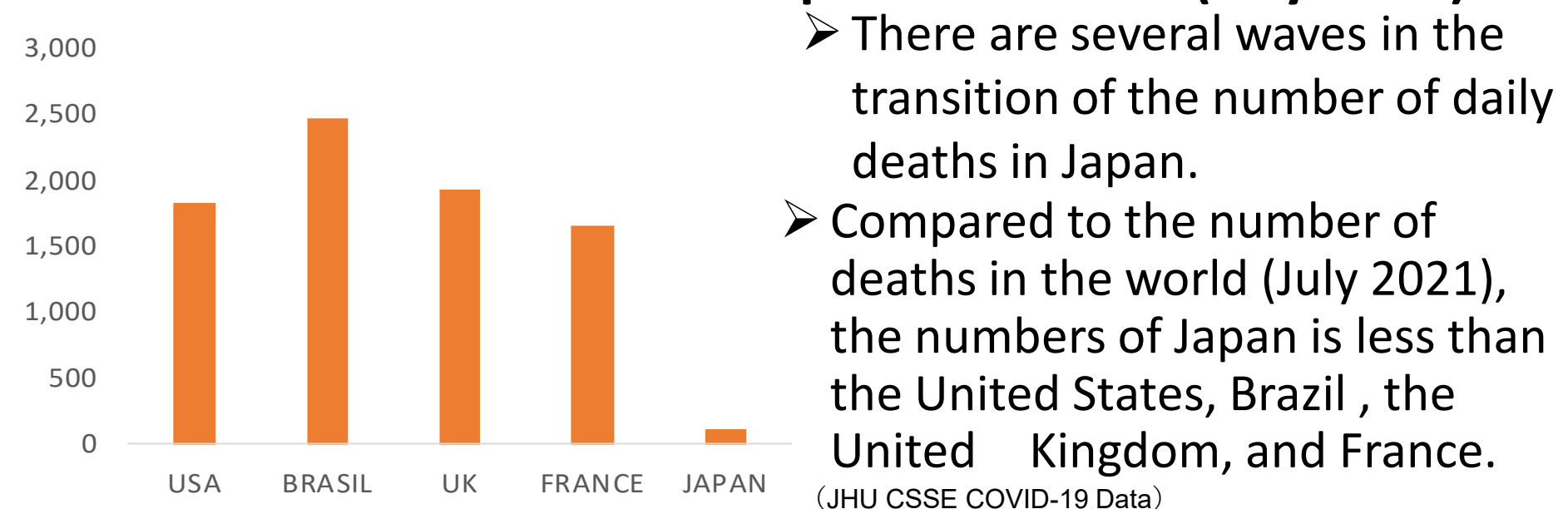
(From the Ministry of Health, Labor and Welfare website)

- 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.

◆ Number of COVID-19 deaths in Japan



◆ Deaths Per Million People Worldwide (July 2021)



Domestic COVID-19 cluster occurrence

Number of outbreaks (officially announced, as of February 2021): 5,104



(Japan Association of Medical and Care Facilities)

- The number of clusters at medical institutions and facilities for the elderly

thorough infection control!

- Many medical institutions are subjects to rehabilitation or caring.

National Center for Global Health and Medicine (NC



Our mission



- ◆ Advanced medical care
- ◆ International cooperation
- ◆ Research
- ◆ Infectious diseases
(designated infectious diseases medical institution)

