

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 & Statistics **OT under COVID-19 situations**



1969

The 1st Occupational Therapy License



Semicentennial and New Semicentennial

2019

| | | | | | | | |
|------|------|------|------|------|------|------|------|
| 1953 | 1965 | 1969 | 1979 | 1993 | 1998 | 2000 | 2012 |
|------|------|------|------|------|------|------|------|

* 1st OT Education (US)

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

* 1st OT license

* 1st OT school.

* KAOT

* +3 OT schools.

* WFOT full membership



1

1st President
(Kim, Soonja)

2nd President
(Kim, Kyongmi)

3rd President
(Lee, Taekyeong)

3rd President
(Lee, Taekyeong)

4th President
(Lee, Mija)

5th President
(Lee, Hanseok)

6th President
(Chang, Ki-yeon)

7~9th President
(Cheong, Minye)

138



416

Quantity
Quality



| | | | | | |
|------|------|------|------|------|------|
| 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)

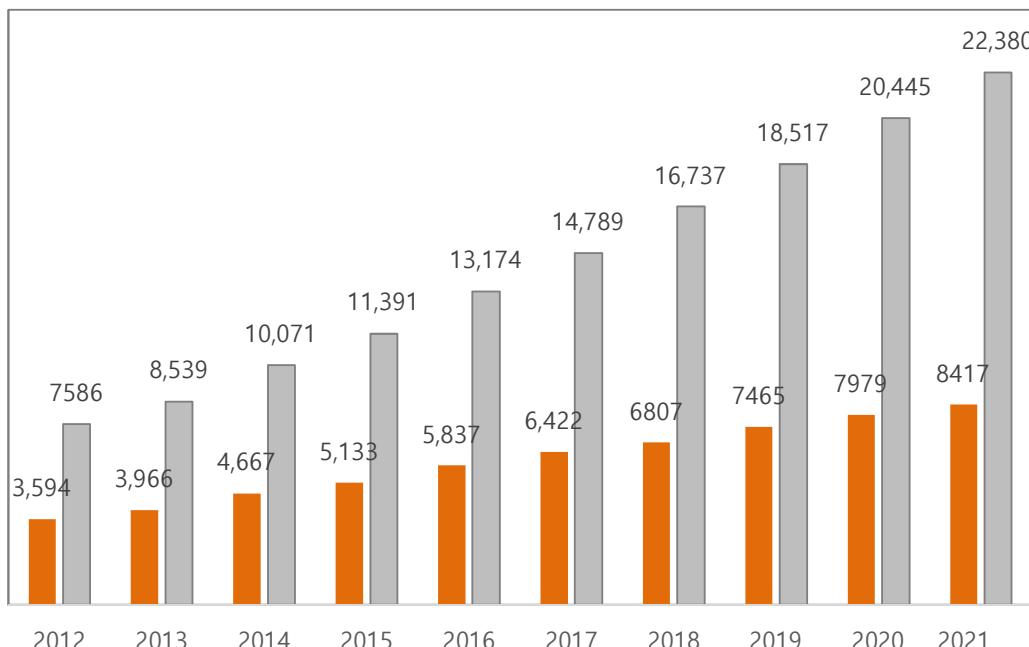
친애하는
대한작업치료사협회
회원 여러분
안녕하십니까?

(사)대한작업치료사협회
전체명칭



Numbers of OT

■ Registered OT ■ Licensed OT Total



Licensed Rate

- Stable
- Predictable

Renewal Registration

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

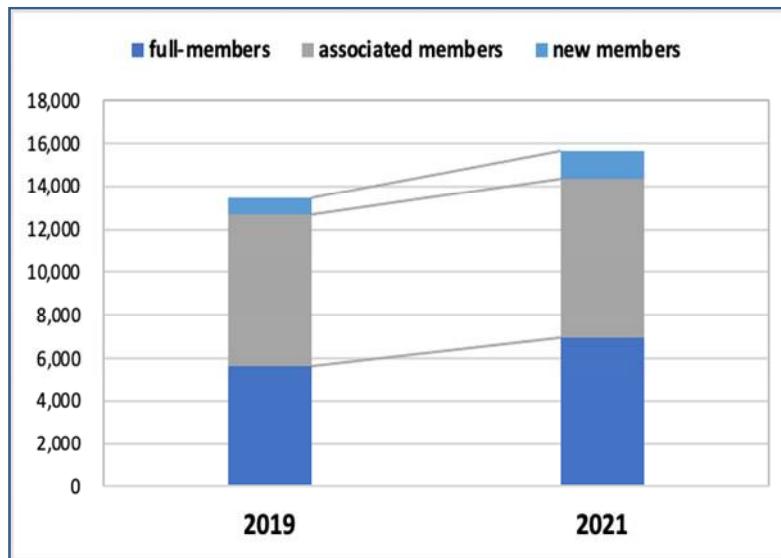


*Korea Health Personnel Licensing Examination Institute, Ministry of Health & Welfare

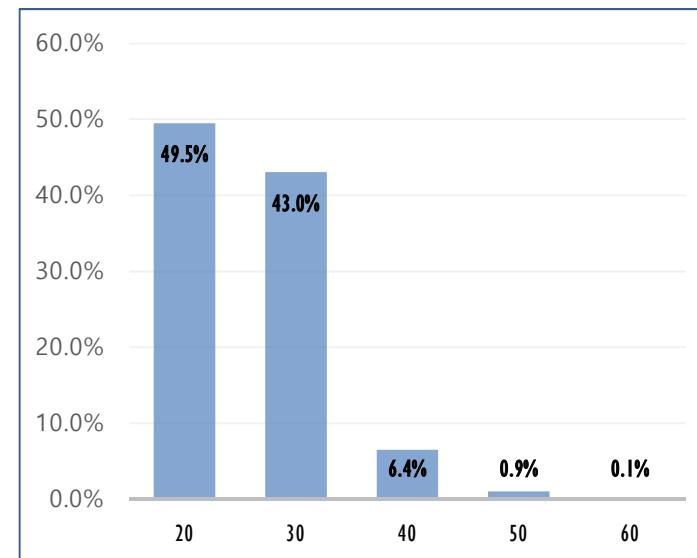
KAOT members

KAOT membership

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

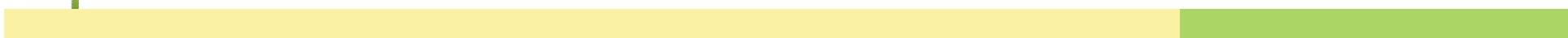


KAOT members' age distribution%

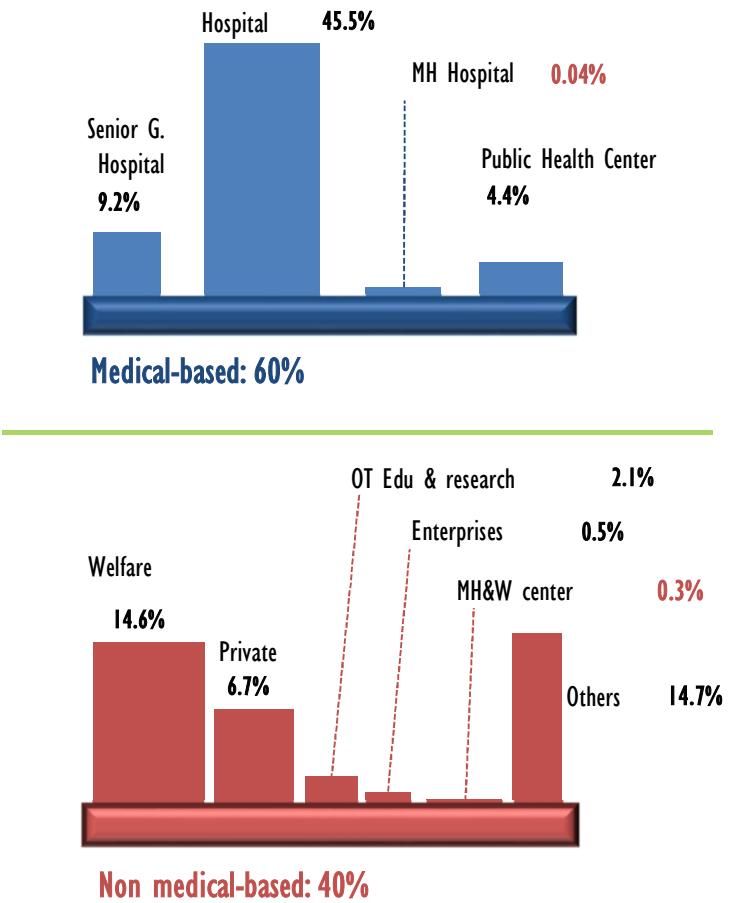
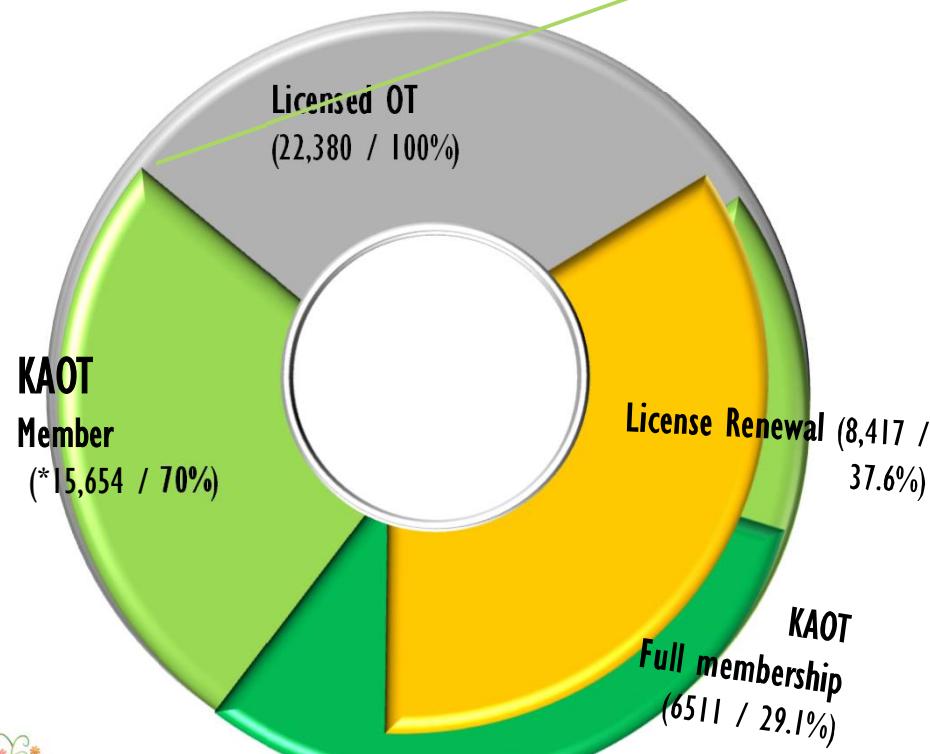


Female : Male = 8 : 2

*Korea Association of Occupational Therapists

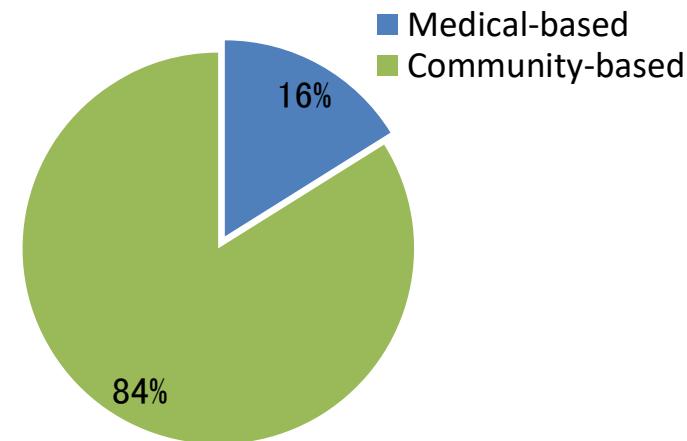
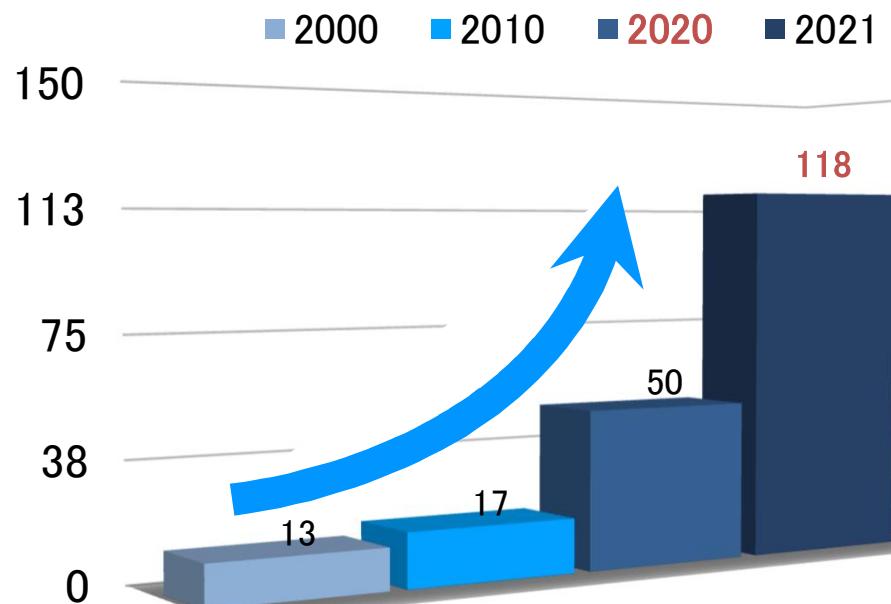


Status of KOT workplaces



*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

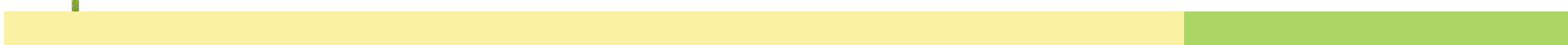
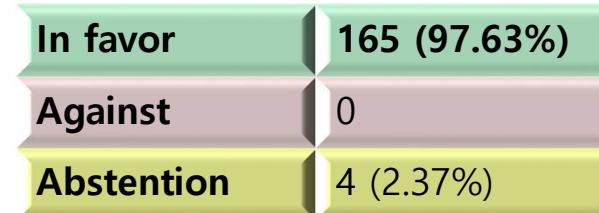
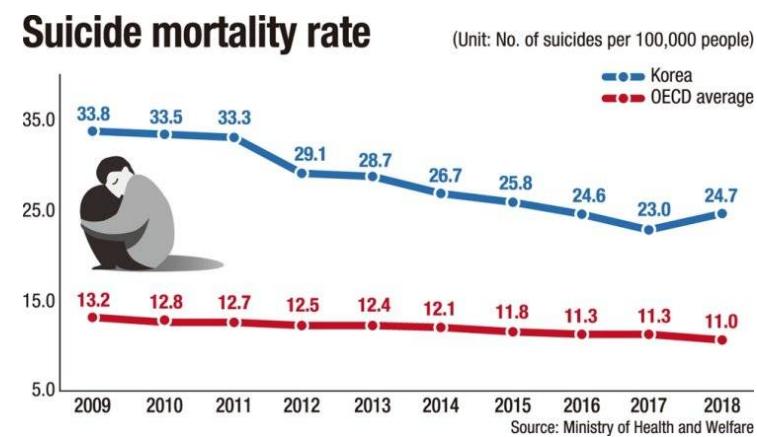
Mental Health Occupational Therapists: Legislation

1995 ▶ Mental Healthcare Act

1997 ▶ MH specialist:
Nurse, Social Worker,
Clinical Psychologist

2017 ▶ Mental Healthcare & Welfare Sup
port Act

2020.3.6 ▶ Passed Revised MH&W Act:
OT included as MH specialist



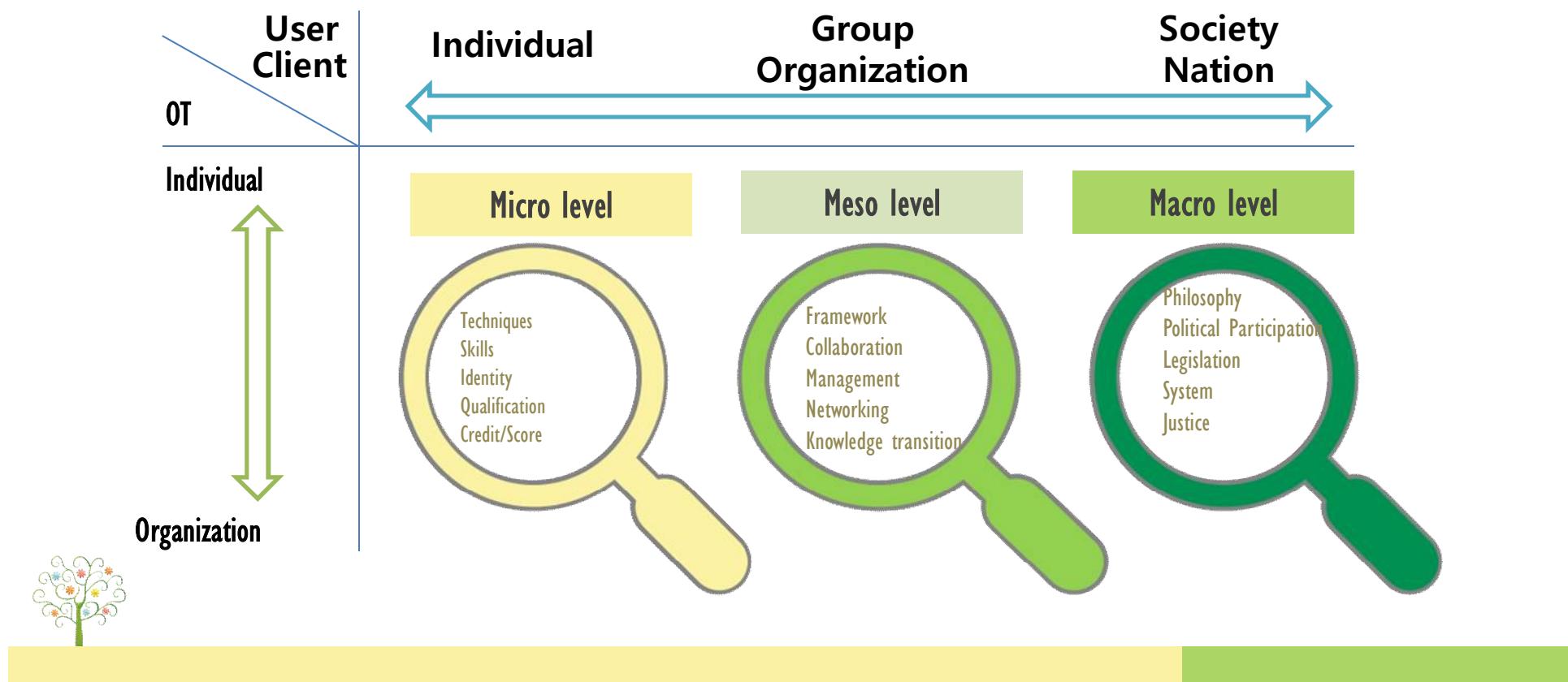
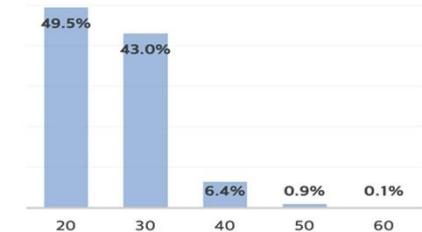
Healthcare systems & OT qualification

| | 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



Busan-Unsan-Gyeongnam



Daejeon-Sejong-Chungcheong



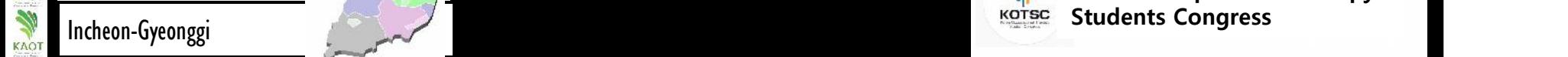
Daegu-Gyeongbuk



Gangwon



Gwangju-Jeonnam



Incheon-Gyeonggi



Jeju



Jeonbuk



Seoul



Affiliated Organizations



KSOT

The Korean Society of Occupational Therapists



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



KOTSC

Korea Occupational Therapy
Students Congress

17 Academic Organizations

Affiliated Academic Organizations

 Occupational Therapists

 + Rehabilitation physicians



고령자치매작업치료학회

Elderly



대한언어재활학회

Dysphagia



대한지역사회작업치료학회

Community-based



대한신경계작업치료학회

Neuro



대한보조학기술학회

Assistive Tech.



한국정신보건작업치료학회

Mental health



한국운전재활학회

Driving Rehab



워크어빌리티학회

Work / Vocation



대한아동학교작업치료학회

Child & School



대한인지재활학회

Cognitive Rehabilitation



한국노인작업치료학회

Elderly



한국작업과학회

Occupational Science



대한감각통합치료학회

Sensory integration



한국수부치료학회

Hand



대한연하장애학회

Dysphagia



대한뇌신경재활학회

Dysphagia



대한소아재활·발달의학회

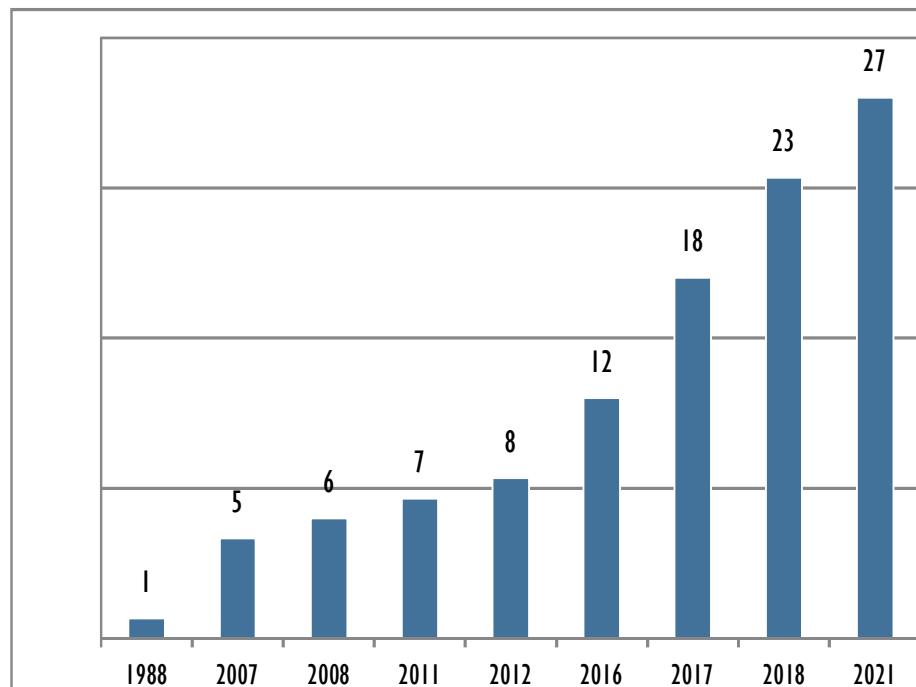
Pediatrics

OT Education



The Korean Accreditation Board of Occupational Therapy
Education

WFOT Approved Education Programs in Korea



| | Undergraduate programs | | Post graduate program |
|----------|------------------------|---------------|-----------------------|
| | 3years | 4years | |
| Total | 30 | 32 | 5 |
| WFOT AEP | 8 (26.7%) | 19 (59.4%) | 23 |



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

06. 28(목)

- ▶ 개회식
- ▶ 대한작업치료사업회 축사
- ▶ 학교별 소개
- ▶ 레크레이션(학교별 대양전)

06. 29(금)

- ▶ 중앙치매센터 - “치매란 무엇인가?”
- ▶ 대한연히재활학회 - “연하재활, 그것이 궁금하다!”
- ▶ 이성재 목사님 (한울교회) - “일상에서 쓰는 평화의 언어, 비폭력 대화”
- ▶ 교류 프로그램 - “넌 어느 학교에서 왔니?”

06. 30(토)

- ▶ “작업치료와 대학생활”
- ▶ 폐회식

*한국작업치료학생연합회 세미나 수료증 수여



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



Korea Occupational Therapy Student Congress

: COVID19 Situations

Volunteer camp



OT promotion Virtual visiting high school



Online Quiz



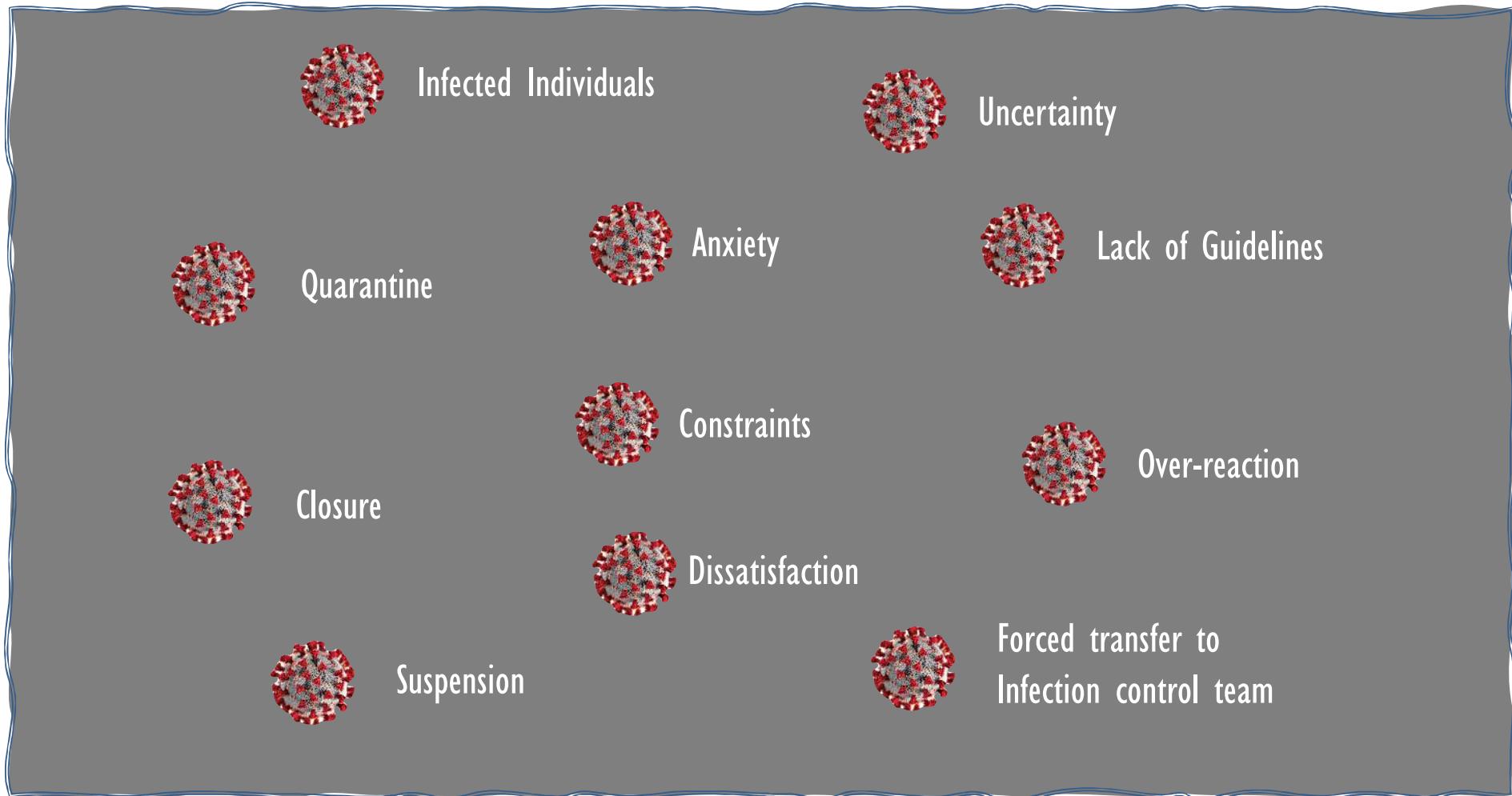
https://www.instagram.com/_kots/

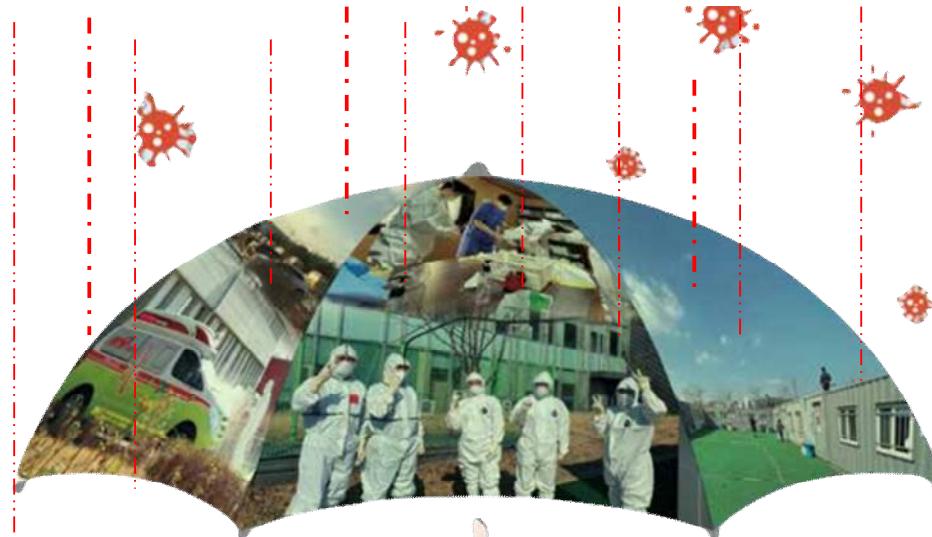
Ideas of OT students' Exchange Activities (International)

