

**THE PRACTICE OF OCCUPATIONAL THERAPY AMIDST THE
CORONAVIRUS DISEASE (COVID-19) SITUATION IN GHANA.**

AN INTERIM GUIDELINE

SUBMITTED BY

**PRACTICE GUIDELINE DEVELOPMENT COMMITTEE FOR
COVID-19**

TO

OCCUPATIONAL THERAPY ASSOCIATION OF GHANA (OTAG)

Version 1.0

May 28, 2020.



GUIDELINE COMMITTEE MEMBERS

Name	Qualification	Title and Affiliation
Eric Nkansah Opoku (Committee Chair)	OT, MSc	Senior Research Assistant, Department of Occupational Therapy; University of Ghana
Ann Sena Fordie (Member)	OT, BSc	HOD Occupational Therapy; Pantang Psychiatric Hospital
Peter Bredu (Member)	OT, BSc	Occupational Therapy Tutor, University of Ghana & Accra School of Hygiene.
Paul Darlington Forson (Member)	OT, BSc	Occupational Therapy Tutor, Accra School of Hygiene
Nancy Agyei (Member)	OT, BSc	Occupational Therapist, Korle-Bu Teaching Hospital
Mirabel Gyasi (Member)	OT, BSc	Occupational Therapist, Greater Accra Regional Hospital
Joana Akrofi (Member)	OT, BSc	Occupational Therapist, Klicks Africa Foundation
Elizabeth Mireku	OT, BSc	Occupational Therapist, Korle-Bu Teaching Hospital

TABLE OF CONTENTS

GUIDELINE COMMITTEE MEMBERS.....	2
SECTION ONE	4
1. Introduction	4
2. What does this guideline cover?.....	5
3. Scope	5
SECTION TWO.....	6
2.1 Settings.....	6
2.2 Framework	6
SECTION THREE.....	7
3.1 Best Occupational Therapy Practice Principles for all Settings.....	7
Impact of COVID-19 on the Person. ⁶	7
Impact of COVID-19 on Occupation	8
Impact of COVID-19 on the Environment.....	9
3.2 General Guidelines	9
3.3 Suggested Specific Guidelines on the practice of Occupational Therapy Amidst COVID-19 Situation in Ghana for Clinicians.	12
3.3.1 Inpatient Setting	13
A. Competencies Required for Practice in this Setting ⁶	13
B. Suggested Occupational Therapy Evaluations and Interventions.....	13
3.3.2 Community Rehabilitation/Outpatient Settings⁶	15
A. Competencies Required for Practice in this Setting	15
B. Suggested Occupational Therapy Evaluations and Interventions.....	16
3.3.3 Mental Health/Psychiatric Hospital Settings.....	17
A. Competencies Required for Practice in this Setting	17
B. Suggested Occupational Therapy Evaluations and Interventions.....	18
ACKNOWLEDGEMENT	20
REFERENCES	21

SECTION ONE

1. Introduction

Coronavirus disease 2019 (COVID-19) is an infectious disease caused by a newly discovered corona virus officially named Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2).¹ COVID-19 was declared a pandemic by the World Health Organisation (WHO) on March 11th, 2020 when the number of countries involved was 114, with more than 118,000 cases and over 4000 deaths. Understanding of the disease is on-going. Clinical features and risk factors are highly variable, making the clinical severity range from asymptomatic to fatal.² Most people infected with the COVID-19 virus will experience mild to moderate respiratory illness and recover without requiring special treatment. Older people, and those with underlying medical problems like cardiovascular disease, diabetes, chronic respiratory disease, and cancer are more likely to develop serious illness.¹