- Shinjyuku, TOKYO
- 749 beds
- 45 clinical departments

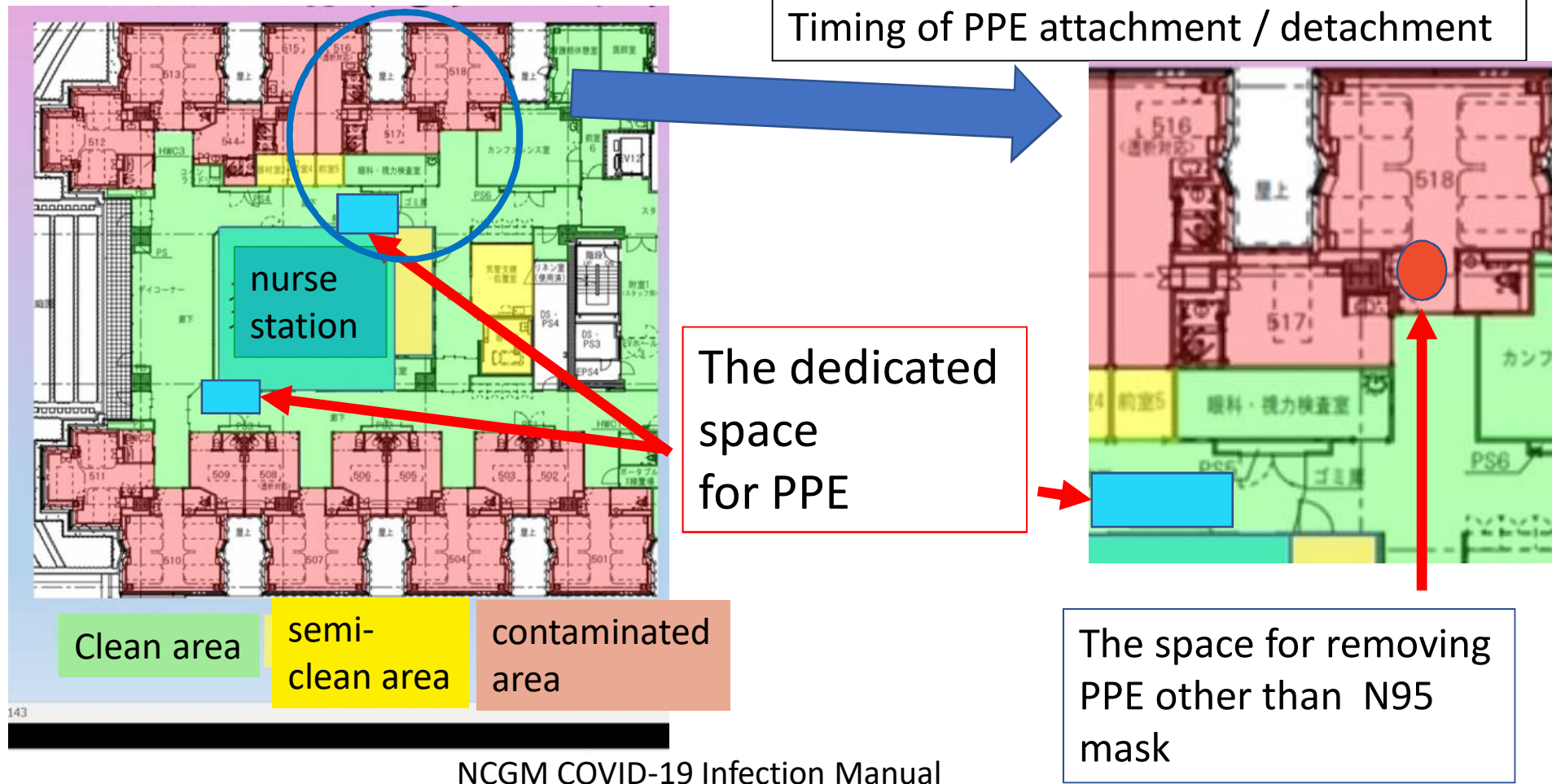
● Designated infectious diseases medical institution

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

2. Efforts at our hospital in COVID-19

- ◆ January 2020, We accept 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 ventilator, 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)

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



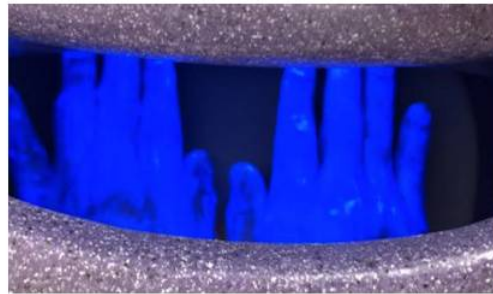
Careful point

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

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



- COVID therapist team

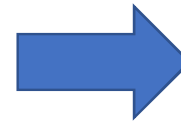
Member PT 5 OT 2 ST3

COVID(+)