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

OT Under COVID-19 Situation







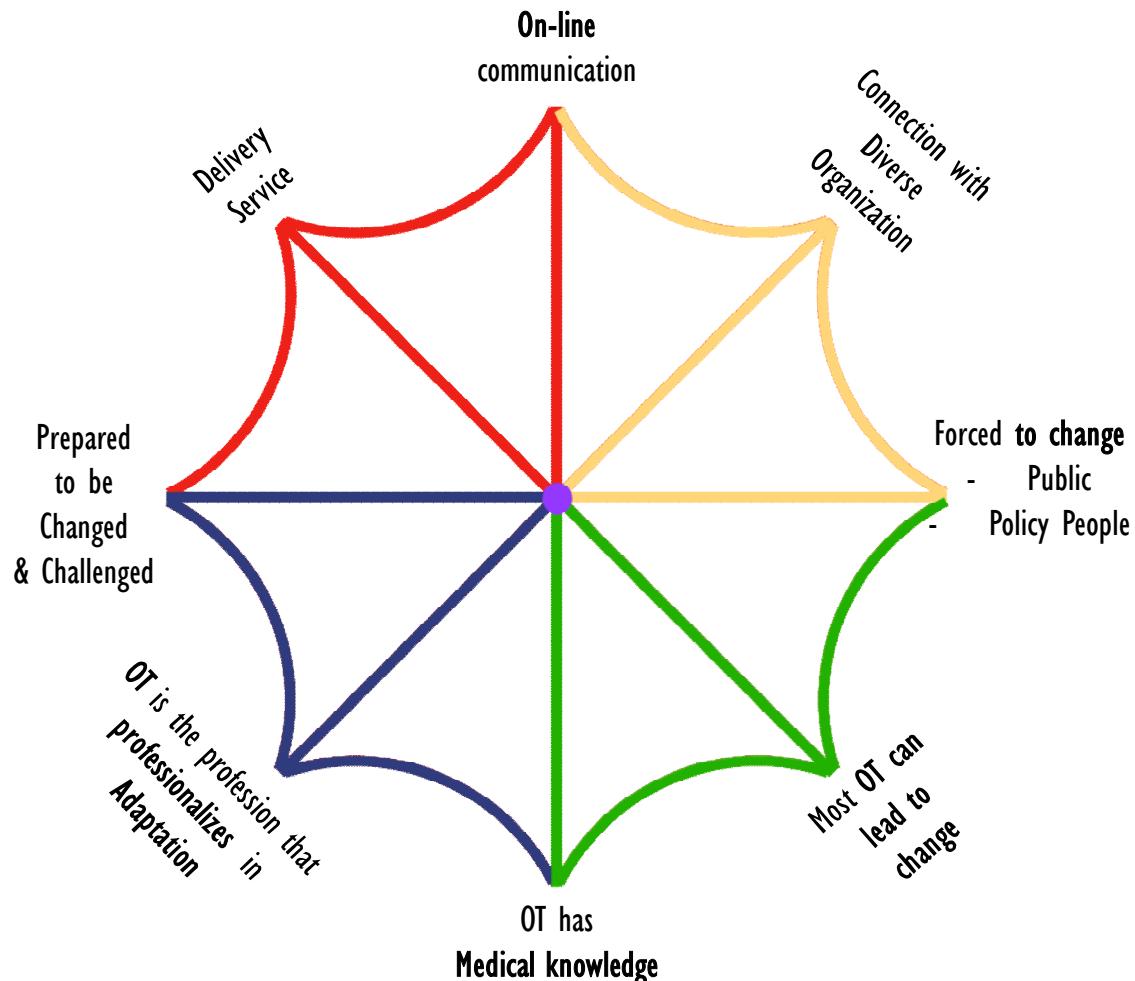
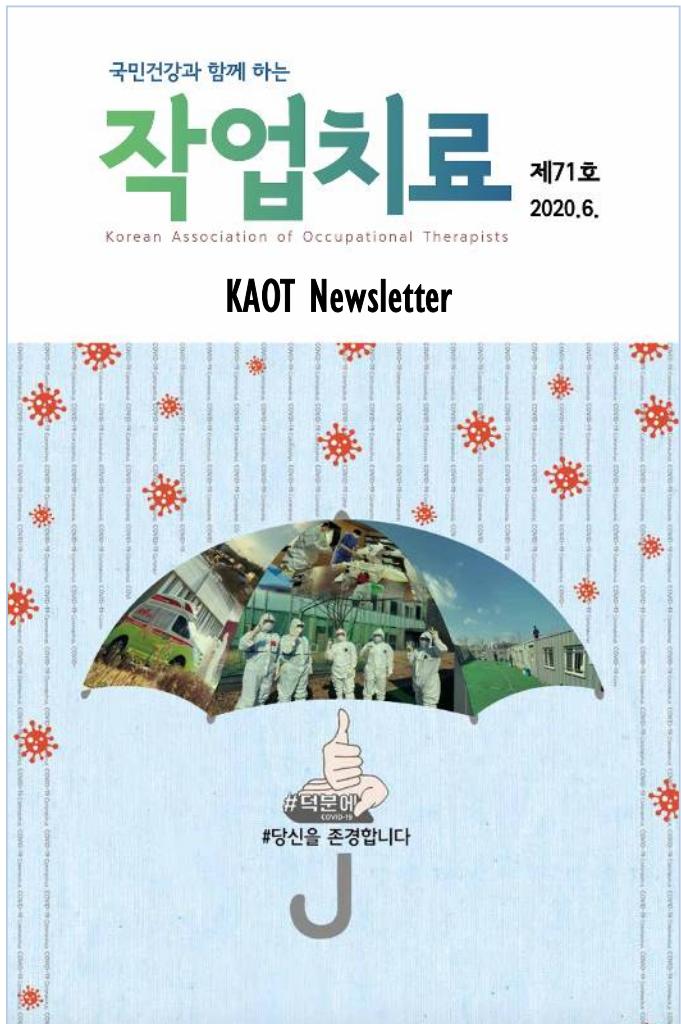
Life functioning

People who need
life care
help to participate
OCCUPATION



Occupational
Therapy





Actions for OT

Individuals' Participation



Encouraging OT



Upgrading Online Systems

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

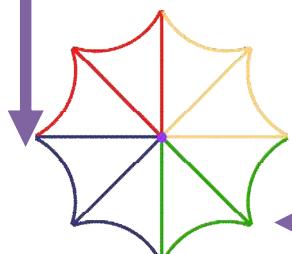
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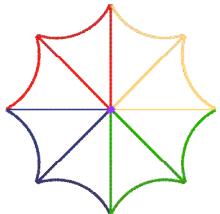
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- Sharing individuals' gifts for public
- Encouraging OT students' participation
- Managing Confidentiality

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



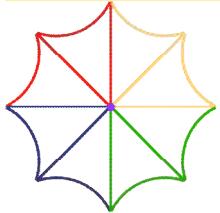
- Challenges and innovations in contactless OT
- Various participation from overseas

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

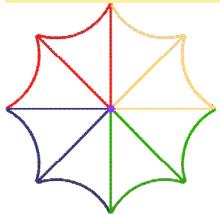
Positivity

Mutual Advocacy

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

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 !



Occupational Therapy in Republic of Korea



Under COVID-19 Situation

2021.09.09
Open session

(사)대한작업치료사협회
Korean Association of Occupational Therapists

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OT for/with people with developmental issues

Contents

Introduction KAOT OT under **COVID-19** situations



1969

The 1st Occupational Therapy License



Semicentennial and New Semicentennial

2019

| | | | | | | | |
|------|------|------|------|------|------|------|------|
| 1953 | 1965 | 1969 | 1979 | 1993 | 1998 | 2000 | 2012 |
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* 1st OT Education

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

* 1st OT license

* 1st OT school.

* KAOT

* +3 OT schools.

* WFOT full membership

Quantity
Quality

| | | | | | |
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* Standard terminology for Medical-based OT

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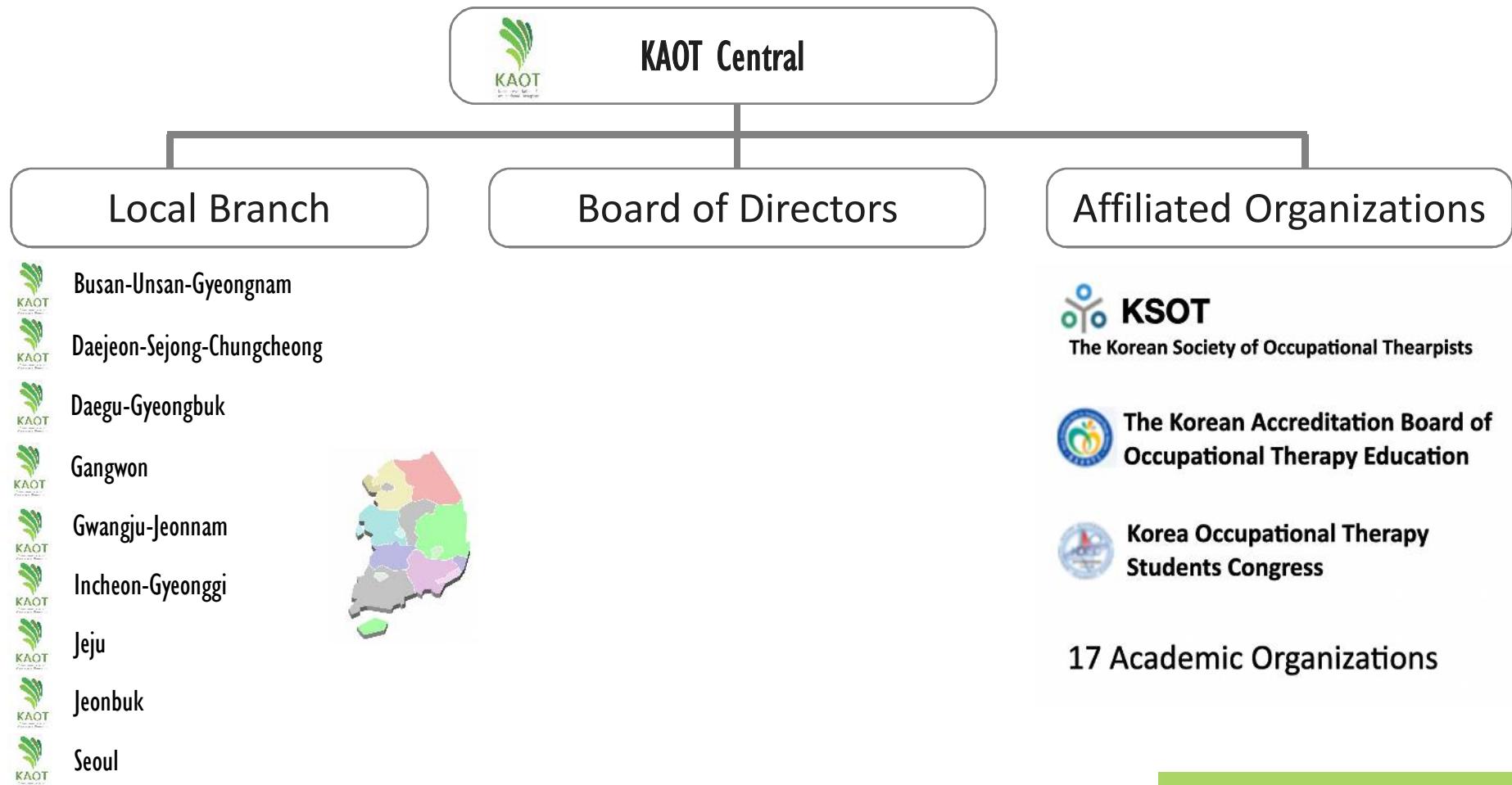
* 50th Anniversary of KOT

New Semi-Centennial
& COVID-19



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





OT Under COVID-19 Situation



Pros, Cons and Next steps

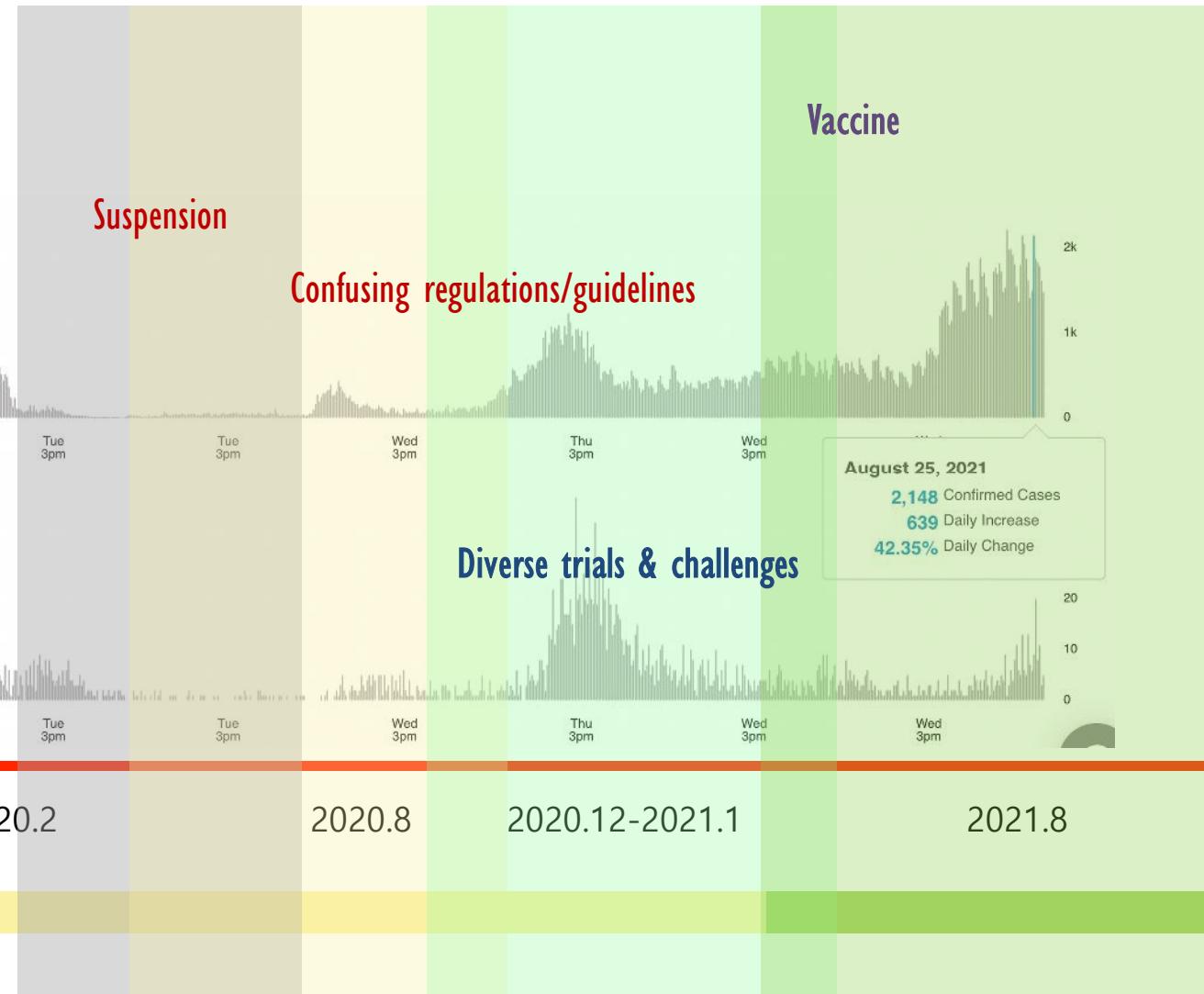


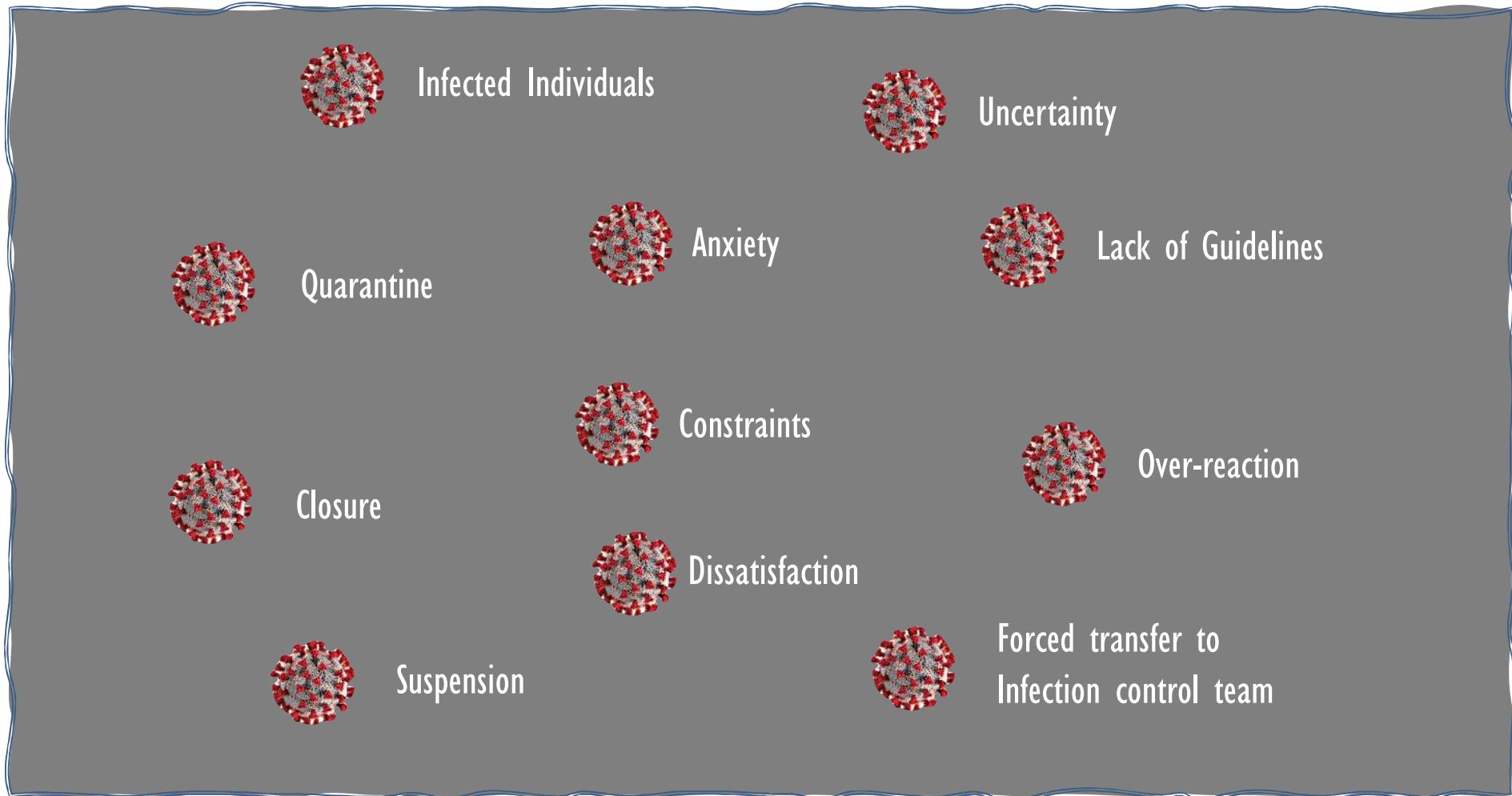
COVID-19 in Korea

250,051
confirmed cases
(1.9%)

2,284
deaths

Source: World Health Organization

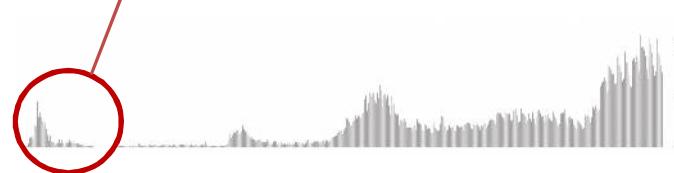


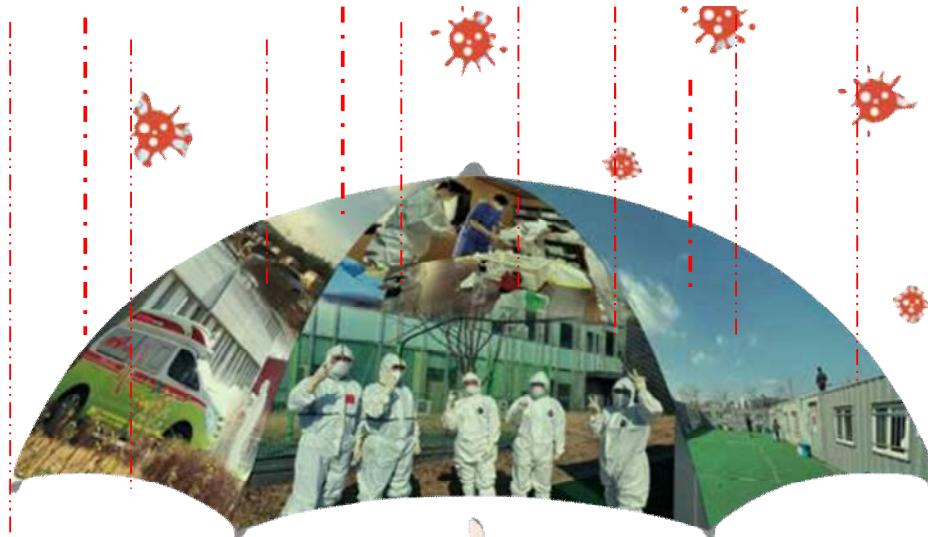


Therapists working for infection control



Daegu, The hottest place of South Korea





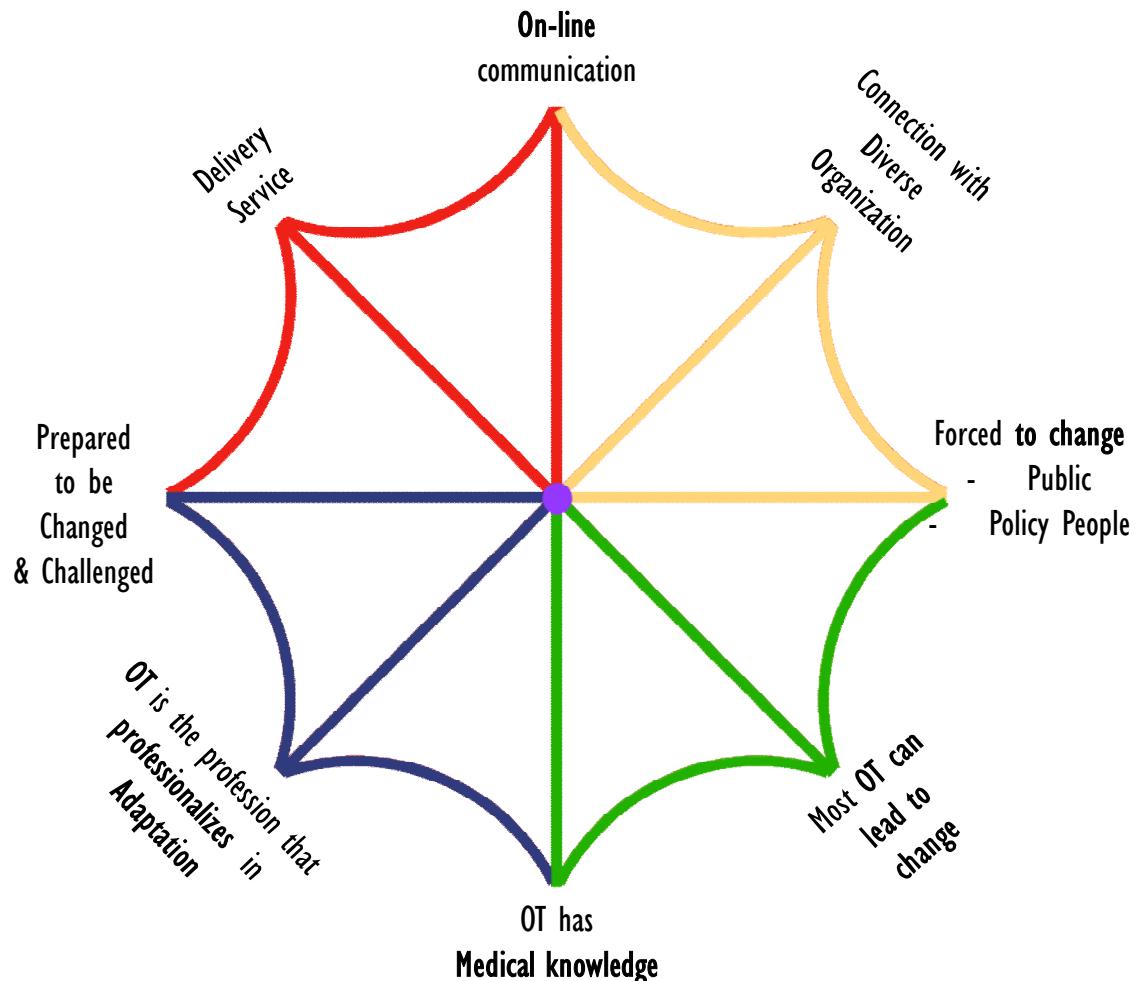
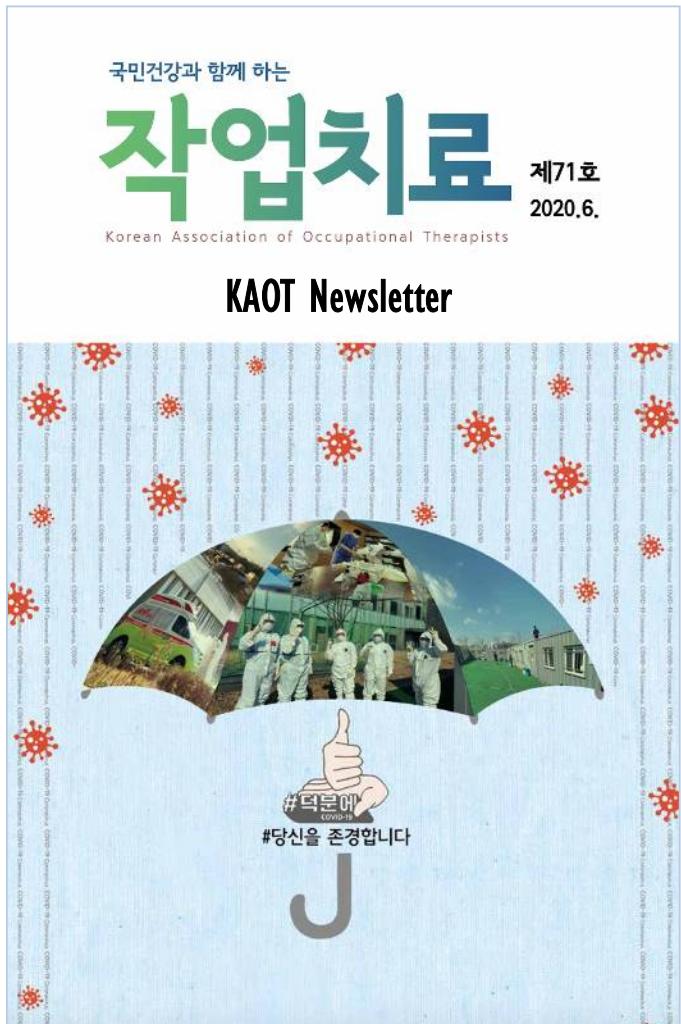
Life functioning

People who need
life care
help to participate
OCCUPATION

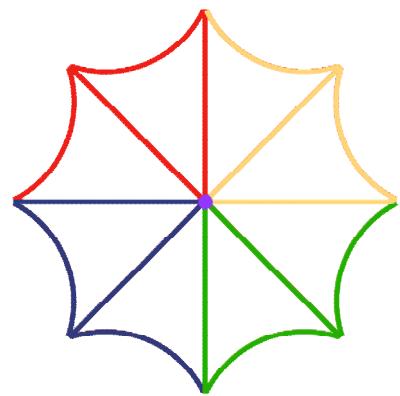


Occupational Therapy





Actions for OT



Academic Activities & Education

Collaborating with Diverse groups

Actions for OT

Individuals' Participation



Encouraging OT



Upgrading Online Systems

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- Mobile web-magazine for brief news
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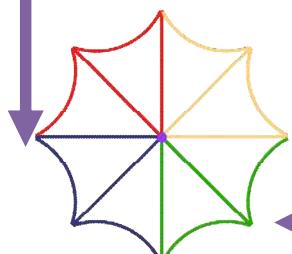
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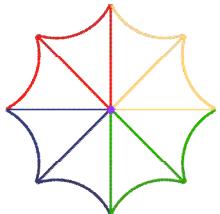
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Developing infection management guide for OT

- Upgrading previous researches for dysphagia
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Organizational Support





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OT & OT students Education



- Developing virtual practice program
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Virtual Conference - KSOT



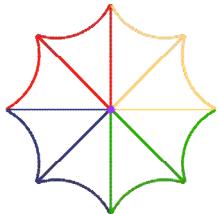
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Continuing Education



