



Ontario Society of  
Occupational Therapists

May 14, 2020

The Honourable Doug Ford  
Premier of Ontario  
Premier's Office, Room 281  
Legislative Building, Queen's Park  
Toronto, ON M7A 1A1

Dear Premier,

On behalf of Ontario's occupational therapists and occupational therapist assistants, I'm writing to support your review of your government's Pandemic Payment Initiative and to urge your application of this new payment in a way that *equitably* communicates the recognition and appreciation you extend to *all* health care workers who are supporting the frontline of Ontario's fight against COVID-19.

While a generous gesture of your government, the initiative has created concerns regarding the eligibility of health care workers and professionals who share the challenge, burden and risk of working with patients with COVID-19 in the interprofessional teams that are so critical to managing the diverse needs of these patients. The omission of allied health professionals such as occupational therapists and their assistants and others is glaring evidence that the importance of interprofessional care and the important roles that each profession brings to the team is not well understood.

Occupational therapists are working on the front line of care of COVID-19 patients alongside nurses, physicians and others in intensive care units, respiratory care units, rehabilitation units, long-term care homes, and in the home and community care system. In addition, many have accepted deployment from their regular roles to support uniquely COVID related services.

I attach but a few examples of our members' pandemic experiences but can also refer you to the [www.criticalcarelearning.ca](http://www.criticalcarelearning.ca) website which has been developed and used by organizations across the province to support their interprofessional teams in critical care relating to COVID-19. These exemplars underline the important roles that occupational therapists contribute to management of patients with COVID-19. The risks and challenges of these roles are assumed with commitment, courage and resilience.

We appreciate Minister Fullerton's inclusion of occupational therapists working in long-term care homes amongst those workers included in the Pandemic Payment initiative in that sector. We urge you to correct the striking inequity in eligibility for the payment in services funded by the Ministry of Health and ensure all professions who provide essential front line services to patients with COVID-19 are included in the program.

Sincerely,

A handwritten signature in black ink that reads "Christie Brenchley".

Christie Brenchley, OT Reg. (Ont.)  
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## Insights from Ontario Society of Occupational Therapists Members relating to work during the COVID-19 Pandemic

I have been working as an Occupational Therapist (OT) for 15 years, with 14 years dedicated to the Respiratory Unit, Medical Surgical Unit (MSICU) and Emergency Department at St. Mary's General Hospital. Daily I provide direct care to patients with COVID 19. Alongside my nursing colleagues, I assist patients to mobilize and transfer from bed so that they do not become weak and deconditioned. Insuring patient safety means that I cannot follow social distancing rules. I insure that patients are able to wash, dress and toilet so they can return home. I work with families to alleviate their fears about having their loved ones return home post COVID 19. I have provided seating and pressure relieving surfaces to COVID positive patients from local long term care facilities so that they can be mobilized from bed and recover from this illness. I have been in the MSICU and working to transfer ventilated patients. I have worked with the MSICU team to determine a strategy to reduce the risk of pressure injuries to patient's faces while being prone secondary to COVID 19 infection. I am frontline healthcare; I am at risk of contracting COVID 19; OTs need to be included in the Pandemic Payment initiative.

I understand that the parameters the government has established for the Pandemic Payment initiative include to recognize lower wage workers, as well as those delivering direct COVID-related services. **However, there are MANY allied health professionals that are delivering direct COVID-related services and assuming the related risks and stressors that are not listed in the initiative**, including myself and my OT colleagues at St. Mary's General Hospital.

In case there is any doubt that I am frontline healthcare, I have attached a photo of myself in my required PPE prior to seeing a patient with COVID 19.



*As a regulated health care profession, occupational therapists work with people across the lifespan who experience health related barriers to managing the skills and activities of their day to day life. Our work is focused on supporting patients to restore function or adapt to impairments and to enable participation in daily activities following injuries or health incidents such as strokes, cardiac arrests, chronic disease, mental health issues, learning disabilities, and autism. We work across the health system – in primary care, hospitals, long-term care homes, rehabilitation centres, mental health services and in the home and community care system.*

*In my role, I directly treat patients who are “under investigation”, or have confirmed active cases of COVID-19. I perform hands on assessments and treatments daily, in order to improve the functional status of these patients who have lost their strength and ability due to this illness. I provide phone call updates to families who are anxiously waiting to hear if their loved one is progressing. I collaborate with the patient and health care team to develop a plan so that the patient can return home. I provide frontline care and my job is essential. Me, and MANY other occupational therapists have been providing direct COVID-related services since the beginning of this pandemic. The stressors I face every day include navigating the ever changing personal protective equipment protocols, providing rehab services to symptomatic patients coughing directly over my head while I assist them to put on pants, or arriving at work to see that the patient I worked with yesterday without personal protective equipment has now been deemed “under investigation”.*