After COVID(-)

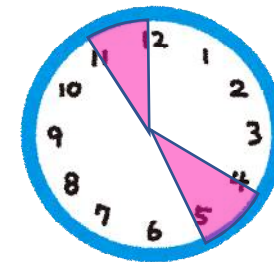
During isolated
Only one's room or ICU



Can also use the
Rehabilitation center



Rehabilitation in the ICU

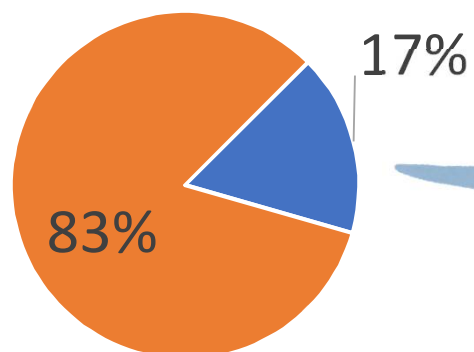


Post-COVID patients can only use rehab center for the permitted
place and time

One year COVID-19 OT Cases

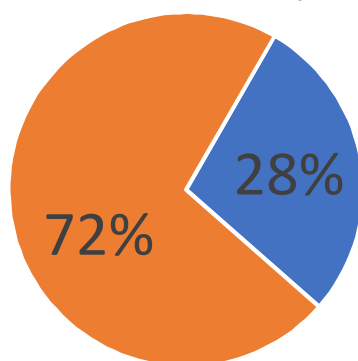
(N=31) May 2020-March 2021

All COVID inpatients
(N=650)

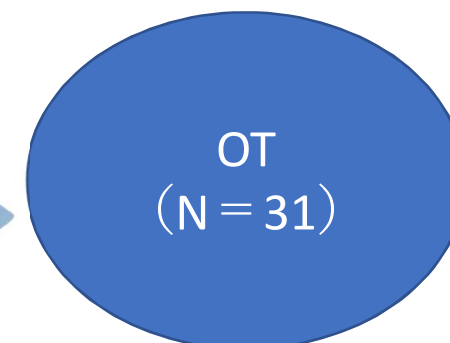


■ rehab + ■ rehab -

All rehab patients
(N=110)



■ OT + ■ OT -
(PT and/or ST)



Rehabilitation in the ICU

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

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

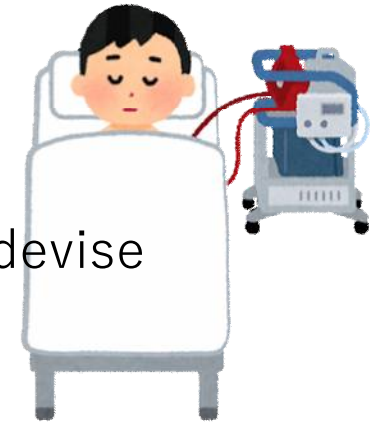
		ADL independent (23)	Non – independent (8)
Age(ave)		Younger Have job But COVID-19 severe	older COVID-19 mild But Need nursing care
Sex(M/F)			
worker			
Medical ventilator			
disposition	Home	9(39.1%)	2 (25%)
	Rehab hospital	6 (26%)	0
	Other hospital	1 (4.3%)	0
	Referral source facility or hospital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