COVID-19 pandemic has a great impact on the lives, health and wellbeing of individuals, families, and communities. How people engage in their daily activities and occupations has been affected due to disruptions in community access, resource availability and individual health and wellbeing.³ In Ghana, occupational therapy practitioners are experts in holistic rehabilitation and therefore play a pivotal role in addressing the rehabilitation needs of people of all ages, groups, and communities affected by COVID-19 to enable their full inclusion in occupations in the home, education, work and leisure environment. Occupational therapists utilise individualised and occupation-focused approach to care to support the recovery of people experiencing functional challenges as a result of the negative impacts of the virus. During services delivery, Occupational therapists also need to put in measures to help contain

the virus, prevent its transmission, protect their clients and the general population whilst also protecting themselves. Considering the uniqueness of the Ghanaian context, it has become necessary for the Occupational Therapy Association of Ghana (OTAG) to develop a guideline for her members in relation to the potential rehabilitation needs of people impacted by COVID-19. This document shall provide guidance and recommendations to the members and stakeholders of the Occupational Therapy Association of Ghana in response to the global pandemic COVID-19 and its effects to the nation.

2. What does this guideline cover?

This guideline seeks to:

- a. Document an overview that can be used to plan and structure occupational therapy intervention among Ghanaian occupational therapists.
- b. Suggest strategies for evaluation, intervention, and outcome for guide among Ghanaian occupational therapists in the management of COVID-19.
- c. Incorporate current WHO, government, and national COVID-19 standard guidelines into occupational therapy practices.
- d. Emphasise the need to stay up to date with regards to information about COVID-19

3. Scope

The guidelines shall respond to the need to continue the practice of occupational therapy in Ghana despite the COVID-19 situation in the country, taking into consideration precautionary measures based on directives and protocols from their respective health institutions, the Ghana Health Service, the Ministry of Health, World Health Organisation and other relevant agencies. The guidelines shall be applied during the duration of COVID-19 pandemic and

shall be subject to adjustments upon further information on COVID-19 and new directives and protocol from relevant Agencies.

SECTION TWO

2.1 Settings

Occupational therapy professionals are rehabilitation experts concerned with restoring function and improving the quality of life of the persons they work with in various settings. Engagement in healthy occupations is needed to support survival, promote health and well-being and allow populations, communities, families and individuals to grow and flourish to realise their full potential.³ This guideline takes into account the following four types of settings in which occupational therapy services are currently rendered in Ghana.

- a. Inpatient/Hospital-based setting
- b. Community practice setting
- c. Outpatient settings
- d. Mental health/Psychiatric settings

2.2 Framework

Taking the settings mentioned above into consideration, the framework for the guideline is as follows:

- a. General consideration/preparations for Ghanaian occupational therapists working in all setting as far as COVID-19 is concerned.
- b. Occupational therapy competencies (knowledge, skills and attitudes) required for practice in the various settings.
- c. Suggested evaluation strategies for Ghanaian occupational therapist to consider

within the confines of current information on COVID-19 pandemic.

- d. Suggested intervention strategies for Ghanaian occupational therapist within the confines of current information on COVID-19 pandemic.

SECTION THREE

3.1 Best Occupational Therapy Practice Principles for all Settings

Regardless of the setting of practice, the person being supported, the occupations that matter and the context of performance are the vital determinant of occupational performance. Occupational therapists shall ensure that interventions retain occupation focus. Models such as the Person-Environment-Occupation Model⁵ can guide practice of occupational therapy in Ghana during this COVID-19 pandemic.

Impact of COVID-19 on the Person.⁶

Occupational therapists focus on a person's ability to participate in self-care, leisure and productivity. COVID-19 impacts on a person's physical, psychological/mental, and cognitive ability to function. The table below shows some of the impairments that affect COVID-19 patients which are likely to impact occupational performance. It is important to note that, some of these impairments may be common in patients who have not recovered while others may be long-term.