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Occupational Therapists are making sure patients are able to get out of bed and perform their basic activities of daily living (dressing, toileting, functional mobility, etc), we also provide specialized seating assessments and help patients who have bed sores get the proper equipment to enhance their quality of life and prevent burden to the healthcare system. We help patients stand and get moving after surgery or who have become weak from illness and being in an ICU. We are physically touching the patient in extremely close proximity. When the patient coughs, we cannot step aside to protect ourselves and create distance because it is unsafe and the patient will fall.

We are literally working with the sickest people in our society, many of whom are ventilated or have a tracheostomy and we are helping to facilitate their path to recovery or provide comfort to those who are approaching the end of their life. We are helping patients get to the next level of care, whether that be rehab or home safely with the appropriate supports, or other.

We are working the front lines everyday. Working with full PPE, along side many workers who were recognized. I cannot move back in with my family, I was not able to celebrate my grandmother's 90th birthday or see my loved ones because I work in hospital and am at risk of exposure. Not only are we risking becoming ill ourselves (many of us are- whether physically or emotionally) but we've had to create distance between our families and loved ones so as to not risk harming them because of where we work. While some of these practitioners are able to work from home, those in hospitals, LTC facilities, shelters, family health teams, etc are not so fortunate.

As many of us are not unionized we do not have that additional power to advocate.

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*At Thunder Bay Regional Health Sciences Centre there are 8 Occupational Therapists, 13 Physiotherapists, 3 Speech-Language Pathologists and 6 Rehabilitation Assistants that make up the*

*Rehabilitation Department. We provide treatment to all units of the hospital including the “hot zones” - the COVID-19 unit, the Intensive Care Unit and the Emergency Department. We are screened each day when we enter the hospital. We are provided with 2 procedure masks each morning and we hope to make them last throughout the day so that we can contribute to the conservation of PPE. For those patients who are in isolation, we don the required protective equipment and we fulfill our professional responsibility to assess and treat our patients.*

*The nature of Occupational Therapy is that we work up close with our patients, in their personal space. We provide assessment and intervention to improve our patients’ functional status in the areas of self-care, productivity and cognition so that they can manage the skills and activities of their day to day life. We provide treatment in many scenarios, including when patients are in bed, when they walk and when they are toileting. We are rarely able to maintain physical distancing.*

*Occupational Therapists take on the same risks as those on the list of eligible workers. I have had the experience of finding out that a patient I have worked with in close contact without PPE is identified as being “potentially positive” the next day. I have the same fears about protecting my family when I go home, as those on the list of eligible workers. I don’t go out to do shopping or errands after work because I am worried about protecting my community.*

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This government clearly has zero concept of how an entire layer of Healthcare works or who is even involved in this system. It is especially concerning that they are directly responsible for restructuring this system without such understanding. I visit the exact same homes and interact with the exact same patients as the PSW and Nurses do but somehow, I would be less at risk? I am typically the first Provider in the home. Today I assisted Paramedics to lift a patient from stretcher to hospital bed in his living room for EOL care at home. I assisted the PSW to change diapers and taught the spouse how to physically turn him in bed. At the next house, I taught family how to use a hooyer lift for an early hospital discharge. Family had never even seen a hooyer lift before. Today wasn't special or out of the ordinary. OT's are as hands on as any Nurse or PSW

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*In my clinical role, I support a team of OTs who are actively treating post-acute patients with Covid-19, to ensure that they can regain their physical, cognitive and emotional well being and be safely be discharged home to their families and communities. These colleagues are as equally hard working and anxious as any of their interprofessional colleagues about the impact of this work on their personal, professional and family lives. I see them gearing up each day in rationed personal protective equipment, working in pairs with colleagues from nursing and physiotherapy. They work so collaboratively and creatively to safely mobilize patients and help them with the most basic of their care needs as they slowly regain their strength and endurance through thoughtful care planning. I only wish I could share some of those images with you.*

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I for one, work every day directly with patients who have been isolated on the COVID unit or who have been tested for COVID as do all the allied health workers in our hospital. I believed the government was going to only increase the pay of low pay workers which I was in total agreement with. But now I just feel incredibly hurt by the lack of respect for our profession and that of other allied health.