65%

Case1 37_{yrs} male

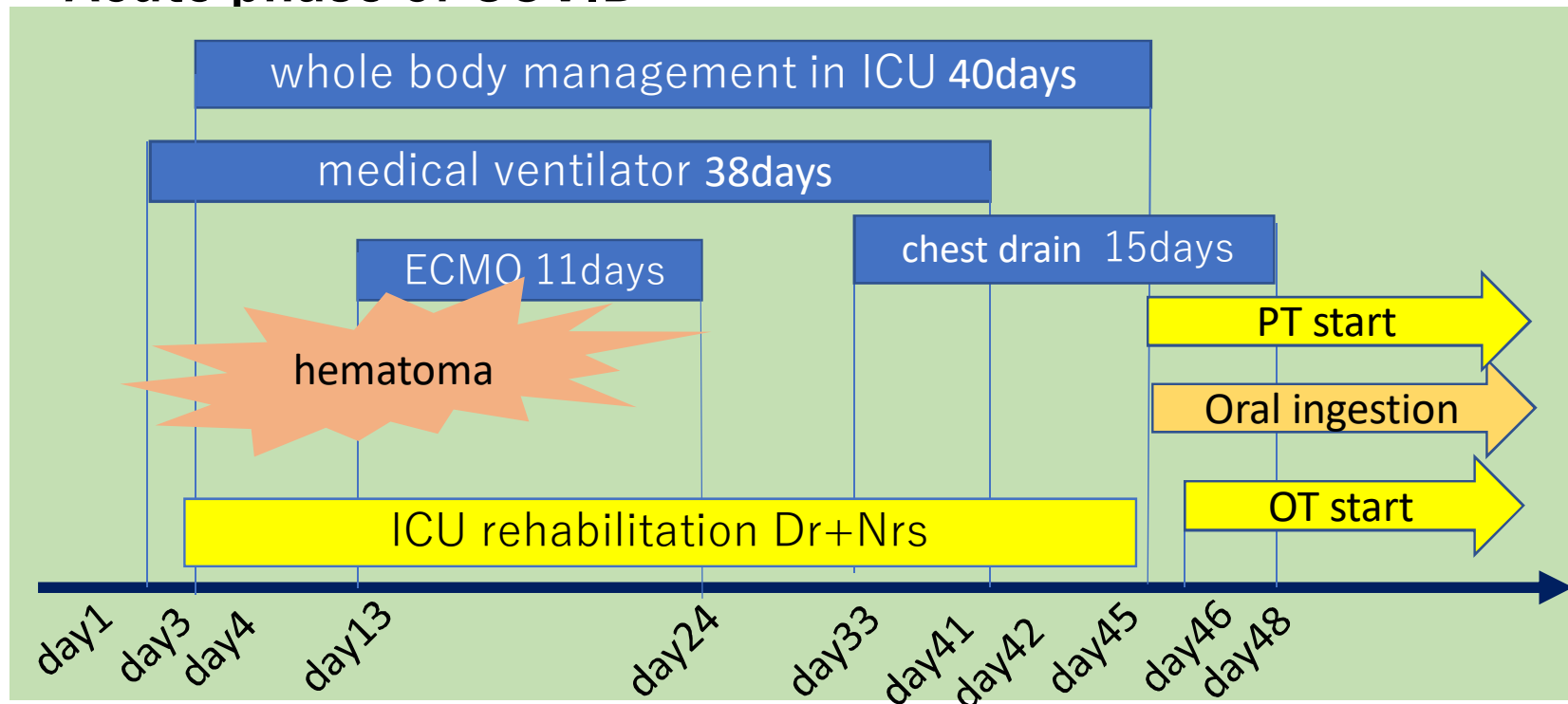
~remarkable upper limb disorder caused by medical device



Before COVID

ADL full, depression+, lives with parents,
welfare employment

Acute phase of COVID



Case1 37_{yrs} male

OT assessment at the beginning (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



difficulty in
changing cloths or
washing face etc

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
- ③ 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