Musculoskeletal	Cardiopulmonary
------------------------	------------------------

General fatigue	Breathlessness
Muscle deconditioning	Poor pulmonary endurance
General muscle weakness	Postural hypotension
Postural imbalance	Cardiac arrhythmia
Poor fine and gross coordination	Cardiac arrest
Reduced range of movement in upper limb	Hyperventilation
Edema and pain in upper and lower limb	Hyper and hypotension
Pressure/decubitus ulcers and discomfort	Poor/dysfunctional breathing pattern
Peripheral neuropathy	
Cognitive	Psychological/Mental
Disorientation	Fear
Sleep apnea	Loss of confidence
Attention and concentration deficits	Grief
Short- and long-term memory loss	Lack of self-control
Limited problem-solving abilities	Lack of coping skills
Poor orientation and sequencing of activities	Anxiety and panic attacks
Incontinence	Depression
Impaired consciousness	Post-traumatic stress disorder
Impaired wakefulness	Lack of self-esteem from stigmatization
Increased aggression and impulsivity	Reduced concept formation
	Lack of interest in self and activities

Impact of COVID-19 on Occupation

Occupational therapists bring a unique perspective to a multidisciplinary approach with a focus on performance of occupations including Activities of Daily Living (ADL), work and productivity, social participation, leisure, and education. Occupational therapists support people to identify valued occupations, set goals and implement interventions that seek to facilitate recovery and regain of daily life skills at all stages of rehabilitation.

Due to the highly contagious nature of COVID-19, various governments including the

government of Ghana has put in measure such as lockdown, social distancing and ban on public gathering, to contain its spread. As much as these measures are important, they may affect the occupational balance of persons occupational therapists work with. For instance, there is a huge disruption in performing leisure activities most especially outdoor engagements resulting in general boredom as most people engage in outdoor engagements as leisure. The occupational therapist shall support persons to achieve occupational balance as much as possible.

Impact of COVID-19 on the Environment

The environment in which a person is expected to perform an occupation greatly influences their functional performance. The environment can serve as barrier or facilitators to occupational performance and the occupational therapists shall consider measures to modify the environment to facilitate participation in occupations. The social environment is very important in this context with ongoing social isolation and distancing. Facilitating communication while in isolation and encourage open dialogue about future outcomes will be fundamental to successfully work with and support the persons, family members and carers.

People who have been associated with COVID-19 may suffer social stigma such as labelling, stereotyping, discrimination, separation, and loss of status. This stigma can further affect their family members, friends, and caregivers in their interaction with the social environment. The occupational therapist may consider education and advocacy among others in situations like these.

3.2 General Guidelines For Ghanaian Occupational Therapists

- A. The occupational therapist shall first ensure his/her safety, physical and mental well-being before discharging various functions.

B. Whether in the practice of his/her profession or in the course of his/her daily life, an occupational therapist shall comply with personal protection and hygiene measures as recommended by the Ghana Ministry of Health (MOH). This will help ensure his/her own safety and the safety of those s/he shall interact with, subsequently aiding in the containment of COVID-19. Specifically, the occupational therapist shall:

- i. Continuously monitor own health status.
- ii. Responsibly self-isolate, call Ghana COVID-19 emergency numbers to make a report if s/he manifests signs/symptoms of COVID-19 infection,
- iii. Practice respiratory etiquette⁴
 1. Cough and sneeze into tissue or into elbow-bend if tissue is not available. Dispose used tissues properly and disinfect hands immediately after a cough or sneeze.
 2. Avoid touching the mouth, nose and eyes, nose, and mouth.
 3. Always use face masks, which provides a physical barrier from the viruses by blocking respiratory droplets propelled by coughing or sneezing. Special attention should be given when:
 - a. caring for the sick,
 - b. attending to clients with respiratory infection/symptoms, or
 - c. has respiratory infections/symptoms.
- iv. Practice hand hygiene consistently; and
 1. Regularly and thoroughly wash your hands with soap under running water; or
 2. Perform hand rubbing by using alcohol-based hand sanitizers containing at least 60% ethanol or isopropanol when soap and water are not available.²

- v. Comply with social distancing measures as much as possible, specifically:
1. Keep a distance of at least 3 feet or 1 meter away from other people to reduce the possibility of person-to-person transmission
 2. Use virtual therapy and replace in-person meetings in the workplace with video or telephone conferences; and
 3. Postpone or cancel mass gatherings until further advice by MOH. If gathering will comprise of a maximum of 25 people, use face masks while complying with social distancing directives also.