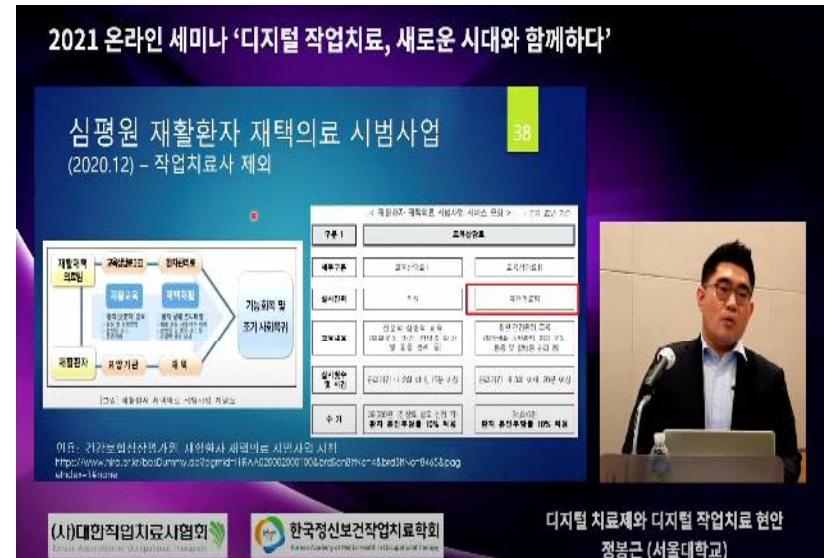
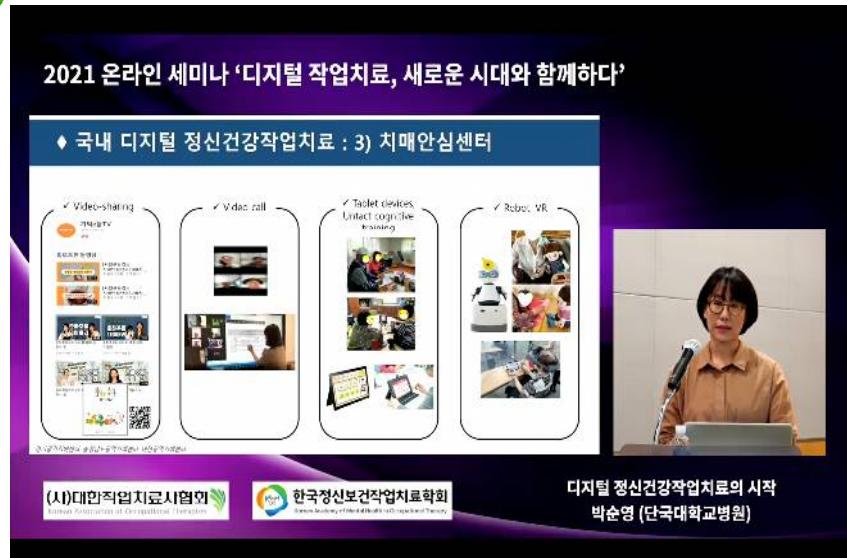
- Online Education

supplementary → main

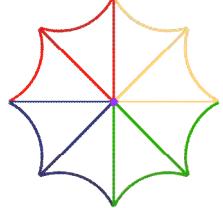


Tele-service / Digital Occupational Therapy

<https://www.youtube.com/watch?v=yYyOQVKT2FU&t=2769s>



- 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



'별사랑 봉사단' 정서지원 활동 소개



For youth in shelter



비대면 서비스
마음으로 온라인 지원회의



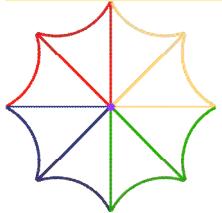
With PT association

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

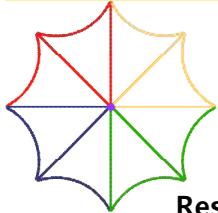


+ Local governments

+ Advocacy groups of people with disabilities

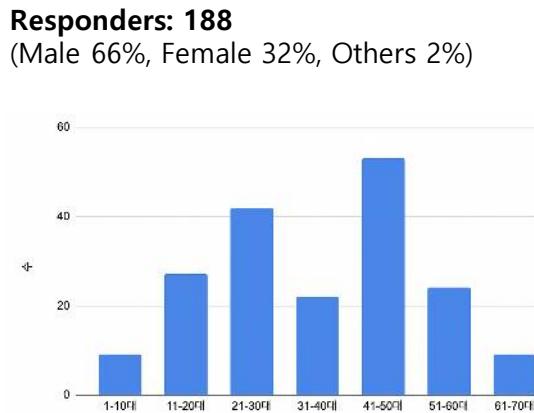
Camp





Collaborating with diverse groups

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

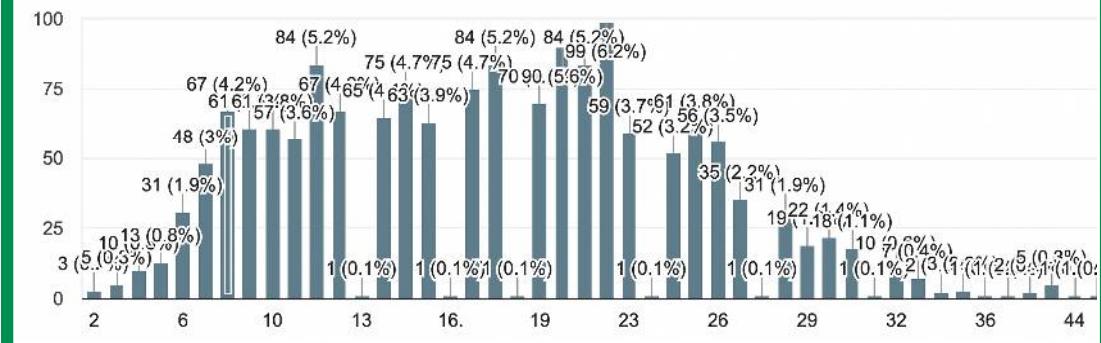


- Brain Injury 41.7%
- Physical disability 38.6%
- Visual impairment 6.3%
- Hearing impairment 3.9%
- Mental disorder 4.7%
- Etc. 2.4%

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

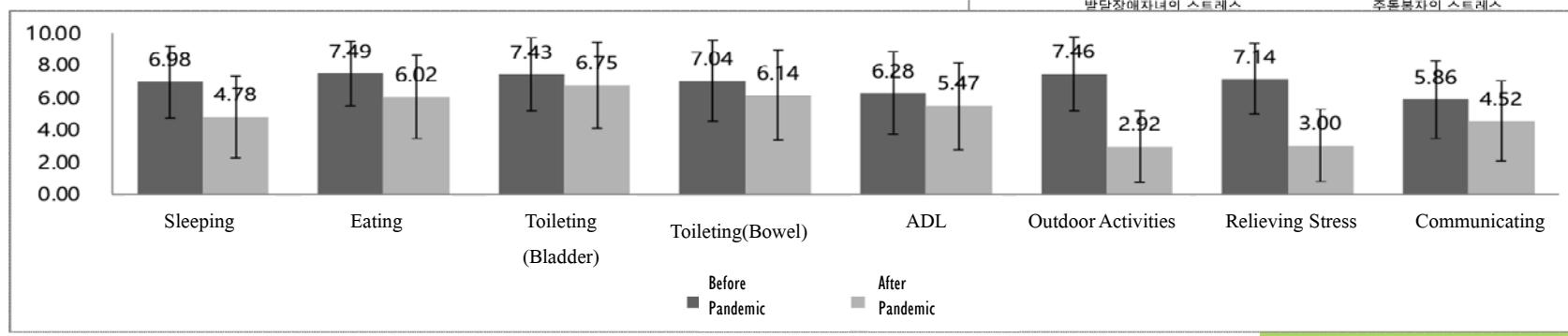
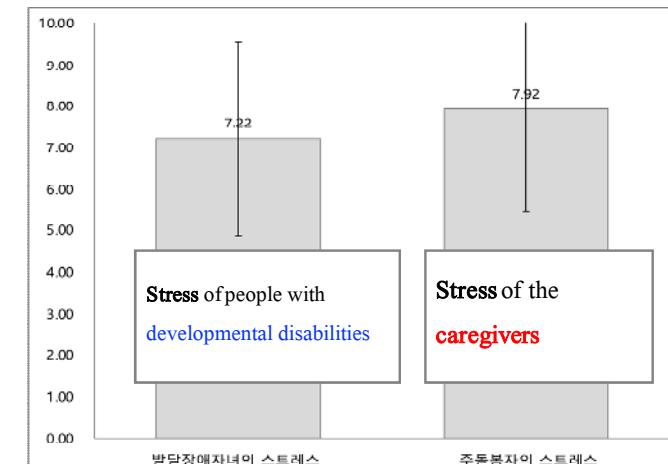
Occupational Deterioration by the distancing

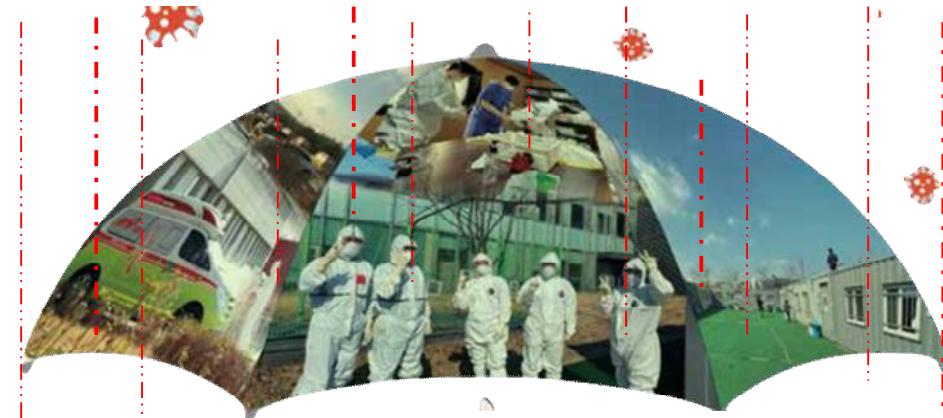
Surveying people with disabilities & their caregivers (April, 2020)

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





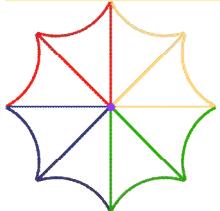
Life functioning

People who need
life care
- help to participate
OCCUPATION

Occupational Therapy
Professionals, students



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



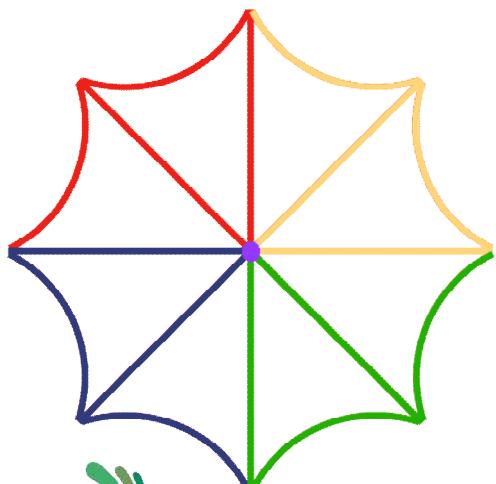
Stay Strong + Together

Parents Network for the people with disabilities



- Recruiting families of youth with disabilities

Refresh
Relief
New relationships
New occupations



- OT & OT students volunteers

Challenge
Contribution
Learning

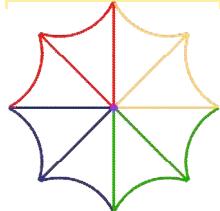
3 days camp

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

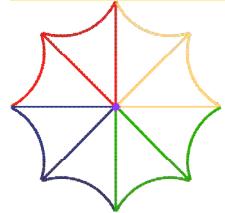
| Children & Youth with disabilities (60) | | | | |
|---|----------|-------|--------|-------|
| Dx. | ASD | ID | CP | |
| | 58% | 38% | 3% | |
| Age | | | | |
| Age | Under 10 | 11-15 | 16-20 | 21-24 |
| | 20 | 23 | 12 | 5 |
| Gender | | | | |
| Gender | Male | | Female | |
| | 44 | | 16 | |

| Families (117) | |
|----------------|----------|
| Parents | Siblings |
| 82 | 35 |

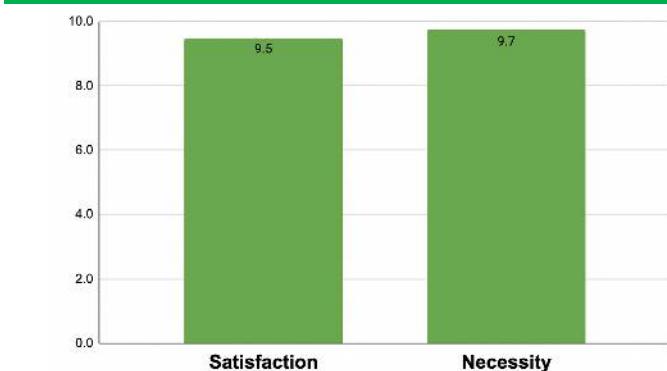
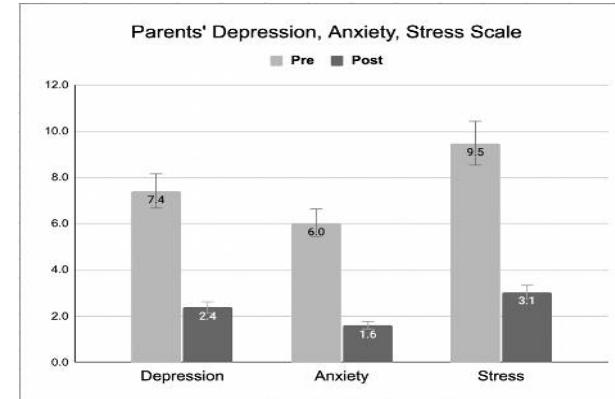
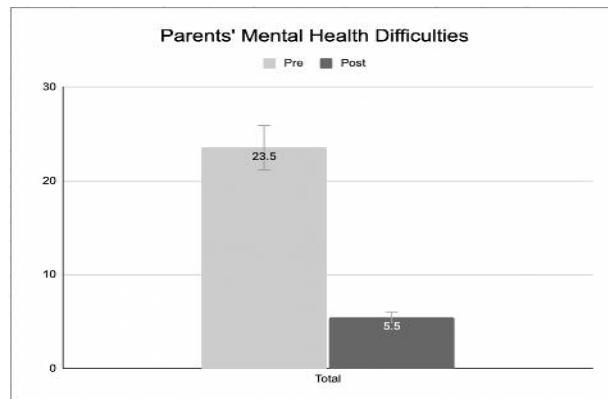
| OT members (85) | |
|-----------------|-------------|
| OT | OT students |
| 35 | 50 |

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

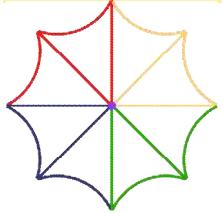
Partner for youth → supervisor of OTs



SST Camp - Changes & Results



- 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

florence_cheong@ttsh.com.sg

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/Stud-ies | 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



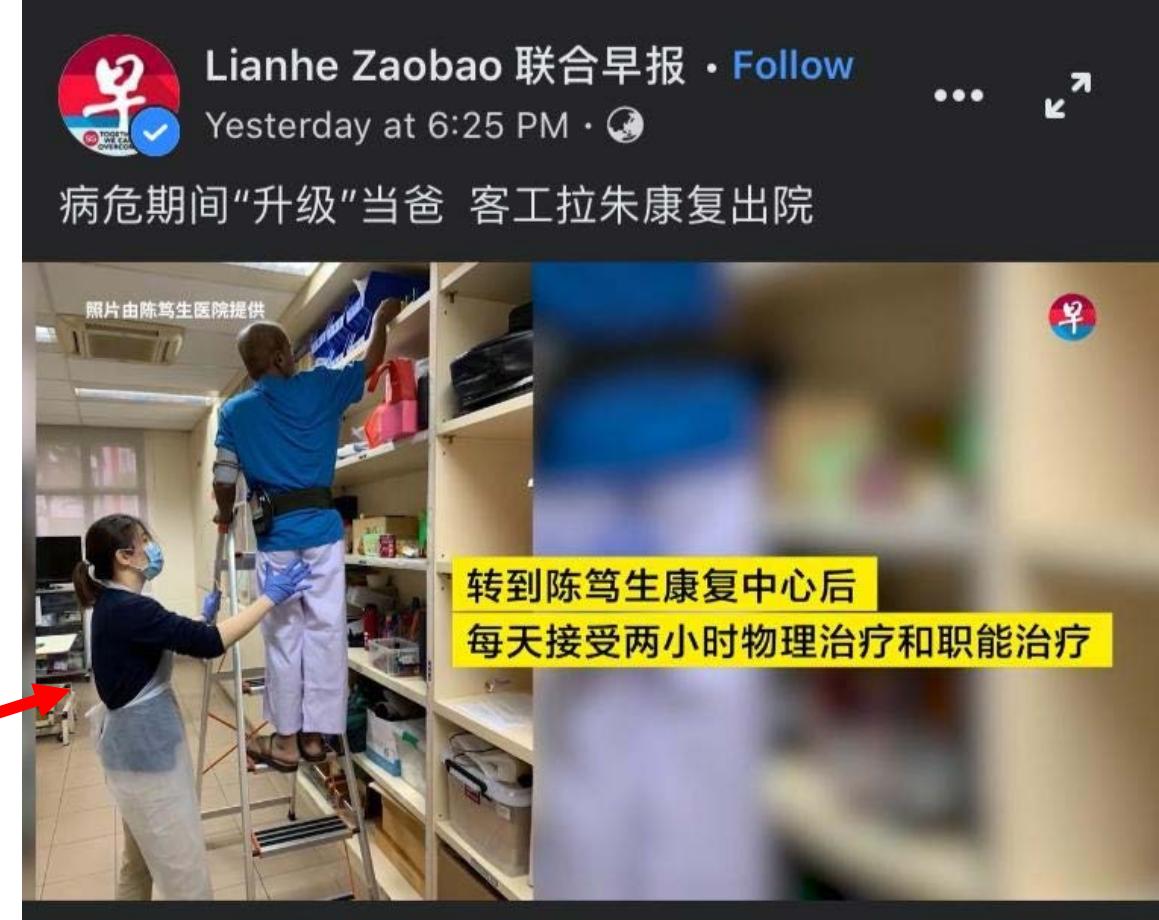
Occupational Therapists Manage COVID-19 Patients

- 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

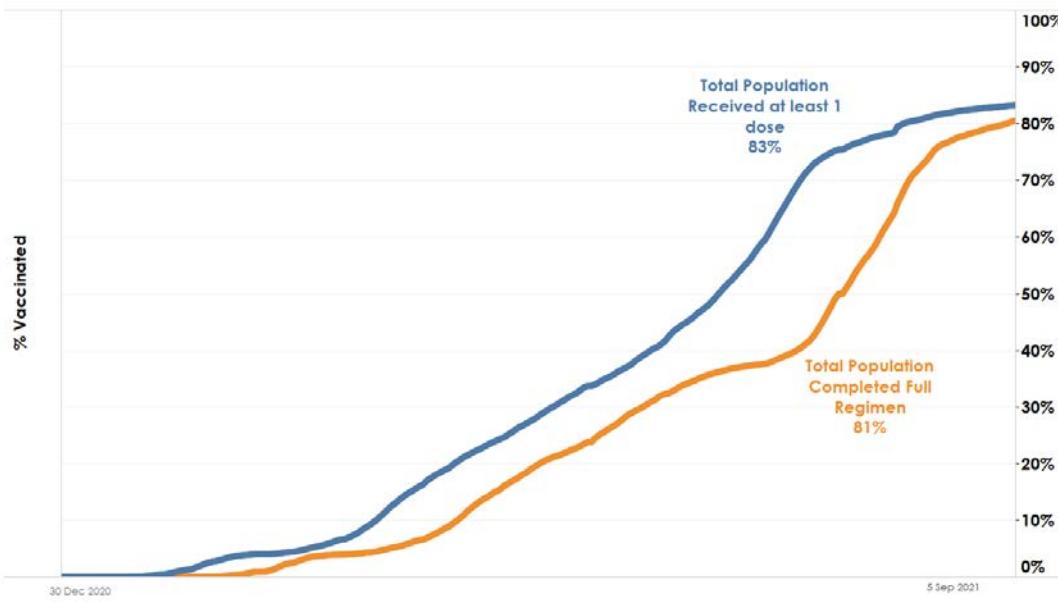


COVID-19 State of Affairs in Singapore (6 Sept 2021)

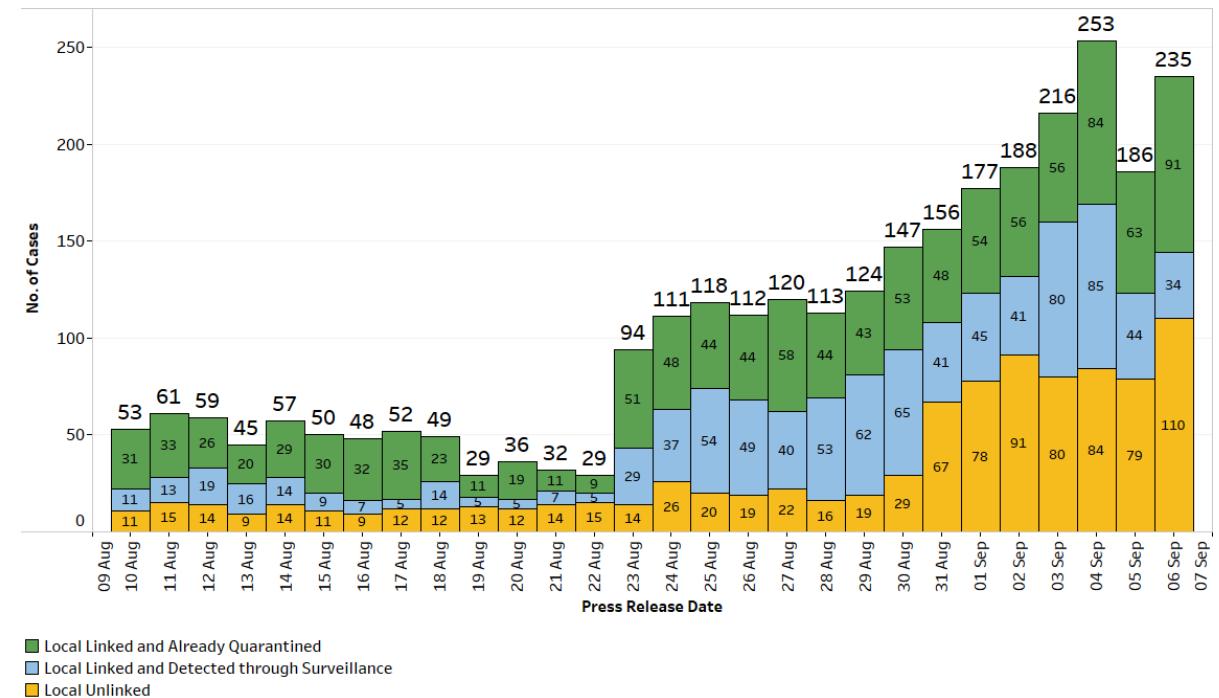
- **66,478 total cases**

- 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**



Update on local COVID-19 situation and vaccination progress (MOH, 2021)

[https://www.moh.gov.sg/news-highlights/details/update-on-local-covid-19-situation-and-vaccination-progress-\(6-sep-2021\)](https://www.moh.gov.sg/news-highlights/details/update-on-local-covid-19-situation-and-vaccination-progress-(6-sep-2021))

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 ≈ 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



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**



Activities in the practice settings in response to COVID-19

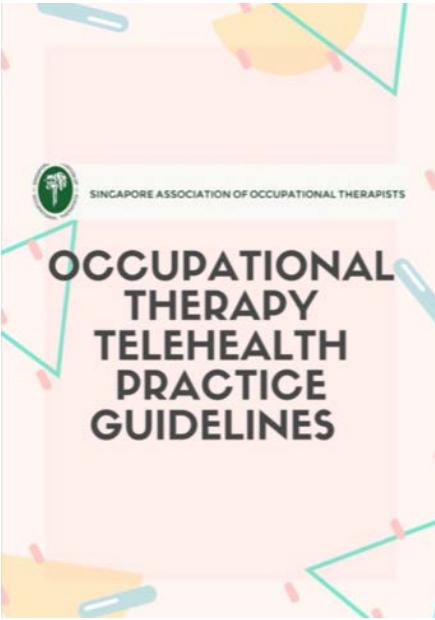
Dialogues with Ministry Of Health (MOH)

- 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 is given that the information is free from error or omission, nor is any responsibility accepted for the consequences of any action taken in respect of the information and recommendations contained in this guide. Users must exercise their own independent skill or judgement or seek appropriate professional and legal advice prior to action.

SAOT shall have no liability (including without limitation liability by reason of negligence) to any user of this guide or to any other person for the following: Any loss or damage (consequential or otherwise), cost or expense 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 user's negligent act, omission or misrepresentation in the guide.



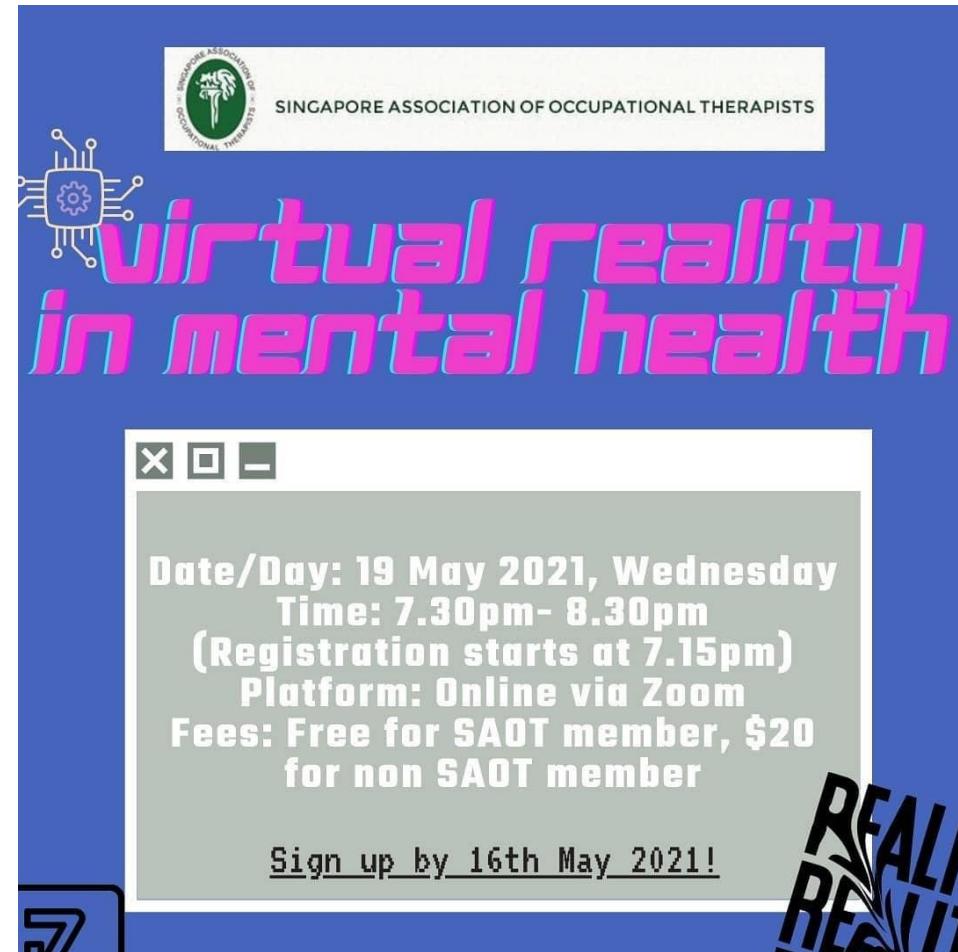
Mental Health SIG:
Managing stress and burnout in healthcare professionals
during the COVID-19 pandemic

Speaker:
Dr Tan Ying-Jie is an Associate Professor and Programme Director of the Singapore Institute of Technology Occupational Therapy course. Prior to the appointment, she served as the Head of the Occupational Therapy programme at the National University of Singapore. Dr Tan graduated from the University of Queensland with a PhD in Psychology, and also possesses a Masters in Management and a Bachelor's degree in Social Work. Dr Tan currently holds a visiting faculty position at the University of Exeter, UK.

Dr Tan Ying-Jie:
Dr Tan has obtained professional trainer certifications in Mindfulness-Based Cognitive Therapy, Stress Management, and Trauma and Trauma-Focused Cognitive Behavioral Therapy. She has also been invited as a speaker at various conferences including Singapore Mental Health Conference, Singapore Medical and Biomedical Congress, and Cognitive Remediation in Psychiatry Annual Conference.

SG Details:
The event is organized by the Singapore Association of Occupational Therapists (SAOT) and is aimed at healthcare professionals. It is a free event for SAOT members and \$25 for non-SAOT members.

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

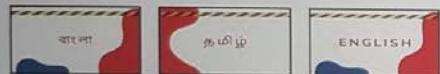


3. Self-help Tools

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

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National University Hospital
COVID MIGRANT SUPPORT COALITION
সামাজিক সহায়তা কলান্ডার
காமிக் கால்காரி கலாந்தார்



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





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

Annals of Physical and Rehabilitation Medicine 63 (2020) 560–562

Available online at
ScienceDirect
www.sciencedirect.com

Elsevier Masson France
EM|consulte
www.em-consulte.com

SOFMER
www.sofmer.org

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. The 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.rehab.2020.07.001>
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World Federation of Occupational Therapists Bulletin

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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 Citing articles: 1 View citing articles [☞](#)

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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 behaviours of persons with dementia using the Enriched Model of Dementia Care plan.

Course Objectives

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

Course Outline

- Experiential Activity
- Unpacking Person-centred Care (PCC) Principles through:
 - Defining PCC using VIPS framework and identifying barriers to implementing VIPS in care setting.
 - Using the Enriched Model of Dementia to address responsive behaviours
 - Defining responsive behaviours
 - Adapting the Enriched Model of Dementia to explain the responsive behaviours
 - Formulate PCC interventions to address the responsive behaviours
 - 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

Ms. Lim Hwee Er holds a Masters of Health Service Management (University of Sydney) and a Bachelor of Health Sciences (Hons) (UT) (University of Teesside, UK). As an occupational therapist, her years of clinical experience working with older persons with cognitive/physical/occupational disabilities, hospital and 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 | 18 – 19 Oct 2021, 9.00 am – 1.00 pm |
|-------------------|---|
| Case Presentation | 18 Nov 2021 |
| Duration | 3 days |
| Class size | 16 pax |
| Device required | Laptop/Desktop (with camera, speaker and webcam) |
| Platform | Zoom Cloud Meetings |
| Fee | \$5560 (Singapore) staff/ SAOT or SPA Member \$5620 (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 28 Sep 2021, Friday.

<https://form.gov.sg/6087151acc0b0011458325>

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 registrants will incur a cancellation fee of SGD \$100. 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 paid to the participants should unforeseen circumstances necessitate it.

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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. Improve productivity and reduce risks to workers. Participants understand and apply the principles of ergonomics in workplaces. The lecture will cover the use of tools and methodologies commonly used to assess risk factors in office and industrial settings. It 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/60c3606400-0012171759>

Upon registration, you agree to the following [Terms & Conditions](#)

Limited to 500 participants per lecture.

Speaker
Patrick Ker
Senior Principal Occupational Therapist
Occupational Therapy
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 National 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.

Quick Links

[FAQs](#) [PGAHI Programmes](#) [Training Calendar and Directory](#)

Details of the lecture meeting link will be sent to the successful registrants nearer the lecture date.

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

Unit Curamus, Semper Discimus - 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 can we facilitate our patients to RTW after a medical condition or injury? What do we do to optimize their work performance and participation?

2-day workshop will build on the prior knowledge of Occupational Therapists on the RTW planning, relationship between person, environment and occupation and clinical partnerships 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 learner will be able to:

- Understand the barriers and facilitators of RTW using the Work Disability Prevention model
- Contact an initial occupational rehabilitation assessment to plan RTW goals
- Select therapeutic RTW interventions and strategies to improve work ability and achieve RTW goals
- 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 RTWModel in RTWAssessmentInterventionsAssessment of physical, cognitive and work capacity |
| Day 2: 8.30AM – 5.00PM | <ul style="list-style-type: none">Interventions that facilitate RTWBest practices in Occupational RehabilitationCommunication strategies with stakeholdersConflict resolution |

Registration:
Please find registration link and QR code for the online Zoom course here:

<https://tinyurl.com/wmnb62wv>

Speakers:
Ms Joanna Giam Yu Ting
Principal Occupational Therapist, TISH
(MSc Occupational Health with Dist),
BAppSc(OPT)

Yannine is the **Senior OT** in the department, managing work rehabilitation services for patients with various medical conditions for over 9 years. Having strong interest in patients with RTW challenges, Yannine is currently working at occupational therapy where she is active in conducting functional capacity evaluations for pre-employment and medico-legal purposes, as well as therapeutic exercises, assessments and workshops to incorporate organizations in various industries. Her Masters in Occupational Health has enabled her to look at the prevention of work-related injuries in the health and understand its effect on work.