Case2 68_{yrs} female

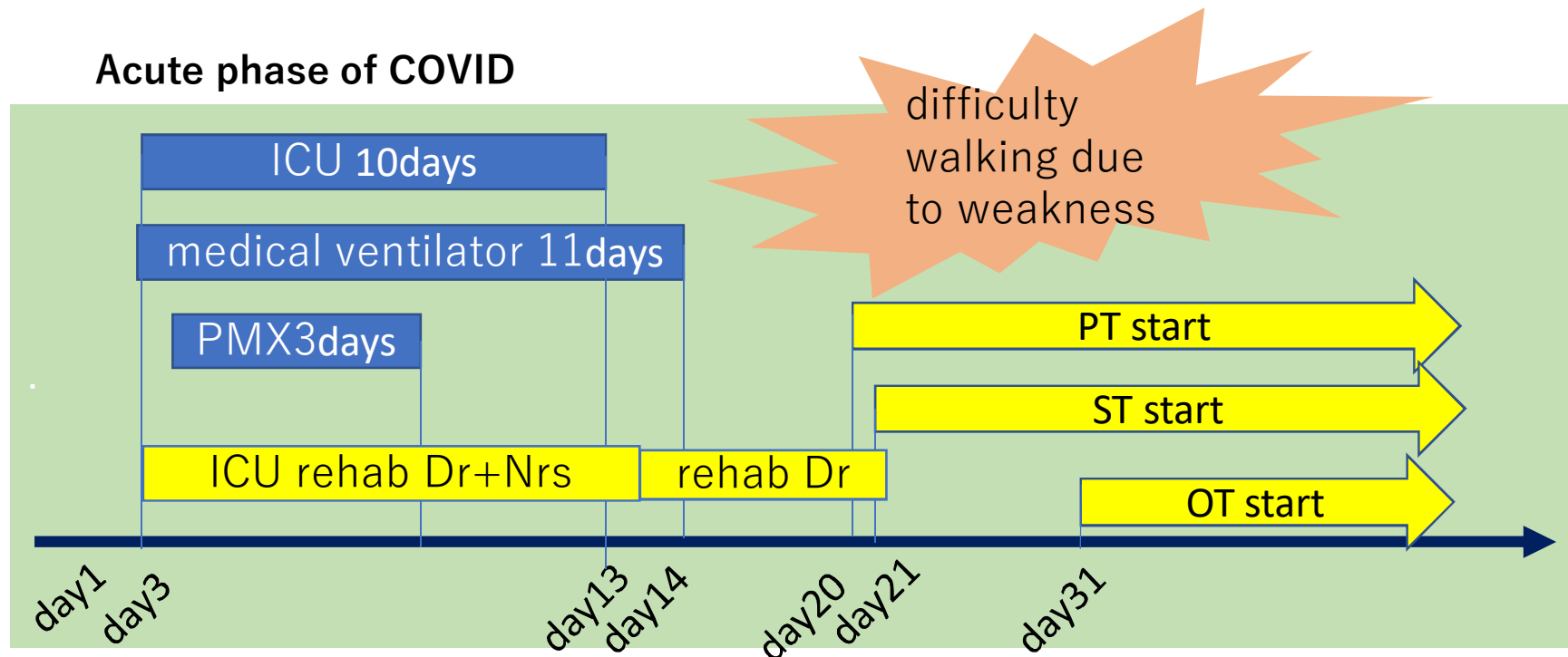
hemiplegia due to a history of Stroke

Before COVID

Lt. hemiplegia due to a history of stroke

ADL full, outside gait with T-cane. lives with her husband

Acute phase of COVID



Case2 68_{yrs} female

OT assessment at the beginning (day31)

- ① no desaturation: no need oxygen
- ② muscle weakness
- ③ moderate left hemiplegia (Br.stage II - III - III)
- ④ could not walk



tachypnea and
tachycardia
with doing ADL

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.stage III - III - IV) by improving muscle output
- ④ could walk indoors