C. In the practice of the profession during this COVID -19 period, the occupational therapist shall:

- i. Ensure the safety of his/her clients, fellow occupational therapists, and/or other stakeholders to aid in the containment of COVID-19.
- ii. Promote mental health of clients through appropriate empathy, therapeutic use of self, basic counselling principles and psychological first aid.
- iii. Adhere strictly to the Occupational Therapy Standards of Practice and Occupational Therapy Code of Ethics by:
 1. Promoting the welfare of client
 2. Refraining from inflicting harm or risk of harm whether it be physical, emotional psychological sexual, or financial.
 3. Always uphold the truth by reporting factual information without compromising confidentiality.
 4. Provide occupational therapy services competently by possessing up to date knowledge, skills and qualifications required for practice, taking continuous professional development avenues, providing services that

correspond to their qualifications and experience.

5. Respect the right of clients to information and autonomy.
 6. Treat colleagues and other health professionals in a fair and respectful manner.
- iv. Consider providing services outside regular areas of practice which may be as a result of the current COVID-19 Pandemic.⁴ Specifically, the occupational therapist may be involved in the following taking into consideration the herein stated guidelines:
1. Involved in active and/or passive screening to identify patients with COVID-19 early.
 2. Addressing the psychosocial and mental health concerns of clients surrounding COVID-19 pandemic.
 3. Promote occupational justice of individuals who might be affected due to quarantine measures.
 4. Educating clients on COVID-19 including the preventing measures to help alleviate fear, anxiety, and depression.

3.3 Suggested Specific Guidelines on the practice of Occupational Therapy Amidst COVID-19 Situation in Ghana for Clinicians.

The intention of this section is to provide a broad overview of the interventions that occupational therapy should consider at each stage of a person's recovery and rehabilitation journey. The suggested assessment and intervention areas in this guide are not exhaustive and not all will be necessary or appropriate for every individual. Also, some of the assessment and interventions suggested for a setting maybe be useful for others as well. This guideline takes into account the following four types of settings in which occupational therapy services

are currently rendered in Ghana.

- a. Inpatient/Hospital-based setting
- b. Community practice setting
- c. Outpatient settings
- d. Mental health/Psychiatric settings

An occupational therapist working as a clinician shall determine the course of service delivery for his/her clients during this period, keeping in mind the need to ensure the safety of everyone involved and the need to comply with government regulations, restrictions and directives while adhering to professional standards and code.

3.3.1 Inpatient Setting

A. Competencies Required for Practice in this Setting⁶

- 1. Ability to assess and manage people with complex needs
- 2. Competence in appropriate manual handling and positioning techniques.
- 3. Ability to risk assess whether therapy input is appropriate and recognise changes in vital signs that indicate when sessions should be stopped.
- 4. Knowledge of discharge planning and follow up.

B. Suggested Occupational Therapy Evaluations and Interventions

Evaluation	<p>Evaluation should be occupation focused. Consider assessments and interventions already completed with the client. Refer to previous results as appropriate and only repeat where needed to establish current level of function. Assess for:</p> <ul style="list-style-type: none"> • Breathlessness • Fatigue • Assessment of posture and seating for provision of appropriate seating and to identify seating requirements for discharge.
-------------------	---

	<ul style="list-style-type: none"> • Physical abilities – strength, tone, gross and fine motor skills, coordination • Equipment and assistance required with activities of daily living (ADL) • Assess for Cognition – through function, as well as standardised screening and assessment tools • Perception and vision • Communication • Mental health – fear, anxiety and mood • Functional outcome, independence, and activity measures.
Intervention	<p>Prevention of complication strategies</p> <ul style="list-style-type: none"> • Advice on bed and chair positioning regimes to maintain physical abilities and facilitate occupational performance. • Upper limb management, address loss of range and oedema. <p>Occupational Engagement</p> <ul style="list-style-type: none"> • Rehabilitation to improve functional sitting ability, tolerance, balance and mobility • Management of breathlessness and fatigue, consider energy conservation techniques, activity grading and pacing of tasks. • Self-care – washing, dressing grooming, toileting etc • Transfer and mobility training • Cognitive rehabilitation and delirium management • Engagement in leisure activities to promote physical, cognitive and psychological recovery as well as diversion. <p>Psychological Interventions</p> <ul style="list-style-type: none"> • Enabling connection with family and friends – using video calling, messaging, voice calling etc • Consider cognitive-behavioural techniques • Encourage use of sleep hygiene strategies