Ms Suh Yannine
Principal Occupational Therapist, TISH
(MScOccupationalHealth, B(OPT))

Yannine has over 9 years of clinical experience in the rehabilitation of patients with stroke, traumatic brain injury, bringing them to regain daily living skills and transit back to community living. One of her roles includes the conduct of work rehabilitation assessments, therapeutic exercises, RTW coordination and development of RTW strategy, to enable these patients to return to gainful employment. She is currently working at an ongoing day care centre, Yannine. 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

florence_cheong@ttsh.com.sg

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

| | | | | |
|---|---|---|---|---|
| First confirmed case: Jan 23, 2020 | First cluster: Feb 4, 2020 | DORSCON Orange: Feb 7, 2020 | First two deaths: Mar 21, 2020 | Circuit Breaker: Apr 7, 2020 |
| Phase One Reopening: Jun 2, 2020 | Phase Two Reopening: Jun 19, 2020 | Vaccination Drive Kickoff: Dec 21, 2020 | Phase Three Reopening: Dec 28, 2020 | First case of COVID-19 re-infection: 6 Feb, 2020 |
| First fully-vaccinated case: 29 Apr, 2021 | Phase 2 (Heightened Alert): 16 May, 2021 | PM Lee announced COVID-19 endemic: 31 May, 2021 | Phase 3 (Heightened Alert) Step One: 14 Jun, 2021 | Phase 3 (Heightened Alert) Step Two: 21 Jun, 2021 |
| | Phase 2 (Heightened Alert): 20 July, 2021 | | Phase 2 Transitioning out of Phase 2: 7 Aug, 2021 | |

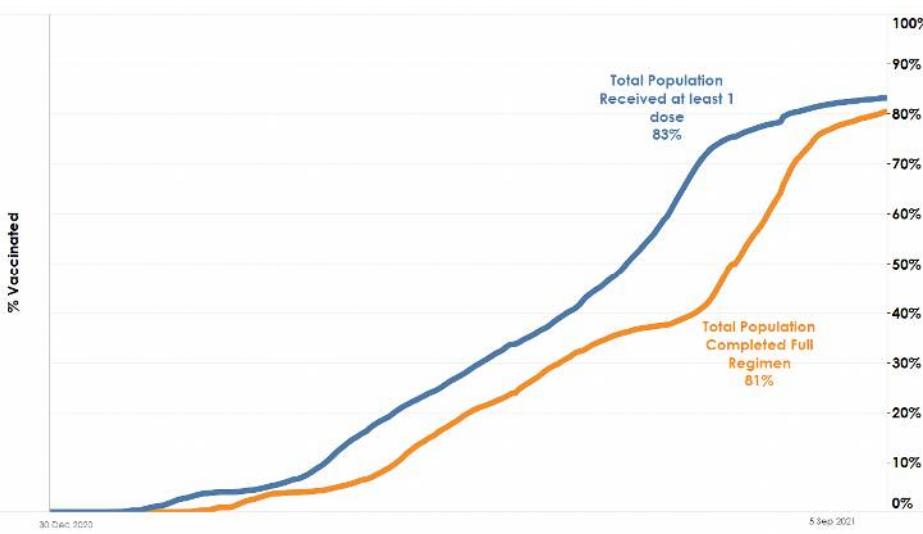


COVID-19 State of Affairs in Singapore (6 Sept 2021)

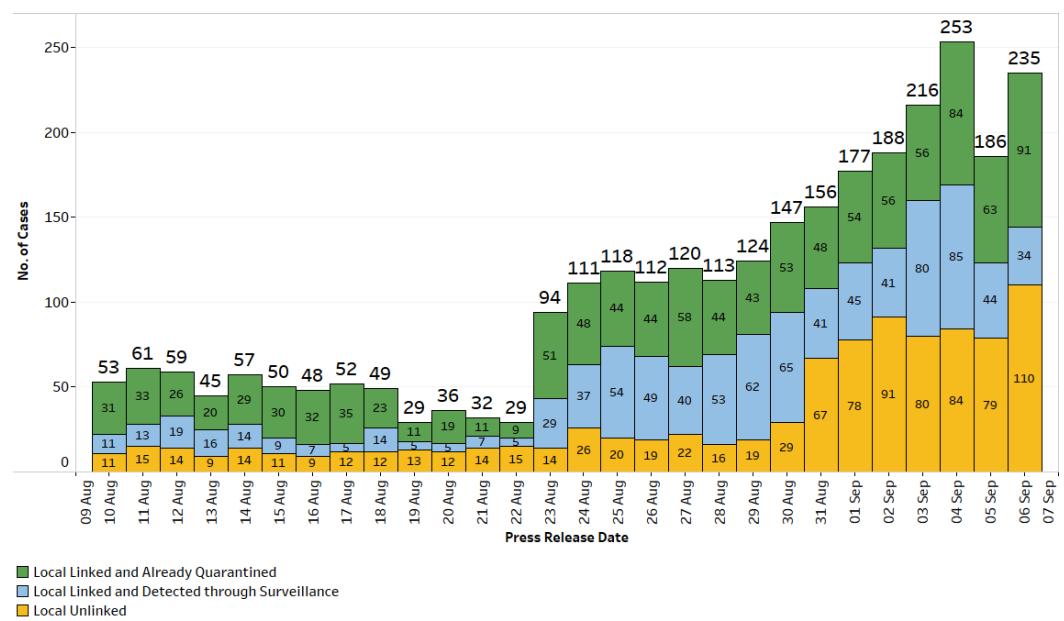
- **66,478 total cases**

- 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

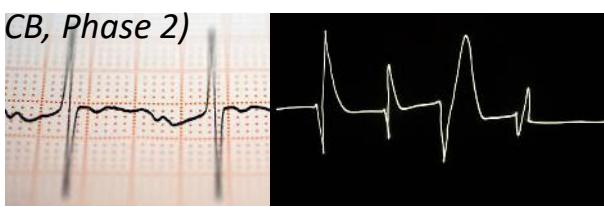


(Slide courtesy of SIT Clinical Practice Education Committee, A/Prof Rahizan)

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
TTSIH Cluster
Phase 2 HA
MOH Cir.
62,62A/2021

✗ cross-institution,

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

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

RRT
advis
ory

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 TTSIH students – who?
Inpatients only -> changed to all settings at TTSIH – which institutions in TTSIH campus?
All
? Operationalising RRT

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

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)

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

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

HRA-related ART →
? who to do – HCl or SIT supervision. Students be included with HCl 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 who underwent 5-month hospitalization with COVID-19 complications



Activities in the practice settings in response to COVID-19



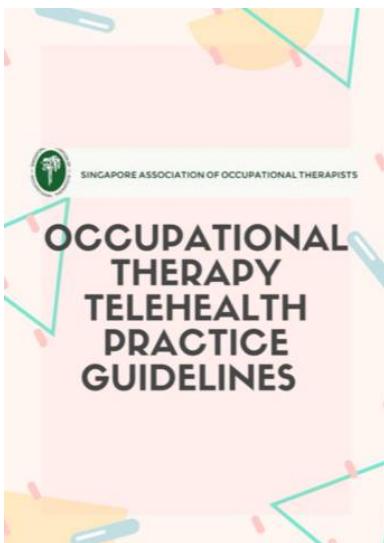
Dialogues with Ministry Of Health (MOH)

- 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



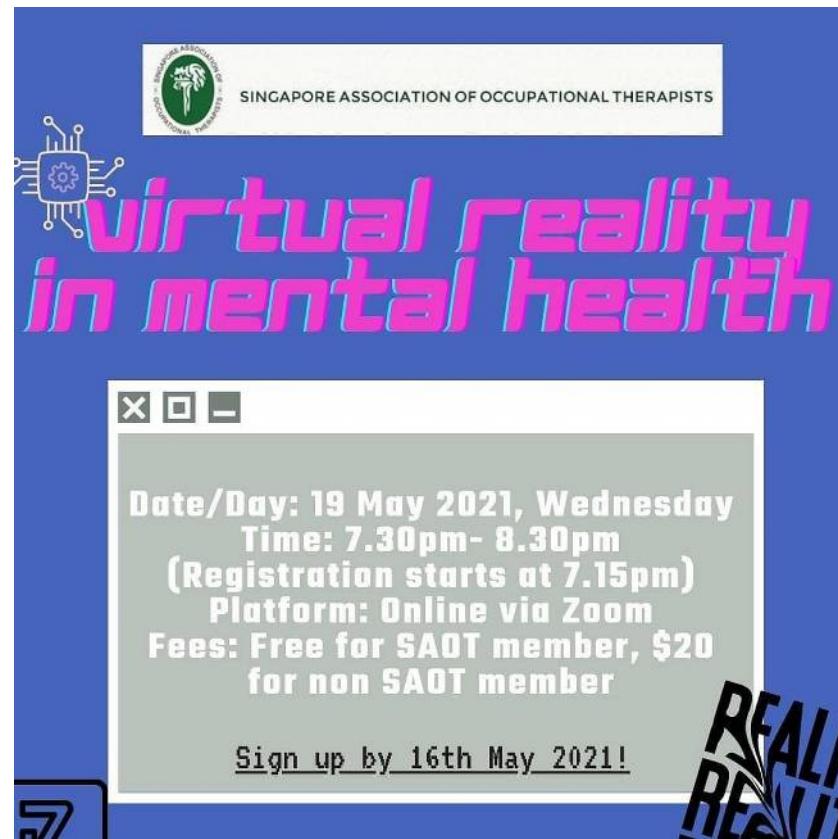
Disclaimer:

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 effort has been made to ensure accuracy of the information contained within the paper, it is given that it may be out of date or inaccurate, due to the nature and nature of the subject matter. Persons implementing any recommendations contained in the guide must exercise their own independent skill or judgment 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 user of the information contained in this guide for the following: Any loss or damage (consequential or otherwise), cost or expense 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, negligence, act, omission or misrepresentation in the guide.



Zoom meetings are the norm now....



Singapore Association of Occupational Therapists

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:

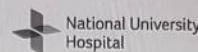
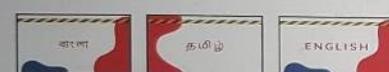
- Inpatients to have masks on (except for medical/dental assessment and provision of treatment/therapy)
- Stopping of group therapy activities
- Restrictions for home visits
- Tele or remote consultations are encouraged when possible
- Antigen Rapid Testing (ART) for caregivers who come to hospitals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



3. Self-help Tools

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

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



How to Spend Your Time Well COVID-19

Rehabilitation Centre
Occupational Therapy Section

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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NUH OT Brochure

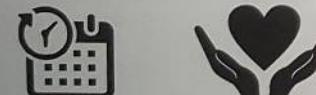
1. Introduction

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

Annals of Physical and Rehabilitation Medicine 61 (2020) 590–592

Available online at
ScienceDirect
www.sciencedirect.com

Elsevier Masson France
EM|consulte
www.em-consulte.com

SOFMER
www.sofmer.com

Letter to the editor

Minimizing infections 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) to declare a public health emergency of international concern. The disease has affected all aspects of healthcare, placed unprecedented strain on healthcare systems, utilized immense resources and led to major policy and organizational changes.

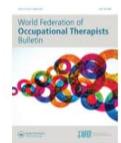
The focus of efforts is undoubtedly concentrated on treatment and supportive care for infected patients. Although the disease primarily affects the respiratory tract, it can deteriorate into pneumonia, acute respiratory distress syndrome and ultimately multi-organ failure. However, patients with COVID-19 can present other common orthopedic 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 the increased number of patients with nonurgent and patient preferences [3]. Thermoplastics 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 risks because healthcare providers still often need to interact with patients for a systematic history of pain to administer treatment and rehabilitation. This contact risks prolonged exposure to COVID-19 spread by droplet transmission and interaction at close proximity. Contour guidelines were published for trauma surgeons operating on COVID-19 – positive patients [4], 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 the practitioners attending prosthetics and orthotics clinics during the pandemic [4], a gap in knowledge remains regarding bedside casting and splinting workflow for the COVID-19 – positive patient.

<https://doi.org/10.1016/j.rehab.2020.07.001>
1877-0632/© 2020 Elsevier Masson SAS. All rights reserved.

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 [\[link\]](#)

 Article views: 2145

 View related articles [\[link\]](#)

 View Crossmark data [\[link\]](#)

 Citing articles: 1 View citing articles [\[link\]](#)

Full Terms & Conditions of access and use can be found at
<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 Enhanced Model of Dementia Care.

Course Objectives

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

Course Outline

- Explanatory Article
- Unpacking Person-centred Care (PCC) Principles through -Defining PCC using VIPS framework and -Setting boundaries to implementing VIPS in care setting
- Using the Enhanced Model of Dementia to address responsive behaviours
 - Defining responsive behaviours
 - Use the Enhanced Model of Dementia to explain the responsive behaviours
 - Formulate PCC interventions to address the responsive behaviours
- Applying the Enhanced Model of Dementia
 - Apply the Enhanced Model of Dementia to influence behaviour to promote dignity and respect for people with dementia

Teaching Faculty

Ms. Lin Howe Er
Director and Occupational Therapist Consultant
Oaktree Consultancy Services Pte Ltd

Ms. Lin holds a Masters of Health Science, Management of Health Services and a Bachelor of Health Science (Honours) (H2) University of Technology, USA. As an occupational therapist, for years of clinical experience working with older persons of various geriatric conditions and their caregivers, she has been exposed to community services, including nursing homes, day care centres and home-based services. She has had experience providing consultancy services in planning and implementing specialised services, and evaluation of innovative tools to improve elderly clients.

Course Details

Date & Theory & Discussion
18 – 19 Oct 2021, 9.00 am – 1.00 pm
Case Presentation
18 Oct 2021
0.55 – 1.30 pm / 1.30 pm – 5.00 pm
(Participants will be grouped into one of the 2 presentation slots)

Duration
2 days
Class Size
16 pax
Venue
Online Cloud Meetings
(Meeting details will be provided at a later date)

Fee
\$550 (SGH staff/ SAOT or SPA Member)
\$620 (Guest)
(Includes GST)

Target Audience
Healthcare Professionals working in Dementia Care setting

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

<https://form.gov.sg/f/0bc388d6404b001112125>

Upon registration, you agree to PGAHI Terms & Conditions

Quick Links

[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 required if notice is received on or before 27 Sep 2021. In the event of force majeure, PGAHI may cancel or postpone the course. In the event of cancellation, a full refund of cancellation request is rendered 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 arise.

SGH PGAHI
POSTGRADUATE
ALLIED HEALTH INSTITUTE

Continuing Professional Development Lecture: Overview of Workplace Ergonomics
31 August 2021

Synopsis
Learning how to apply ergonomics at work can help prevent musculoskeletal disorders and improve productivity. This lecture will help participants understand and apply the principles of ergonomics in workplace settings. It will also 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/f/0bc388d6404b0011121250>

Upon registration, you agree to the following Terms & Conditions

Click for 500 participants per lecture.

This lecture will be conducted via Zoom Cloud Meetings app. For ease of accessing 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.

Quick Links

[PGAHI Programmes](#) [Training Calendar and Directory](#)

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

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

Speaker

Ms. Joanne Gisea Yu Ting
Physical Occupational Therapist, TTDI (MSc, CHP, RPT, APT, DPT, MScOT, OT)

Joanne has been working based on her prior knowledge of Occupational Therapist (OT) on the cognitive relationship between person, environment and activities, and assist participants with the principles and best practices in developing a return to work plan. She will also be sharing how to 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 learner will be able to:

- Understand the barriers and facilitators of RTW using the Work Disability Prevention model
- Conduct an initial occupational rehabilitation assessment to plan RTW goals
- Take therapeutic RTW interventions and strategies to improve work ability and achieve RTW goals
- Promote useful communication techniques when facilitating RTW

Target Audience:
Occupational Therapists working with the adult population.

Programme:

| Day/Time | Content |
|------------------------|---|
| Day 1: 8.00AM – 5.00PM | <ul style="list-style-type: none"> Role of OT in facilitating RTW Model in RTW Client assessment Assessment of physical, cognitive and work capacity |
| Day 2: 8.00AM – 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/wmb6z2w>

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



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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.



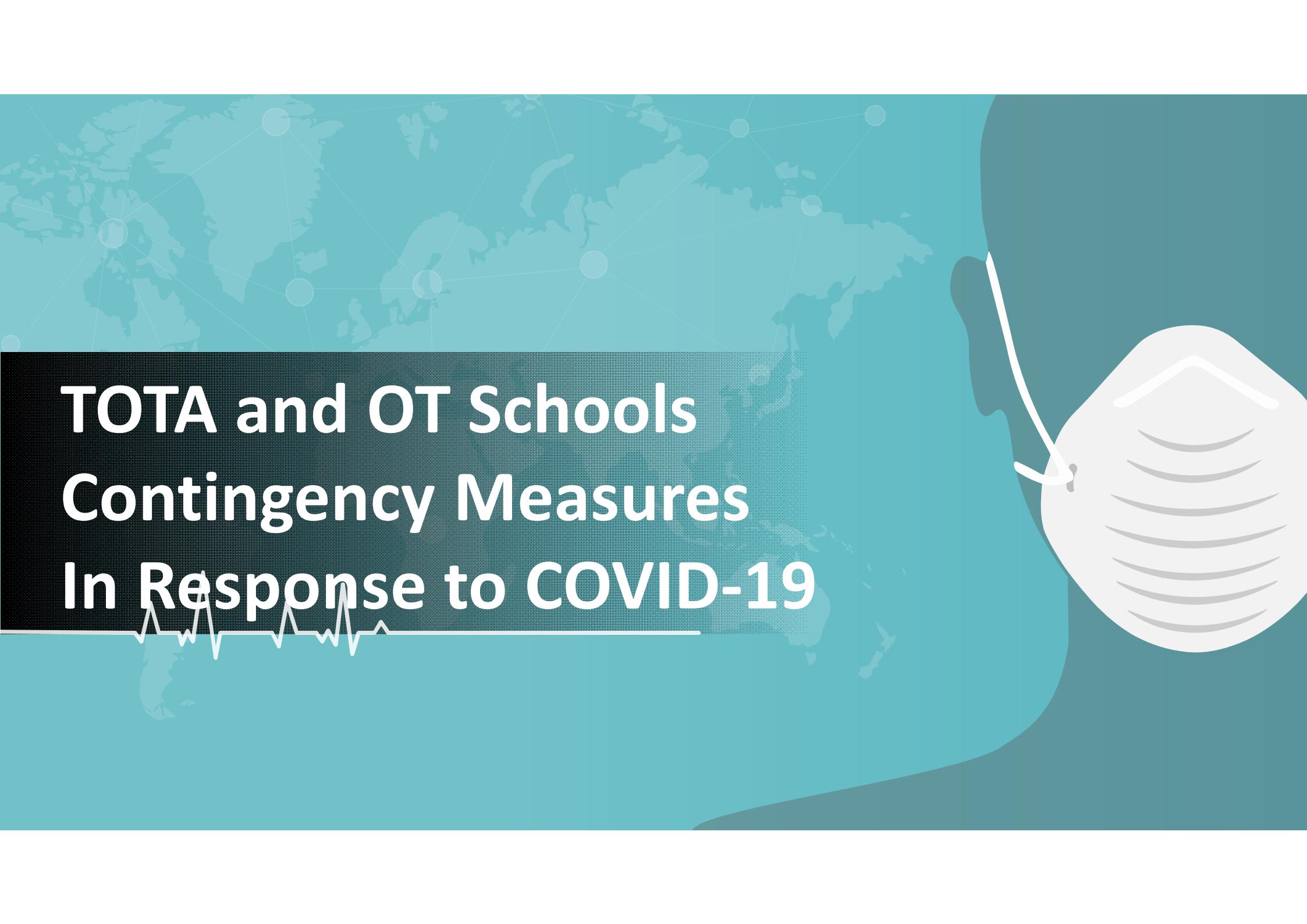
Thank You

Stay Safe

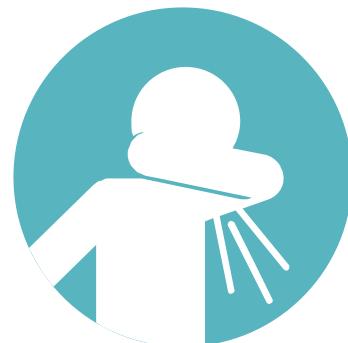


Singapore Association of Occupational Therapists

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



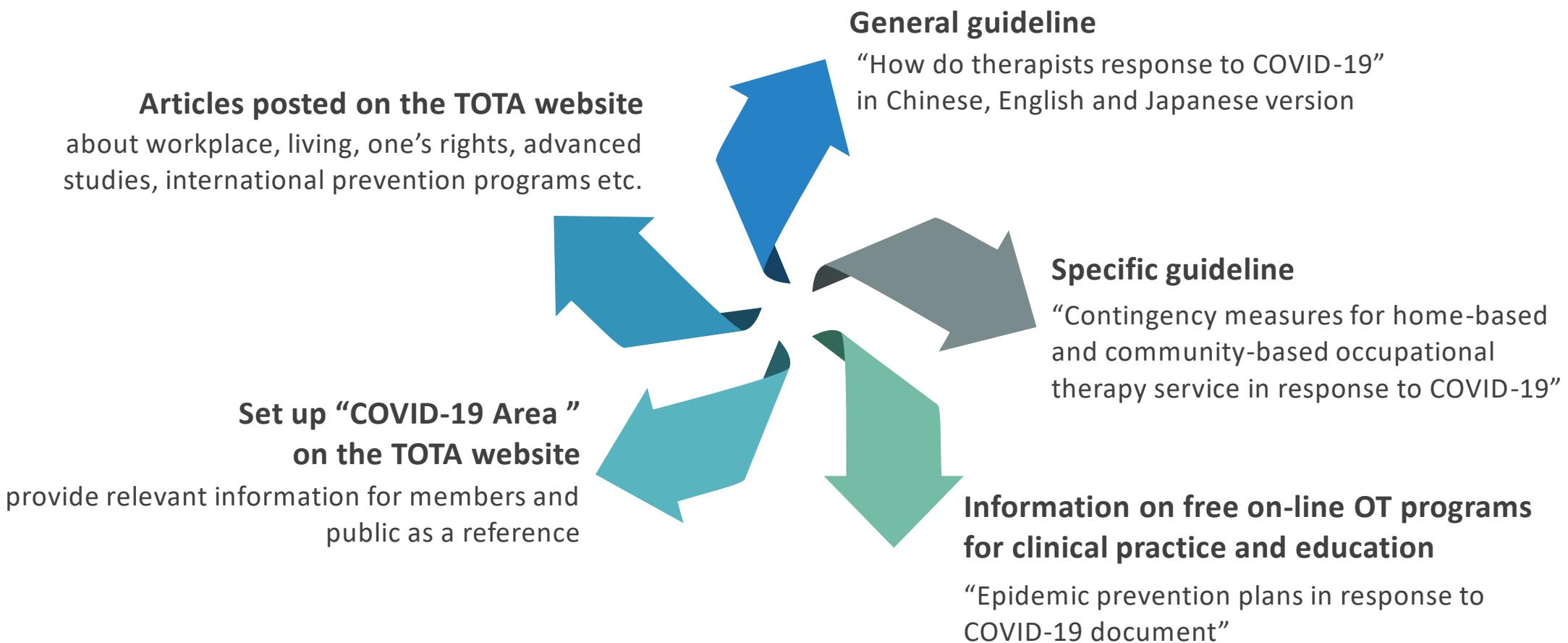
Content



01 TOTA Contingency Measures...3

02 School Adaptations...8

Nationwide Occupational Therapy

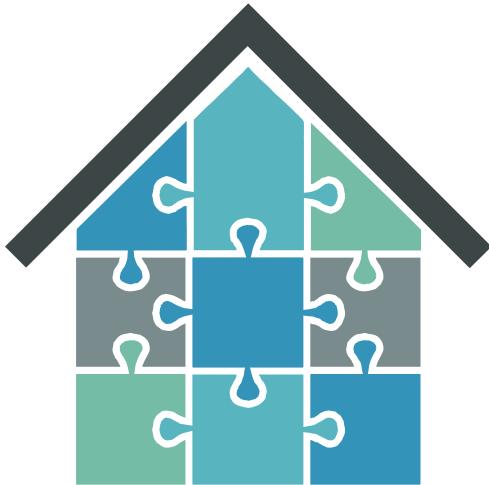


Professional Education



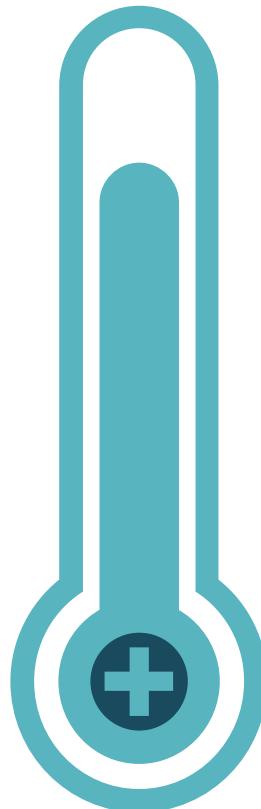
- ✓ Survey schools and placement units' opinions about adaptation program's ratio and set up the standard
- ✓ Formulate "Adaptation Program Standard for Fieldwork Level II Occupational Therapy Clinical Training"
- ✓ Held Forum for planning clinical training adaptation program in response to COVID-19" 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

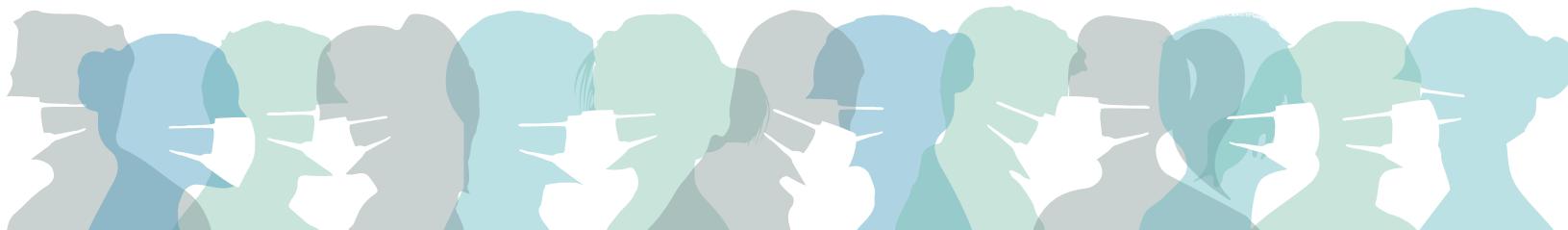


- Assist the promotion of WFOT's survey
- Assist the promotion of WFOT Occupational therapy and rehabilitation of people affected by the COVID-19 pandemic
- Webinar:** Taiwan Occupational Therapy Association partners with Association of Caribbean Occupational Therapists to discuss COVID-19

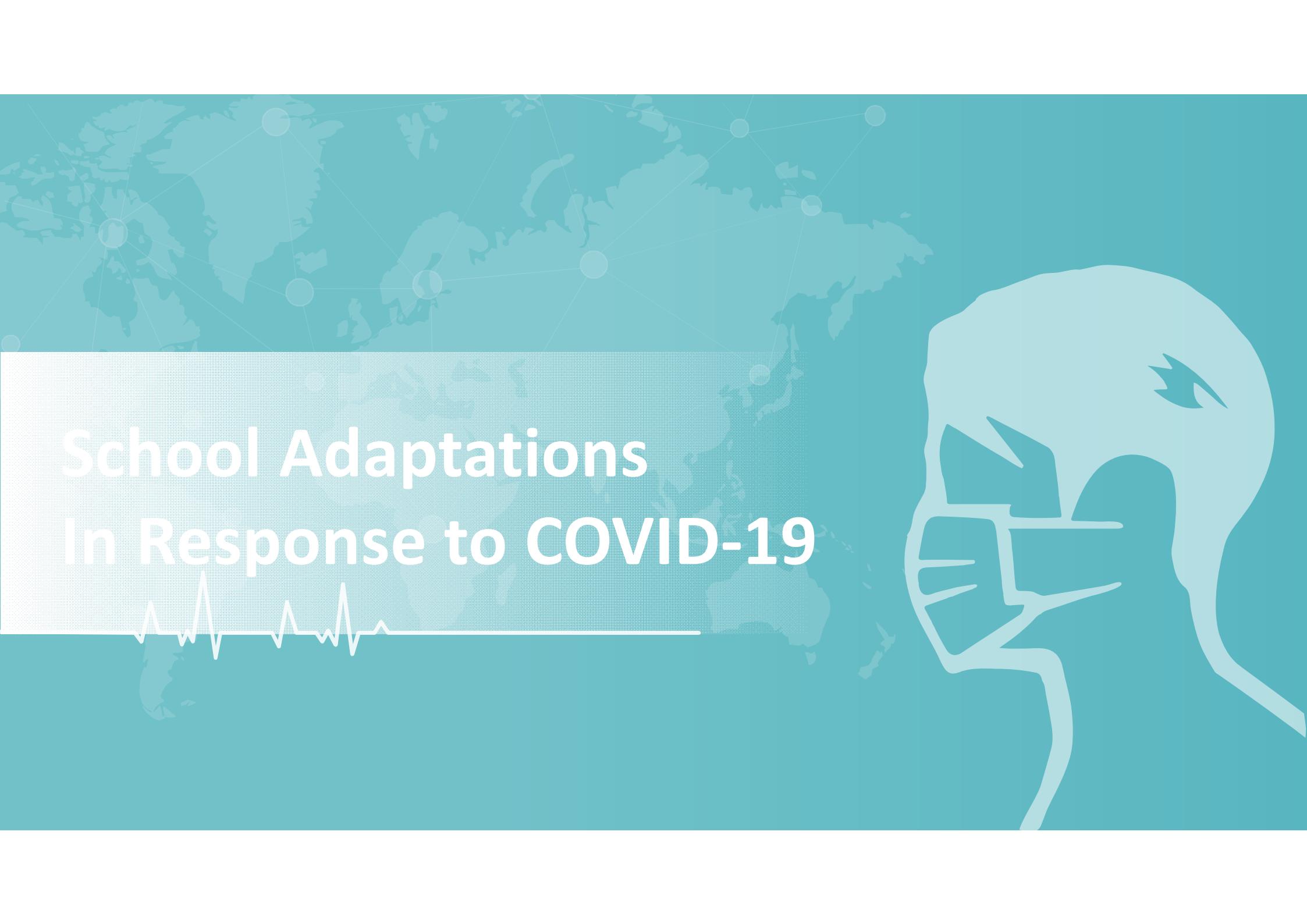
Contingency Measures for Projects

After Level 3 Alert

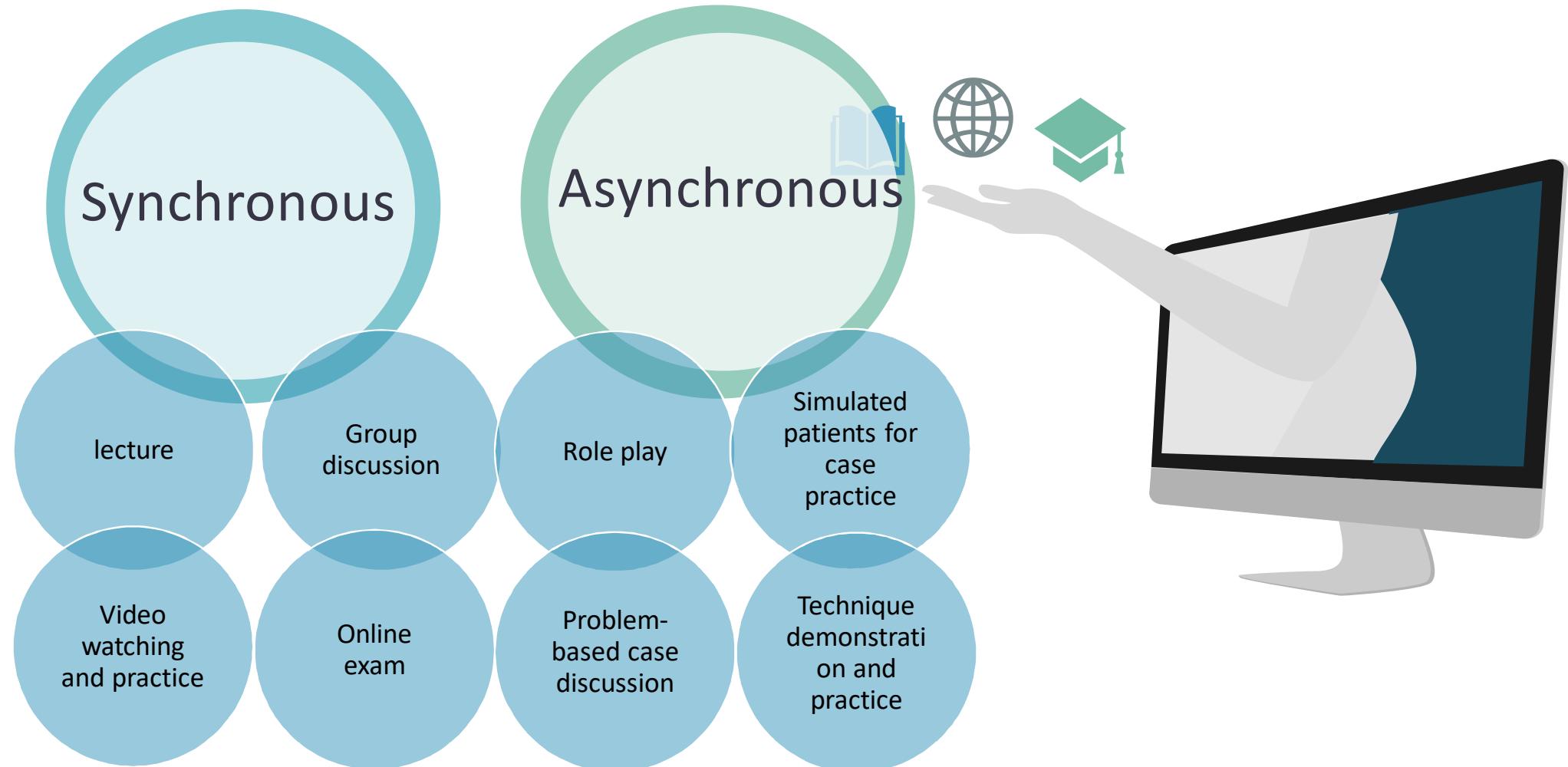
- Taipei City Vocational Assessment Project
- Taipei City Job Accommodation Project
- Taoyuan, Hsinchu and Miaoli Resource Center
- Delay Disability Counseling Network Project
- Taipei City Vocational Assessment Project