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

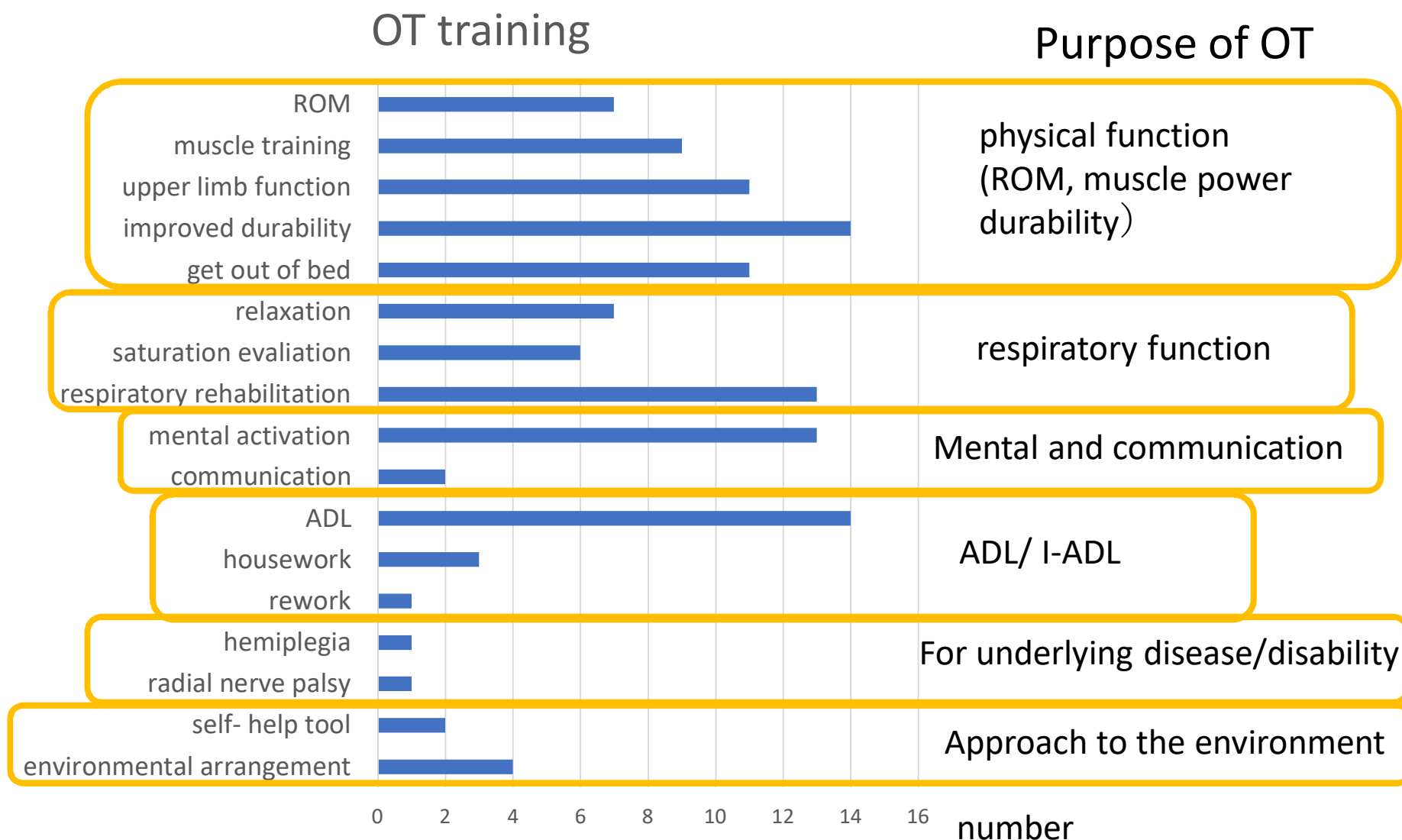
→ Provided nformation of shower chair for her and her family

Day42, she was discharged from hospital



shower chair

Purpose of OT training $n=31$



(4) Summary

Patients for whom OT was indicated were divided into 2 Patterns



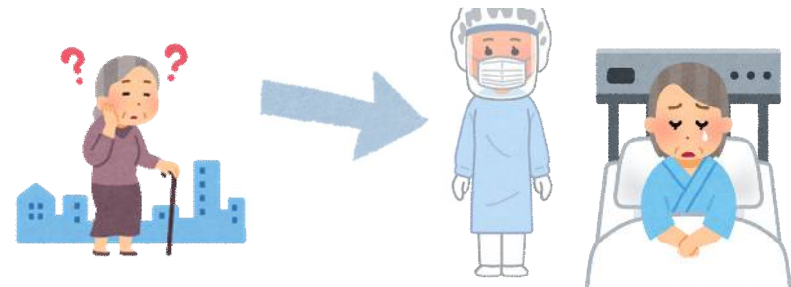
(1) COVID-19 Severe and need respirator

- Sedation disuse-syndrome 、 myopathy, Atelecrasis
- medical device related upper limb dysfunction
- 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!!



Someday welcome to Tokyo!!