	<ul style="list-style-type: none"> • Strategies to manage anxiety symptoms including referral for psychological services in liaison with MDT. • Normalise client’s experiences and support a feeling of safety. • Consider strategies to improve mood including timetabling and engagement in enjoyable activities.
Outcome/ Discharge/ Referrals	<ul style="list-style-type: none"> • Education and liaison with family and carers regarding discharge and support needs. • Preparation for community discharge through liaison with family. • Risk assessment in the client’s home. Arrange provision of necessary equipment and environmental adaptations. • Ensure discharge protects other members of the household. Consider self-isolation if the need be. • Information for the person and their family/carers about the possible long-term functional impact of condition. • Provide return to work and welfare advice including graded adaptation discussions

3.3.2 Community Rehabilitation/Outpatient Settings⁶

A. Competencies Required for Practice in this Setting

- i. Experience of environmental assessment and adaptation
- ii. Knowledge of diverse physical and neurological impairments
- iii. Knowledge of mental health conditions including anxiety, depression and Post Traumatic Stress Disorder.
- iv. Competence in screening for mental health needs and providing psychosocial interventions to aid wellbeing and acceptance

- v. Ability to identify the right support to address people’s needs and establish need for occupational therapy services.

B. Suggested Occupational Therapy Evaluations and Interventions

Evaluation	<ul style="list-style-type: none"> • Functional assessment to identify Cognitive and physical abilities during ADLs, mobility and transfers. • Gathering information from individuals, family and carers as well as standardised assessments to establish baseline for functional independence in ADLs • Assess for posture and positioning, tolerance, muscle strength, upper limb function. • Visual perception and sensory changes • Anxiety and depression
Intervention	<ul style="list-style-type: none"> • Environmental interventions • Cognitive Rehabilitation – Memory, insight, orientation, executive functioning etc to enhance independence. • Provision and grading of occupation-focused upper limb exercise programme. • Moving and handling interventions • Mobility interventions such as mobility aids, wheelchair services, falls prevention, strength and balance programmes. • Vocational Rehabilitation • Addressing barriers to people staying connected with families, friends, work and community. • Sleep hygiene education • Facilitation of group/individual rehabilitation. • Identify need for long-term compensatory measures such as home adaptations. • Education, advice and support for family and carers

3.3.3 Mental Health/Psychiatric Hospital Settings

A. Competencies Required for Practice in this Setting

- vi. Knowledge of mental health conditions including anxiety, depression and Post Traumatic Stress Disorder.
- vii. Competence in screening for mental health needs and providing psychosocial interventions to aid wellbeing and acceptance
- viii. Ability to identify the right support to address people's needs and establish need for occupational therapy services.
- ix. Knowledge on assessing mental health status (e.g., affect, cognitive competency, insight, comprehension, impulse control, suicide risk)
- x. Competence in establishing rapport and promoting behavioural change in clients
- xi. Knowledge on common comorbidities with mental illnesses (e.g., diabetes, COPD, obesity, substance abuse, ADHD, autism spectrum disorders).
- xii. Knowledge on Psychiatric medications, their actions and side effects
- xiii. Experience with organizing and facilitating group sessions
- xiv. Prevent, manage, and/or facilitate the resolution of crisis for individuals and groups by comparing and selecting effective counselling techniques and interventions (e.g., crisis prevention and management, conflict resolution, strategies for dealing with problem behaviours, psychopathological behaviours, and psychiatric emergencies).
- xv. Competence in performing targeted and comprehensive functional assessments

using evidence-informed approaches and tools.