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

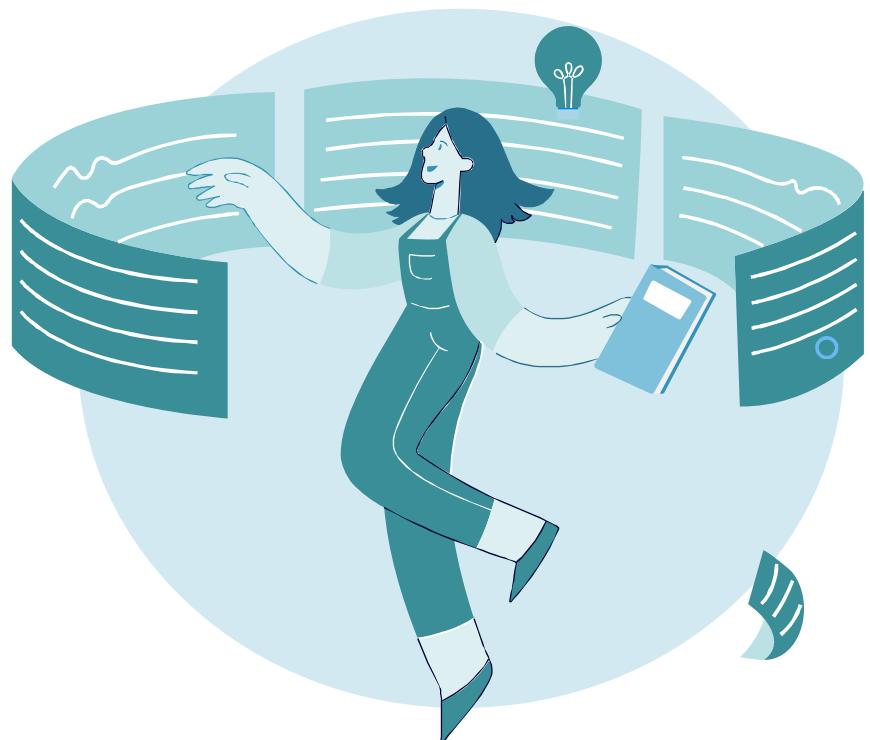
- Virtual summer program for Chang Gung University
- Undergraduate/graduate students and clinical practitioners

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



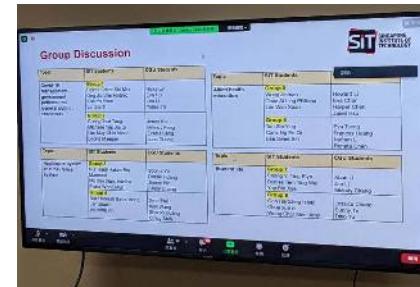
Opening



Student presentation



Group discussion



Agenda

San Jose State University

Course topics:



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

International Course Meeting

(Asia University Vs University of Southern California)

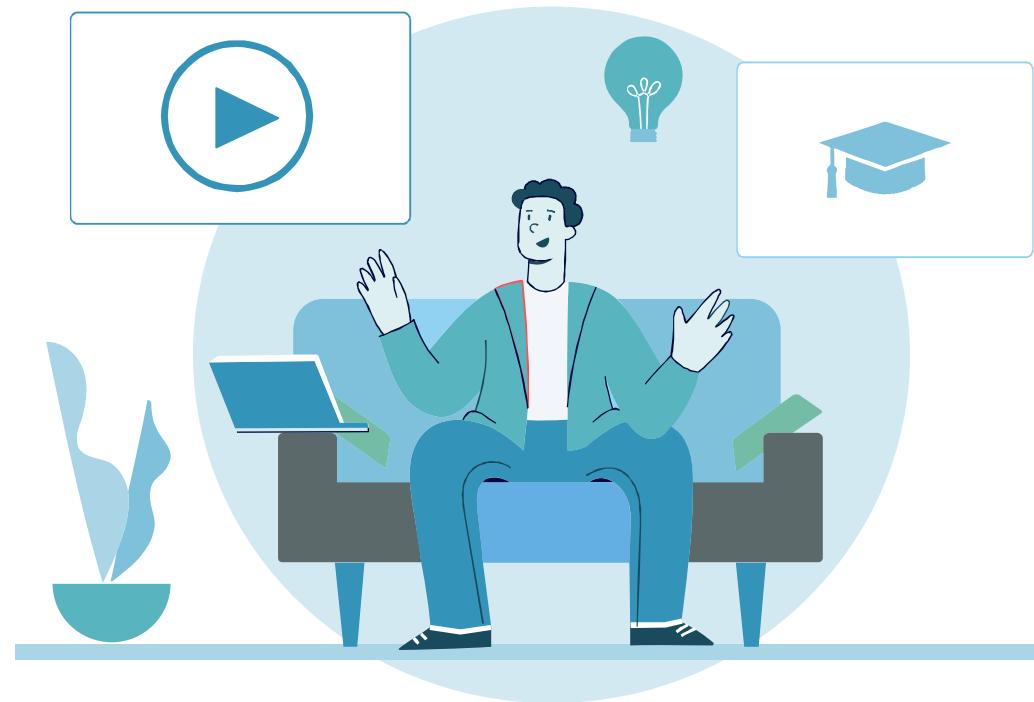


Online Meeting
of
Asia University & USC

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

Earn two master degrees program within 2~2.5 years

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

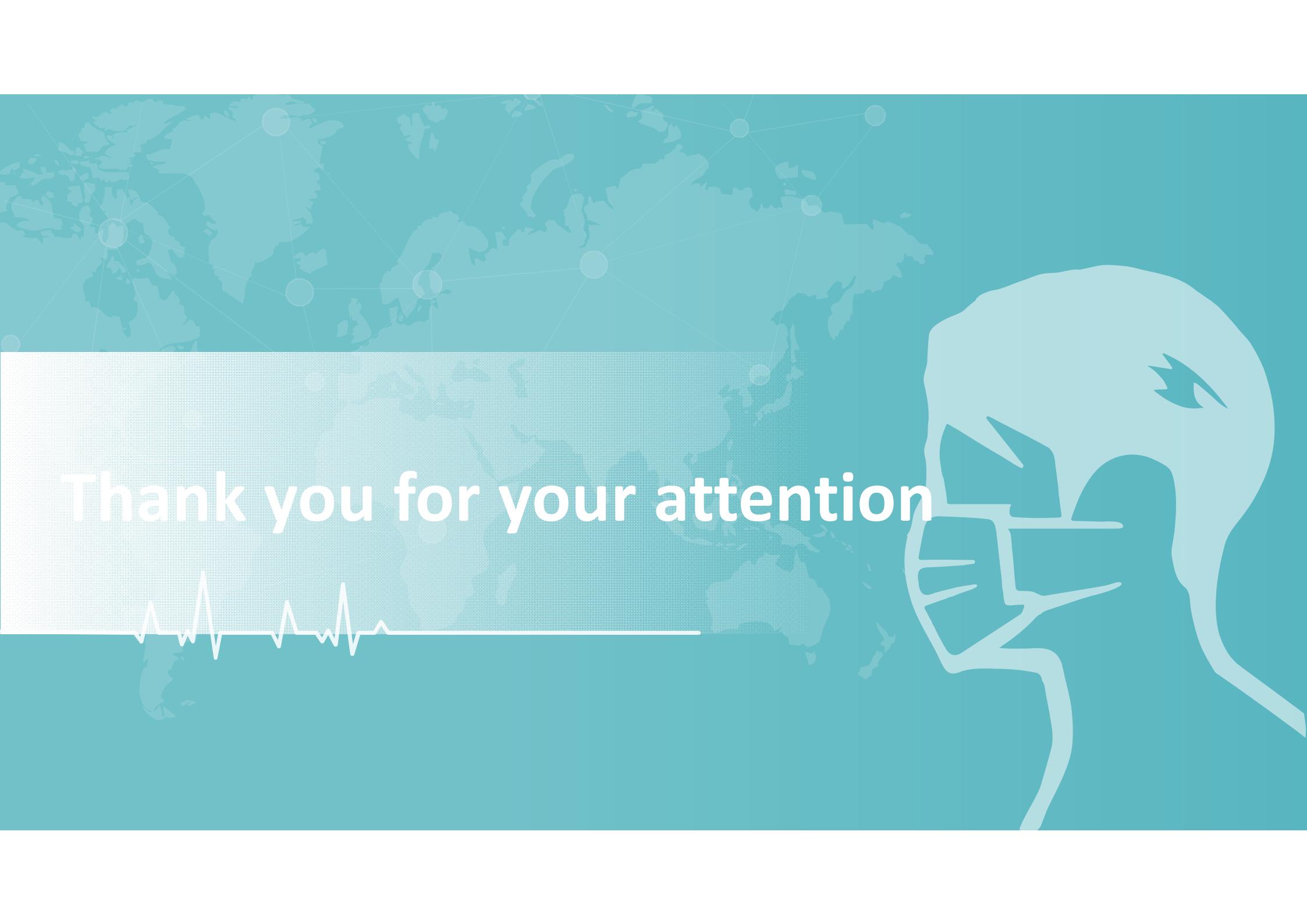
Journal of Aging and Health 2021, Vol. 0(0) 1-11

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

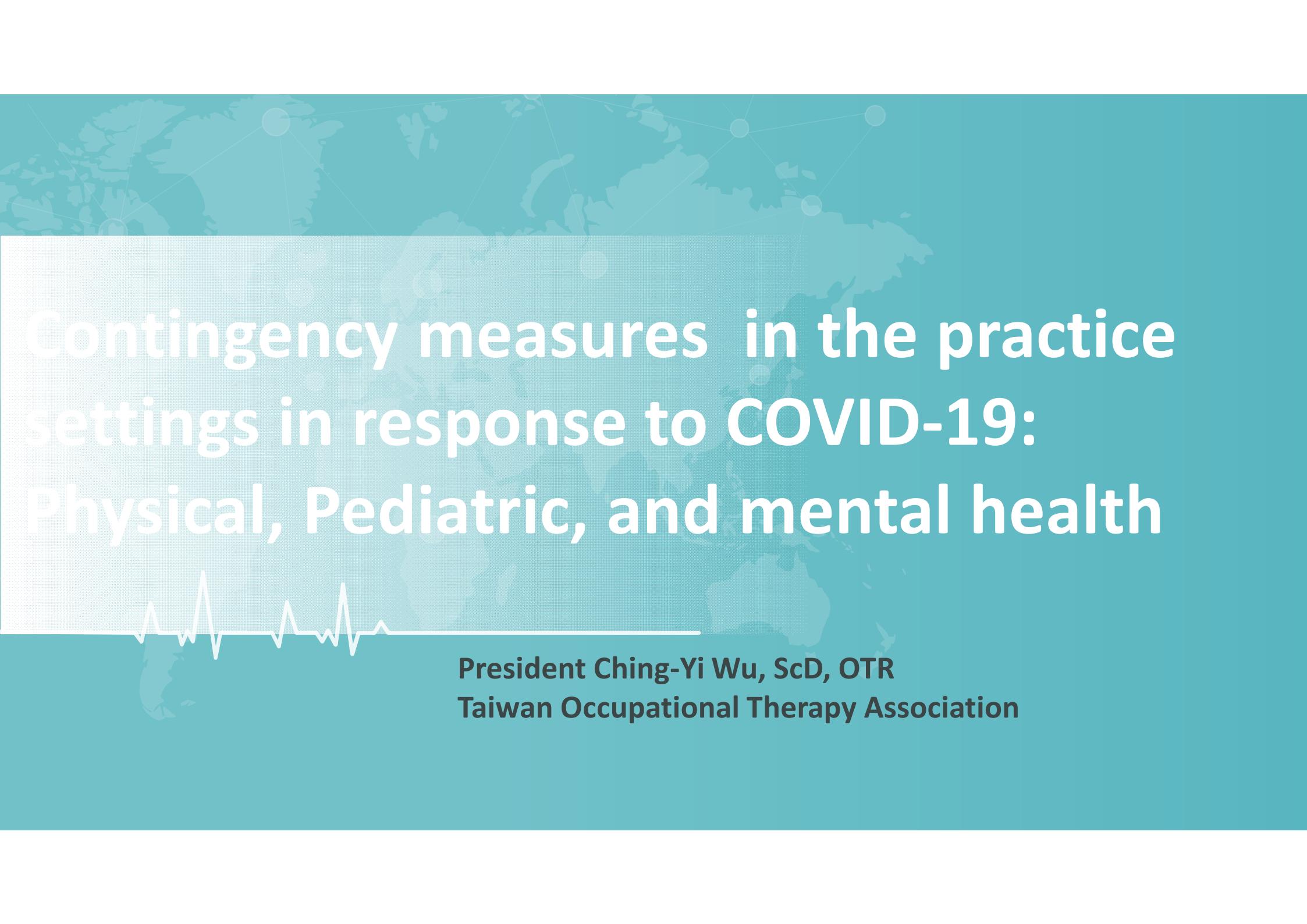
Present by 許哲睿 2021.4

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

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

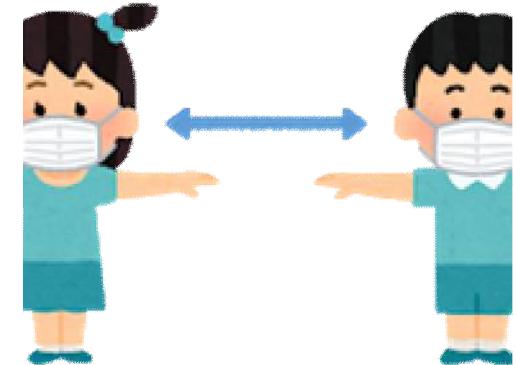


Infection control for Therapists

- 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

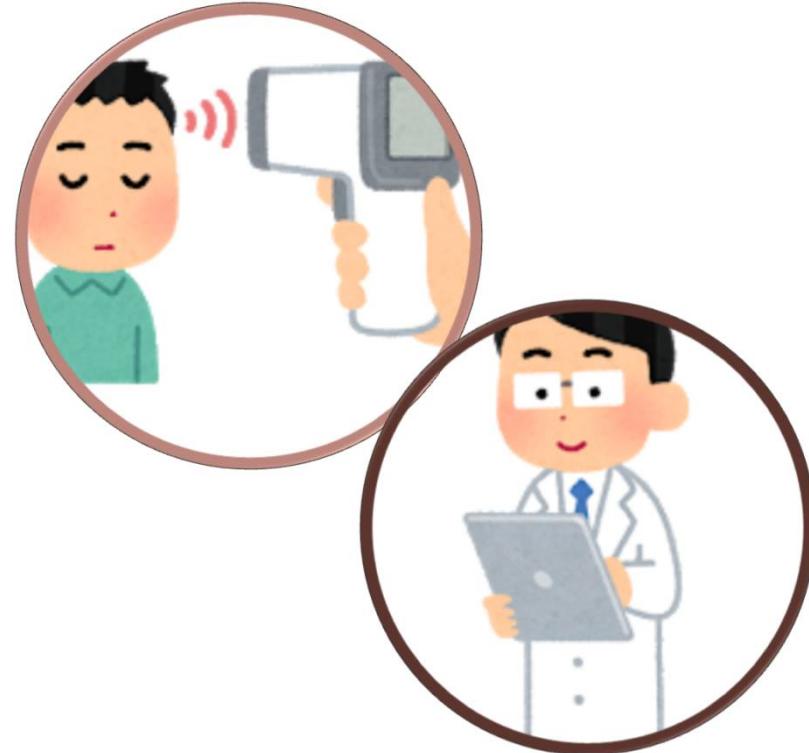
Infection control of Environment

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

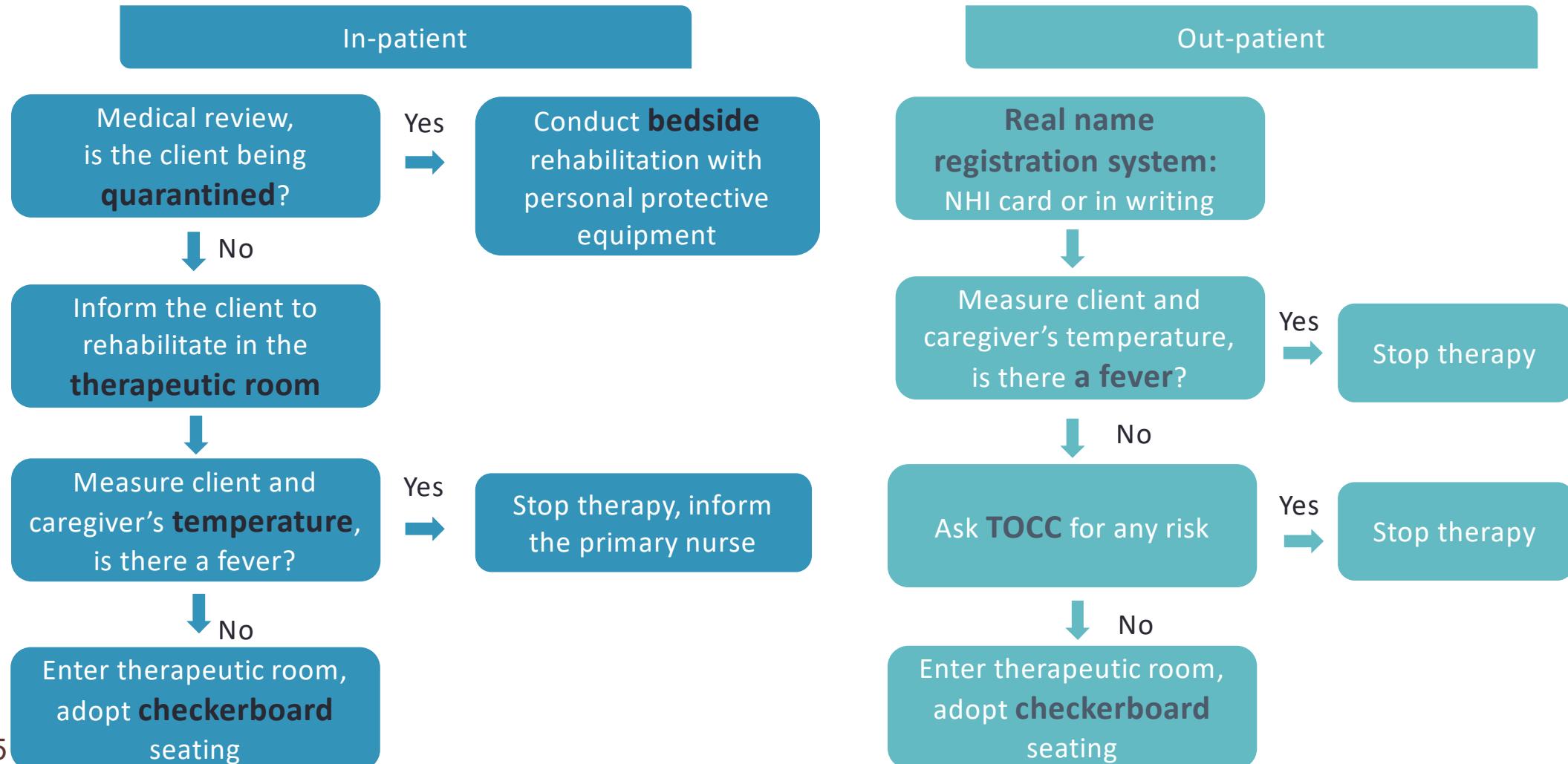


Infection control for patients

- 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



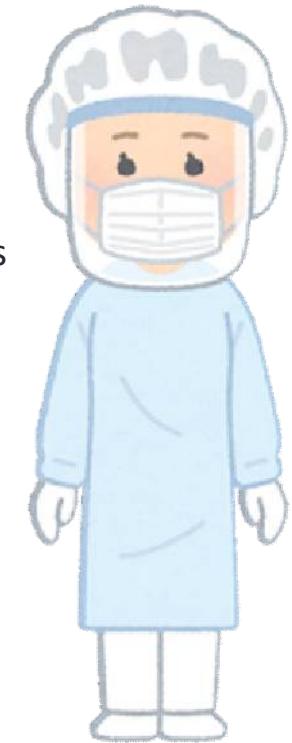
Flow of Therapy



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 | <p>What is your travel history within the last 14 days?</p> <p><input type="checkbox"/> I have travelled overseas (Countries visited: _____)</p> | <p>What is your occupation?</p> <p><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:</p> | <p>What is your recent contact history, and what places have you been to?</p> <p><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:</p> | <p>Have you been in large crowds (in clusters) in the past month?</p> <p><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)</p> <p><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</p> |
| Evaluation Item | | | | |

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 | <p>14日以内の渡航歴をお教え下さい。</p> <p><input type="checkbox"/>海外渡航歴がある。 (渡航先の国：)</p> | <p>ご職業をお教え下さい。</p> <p><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)</p> <p><input type="checkbox"/>運輸業(タクシー・バスのドライバーなど)</p> <p><input type="checkbox"/>旅行業(ツアーガイドなど)</p> <p><input type="checkbox"/>ホテル業(客室清掃作業員・フロントスタッフなど)</p> <p><input type="checkbox"/>航空業界 (キャビンクルーなど)</p> <p><input type="checkbox"/>その他：</p> | <p>最近の接触歴と出入りした場所をお教え下さい。</p> <p><input type="checkbox"/>病院・診療所に行ったことがある。</p> <p><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。</p> <p><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出入りしたことがある。</p> <p><input type="checkbox"/>集会に参加したことがある。</p> <p><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。</p> <p><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。</p> <p><input type="checkbox"/>野生動物と鳥類に接触したことがある。</p> <p><input type="checkbox"/>その他：</p> | <p>一ヶ月以内に参加した集団活動をお教え下さい。</p> <p><input type="checkbox"/>家族と同居している</p> <p>尚且つ、家族が現在 <input type="checkbox"/>在宅隔離中</p> <p><input type="checkbox"/>在宅検疫中</p> <p><input type="checkbox"/>自主健康管理中(期限：月/日まで)</p> <p><input type="checkbox"/>家族に熱・呼吸器症状がある。</p> <p><input type="checkbox"/>友人に熱・呼吸器症状がある。</p> <p><input type="checkbox"/>同僚に熱・呼吸器症状がある。</p> |
| 評価項目 | | | | |