*I'm a registered Occupational Therapist (OT). I work in an acute care hospital with patients with brain and spinal cord injuries. I see people after they've had surgery, assess for physical and cognitive changes, and help them plan for discharge and safe return to normal daily activities.*

*My job is essential. Without OT services, many of our patients would either be unable to leave the hospital or would end up back in emergency rooms across the province. I do hands-on assessment and treatment. I get patients up out of bed who are so weak that they need the help of two therapists. I change diapers and dirty gowns. I comb people's hair, wash their faces and help them to the bathroom.*

*Let me be clear that I AM frontline. I am one of MANY allied health professionals who are integral to patient care. I am one of MANY allied health professionals who provide daily, hands-on, bedside care.*

*Like our other patients, many people with COVID need to get up and move with a physiotherapist or occupational therapist, otherwise they will get weaker, get pressure ulcers, or become delirious. They may need feeds ordered by a dietician if they can't eat, or a speech and language pathologist to assess their swallowing. Their loved ones may need a social worker or spiritual care worker's support if they are dying alone in an ICU. A pharmacist will need to review and monitor their medications. Respiratory therapists are supporting those that develop acute respiratory distress, especially those that require ventilation. The above is not an exhaustive list. And the fact is that many people with COVID will need all of these professionals to develop a safe discharge plan so they can return home to self-isolate safely.*

*Many of my allied health colleagues – of all professions – provide daily coverage on “COVID units”. And even those of us who continue to work with our typical patient population still wonder with every new admission whether this person, who is currently five inches from our face, will be the one who ends up being COVID positive. We frequently arrive to work in the morning to learn that a person we saw yesterday without the appropriate personal protective equipment is now “Under Investigation”. Many of us have been exposed already. I am sure that many of us have contracted COVID at work.*

*Like all other frontline workers, the pandemic has changed my life. I am lucky that my husband drops me off and picks me up every day. I sit in the front seat. I don't touch my one-year old daughter until I've peeled off all my clothes and showered. My daughter's new routine is to wait at the bottom of our stairs for me to come down and hug her. She often cries until I get there. My husband and I, like so many other frontline workers, have discussions about what will happen to our family if – or more likely when – I am exposed.*

*Most days, I feel relatively lucky. I have friends, family, and colleagues of all professions whose exposure to COVID has been much higher than my own. Hopefully, whenever this is “over” my exposure will remain relatively low. Hopefully I don't contract this and spread it to my family. **But I speak on behalf of all allied health professionals in urging you: Treat us with the respect we deserve. We are frontline. We are integral to the care that all Ontario's patients are receiving right now – including those fighting COVID-19. Allied health workers in acute care deserve the same recognition as all the other named frontline workers.***

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As an OT in ICU, I assessed a patient who had been swabbed for COVID 19 early on in the pandemic. The

patient requested to go home directly from the ICU and through face to face contact, I did a functional and cognitive assessment to determine if he was safe to go home. The result of his COVID 19 swab hadn't yet returned. Three different times, I have been informed, after assessing a patient that the patient was now being swabbed for COVID 19. Also during the pandemic, I have been in the presence of patients who have coughed without covering their mouths and while they did this, I was not wearing any PPE.

As an OT, I am unable to be 2 metres away from my patients. Daily, I am holding onto the transfer belt around a patient's waist while I walk with them. I am also in small bathrooms with patients, assessing how they get on and off the toilet.

I could contract COVID 19 at any time. I wear scrubs due to my close contact with patients. I am careful not to take COVID 19 home with me, changing my clothes at work before and after work. I don't kiss my children or my husband, for fear that I might have COVID 19 and give it to them. My husband and I touch elbows instead of hugging.

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*Currently at work, we are having short staff in LTC due to some of the staff are found positive of COVID-19 and others are taking time off as they are worrying about their health. As an Occupational Therapist in LTC, I assess the residents to prevent falls and injuries; Monitor and assess for any skin tear, pressure sores or prevent worsening; Splint assessment (hand/foot); Provide 1on1 activities with our residents to promote physical/mental/cognitive health; Assess and liaise mobility devices (rollator, walker, manual wheelchair and electric wheelchair); Electric wheelchair driving assessment; Prevent deterioration of our fragile residents by engaging to a meaningful activity to the residents; Promote safe environment (environmental assessment) and maximize performing daily activities (eating, grooming, dressing, toileting etc.) by training in performing the activities in a safe way or with assistive devices or compensatory techniques. In addition to that, I also provide education to staff and residents to prevent spreading COVID-19. Moreover, due to short staff, I also assist/help our nurses in checking the resident's temperature, feeding the residents, monitoring and documenting any COVID-19 symptoms of our residents.*