- xvi. Knowledge on impairments associated with psychiatric conditions and how symptoms and underlying neuropsychiatric conditions interfere with performance of daily life tasks.
- xvii. Knowledge of discharge planning and community referral pathways. (Community occupational therapist, social worker, community psychiatric nurse)

B. Suggested Occupational Therapy Evaluations and Interventions

Evaluation	<ul style="list-style-type: none"> Assess mental health status (e.g., affect, cognitive competency, insight, comprehension, impulse control, suicide risk) Functional assessment to identify mental, cognitive and physical abilities through functional performance as well as standardised screening and assessment tools Gathering information from individuals, family and carers as well as standardised assessments to establish baseline for functional independence in ADLs Mental health – fear, anxiety, depression, mood etc Mental capacity
------------	--

Intervention	<ul style="list-style-type: none">• Personal care – daily practice of bed bathing, dressing and grooming tasks• Cognitive Rehabilitation – Memory, insight, orientation, executive functioning etc to enhance independence.• Vocational Rehabilitation• Addressing barriers to people staying connected with families, friends, work and community.• Facilitation of group/individual rehabilitation.• Education, advice and support for family and carers• Strategies to support and promote behavioural change in clients by selecting therapeutic counselling and communication strategies (e.g., therapeutic use of self, communication of hope, ethical and interpersonal boundaries, motivational interviewing, active listening, limit setting, group process, and conflict resolution).• Management strategies for anxiety symptoms, including referral to appropriate psychological services in liaison with MDT.• Prevent, manage, and/or facilitate the resolution of crisis for individuals and groups by comparing and selecting effective counselling techniques and interventions (e.g., crisis prevention and management, conflict resolution, strategies for dealing with problem, behaviours, psychopathological behaviours, and psychiatric emergencies).• Organize and facilitate group sessions (coping skills, assertiveness training, supported discharge groups etc.)
--------------	--

<p>Outcome/ Discharge/ Referrals</p>	<ul style="list-style-type: none"> • Education and liaison with family and carers regarding discharge and support needs. • Preparation for community discharge through liaison with family. • Educate and assure family on disease prognosis and psychological effects of stigmatizing patients • Educate client and family on the need to continue taking psychotropic medications even after discharge. • Risk assessment in the client’s home. Arrange provision of necessary equipment and environmental adaptations. • Ensure discharge protects other members of the household. • Information for the person and their family/carers about the possible long-term functional impact of condition. • Provide return to work and welfare advice including graded adaptation discussions. • Referral to community Occupational therapist, community psychiatric nurse and social welfare services in liaison with the MDT.
--	--

ACKNOWLEDGEMENT

Many of the principles and guidelines in this document are based on, and we encourage readers to refer to:

The Philippine Academy of Occupational Therapists Inc. Interim Guidelines on the Practice of Occupational Therapy amidst the Coronavirus Disease (COVID-19) situation in the Philippines. 2020.

Royal College of Occupational Therapists. A quick guide for occupational therapists: Rehabilitation for people recovering from COVID-19. London; 2020.

REFERENCES

1. World Health Organisation. Corona Virus [Internet]. [cited 2020 May 11]. Available from: <https://www.who.int/health-topics/coronavirus>
2. Di Gennaro F, Pizzol D, Marotta C, Antunes M, Racalbutto V, Veronese N, et al. Coronavirus diseases (COVID-19) current status and future perspectives: A narrative review. *Int J Environ Res Public Health*. 2020;17(8).
3. World Federation of Occupational Therapists. Occupational therapy and rehabilitation of people affected by the COVID-19 pandemic.
4. The Philippine Academy of Occupational Therapists Inc. Interim Guidelines on the Practice of Occupational Therapy amidst the Coronavirus Disease (COVID-19) situation in the Philippines. 2020.
5. Law M, Cooper B, Strong S, Stewart D, Rigby P, Letts L. The Person-Environment-Occupation Model: A transactive approach to occupational performance. *Can J Occup Ther*. 1996;63(1):525–34.
6. Royal College of Occupational Therapists. A quick guide for occupational therapists : Rehabilitation for people recovering from COVID-19. London; 2020.