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

E. 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

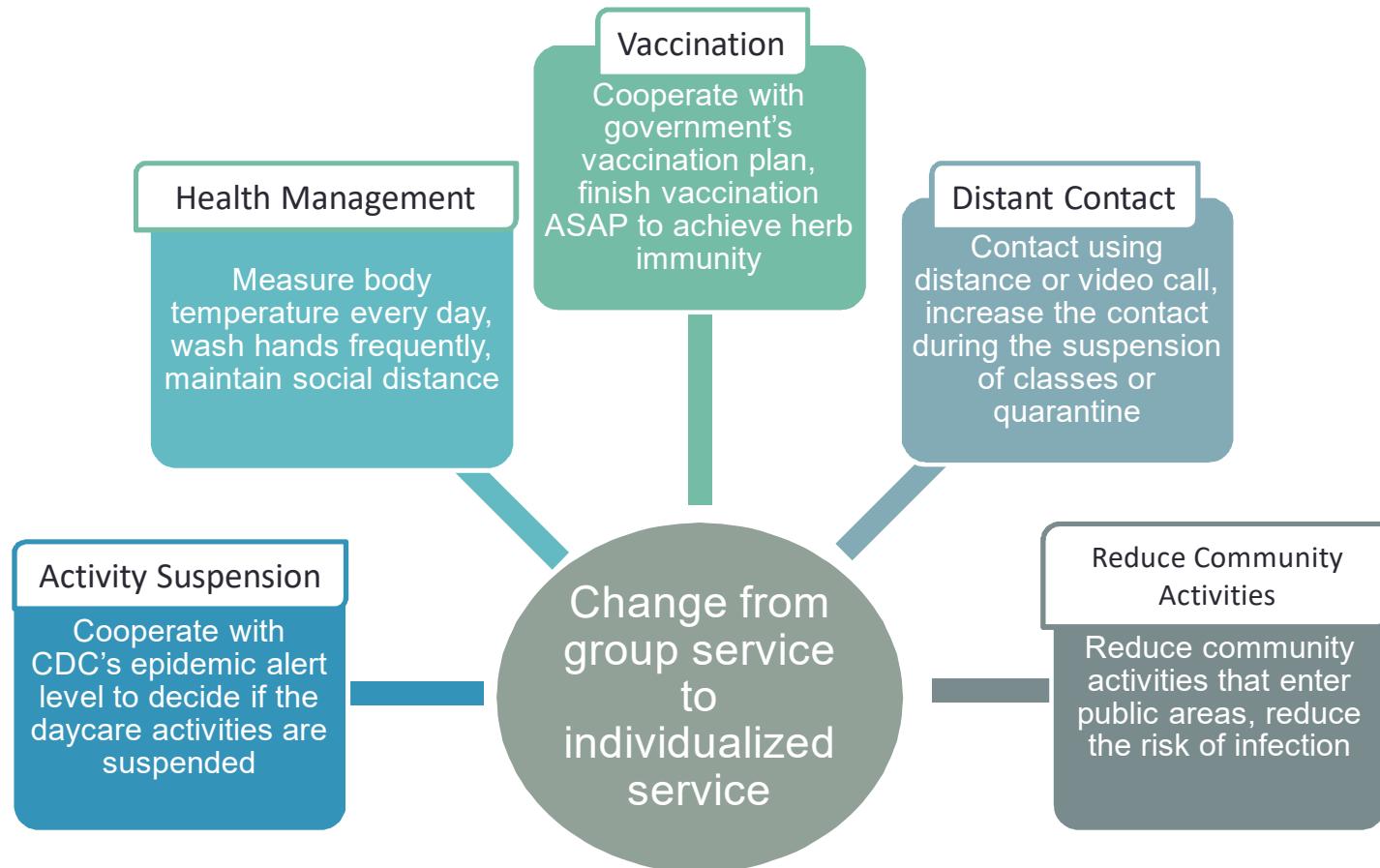
Modify the Flow of Group Activities

- 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



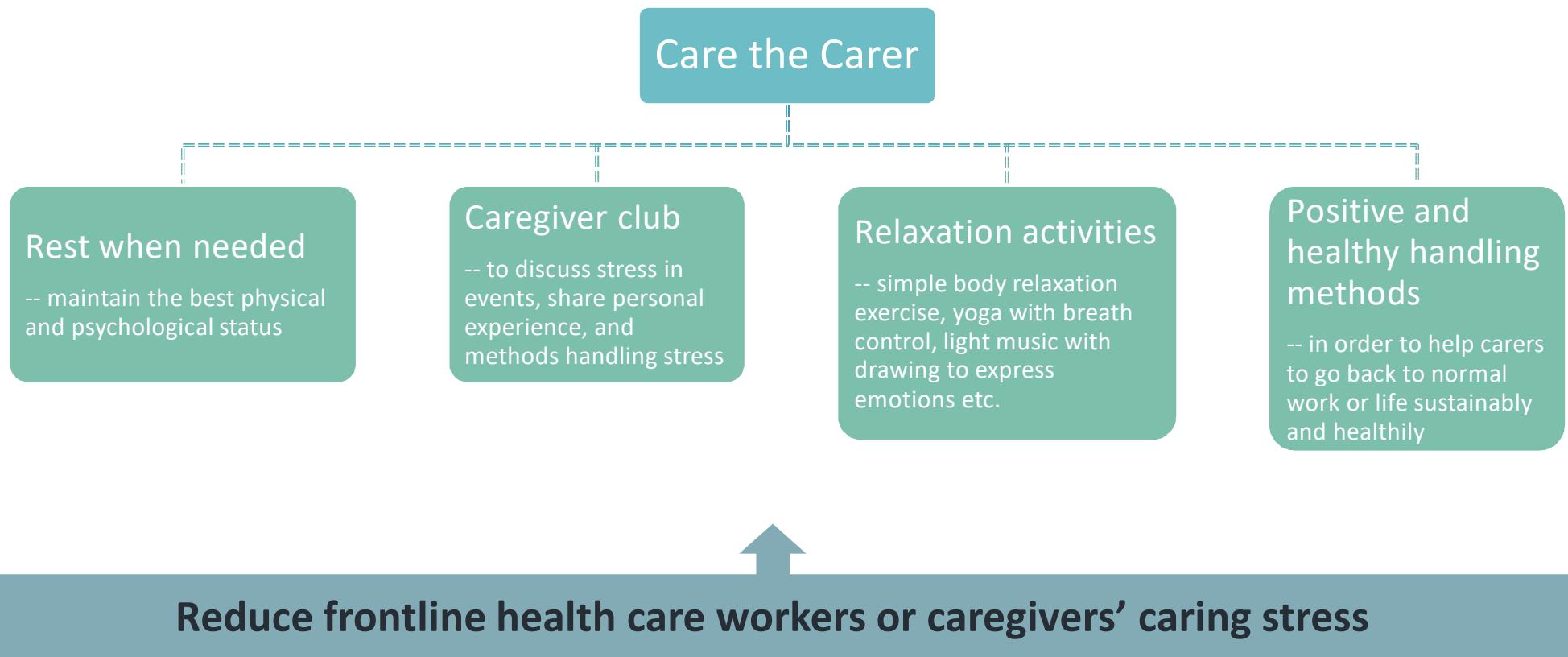
Emotional Support

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

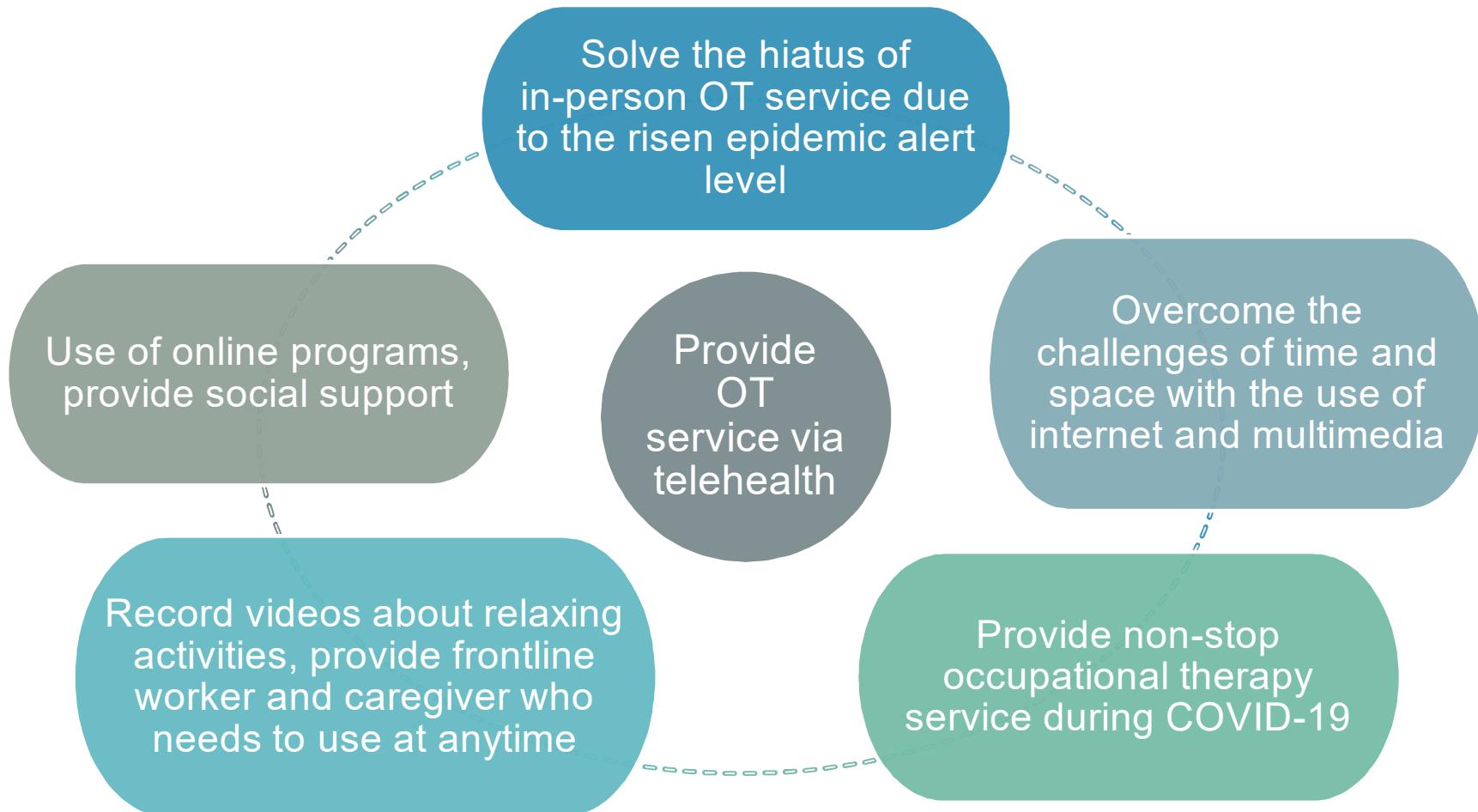
Crisis Management

- 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/>



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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)



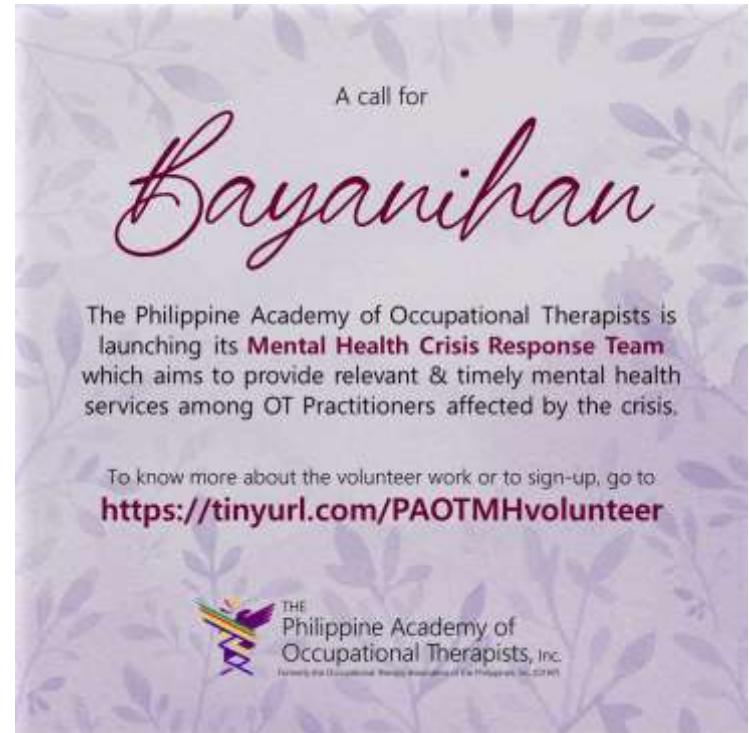
BAYANIHAN (meaning: Town or group of people working together for a common good)

- 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

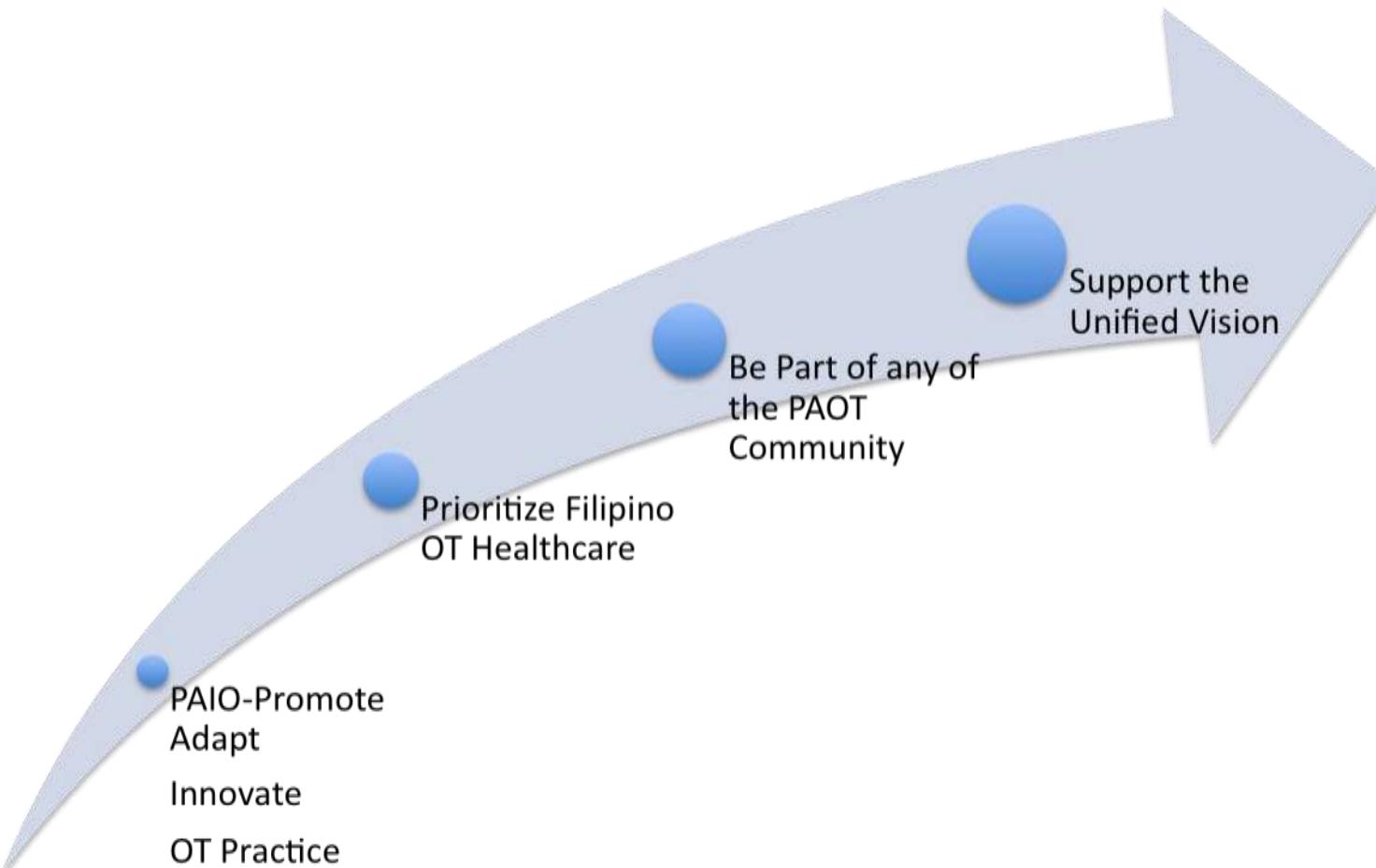
1. Provide Support to Continue Practice (for professionals) & education (for students)
2. Provide Financial Assistance to members (professionals and students)
3. Creation of a Mental Health Support Response Team for OT Community



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Occupational
Therapists, INC.



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

Episode 01 – 04/30/2020

Telehealth: The Basics

Jennifer Vernon & Anna Yap Tan Pascual

Episode 02 – 05/04/2020

Telehealth: Doing it right

Ian Miciano & Dino de Guzman

Episode 03 – 05/07/2020

Telehealth for clinic managers

Vanessa Ibanes, Denise Gomez & Kate Aguas

Episode 04 – 05/11/2020

Parent education using telehealth

Bernard Carpio

Episode 05 – 05/14/2020

Telehealth for children across ages

Ian Miciano

Episode 06 – 05/16/2020

Hand therapy via telehealth

Kathlyn Hunter & Cressida Bulalacao

Episode 07 – 05/21/2020

Asynchronous telehealth

Zha-Nella Canja & Ruel Solitario

Episode 08 – 05/25/2020

Occupation-based coaching using telehealth

Dominic Checo & Bernard Carpio

Episode 09 – 05/28/2020

Sensory integration interventions via telehealth

Eugene Liwag & Nikka Karla Santos

Episode 10 – 06/01/2020

CBT via telehealth

Anthony Grecia

Episode 11 – 06/01/2020

Going digital: Games and activities for telehealth

Janessa Bulanadi & Bernice Lopez

Episode 12 – 06/15/2020

Group therapy via telehealth

Karen Ann Navarro

Episode 13 – 06/18/2020

Pediatric hand therapy via telehealth

Carla Reyes-Cuerva

Episode 14 – 06/23/2020

Beating burnout in telehealth

Constantine Yu Chua & Anna Yap Tan Pascual

Exclusive
to members



Telehealth for clinic managers

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



Vanessa Ibanes

TherCare Therapy Center
Davao City



Denise Gomez

Dept. of Rehabilitation Medicine,
UP-Philippine General Hospital



Kate Aguas

Communication Therapy Center
Pasay City

May 07, 2020 (Thursday) 4:30 PM

Register via

<https://tinyurl.com/otalakayan03reg>



PAOT Inc paot.org@gmail.com +63 917 519 1748



Philippine
Academy of
Occupational
Therapists, Inc.

Exclusive
to members



Telehealth for children across ages

Providing services to students of different skill levels and contexts



Ian Miciano
OTR/LP
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>



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 #BakunaBiernes Campaign!

Click [here](#) for complete mechanics

Philippine Academy of Occupational Therapists



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Academy of
Occupational
Therapists, INC.

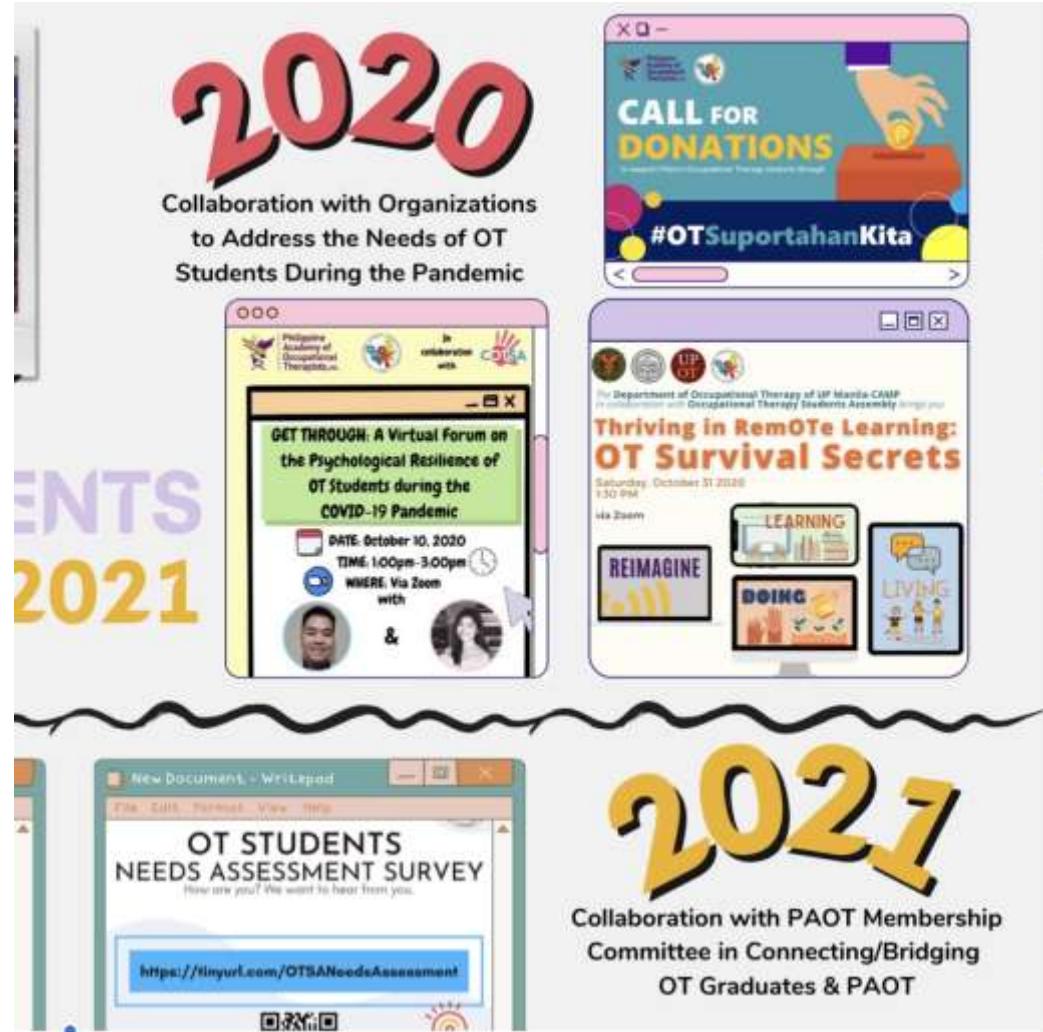


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Adaptations to Support Students and Education

Support Needs of OT Students

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



2021

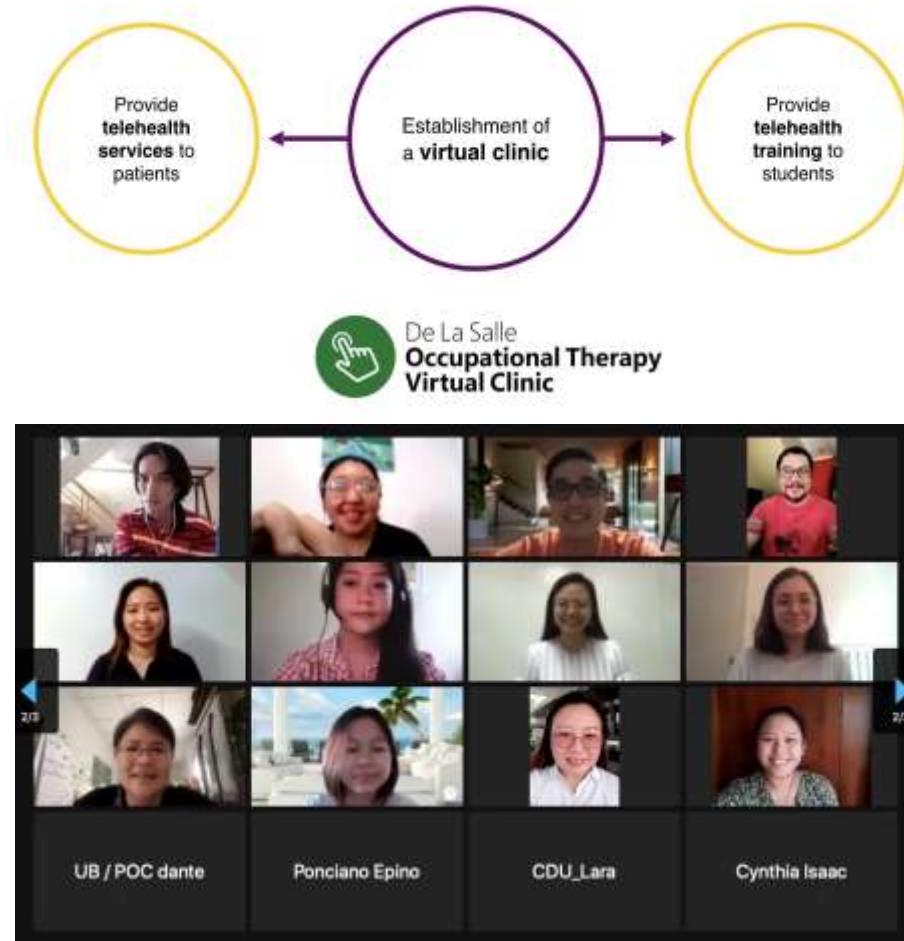
Collaboration with PAOT Membership Committee in Connecting/Bridging OT Graduates & PAOT



Occupational Therapists, Inc.

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





THE

Philippine Academy of
Occupational Therapists, Inc.

Formerly the Occupational Therapy Association of the Philippines, Inc. (OTAP)

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



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



The logo for the CLASI Ayres Sensory Integration Certificate Program. It features a pink and orange gradient background. In the top left, the logo for 'THE Philippine Academy of Occupational Therapists, Inc.' is shown, which includes a stylized bird icon and the text 'Formerly the Occupational Therapy Association of the Philippines, Inc. (OTAP)'. In the top right, the acronym 'CLASI' is written in large letters, with a purple flower icon to its right. Below this, the text 'The Collaborative for Leadership in Ayres Sensory Integration' is written. The main title 'CLASI Ayres Sensory Integration Certificate Program' is centered in the middle in a large, purple, serif font. Below it, 'MANILA, PHILIPPINES' is written in a smaller, purple, serif font. At the bottom, the text 'For occupational therapists, physical therapists, and speech & language pathologists only' is written in a purple, serif font.

CLASI

The Collaborative for Leadership
in Ayres Sensory Integration

CLASI Ayres Sensory Integration
Certificate Program

MANILA, PHILIPPINES

For occupational therapists, physical therapists,
and speech & language pathologists only



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Adaptations and Innovations for Mental Health of the OT Community

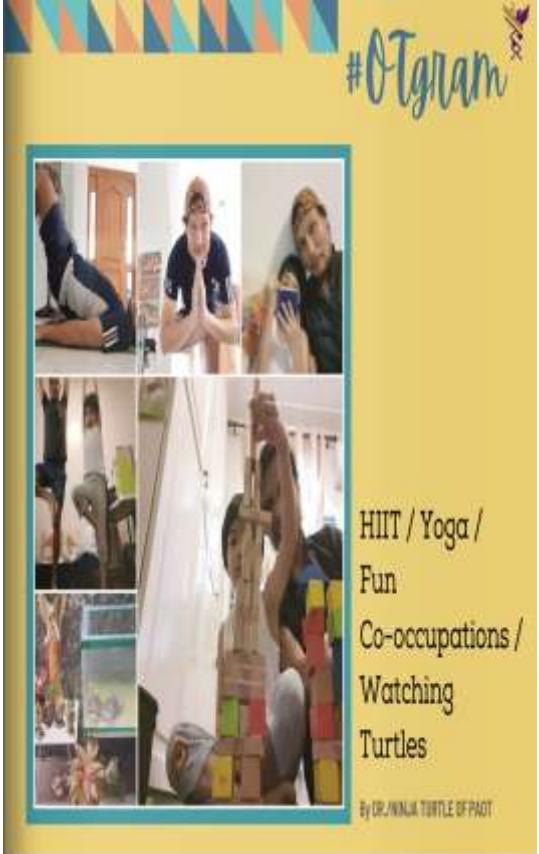
Coping as an OT Community (#OTgram)

During the quarantine, I found the time to be able to bake again AND learn how to cook. I try to imitate recipes from restaurants I like eating at, and experiment with desserts I usually buy. It's very fulfilling when I succeed and see my family enjoying the food I made.



By APRIL SANCHEZ, SLP/OTR

#OTgram



HIIT / Yoga /
Fun
Co-occupations /
Watching
Turtles

By DR/NINJA TURTLE OF PAOT

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/>)



Philippine
Academy of
Occupational
Therapists, INC.

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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Academy of
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Opportunities for Adaptations and Innovations



Philippine
Academy of
Occupational
Therapists, INC.

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

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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 Chartership: April Mallory Sanchez, OTRP

Officers and Appointees

- Assistant Secretary: Diane Allison Lotho, MCD(cand.), OTRP
- Head , Sub-committee on Political Advocacy: Diana Jane Luib, OTRP
- 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
- Head, Sub-committee on Professional Development: Denis Policar, OTRP
- Head, Sub-committee on Annual Convention and Midyear Assembly: Carina Castillo, OTRP
- Head, Sub-committee on Student Affairs: Cyril Torremania, OTRP
- Co-chair, Committee on Finance: Lady Suarez, OTRP
- 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

Ms. Janette Tam

Mr. James Lee

**Publication
Secretaries**

Dr. Calvin Yip

Ms. Glenda NG

Publicity Secretary

Mr. Yat HO

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



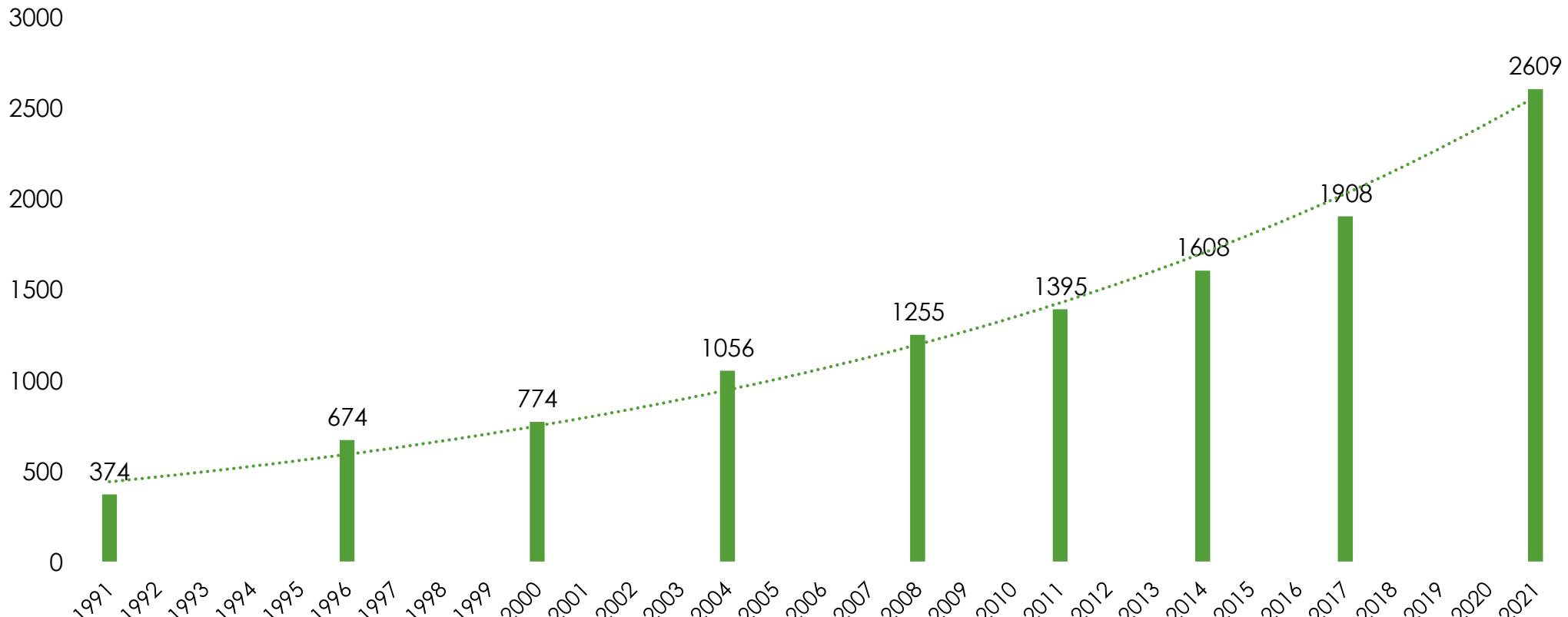
Background

- 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

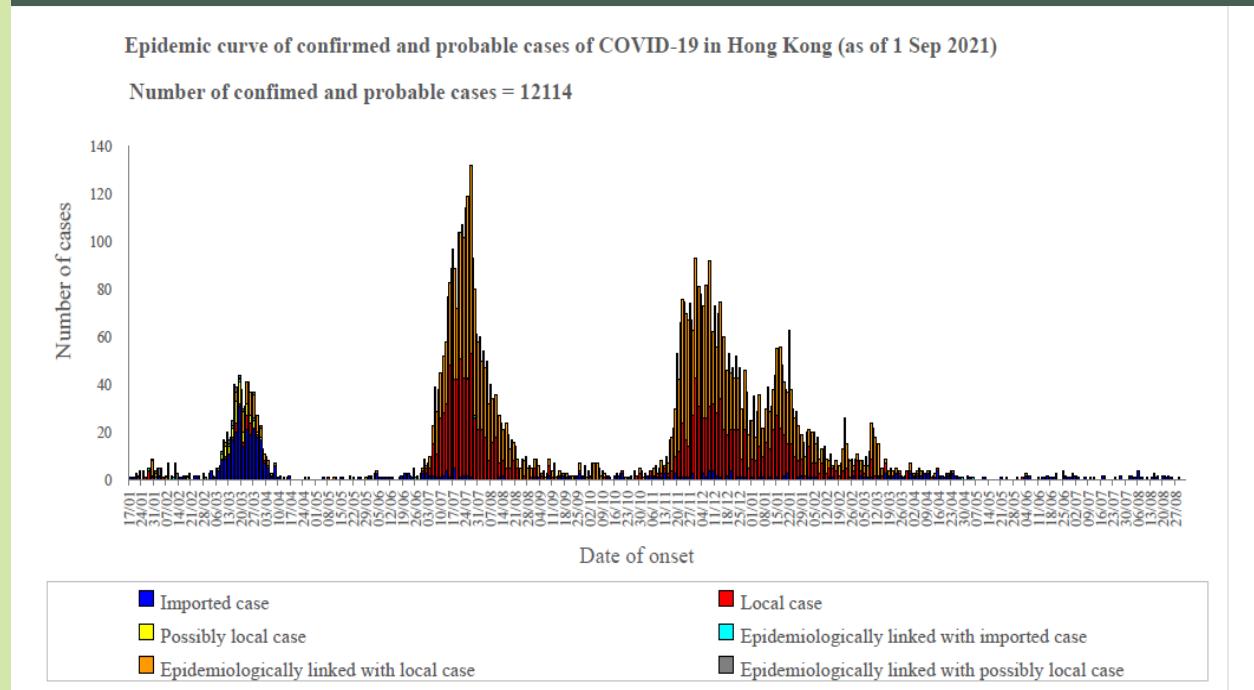
Registered OT in Hong Kong in the last 20 years



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



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



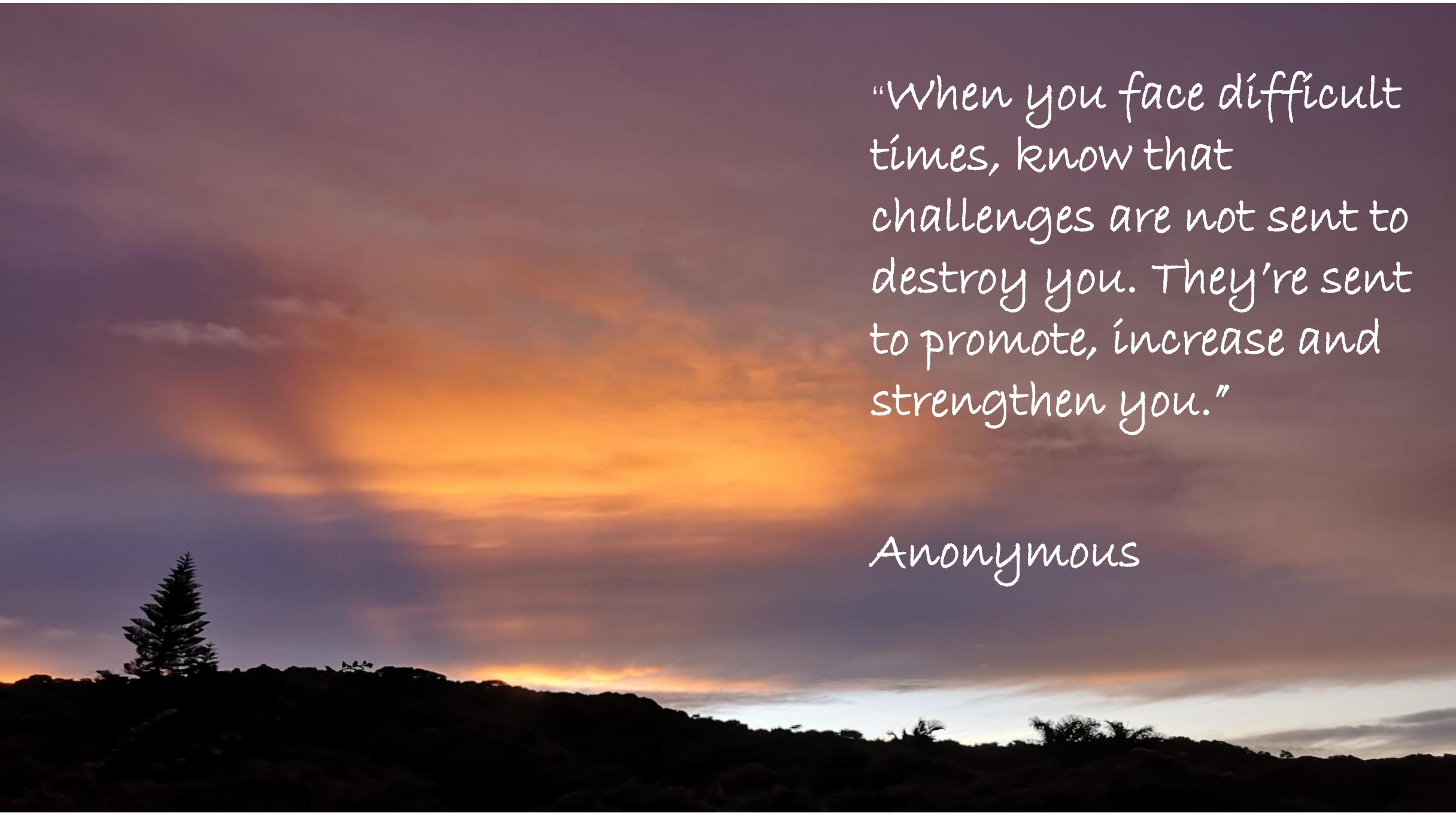
- Strict social distancing rules and fear of infection restrict training and continue education activities
- decrease in no of programmes but increase in attendances

| | 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

A landscape photograph of a sunset over a hillside. The sky is filled with warm, orange and yellow clouds, transitioning into a darker blue and purple at the top. In the foreground, the dark silhouette of a hillside is visible, with a single, tall, spiky tree standing out on the left. The overall atmosphere is peaceful and inspiring.

"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/T8idBZTj3Xr5NUK6>



- **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)
 - Hostels
- Hospitals: Physical, Mental Health
 - HA in-patients
 - HA SOPD
 - HA GOPD
- Freelancers
- Others: Elderly Resosource 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



The image shows a screenshot of the Social Welfare Department's website. The header features the department's logo and name in English and Chinese. Below the header, a section titled "On-site Pre-school Rehabilitation Services" is highlighted in red. A list of links under this section includes: Introduction, Target Service User, Application, Services Fees, List of Service Operators, List of Kindergartens / Kindergarten-cum-Child Care Centres Participating in OPRS, Evaluative Study under the Pilot Scheme, What's New, and Links. The background of this section is a vibrant yellow and green with a stylized flower graphic.

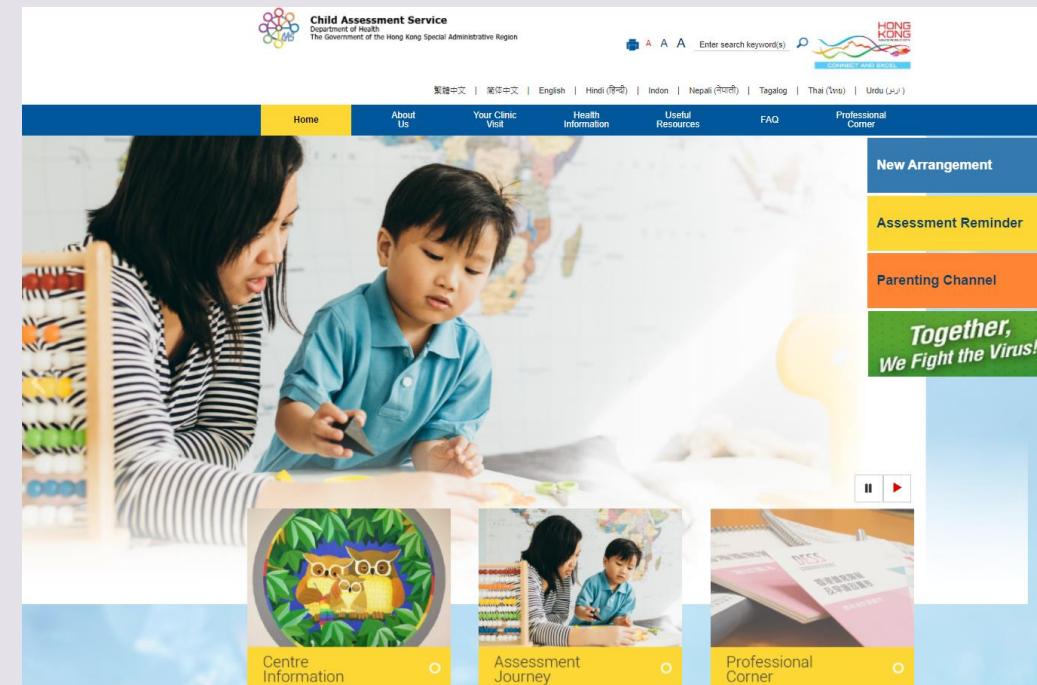
Introduction

- 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.

- 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.

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 image shows the homepage of the Child Assessment Service website. The header includes the service's logo, the text "Child Assessment Service Department of Health The Government of the Hong Kong Special Administrative Region", and a search bar. The top navigation bar offers links to Home, About Us, Your Clinic Visit, Health Information, Useful Resources, FAQ, and Professional Corner. A large central image shows a woman interacting with a young child at a table. To the right, there is a sidebar with a "Together, We Fight the Virus!" message and links for New Arrangement, Assessment Reminder, Parenting Channel, and Professional Corner. At the bottom, there are three circular icons: "Centre Information" (with an owl graphic), "Assessment Journey" (with a child and a person), and "Professional Corner" (with a book graphic).

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> |

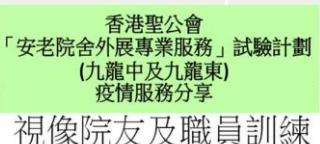
Effect on Paediatric service in special school

| 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 suspendedHands 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>  A screenshot of the VTC (Vocational Training Centres) Corporate Information website. The page features the VTC logo and the text 'Corporate Information'. Below the logo, there are links for 'About Us', 'Programmes and Admission', 'Services', and 'Centres and Facilities'. A yellow button on the left says 'Programmes & Admission'. The tagline 'Brighten Lives 燃亮豐盛人生' is displayed. The background of the page shows a blue sky with white clouds and several hands reaching up towards each other, forming a heart shape. A large orange swoosh graphic is visible on the left side of the image. |

Effect on Community Services for Elderly

| Settings | Effect on attendance | Frequency & quality of service |
|-----------------|--|--|
| HKHSERC | <p>1) Outreach: Slightly decreased 2) Centre-based: Decreased over 70%</p> | <p>Frequency was decreased; Quality of service:</p> <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 | <p>Mar~Dec 2020</p> <ul style="list-style-type: none"> Total more than 400 clients served via Zoom on physical and cognitive OT training Total more than 1500 carer giver/ OAH staff served via Zoom/ Microsoft TEAM on consultation and educational training <p></p> <p></p> | <p>Client: once a week Care giver/OAH staff twice a month on scheduled educational program.</p> <p>100% satisfied with the arrangement and treatment provided. Data collection and feedback through telephone follow up and questionnaire</p> <p>Services for the Elderly > Residential Care Services for the Elderly > Pilot Scheme on Multi-disciplinary Outreaching Support Teams for the Elderly</p> <p>• Introduction</p> <p>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.</p> |

KEY: HKHSERC HK Housing Society Elderly Resource Centre; PSMDOSTE Pilot Scheme on Multi-disciplinary Outreaching Support Team for the Elderly

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 services2.Delivered “care on-demand” to meet patients’ need3.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.

ha.home



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 varies at different settingsFor group sessions: Various; 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 periodInterdisciplinary programs are mostly affected: Pulmonary Day Rehab totally suspended till now, GDH and other Day Rehab programs partially operating (the volume of patients cut down by 50 %)Some clusters maintained similar mode of servicesSome clusters suspended servicesSome clusters added Tele-care program (Deliver TELE (phone) for case screening and ZOOM for educational and training e.g 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) |

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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 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 became 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 as Risk 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) Physical 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 accompany with during training, 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 | Specially spot out families at risk, contact them frequently to provide psychosocial support, financial support and make referrals if need |
| Low morale of colleagues | Reassurance, encouragement and support were given |
| 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 | Use online platforms |

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.



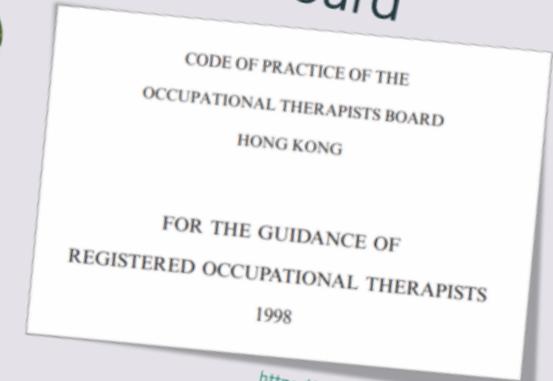
WFOT – Telehealth Position Statement

- <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



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.





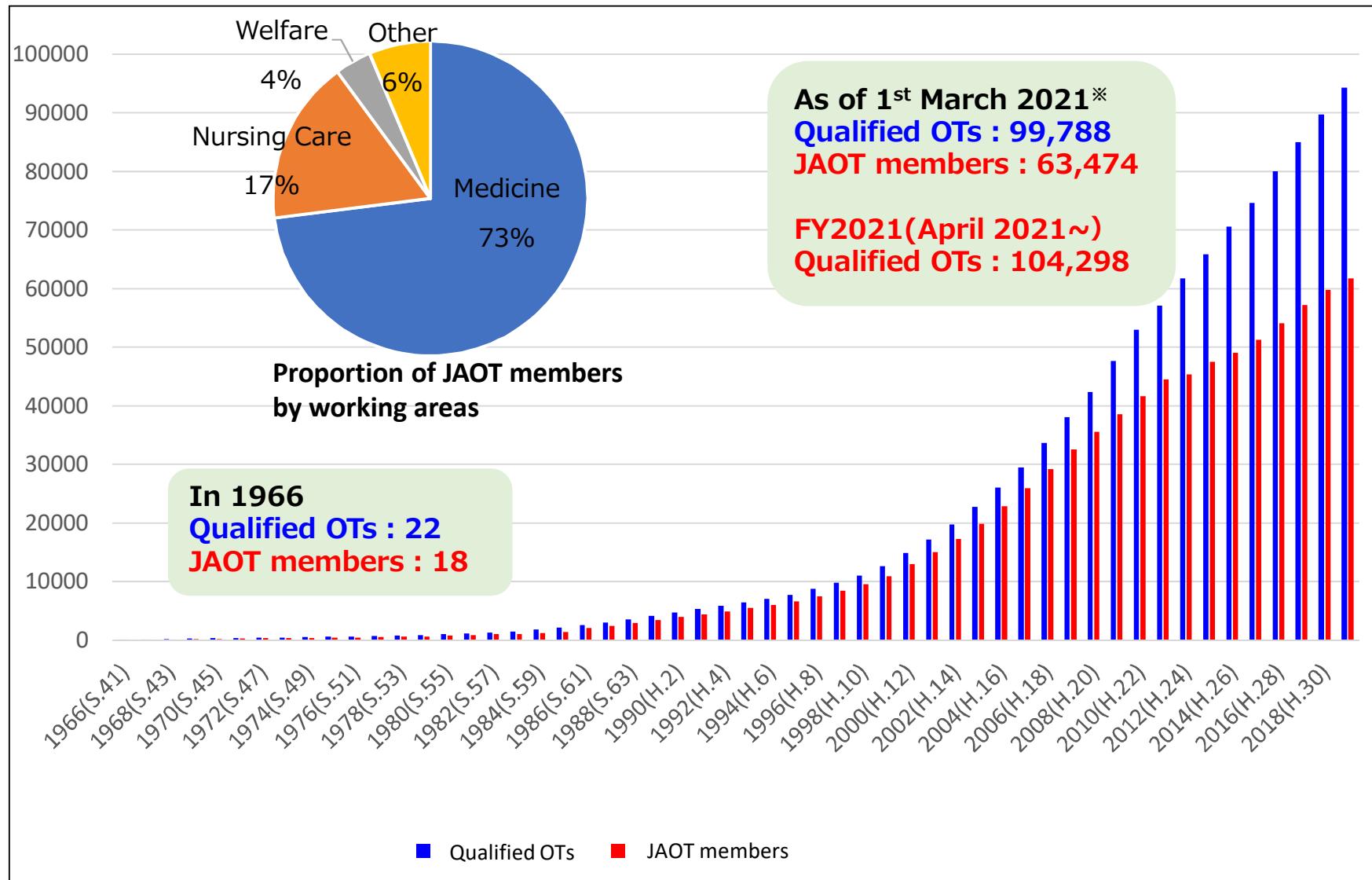
9th September 2021

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

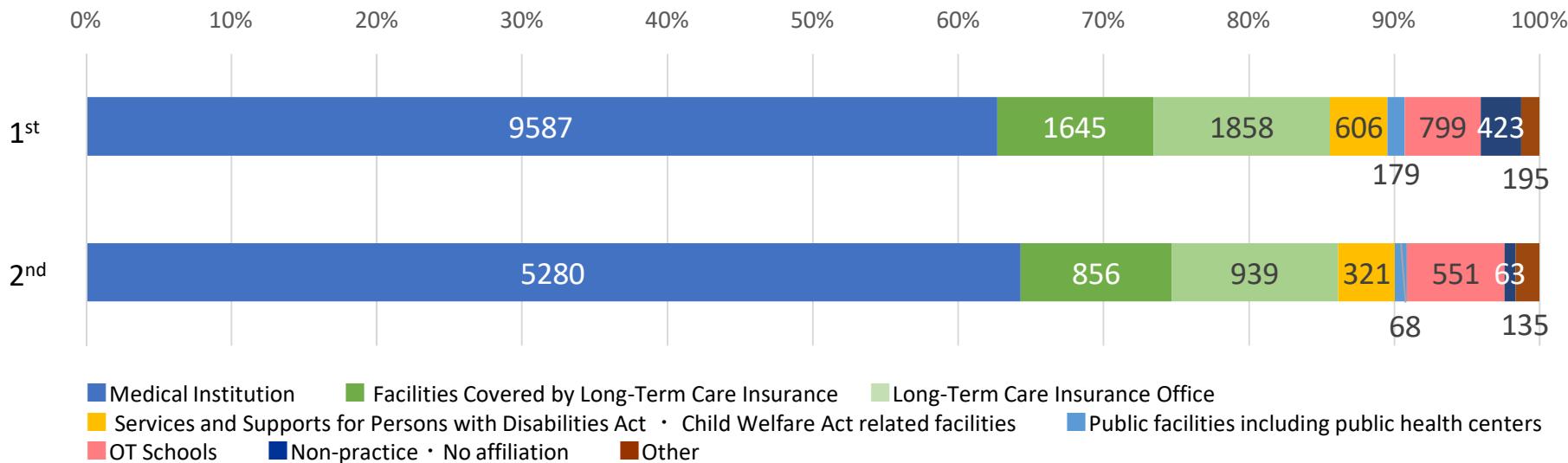
Method : JAOT members whose e-mail addresses are registered in JAOT. Online survey.

Response : 【1st survey】 15,292

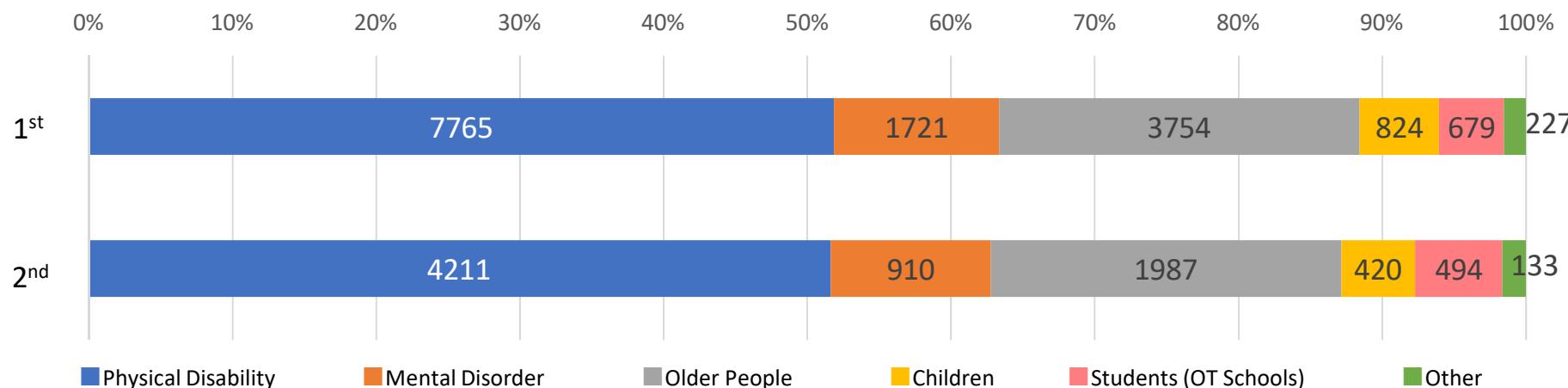
【2nd survey】 8,215

Respondent Attributes

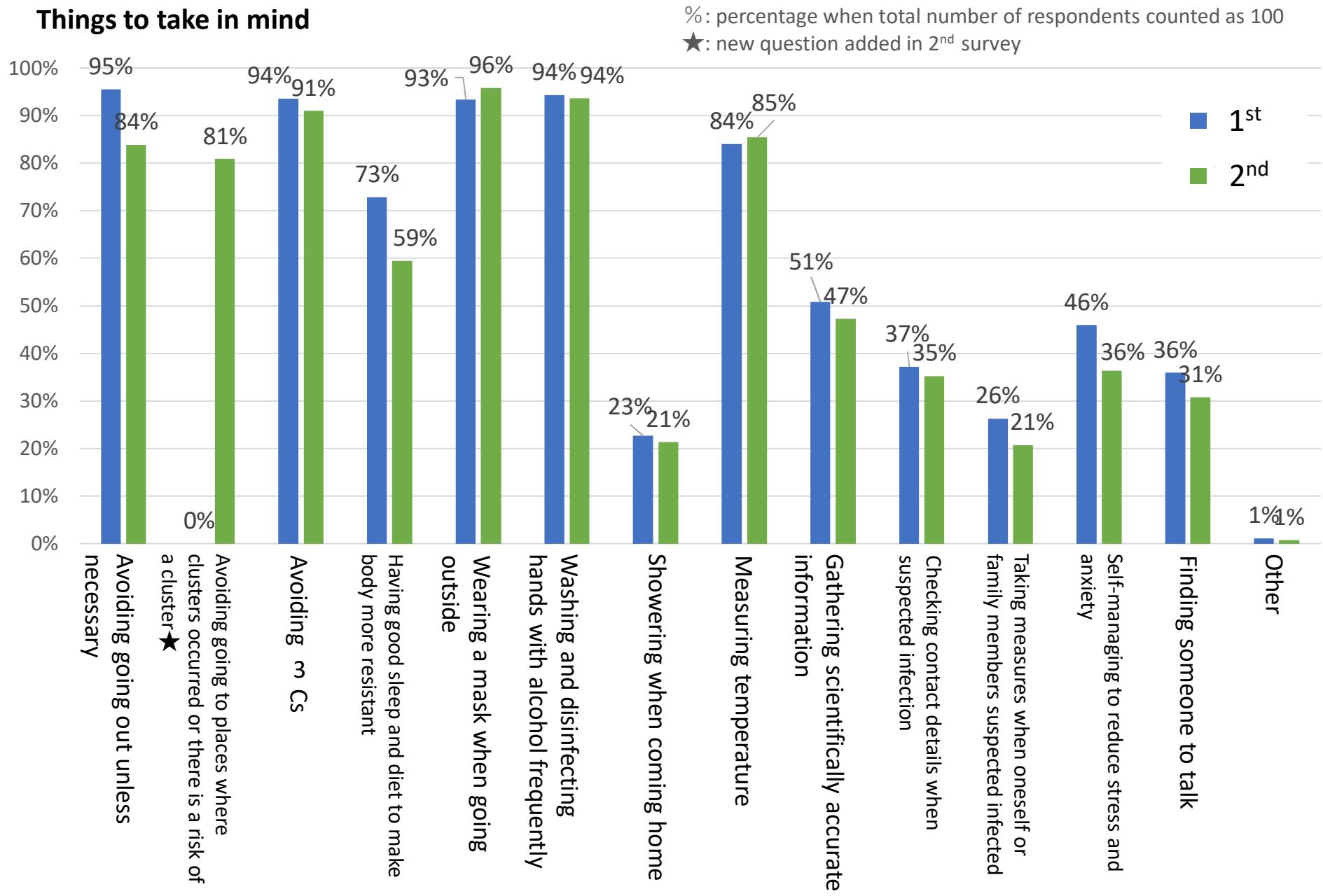
1. Affiliations



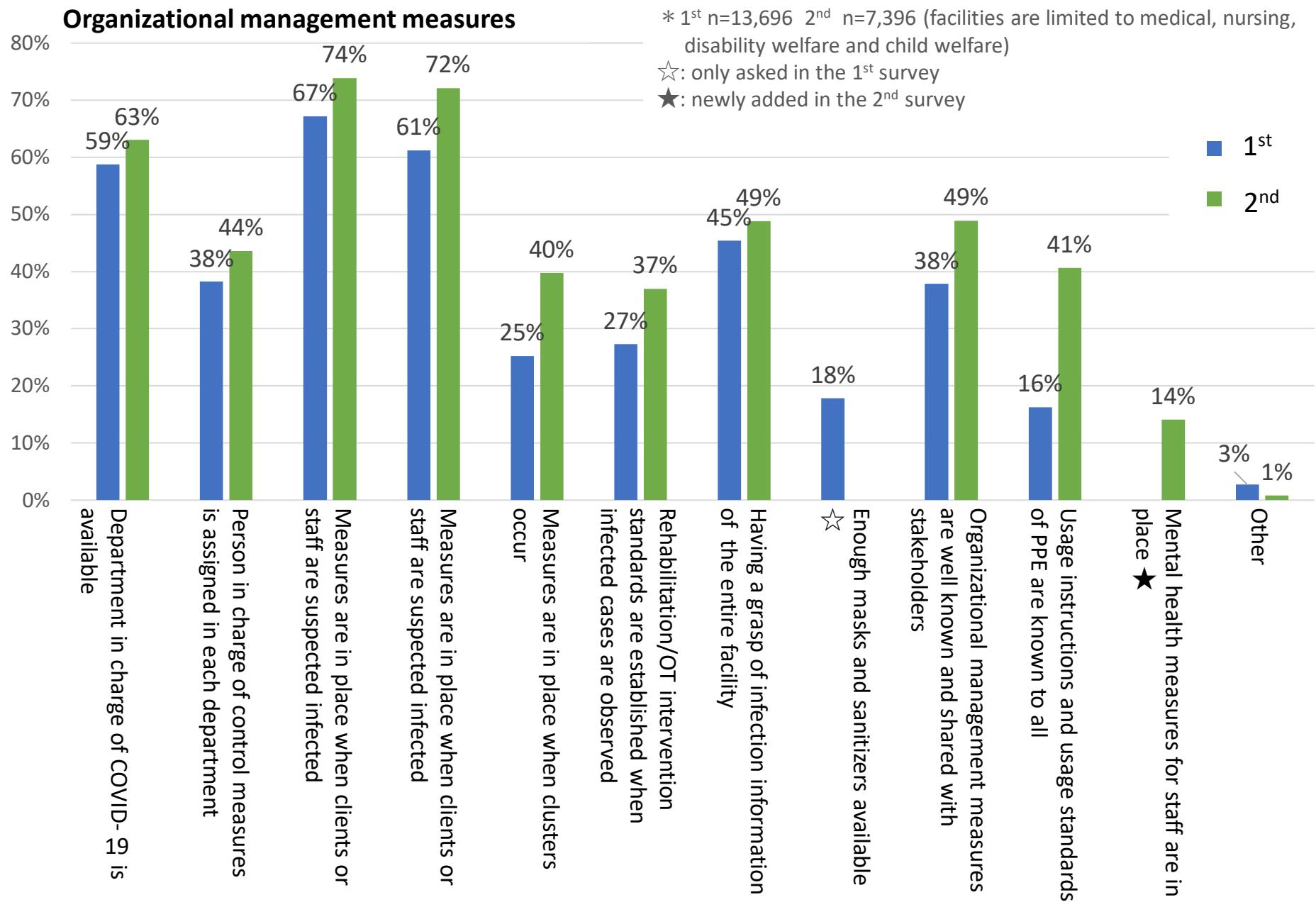
2. Main Client Group



Respondent Situation



Facility Response to COVID-19



2 : Public Information Phamphlets



2020.5.7

We support your health



日本作業療法士会
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

公益社団法人 新潟県作業療法士会

Tips from occupational therapists

作業療法士が高齢者に傳授した
「それ、いいね！」
室内素材等をご紹介します

～生活（作業）～を工夫することで今的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。絵手紙をゆっくり書いて交流するなど、会えなくても「誰か」を想い、少ししゃべる・聞かるだけでも「安心・ストレス解消」につながります。また、「脳」へも良い刺激になります。

～「役割」「趣味」を持つ・続けることが大切！～

～「ゴミを捨てる」「洗い物」などの役割があることで人は行動をします。普段している「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。昔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つ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「○○しながら運動」は2つの動作を同時にすることで「脳」にも「体」にも効果があります。

～「曲巻き」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！

生活や体・気持ちで不安やお困りのことがありましたら遠慮なく、ご連絡ください。

（事務局） 春日居サイバーナイフ・リハビリ病院 作業療法室内

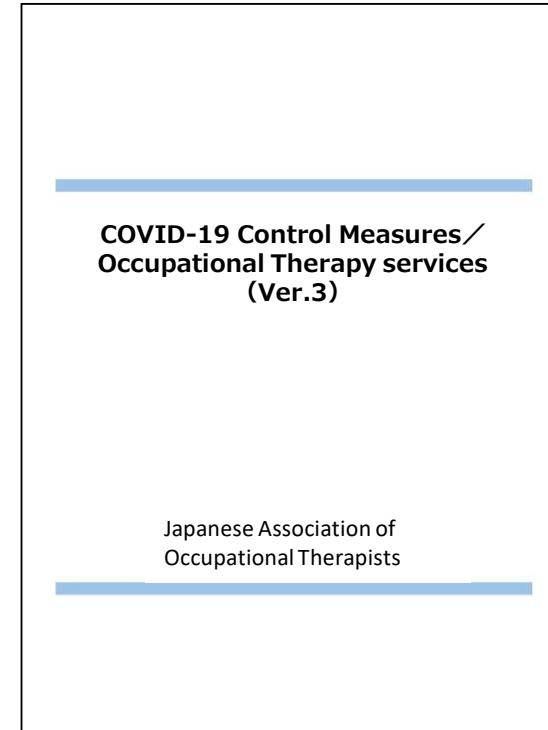
〒406-0014 山梨県都留市春日居町田所436

TEL : 0553-26-4126 HP : <http://www.ot-yamanashi.org>



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



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.2 4)**"

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

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



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

Lecture① Basic infection prevention measures

Lecture② Knowledge needed to understand COVID-19

Standard prevention① Hand Wash

Standard prevention ② Mask

Standard prevention ③ Gloves

Standard prevention ④ Gown

Points in OT service provision

Points in administrative services

Ideas in home-visit OT

Ideas in care offices



6 : COVID-19 practice cases by occupational therapists

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

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

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

7 : Conclusion

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

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

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

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



Clinical response to COVID-19 in Japan

-Efforts at our hospital ,department and case studies

2021/Sep/9

2021 Asian Occupational Therapy Associations Exchange Meeting

National Center for Global Health and Medicine (NCGM)

Department of physical medicine and rehabilitation

Atsuko Nishimoto

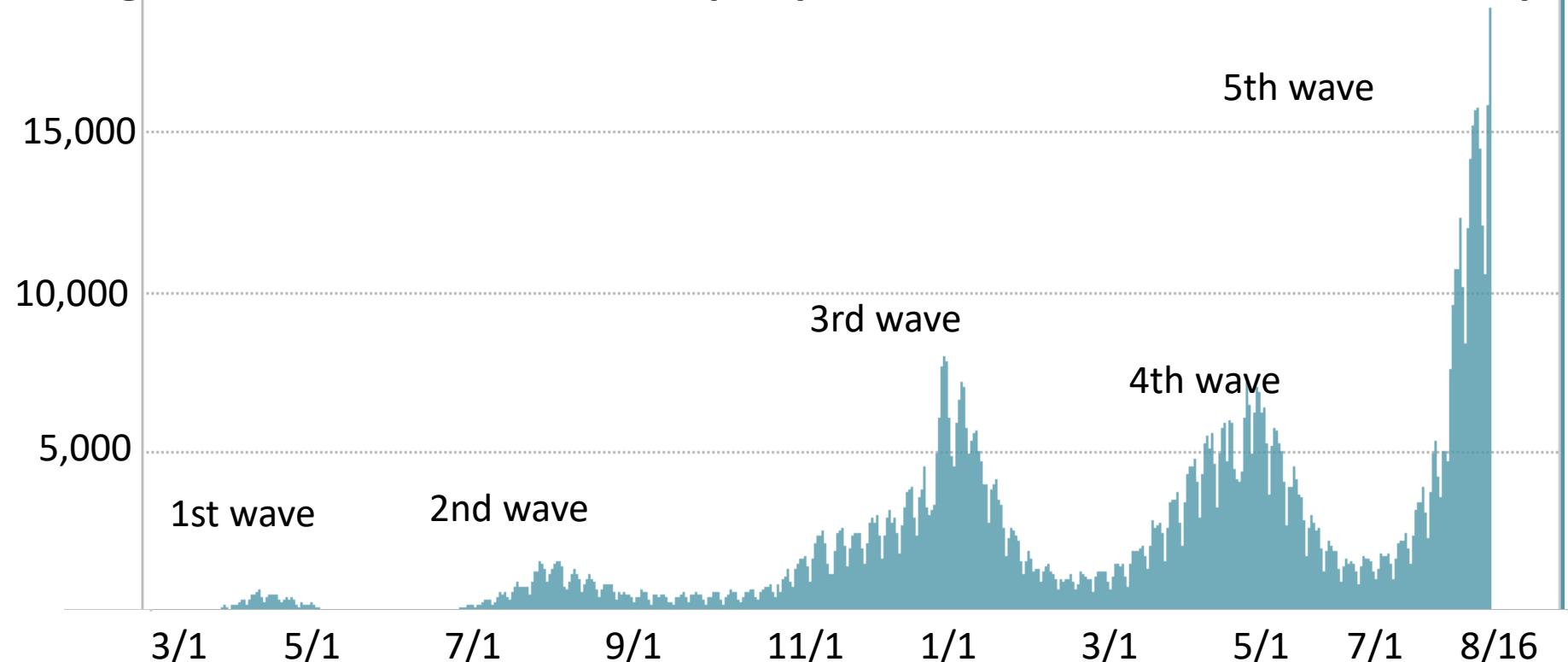
Hiroko Mizuguchi

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

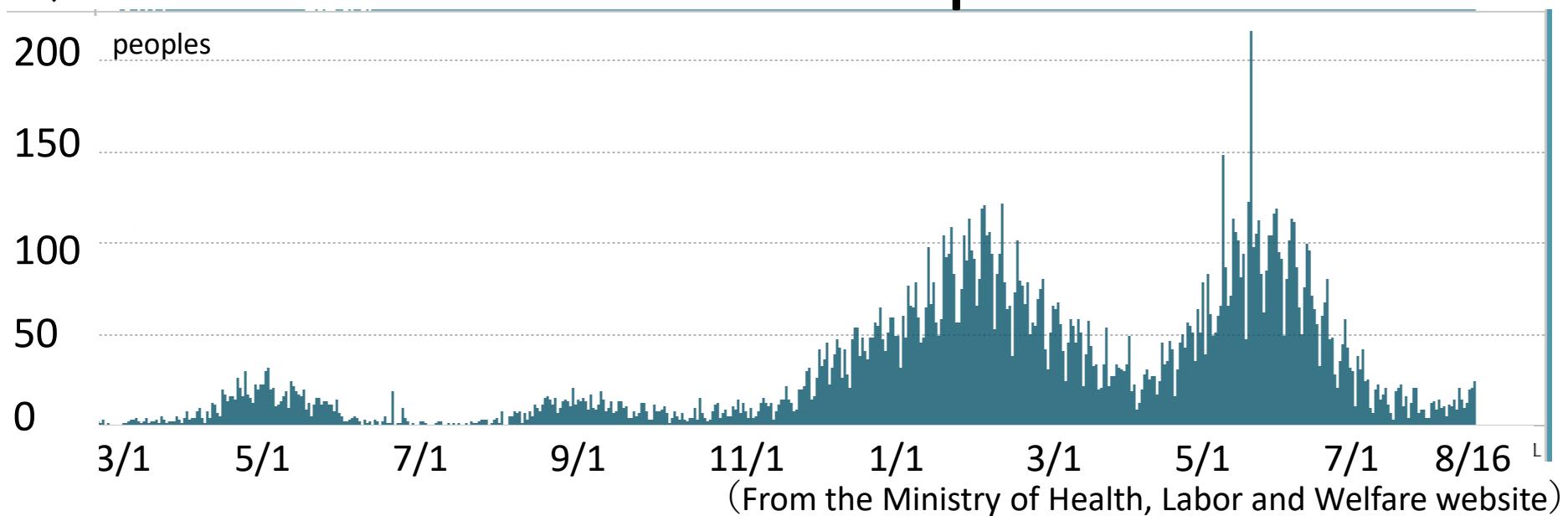
Changes in the new number of people infected with COVID-19 in Japan



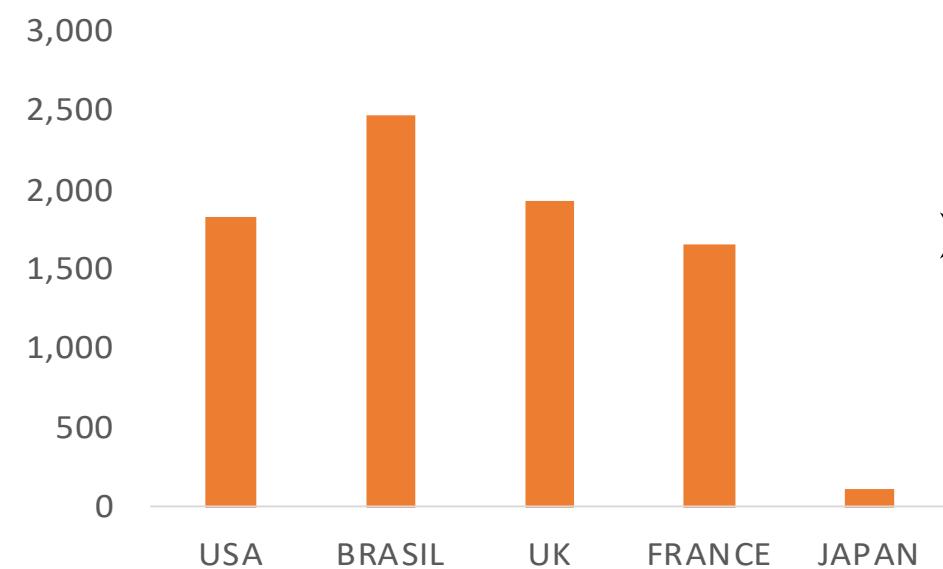
(From the Ministry of Health, Labor and Welfare website)

- 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



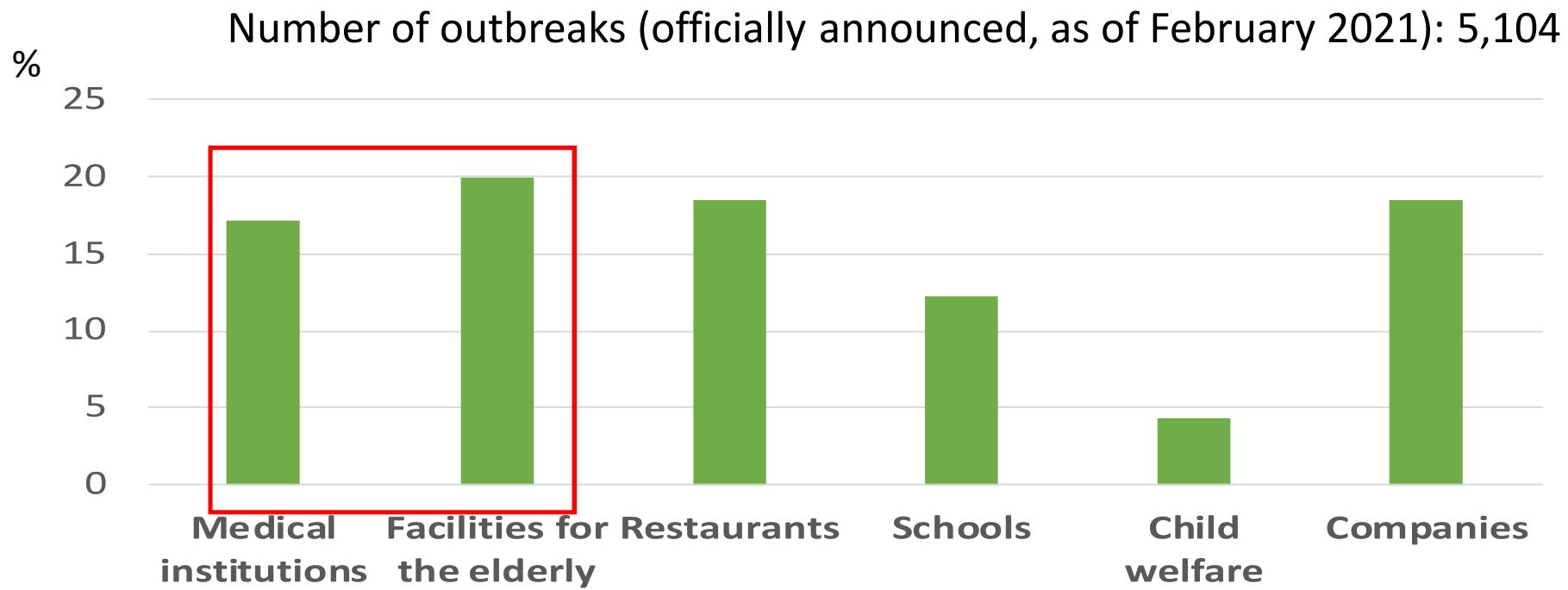
◆Deaths Per Million People Worldwide (July 2021)



- There are several waves in the transition of the number of daily deaths in Japan.
- Compared to the number of deaths in the world (July 2021), the numbers of Japan is less than the United States, Brazil , the United Kingdom, and France.

(JHU CSSE COVID-19 Data)

Domestic COVID-19 cluster occurrence



(Japan Association of Medical and Care Facilities)

- The number of clusters at medical institutions and facilities for the elderly
- Many medical institutions are subjects to rehabilitation or caring.

thorough infection control!

2. Efforts at our hospital in COVID-19

National Center for Global Health and Medicine (NC)



Our mission

- ◆ Advanced medical care
- ◆ International cooperation
- ◆ Research
- ◆ Infectious diseases

(designated infectious diseases medical institution)

- Shinjuku, TOKYO
- 749 beds
- 45 clinical departments

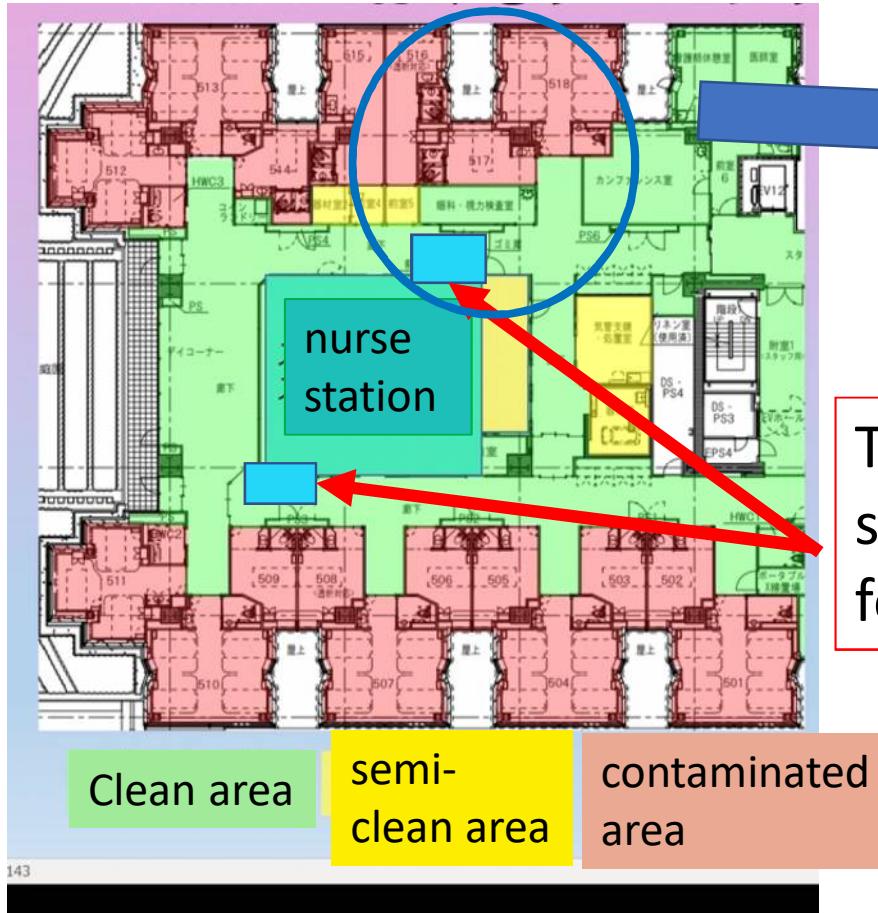
● Designated infectious diseases medical institution

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

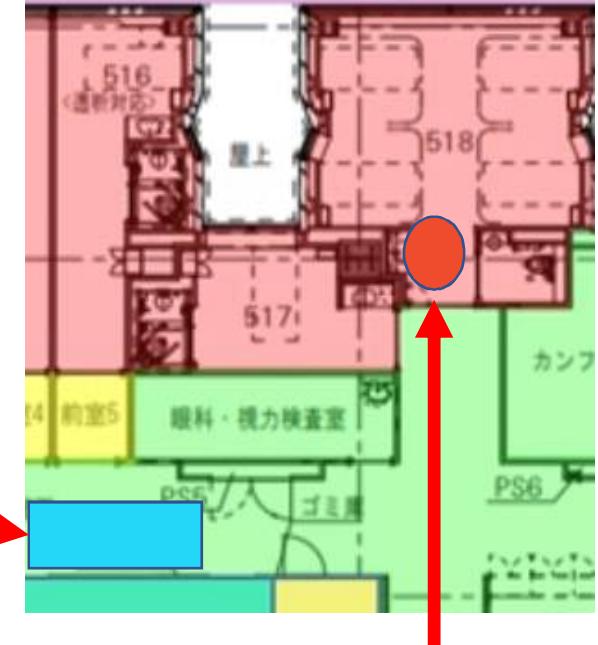
2. Efforts at our hospital in COVID-19

- ◆ January 2020, We accepts people from Wuhan, China (return charter flights)
- ◆ January 27, 2020, the first case of COVID-19 was hospitalized
- ◆ NCGM accepts severe patients (Ex: in ICU , with medical ventilater, ECMO,NPPV, HFNC and PMX therapy)
- ◆ NCGM also accepts patients in COVID-19 widely in collaboration with other hospitals in Tokyo (Ex: From home care or nearby hospital in a cluster)

Zoning in the moderate patient ward



Timing of PPE attachment / detachment



The dedicated
space
for PPE

The space for removing
PPE other than N95
mask

NCGM COVID-19 Infection Manual

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



Apron with sleeves

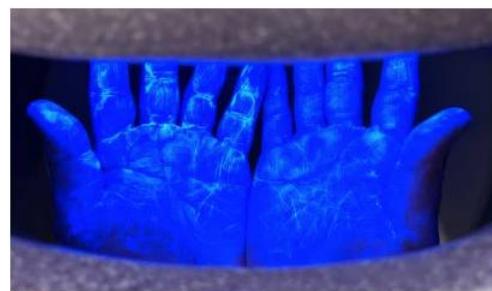
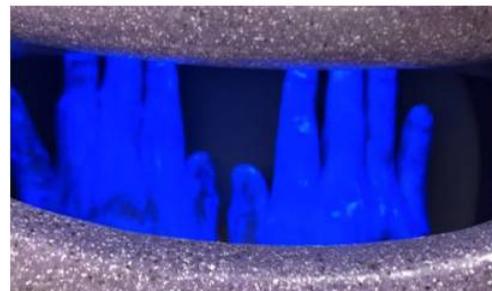
N95 mask + Shield mask

Careful point

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

Staff education

- Hand hygiene



- Mask fit check





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

NCGM Rehabilitation for COVID-19



- COVID therapist team

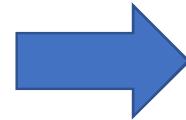
Member PT 5 OT 2 ST3

COVID(+)



After COVID(-)

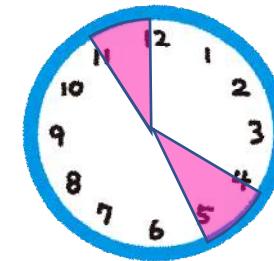
During isolated
Only one's room or ICU



Can also use the
Rehabilitation center



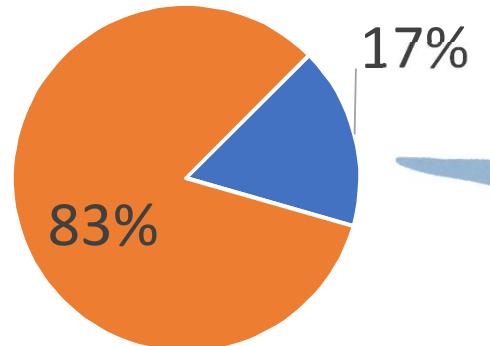
Rehabilitation in the ICU



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

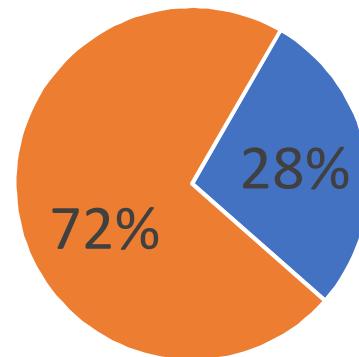
One year COVID-19 OT Cases (N=31) May 2020-March 2021

All COVID inpatients
(N=650)



■ rehab + ■ rehab -

All rehab patients
(N=110)



■ OT + ■ OT -
(PT and/or ST)



Rehabilitation in the ICU

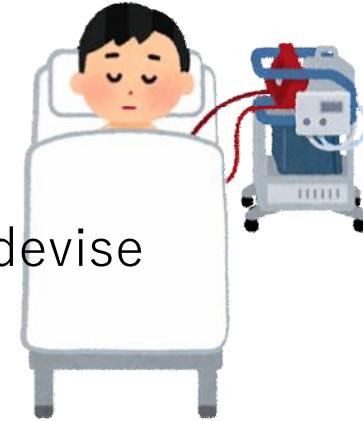
2 OT patterns for COVID-19 (N=31)

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) |

Case1 37yrs male

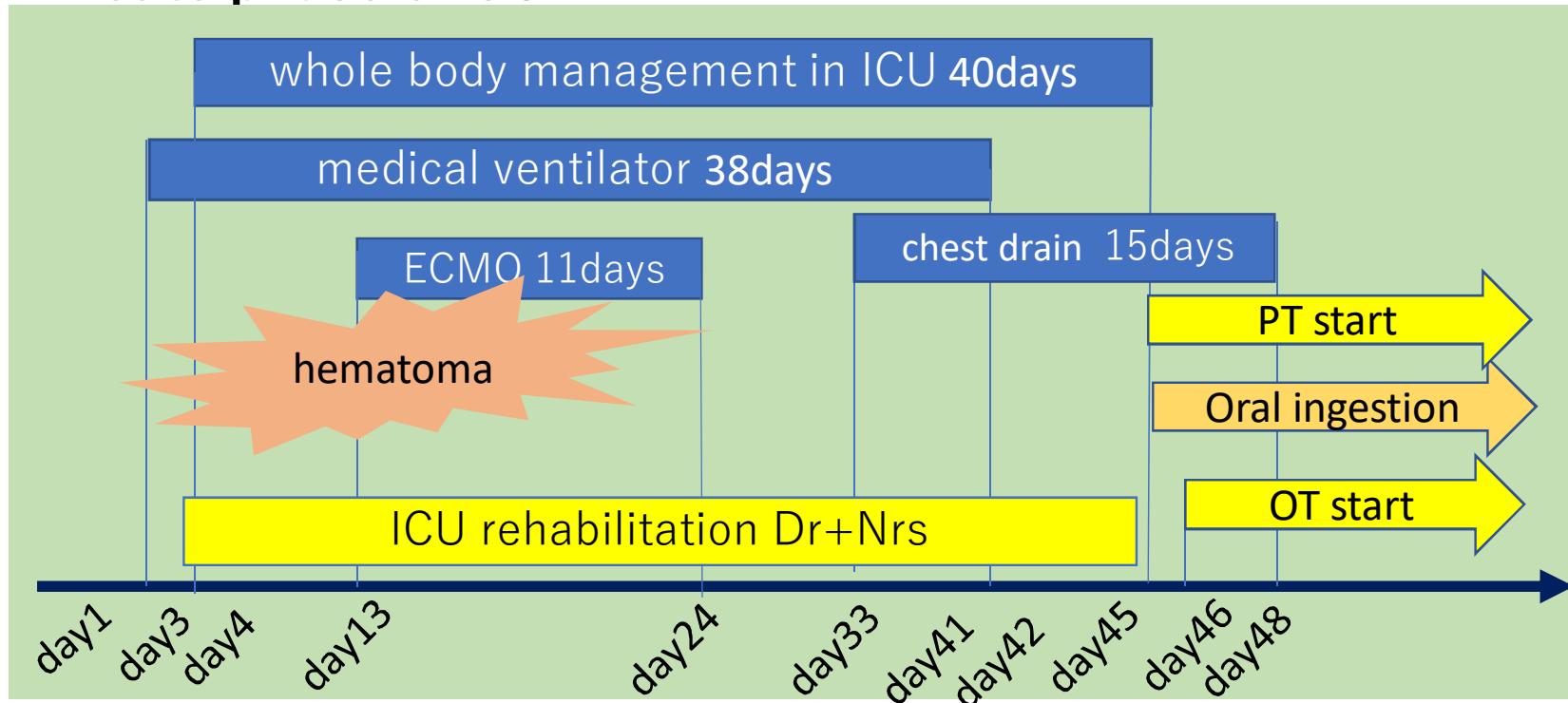
~remarkable upper limb disorder caused by medical devise



Before COVID

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

Acute phase of COVID



Case1 37yrs male

OT assessment at the begining (day46)

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



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 68yrs female

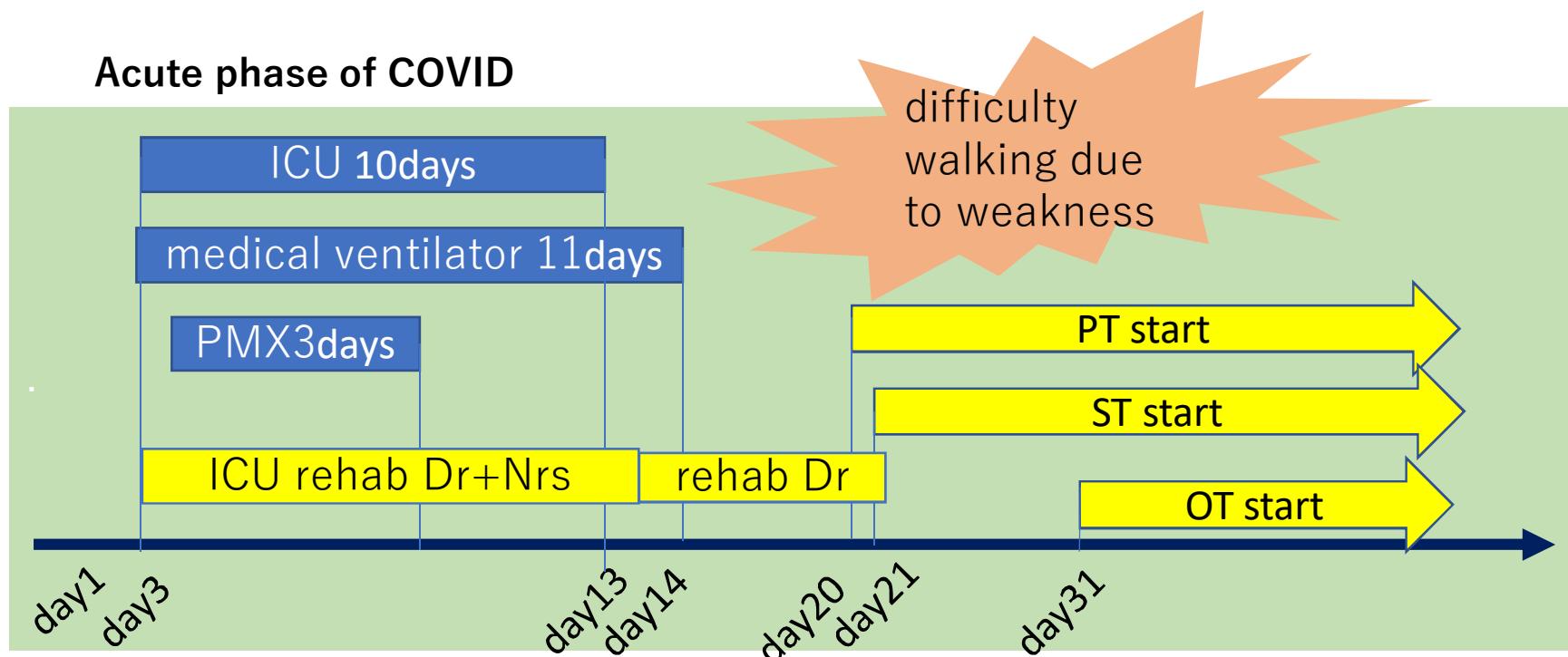
hemiplegia due to a history of Stroke

Before COVID

Lt. hemiplegia due to a history of stroke

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

Acute phase of COVID



Case2 68yrs female

OT assessment at the begining (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

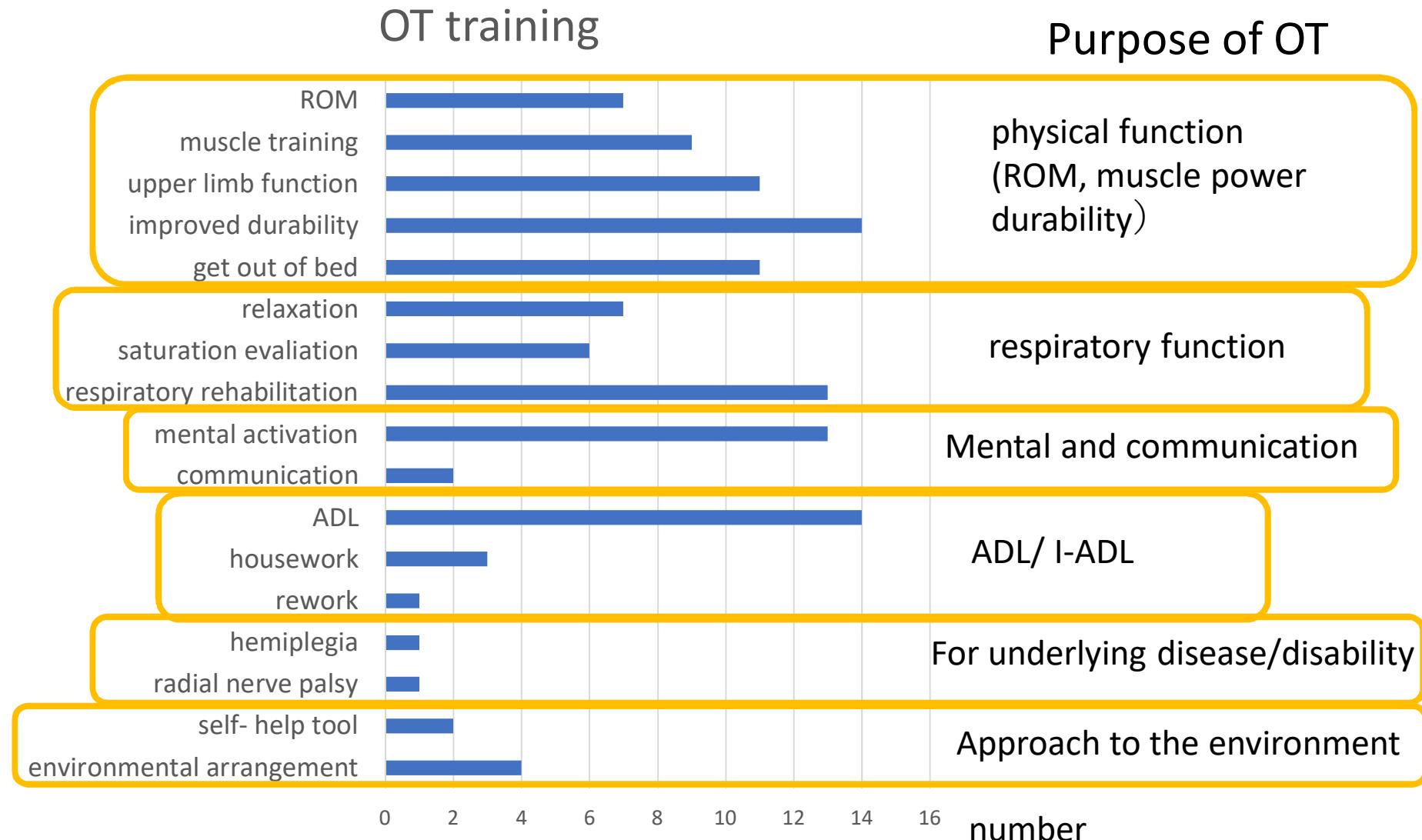
→ Provided information of shower chair for her and her family

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



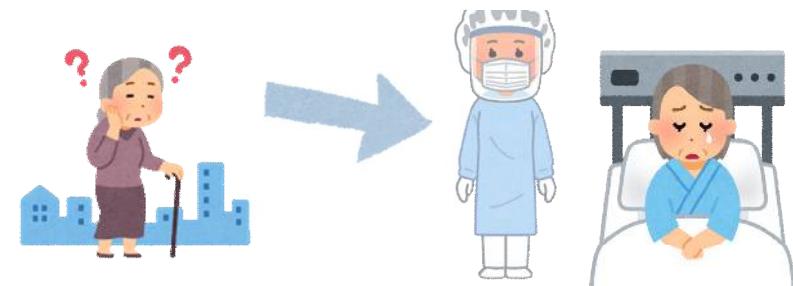
(1) COVID-19 Severe and need respirator

- Sedation disuse-syndrome , myopathy, Atelecrasis
- medical device rerated 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!!